Welcome to

Mortality Reviews:

Great Learning from Our Early Journey

For resource downloads go to:
www.safetyleaders.org
Anonymous Survey Questions

I am interested in a webinar on MORE DETAIL ON MORTALITY REVIEWS and how to safely introduce them in an organization

93% Agreed and 81% Strongly or Very Strongly Agreed, and 66% Very Strongly Agreed

Source: TMIT High Performer Webinar Series; Mortality Reviews: Great Learning from Our Early Journey – February 16, 2017
MORTALITY REVIEW AREAS topics I would like to be covered first include:

- 30 day post op review
- Abdominal transplant
- Algorithm for reviewing mortalities to assist w/ focus and time management.
- Can you share a questionnaire form for initial review?
- Classifications of mortalities
- Continued physician engagement in review process over time
- Cost benefit analysis to get staff needed for the reviews
- CV surgery, pre-op scoring, complications....
- Data collection
- Developing real team work between MD, RN
- Does community education re: hospice help?
- Failure to recognize, escalate and rescue
- Getting more buy in for getting realistic POLST and AD completed
- Ground fruit and low hanging fruit opportunities for improvement
- How did you pay for fits that don't represent direct patient care?
- How nurses were trained to do the reviews? What documentation tools were used for the reviewers. Would like to see more about data collected and how it was shared across the organization.
- How to do a precise 30 minute mortality review
- How to engage CDI
- How to get everyone within the hospital attentive to impending crashes
- How to get it started and alleviate the fears of retaliation
- How to include post-discharge mortalities since they can affect payment/penalties in VBP?
- How to separate mortality reviews from clinical peer reviews
- How to start program
- I would like more information how to integrate physician PEER review with a mortality committee
- Identifying actions that may prevent death
- Identifying failure to recognize
- Impact of fear of reporting an error or preventable harm happening
- Inpatient code blue
- Managing resource commitment and gaining interdisciplinary support
- More information on medication safety issues related to mortality. Hidden costs of ADEs. I am doing research in this area right now and would love to see what others are doing.
- Mortality review vs. Peer review
- Multi specialty review - forms/structures
- Nation-wide, which items are more frequently tracked?

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MORTALITY REVIEW AREAS topics I would like to be covered first include:

- Palliative care, comfort care, with so much malignancies—should this be addressed before any treatments, surgeries or what information do we have on this—imminent deaths?
- Particularly, how hospitals with census < 100-110 organize work processes/responsibilities
- Post-operative and readmission with mortality
- Practice change, metrics, improvement actions
- Process for reviews, who should be involved, provider/nurse feedback on opportunities for improvement, identification of performance improvement opportunities, coding and documentation impact to O/E,
- Review tools to aggregate findings
- RRT activation
- Screening tools used for mortality review
- Sepsis
- Sepsis
- Sepsis deaths and patients with sepsis and oncology diagnoses
- Sepsis mortality
- Sequence of mortality review-actions steps taken
- Starting points without additional resources
- Steps in initial screening of mortalities
- Strategies related to investigative techniques in concluding mortality investigations...RCA tips
- Stroke and sepsis
- We are a smaller hospital (110 beds) and have limited resources. Algorithms for case review and forms for case review would be helpful.
- What can be done to prevent known complications" from happening?"
- What indicators are used.
- What should be documented.
- Would like a template policy listing criteria that the ED could use in making ethical decisions about patients that they will not try to resuscitate with heroic measures.

Source: TMIT High Performer Webinar Series; Mortality Reviews: Great Learning from Our Early Journey – February 16, 2017
Anonymous Survey Questions

I want more information on PREPARING NON-CLINICAL STAFF for emergencies and BYSTANDER CARE

65% Agreed and 40% Strongly or Very Strongly Agreed, and 31% Very Strongly Agreed

111 Organizations Responded

Source: TMIT High Performer Webinar Series; Mortality Reviews: Great Learning from Our Early Journey – February 16, 2017
The topics regarding BYSTANDER CARE I would like covered include:

- Bystander care in and out of the hospital
- Bystander teaching.
- Community outreach for education, CPR for layman
- Good Samaritan laws & empowering non-clinical staff
- How best to reach all non-clinical staff? Online training?
- How do we drop the fears of being prosecuted for being a good Samaritan.
- How do we train non-clinical support staff rapidly on bystander care
- How one utilizes visitors/family members to help us identify subtle changes in their loved one. (Culture change to include family for their opinions and react to them.)
- How to escalate to get correct help
- How to train bystanders in the subtle signs of changes in the health condition of average person.
- How volunteers can be engaged
- Interventions that have been implemented to prepare non-clinical staff at various facilities.
- Legalities to 1st bystander, when care was handed off to ems.
- Liability
- Out patient clinics
- Physician office recommendations for first responders
- Presence of family during a code
- Rapid response
- Readmissions, PSIS and HAC reviews
- What should equipment should be available
- What should you focus on
Anonymous Survey Questions

I want more information on SHAM HUMAN RESOURCES (HR) REVIEW and Employee Fear of Retaliation after Adverse Events

64% Agreed and 49% Strongly or Very Strongly Agreed, and 31% Very Strongly Agreed

Source: TMIT High Performer Webinar Series; Mortality Reviews: Great Learning from Our Early Journey – February 16, 2017

96 Organizations Responded
The topics regarding HUMAN RESOURCES reviews and employee fear I would like covered include:

- Actions that calm employee fears of retaliation, secret file, etc.
- Breaking historical culture
- Bullying; accountability development
- Creating trust within the workforce during review and feedback related to disciplinary actions.
- How do you balance this while trying to be compliant with state board of nursing & state medical board? we are all humans but at what point does it need to be an HR reporting the persons to their respective state boards?
- How to decrease fear in the event reporting process, so that it is systems based and not provider based.
- How to engage physicians in listening to nurses’ observations and responding to them appropriately.
- How to protect the nurse
- How to teach medical legal and ethical aspects that this is not to search out individual to blame
- Interventions that have been implemented at various facilities to prevent employee retaliation. Specific laws to protect employees from experiencing retaliation.
- Just culture; high reliability; leadership impact
- Methods used, reducing the intimidation aspect of this type review.
- Overcoming fear of reporting.
- Psychological safety

- Removing fear techniques
- Report a safety event
- Use of automatic triggers
- What systems are in place to protect the second victim even when this system may conflict with big INC. Interests?
- Who are the best organizations who have been able to provide checks and balances in HR

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