



Data Capture & Reporting for Patient Safety Measures Project

A Project Funded by the
Ontario Health Quality Council

Purpose

- 18 month project
- Purpose
 - To aggregate the performance data of the SHN measures
 - To engage the public in a process that informs the OHQC about the best method for reporting patient safety data in a meaningful manner
 - To support local patient safety teams within SHN to capture their data, and share leading practices related to data capture and to QI processes

Specific Objectives

- Improve data capture and reporting on:
 - Perfect Care for Acute MI
 - % of patients receiving Medication Reconciliation at admission
 - Prevalence of Surgical Site Infection (SSI) & Antibiotic administration within 1 hour prior to surgical incision

What Have We Learned About Safer Healthcare Now! SSI Reporting ?

- Reporting frequency varies per SSI measure
- Most reported measure – Antibiotic within 1 hr of incision
- Least reported measure – glucose control
- Most difficult measure to collect data is “rate of infection of patients undergoing clean surgery”
- Not all teams/organizations report every month
- Two organizations have reported every quarter for SSI 1.0 (abx prior to surgical incision) since 2005

Type of Surgery Being Reported

SSI 1.0

Antibiotic 1 hr prior to incision

Type of Surgery	Number of Teams
Hips	24
Knees	22
Colon/Abdomen	20
Hip + Knee	7
Cardiac/CABG	7
Hysterectomy/CS	17
Others/ Unidentified	10
Total	107

49.5% Hips/Knees

SSI 3.0

Surgical Site Infection Rate

Type of Surgery	Number of Teams
Hips	15
Knees	15
Colon/Abdomen	13
Hip + Knee	3
Cardiac/CABG	6
Hysterectomy/CS	11
Others/ Unidentified	1
Total	64

