

# East Jefferson General Hospital

## Documentation Tips for Improving: Observed/Expected Mortality Rate

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### Mortality Rate

**Observed mortality:** Actual rate of deaths in a hospital.

**Expected Mortality:** The expected average of hospitalized patient deaths with a particular illness or condition that are beyond the control of the medical center such as age, gender and other medical problems.

Rate Equal to:

**1.5 - Greater than expected rate**

**1.0 - Equal to the expected rate**

**0.75 - 25% lower than expected**

**0.50 - 50 % lower than expected**

### Mortality reviews are

conducted on any patient with a severity of illness (SOI) and Risk of Mortality (ROM) score less than 4/4.

**1 Minor**

**2 Moderate**

**3 Major**

**4 Extreme**

Providers may receive queries in order to clarify conditions supported by clinical indicators and treatment, as well as the present on admission (POA) status, as sometimes this can affect the principal diagnosis reported.

### Diagnoses that greatly affect the risk of mortality:

Encounter for palliative care/Terminal illness/DNR  
 Failure to Thrive  
 Malnutrition (mild, moderate, or severe)  
 Sepsis  
 Shock (cardiogenic, hypovolemic, other)  
 Cardiac Arrest  
 Respiratory Failure

### Example: Typical Provider Documentation Reviewed by CDI Nurse and Coders:

**8 am**

**Emergency Department:** A frail 89 year old female with history of CAD and CKD 4 is admitted with chest pain

**12 pm**

**History & Physical:** acute MI confirmed. Physical exam: BMI of 16 and with recent decline in appetite with muscle wasting and recent weight loss. Due to age and renal disease, cardiac cath is declined, and appropriate medical treatment is given.

**4 pm**

**Progress Notes:** patient with recurrent chest pain, thought to be an extension of her acute MI. She becomes hypotensive with BP 75/42, and tachypneic requiring bipap due to O2 sats 85-88% on 2L/nc. UOP low, IVF started for hypotension without increase in BP. Patient and family decline intubation and vasopressors.

**The following day**

**DC Summary:** Admitted with AMI, cardiac cath declined for fear of being placed on dialysis. Subsequently patient developed recurrent chest pain with hypotension. Possible further extension of AMI. Respiratory status declined and pt placed on Bipap. Patient has living will and family and patient agreed to DNR without invasive measures. Blood pressure, HR, RR further declined. Patient expired peacefully surrounded by family.

**Initial Score:**

**SOI: 3  
ROM: 2**

**Potentially Missed Documented Diagnoses:**

Cardiogenic shock related to AMI?  
 Acute respiratory failure?  
 Malnutrition?

**Query to Provider**



**Final Score**

**SOI 4  
ROM 4**



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