## Nursing-Sensitive Adverse Events for Medical Patients

### Name
Nursing-Sensitive Adverse Events for Medical Patients

### Short/Other Names
Not applicable

### Description
This indicator measures the rate of nursing-sensitive adverse events for all medical patients. The following adverse events are captured in this indicator:
- Urinary tract infections (UTIs)
- Pressure ulcers
- In-hospital fractures
- Pneumonia

For further details, please see the General Methodology Notes.

### Interpretation
Lower rates are desirable.

### HSP Framework Dimension
Health System Outputs: Safe

### Areas of Need
Getting Better

### Geographic Coverage
All provinces/territories except Quebec

### Reporting Level/Disaggregation
National, Province/Territory, Region, Facility, Peer Group

### Indicator Results

### Calculation: Description
The indicator is expressed as a rate of nursing-sensitive adverse events per 1,000 medical discharges.

### Calculation: Geographic Assignment
Place of service

### Calculation: Type of Measurement
Rate - per 1,000

### Calculation: Adjustment Applied
The following covariates are used in risk adjustment:
- For a detailed list of covariates used in the model, please refer to the Model Specification document.

### Calculation: Method of Adjustment
Logistic regression

### Denominator
- **Description:**
  - Acute care hospitalizations with medical conditions
- **Inclusions:**
  1. Admission to an acute care institution (Facility Type Code = 1)
  2. Patients within the medical patient group (MCC diagnostic partition)
  3. Age at admission 55 years and older
  4. Sex recorded as male or female
- **Exclusions:**
  1. Obstetric (MCC 13), neonatal (MCC 14) or mental health (MCC 17) patients
  2. Records with admission category of cadaveric donor or stillbirth (Admission Category Code = R or S)

### Description:
Cases within the denominator with one or more adverse events

### Inclusions:
One of the following ICD-10-CA codes, coded as type 2 (except where specified):
Urinary tract infection (UTI):

- Site not specified (N39.0)
- 2012-2013 onward: Related to Foley catheter (T83.5 [type 2] + N39.0 [type 3] + Y84.6 [type 9] all within same diagnostic cluster)

Pressure ulcers:

- Decubitus ulcer (L89)

In-hospital fractures:

- Fracture of shoulder and upper arm (S42)
- Fracture of forearm (S52)
- Fracture at wrist and hand level (S62)
- Fracture of femur (S72)
- Fracture of lower leg, including ankle (includes malleolus) (S82)
- Fracture of foot, except ankle (S92)
- Fractures involving multiple regions of one upper limb (T02.2)
- Fractures involving multiple regions of one lower limb (T02.3)
- Fractures involving multiple regions of both upper limbs (T02.4)
- Fractures involving multiple regions of both lower limbs (T02.5)
- Fractures involving multiple regions of upper limb(s) (T02.6)
- Fracture of upper limb, level unspecified (T10)
- Fracture of lower limb, level unspecified (T12)

Pneumonia:

- Non-viral pneumonia (J13, J14, J15, J16, J18, J85.1 or J69.0)
- 2013-2014 onward: Ventilator-assisted pneumonias* (J95.88 [type 2] + J15 [type 3], J16.8 [type 3], J18 [type 3] or J85.1 [type 3] + Y60-Y84 [type 9], all within same diagnosis cluster)
  *For ventilator-assisted pneumonias, all 3 conditions must be present on the same abstract and all 3 conditions must have the same cluster code that is not blank.

Background, Interpretation and Benchmarks

A study of adverse events estimated that approximately 70,000 preventable adverse events occur annually in Canadian hospitals. Based on the definition used by the World Health Organization and other studies, adverse events refer to incidents caused by medical management instead of complications of disease.

Some studies have found that adverse events increase the costs of patient care and have suggested that nurse staffing, in particular, is associated with adverse events such as pneumonia, urinary tract infections, pressure ulcers and in-hospital falls.

While nurses are not solely responsible for adverse events that occur in hospital, many believe that there is a strong relationship between nurse staffing and patient outcomes. This indicator can help hospitals identify potential issues in nursing care. Further investigation and analysis based on the indicator results may possibly lead to quality improvement in nursing care.

Lower rates are desirable.

Interpretation

High or low rates for this indicator must be interpreted with caution as they may be a consequence of inconsistent coding practices by hospitals when reporting post-admission adverse events to the DAD.

HSP Framework Dimension

Health System Outputs: Safe

Areas of Need

Getting Better

Targets/Benchmarks

Not applicable


References


Availability of Data Sources and Results

**Data Sources**

**Available Data Years**

- **Type of Year:** Fiscal
- **First Available Year:** 2012
- **Last Available Year:** 2016

**Geographic Coverage**

- All provinces/territories except Quebec

**Reporting Level/Disaggregation**

- National, Province/Territory, Region, Facility, Peer Group

**Result Updates**

- Every year

**Web Tool:**

- CIHI Health Indicators

Starting in 2013-2014, the following inclusion criteria updates were made:

- Added ventilator-assisted pneumonias

**Quality Statement**

- Not applicable

**Caveats and Limitations**

- Not applicable

**Trending Issues**

- Not applicable

**Comments**

- Not applicable