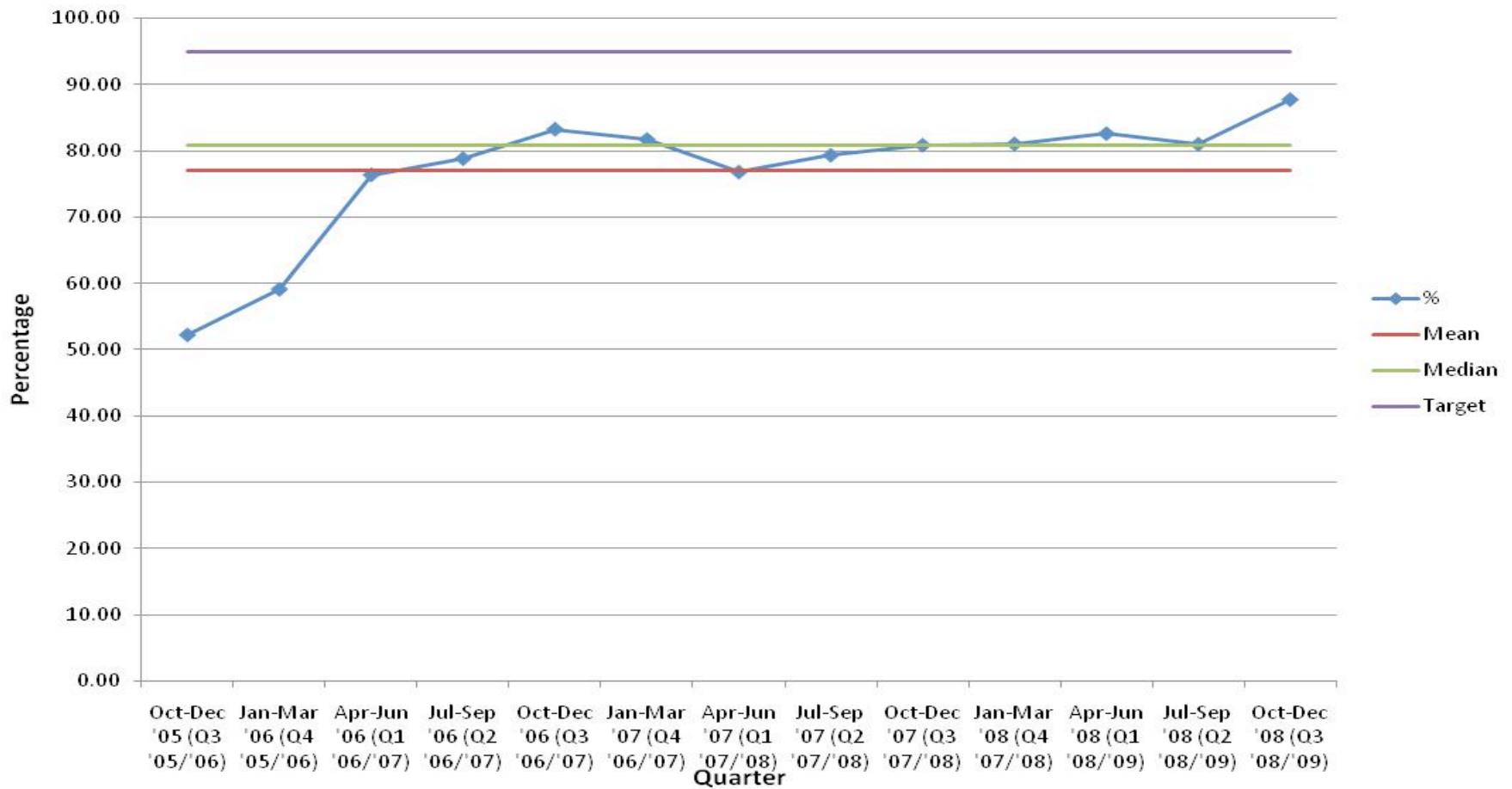
51.6% Hips/Knees

SSI Snapshot

Measure	Number of Organizations Submitting Data	Number of Teams	Improvement Target	Teams Reaching Target
SSI 1.0 - Percentage of surgical patients with antibiotic administration within 60 minutes prior to surgical incision.	47	107	95%	49 (53.85%)
SSI 3.0 - Rate of infection in patients undergoing clean surgery	35	64	50% Reduction	46 (86.54%)
SSI 4.0 - Percent of selected surgical patients with appropriate surgical site hair removal.	41	91	95%	69 (88.45%)
SSI 6.0 - Percent of colorectal or open abdominal surgical patients with normothermia (36.0° - 38.0°C) in post-anesthesia care unit (PACU)	30	34	95%	16 (51.61%)

