



Government of Karnataka
Department of Health & Family Welfare



Suvarna Arogya
Suraksha Trust

Welcome to All

**Orientation on protocol to be followed in cases of
beneficiary deaths in network hospitals**

Mac Eachern stated

“That financial deficiencies can eventually be met but medical deficiencies may cost lives & loss of health which can never be retrieved”.

Need for Mortality audit cell in SAST

- Increasing international interest in using mortality rates to monitor the quality of hospital care.
- SAST mainly deals with tertiary care with high probability of mortality if inappropriate care is rendered
- Increasing number of deaths occurring during hospitalization in our empanelled hospitals
- Hospitals are not reporting the death within 48 hrs as per the MOU and only at the time of claims we are getting the information
- While the majority of these deaths are expected and unavoidable, some are not. It is therefore important that all deaths are reviewed, with lessons learned and shared to improve care and avoid untimely death.

Annexure 1: Year wise Death Details

| Year | Cases Treated | Total | %Death Occurred |
|--------------|---------------|-------------|-----------------|
| 2013-14 | 25552 | 465 | 1.82 |
| 2014-15 | 37954 | 761 | 2.01 |
| Total | 63506 | 1226 | 1.93 |

Annexure-II: Specialty wise Death Occurred FY 14-15

| Sl. No. | Specialty | Total Cases Treated | Deaths Occurred | % Death |
|--------------|------------------------|---------------------|-----------------|-------------|
| 1 | BURNS | 561 | 52 | 9.27 |
| 2 | CARDIOLOGY | 14409 | 378 | 2.62 |
| 3 | CANCER | 12227 | 257 | 2.10 |
| 4 | PAEDIATRIC SURGERIES | 870 | 14 | 1.61 |
| 5 | NEURO SURGERY | 3208 | 49 | 1.53 |
| 6 | GENITO URINARY SURGERY | 6662 | 11 | 0.17 |
| 7 | POLYTRAUMA | 17 | 0 | 0.00 |
| Total | | 37954 | 761 | 2.01 |

Aim and scope of Mortality audit cell

- The main aim is to evaluate trends in causes of mortality over time and address specific issues to reduce hospital related deaths and improve quality of patient care.
- The intent of the process is to ***“ensure appropriate mandatory reporting and review of patient deaths; and determine whether changes in practice are needed to improve the safety and quality of patient care.”***
- **Scope :** All deaths of beneficiaries treated under SAST schemes that occur during hospitalization or immediate post-discharge in network hospitals.

PLAN OF ACTION

Mortality Audit committee:

- This would include 2 doctors to review hospital death cases and SAST field team including district managers, divisional managers and regional consultants to assess deaths post-discharge.
- A review committee would be constituted having representation of doctors from each specialty (including doctors from non-empanelled hospitals also) and members nominated from SAST.

