

SUMMARY Of NLPS Key Performance Indicators

Patient safety goal		LPSI #	KPI	Target	Data Collection Frequency	Numerator	Denominator	Formula	Data Source	Exclusion
SAFE ACCESS TO CARE	Patient Identification	1.1.1	Percentage of Patients Identified correctly	100%	Quarterly	Number of patients audited and found to be identified by 2 identifiers	Total number of patients audited	N/D x100	Admitting Office, Observation of clinical practices	Uncooperative patients, comatose patients (where a special procedure shall be in place)
		1.1.2	Percentage of reported incidents related to patient identification.	< 5%	Monthly	Number of reported incidents related to patient identification	Total number of reported incidents	N/D x100	Occurrence Variance Report (OVR) logbook or database	Incident found not correlating with patient identification
	Immediate ER Triage	1.2.1	Percentage of patients seen by ER triage nurse within 15 min of arrival	>90%	Monthly	Number of patients triaged by a nurse within 15 minutes of arrival to ER	Number of patients arriving to ER	N/D x100	Admission Log book	Patients leaving ER against medical advise or before being triaged
		1.2.2	Time to be seen by a physician in ER (in minutes)	Monitor	Monthly	Time from arrival to ER to time seen by the physician	N/A	N/A	Medical Record Review	Patients leaving ER against medical advise or before being triaged
		1.2.3	Door to balloon time	60 minutes	Monthly	Number of patients arriving to ER with STEMI revascularised within 60 minutes of arrival	Number of All patients arriving to ER with STEMI		Medical Record Review and admission records	Patients suffering other than STEMI disease, Patients undergoing pharmaceutical thrombolysis.
	Medication reconciliation	1.3.1	Compliance rate on medication reconciliation at admission	>90%	Quarterly	Number of patients files audited whom medications were reconciled upon admission	Total number of audited patients' files	N/D x100	Medical Record Review	Patients not taking any medication at home
		1.3.2	Compliance rate on medication reconciliation at Discharge	>90%	Quarterly	Number of patients audited whom medications were reconciled upon discharge	Total number of audited patients' files	N/D x100	Medical Record Review, Medical orders, Discharge instruction and prescription	Patients discharged on No medications

SAFE ASSESSMENT	Reduce Fall	2.1.1	Percentage of patients with completed fall risk assessment on admission	100%	Quarterly	Number of files audited with completed fall risk assessments	Total number of files audited	N/D x100	Medical Record Audit, Fall Risk Assessment Form	None
		2.1.2	Total Falls Rate per 1000 patient days	zero	Monthly	Total number of patient falls	Total number of Patient days	N/D x1000	Occurrence Variance Report (OVR)	Falls by visitors, students/volunteers, and staff members
		2.1.3	Total patient falls with injuries per 1000 patient days	zero	Monthly	Total number of patient falls with injuries	Total number of Patient days	N/D x1000	Occurrence Variance Report (OVR)	Falls by visitors, students/volunteers, and staff members
	Reduce Pressure Ulcer	2.2.1	Hospital acquired pressure ulcers Rate	less than 2%	Monthly	Total number of patients with a hospital acquired pressure ulcers on the day of the prevalence study	All patients surveyed on that day	N/D x100	Survey one day per month and Medical Record Review	Patients who refused, patients who are actively dying and pressure ulcer prevention no longer a therapeutic goal ; patients less than 18 years of age; patients who refuse to be assessed; patients who are off the unit at the time of the prevalence study; patients who are medically unstable at the time of the study, community acquired pressure ulcers.
		2.2.2	Percentage of completed patient skin assessment on admission and first 24 hours.	100%	Quarterly	Number of files audited with Completed patient skin assessment	Total number of files audited	N/D x 100	Medical Record Audit	None

Safe Treatment	Safe surgery	3.1.1	Rate of compliance with WHO surgical safety checklist	100%	Monthly	Number of procedures where surgical safety checklist was completely performed (3 stages)	Total number of procedures audited	N/Dx100	Operating room observational audit (or Medical Record Review)	None
		3.1.2	Number of "Wrong Surgeries Performed"	zero	Monthly	Number of wrong surgeries performed	N/A	N/A	Operating room register/ Occurrence Variance Report (OVR)	None
		3.1.3	Number of "Unintended Retained Foreign Body"	zero	Monthly	Number of surgeries where there is " Retained Foreign Body"	N/A	N/A	Medical Record Review, Operating room Register, Occurrence Variance Report (OVR)	None
	Safe Mother and Baby	3.2.1	Percentage of Elective Deliveries(induction or cesarean) between 37 & 39 weeks	0%	Monthly	Number of Non-medically Elective deliveries between 37w and 39 w	Total number of Deliveries between 37 w and 39 w	N/Dx100	Medical Record Review /Maternity Log Book	Multiple pregnancy
		3.2.2	Percentage of obstetric women assessed for preeclampsia on admission	100%	Quarterly	Number of obstetric women who were assessed for preeclampsia on admission	Total number of obstetric women admitted for deliveries	N/D x 100	Medical Record Review	Chronic hypertension
		3.2.3	Percentage of newborns admitted to NICU or transferred for another hospital after a non-medical elective delivery	0%	Quarterly	Number of newborn admitted to NICU or transferred to another care after non-medically deliveries	Total number of deliveries between 37 w and 39 w	N/D x 100	Medical Record Review	Medically or obstetrical indications before 39 weeks / Multiple deliveries
		3.2.4	Percentage of obstetric women assessed for PPH risk upon admission	100%	Quarterly	Number of Obstetric women assessed for PPH Risk on admission	Total number of women admitted for deliveries	N/D x 100	Medical Record Review	None
		3.2.5	Percentage of women having 3rd and 4th degree vaginal tears post vaginal delivery with instrument	0%	Quarterly	Number of woman having 3rd or 4th degree vaginal tears post delivery with instrument	Total number of vaginal delivery with instrument	N/D x 100	Medical Record Review	Vaginal delivery without instrument
		3.2.6	Percentage of newborn having injuries post vaginal delivery with/without instrument or post cesarean	0%	Quarterly	Number of Newborn injuries post vaginal delivery with / without instrument or post cesarean	Total number of Newborn post vaginal or post cesarean delivery	N/D x 100	Medical Record Review	None
		3.2.7	Percentage of obstetric women who had mental health screening on admission	100%	Quarterly	Number of obstetric women assessed for mental health on admission	Total number of women admitted for deliveries	N/D x 100	Medical Record Review	None

