



Q3 Data from ME Office – Acute Adult Deaths

- Oct 21 - 154
- Nov 21 - 147
- Dec 21 - 167 Total = 468 Adult

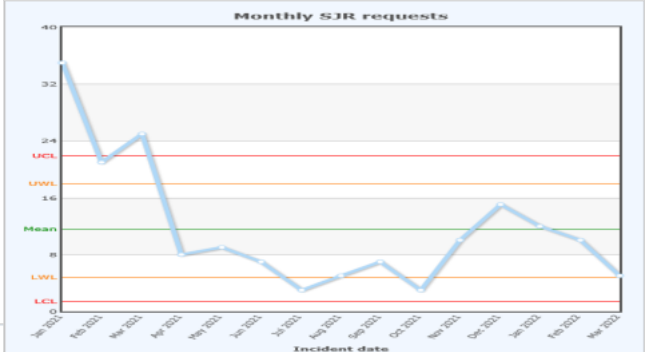
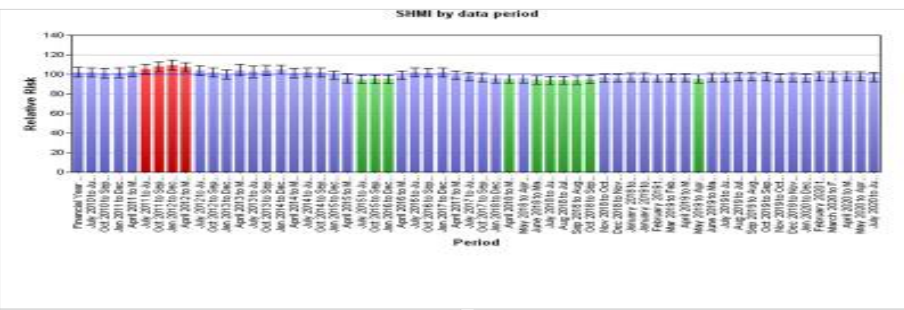
- 100% of all deaths were scrutinised & within the following timeframes –
- Day of death or 1st Day after death - 298
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- 4th Day after death - 23 – Xmas & New Year Bank holidays reflect this figure
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- Over 5 days - 1 – This is the only breach in Q3 and relates to a death at Newark which they failed to notify us of.

Q3 Data from ME Office – Acute Child Deaths

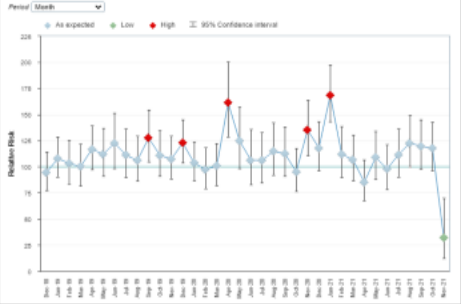
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Q3 – Data from ME Office – Community Deaths.

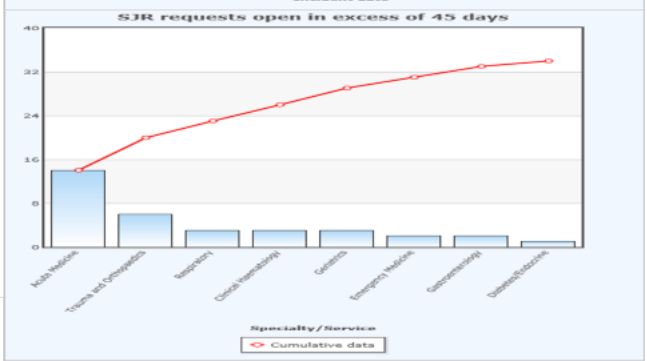
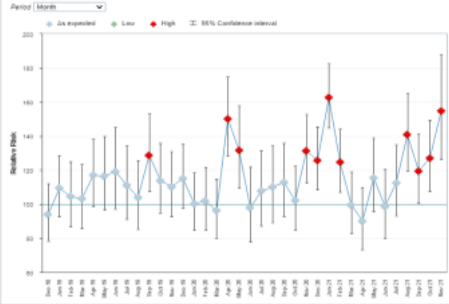
- 40 x community deaths were scrutinised during Q3



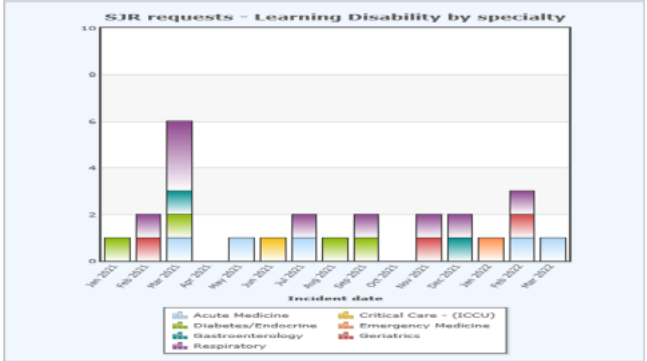
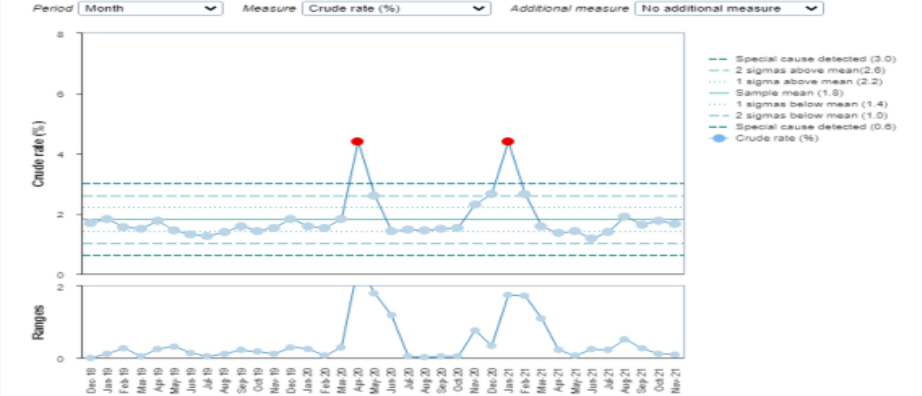
Diagnoses - HSMR | Mortality (in-hospital) | Dec 2018 - Nov 2021 | Trend (month)



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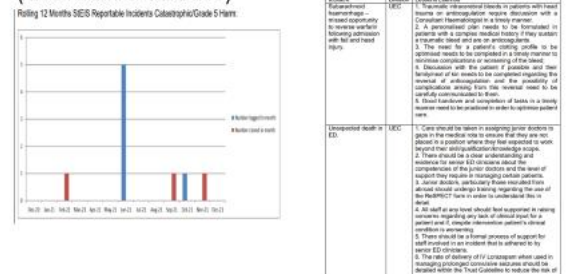
Good Practice and Learning points Monthly

Issues raised by the bereaved

Problems in Care



Deaths which have met SI criteria (avoidable deaths)



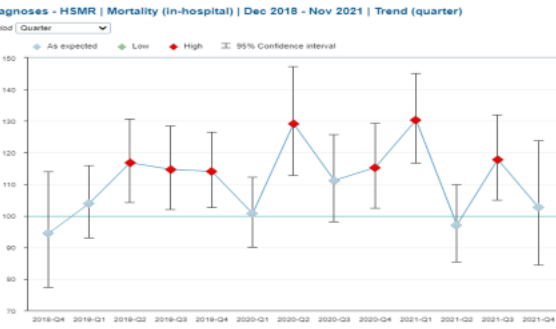
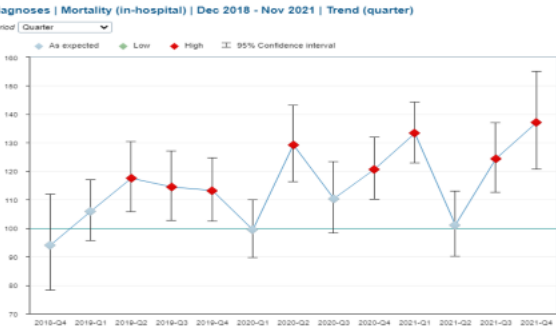
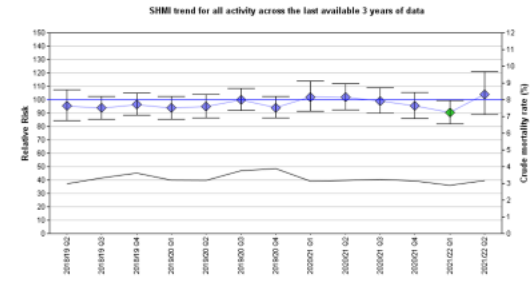
Expected death (DEC 10)	DEC 10	Legend's intent
1. Care should be taken in assigning joint doctors to place in the medical role to ensure that they are not placed in a position where their level of expertise is not commensurate with the level of care required.	2. There should be a clear understanding of the level of expertise of the joint doctors and the level of support they require in managing complex patients.	3. A clear audit and comparison of data in a timely manner need to be available in order to improve patient care.
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Figure 4.1 Mortality Review Tool at Q2 2021/22

Inpatient & Emergency Department Deaths	Total	On MRT	% Reviewed
Oct-21	155	121	78.1
Nov-21	147	82	55.8
Dec-21	167	80	47.9
Qtr 1	321	255	79.4
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Qtr 3	469	283	60.3
Qtr 4			
Year 21/22	1202	858	71.2
Year 20/21	1772	1535	86.6
Year 19/20	1514	1366	90.2
Year 18/19	1446	1267	87.62
Year 17/18	1550	1300	83.9%

