

Version 1, published 25 June 2015

## **Announcement of methodological change to Summary Hospital-level Mortality Indicator (SHMI) – Deaths associated with hospitalisation, England, January 2014 – December 2014**

The Summary Hospital-level Mortality Indicator (SHMI) reports on mortality at trust level across the NHS in England. It is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. The SHMI includes all deaths reported of patients who were admitted to non-specialist acute trusts in England and either die while in hospital or within 30 days of discharge.

The SHMI is produced from Hospital Episode Statistics (HES) finished provider spells<sup>1</sup> data linked to Office for National Statistics (ONS) death registrations to enable capturing of deaths which occur outside of hospital. Deaths are attributed to the last non-specialist acute trust in England to treat the patient.

Previously, for patients with multiple finished provider spells in the three year dataset used to calculate the SHMI, the last spell was identified using the following methodology:

- choose the spell with the latest discharge date,
- if there are multiple spells for the patient with the same latest discharge date, choose the spell with the highest provider spell number (this is a record identifier created by the HSCIC during data processing).

The methodology for identifying the last spell for patients with multiple finished provider spells in the three year dataset has been changed to the following:

- choose the spell with the latest discharge date,
- if there are multiple spells for the patient with the same latest discharge date:
  - if only one of these spells has a discharge method indicating that the patient died, choose this spell,
  - where either none of these spells or multiple spells have a discharge method indicating that the patient died (a data quality issue), choose the spell with

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<sup>1</sup> A provider spell is a continuous period of time spent as a patient within a single trust (provider). A spell may be composed of more than one episode (a single period of care under one consultant). A spell is finished when the spell ends i.e. the patient is discharged or dies.



the highest value of EPIKEY (a record identifier created by the HSCIC during data processing) for the discharge episode in the spell.

This change has been implemented to use more of the information submitted by trusts to identify the last spell for each patient in the three year dataset. In cases where the last spell cannot be identified from the discharge date and discharge method, the EPIKEY record identifier is now used rather than the provider spell number. This is because EPIKEY is consistent across all HES datasets, whereas historically there have been multiple versions of the provider spells dataset, each with different provider spell numbers created during data processing. The methodological change has been made following consultation with the HSCIC's HES Development team.

The effect of this methodological change is that a different spell is identified as the last spell for approximately 0.08% of patients in the three year dataset and so the impact on the calculated SHMI values for each trust is negligible.

Like all indicators managed by the HSCIC, the SHMI is subject to continuous review. Any comments received on the methodology are reviewed and, where appropriate, modifications have been made to the methodology specification document, which is available to download from <http://www.hscic.gov.uk/SHMI>.

A detailed list of comments raised and actions taken can be found in the SHMI Methodology Specification Development Log which is available to download from <http://www.hscic.gov.uk/SHMI>.

Questions and feedback on the publication are welcomed and should be sent to [enquiries@hscic.gov.uk](mailto:enquiries@hscic.gov.uk) or alternatively call 0300 303 5678.