Safe Treatment	Reduce Medication errors	3.3.1	Number of Medication Errors reported monthly	Monitor	Monthly	Number of reported medication errors	NA	NA	Medical Record Review/Occurrence Variance Report (OVR)	None
		3.3.2	Number of Medication Near Misses reported monthly	Monitor	Monthly	Number of Medication Incidents that are near misses	NA	NA	Medical Record Review/Occurrence Variance Report (OVR)	None
		3.3.3	Compliance Rate of Drug Adverse Reaction documentation	100%	Quarterly	Number of patients whose known ADRs are documented on the current medication administration record	Total number of files audited	N/D x 100	Medical Record Audit	None
	Reduce Healthcare associated infections	3.4.1	Staff compliance with hand hygiene	> 85%	Monthly	Number of audited staff who performed hand hygiene before and after caring for patients	Total number of audited staff caring for the patients	N/Dx100	Observational audit	
		3.4.2	Incidence of HAI	< 4/1000 patient days	Monthly	Total number of health associated infections	Total number of Patient days	N/D x 1000	Medical Record Review/Occurrence Variance Report (OVR)	Patients admitted with infections
		3.4.3	Incidence rate SSI	< 3 %	Monthly	Number of SSI	Total number of procedures	N/D x 100	Occurrence Variance Report (OVR) / Medical Record Review/ Readmissions / Follow-up calls	None
	Blood components Management	3.5.1	Blood transfusion reactions rate	< 5.5 % for Cutaneous reactions, < 5% for Allergic reactions, < 1% for ABO Incompatibility, < 0.15% for TRALI, < 0.05% for Bacterial Infection	Quarterly	Number of blood Transfusion reactions	Total number of transfused blood units	N/Dx100	Transfusion sheet and Occurrence Variance Report (OVR)	None
		3.5.2	Staff compliance rate with blood transfusion procedure	100%	Monthly	Number of blood and blood product units transfused as per criteria in blood transfusion policy	Total number of audited blood and blood products transfusions	N/D x 100	Transfusion sheet, Medical Record Review, Audit Checklist	None

SAFE DISCHARGE	Discharge Education & Instructions	4.1.1	Percent of completed discharge instruction forms	100%	Quarterly	Number of files audited with completed discharge instructions form	Total number of files audited	N/Dx100	Medical Record Audit	
		4.1.2	Unplanned Readmission to the hospital within 28 days	1.25% (ACHSI 2015)	Monthly	Number of unplanned readmissions within 28 days related to the primary admission	Total number of discharges	N/D x 100	Medical Record Audit	Death
		4.1.3	Patient Satisfaction Rate with education received upon discharge	90.00%	Monthly	Number of patients who were satisfied with the education received upon discharge	Total number of surveyed patients	N/D x 100	Phone call after discharge, patient experience survey	None

Safe Communication	Effective Communication of information	5.1.1	Compliance Rate with Proper Hand Over Communication	100%	Quarterly	Number of handover communication properly done	Total number of handovers audited	N/D x 100	Data Collection tool (ex. SBAR)	None
		5.1.2	Compliance rate with verbal/telephone order policy	100%	Quarterly	Number of verbal / telephone orders complying with the policy	Total number of orders observed	N/D x 100	Audits	None
		5.1.3	Percentage of completed internal transfer forms	100%	Quarterly	Number of internal transfer forms duly completed	Total number of internal transfers audited	N/Dx100	Medical Record Audit	None
		5.1.4	Percentage of completed external transfer forms	100%	Quarterly	Number of external transfer forms duly completed	Total number of external transfers audited	N/Dx100	Medical Record Audit	None
		5.1.5	Critical Laboratory Test Reported within time frame	100%	Monthly	Number of panic values reported within timeframe	Total number of panic values audited	N/D x 100	Laboratory Log book, Lab request, or Laboratory Management System if available	None
		5.1.6	Turnaround time of urgent tests	100%	Monthly	Number of urgent test results received in 1 hour	Total number of urgent tests tracked	N/D x 100	Laboratory Log book, Lab request, or Laboratory Management System if available	None
	Patient Engagement	5.2.1	Percentage of completed informed consents	100%	Quarterly	Number of completed informed consent for a procedure/treatment	Total number of audited files	N/Dx100	Medical Record Review	None
		5.2.2	Compliance Rate with Patient and Family Education	100%	Quarterly	Number of completed multidisciplinary patient and family education form	Total number of audited files	N/D x 100	Medical Record Review	None