Good Practice and Learning points

Issues raised by the bereaved



Q3 Data from ME Office – Acute Adult Deaths

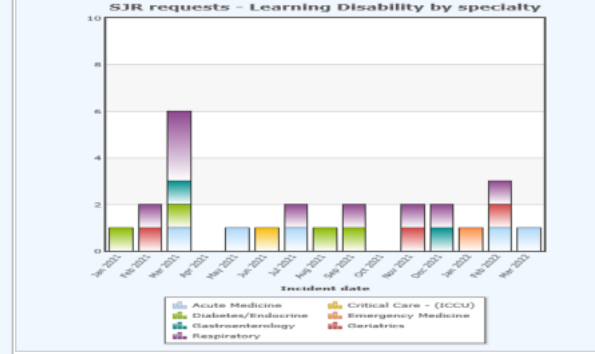
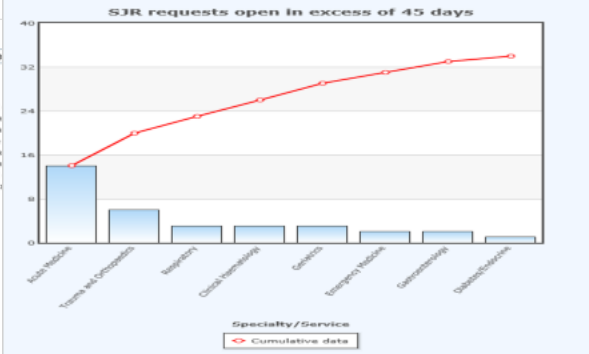
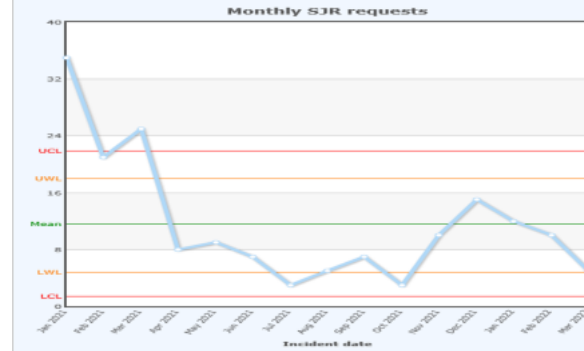
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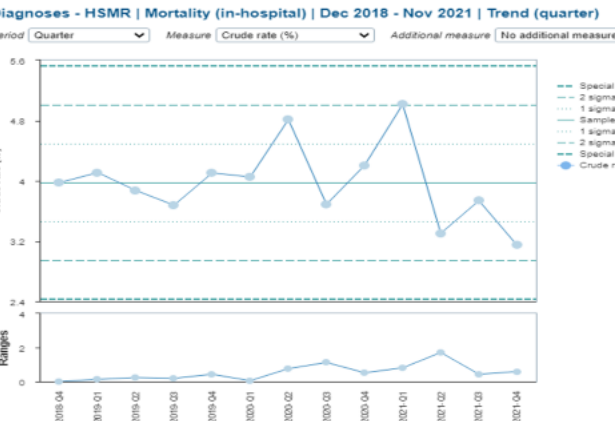
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Q3 – Data from ME Office – Community Deaths.

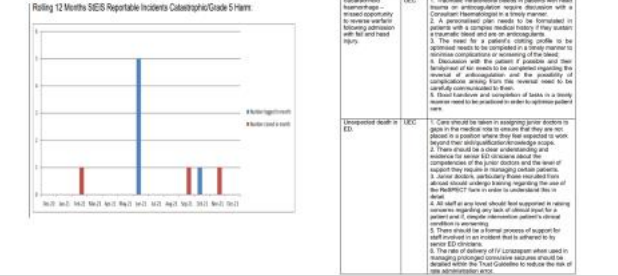
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Problems in Care



Deaths which have met SI criteria (avoidable deaths)



Macro: Comparators and crude rate

- Definitions- case selection

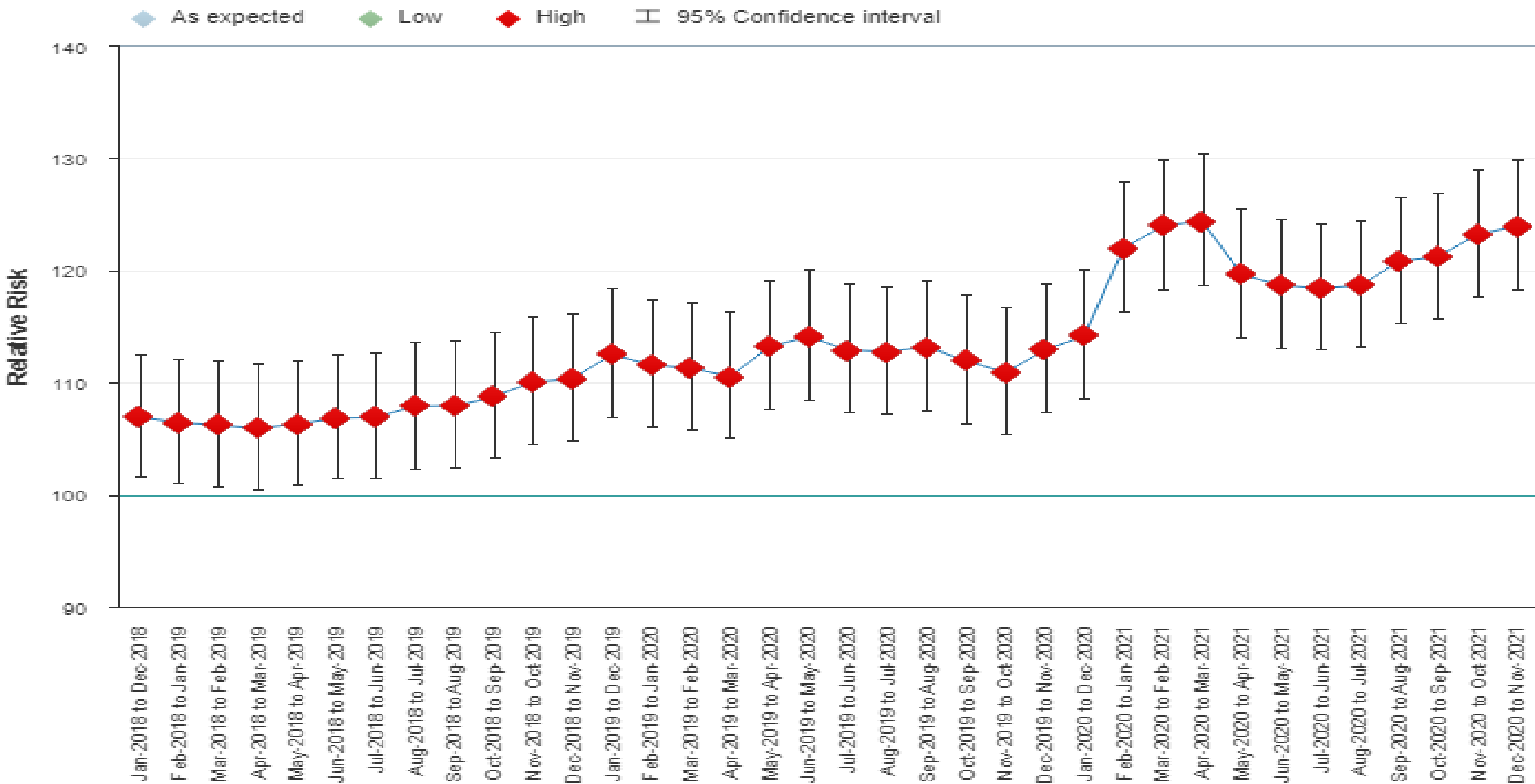
- Diagnoses all in hospital deaths
- Diagnoses (HSMR) deaths in HSMR basket of diagnoses
- SHMI deaths in SHMI basket of diagnoses

- Definitions- data handling

- Relative risk observed vs expected ratio
 - This figure in HSMR basket is what is commonly known as “HSMR” and is typically shown as a 12month rolling average

Diagnoses | Mortality (in-hospital) | Dec 2018 - Nov 2021 | Trend (rolling 12 months)

