

Every Life Matters: Transforming Mortality into Meaningful Outcomes

Great Plains Health, North Platte, NE



Background

- GPH is 116-bed rural, acute care, hospital in North Platte, Nebraska.
- Rising mortality rate, impacting CMS 5-Star and VBP results
- Mortality Rate higher than National benchmarks of 1.0.
 - 1.27 O/E in 2023.
 - High of 1.91 O/E in 2024.

Table 1 (CMS Mortality Data)		
Diagnosis	GPH CMS 2025 Rating (Q3 2020 – Q2 2023)	Ntl Observed Mortality Rate- CMS (2025 Reporting)
Acute Myocardial Infarction (AMI) 30-Day Mortality Rate	12.7%	12.6%
Chronic Obstructive Pulmonary Disease (COPD) 30-Day Mortality Rate	13.9%	9.4%
Heart Failure (HF) 30-Day Mortality Rate	15.6%	11.9%
Pneumonia (PN) Mortality Rate	19%	17.9%
Acute Ischemic Stroke (STK) 30-Day Mortality Rate	17.9%	13.9%

Aims

- Develop a mortality reduction initiative aimed at addressing the key mortality variable drivers to improve the O/E mortality index.
- Multidisciplinary team approach: CQO, Case Management, CDI, Dieticians, Coding, Care Coordination, Nursing, Providers, IT Support.
- Create Mortality Reduction Initiative by setting definitions, metrics, goals for initiative with ELT and BOD support.
- Goal to improve overall O/E mortality and patient outcomes by addressing key mortality variables noted through Vizient CDB application.

Plan

- Implement multidisciplinary team to concurrently review mortality data and frequent patient risk variables.
- Utilize Epic EMR, Vizient, and CMS data to assess and screen patients at highest risk for mortality, malnutrition and other nutritional deficiencies for early intervention.
- Interventions to educate providers, early patient identification and intervention for goals and treatment decisions. Reduce observed mortalities by discharging pts to prior living arrangements rather than admit OBV/comfort care.

