

At-a-glance guide to hospital mortality



West Hertfordshire Hospitals NHS Trust (RWG)

These reports are intended to provide commissioners and NHS trusts with a profile of current hospital mortality and potential contributory factors. They will be produced quarterly and show current HSMRs and trends, with specialty and diagnosis breakdowns, where people die, and palliative care coding.

Data to Q4 2009/10

HSMR: Hospital Standardised Mortality Ratio

Indicator interpretation and sources

No.	Description
1	Hospital standardised mortality ratio (HSMR) for all admissions: latest quarter. HSMR includes 56 disease groups
	accounting for 80% of deaths adjusted for age, sex, deprivation, co-morbidity (Charlson Index), and previous
	emergency admissions. Rebased by dividing local HSMR value by national HSMR value for same time period and
	multiplying by 100. Red = statistically significantly greater than 100; amber = not statistically distinguishable from 100;
	green = statistically significantly less than 100. Data source: Performance Monitor (DFI).
2	Hospital standardised mortality ratio (HSMR) for non-elective admissions: latest quarter. See (1).
3	Hospital standardised mortality ratio (HSMR) for all admissions: latest rolling year. See (1). Bullet chart: Black square
	indicates trust value; centre line shows the expected value (= 100); centre amber band shows control limits for the
	expected value; red bar indicates significantly high value; green bar indicates significantly low value.
4	Hospital standardised mortality ratio (HSMR) for non-elective admissions: latest rolling year. See (1). Bullet chart:
	Black square indicates trust value; centre line shows the expected value (= 100); centre amber band shows control
	limits for the expected value; red bar indicates significantly high value; green bar indicates significantly low value.
5	Trend in rebased HSMR. Q1 2004/5 to latest quarter. Control chart: Dotted line shows trend; red line shows expected
	value; blue area shows expected variation (control limits) around expected value. For more information see
	www.qie.org.uk/cpb/ps/hsmrreports.aspx
6	Trend in crude mortality rate (deaths per 100 superspells). Dotted line shows local value; red line shows national
7	Specialty-specific SMR (age-sex adjusted only). Bullet chart: Black square indicates trust value; centre line shows the
to	expected value (= 100); centre amber band shows control limits for the expected value; red bar indicates significantly
9	high value; green bar indicates significantly low value. Source: HES; erpho analysis.
10	Diagnosis-specific SMR. Bullet chart: Black square indicates trust value; centre line shows the expected value (= 100);
to	centre amber band shows control limits for the expected value; red bar indicates significantly high value; green bar
15	indicates significantly low value. Data source: Performance Monitor (DFI).
16	Percentage of deaths in hospital with a palliative care code in any diagnosis position. Source: HES; erpho analysis.
17	Annual trend in deaths in hospital with a palliative care code (red line = regional average). Source: HES; erpho
	analysis.
18	Percentage of deaths in care homes for population served by this trust. Red = statistically significantly below regional
	average; green = statistically significantly above regional average. Source: Public Health Mortality File; erpho analysis.
19	Percentage of deaths in hospital for population served by this trust. Red = statistically significantly above regional
	average; green = statistically significantly below regional average. Source: Public Health Mortality File; erpho analysis.
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Note: Statistical significance is defined at the 99.84% level.

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HES disclaimer: Hospital Episode Statistics (HES) data cannot be used to determine the cause of death of a patient while in hospital. Deaths recorded on the HES database may be analysed by the main diagnosis for which the patient was being treated during their stay in hospital, which may not necessarily be the underlying cause of death. For example, a patient admitted for a hernia operation (with a primary diagnosis of hernia) may die from an unrelated heart attack. The Office for National Statistics (ONS) collects information on the cause of death, wherever it occurs, based on the death certificate and should be the source of data for analyses on cause of death.



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Comment	Data to Q4 2009/10			
Latest quarter HSMR is average	 HSMRs for stroke, acute MI, COPD, heart failure, fractured neck 			
	of femur and pneumonia are average.			
General improvement in HSMR	Palliative care coding is consistent with the regional average.			
Specialty SMRs are average	 The proportion of deaths in care homes and the proportion of deaths in hospital are consistent with the regional average. 			

Indica	tor		Data Period	Value/ chart	Key
1	Fully risk-adjusted HSMR	All admissions	Q4 2009/10	96.1	HSMR rebased to national value 100
2	Fully risk-adjusted HSMR	Emergency admissions	Q4 2009/10	96.6	
3	Fully risk-adjusted HSMR	All admissions	Q1 2009/10 to Q4 2009/10	-	Trust value (black square) plotted relative to HSMR = 100 (centre line), with control
4	Fully risk-adjusted HSMR	Emergency admissions	Q1 2009/10 to Q4 2009/10	•	limits (amber), significantly high (red) and significantly low (green)
5	Trend in HSMR	All admissions	Q4 2004/05 to Q4 2009/10	and the same of th	HSMR = 100 (red line) with control limits (blue); dotted line shows trust values by
6	Crude mortality (deaths per 100 superspells)	All admissions	Q4 2004/05 to Q4 2009/10	Muny	Dotted line shows trust values; red line is national mean
7	Age-sex HSMR	General medicine	2008/09		
8	Age-sex HSMR	General surgery	2008/09		
9	Age-sex HSMR	Geriatrics	2008/09	•	Tourst walk of (black and a)
10	HSMR	Stroke	2009/10		Trust value (black square) plotted relative to HSMR =
11	HSMR	Acute MI	2009/10		100 (centre line), with control limits (amber), significantly
12	HSMR	COPD	2009/10	•	high (red) and significantly
13	HSMR	Heart failure	2009/10	•	low (green)
14	HSMR	Fractured neck of femur	2009/10		
15	HSMR	Pneumonia	2009/10	•	
16	End of life care	% deaths with palliative care code Z515	2009/10	12.7%	Regional mean = 10%
17	End of life care	Trend in palliative care coding of inpatient deaths	2004/05 to 2009/10	<u></u>	Annual proportion of deaths coded, with regional rate (red)
18	Where people die	% deaths in care homes	2009/10	18.7%	Regional mean = 17%
19	Where people die	% deaths in hospital	2009/10	55.4%	Regional mean = 54%

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