

# Measuring and Improving Hospital Patient Safety

A Joint Initiative Between  
the Canadian Institute for Health Information and  
the Canadian Patient Safety Institute



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[hsp@cihi.ca](mailto:hsp@cihi.ca) [cihi.ca](http://cihi.ca)

 [@cihi\\_icis](https://twitter.com/cihi_icis)



# Outline

- **Project Background**
- **Three Main Products:**
  - Hospital Harm indicator
  - Improvement Resource for the Hospital Harm Indicator
  - Analytical report
- **Next Steps and Release plan**

# Why is this important

- While most patients experience safe care, a small proportion of patients do experience some type of harm
- When harm does occur, there is a significant impact on patients, families and their care providers

# Measuring Hospital Harm

- Currently no easily reproducible method for monitoring harmful events in Canadian hospitals on a regular basis
- You can not improve what you do not measure
- Partnership project between CPSI and CIHI since 2012
- The result ... a big dot indicator of hospital harm called the Hospital Harm indicator that is tied to an evidence-informed resource for improvement

## **The Hospital Harm indicator measures**

The rate of acute care hospitalizations with at least 1 occurrence of unintended harm that could have potentially been prevented by implementing known evidence-informed practices

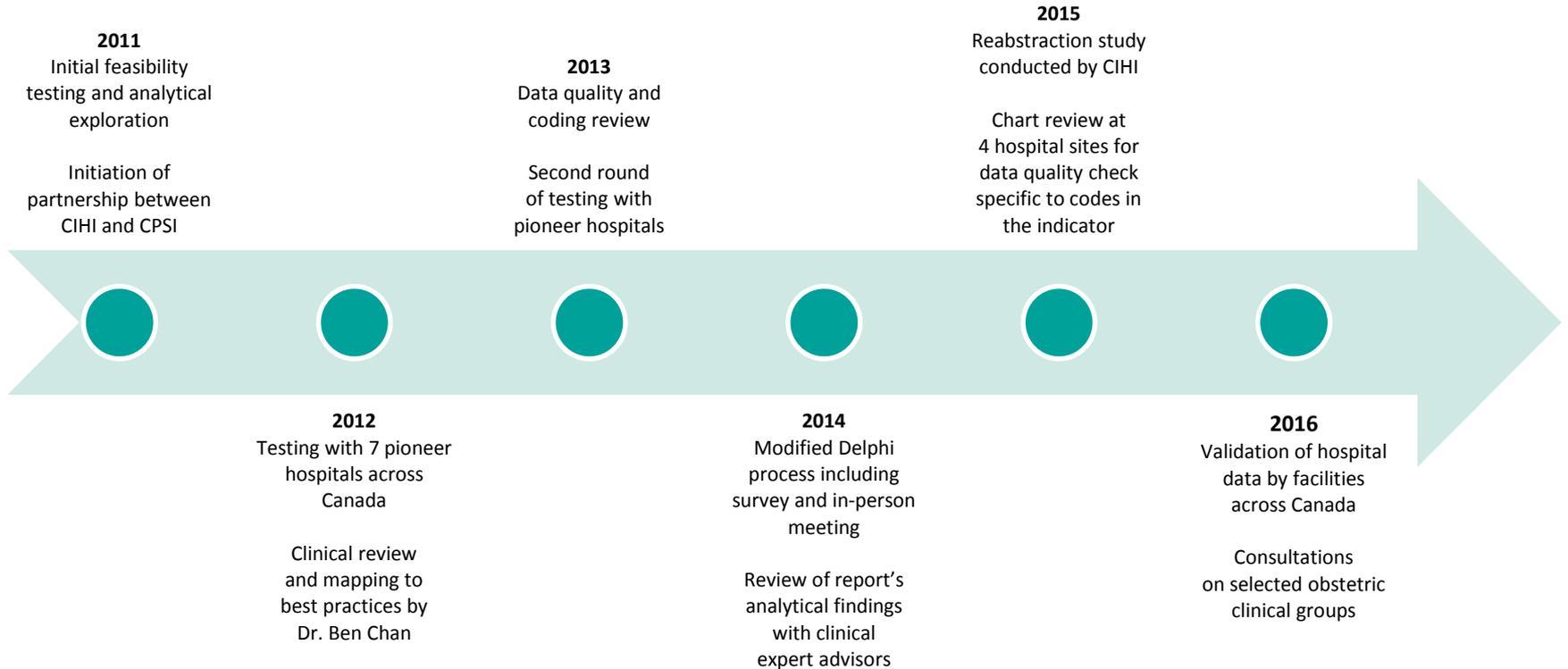
# 3 main products

**Facility-level indicator** — Monitors variations in patient harm in inpatient acute care settings across facilities over time

**Improvement Resource** — Links the indicator and improvement by providing evidence-informed practices to support patient safety improvement efforts

