



# NORTHUMBERLAND HILLS HOSPITAL

*inspiring strength, dignity and compassion*

## **BACKGROUNDER – FOR IMMEDIATE RELEASE**

### **Clostridium difficile-associated disease (CDAD) - Public reporting enhancements coming this fall**

**NORTHUMBERLAND COUNTY, Thursday, August 28, 2008** – Earlier this summer, the Province of Ontario amended the Public Hospitals Act to increase public reporting of certain patient safety indicators.

NHH welcomes the increased transparency and is in the process of taking the necessary steps to introduce the indicator reports on our public website, [www.nhh.ca](http://www.nhh.ca).

The purpose of this backgrounder is to provide context for the enhanced reporting and information on the specific indicators that will be made public in the days ahead.

### **What is a “quality indicator” and how have indicators been reported at NHH in the past?**

Hospitals have traditionally reported performance to the public with the help of a series of indicators or snapshots of key areas. The objective is to enable the organization and its Board of Directors to monitor key areas against industry benchmarks and, where required, take steps to address necessary improvements.

At NHH, indicators are publicly reported on a quarterly basis to the Board through the Chief Operating Officer. Four areas are monitored: patient quality care and service; organizational effectiveness; organizational systems and safety; and financial effectiveness. This practice will continue.

### **What new reporting is required, and when?**

Beginning this September, hospitals across the province will publish on their websites a number of new patient safety indicators. While monitored within the organization for many years, the first indicator that will be published on the [nhh.ca](http://nhh.ca) website is the rate of hospital-acquired Clostridium Difficile associated disease (CDAD) at our facility. NHH will also be reporting month-by-month rates of HSMR as well as selected wait time data

currently available on the ministry website. *The reason these particular indicators have been selected for web-based publication is because there is now a consistent methodology for reporting at all hospitals across Ontario.*

The first public report will be published on Friday, September 26. In future months, additional indicators will be added to the website, as set out below. The appropriate methodology for hospitals to calculate these indicators in a consistent format is now being developed.

New reporting via nhh.ca	Indicator
September 2008	<ul style="list-style-type: none"><li>• Clostridium difficile-associated disease (C. difficile)</li><li>• Hospital Standardized Mortality Rate (HSMR)*</li><li>• Average wait time for CT, MR and cataract surgery**</li></ul>
Dec 31, 2008	<ul style="list-style-type: none"><li>• Methicillin-resistant staph aureus (MRSA)</li><li>• Vancomycin Resistant Enterococci (VRE)</li><li>• HSMR</li></ul>
April 30, 2009	<ul style="list-style-type: none"><li>• Ventilator Associated Pneumonia</li><li>• Surgical Site Infections</li><li>• Hand Hygiene Compliance</li></ul>

\* Not required until Dec. 31

\*\* Also published on:

[http://www.health.gov.on.ca/transformation/wait\\_times/providers/wt\\_pro\\_mn.html#](http://www.health.gov.on.ca/transformation/wait_times/providers/wt_pro_mn.html#)

### What is C. difficile?

C. difficile is a spore forming bacteria that can live in the gastrointestinal tract. It colonizes up to 3-5% of adults in the community without causing symptoms. Present in the environment, the bacteria may be picked up on your hands. It is considered to be the most common cause of infectious diarrhea in hospitalized patients. Spores survive for long periods and are resistant to destruction by many environmental factors.

### Who gets it?

Risk factors for the contraction of C. difficile include:

- Antibiotic use
- Bowel surgery
- Chemotherapy
- Prolonged hospitalization
- Increased age
- Serious underlying illness or debilitation

## What is HSMR?

NHH will also begin reporting, via [nhh.ca](http://nhh.ca), Hospital Standardized Mortality Rates (HSMR), excluding palliative patients.

As defined by the Canadian Institute for Health Information (CIHI), the HSMR compares a hospital's mortality rate with the overall average rate. When tracked over time, the HSMR indicates how successful hospitals or health regions have been in reducing inpatient deaths and improving care. This measure is not designed to compare hospitals to each other or to guide consumers to a particular hospital. Rather, HSMR helps consumers indirectly by providing hospitals with a starting point to assess mortality rates and identify areas for performance improvement.

The HSRM is a ratio of the actual number of deaths and the predicted number of deaths among patients in acute care hospitals.

$$\text{HSMR} = \frac{\text{Observed Deaths}}{\text{Predicted Deaths}} \times 100$$

An HSMR equal to 100 suggests that there is no difference between the hospital's mortality rate and the overall average rate; greater than 100 suggests that the local mortality rate is higher than the overall average; and less than 100 suggests that the local mortality rate is lower than the overall average.

Public reporting of HSMR is required in Ontario as of December of this year, together with several other indicators which will be introduced at a later date.

## How often will the new indicators be updated?

On the last day of each month, beginning September 2008, all Ontario hospitals will be required to publicly report on their own websites:

- rates of new hospital-acquired CDAD cases associated with their hospital and all of its respective sites, if applicable (calculated per 1,000 patient days, eg. the number of new cases divided by the number of total patient days that month and multiplied by 1,000); and
- the number of new hospital-acquired CDAD cases associated with the reporting facility that month.

Hospitals reported less than 10 cases are not permitted to give the specific number but, rather, must report "less than 10 cases" to avoid inadvertently identifying specific patients. Hospitals with zero cases must also report their status.

Other indicators will be reported provincially on a monthly basis, as per the table above.

For more information, contact Jennifer Gillard at 905-377-7757 or [jgillard@nhh.ca](mailto:jgillard@nhh.ca).

**About Northumberland Hills Hospital** – The Northumberland Hills Hospital (NHH) is located approximately 100 kilometres east of Toronto. The 137-bed acute care hospital delivers a broad range of services, including emergency and intensive care, medical/surgical care, complex/long-term care, rehabilitation, palliative care and obstetrical care. A variety of ambulatory care clinics are also offered at NHH. In addition to these, NHH also sponsors a Community Mental Health Centre and an Assertive Community Treatment Team. The hospital serves the catchment area of west Northumberland County. A mixed urban and rural population of approximately 60,000 residents, west Northumberland comprises the Town of Cobourg, the Municipality of Port Hope and the townships of Hamilton, Cramahe and Alnwick/Haldimand. NHH employs close to 600 people and relies on the additional support provided by physicians and volunteers. NHH is an active member of the Central East LHIN. For more information, please visit [www.nhh.ca](http://www.nhh.ca).