



BC Patient Safety
& Quality Council

Measurement and Indicators Working Group

Update for the Health Quality Network Nov 25, 2009

Barb Trerise, Chair



Progress Update:

- Group needed clarity on mandate and role before furthering work on a measurement framework. It is important to align with and add value to the work of the Ministry of Health, and not duplicate those efforts.
- The Working Group was asked to provide feedback on a preliminary list of indicators for public reporting. The list was initially proposed by Leadership Council with additions from BCPSQC. (The Leadership Council is embarking on plans for public reporting of common indicators).



- Themes:
 - Think about the balance of indicators (e.g. not too many on mortality)
 - Careful consideration of definitions to ensure consistency across hospitals and regions
 - Will need good explanations of the indicators to make them meaningful to the public
 - Display over time



- From the list, the indicators that are already collected and have value:
 - 3 infection control indicators (MRSA, VRE, Cdiff)
 - HSMR + Death in low mortality CMGs
 - Hip Fractures in hospital
 - Patient Experience
- Other indicators were seen to be important for future consideration, but it was recommended that due to validity, usefulness, or data collection limitations, they should not be reported at this time (e.g hand hygiene compliance, surgical site infections, DVT)



Next steps:

- Develop principles for public reporting:
 - Criteria for indicators
 - Balance of indicators
 - How to analyze (run charts)
 - Risk adjustment
 - Level of reporting (hospital, health authority)
 - Meaningful display and explanation to public
- *Feedback?*