

Safety indicators in the frame of the Performance Assessment Tool for quality improvement in Hospitals (PATH)

Ann-Lise Guisset
agu@euro.who.int
WHO Regional Office for Europe

Menu

- Introduction
- Part 1: PATH context and objectives
 - **Message 1: Select indicators to fit their prospective use**
- Part 2: PATH conceptual model
 - **Message 2: Promote a comprehensive approach to performance measurement**
- Part 3: The 4 M's to performance assessment
 - **Message 3: Indicators = one element in a complex process**
 - **Message 4: Indicators cannot be interpreted in isolation**
- Conclusion: Lessons learnt and the way forward
 - **Potential international collaborations on indicator development and applications**

Introduction: key facts

Hospital performance assessment System
developed and supported by WHO:

Step 1 – Development: 2002-2003

Step 2 – Testing: 2004 – 2005

PATH pilot: 5 countries – 60 hospitals

Step 3 – Refining: 2006 – 2008

PATH-II: 8 countries – 150 hospitals

Step 4 – Reviewing to acknowledging rapidly changing
environment

PATH-III : launched at PATH international
conference in Vienna (3-4 July 2008)

www.pathqualityproject.org

3

Introduction: Key words

■ Quality improvement tool

- Ultimate goal: support hospitals in defining QI strategies by
 - 1) identifying areas for further scrutiny
 - 2) sharing best practices

■ International

- Compare results to international reference points
- International networking
- Newsletter, list-server, international meetings
- Share on data collection issues, results, best practices, quality improvement plan

■ Independent: WHO with collaborating centers, data owned by hospitals

4

Intro: Distinctive features

- Comprehensive framework
 - Six interrelated dimensions of performance
- Support the move from measurement to quality improvement actions
 - Descriptive sheets
 - Background information to motivate the use of indicator and provide venues for interpretation
 - Balanced dashboard
 - Key message: Do not interpret indicators in isolation
 - Workshops, Newsletters, etc.
 - Share results, interpret differences, compare practices.
- Custom-made
 - Generic for international comparisons (core set) and specific for increased local meaning and synergies with local quality improvement systems (tailored indicators)

5

Part 1: **Objectives and context**

What PATH stands for:

Support hospitals in

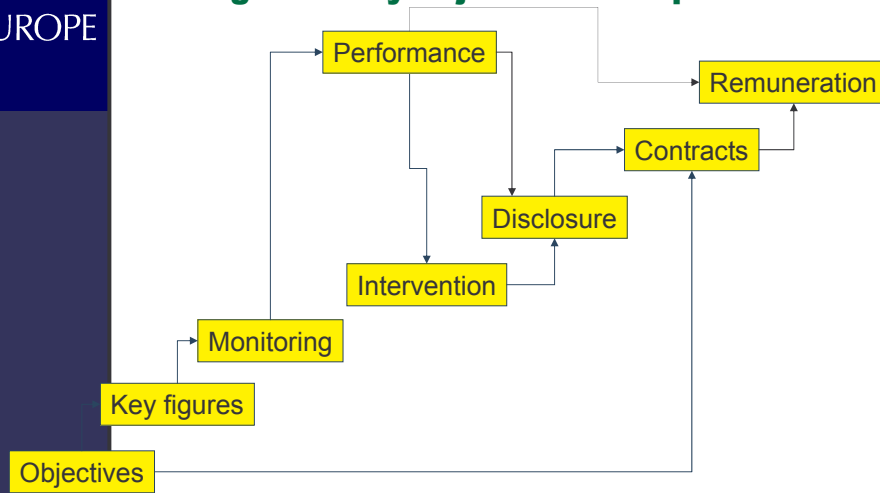
- assessing their performance,
- questioning their own results, and
- translating them into actions for improvement

BY

- Providing tools for performance assessment
- Enabling collegial support and networking among hospitals

6

Part 1:
The „brave new world“ of health care systems:
Management by objectives and performance



Mohr V. 2008

Part 1: Type of performance assessment models - Where PATH stands

NATURE OF EXPECTED ACTIONS

SOURCE OF CONTROL

	Positive Formative Supportive	Negative Punitive Summative
Internal	CQI PATH	Internal evaluation
External	Accreditation	Government accountability (e.g. UK)

Part 2: **PATH conceptual model**

What is Hospital Performance?

Satisfactory hospital performance is defined as “*the maintenance of a state of functioning that corresponds to societal, patient and professional norms.*”

High hospital performance should be based on professional competences in application of present knowledge, available technologies and resources; efficiency in the use of resources; minimal risk to the patient; responsiveness to the patient; optimal contribution to health outcomes.

