Island Health Performance Measures Hospital Harm - Urinary Tract Infection



Year to Date Performance	3.15	Performance Assessment		Green
Island Health Target	Less than or equal to 4.16	Performance is within the acceptable range; continue to monitor.		

What do we measure and why?

Hospitals are generally safe, but sometimes harmful events happen that affect patients. Many of these events are preventable. Tracking and reporting harmful events is vital to improving care.

The Hospital Harm - Urinary Tract Infection (UTI) rate is calculated as the total number of hospital discharges with a UTI harmful event coded, divided by the total number of hospital discharges, and reported as a rate per 1,000 discharges.

The Hospital Harm Indicator was developed by the Canadian Institute for Health Information in partnership with the Canadian Patient Safety Institute, and tracks 31 different types of unintended harm that might occur in hospital and that could possibly be prevented with the use of known, evidence-based practices. This particular measure focuses on in-hospital UTIs.

The Canadian Patient Safety Institute is developing resources linked to the hospital harm measures to support patient safety and improvement efforts.

Lower rates are better.

What is the target?

Island Health's target for 2019/20 is 4.16 or lower, which is intended to reflect improvement over historical performance.

How are we doing?

Island Health's Hospital Harm – Urinary Tract Infection rate is meeting the target.

What actions are we taking?

Island Health's Quality, Practice, and Improvement consultants continue to work with clinical areas across Island Health to investigate the data, explore the Canadian Patient Safety Institute's resource guides, and implement ongoing improvements. As the data reflect the patient journey through Island Health's facilities rather than one specific area, improvements require an integrated approach.

For UTIs specifically, the Emergency Department Quality Council is working to increase the use of silver-tipped catheters, which may contribute to fewer UTIs.

It is important to note that the hospital harm indicators are based on retrospective data, so improvements achieved today may not be apparent in the rates for up to six months later.

No single action or individual can ensure safe care, but through collaboration and evidence-informed practices, health care can be made safer for all Island Health residents.