Safe Environment	Employee safety	6.1.1	Employee Incident and Accident Rate	Monitor	Quarterly	Number of reported work related incidents per quarter	Total number of employees in that quarter	N/Dx 100	Occurrence Variance Report (OVR)	None
		6.1.2	Employee compliance rate on personal protective equipment (PPE) use	100%	Quarterly	Number of staff using PPE as indicated	Total number of employees observed	N/D x 100	Audit checklist	None
		6.1.3	Employee vaccination record completeness Rate	100%	Quarterly	Number of complete employee vaccination records	Total number of employee vaccination records audited	N/D x100	Audit checklist	None
	Facility Safety	6.2.1	Number of fire drills conducted per quarter	≥1	Quarterly	Number of fire drills conducted per quarter	N/A	N/A	Fire Drill Evaluation sheets	None
		6.2.2	Number of water tests (chemical & Bacterial)/ quarter	≥1	Quarterly	Number of water tests performed quarterly	N/A	N/A	Lab tests for hospital water sent by biomedical engineering	None

Safe Access to Care

Patient Identification

Percentage of Patients identified using 2 identifiers	
Definition	Percentage of patients identified by 2 identifiers
Rationale	To ensure that all patients are identified correctly using 2 identifiers. This is because failure to correctly identify patients and match that information to an intended clinical intervention continues to result in errors such as: wrong person, wrong site procedures, medication errors, transfusion errors and diagnostic testing errors; such errors pose a risk on patient safety.
Target	100%
Numerator	Number of patients audited and found to be identified by 2 identifiers
Denominator	Total number of patients audited
Formula	$\frac{\text{Number of patients audited and found to be identified using 2 identifiers}}{\text{Total number of patients audited}} \times 100$
Exclusion criteria	Uncooperative patients/ comatose patients (where a special procedure shall be in place)
Data collection frequency	Quarterly
Data source	Admitting Office, observation of clinical practices, audits
Analysis and Action	Patient Safety Committee/ officer or Risk Management Committee/ officer
Percentage of reported incidents related to patient identification	
Definition	Percentage of incidents related to patient identification from all incidents reported at the hospital
Rationale	To ensure that improper identification did not lead to serious adverse events or incidents and to prevent the recurrence of such incidents.
Target	< 5%
Numerator	Number of reported incidents related to patient identification
Denominator	Total number of reported incidents
Formula	$\frac{\text{Number of reported incidents related to patient identification}}{\text{Total number of reported incidents}} \times 100$
Exclusion criteria	None
Data collection frequency	Monthly
Data source	Occurrence Variance Report (OVR) logbook or database
Analysis and Action	Patient Safety Committee/ officer or Risk Management Committee/ officer

Safe Access to Care

Immediate ER Triage

Time to be seen by the triage nurse	
Definition	Percentage of patients triaged by nurse within 15 min. of arrival to ER
Rationale	Ensure promptness in assessment to avoid delays in management, thus ensuring patient safety after arrival to ER
Target	Monitor
Numerator	Number of patients triaged by a nurse within 15 minutes of arrival to ER
Denominator	Total number of patients arriving to ER
Formula	$\frac{\text{Number of patients triaged by a nurse within 15 minutes of arrival to ER}}{\text{Total number of patients arriving to ER}} \times 100$
Exclusion criteria	Patients leaving ER against medical advise or before being triaged
Data collection frequency	Monthly
Data source	Admission log book
Analysis and Action	Patient Safety Committee/ officer or Risk Management Committee/ officer or Critical Care Committee
Time to be seen by a physician in ER	
Definition	Time from arrival to ER until first assessed by a physician. This will vary with the triage score.
Rationale	To ensure all patients are seen by a physician within the time frame set for the triaging category
Target	Monitor
Numerator	Time from arrival to ER to time seen by the physician (in min.)
Denominator	N/A
Formula	N/A
Exclusion criteria	Patients leaving ER against medical advise or before being triaged
Data collection frequency	Monthly
Data source	Medical Record Review
Analysis and Action	Patient Safety Committee/ officer or Risk Management Committee/ officer OR Critical Care Committee

Door to balloon time	
Definition	Percentage of STEMI patients who were revascularised within 60 min. of arrival
Rationale	Ensure patients with ACS suffering of Non ST elevation myocardial infarction are revascularised within time frame
Target	Monitor
Numerator	Number of STEMI patients arriving to ER who have undergone angioplasty within 60 minutes of arrival
Denominator	Total number of patients arriving to ER with STEMI
Formula	$\frac{\text{Number of STEMI patients revascularised within 60 minutes of arrival to ER}}{\text{Total number of patients arriving to ER with STEMI}} \times 100$
Exclusion criteria	Patients suffering other than STEMI disease, patients undergoing pharmaceutical thrombolysis.
Data collection frequency	Monthly
Data source	Medical Record review and admission records review
Analysis and Action	Patient Safety Committee/ officer or Risk Management Committee/ officer or Critical Care Committee

