

PRESS RELEASE

NOCA Launches Its First Report on In-Hospital Mortality

15th December 2016 The National Office of Clinical Audit (NOCA) announces the launch of their first report from National Audit of Hospital Mortality. Mr Brian O'Mahony, Public Representative on NAHM Governance Committee launched the report at a meeting in the Royal College of Surgeons in Ireland today. This report presents information across five common conditions: acute myocardial infarction (AMI), heart failure, ischaemic stroke, haemorrhagic stroke and chronic obstructive pulmonary disease (COPD) & bronchiectasis in a clear and transparent manner which will be of interest to patients. Mr O'Mahony said "everyone will be a hospital patient at some stage during their lives and will expect to receive care of the highest quality. The ongoing work of NAHM should lead to better patient care and outcomes for patients."

Dr Philip Crowley, National Director, Quality Improvement Division, HSE, stated "this report is a significant step to further understanding, and most importantly promoting, the continuous improvement of the quality and safety of care provided in our acute hospitals." The purpose of the report is to assure patients, families, the public and the wider health system that hospital mortality is continuously monitored. Structures exist within hospitals to investigate areas of concern and implement improvements as required.

KEY FINDINGS

- This report presents a crude in-hospital mortality rate¹ between 2005 and 2015.
 - In AMI there was a significant reduction in deaths per 100 admissions from 11.1 deaths in 2005 to 5.9 in 2015.
 - For heart failure, there was a small but significant reduction from 9.6 deaths in 2005 to 7.9 in 2015.
 - For ischaemic stroke, there was a small but significant reduction from 14.2 deaths in 2005 to 10.5 in 2015.
 - There was almost no change for haemorrhagic stroke and COPD & bronchiectasis.
- This report also presents standardised mortality ratios² (SMR) for in-hospital mortality in 2015 (2013-2015 combined for haemorrhagic stroke). All hospitals were within the expected range for AMI, heart failure, ischaemic and haemorrhagic stroke with one hospital outside the expected range for COPD & bronchiectasis. This hospital has welcomed the NAHM report and is currently carrying out a detailed review.

This report cannot be used to compare hospitals to one another. No two hospitals are expected to be the same, as hospitals have very different case mix or patient profiles. Hospitals and hospital Boards have identified mortality as an important outcome measure and are using NAHM to monitor this. "There are clear benefits for hospitals to measure and review health outcome indicators, such as SMR's" said Dr Brian Creedon, Chair, NAHM Governance Committee.

NOCA was established in 2012 to create sustainable clinical audit programmes at national level. NOCA enables those who manage and deliver healthcare to improve the quality of care through national clinical audit. NOCA is funded by the Health Service Executive Quality Improvement Division, governed by an independent voluntary board and operationally supported by the Royal College of Surgeons in Ireland.

ENDS

¹ Crude in-hospital mortality rate: this is a measure of the number of deaths per 100 admissions.

² Standardised mortality ratio (SMR): this is a measure of mortality which allows individual hospitals to compare their observed death rate against the death rate that would be expected in that hospital if variables affecting in-hospital mortality were taken into consideration.

Copies of the report will be available to download from www.noca.ie/publications
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