



# Bermuda Hospitals Board

## Know Your BHB: Measuring Hospital Quality

By Dr Michael Weitekamp, Chief of Staff

Knowing the quality of healthcare services is important to everyone – patients, healthcare providers, regulators and insurers.

Our health is very important to us and the services we may require are very intimate and potentially risky. In addition, they are increasingly very expensive and we all want to receive good value for money. Finally, the only way to continuously improve something is to measure the desired outcome, make adjustments as needed, measure again and repeat. This is the basis of a virtuous cycle of “continuous quality improvement” or “total quality management” made famous decades ago in the way Toyota approached the ideal of defect-free manufacturing of automobiles, the way the aviation industry has vastly improved the safety of flight and the way leading healthcare organisations are moving forward to improve safety and outcomes in patient and population health.

Bermuda Hospital Board’s goal is to deliver safe, high-quality, people-centered, compassionate care every day, and to achieve the highest, evidence-based international standards in a safe, caring environment. Our commitment to the values of accountability and integrity will be demonstrated by endless striving to deliver on our vision and strategic aims and transparently share our results with Bermuda.

We are therefore embarking on making a series of quality metrics available to the public in the next few months, with explanations as to why we measure it and – wherever possible – how we compare to hospitals overseas.

As important as measuring health services quality is, it is neither simple nor always obvious what exactly should be measured.

There are “structure” and “processes/procedure” variables that do indeed lend themselves to measurement similar to aviation or manufacturing.

For example, “structural” quality metrics might be answering questions such as: Does a hospital have an adequate number of appropriately equipped patient rooms and operating theaters? Do intensive-care-qualified physicians and nurses manage the sickest patients in the intensive care areas? Are there back-up generators in the event of a power outage? These are objective and easy to assess.

A “process/procedure” quality metric might speak to whether or not an organisation has policies in place to properly manage medication safety or has communication protocols for providing timely discharge instructions – again, objective and easy to measure.

Yet clinical outcome measures – which is what most of us really want to know – are challenging due to the many unique human variables that go into a clinical result.

Examples of “outcome” measures are: How many diabetic patients have met target for control of blood sugar? What number of patients died in hospital over the past year? How many joint replacement patients are back to work and pain free after 30 days? These are not so straightforward. How old were the patients? How bad were they at baseline? What other illnesses do they have? Did they adhere to medical instructions provided?

Yet, as complex as this process can get, BHB is committed to do what we can to remain transparent, to listen to what is important to our patients and community, and to adhere to evidence-based standards and benchmarks and to share our journey.

Our recent successful accreditation survey by Accreditation Canada speaks to the fantastic dedication and patient safety focus of our staff and Board through our compliance with all the crucial structure, process and continuous improvement elements of a modern learning healthcare organisation.

Over the coming months BHB will provide key hospital quality metrics and clarifying essays by our professional staff that we hope you find both informative and reassuring. We hope you get to ‘Know Your BHB’ better and we welcome your constructive feedback, which can be sent to [publicrelations@bhb.bm](mailto:publicrelations@bhb.bm).