**Report** — Introduces the indicator and improvement resource with results presented at national level

# Work done to date



# Hospital Harm indicator

# Big dot indicator of hospital harm

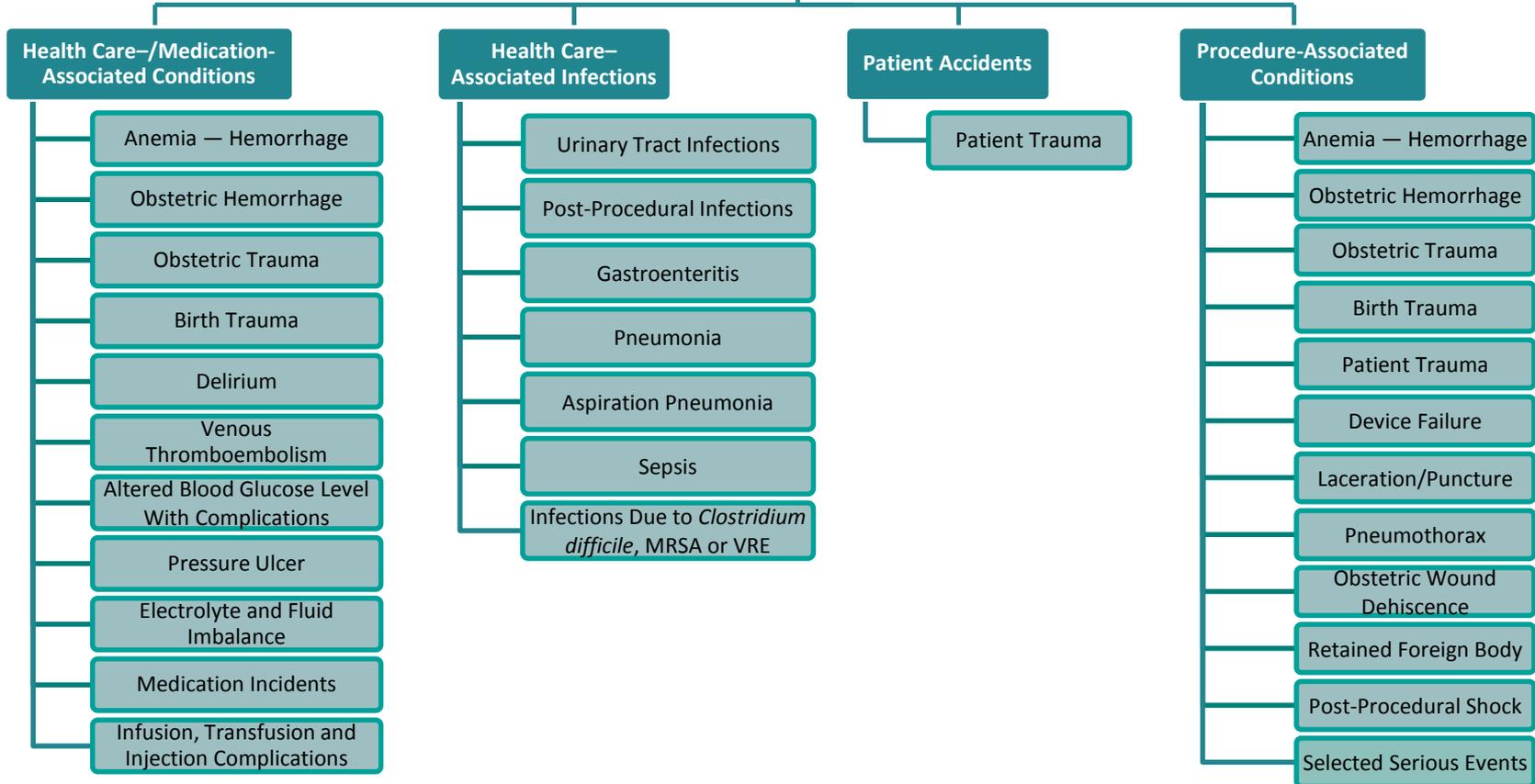
## Definition

**The rate of acute care hospitalizations with at least 1 occurrence of unintended harm that could have potentially been prevented by implementing known evidence-informed practices**

- Harm must have occurred after admission, and required treatment or prolonged the hospital stay
- Harm is categorized into 31 clinical groups, each of which is associated with evidence-informed practices
- Excludes Quebec and patients with mental health diagnoses

# Framework

## Hospital Harm



# Improvement Resource for the Hospital Harm Indicator

# Linking the measure to improvement: Improvement Resource for the Hospital Harm Indicator

## Purpose

- **Demonstrate ability to take action by providing tools to support organizations in making improvements in the safe delivery of care**
- **Make resource readily available to teams to support their quality improvement efforts**

# Collaborative effort

- **The Improvement Resource for the Hospital Harm Indicator is a series being developed by CPSI in collaboration with**
  - Canadian patient safety and clinical experts
  - Accreditation Canada
  - Patients for Patient Safety Canada