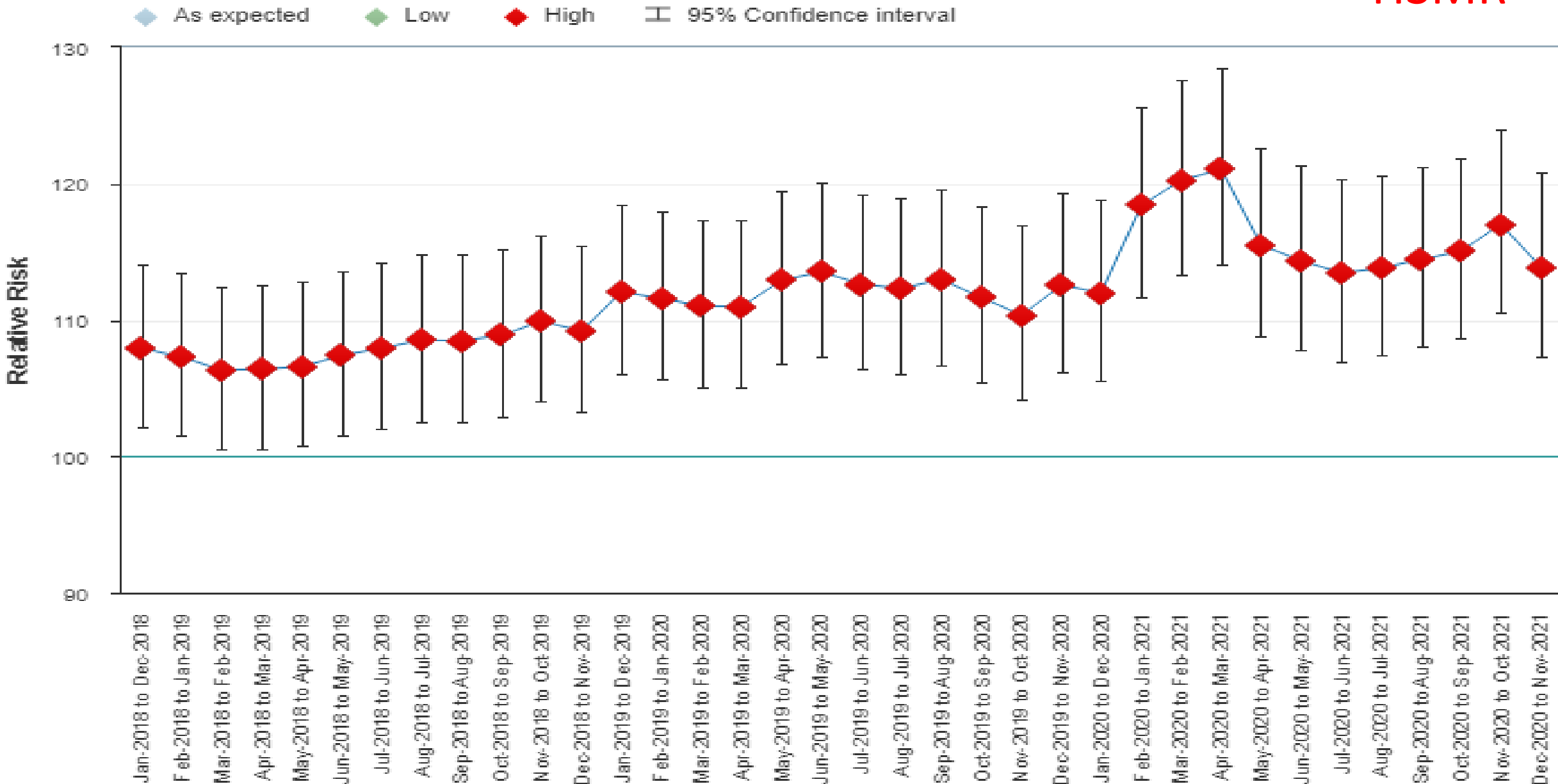
Period Rolling 12 months



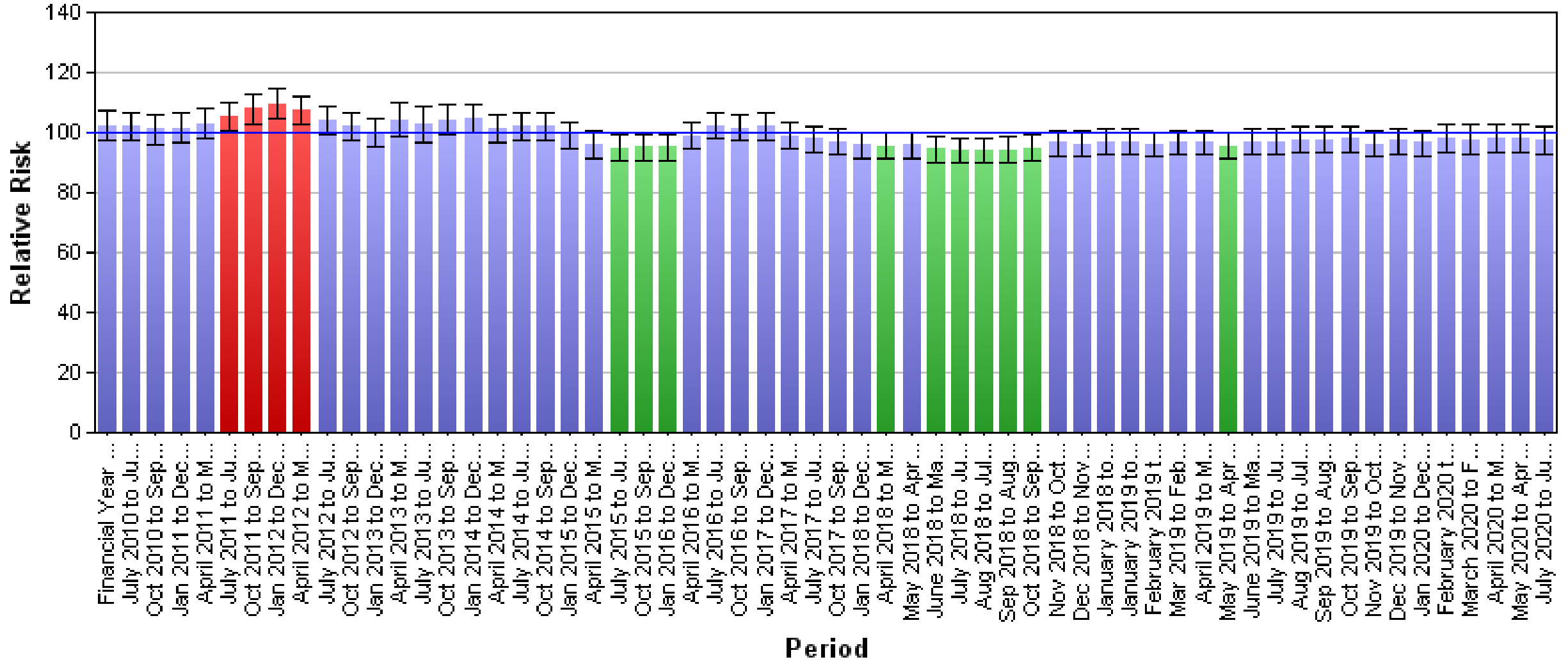
Diagnoses - HSMR | Mortality (in-hospital) | Dec 2018 - Nov 2021 | Trend (rolling 12 months)

Period Rolling 12 months

“HSMR”



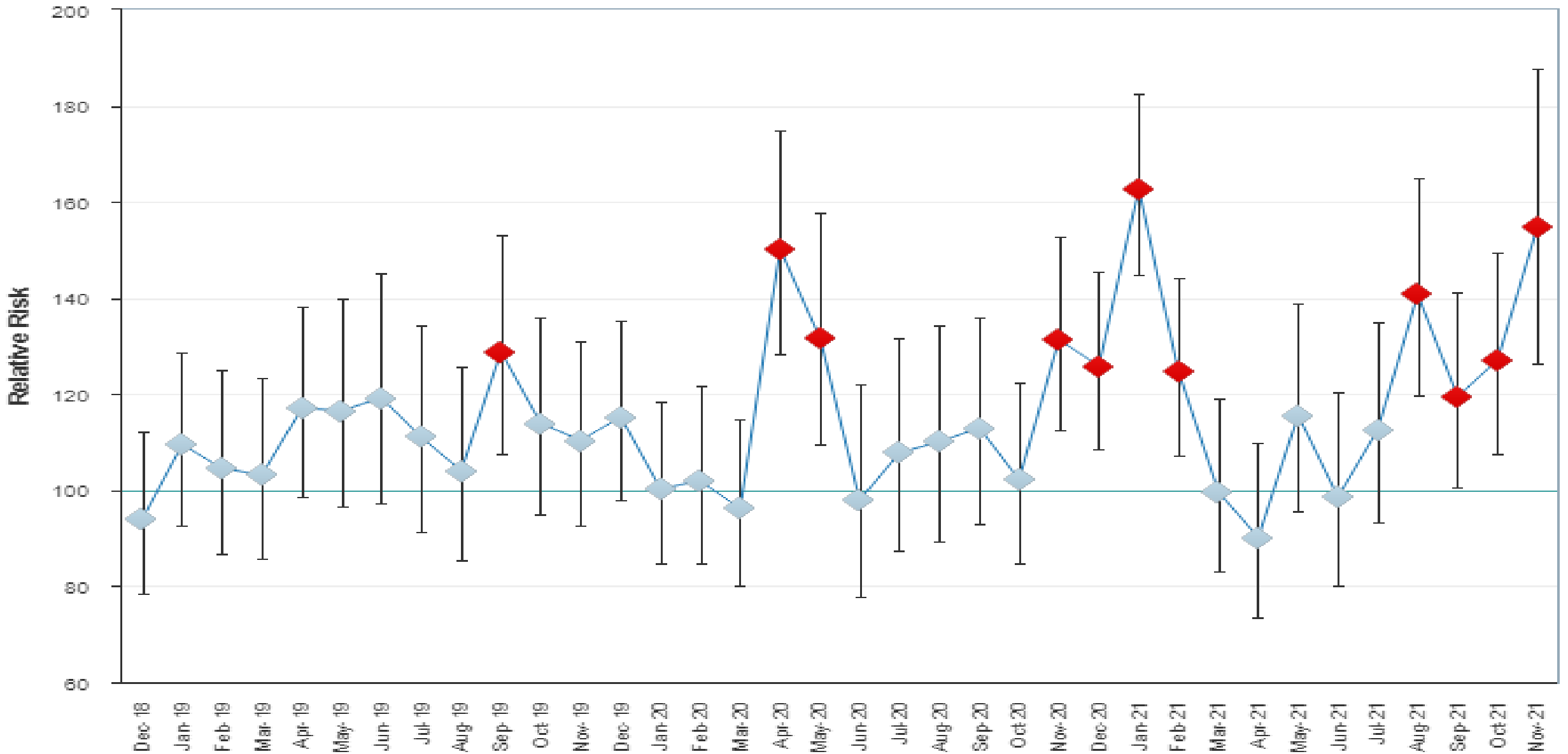
SHMI by data period



Diagnoses | Mortality (in-hospital) | Dec 2018 - Nov 2021 | Trend (month)

