HOSPITALS PERFORMANCE INDICATORS "GUIDE"

SEPTEMBER 2013
Acknowledgment

Health Insurance Organization (HIO) covers about 57% of Egypt population and is committed to provide health care services to all beneficiaries. Those services meet the quality standards and dimensions, through forty HIO owned hospitals and about 600 contracted hospitals, were there performance measurements of those facilities are considered as priority.

We appreciate the effort done by Dr Mohsen George the Chief Medical Officer and Dr Manal Abdel-Mongy the Head of Quality Department for the production of this manual, which is an important guide to measure the performance of the hospitals.

Wishing best health to our population, and all the success to everyone who works with conscience and sincerity in providing the best care available to our patients.

Dr Abdel-Rahman El-Sakka
C.E.O
Health Insurance Organization

SEPTEMBER 2013
Introduction

Measurement is central to the concept of quality improvement; it provides a mean to define what hospitals actually do, and to compare that with the original targets in order to identify opportunities for improvement.

The principal methods of measuring hospital performance are; regulatory inspection, public satisfactory survey, third party assessment, and statistical indicators.

Statistical indicators can suggest issues for performance management and quality improvement. The publication of hospital performance indicators will encourage improvement, demonstrate commitment to transparency, empower patient choice, and contribute to public accountability.

Hospital performance indicators are expressed in numerical values that allow analysis and comparison of the results within the hospital, between hospitals and between different organizations.

Hospital performance indicators are tools for assessing hospital performance and should be designed to measure the achievement of predetermined objectives. They represent an accessible, fairly economical, potentially standard, and non-invasive means of performance measurement.

This GUIDE is the second edition of Hospital Performance Indicators that is published by Health Insurance Organization after the first edition which was published in September 2008 that was based on the Performance Indicators Profile of the Ministry of Health & Population.

In this edition; two new performance indicators namely: “Cancellation Rate” and “Patient Fall Rate” were added to the list of indicators, in addition to re-editing and re-formatting the whole text.

Dr Mohsen George
Chief Medical Officer
Health Insurance Organization

SEPTEMBER 2013
Preface

The Health Insurance Organization leaders believe that quality improvement represents a promising strategy for improving hospital quality of care.

Collection of the hospital quality indicators offers an opportunity for the health insurance organization to identify higher and lower performing hospitals. The information serves as a benchmark, or point of reference, to judge the hospitals performance in future periods and to compare between them in order to find and implement ways to improve performance.

The present work, aims to have a standardized tool to be used by the central quality department in the HIO and their hospitals to collect hospital performance data, in order to have information about the quality of care and patient safety, easy to interpret.

Dr MANAL ABD EL MONGY
M.D., Community Medicine & Public Health
Head of the quality department
Health Insurance Organization

SEPTEMBER 2013
**Definitions and Abbreviations**

**Ambulatory Care:** is a health care consultation, treatment or intervention delivered on an outpatient basis (i.e. where the patient’s stay at the hospital does not require an overnight stay).

**Bed Days Available:** beds available for use each day / the maximum number of inpatient days of care that would have been provided (available for use) if all beds were filled for a certain period of time.

**CCU:** Cardiac Care Unit.

**Day Case Surgery:** is a planned program where patients are admitted, operated upon and discharged during the normal working hours of the day.

**Episode of Infection:** one single site of infection.

**Indicator:** measure of the performance of functions, systems, or processor achievement of an outcome over time.

**ICU:** Intensive Care Unit.

**Infection:** the transmission of a pathogenic microorganism.

**Inpatient:** a patient who is admitted to a hospital for treatment that requires at least one overnight stay.

**Inpatient Days of Care:** sum of each daily inpatient census for a certain period of time / daily number of patients staying overnight at the facility.