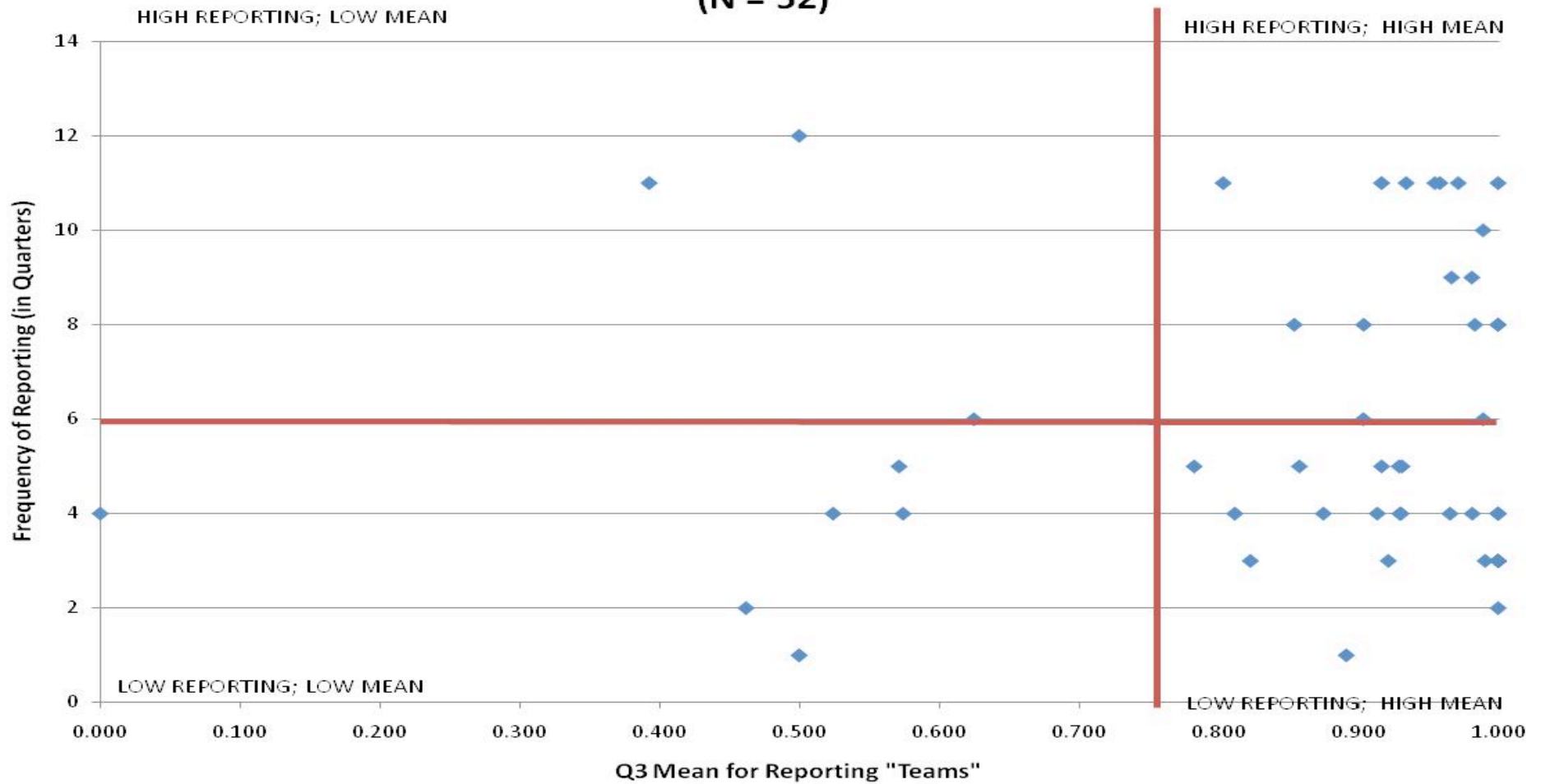
**SSI 1.0 - Percentage of
surgical patients with
antibiotic administration
within 60 minutes prior to
surgical incision.**

% Patients Receiving Abx Within 1 Hr From Q3 '05 - Q3 '08 All Safer Healthcare Now! Teams Reporting Per Quarter