Period ▾

◆ As expected ◆ Low ◆ High ┆ 95% Confidence interval

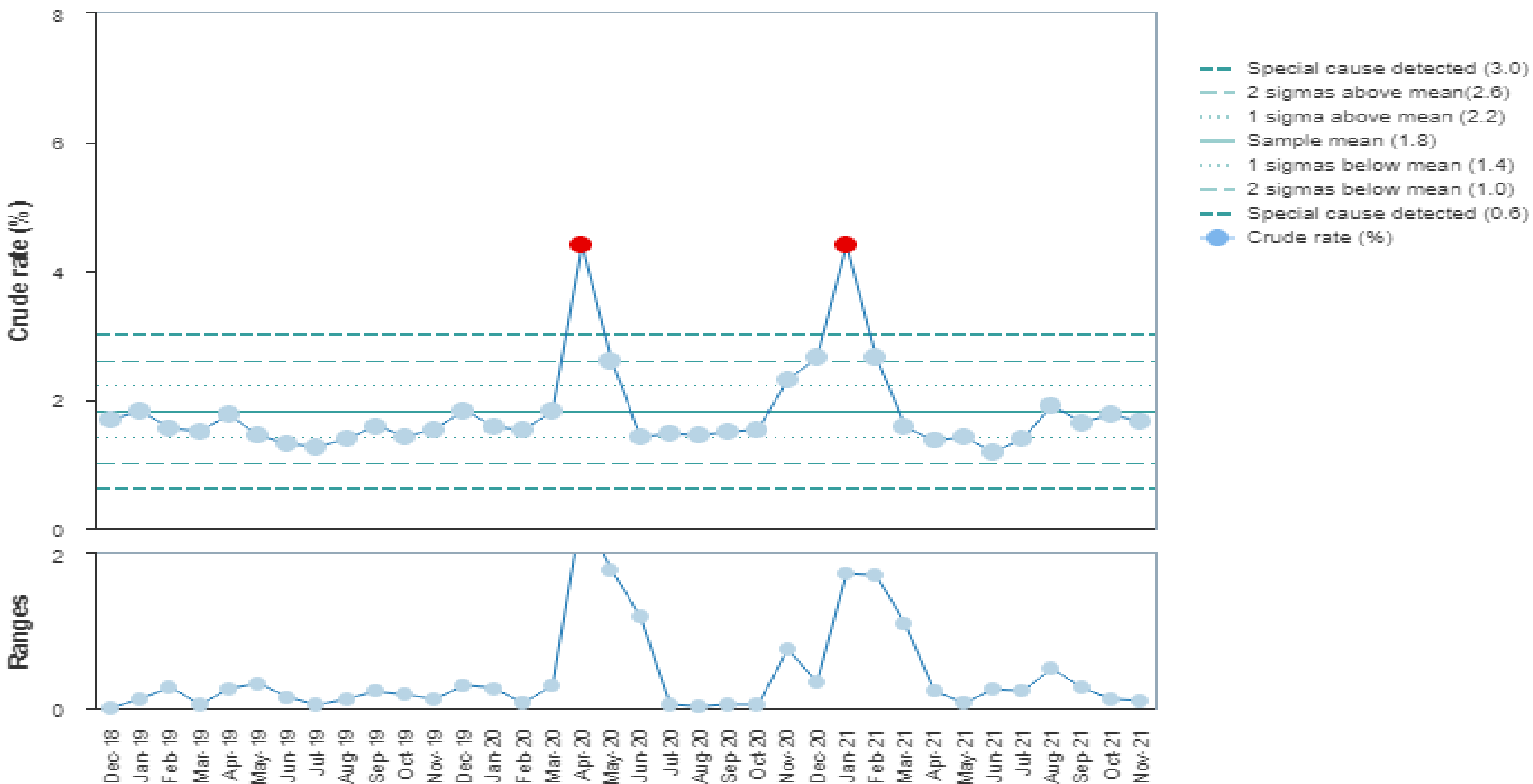


Diagnoses | Mortality (in-hospital) | Dec 2018 - Nov 2021 | Trend (month)

Period

Measure

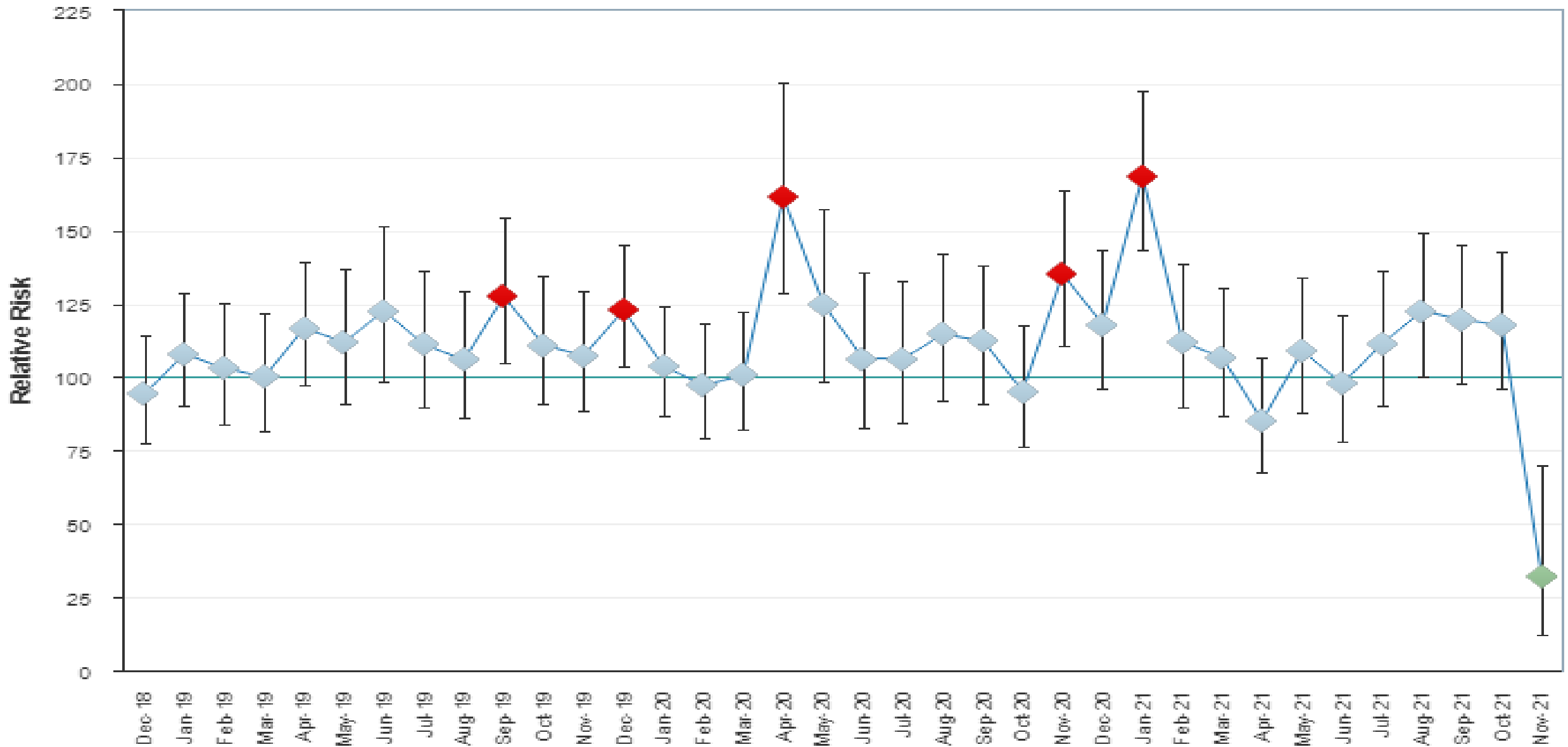
Additional measure



Diagnoses - HSMR | Mortality (in-hospital) | Dec 2018 - Nov 2021 | Trend (month)

