

Women's Health

An Excerpt of Hospital Report 2002: Acute Care

TECHNICAL SUPPLEMENT

The methodology chapter in *Women's Health - An Excerpt of Hospital Report 2002: Acute Care* highlights the sources of data and methods of sample selection used to develop the indicators, and key caveats and issues of data quality and to interpretation useful for understanding the indicator results. The Technical Summary accompanying *Hospital Report 2002: Acute Care* (i.e. AC 2002), on which the Excerpt is based, outlines indicator definitions and codes, survey processes and items and other key technical information. The table provided below is intended to supplement the technical information highlighted in these two documents. It is meant to provide a brief orientation to where technical information may be found for the indicators and analyses featured in the Excerpt and to list the types and levels of analyses featured in the Excerpt.

One of the new methods introduced in this report is the calculation of equity benchmarks. Appendix D in the Excerpt provides a step-by-step description of this method.

As always, we welcome comments and feedback (www.hospitalreport.ca).

Indicator	Definition(s) and/or Codes Reference	Technical Notes (Results, Analyses, Adjustment)
SEX SPECIFIC		
Primary c-section rates	-see pg. 75 of Technical Summary AC 2002 for definition and codes for primary c-section rates	<ul style="list-style-type: none"> • Rates of first-time c-sections for province for 1999/2000 and 2000/2001 (adjusted for age) • Rates (crude or unadjusted) for regions and hospital peer groups (2000/2001)
Overall c-section rates	- definition and codes not listed in Technical Summary AC 2002 <u>Episodes (Numerator)</u> Include: Cases within denominator with: First time caesarean section CCP: 86, 86.1, 86.2, 86.8, 86.9 <u>Cases (Denominator)</u> Include: First time deliveries CMG: 601, 602, 603, 604, 606, 607, 608, 609, 610, 611 Exclude: Day surgery patients General exclusion criteria (pg. 51 of Technical Summary AC 2002)	<ul style="list-style-type: none"> • Rates of overall c-sections (including first-time and repeat c-sections) for province for 1999/2000 and 2000/2001 (adjusted for age)

SEX SENSITIVE

<p>AMI complication rates</p> <p>AMI readmission rates</p> <p>Access/use of coronary angiography</p>	<p>-see pgs. 66-68 in Technical Summary AC 2002 for definition and codes for AMI complications</p> <p>-see pgs. 60-61 in Technical Summary AC 2002 for definition and codes for AMI readmissions</p> <p>-see pgs. 56-57 in Technical Summary AC 2002 for definition and codes for access to coronary angiography</p>	<ul style="list-style-type: none"> • Rates of AMI complications, readmissions and access to coronary angiography by sex (and female to male ratios) for province for 1997/1998, 1999/2000, 2000/2001 (age-adjusted) • Female to male ratios of rates (crude or unadjusted) of AMI complications, readmissions and access to coronary angiography by sex for regions and peer groups (2000/2001) • see pg. 78-79 in Technical Summary AC 2002 for risk-adjustment models for AMI complications and readmissions • Pearson's correlations computed for hospital-specific risk-adjusted complication rates, readmission rates and access to coronary angiography for 3 reported years • Equity benchmarks for AMI complications, readmissions and access/use of coronary angiography (Appendix D in Excerpt)
<p>Cholecystectomy complication rates</p> <p>Access/use of Cholecystectomy as day surgery</p>	<p>-see pgs. 69-71 in Technical Summary AC 2002 for definition and codes for cholecystectomy complications</p> <p>-see pgs. 59-60 in Technical Summary AC 2002 for definition and codes for access to cholecystectomy as day surgery</p>	<ul style="list-style-type: none"> • Rates of cholecystectomy complications, and access to day surgery (and female to male ratios) for province for 1997/1998, 1999/2000, 2000/2001 (age-adjusted) • Female to male ratios of rates (crude or unadjusted) of cholecystectomy complications, access to day surgery by sex for regions and peer groups (2000/2001) • see pg. 78 in Technical Summary AC 2002 for risk-adjustment models (i.e. variables used in calculations) for cholecystectomy complications • Pearson's correlations computed for hospital-specific risk-adjusted complication rates, access to day surgery for three reported years
<p>Pneumonia complication rates</p>	<p>-see pgs. 68-69 in Technical Summary AC 2002 for definition and codes for pneumonia complications</p>	<ul style="list-style-type: none"> • Rates of pneumonia complications (and female to male ratios) for province for 1997/1998, 1999/2000, 2000/2001 (age-adjusted) • Female to male ratios of rates (crude or unadjusted) of pneumonia complications

		<p>for regions and peer groups (2000/2001)</p> <ul style="list-style-type: none"> see pg. 79 in Technical Summary AC 2002 for risk-adjustment models (i.e. variables used in calculations) for pneumonia complications
<p>Use of standardized protocols -AMI -cholecystectomy -pneumonia</p>	<p>-standardized protocols refers to clinical guidelines and care pathways</p> <p>-see pgs D13-D16 (Appendix D) in Technical Summary AC 2002 for survey questions/section regarding use of standardized protocols (Indicator 4; Questions 24; 26; 27)</p>	<ul style="list-style-type: none"> Proportion of hospitals using standardized protocols for province, regions and peer groups (surveyed in 2002)
<p>Patient satisfaction</p>	<p>-10 indicators included (global quality; process quality; outcome; unit-based care; physician care; support services; housekeeping; other caregivers; continuity of care; coordination of care)</p> <p>-see pgs. 81-94 for survey process(Standardized Hospital Patient Satisfaction Survey – SHoPSS), indicator questions, scales and weights</p>	<ul style="list-style-type: none"> Response rates (proportion of surveys returned by women and men) (surveyed 2001) Proportion of women and men rating care as excellent (on 10 indicators of satisfaction) for province (2001) Risk-adjusted hospital-specific patient satisfaction scores (average risk-adjusted scores for women and men were used for province, region and hospital peer group means) (2001) Tests of statistical significance (i.e. ANOVA; paired samples t-tests) used to compare means scores across regions and peer groups; and between women and men (by hospital) Equity benchmark calculated for unit-based care See pgs. 94-101 in Technical Summary AC 2002 for risk-adjustment procedure for patient satisfaction indicators
WOMEN AS PROVIDERS OF CARE		
<p>Availability of childcare/daycare eldercare programs</p>	<p>-see pg. 37 and pg. D-29 (Appendix D) of Technical Summary AC 2002 for survey question/item regarding availability of childcare and eldercare (Indicator 10; Question 50)</p>	<ul style="list-style-type: none"> Proportion of hospitals that reported offering childcare and eldercare for staff for province, regions and peer groups (surveyed 2002)