Health Care Quality Indicators

SUMMARY RECORD OF PATIENT SAFETY SUBGROUP MEETING

22 October 2008
OECD Conference Centre, 2 rue André Pascal, 75775 Paris, France

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ITEM 1: WELCOME AND ADOPTION OF THE DRAFT ANNOTATED AGENDA

1. Niek Klazinga, Coordinator, OECD Health Care Quality Indicators Project, welcomed the participants to the meeting. A list of participants is provided at Attachment 1.

2. The proposal that Mr Klazinga, as a representative of the OECD Secretariat, chair the meeting was supported by the participants.

3. The draft agenda (DELSA/HEA/HCQ/A(2008)3) was adopted without comment by the participants.

ITEM 2: ORAL STATEMENT BY COORDINATOR OF THE OECD HCQI PROJECT

4. Niek Klazinga provided an overview of the current status of the Health Care Quality Indicators Project, giving particular emphasis to the ongoing data collection work in relation to the established set of health care quality indicators and the emerging indicator developments in the priority areas of patient safety, mental health, health promotion, prevention and primary care and responsiveness/patient experiences. The current status of patient safety indicator (PSI) development within the HCQI project was outlined, including the key outcomes of the 2007 pilot data collection of the PSI set, endorsement by the Health Committee of key recommendations for improvements to national information systems, ongoing collaborative work with WHO and the EC (e.g. through the EUNetPas Project) and the 2008 pilot data collection of 15 PSIs involving 16 countries.

5. Niek Klazinga underlined that this meeting had two main objectives, namely, to provide advice to the HCQI Expert group on the:
   - suitability of each indicator in the OECD PSI set for ongoing data collection in 2009 with a view to publication in the OECD’s 2009 edition of *Health at a Glance*.
   - priorities within the HCQI project for future PSI development.

6. Artur Futado, European Commission (EC), provided an update on relevant developments within the EC, including the anticipated release on 26 November of a communication from the Commission on patient safety and quality of health services which foreshadows a proposed Council Recommendation that will seek greater political commitment to the development of national policies and programs, including development of blame free reporting systems, training and development culture, sharing of best practice, common terminology and indicators for patient safety and actions for the prevention and control of hospital acquired infections.

7. Mr Futado noted that indicator development is central to moving forward with the patient safety work, with cancer care indicators being an identified priority area. The funding support provided by the EC for the indicator development work of the OECD HCQI project to date was acknowledged and Mr Futado indicated that a process for developing a future funding agreement with the OECD for further indicator development work is now underway.

8. Ed Kelley of the World Health Organisation (WHO) provided an update on relevant developments within the WHO, including an outline of the 15 initiatives of the World Alliance for Patient Safety (WAPS) identified in the 2008-09 work program for the organisation. Mr Kelley indicated that the work of the WAPS has not had a strong focus on indicator development to date, given the work of the OECD, EC and other parts of the WHO. However, signs of a renewed interest in this area were illustrated through a number recent initiatives including an initiative aimed at knowledge transfer between first and
third world countries regarding patient safety at the hospital level and work with the Johns Hopkins Hospital in the United States of America in relation to reporting and learning systems.

ITEM 3: UPDATE ON INTERNATIONAL PSI VALIDATION STUDIES

9. This session was taken up with a number of short presentations by invited experts to inform the participants of recent international PSI validation work. It is noted that while the invited expert from Canada was unable to attend the meeting, a copy of the presentation slides were distributed to the participants during the meeting.

10. Enrique Bernal (Spain), Aragon Institute of Health Services (IACS) provided a presentation on a validation study of 10 PSIs drawn from the set developed by the US Agency for Healthcare Research and Quality (AHRQ) and involving data from 220 hospitals in Spain.

11. Sarah Scobie (United Kingdom), National Patient Safety Agency provided a presentation on the recent PSI validation work that has been undertaken in England, the planned use of PSIs within the National Health Service (NHS) and intended specification of ‘never events’ (i.e. serious and largely preventable) in future NHS contracting arrangements.

12. Patrick Romano (United States), University of California (UC) Davis Division of General Medicine, provided a presentation on the key findings from the AHRQ PSI Pilot Validation Project and the University Health System Consortium Post Operative Respiratory Failure Project.