# What is in the Improvement Resource for the Hospital Harm Indicator?

- **General patient safety tools and quality improvement resource**
- **Tips on how to use the indicator**
- **For each clinical group (small dot):**
  - An overview of the clinical group and goal for improvement
  - Evidence-informed practices to reduce the likelihood of harm
  - Outcome and process improvement measures
  - Associated Accreditation Canada standards and Required Organizational Practices
  - Links to additional resources

# Report

# Report objectives

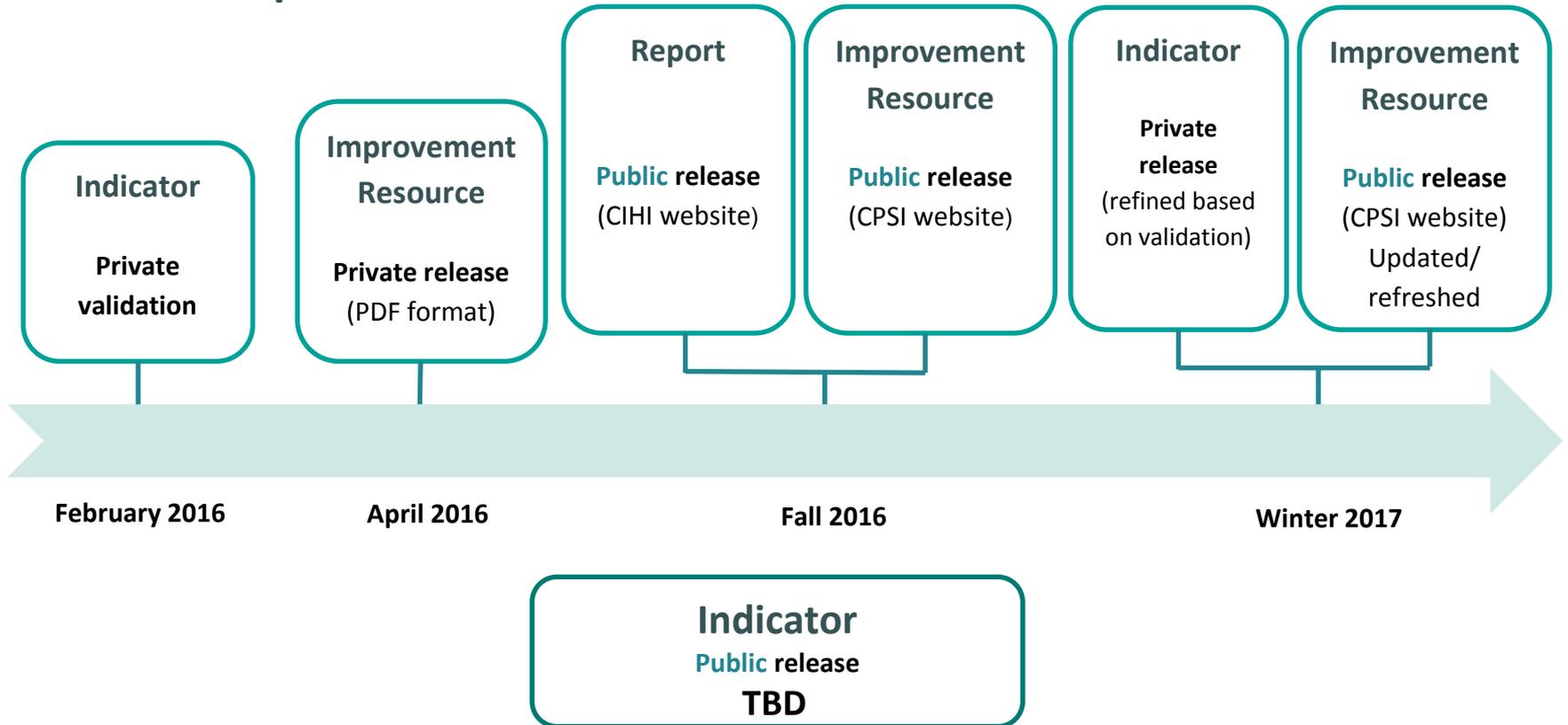
- **Outline the scope of the indicator and the Improvement Resource**
- **Provide a big-picture view of hospital harm in Canada**
  - Number and types of harmful events at a national level
  - Types of patients and their outcomes at a national level
- **Identify how measurement can be used for improvement**
  - Link the data to actions that can be taken to drive improvement
  - Demonstrate how the data could be used in conjunction with quality improvement initiatives currently under way

# Analytical questions

At a national level,

- How often do patients experience harm that might be preventable during their hospital stay?
- What are the trends over time?
- What types of harm are most frequent?
- What is the impact of harm in terms of dollars, extra hospital days, outcomes — death and multiple events?
- What types of patients are more likely to experience an occurrence of harm in their stay?

# Release plan





For more information

[hsp@cihi.ca](mailto:hsp@cihi.ca)

[info@cpsi-icsp.ca](mailto:info@cpsi-icsp.ca)