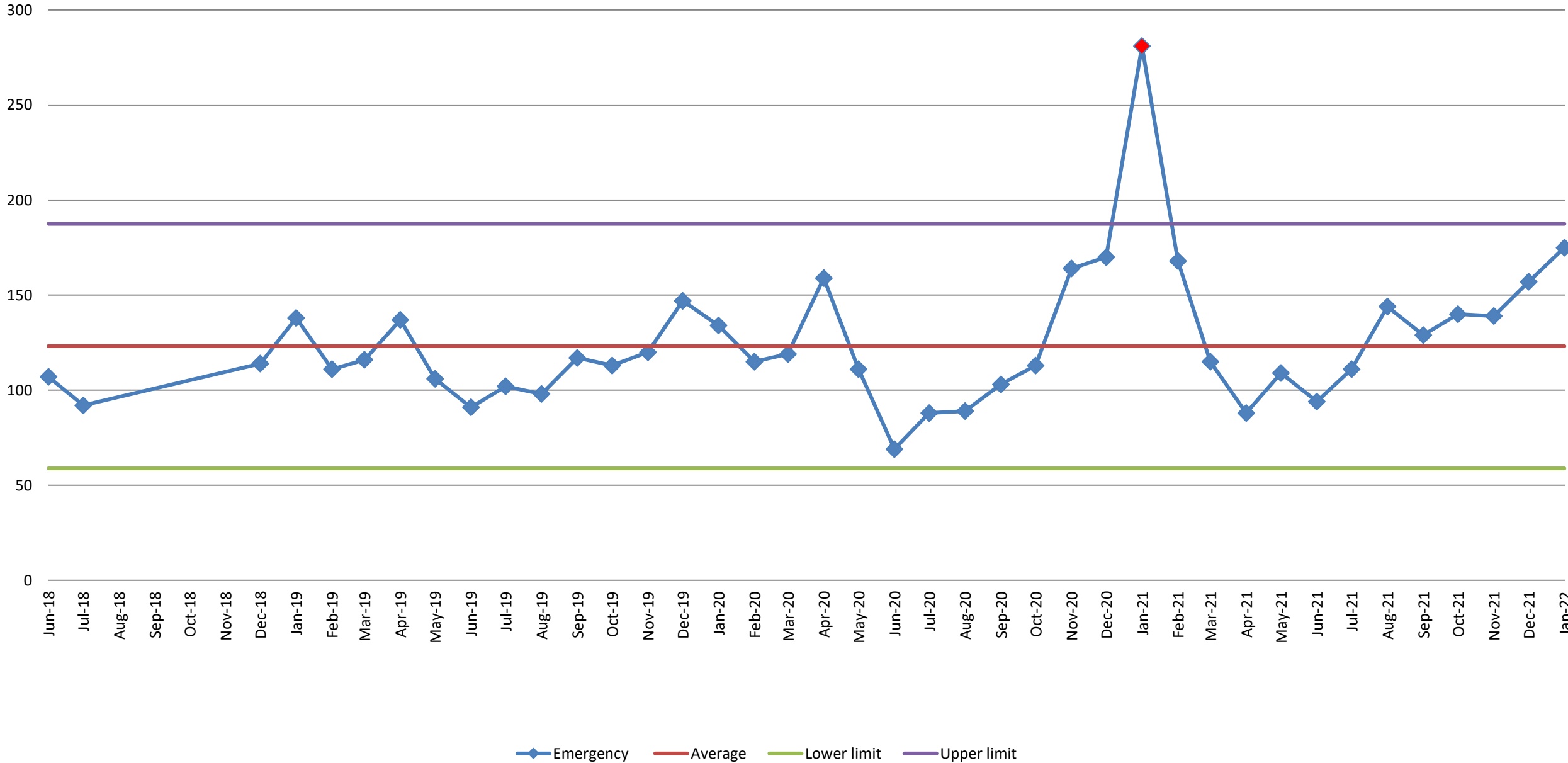
Period

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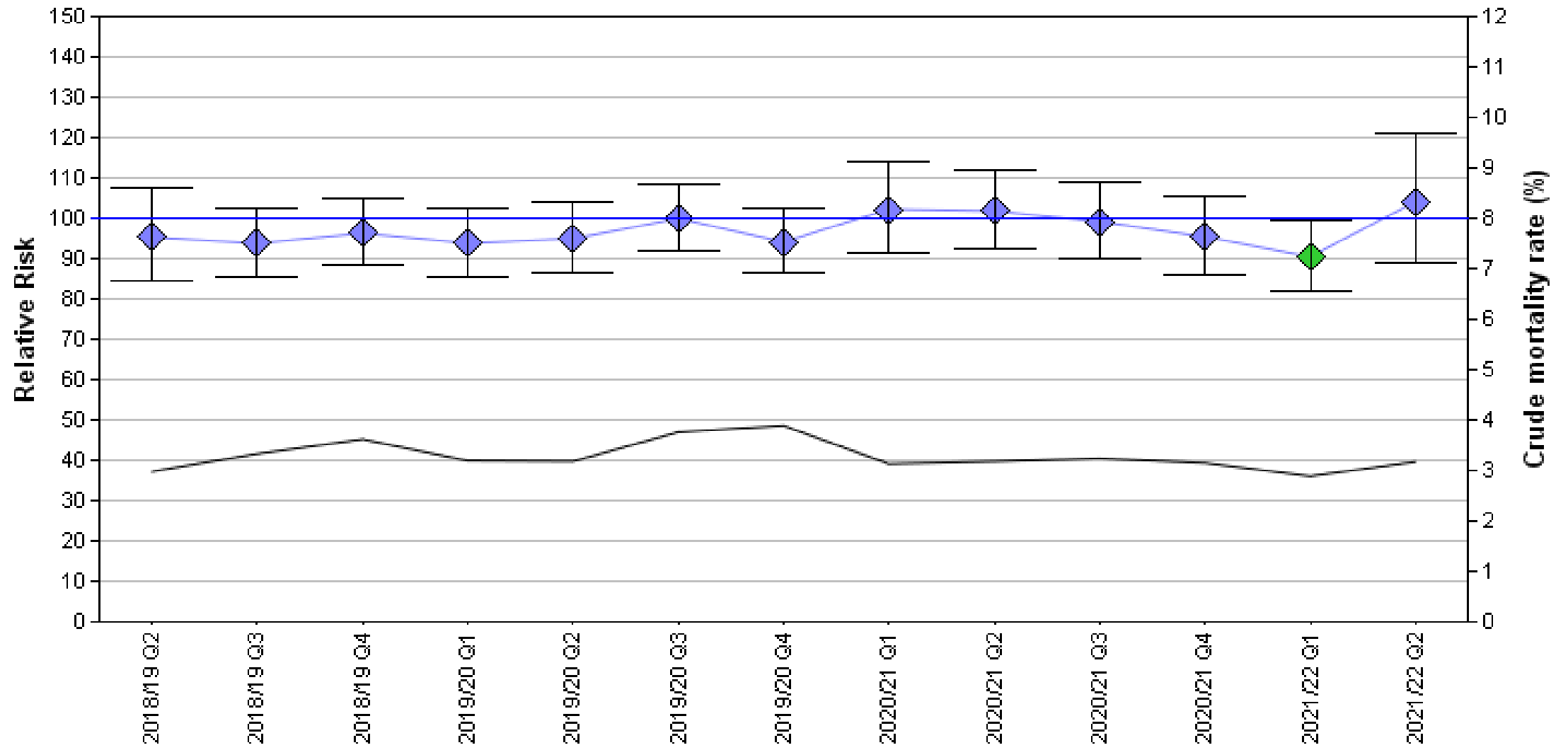


Emergency Deaths

(January 2018 onwards)



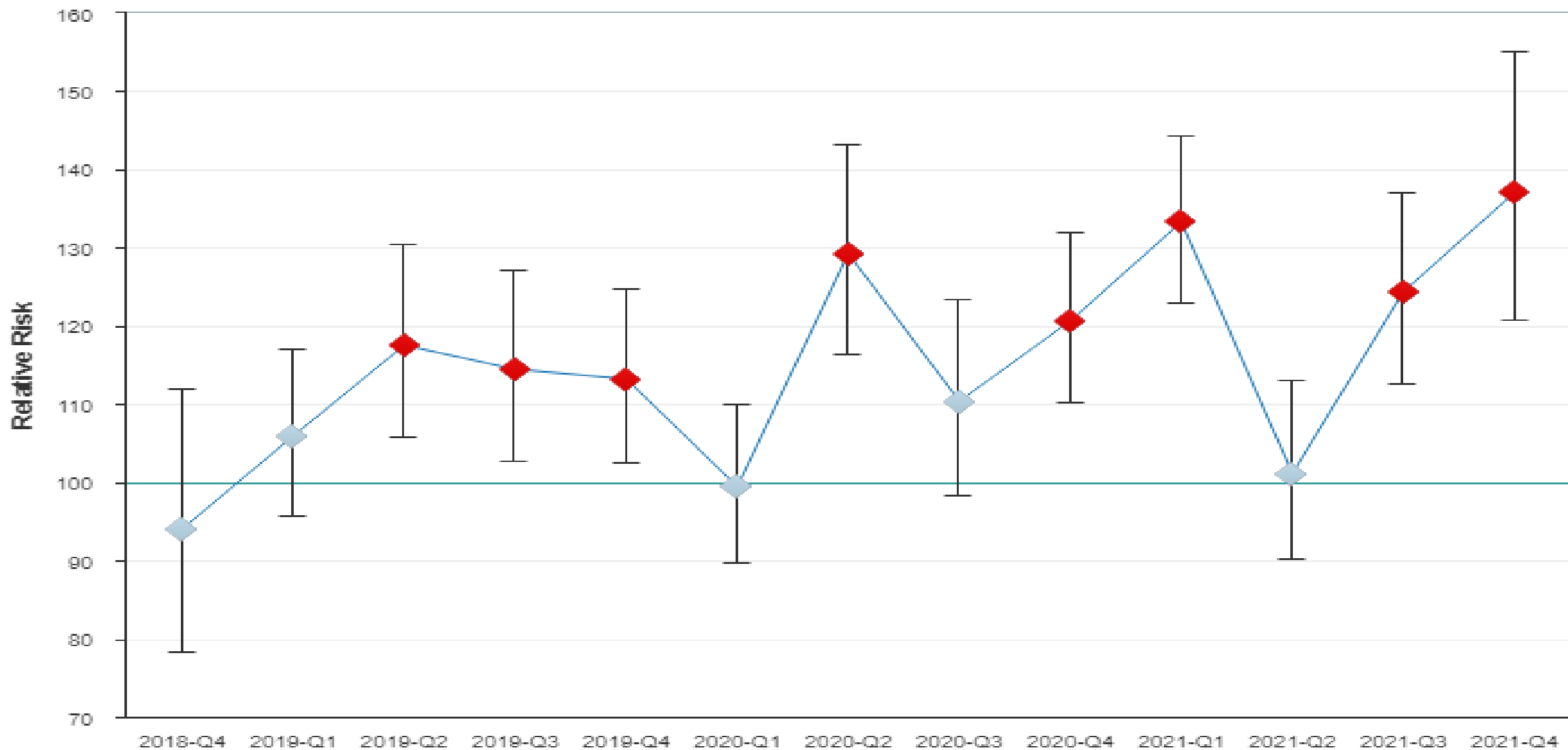
SHMI trend for all activity across the last available 3 years of data



Diagnoses | Mortality (in-hospital) | Dec 2018 - Nov 2021 | Trend (quarter)