ITEM 4: OECD PSI DATA COLLECTION 2008 - VALIDATION WORK

13. The Secretariat provided an overview of the OECD PSI pilot data collection for 2008 involving the 15 indicators in the OECD PSI set and 16 countries. The key findings of the validation work carried out on the data received from the participating countries were presented, including those from the correlations between the 2007 and 2008 pilot data collection, calculation issues associated with particular indicators, correlations with US PSI rates, calculation of Euclidean distances, age, sex, medical/surgical and length of stay standardisation and correlations with mean number of secondary diagnoses. The following conclusions are noted:

- High test-retest reliability for countries participating in both 2007 and 2008 (except Sweden)
- High test-retest reliability for most PSIs (except postoperative hip fracture)
- Large coefficients of variation across countries for all PSIs (extremely large for transfusion reaction)
- Questionable validity of data from four countries (The Netherlands, Norway, Portugal and Finland) based on fewer than 1.5 secondary diagnoses and poor correlation with the United States rates
- Euclidean distances suggest the United States (high) and The Netherlands, France, and Portugal (low) are outliers.
- Age, gender, and medical/surgical stratification does not reduce variation across countries
- LOS stratification does reduce variation across countries, but is hard to interpret
- Mean number of secondary diagnoses is associated with most, but not all, PSI rates at the country level
14. Following the presentation, a number of the country representatives provided comment on the specific nature of the data they provided for the 2008 PSI pilot data collection and identified a number of key challenges in adhering to the technical definition specified for each indicator. It was noted that a variable approach had been taken by countries to the treatment of day cases in the data provided, with some countries excluding day cases and others including day cases.

15. **Action:** It was agreed that a standardised approach to the treatment of day cases will be specified by the Secretariat for any PSIs included in the 2009 HCQI data collection.

**ITEM 5: OECD PSI DATA COLLECTION 2008 – KEY OUTCOMES**

16. The objective of this session was to decide which of the 15 indicators in the OECD PSI set would be recommended to the HCQI Expert Group for inclusion in the 2009 HCQI data collection with a view to reporting in the OECD *Health at a Glance* publication in 2009. The Secretariat presented a summary of the findings from international validation studies and the 2008 pilot data collection for each of the 15 indicators.

17. The Chair introduced a basis for categorising each indicator as follows:

- **Category 1:** The indicator will be recommended for inclusion in the 2009 HCQI data collection with a view to considering its inclusion in the OECD *Health at a Glance* publication in 2009.

- **Category 2:** The indicator will not be recommended for inclusion in the 2009 HCQI data collection but will be retained for further consideration by the Patient Safety Subgroup in the future.

- **Category 3:** The indicator will not be recommended for inclusion in the 2009 HCQI data collection and will not be retained for further consideration by the Patient Safety Subgroup in the future.

18. Upon reflection of each of the indicators, the participants decided upon the agreed categorisation of the indicators as summarised in the following table:

<table>
<thead>
<tr>
<th>Indicator No.</th>
<th>Indicator Title</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSI 1</td>
<td>Complications of Anaesthesia</td>
<td>2</td>
</tr>
<tr>
<td>PSI 3</td>
<td>Decubitus Ulcer</td>
<td>2</td>
</tr>
<tr>
<td>PSI 5</td>
<td>Foreign Body Left During Procedure</td>
<td>1</td>
</tr>
<tr>
<td>PSI 6</td>
<td>Iatrogenic Pneumothorax</td>
<td>2</td>
</tr>
<tr>
<td>PSI 7</td>
<td>Selected Infections Due to Medical Care (rename)</td>
<td>1</td>
</tr>
<tr>
<td>PSI 8</td>
<td>Postoperative Hip Fracture</td>
<td>2</td>
</tr>
<tr>
<td>PSI 11</td>
<td>Postoperative Respiratory Failure</td>
<td>2</td>
</tr>
<tr>
<td>PSI 12</td>
<td>Post Operative DVT and PE</td>
<td>1</td>
</tr>
<tr>
<td>PSI 13</td>
<td>Post Operative Sepsis</td>
<td>1</td>
</tr>
<tr>
<td>PSI 15</td>
<td>Technical Difficulty with Procedure (rename)</td>
<td>1</td>
</tr>
<tr>
<td>PSI 16</td>
<td>Transfusion Reaction</td>
<td>2</td>
</tr>
<tr>
<td>PSI 17</td>
<td>Birth Trauma – Injury to Neonate</td>
<td>2</td>
</tr>
<tr>
<td>PSI 18</td>
<td>Obstetric Trauma - Vaginal Delivery with Instrument</td>
<td>1</td>
</tr>
<tr>
<td>PSI 19</td>
<td>Obstetric Trauma - Vaginal Delivery without Instrument</td>
<td>1</td>
</tr>
<tr>
<td>PSI 20</td>
<td>Obstetric Trauma – Caesarean Section</td>
<td>2</td>
</tr>
</tbody>
</table>
19. **Action:** It was agreed that the Patient Safety Subgroup would recommend to the HCQI Expert Group at its meeting on 23 and 24 October 2008 that the following 7 indicators be included in the 2009 HCQI data collection with a view to considering their inclusion in the OECD *Health at a Glance* publication in 2009:

1. PSI 5 Foreign Body Left During Procedure
2. PSI 7 Selected Infections Due to Medical Care (rename)
3. PSI 12 Post Operative DVT and PE
4. PSI 13 Post Operative Sepsis
5. PSI 15 Technical Difficulty with Procedure (rename)
6. PSI 18 Obstetric Trauma - Vaginal Delivery with Instrument
7. PSI 19 Obstetric Trauma - Vaginal Delivery without Instrument

20. **Action:** It was agreed that the title of the following two indicators be revised for future reference to more precisely reflect the true nature and coding specification of each indicator:

1. Existing Title: PSI 7 Selected Infections Due to Medical Care  
   Revised Title: PSI 7 Catheter-Related Bloodstream Infection
2. Existing Title: PSI 15 Technical Difficulty with Procedure  
   Revised Title: PSI 15 Accidental Puncture or Laceration

21. **Action:** It was agreed that the Secretariat would develop a short specification (*e.g.* one page) of criteria to facilitate the assessment of the suitability of the indicators for international comparison in 2009, including consideration of criteria for validity (*i.e.* sensitivity, predictive value), policy perspective and outliers.