Safe Access to Care

Medication Reconciliation

Compliance rate on medication reconciliation at admission	
Definition	Percentage of completed medication reconciliation between medications at home and medications administered after admission to hospital.
Rationale	Decrease medication errors due to inaccurate or incomplete information of medication during the admission process
Target	>90%
Numerator	Number of patients audited whom medications were reconciled upon admission
Denominator	Total number of audited patients' files
Formula	$\frac{\text{Number of patients audited whom medications were reconciled upon admission}}{\text{Total number of audited patients}} \times 100$
Exclusion criteria	Patients not taking any medication at home
Data collection frequency	Quarterly
Data source	Medical Record Review, Medical orders
Analysis and Action	Pharmacy committee
Compliance rate on medication reconciliation at Discharge	
Definition	Percentage of completed medication reconciliation between medications at hospital and medications to be continued at home after discharge
Rationale	Decrease medication errors due to inaccurate or incomplete information of medication during the discharge process
Target	> 90%
Numerator	Number of patients audited whom medications were reconciled upon discharge
Denominator	Total number of audited patients' files
Formula	$\frac{\text{Number of patients audited whom medications were reconciled upon discharge}}{\text{Total number of audited patients}} \times 100$
Exclusion criteria	Patients discharged on no medications
Data collection frequency	Quarterly
Data source	Medical Record Review, Medical orders, Discharge instruction and prescription
Analysis and Action	Pharmacy committee

Safe Assessment

Reduce Falls

Total Fall rate per 1000 patient days	
Definition	Total Falls per 1,000 Patient Days
Rationale	To monitor patient falls occurring during hospitalization which can result in serious and even potentially life threatening consequences for many patients
Target	0 falls
Numerator	Total number of patient falls
Denominator	Patient days
Formula	$\frac{\text{Total number of patient falls}}{\text{Total number of patient days}} \times 1000$
Exclusion criteria	Falls by visitors, students/volunteers, and staff members
Data collection frequency	Monthly Basis
Data source	Occurrence Variance Report (OVR)
Analysis and Action	Patient Safety Committee, Risk management committee, or Nursing Quality Committee
Fall causing injuries Rate per 1000 patients days	
Definition	Injury Falls per 1,000 Patient Days
Rationale	To determine the frequency with which patient falls result in injury
Target	0
Numerator	Total number of patient falls with injuries
Denominator	Patient days
Formula	$\frac{\text{Total number of patient falls with moderate or greater injuries}}{\text{Total number of patient days}} \times 1000$
Exclusion criteria	Falls by visitors, students/volunteers, and staff members
Data collection frequency	Monthly Basis
Data source	Occurrence Variance Report (OVR)
Analysis and Action	Patient Safety Committee, Risk management committee, or Nursing Quality Committee
Percentage of patients with completed fall risk assessment on admission	
Definition	Percentage of Completed Fall Risk Assessments on admission
Rationale	To ensure that risk assessments are conducted for all patients upon admission in order to identify patients who are at risk for falls and to develop a plan of care to minimize that risk.
Target	100%
Numerator	Number of files audited with completed fall risk assessments
Denominator	Total number of files audited
Formula	$\frac{\text{Number of files audited with complete fall risk assessment}}{\text{Total number of files audited}} \times 100$
Exclusion criteria	None
Data collection frequency	Quarterly
Data source	Medical Record Audit, Fall Risk Assessment Form
Analysis and Action	Patient Safety Committee, Risk management committee, or Nursing Quality Committee

Safe Assessment

Reduce Pressure Ulcers

Hospital acquired pressure ulcers Rate	
Definition	Percentage of patients who developed a pressure ulcer during hospitalization
Rationale	To monitor the rate of acquired hospital pressure ulcers as the development of pressure ulcers places the patient at risk for other adverse events and increases resource consumption and healthcare costs.
Target	1.75% (NDNQI, July - Sept. 2016)
Numerator	Total number of patients with a hospital acquired pressure ulcers on the day of the prevalence study
Denominator	All patients surveyed
Formula	$\frac{\text{Total number of patients with a hospital acquired pressure ulcers on the day of prevalence study}}{\text{All patients surveyed}} \times 100$
Exclusion criteria	Patients who refused, patients who are actively dying and pressure ulcer prevention no longer a therapeutic goal ; patients less than 18 years of age; patients who refuse to be assessed; patients who are off the unit at the time of the prevalence study; patients who are medically unstable at the time of the study.
Data collection frequency	Quarterly
Data source	Survey one day every three months and Medical Record Review
Analysis and Action	Nursing Quality Committee
Completed patient skin assessment within 24 hours	
Definition	Percentage of completed patient skin assessments within 24 hours
Rationale	To ensure that risk assessments are conducted for all patients within 24 hours of admission for identification of individuals at risk and early implementation of prevention interventions to prevent pressure ulcer occurrence
Target	100%
Numerator	Number of files audited with Completed patient skin assessment
Denominator	Total number of files audited
Formula	$\frac{\text{Number of files audited with completed patient skin assessment}}{\text{Total number of files audited}} \times 100$
Exclusion criteria	None
Data collection frequency	Quarterly
Data source	Medical Record Audit
Analysis and Action	Nursing Quality Committee

