

EFFECTIVENESS MODEL FOR EFFECTIVELY REDUCING IN-HOSPITAL MORTALITY

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Introduction

Our hospital has continuously updated various indicators and systems for newly established hospitals, and monitors clinical indicators monthly. Its 110-year in-hospital mortality rate of 3.71% is higher than the peer value of

2.95%. The control chart has shown unstable changes for six consecutive months. This study finds out improvement strategies were carried out based on the possible causes, and the results were verified with in-hospital mortality as a reference for improving the quality of medical care in each hospital.

Methods

Using PDCA, Gantt chart and 5W1H and other quality control methods to reduce mortality rate.

Four strategies are proposed including:

- The hospital originally set up a general ward without division of departments, which was changed to internal medicine, surgery, oncology, obstetrics, pediatrics, orthopedics in February 2022.
- The comprehensive intensive care unit was originally fixed to have one dedicated internal medicine physician per month, after improvement, there is one dedicated physician for both internal medicine and surgery.

Specialization of each ward

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- There are many patients in the oncology department, and an average of 26 terminal cancer patients per month are transferred to the hospice co-care mode to assist in the follow-up connection between home hospice and hospice wards for continuous care.

Hospice care

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- The change rate of in-hospital mortality is monitored monthly with the control chart, and the cases are reported to the attending physician and supervisor, and cross-team discussions are encouraged.
- Those who have problems hold a discussion meeting on death cases, and complete one session per month.

Cross-team discussions

2

- In 2022, a total of 13 ward first aid team trainings were completed, with a total of 321 nurses participating

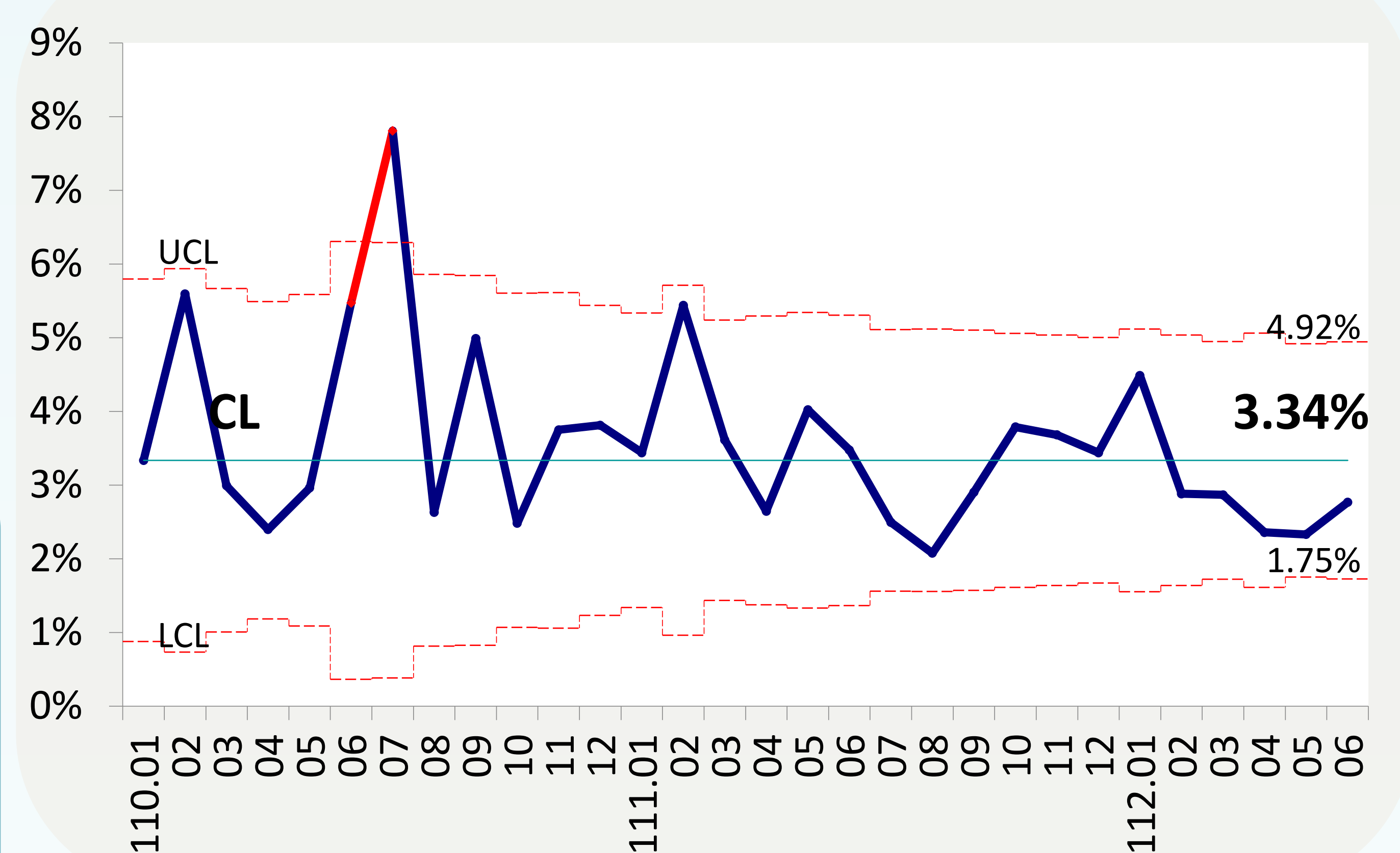
First aid training

4

Results

From August 2021 to February 2022, the number of unexpected cardiac arrests in the hospital was 10 before the improvement, but after the implementation of the strategy, it dropped to 4 from March to September 2022. The inhospital mortality rate dropped significantly from 3.71% before improvement to 2.99%, a decrease of about 20%, and the control line was stable (see attached picture).

1. The inhospital mortality rate (3.71%→2.99%)



Conclusion

The results of this study show that the specialization of wards, the implementation of death case seminars, the intervention model of tranquility and co-existing care, and the intervention of various factors in the training of ward emergency teams can effectively reduce in-hospital mortality and unexpected cardiac arrest events. Improve the quality of medical care in hospitals.

Keywords

Hospital Mortality, Specialist Ward, Unexpected Cardiac Arrest