**NICU:** Neonatal Intensive Care Unit.

**Outpatient:** patient visited the outpatient clinics.

**SSI:** Surgical Site Infection.
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</tbody>
</table>
1 - Inpatient Volume

Measure ID: (01)

Quality Measure Name: Inpatient Volume

Department(s) Included: All Inpatient Wards

Purpose: Confirms patient demand

Type of Measure: Process

Numerator: All patients admitted to the hospital and require at least one overnight stay

Data Source: Daily Inpatient Census

Target: More than previous year

Data Reported As: Numerical Value

Frequency of Measurement: Monthly
2 - Outpatient Volume

Measure ID: (02)

Quality Measure Name: Outpatient Volume

Department(s) Included: All Outpatient Clinics

Purpose: Confirms Patient Demand

Type of Measure: Process

Numerator Statement: Number of patient visited the outpatient clinics through a certain period of time whether discharged or referred to other places

Data Source: Outpatient Census

Target: More than previous year

Data Reported As: Numerical Value

Frequency of Measurement: Monthly
3 - OUTPATIENT / INPATIENT RATIO

**Measure ID:** (03)

**Quality Measure Name:** OUTPATIENTS / INPATIENTS RATIO

**Department(s) Included:** ALL INPATIENTS WARDS/MEDICAL RECORDS DEPARTMENT

**Purpose:** OPERATIONAL EFFICIENCY

**Type of Measure:** Process

**Numerator Statement:** NUMBER OF PATIENTS RECEIVED OUTPATIENTS (AMBULATORY) SERVICES INSIDE THE HOSPITAL (E.G. DAY CASE SURGERY, CHEMOTHERAPY, RENAL DIALYSIS, ENDOSCOPIES, INTERVENTIONAL RADIOLOGY, EMERGENCY CASES …..ETC)

**Data Source:** Daily ambulatory services census in the hospital

**Denominator Statement:** NUMBER OF INPATIENT CENSUS

**Data Source:** ADMISSION REGISTRY (ADMISSION OFFICE)

*Number of patients received outpatient services: Inpatient census*

**Target:** MORE THAN 3: 1 & ANNUAL IMPROVEMENT

**Data Reported As:** Ratio

**Frequency of Measurement:** Monthly
4A - Gross unadjusted inpatient Mortality Rate

**Measure ID:** (04A)

**Quality Measure Name:** Gross unadjusted inpatient mortality rate

**Department(s) Included:** All inpatient departments

**Purpose:** Quality of care

**Type of Measure:** Outcome

**Numerator Statement:** Number of deaths within hospital inpatient census

**Excluded Population:**
- Mortality of patients who were directly admitted to ICUs
- Inpatients deaths that stay in ICU < 48 hours
- Deaths in Emergency Department
- Inpatient deaths in less than 24 hours

**Data Source:** Mortality Log Book

**Denominator Statement:** Total number of discharged patients (including the deaths)

**Data Source:** Discharge Register (Discharge Office) - Mortality Log Book

\[
\text{Number of deaths within hospital inpatient census} \times 100
\]

\[
\frac{\text{Total number of discharged patients (including deaths)}}{} \times 100
\]

**Target:** Less than 2%

**Data reported as:** Percentage

**Frequency of Measurement:** Monthly
4B - ICUs Mortality Rate

Measure ID: (04B)

Quality measure name: ICUs mortality rate

Department(s) included: ICU departments

Purpose: Quality of care

Type of measure: Outcome

Numerator statement: Number of deaths within ICUs patient census

Excluded population:

- Inpatients deaths that stay in ICU less than 48 hours

- Patients admitted directly to ICU and died within 24 hours

Data source: Mortality log book

Denominator statement: Total number of ICUs discharged patients (including the deaths)

Data source: Discharge registry (discharge office)

\[
\frac{\text{Number of deaths within ICUs patient census}}{\text{Total number of ICUs discharged patients (including deaths)}} \times 100
\]

Target: Variable

Data reported as: Percentage

Frequency of measurement: Monthly
4C - GROSS UNADJUSTED MORTALITY RATE WITHIN 24 HOURS OF ADMISSION

MEASURE ID: (04C)