Safe Treatment

Safe Surgery

Rate of compliance with WHO surgical safety checklist	
Definition	Percentage of procedures where surgical safety checklist was completely performed
Rationale	To ensure appropriate utilization and compliance of Surgical Safety Checklist, as it reduces occurrence of perioperative surgical complications and improves patient outcomes
Target	100%
Numerator	Percentage of procedures where surgical safety checklist was completely performed
Denominator	Total number of audited procedures
Formula	$\frac{\text{Number of procedures where surgical safety checklist was completely performed (3 stages)}}{\text{Total number of procedures audited}} \times 100$
Exclusion criteria	None
Data collection frequency	Monthly
Data source	Operating room observational audit or Medical Record Review
Analysis and Action	OR Committee / or Patient Safety Committee/ officer or Risk Management Committee/ officer
Number of wrong surgery performed	
Definition	Number of wrong surgeries performed (which include wrong site surgery, wrong procedure, and surgery performed on wrong patient etc.).
Rationale	To identify serious underlying safety problems and elaborate processes to prevent their recurrence.
Target	Zero
Numerator	Number of wrong surgeries performed
Denominator	N/A
Formula	N/A
Exclusion criteria	None
Data collection frequency	Monthly
Data source	Operating Room register, Occurrence Variance Report
Analysis and Action	OR Committee / or Patient Safety Committee/ officer or Risk Management Committee/ officer
Number of retained foreign body	
Definition	Number of unintended retained foreign body following surgery
Rationale	To identify serious underlying safety problems and elaborate processes to prevent their recurrence.
Target	Zero
Numerator	Number of surgeries where there is " Retained Foreign Body"
Denominator	N/A
Formula	N/A
Exclusion criteria	None
Data collection frequency	Monthly
Data source	Medical Record Review, Operating room register, Occurrence Variance Report
Analysis and Action	OR Committee / or Patient Safety Committee/ officer or Risk Management Committee/ officer

Safe Treatment

Safe Mom and Baby

Percentage of Elective Deliveries(induction or cesarean) before 39 weeks (>37 w)	
Definition	Percentage of Non-medically elective deliveries before 39 weeks (>37 w)
Rationale	Early Elective Deliveries without medical or obstetrical indications has been linked to neonatal morbidities with no benefits for mother or babies
Target	0% of woman with non medical elective deliveries between 37 and 39 weeks
Numerator	Number of Non-medically Elective deliveries between 37 w and 39 w
Denominator	Total number of Deliveries between 37 w and 39 w
Formula	$\frac{\text{Number of Non – medically Elective deliveries between 37 w and 39 w}}{\text{Total number of Deliveries between 37 w and 39 w}} \times 100$
Exclusion criteria	Multiple Pregnancy
Data collection frequency	Quarterly
Data source	Medical Record Review
Analysis and Action	Patient Safety Committee / Risk Management Committee
Percentage of Obstetric women who are assessed for preeclampsia on admission	
Definition	Percentage of Obstetric women assessed for preeclampsia on admission
Rationale	To ensure that obstetric woman at risk of preeclampsia are identified on admission
Target	100%
Numerator	Number of obstetric women assessed for preeclampsia on admission
Denominator	Total number of obstetric women admitted for deliveries
Formula	$\frac{\text{Number of obstetric women assessed for preeclampsia on admission}}{\text{Total number of obstetric women admitted for deliveries}} \times 100$
Exclusion criteria	Chronic Hypertension
Data collection frequency	Quarterly
Data source	Medical Record Review
Analysis and Action	Patient Safety Committee / Risk Management Committee
Percentage of newborns admitted to NICU or transferred to another hospital	
Definition	Percentage of newborns admitted to NICU or transferred to another hospital after a Non medical elective deliveries (induction or cesarean) between 37 and 39 weeks
Rationale	Reduce number of NICU admission or transfer
Target	0 % of Newborn admitted to NICU or transferred after a non medical Deliveries between 37 and 39 weeks
Numerator	Number of newborn admitted to NICU or transferred to another care after non-medically delivery between 37 and 39 w
Denominator	Total number of deliveries between 37 w and 39 w
Formula	$\frac{\text{Number of newborn admitted to NICU or transferred to another care after non – medically delivery}}{\text{Total number of deliveries between 37 w and 39 w}} \times 100$
Exclusion criteria	Medical or obstetrical indications before 39 weeks, Multiple Pregnancy
Data collection frequency	Quarterly
Data source	Medical Record Review
Analysis and Action	Patient Safety Committee / Risk Management Committee

