The BIDMC Commitment to Eliminate Preventable Harm: A Progress Report At Seven Years

The Problem
In October of 2007, the BIDMC Board of Directors approved a motion that BIDMC commit to eliminate preventable harm, and to do so by formally tracking all preventable and nonpreventable harm. At the time, BIDMC had no formal definition for either “harm” or “preventable,” and no standard way of tracking preventable harm.

Aim/Goal
Beginning in October 2007, BIDMC has pursued a goal to:
1) Accurately define and categorize “harm,”
2) Analyze harm so as to consistently distinguish “preventable” from “nonpreventable” harm
3) Take steps to decrease preventable harm, with the ultimate goal being elimination
4) Share progress with the institution and the public, as part of the BIDMC commitment to transparency.

The Team
This effort has involved all of BIDMC. Coordination has been led by Department of Health Care Quality in partnership with the QI Directors group. The Board of Directors has monitored this effort and provided guidance via the Patient Care Assessment and Quality Committee.

The Interventions
- Harm was defined as “any event that causes or prolongs hospitalization.”
- “Preventability” is assessed by asking two questions:
  o Was the harm related to a failure to provide care to currently established standards?
  o Can currently established standards be changed in a way that would prevent a similar event from occurring in the future?
  o If the answer to either question is “yes” then the harm is classified as “preventable”
- Routine reporting on preventable harm, in “dashboard” format, began at the beginning of calendar year 2008.
- Occurrence of harm, as well as efforts at prevention, are shared in standardized fashion on both the internal and external BIDMC portal

Results/Progress To Date
As shown above, BIDMC has achieved approximately 75% reduction in preventable harm. This has largely been achieved by targeting specific, discrete categories of harm, such as surgical site infection and bloodstream infection. The accompanying graph shows that as these discrete categories of harm are more consistently prevented, an increasingly larger number of cases of harm arise from a diverse category of “other harm events.”

Lessons Learned/Next Steps
While not yet eliminated, BIDMC has made substantial progress reducing the occurrence of preventable harm. However, new strategies will be necessary to address the remaining harms that arise from a diverse set of “other” types of events. BIDMC is working to understand and intercept risky states that may contribute to more than one type of harm.
BIDMC is also working to expand the definition of harm to capture “nonphysical” harms, such as harm to respect and dignity, which are currently not counted.

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