22. **Action:** It was agreed that the Patient Safety Subgroup would recommend to the HCQI Expert Group at its meeting on 23 and 24 October 2008 that OECD Health Committee members be encouraged to undertake further validation studies on the OECD PSI set.

23. **Action:** It was agreed that the Patient Safety Subgroup would recommend to the HCQI Expert Group at its meeting on 23 and 24 October 2008 that the improvements to administrative data endorsed by OECD Health Committee in 2007 be brought to the attention of the members of the Health Committee again in 2008.

**ITEM 6: FUTURE PSI DEVELOPMENT PRIORITIES**

24. The objective of this session was to identify further PSI development opportunities and decide on the future indicator development priorities for the OECD HCQI project that would be recommended to the HCQI Expert Group for consideration and endorsement.

25. The Chair opened the session and providing introductory remarks regarding the current status of PSI indicator development within the HCQI project, the decision to proceed with further data collection on
7 of the 15 indicators in the OECD PSI set during 2009 and the opportunities and challenges for further indicator development.

26. The Chair outlined the following proposed timetable for the Patient Safety Subgroup:

- Data collection for the 7 PSIs finalised 1 March 2009
- Preparation of draft text for Health at a Glance publication completed 30 April 2009
- Comment on draft text by the Patient Safety Subgroup received Early May 2009
- Consideration of draft Quality of Care chapter by HCQI Expert Group Early June 2009
- Next meeting of the Patient Safety Subgroup October 2009
- Further PSI data collection 2010
- Health at a Glance publication 2011

27. The Chair proposed that at the next meeting of the Patient Safety Subgroup issues related to PSI development priorities could be considered in greater depth, including for example:

- Available reports on recent PSI studies, to strengthen our understanding of the utility of the various indicators under consideration.
- Low Mortality DRGs, including the work of the Nordic group of countries in this area.
- Hospital Standardised Mortality Rates, although recent evidence suggest this may not be a strong indicator for international use.
- Patient safety issues related to primary care and mental health, given the paucity of indicators in these areas to date.

28. During the discussions that followed, the participants expressed some reservation over the tight timelines leading to the publication of Health at a Glance in 2009, particularly for countries contributing to the PSI data collection for the first time. Consideration was given to the feasibility of using the 2008 PSI pilot data in 2009 Health at a Glance. However, it was generally accepted that the effort to undertake a 2009 data collection was worthwhile given the possible inclusion of more countries and the refinement of indicator calculation and specification anticipated for 2009.

29. There was general agreement amongst the participants that further validation studies were required to strengthen the understanding of the indicators and their interpretation. The Secretariat reiterated that the Health Committee members would be encouraged to undertake further validation studies in their countries and that it is planned that at the next meeting of the Patient Safety Subgroup in October 2009 the participants would have the opportunity to review any validation studies undertaken over the preceding 12 months.

30. Although some reservation over the publication of the PSIs in the 2009 Health at a Glance was expressed, there was a general agreement that with careful construction of the text and presentation of the data the publication of the indicators would be appropriate and worthwhile at this time. The participants indicated that the drafting of the text could proceed prior to receiving the data in 2009 and expressed interest in being able to consider and comment on the PSI draft text for Health at a Glance prior to its consideration by the HCQI Expert Group in early June 2009.
31. Additional options for publication were considered by the participants and support was noted for the publication of the report on the 2008 PSI pilot data collection prepared by Saskia Drösler (Germany), Patrick Romano and Daniel Tancredi (DELSA/HEA/HCQ(2008)8) as an OECD Technical Paper and/or a scientific paper in a peer reviewed journal in 2009.

32. **Action:** It was agreed that the Secretariat would further explore the feasibility of options for publication of the report on the 2008 OECD PSI pilot data collection in 2009.

33. **Action:** It was agreed that the Secretariat proceed in line with the proposed timetable for the Patient Safety Subgroup.

**ITEM 7: CONCLUDING REMARKS**

34. The Chair provided concluding remarks and thanked the participants for their input to the meeting and their ongoing involvement in the work of the OECD Patient Safety Subgroup.
ATTACHMENT 1: PARTICIPANTS LIST/LISTE DES PARTICIPANTS

Health Care Quality Indicators – Patient Safety Subgroup meeting

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