Percentage of obstetric women who are assessed for PPH Risk on admission	
Definition	Percentage of obstetric woman assessed for PPH risk on admission
Rationale	To ensure that Obstetric woman at risk of PPH are identified on admission
Target	100%
Numerator	Number of Obstetric women assessed for PPH Risk on admission
Denominator	Total number of women admitted for deliveries
Formula	$\frac{\text{Number of Obstetric women assessed for PPH Risk on admission}}{\text{Total number of women admitted for deliveries}} \times 100$
Exclusion criteria	None
Data collection frequency	Quarterly
Data source	Medical Record Review
Analysis and Action	Patient Safety Committee / Risk Management Committee
Percentage of Women having 3rd and 4th degree vaginal tears post delivery with instrument	
Definition	Percentage of women having birth trauma post vaginal delivery
Rationale	To ensure safe vaginal delivery and avoid or prevent injuries
Target	0%
Numerator	Number of woman having 3rd or 4th degree vaginal tears post delivery with instrument
Denominator	Total number of vaginal delivery with instrument
Formula	$\frac{\text{Number of woman having 3rd or 4th degree vaginal tears post delivery with instrument}}{\text{Total number of vaginal delivery with instrument}} \times 100$
Exclusion criteria	Vaginal delivery without instrument
Data collection frequency	Quarterly
Data source	Medical Record Review
Analysis and Action	Patient Safety Committee / Risk Management Committee
Percentage of newborn having injuries post vaginal delivery with/without instrument or post cesarean	
Definition	Percent of Newborn having any injuries post vaginal delivery or post cesarean
Rationale	To ensure safe delivery and avoid or prevent newborn injuries
Target	0%
Numerator	Number of Newborn injuries post vaginal delivery with / without instrument or post cesarean
Denominator	Total number of Newborns post vaginal or post cesarean delivery
Formula	$\frac{\text{Number of Newborn injuries post vaginal delivery with / without instrument or post cesarean}}{\text{Total number of Newborns post vaginal or post cesarean delivery}} \times 100$
Exclusion criteria	None
Data collection frequency	Quarterly
Data source	Medical Record Review
Analysis and Action	Patient Safety Committee / Risk Management Committee
Percentage of obstetric women who had mental health screening on admission	
Definition	Percent of obstetric woman assessed for mental health on admission
Rationale	To ensure that obstetric woman at risk of developing mental health problems post delivery are identified on admission
Target	100%
Numerator	Number of obstetric women assessed for mental health on admission
Denominator	Total number of women admitted for deliveries
Formula	$\frac{\text{Number of obstetric women assessed for mental health on admission}}{\text{Total number of women admitted for deliveries}} \times 100$
Exclusion criteria	None
Data collection frequency	Quarterly
Data source	Medical Record Review
Analysis and Action	Patient Safety Committee / Risk Management Committee

Safe Treatment

Reduce Medication Errors

Number of Medication Errors	
Definition	Number of medication errors
Rationale	To ensure safe medication management process
Target	Monitor
Numerator	Number of reported medication incidents
Denominator	N/A
Formula	N/A
Exclusion criteria	None
Data collection frequency	Monthly
Data source	Medical Record Review, Occurrence Variance Report
Analysis and Action	Pharmacy Committee/ Risk Management Committee
Number of Medication Near Misses	
Definition	Number of Medication near misses
Rationale	To ensure safe medication management process and encourage reporting
Target	0 harm
Numerator	Number of medication incidents that are near misses
Denominator	N/A
Formula	N/A
Exclusion criteria	None
Data collection frequency	Monthly
Data source	Medical Record Review, Occurrence Variance Report
Analysis and Action	Pharmacy Committee /Risk Management Committee
Compliance Rate of Drug Adverse Reaction documentation	
Definition	Percentage of patients whose known adverse drug reactions are documented
Rationale	To ensure safe medication administration process
Target	100%
Numerator	Number of patients whose known ADRs are documented on the current medication administration record
Denominator	Total number of files audited
Formula	$\frac{\text{Number of patients whose known ADRs are documented on the current medication administration record}}{\text{Total number of files audited}} \times 100$
Exclusion criteria	None
Data collection frequency	Quarterly
Data source	Medical Record Review, Occurrence Variance Report
Analysis and Action	Pharmacy Committee/ Risk Management Committee

Safe Treatment

Reduce Healthcare Associated Infections

Staff compliance with hand hygiene	
Definition	Percentage of audited staff who performed hand hygiene before and after caring for the patient
Rationale	Monitor hand hygiene practices at the hospital in order to decrease healthcare associated infections
Target	> 85%
Numerator	Number of audited staff who performed hand hygiene before and after caring for the patient
Denominator	Total number of audited staff caring for the patients
Formula	$\frac{\text{Number of audited staff who performed hand hygiene before and after caring for the patient}}{\text{Total number of audited staff caring for the patients}} \times 100$
Exclusion criteria	None
Data collection frequency	Monthly
Data source	Observational audit
Analysis and action	Infection Control Officer/ Infection Control Committee
Incidence of HAI	
Definition	Rate of infections acquired in the hospital after 48 hours of patient admission
Rationale	To reduce infection rates due to the care administered, thus ensuring patient safety during the hospital stay. To monitor infection control bundles.
Target	< 4/1000 patient days
Numerator	Total number of Healthcare Associated infections
Denominator	Total number of Patient days
Formula	$\frac{\text{Total number of Healthcare Associated infections}}{\text{Total number of Patient days}} \times 1000$
Exclusion criteria	Patients admitted with infections
Data collection frequency	Monthly/ Quarterly
Data source	Medical Record Review/ Occurrence Variance Report
Analysis and action	Infection Control Officer/ Infection Control Committee
Incidence rate of Surgical Site Infection (SSI)	
Definition	Rate of infection of the surgical site within 30 days of the surgery
Rationale	To monitor aseptic techniques and operating room practices. To monitor antibiotic prophylaxis guidelines
Target	< 3 %
Numerator	Number of SSI
Denominator	Total number of procedures
Formula	$\frac{\text{Total number of SSI}}{\text{Total number of procedures}} \times 100$
Exclusion criteria	None
Data collection frequency	Monthly/ Quarterly
Data source	Medical Record Review/ Occurrence Variance Report / Readmissions / Follow-up calls
Analysis and action	Infection Control Officer/ Infection Control Committee

