

PAKISTAN CHILDREN'S HEART FOUNDATION DATA REVIEW

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IN-PATIENT CARE: 5 YEAR OBSERVED AND UNADJUSTED MORTALITY RATES

Executive Summary

- The observed mortality rate (OMR) was reported for 2015-2020.
- The OMR for 2015-2020 is for 5 hospitals that received treatment funding in partnership with PCHF.
- Mortality rates are important indicators for performance improvement, identify trends and identify patterns of risk.

Key findings

- The unadjusted, hospital mortality is 152.
- The observed mortality ratio is 7% (152/2167)
- According to Welke KF, Diggs BS, Karamlou T, Ungerleider RM (2008), the observed mortality rate was recorded as 4.6%. Therefore, in comparison, PCHF's needs to reduce OMR by 2.4%.
- The under 5 mortality ratio is 5.76%.
- The highest unadjusted mortality rate was recorded in 2019 at 1.52%.
- The lowest unadjusted mortality rate was recorded in 2015 at 0.67%.
- A possible reason for the increase could be associated with an increase in patient volume and diversity of cases.
- The highest number of surgeries were RACHS-1 score and the least number were RACHS-5. 64% of deaths were in RACHS-2 cases.
- 1 in-hospital mortality was recorded for catheterizations.

Policy implications

- Identify the potential causes for the OMR.
- Revision in health plans/policies to reduce the mortality rate.
- Reduction in the OMR by 2.4%
- Calculation of risk adjusted mortality rate.

Future trends

• Comparison of Observed Mortality Rate to the risk adjusted mortality rate.



FIGURE 1: THE TOTAL NUMBER OF UNADJUSTED MORTALITIES COMPARED TO SUCCESSFUL SURGERIES

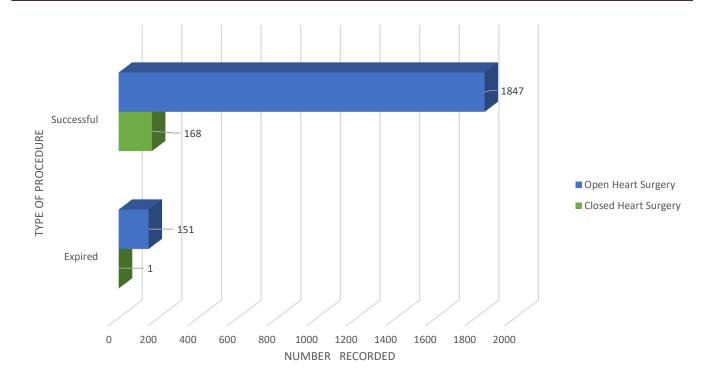


FIGURE 2: OBSERVED AND UNDER 5 MORTALITY RATES

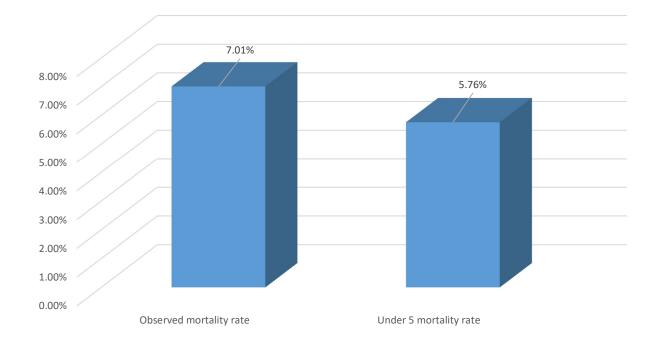




FIGURE 3: UNADJUSTED MORTALITY BY YEAR FOR OPEN HEAR SURGERIES

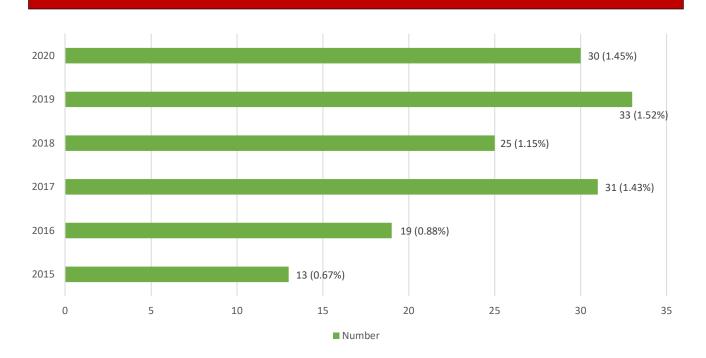
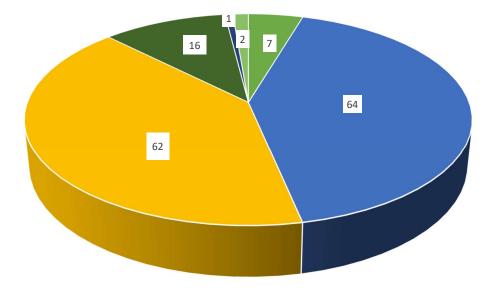


FIGURE 3: UNADJUSTED MORTALITY RATE (%) BY TREATMENT COMPLEXITY (RACHS-1 SCORE)





This brief was produced by Dr Samaa Akhtar MD; M.H.Sc (London) Senior Research Fellow, Pakistan Children's Heart Foundation (PCHF). The advocacy project is led by Mr. Farhan Ahmad, CEO (Volunteer) PCHF. Contact Information: <u>research@pchf.org.pk</u> and <u>info@pchf.org.pk</u>

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