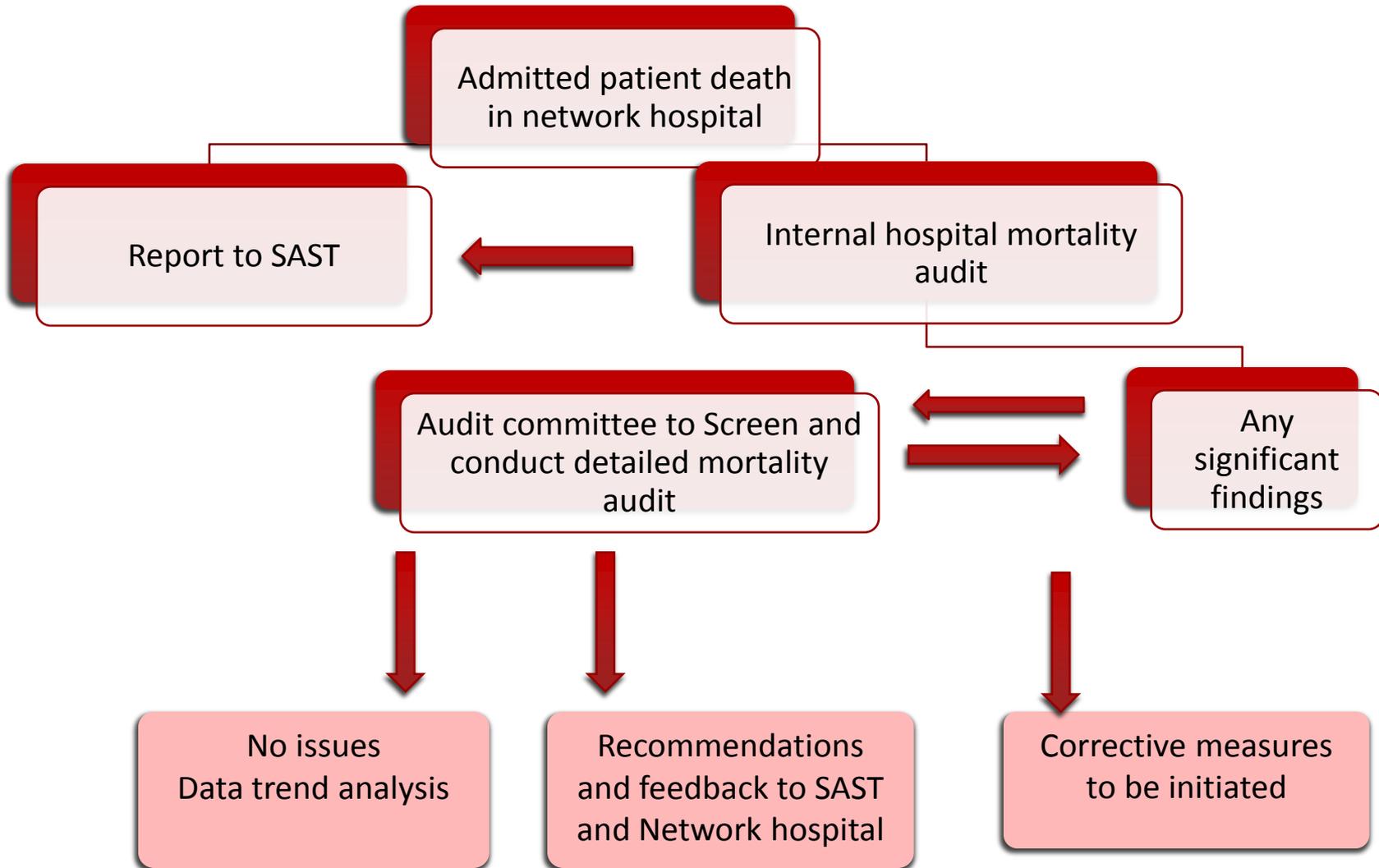
Functions of the Committee

- Collect information to understand the practice of mortality review and quality improvement programmes of the network hospitals through a self-administered questionnaire.
- They would also review in-house statistics on deaths on a monthly basis through available routine reporting data in the MIS
- Review specific hospital mortality audit reports of deaths and identify cases which needs detailed assessment using standard mortality audit tools including hospital visit and beneficiary home visits .
- Document the outcome and responsibility for actions and monitor the implementation of recommendations suggested.
- Submit a final report on the cause of death based on the findings to SAST on a monthly basis

Data flow

- Every death occurring in the network hospital should be intimated to SAST within 48 hours ----sastmortalitycell@gmail.com
- Initial death summary report to be submitted at the time of claim submission.
- Each network hospital to constitute a Mortality Audit committee and this committee shall review/examine the causes of death and the report shall be submitted to SAST once in a month.
- The Mortality audit cell at SAST will review the reports and if needed refer them to the “Review committee.
- Claims will not be processed till the audit report is reviewed and cleared from SAST.
- Specific case audit may be undertaken by the audit committee as and when required.

Data flow-Deaths in hospital



Death Post-discharge

- information would be collected by the call centre at the time of settlement of claims, during follow up and routine enquiry of well-being of patients every 3 months.
- The district manager would first visit the beneficiary home and conduct a verbal autopsy as per the guidelines set up by the Sample registration system in India using standardized forms.

Verbal autopsy is an investigation of train of events, circumstances, symptoms and signs at the onset and during the course of illness leading to death, through an interview of relatives or associates of the deceased.

- The verbal autopsy report includes a narrative story in addition to some structured questions used to prompt or probe to help family members recollect the events before death.
- If no issues are found the data would feed into mortality trend analysis and any significant findings would be reviewed by the regional consultant and forwarded to SAST.

SAST collects information via call centre before claims first follow up and every 3 months for procedures deaths have occurred

Field team informs SAST of death

Death of the patient post-discharge

District manager conducts Verbal autopsy

Regional consultant conducts detailed review

Any significant findings

No issues
Data trend analysis

Corrective measures to be initiated

Recommendations and feedback to SAST and Network hospital

Summary

Mortality review is an untapped resource for improving the governance of patient safety.

- Mortality meetings already exist in many healthcare organisations and provide a governance resource that is underutilised.
- They can improve accountability of mortality data and support quality improvement without compromising professional learning, especially when facilitated by a standardised mortality review process.

Feedback and suggestions

We invite your suggestions and inputs for strengthening this initiative

Hospitals can start sending the information as requested for any deaths occurring now onwards

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Thank You