Period

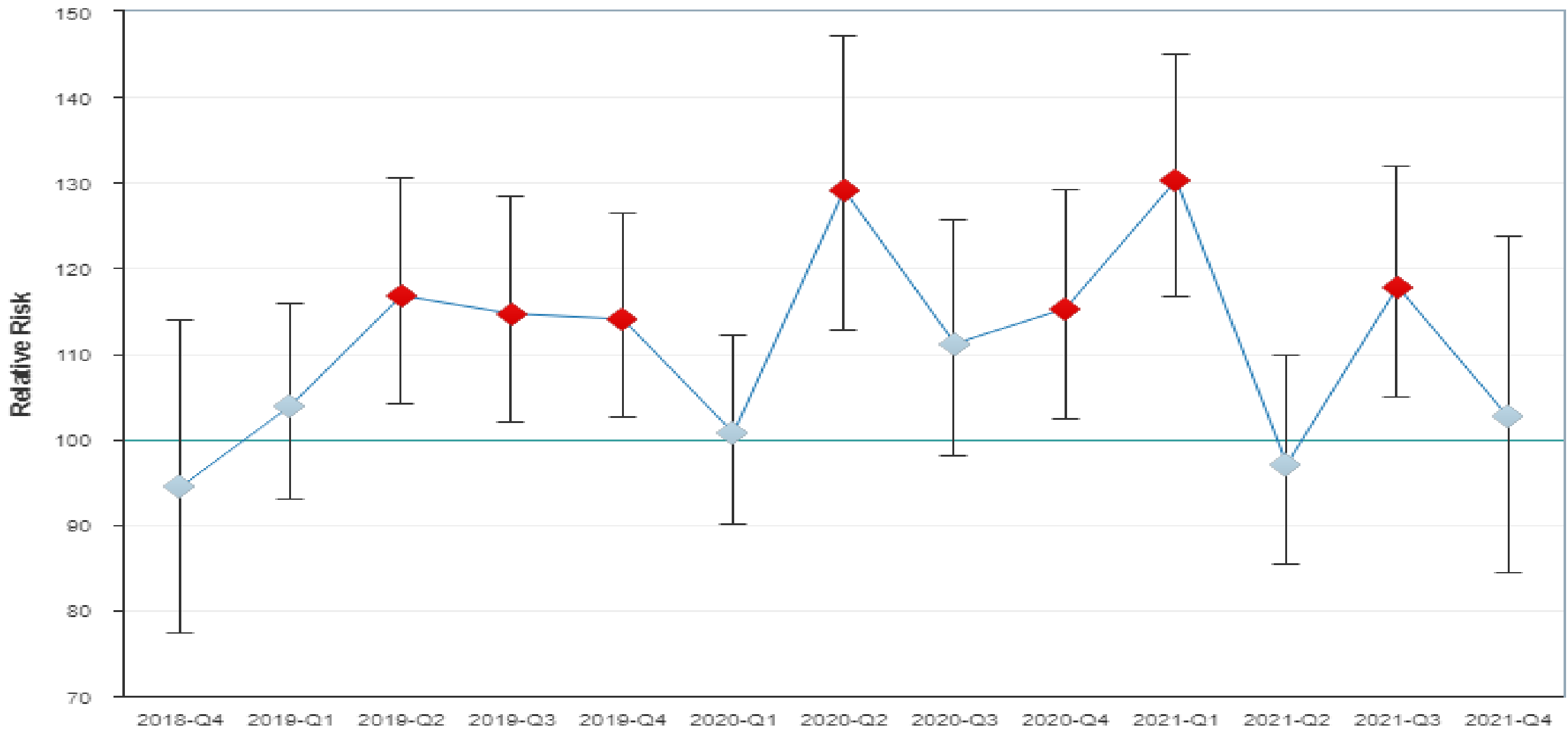
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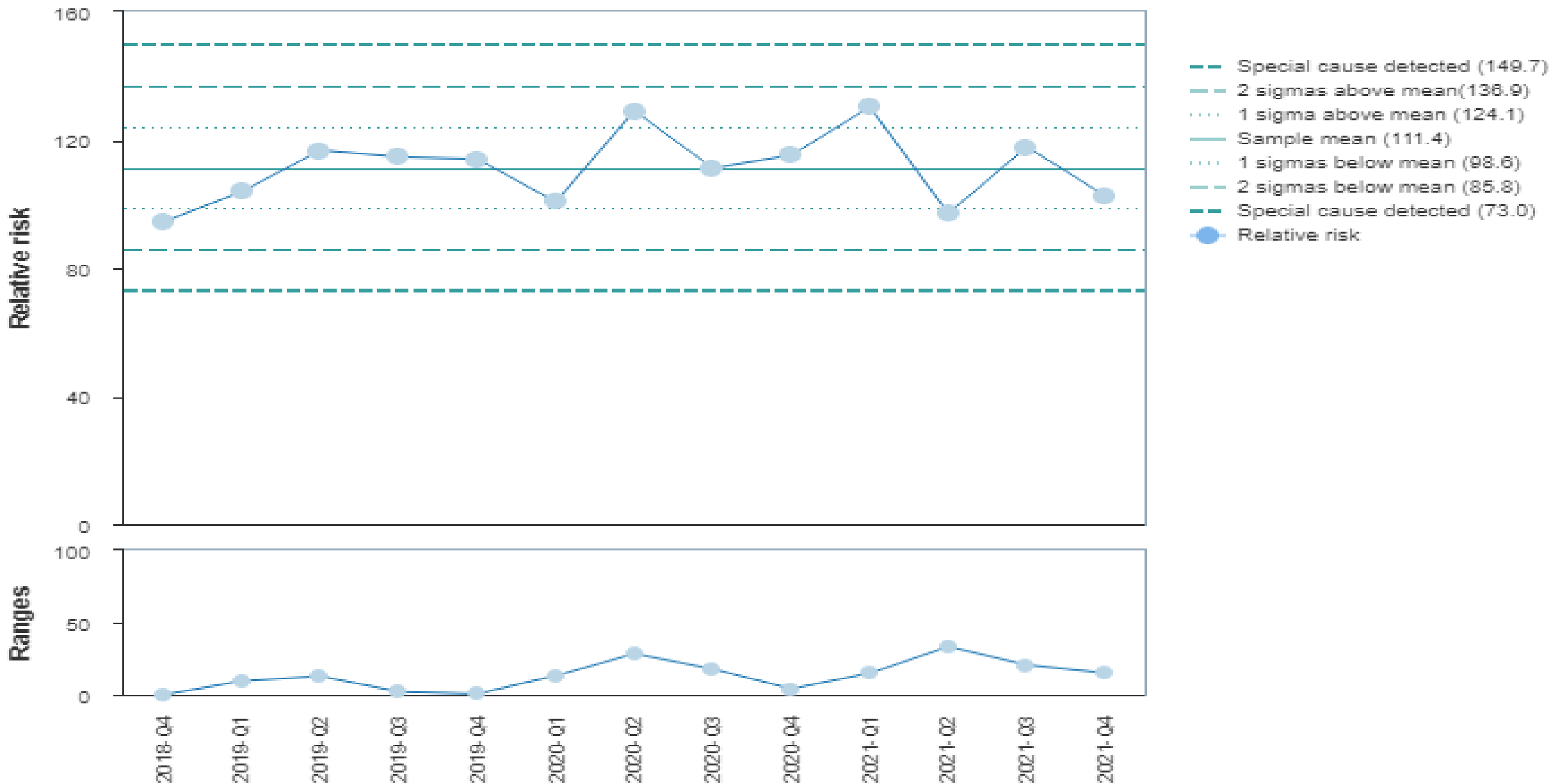
Period

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Period Measure Additional measure

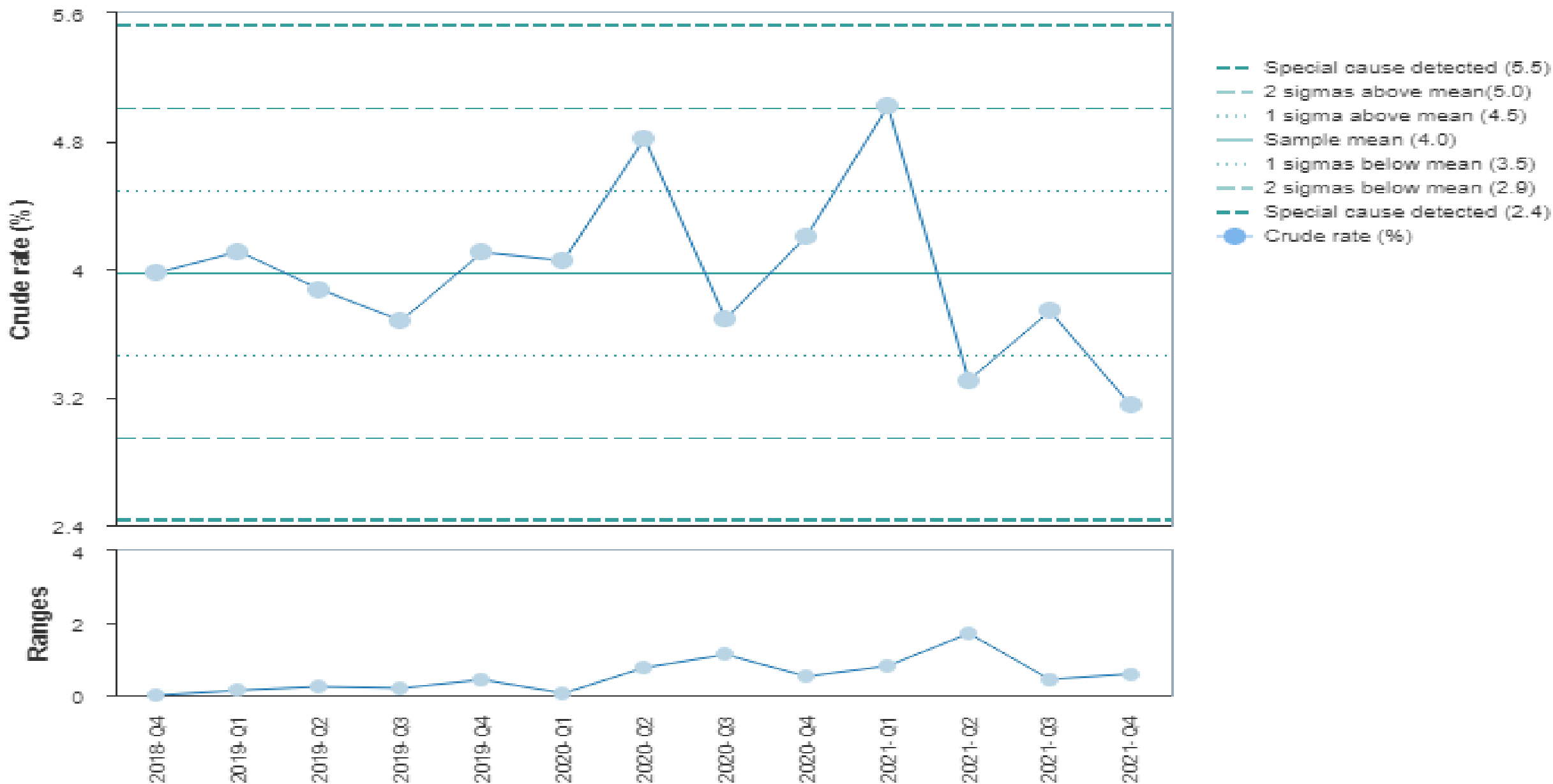


Diagnoses - HSMR | Mortality (in-hospital) | Dec 2018 - Nov 2021 | Trend (quarter)