Safe Treatment

Blood Components Management

Staff compliance rate with blood transfusion procedure	
Definition	Percentage of blood and blood products transfused as per policy
Rationale	To ensure appropriateness of blood transfusion
Target	100%
Numerator	Number of blood and blood product units transfused as per criteria in blood transfusion policy
Denominator	Total number of audited blood and blood products transfusions
Formula	$\frac{\text{Number of blood and blood products units transfused as per policy}}{\text{Total number of audited blood and blood products transfusions}} \times 100$
Exclusion criteria	None
Data collection frequency	Monthly Basis
Data source	Transfusion sheet, Medical Record Review, Audit Checklist
Data analysis and Action	Blood Utilization Committee
Percent of Blood transfusion reactions	
Definition	Percentage of reactions due to blood transfusions
Rationale	To evaluate the incidence of blood transfusion reaction in relation to all transfused patients
Target	< 5.5 % for Cutaneous reactions, < 5% for Allergic reactions, < 1% for ABO Incompatibility, < 0.15% for TRALI, < 0.05% for Bacterial Infection (French Hemovigilance. "Transfusion en hepmatologie" Jean Jacques Lefrere et Jean Francois Schved. Ed 2010.)
Numerator	Number of blood reactions
Denominator	Total number of transfused blood units
Formula	$\frac{\text{Number of blood transfusion reactions}}{\text{Total number of transfused blood units}} \times 100$
Exclusion criteria	None
Data collection frequency	Quarterly
Data source	Transfusion sheet and occurrence variance report (OVR)
Analysis and Action	Blood Utilization Committee

Safe Discharge

Discharge Education and Instructions

Percent of completed discharge instruction forms	
Definition	Percentage of files with completed discharge instruction form
Rationale	To ensure that discharge instructions forms are completely filled as they are an important form of communication that accompanies the patient to the next setting of care
Target	100%
Numerator	Number of files audited with completed discharge instructions form
Denominator	Total number of files audited
Formula	$\frac{\text{Number of files audited with completed discharge instructions form}}{\text{Total number of files audited}} \times 100$
Exclusion criteria	None
Data collection frequency	Quarterly
Data source	Medical Record Audit
Analysis and Action	Medical Record Committee
Unplanned Readmission to the hospital within 28 days	
Definition	Percentage of unplanned readmissions to the hospital within 28 days that are related to the primary admission
Rationale	Unplanned and unexpected readmissions to a hospital may reflect less than optimal patient management and uncoordinated health services.
Target	1.25% (ACHSI 2015)
Numerator	Number of unplanned readmissions within 28 days related to the primary admission
Denominator	Total number of discharges
Formula	$\frac{\text{Number of unplanned readmissions within 28 days related to primary admission}}{\text{Total number of discharges}} \times 100$
Exclusion criteria	Death
Data collection frequency	Monthly Basis
Data source	Medical Record Audit
Analysis and Action	Medical Board or Medical Committee
Patient Satisfaction Rate with education received upon discharge	
Definition	Percentage of satisfied patients with the education received upon discharge
Rationale	To assess the satisfaction of patients with the education received upon discharge
Target	90%
Numerator	Number of patients who were satisfied with the education received upon discharge
Denominator	Total number of surveyed patients
Formula	$\frac{\text{Number of patients who were satisfied with the discharge education received}}{\text{Total number of surveyed patients}} \times 100$
Exclusion criteria	None
Data collection frequency	Monthly Basis
Data source	Phone call after discharge, patient experience survey
Analysis and Action	Patient and Family Education Committee

Safe Communication

Effective Communication of Information

Compliance Rate with Proper Hand Over Communication	
Definition	Rate of compliance with Proper Hand Over Communication
Rationale	To ensure the accurate communication of clinical information whenever the responsibility for patient care is transferred.
Target	100%
Numerator	Number of handover communication properly done
Denominator	Total number of handovers audited
Formula	$\frac{\text{Number of hand over communication properly done}}{\text{Total number of hand overs audited}} \times 100$
Exclusion criteria	None
Data collection frequency	Quarterly
Data source	Data Collection tool (ex. SBAR)
Analysis and Action	Patient Safety Committee or Risk management committee
Compliance with verbal/telephone order policy	
Definition	Rate of compliance with the telephone and verbal orders policy
Rationale	To reduce errors associated with misinterpreted, misheard, or mistranscribed verbal or telephone communications.
Target	100%
Numerator	Number of verbal / telephone orders complying with the policy
Denominator	Total number of orders observed
Formula	$\frac{\text{Number of verbal/telephone orders complying with the policy}}{\text{Total number of orders observed}} \times 100$
Exclusion criteria	None
Data collection frequency	Quarterly
Data source	Audits
Analysis and Action	Patient Safety Committee or Risk management committee
Percentage of completed transfer forms	
Definition	Percentage of completed transfer forms
Rationale	To ensure that patient is properly assessed before any transfer and information is properly documented for continuity of care
Target	100%
Numerator	Number of audited transfer forms that are completely filled
Denominator	Total number of audited transfer forms
Formula	$\frac{\text{Number of audited transfer forms that are completely filled}}{\text{Total number of audited transfer forms}} \times 100$
Exclusion criteria	None
Data collection frequency	Quarterly
Data source	Audits
Analysis and Action	Patient Safety Committee or Risk management committee