QUALITY MEASURE NAME: GROSS UNADJUSTED MORTALITY RATE WITHIN 24 HOURS OF ADMISSION

DEPARTMENT(S) INCLUDED: ALL DEPARTMENTS

PURPOSE: QUALITY OF CARE

TYPE OF MEASURE: OUTCOME

NUMERATOR STATEMENT: NUMBER OF DEATHS WITHIN 24HOURS OF ADMISSION INCLUDING DAY CASES PATIENT CENSUS

EXCLUDE: ICUs & EMERGENCY DEPARTMENT DEATHS

DATA SOURCE: MORTALITY LOG BOOK

DENOMINATOR STATEMENT: TOTAL NUMBER OF DISCHARGED PATIENTS WITHIN 24 HOURS

DATA SOURCE: DISCHARGE REGISTRY (DISCHARGE OFFICE)

\[
\frac{\text{NUMBER OF DEATHS WITHIN 24 HOURS INCLUDING DAY CASES PATIENT CENSUS}}{\text{TOTAL NUMBER OF DISCHARGED PATIENTS WITHIN 24HOURS}} \times 100
\]

TARGET: ZERO % (CONSIDERED AS ADVERSE EVENT)

DATA REPORTED AS: PERCENTAGE

FREQUENCY OF MEASUREMENT: MONTHLY
4D - NICU MORTALITY RATE

MEASURE ID: (04D)

QUALITY MEASURE NAME: NICU MORTALITY RATE

DEPARTMENT(S) INCLUDED: NICU

PURPOSE: QUALITY OF CARE

TYPE OF MEASURE: OUTCOME

NUMERATOR STATEMENT: NUMBER OF DEATHS WITHIN NICU PATIENT CENSUS

EXCLUDED POPULATION:

- INPATIENTS DEATHS THAT STAYS IN NICU LESS THAN 48 HOURS
- PATIENTS ADMITTED DIRECTLY TO NICU AND DIED WITHIN 24 HOURS

DATA SOURCE: MORTALITY LOG BOOK

DENOMINATOR STATEMENT: TOTAL NUMBER OF NICU DISCHARGED PATIENTS (INCLUDING THE DEATHS)

DATA SOURCE: DISCHARGE REGISTRY (DISCHARGE OFFICE)

\[
\frac{\text{NUMBER OF DEATHS WITHIN NICU PATIENT CENSUS}}{\text{TOTAL NUMBER OF NICU DISCHARGED PATIENTS (INCLUDING DEATHS)}} \times 100
\]

TARGET: VARIABLE

DATA REPORTED AS: PERCENTAGE

FREQUENCY OF MEASUREMENT: MONTHLY
4E - Mortality Rate by Clinical Departments

Measure ID: (04E)

Quality Measure Name: Mortality Rate by Clinical Departments

Department(s) Included: Clinical inpatient departments

Purpose: Quality of care

Type of Measure: Outcome

Numerator Statement: Number of patients who died in each clinical department separately and those who died within 48 hours after referral to ICUs

Excluded Population: Inpatient deaths less than 24 hours & ICUs deaths 48 hours after referral

Data Source: Inpatients records (Admission Office)

Denominator Statement: Total number of patients discharged from each clinical department separately (including the deaths)

Data Source: Discharge Registry (Discharge Office)

\[
\frac{\text{Number of patients who died in each clinical department separately during their stay for more than 24 hours}}{\text{Total number of patients discharged from each clinical department separately (including the deaths)}} \times 100
\]

Target: Vary by specialty

Data Reported as: Percentage

Frequency of Measurement: Monthly
5A - HOSPITAL ACQUIRED INFECTION RATE

**MEASURE ID:** (05A)

**QUALITY MEASURE NAME:** HOSPITAL ACQUIRED INFECTION RATE

**DEPARTMENT(S) INCLUDED:** ALL HOSPITAL CLINICAL DEPARTMENTS

**PURPOSE:** QUALITY OF CARE

**TYPE OF MEASURE:** OUTCOME

**Numerator Statement:** TOTAL NUMBER OF INFECTION EPISODES/PATIENT IN ALL CLINICAL DEPARTMENTS INCLUDING ICUs AFTER 48 HOURS OF ADMISSION IN A CERTAIN PERIOD OF TIME