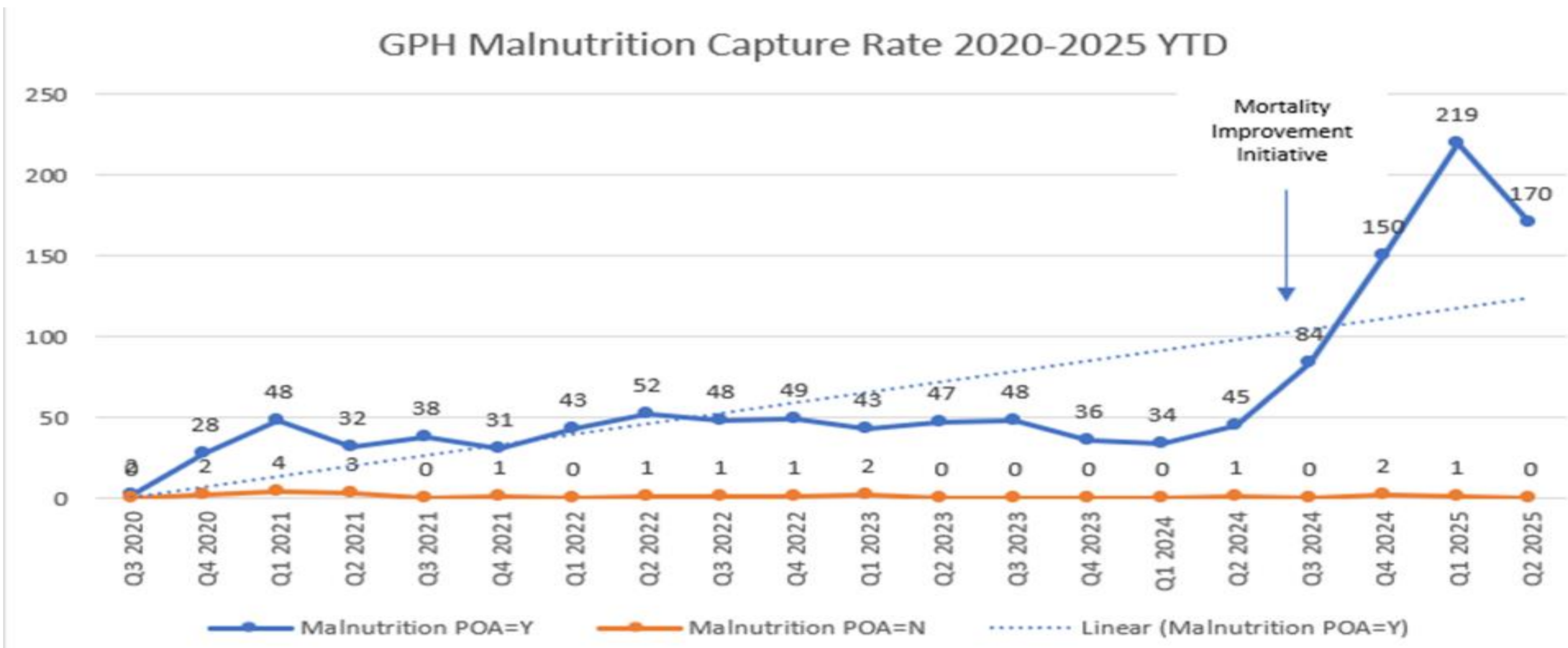
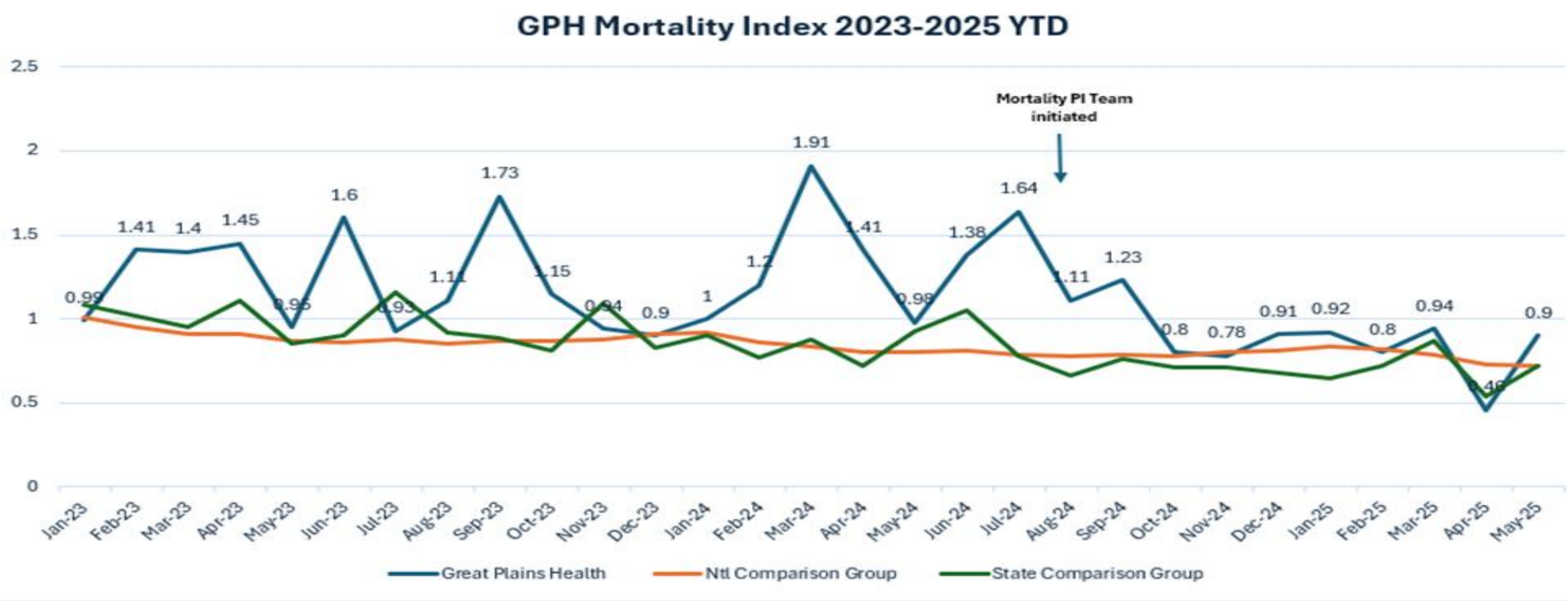
Measure

- Process Measures: Malnutrition capture, Cachexia capture, Fluid/Electrolyte deficiencies using Ntl Benchmarks.
- Outcome Measure: Observed/Expected Mortality Index less than 1.0.

Results

- Q1 2023- O/E mortality 1.27 with peak 1.91, March 2024.
- Q1 2025 decrease to 0.90 with low of 0.46 April 2025.
- Neurology O/E: –1.37 reduction
- Pulmonary Critical Care O/E: –0.70 reduction
- Malnutrition code capture: 3% → 21%
- Cachexia code capture: 1% → 7%
- Direct Cost Index: 0.9% improvement
- Length of Stay (LOS): Decreased from 0.91 (2023) to 0.82 (2025 YTD)

Results



Next Steps

- Ongoing review of risk variables and change in team tactics based on top priorities.
- Analyze documentation and coding to improve expected or observed mortality risk opportunities.
- Provide additional resource, tools, and data transparency to providers and staff.

Team

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Lindsey Beggs, Quality CDI
Rhonda VanSkiver, RN Quality
Katie Silva, RN Quality
Wendy Ward, RN Risk Management
Brandon Hanson, RD Dietician