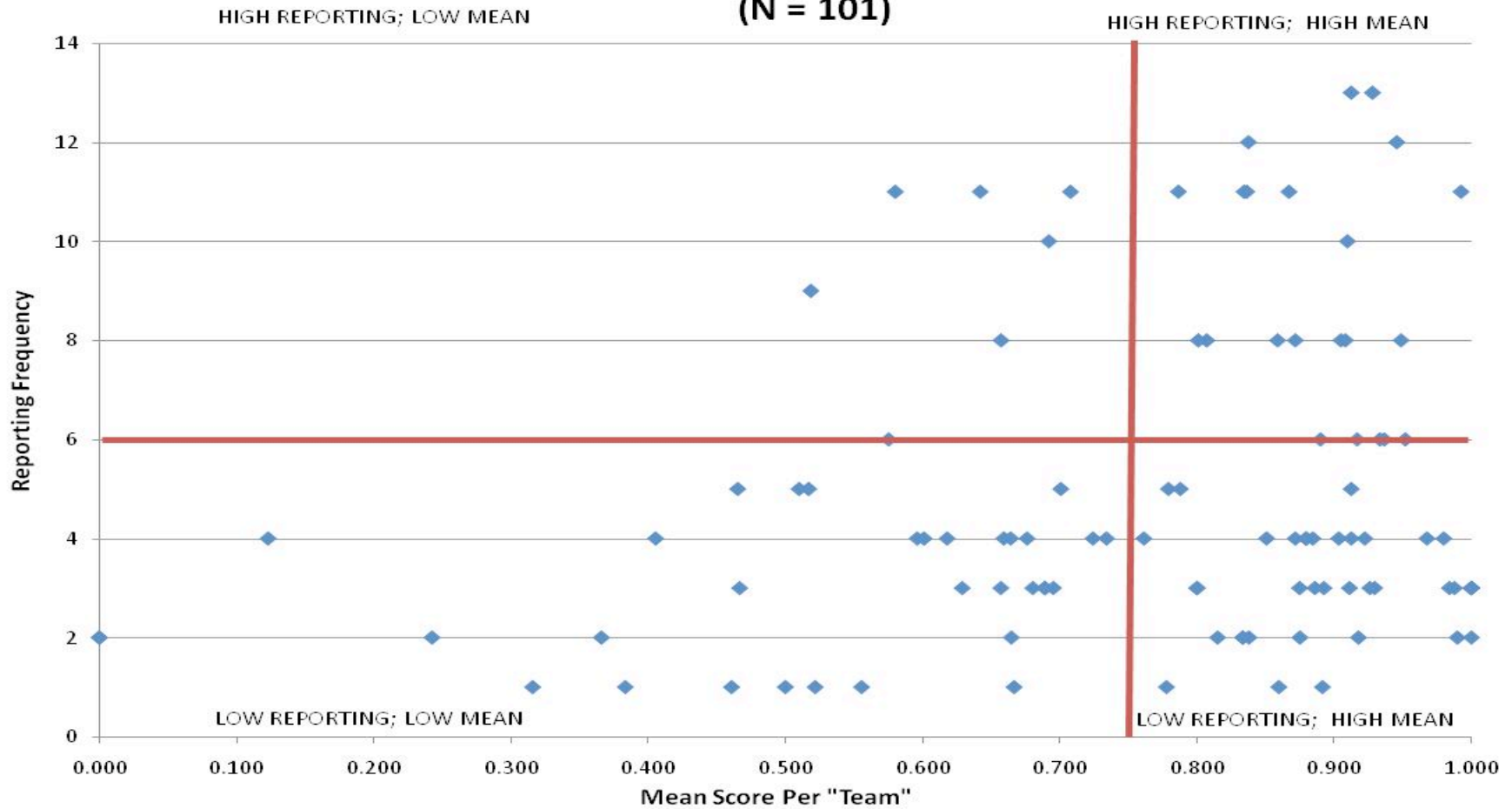


2 x 2 - Frequency of Reporting and Q3'08 Mean Per "Team" for Patients Receiving Abx Within 1 Hr of Surgical Incision

(N = 52)