Period

Measure

Additional measure



Meso: Scrutiny and SJR

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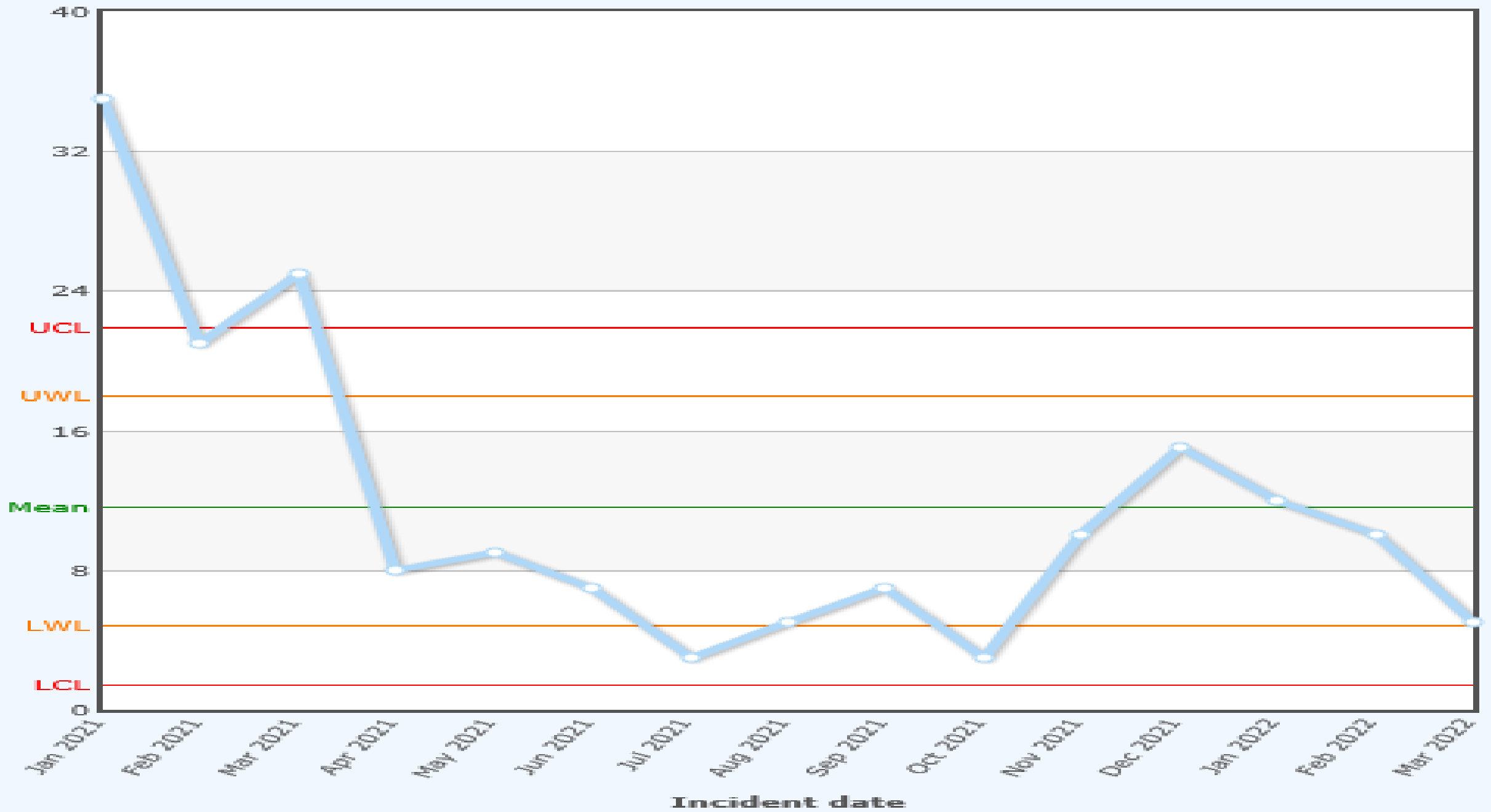
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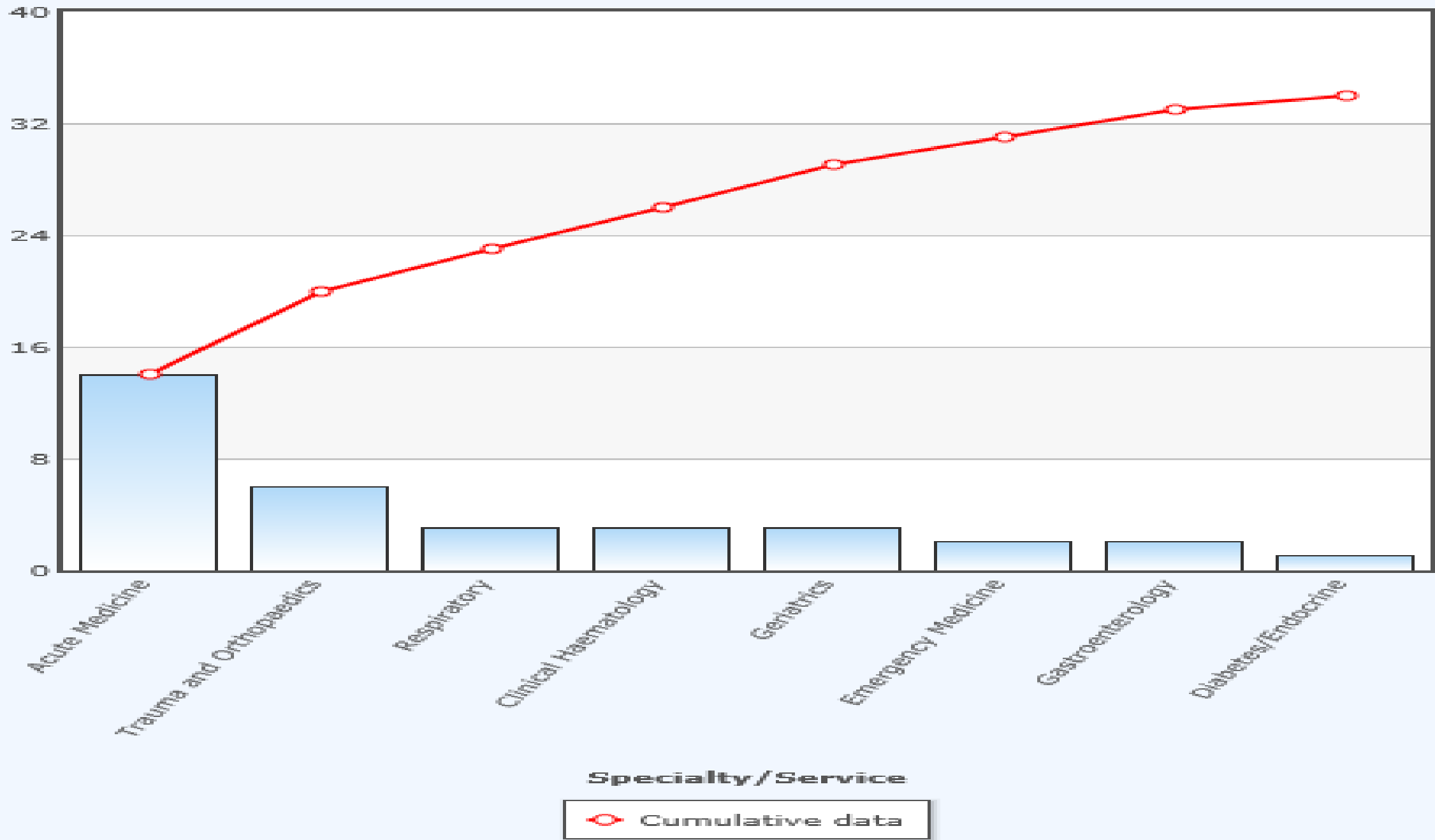
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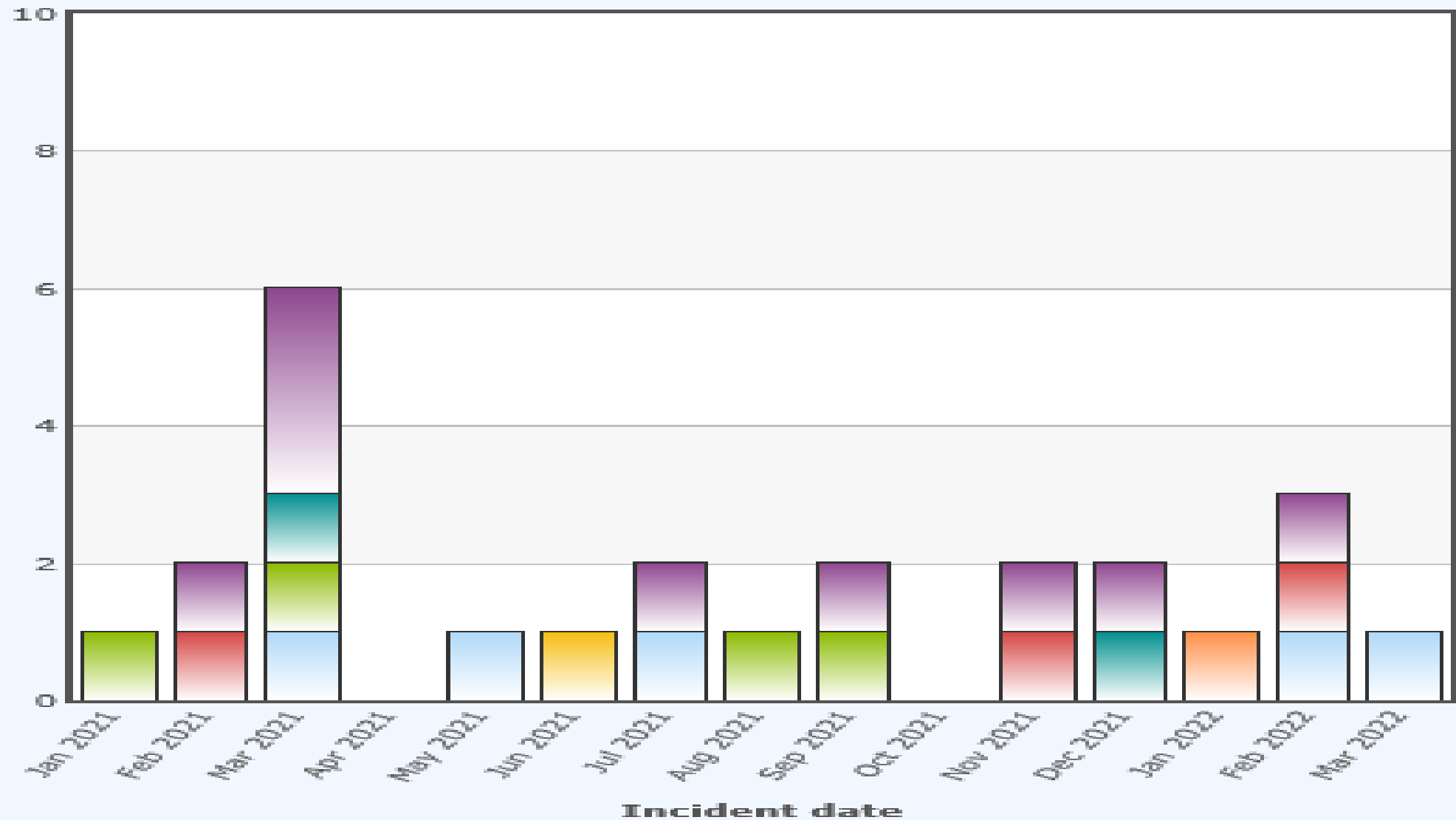
Monthly SJR requests



