

Unexpected in-hospital deaths

IDENTIFYING AND DEFINITIONAL ATTRIBUTES

SHORT NAME:	Unexpected in-hospital deaths
DESCRIPTION:	The total number of patients who died in hospital who did not have a treatment limiting decision in place
TYPE OF QUALITY MEASURE:	Outcome measure
RATIONALE:	Several studies have demonstrated that rapid response systems have resulted in significant reduction of in-hospital deaths
DEFINITIONS:	<p>Admitted patient: any patient for whom the hospital accepts responsibility for the provision of inpatient care and/or treatment. Admission follows a clinical decision based upon specified criteria that a patient requires same day or overnight care or treatment</p> <p>Separation: the process by which an episode of care for an admitted patient ceases. This may be formal or statistical</p> <p>Treatment-limiting decision: decisions that involve the reduction, withdrawal, or withholding of life-sustaining treatment. These may include 'no cardiopulmonary resuscitation', 'not for resuscitation' and 'do not resuscitate' orders</p>

COLLECTION AND USAGE ATTRIBUTES

POPULATION:	Admitted patients
COMPUTATION:	<p>Number of patients who died per 1000 hospital separations for the time period audited</p> $\frac{\text{Numerator}}{\text{Denominator}} \times 1000$
NUMERATOR:	Number of patients who died in hospital without a treatment-limiting decision in place
DENOMINATOR:	Number of patient separations in the time period audited

COMMENTS

COMMENTS:	<p>A low rate of unexpected in-hospital deaths is desirable</p> <p>Patients who were declared dead on arrival at the hospital should be excluded</p> <p>Populations that have different rapid response system processes should be reviewed separately. These populations may include general adult and paediatric patients. If specific escalation protocols apply in other settings (such as maternity), these should also be reviewed separately</p> <p>Collecting data for this quality measure will require access to routine hospital data regarding separations and in-hospital deaths. It may also require reviews of the patient's healthcare record regarding the presence of treatment-limiting decisions</p>
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REFERENCES

REFERENCE DOCUMENTS:

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