Avoid Built-In Blind Spots in your Performance Measurement

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Massachusetts Coalition for the Prevention of Medical Errors


Baden verboten – Lebensge


http://go.to/funpic


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Black Gold
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400g NET

Goals for Presentation

- " You can't manage what you can't measure."
- Lessons from MA Coalition – Patient Safety:

  Recognizing approaches to measurement that limit its effectiveness for overall performance assessment
- Examples
  - From healthcare/patient safety
  - From government/your experience

1. Reports ≠ Events/Incidents

Relying on # Reports for Measurement

- Absolute level of reports
  - (About) 30 Serious Reportable Events in MA hospitals
    1012 reported in 2017
  - **52 medication errors** – serious injury or death
  - Studies show adverse events in 3.7% to 13.5% of hospital admissions; 19% were drug complications
    (includes additional categories)
  - More than 700,000 admissions → more than 25,900 events
    → nearly 5,000 drug complications

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1. Reports ≠ Events/Incidents

Relying on # Reports for Measurement

- Relative level of reports
  - For hospitals: different numbers may reflect different reporting " cultures", not underlying incidence
  - Municipal government: calls from citizens may reflect reporting culture, not the number of potholes…

    "Squeaky wheel gets the grease"

2. Only managing what you measure

Only seeing what you measure

- If the 30 specific Serious Reportable Events are considered “all harm”,

  you are missing much patient harm

- “ Deaths of despair” story

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3. Limiting your perspective by "defensive" approach

Limiting scope for improvement by measures defined defensively

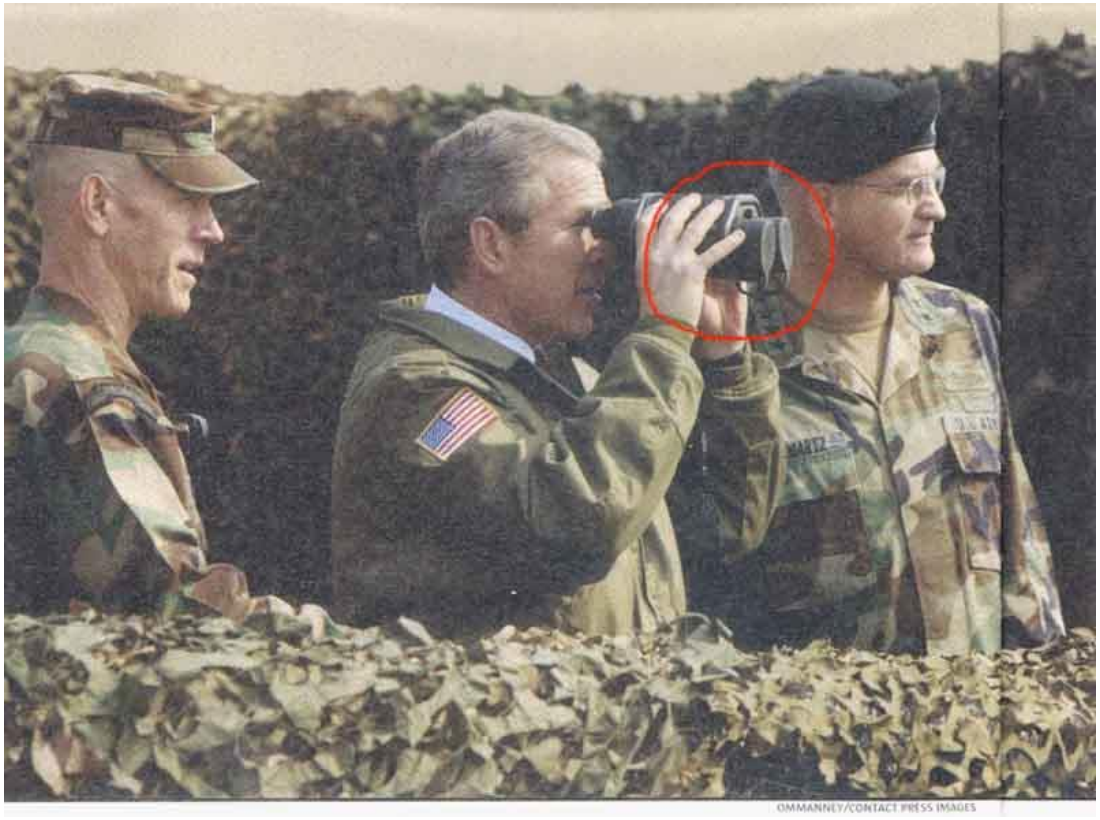
- " Preventable harm"

4. Missing unintended consequences

Limiting your view of consequences – "balancing measures"

- Tracking "balancing measures" defined in advance, without ongoing review of impact that you didn't expect

Avoid blind spots



Don’t stop thinking!
Consider where your measures may be limiting your learning