SJR requests open in excess of 45 days



SJR requests - Learning Disability by specialty

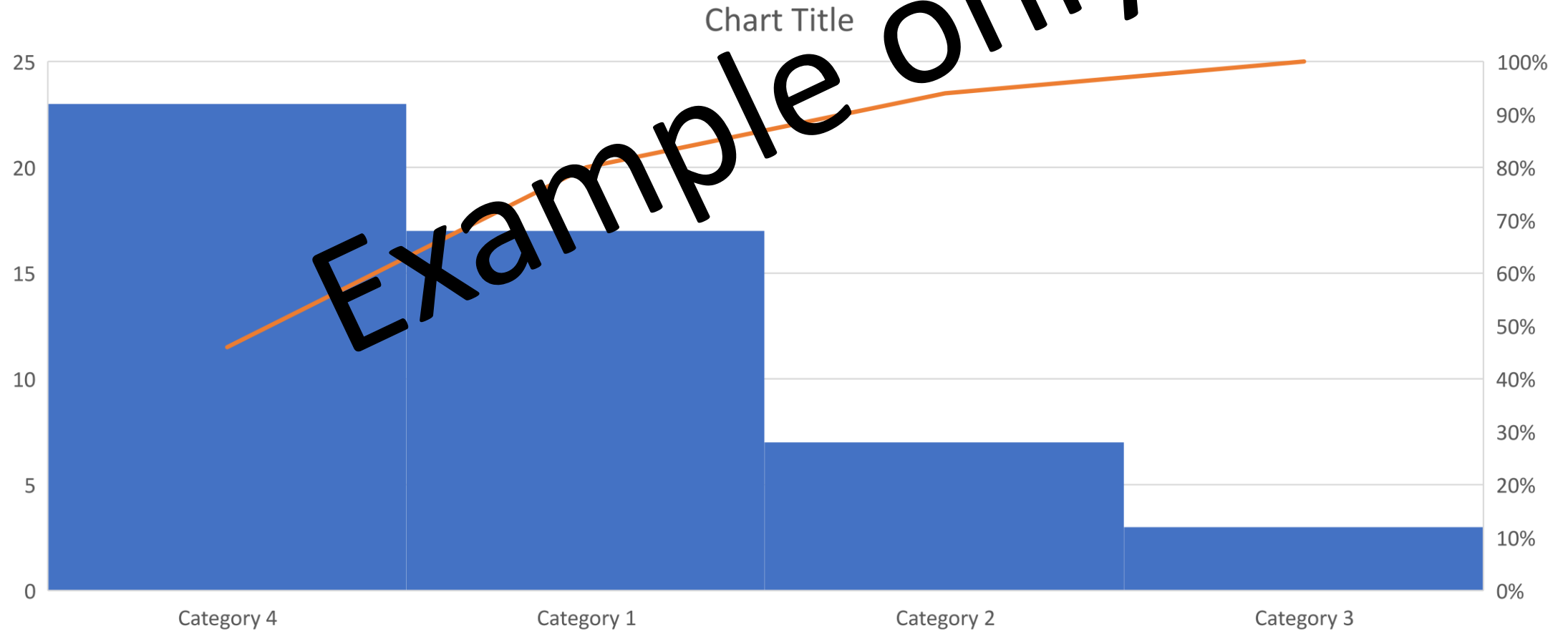


Micro: Individual Output

Good Practice and Learning points

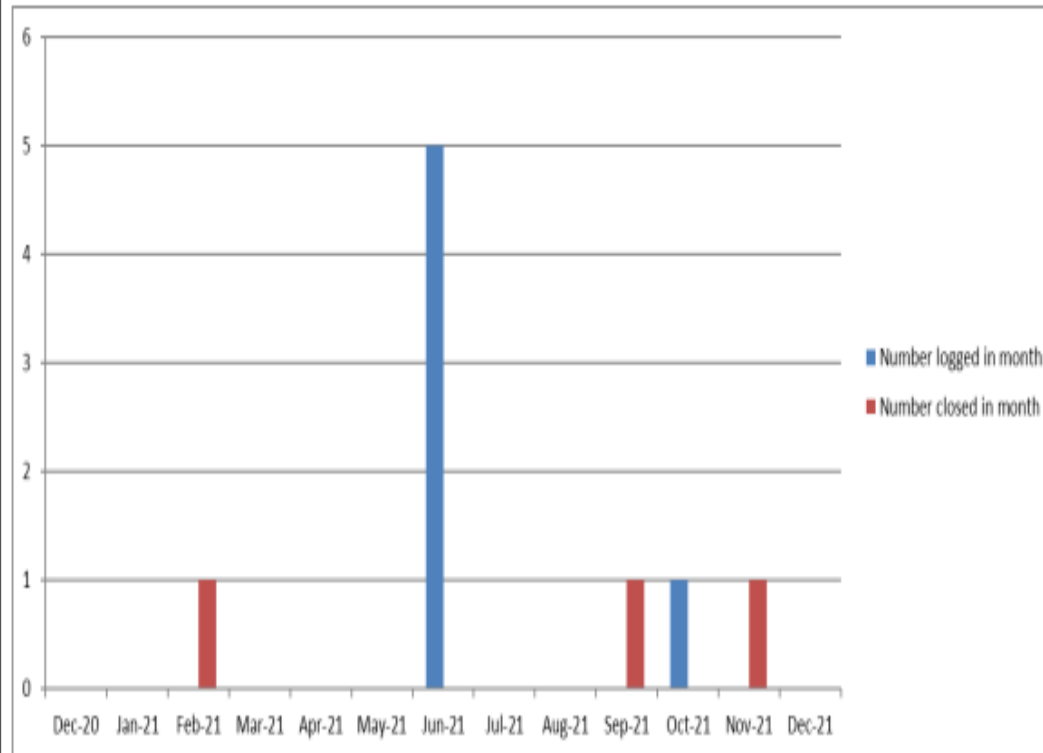
Issues raised by the bereaved

Problems in Care



Deaths which have met SI criteria (avoidable deaths)

Rolling 12 Months StEIS Reportable Incidents Catastrophic/Grade 5 Harm:



There have been two reports relating to the death of a patient signed off during this reporting period:

Incident	Division	Lessons Learned
Subarachnoid haemorrhage – missed opportunity to reverse warfarin following admission with fall and head injury.	UEC	<ol style="list-style-type: none"> 1. Traumatic intracerebral bleeds in patients with head trauma on anticoagulation require discussion with a Consultant Haematologist in a timely manner. 2. A personalised plan needs to be formulated in patients with a complex medical history if they sustain a traumatic bleed and are on anticoagulants. 3. The need for a patient's clotting profile to be optimised needs to be completed in a timely manner to minimise complications or worsening of the bleed; 4. Discussion with the patient if possible and their family/next of kin needs to be completed regarding the reversal of anticoagulation and the possibility of complications arising from this reversal need to be carefully communicated to them. 5. Good handover and completion of tasks in a timely manner need to be practiced in order to optimise patient care.
Unexpected death in ED.	UEC	<ol style="list-style-type: none"> 1. Care should be taken in assigning junior doctors to gaps in the medical rota to ensure that they are not placed in a position where they feel expected to work beyond their skill/qualification/knowledge scope. 2. There should be a clear understanding and evidence for senior ED clinicians about the competencies of the junior doctors and the level of support they require in managing certain patients. 3. Junior doctors, particularly those recruited from abroad should undergo training regarding the use of the ReSPECT form in order to understand this in detail. 4. All staff at any level should feel supported in raising concerns regarding any lack of clinical input for a patient and if, despite intervention patient's clinical condition is worsening. 5. There should be a formal process of support for staff involved in an incident that is adhered to by senior ED clinicians. 6. The rate of delivery of IV Lorazepam when used in managing prolonged convulsive seizures should be detailed within the Trust Guideline to reduce the risk of rate administration error.