**DATA SOURCE:**
- INFECTION CONTROL DATA SHEETS
- INFECTION CONTROL COMMITTEE

**Denominator statement:** TOTAL NUMBER OF PATIENTS DISCHARGED FROM INPATIENT AND ICUs WITHIN THE SAME PERIOD OF TIME

**DATA SOURCE:** DISCHARGE REGISTRY (DISCHARGE OFFICE)

\[
\frac{\text{Total number of infection episodes in all clinical departments including ICUs}}{\text{Total number of patient discharged from inpatient and ICUs}} \times 100
\]

**TARGET:** LESS THAN 5%

**DATA REPORTED AS:** PERCENTAGE

**FREQUENCY OF MEASUREMENT:** MONTHLY
5B - SURGICAL SITE INFECTION RATE

MEASURE ID: (05B)

Quality measure name: Surgical Site Infection rate (SSI)

DEPARTMENT(s) INCLUDED: SURGICAL WARDS

PURPOSE: QUALITY OF CARE

TYPE OF MEASURE: OUTCOME

Numerator Statement: Number of infected patient wounds during hospitalization or readmitted with SSI within 30 days of discharge or up to one year in the presence of implants

DATA SOURCE:
- INFECTION CONTROL DATA SHEETS
- SSI DATA SHEET
- INFECTION CONTROL COMMITTEE

DENOMINATOR STATEMENT: TOTAL NUMBER OF SURGICAL OPERATIONS.

DATA SOURCE: OPERATING ROOM LOG BOOK

\[
\frac{\text{Number of infected patient wounds after surgical operation done in the same hospital}}{\text{Total number of surgical operations}} \times 100
\]

TARGET: LESS THAN 5%

DATA REPORTED AS: PERCENTAGE

FREQUENCY OF MEASUREMENT: MONTHLY
6 - Readmission rate for inpatients within 30 days

Measure ID: (06)

Quality Measure Name: Readmission rate for inpatients within 30 days

Department(s) included: All medical departments

Purpose: Quality of care

Type of measure: Process

Numerator Statement: Number of patients who were readmitted to the same hospital within 30 days of discharge for the same medical reason in a certain period of time.

Data Source: Admission office

Denominator statement: Total number of patients discharged of the hospital during the month (including deaths).

Data Source: Discharge office

\[
\frac{\text{Number of readmitted patients within 30 days}}{\text{Total number of patients discharged of the hospital}} \times 100
\]

Target: Less than 2%

Data reported as: Percentage

Frequency of measurement: Monthly
7 - Readmission rate for emergency patients within 72 hours

Measure ID: (07)

Quality measure name: Readmission rate for emergency patients within 72 hours

Department(s) included: Accident & Emergency Department (ER)

Purpose: Quality of care

Type of measure: Process

Numerator statement: Number of patients returned back to ER within 72 hours of leaving the ER.

Data source: ER records

Denominator statement: Number of patients discharged from ER

Data source: ER records

\[
\frac{\text{Number of patients returned back to ER within 72 hours}}{\text{Number of patients discharged from ER}} \times 100
\]

Target: Less than 2%

Data reported as: Percentage

Frequency of measurement: Monthly
8 - Average Length of Stay (ALOS)

**Measure ID:** (08)

**Quality Measure Name:** Average Length of Stay (ALOS)

**Department(s) Included:** All Inpatient Wards

**Purpose:** Operational Efficiency

**Type of Measure:** Process

**Numerator Statement:** Inpatient Days of Care (Sum of Daily Inpatient Census) for a certain period of time.

**Data Source:** Daily Inpatient Census (Inpatient registers at Admission Office)

**Denominator Statement:** Total number of discharged patients (including deaths)

**Data Source:** Discharge Office

**Target:** Annual Improvement

**Data Reported As:** Average

**Frequency of Measurement:** Monthly
9A - INPATIENT BED OCCUPANCY RATE

MEASURE ID: (09A)

QUALITY MEASURE NAME: Bed Occupancy rate (inpatient)

DEPARTMENT(S) INCLUDED: All inpatient wards

PURPOSE: Operational efficiency

TYPE OF MEASURE: Outcome

NUMERATOR STATEMENT: Inpatient days of care for a certain period of time (sum of each daily inpatient census)

DATA SOURCE: Daily inpatient census

DENOMINATOR STATEMENT: Bed days available for the same period of time.