Critical Laboratory Test Reported within time frame	
Definition	Percentage of critical laboratory results reported within timeframe as per policy
Rationale	To ensure timely reporting of critical results for patient safety and continuity of care
Target	100%
Numerator	Number of panic values reported within timeframe
Denominator	Total number of panic values
Formula	$\frac{\text{Number of panic values reported within timeframe}}{\text{Total number of panic values audited}} \times 100$
Exclusion criteria	None
Data collection frequency	Monthly Basis
Data source	Laboratory Log book, Lab request, or Laboratory Management System if available
Analysis and Action	Patient Safety Committee, Risk management committee, or Lab Committee
Turnaround time of urgent tests	
Definition	Percentage of urgent results communicated to ER within 1hr.
Rationale	To ensure that urgent test results are received in a timely manner for patient safety and continuity of care
Target	100%
Numerator	Number of urgent test results received in 1 hour
Denominator	Total number of urgent tests tracked
Formula	$\frac{\text{Number of urgent test results received in 1 hour}}{\text{Total number of urgent tests tracked}} * 100$
Exclusion criteria	None
Data collection frequency	Monthly Basis
Data source	Laboratory Log book, Lab request, or Laboratory Management System if available
Analysis and Action	Patient Safety Committee, Risk management committee, or Lab Committee

Safe Communication Patient Engagement

Percentage of completed informed consents	
Definition	Percentage of completed informed consent forms before a procedure/treatment
Rationale	To ensure proper communication of information to the patient regarding the procedure, its risks and benefits... etc. for patient engagement and patient safety.
Target	100%
Numerator	Number of completed informed consent for a procedure/treatment
Denominator	Total number of files audited
Formula	$\frac{\text{Number of completed informed consent for a procedure/treatment}}{\text{Total number of files audited}} \times 100$
Exclusion criteria	Patients refusing to be admitted or refusing any care or exploration.
Data collection frequency	Quarterly
Data source	Medical Records Review, Occurrence Variance Reports
Analysis and Action	Patient Safety Officer, Medical Board/Committee
Compliance Rate with Patient and Family Education	
Definition	Percentage of completed multidisciplinary patient and family education forms.
Rationale	To ensure proper education of the patient and family members in a timely manner during hospital stay for patient engagement and safety and to prepare the patient for discharge to home
Target	100%
Numerator	Number of completed multidisciplinary patient and family education form
Denominator	Total number of files audited
Formula	$\frac{\text{Number of completed multidisciplinary patient and family education form}}{\text{Total number of files audited}}$
Exclusion criteria	None
Data collection frequency	Quarterly
Data source	Medical Records Review, Occurrence Variance Reports
Analysis and Action	Patient and Family Education Committee

Safe Environment Employee Safety

Employee Incident and Accident Rate	
Definition	Employee Incident and Accident Rate
Rationale	To provide information about the risk of the occurrence of accidents at work. This is regarded as a determinant of the occupational health and an indication of safety regulations.
Target	Monitor
Numerator	Number of reported work related incidents per quarter
Denominator	Total number of employees in that quarter
Formula	$\frac{\text{Number of reported work related incidents per quarter}}{\text{Total number of employees in that quarter}} \times 100$
Exclusion criteria	None
Data collection frequency	Quarterly
Data source	Occurrence Variance Report (OVR) and Human Resources Department
Analysis and Action	Safety and Risk Management Committee
Employee compliance rate on personal protective equipment (PPE) use	
Definition	Compliance rate with PPE use as indicated
Rationale	To ensure staff compliance with PPE as indicated
Target	100%
Numerator	Number of staff using PPE as indicated
Denominator	Total number of employees observed
Formula	$\frac{\text{Number of staff using PPE as indicated}}{\text{Total number of employees observed}} \times 100$
Exclusion criteria	None
Data collection frequency	Quarterly
Data source	Audit checklist
Analysis and Action	Safety and Risk Management Committee
Employee vaccination record completeness Rate	
Definition	Employee Vaccination record Completeness Rate as per workplace policy
Rationale	To ensure employee safety in workplace
Target	100%
Numerator	Number of complete employee vaccination record
Denominator	Total number of employee vaccination records audited
Formula	$\frac{\text{Number of complete employee vaccination record}}{\text{Total number of employee vaccination records audited}} \times 100$
Exclusion criteria	None
Data collection frequency	Quarterly
Data source	Audit checklist
Analysis and Action	Safety and Risk Management Committee

Safe Environment

Facility Safety

Number of Fire Drills Conducted	
Definition	Number of fire drills conducted per quarter
Rationale	To ensure that all staff are trained on how to deal with fire
Target	≥1
Numerator	Number of fire drills conducted per quarter
Denominator	N/A
Formula	N/A
Exclusion criteria	None
Data collection frequency	Quarterly
Data source	Fire Drill Evaluation Form
Analysis and Action	Facility Management and Safety Committee / Risk Management Committee
Water Tests performed	
Definition	Number of water tests (chemical & bacterial) performed quarterly
Rationale	To ensure clean water is safe for use for patients
Target	≥1
Numerator	Number of water tests (chemical & bacterial) performed quarterly
Denominator	N/A
Formula	N/A
Exclusion criteria	None
Data collection frequency	Quarterly
Data source	Log sheet of tests performed by biomedical engineering
Analysis and Action	Infection Control Committee