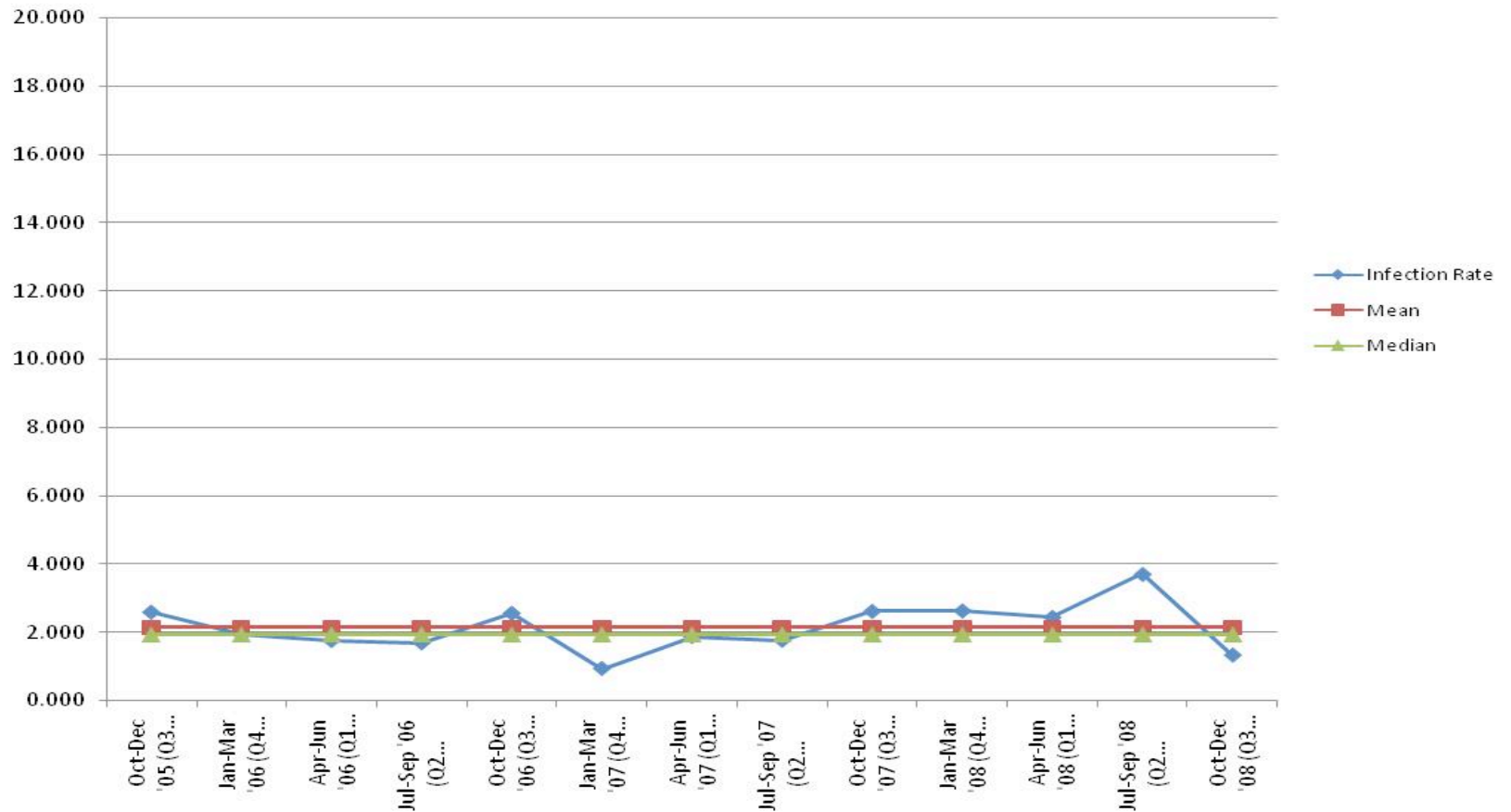
2 X 2 - Reporting Frequency & Average Mean for Reporting "Teams" for the Measure: Patients Receiving Abx Within 1 Hr of Surgical Incision (N = 101)



SSI 3.0 – Rate of infection in patients undergoing clean surgery .