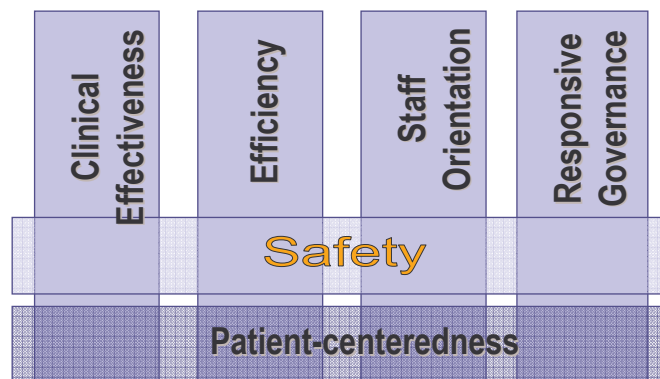
Within the health care environment, high hospital performance should further address the responsiveness to community needs and demands, the integration of services in the overall delivery system, and commitment to health promotion.

High hospital performance should be assessed in relation to the availability of hospitals’ services to all patients irrespective of physical, cultural, social, demographic and economic barriers.”

9

Part 2: **PATH conceptual model**

Multidimensional and comprehensive assessment



Focus on system!

10

Part 2: Safety vs. quality?

“Patient safety indicators reflect quality of care inside the hospital but focus on surgical complications and other iatrogenic events” (Agency for Healthcare Research and Quality).

Safety is an important dimension of hospital quality and relates to patients, staff and the environment.
Safety is not the only dimension of hospital quality.

Part2: Indicators for patient safety/clinical effectiveness and staff safety in PATH project

Systematic review of indicators available:

- Sentinel event reporting system (JCAHO categories)
- Pressure ulcers
- Hospital-acquired infections
- Work-related injuries by type
- Number of assaults on staff

→ **Most in advanced indicator basket**

Part 3: Steps & tools (the “4 M”)

- **Motivate**
Voluntary participation
- **Measure**
Collect and compute
- **Make sense**
Assess & understand
- **Move**
Act for quality improvement

13

Part 3: How can indicators contribute to quality improvement?

- Before collecting data
 - Transmit values, sensitize
- While collecting data
 - Improve information systems
- After computing indicators
 - Identify areas for improvement
 - Share best practices

Part 3: 4Ms - Measure

- Information systems
 - Make the best out of current information systems
 - When data readily available in national central database, rely on it
 - If data not collected, Rule = simplicity
 - Side-product: PATH: identify potential for improvement in information systems

- Challenges:
 - Burden of data collection: revised set of performance indicators following pilot
 - Reliability: data quality control mechanisms?

15

Part 3: 4Ms - Measure

- An indicator is
 - a measurable element that provides information about complex phenomenon (e.g. quality of care) which is not itself easily captured

- Key message: an indicator
 - provides information but not judgment
 - is not a direct measure (flag)
 - needs to be interpreted

Part 3: 4Ms – Make sense

Main messages:

- **Assess:**

Very few indicators can be used as conclusive judgments on level of performance

⇒ *Compare to...*

- **Understand:**

Do not interpret in isolation

⇒ *Relate to...*

17

Conclusion: Lessons learnt

- **Pilot: 2004-2005**

- **Lessons learnt** (participating hospitals feedback):

- Great importance of timely feedback, need for very precise operational definitions and data collection procedures
- Considerable local adaptations were required for some indicators
- Limited contribution of international comparisons while opportunities for international benchmarking should be further developed
- PATH = Opportunity to improve information systems
- Empowerment of staff through feedback on performance
- Workshops to provide feedback were taken very well; managers wanted to understand why one was better than another.
- Major role of local facilitation teams (country and hospital coordinators)
- Synergies with other « quality projects » = success factor but they can also create competition for scarce resources
- PATH can be used as a stepstone for more ambitious national projects

18



Conclusion:

The vision – PATH future

PATH is to grow into

- an **active network**
 - annual conference, twinning, platform to exchange experts, thematic discussion groups, etc.
- international yet with strong **local ownership**
 - strengthened country coordinators, improved collaboration with other national stakeholders
- supporting **strategic** management
- based on highly standardized **toolbox**
 - prospective data collection sheets, **limited number of indicators**, data transmission procedures, etc. but also educational material
 - for comparable results (++ comparison and – focus on internal)
 - **High professionalism, client-oriented** -- > sufficient resources
- to be linked to the individual strategic vision