DATA SOURCE: Hospital record

\[
\frac{\text{Inpatient days of care (sum of daily inpatient census)}}{\text{Bed days available for the same period of time}} \times 100
\]

TARGET: not less than 75%

DATA REPORTED AS: Percentage

FREQUENCY OF MEASUREMENT: Monthly
**9B - ICUs Bed Occupancy Rate**

**Measure ID:** (09B )

**Quality Measure Name:** Bed Occupancy rate (ICUs)

**Department(s) Included:** All (ICUs)

**Purpose:** Operational efficiency

**Type of Measure:** Outcome

**Numerator Statement:** Inpatient days of care in ICU, CCU & NICU (sum of daily ICUs patients census) for a certain period of time

**Data Source:** Daily ICUs patients census

**Denominator Statement:** Bed days available in ICUs for the same period of time

**Data Source:** Hospital record

\[
\frac{\text{Inpatient days of care in ICU, CCU & NICU}}{\text{Bed days available in ICU, CCU & NICU}} \times 100
\]

**Target:** Annual Improvement

**Data Reported As:** Percentage

**Frequency of Measurement:** Monthly
10 - Budget Execution

Measure ID: (10)

Quality Measure Name: Budget Execution

Department(s) Included: Financial Department

Purpose: Financial Operational Efficiency

Type of Measure: Outcome

Numerator Statement: Actual Expended Budget

Data Source: The actual expenditure budget (Financial Department)

Denominator Statement: Approved Budget

Data Source: The approved budget (Financial Department)

\[
\frac{\text{Actual Expended Budget}}{\text{Approved Budget}} \times 100
\]

Target: Expenditure within approved budget

Data reported as: Percentage

Frequency of Measurement: Monthly
11 – CANCELLATION RATE

**Measure ID:** (11)

**Quality Measure Name:** CANCELLATION RATE

**Department(s) Included:** OPERATIONS ROOM

**Purpose:** OPERATIONAL EFFICIENCY

**Type of Measure:** PROCESS

**Numerator Statement:** NUMBER OF THE CANCELLED OR POSTPONED ELECTIVE PROCEDURES

**Data Source:** THE OPERATIONS ROOM LOG BOOK

**Denominator Statement:** TOTAL NUMBER OF THE SCHEDULED PROCEDURES

**Data Source:** THE OPERATIONS ROOM LOG BOOK

\[
\frac{\text{NUMBER OF THE CANCELLED OR POSTPONED ELECTIVE PROCEDURES}}{\text{TOTAL NUMBER OF THE SCHEDULED PROCEDURES}} \times 100
\]

**Target:** LESS THAN 5%

**Data Reported As:** PERCENTAGE

**Frequency of Measurement:** MONTHLY
12 – PATIENT FALL RATE

**Measure ID:** (12)

**Quality Measure Name:** Patient fall rate

**Department(s) Included:** All inpatient wards

**Purpose:** Quality of care

**Type of Measure:** Outcome

**Numerator Statement:** Number of the falls of the inpatients

**Data Source:** The adverse events log book, nursing log book

**Denominator statement:** Total number of patient days of care

**Data source:** Daily inpatient census

\[
\frac{\text{Number of the falls of the inpatients}}{\text{Number of the inpatients days of care}} \times 1000
\]

**Target:** Less than 5% 00

**Data Reported As:** Per thousand

**Frequency of Measurement:** Monthly
"LIST OF INDICATORS"

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<td>04C GROSS UNADJUSTED MORTALITY RATE WITHIN 24 HOURS OF ADMISSION</td>
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<td>04E MORTALITY RATE BY CLINICAL DEPARTMENTS</td>
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<td>05A HOSPITAL ACQUIRED INFECTION RATE</td>
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<td>06 READMISSION RATE FOR INPATIENTS WITHIN 30 DAYS</td>
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<td>07 READMISSION RATE FOR EMERGENCY PATIENTS WITHIN 72 HOURS</td>
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<td>10 BUDGET EXECUTION</td>
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