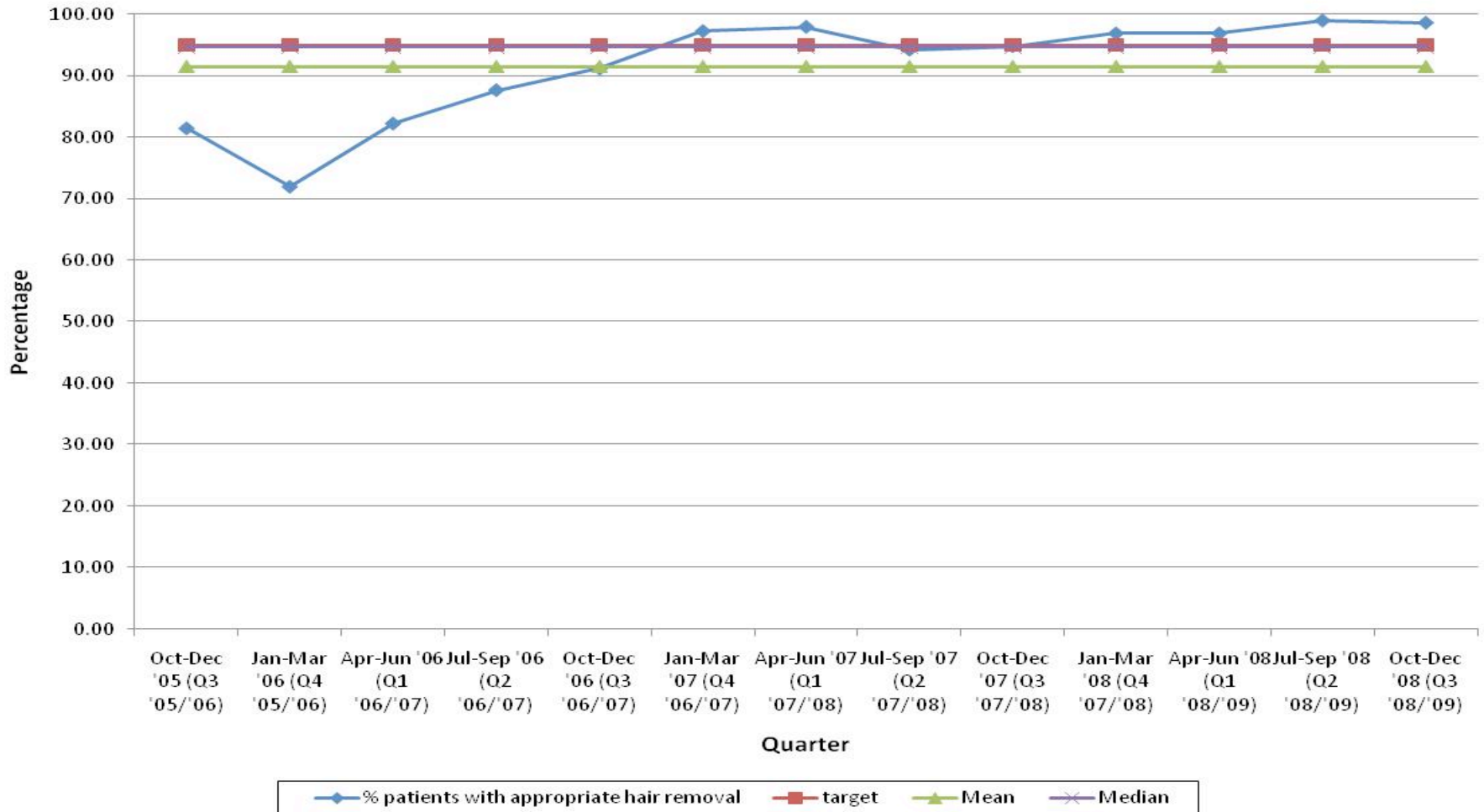


% of Patients with an Infection Post-operatively Q3 2005 to Q3 2008



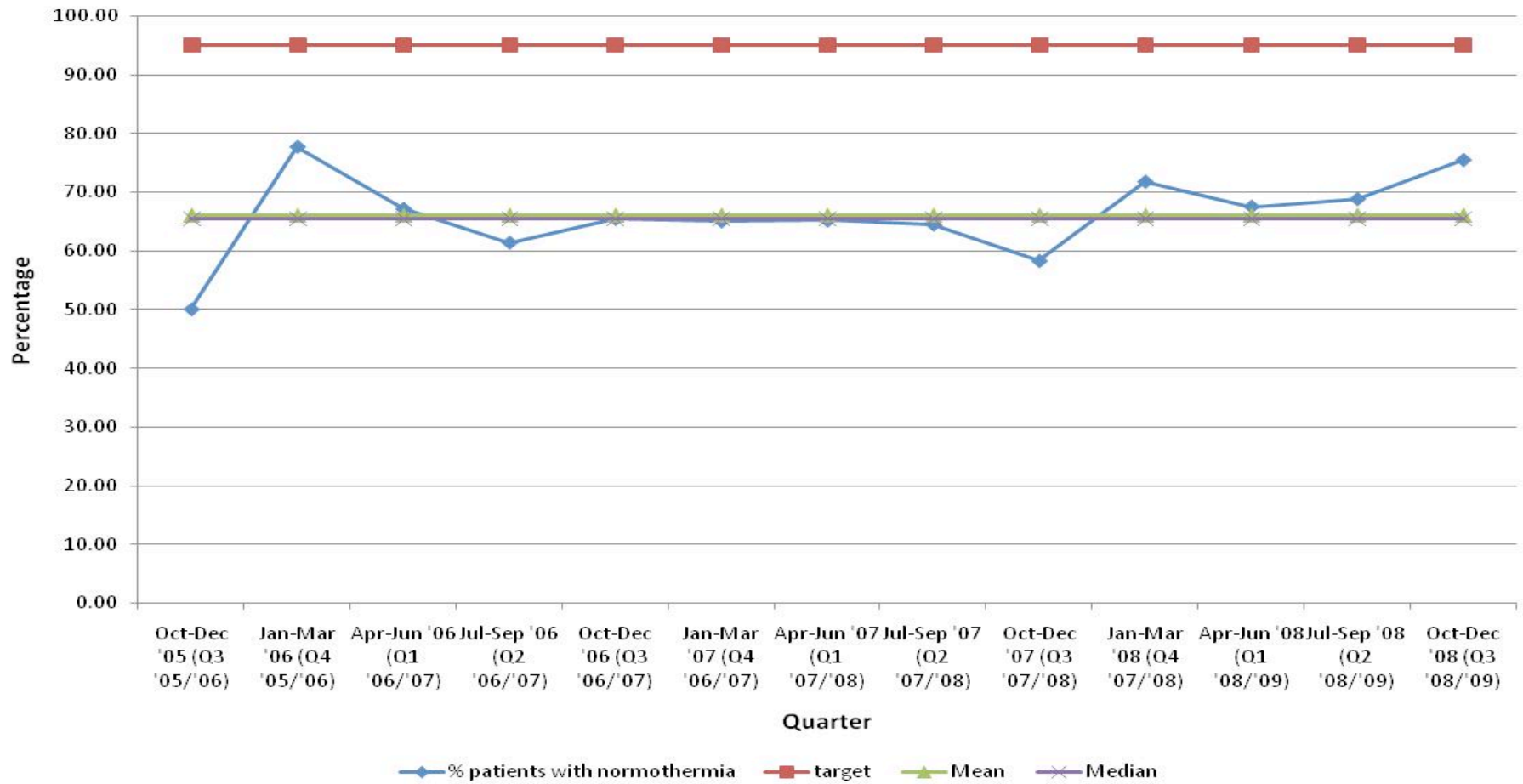
SSI 4.0 - percent of selected surgical patients with appropriate surgical site hair removal. (No hair removal, or hair remover with clippers or depilatory)

SSI 4.0 - % of Patients with Appropriate Hair Removal Per Quarter Q3 '05 - Q3 '08



**SSI 6.0 - Percent of colorectal
or open abdominal surgical
patients with normothermia
(36.0° - 38.0°C) in post
-anesthesia care unit (PACU)..**

SHN Measure 6.0 - % Colorectal/Open Abdominal Patients With Normothermia Post Operatively in the PACU (N = 20)



Pitfalls of Data Reporting

- Single, isolated individual implementing data capture and reporting process
- Difficulty incorporating data collection, into existing processes
- No assignment of responsibility for data collection & reporting
- Lack of buy-in or resistance to make changes & collect data

Pitfalls continued

- Limited support by sponsors & senior leaders
- Insufficient time allocated to the data collection process
- Difficulty linking the bigger purpose to the need for data for improvement
 - Results not disseminated
 - With the team involved with change
 - With the organizational leadership

Pitfalls Continued

- Lack of availability and use of technology
 - Technology development is costly
- Manual demand of data collection
- Lack of understanding of data element definitions and reporting guidelines by team members

In summary

- Some interventions seem easier to implement than others
- Organizations continue to submit their data to the CMT - THANK YOU
- Organizations are reaching their improvement targets
- Please share your learning & experiences with us



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THANK YOU