

Complications of Care

Unfortunately, patients who are admitted to the hospital for treatment of medical problems sometimes get other serious complications related to their care. At Cleveland Clinic Union Hospital, we strive to prevent such complications by following best practices for treating patients. Serious complications measured by hospitals and the federal government are drawn from the Agency for Healthcare Research and Quality (AHRQ) Patient Safety Indicators (PSIs).

The overall score for serious complications or PSI composite is based on how often adult patients had certain serious, but potentially preventable, complications related to medical or surgical inpatient hospital care. This composite is called the PSI 90 and is based on the following individual measures:

- Collapsed lung that results from medical treatment (iatrogenic pneumothorax, adult)
- Blood clots, in the lung or a large vein, after surgery (perioperative pulmonary embolism or deep vein thrombosis rate)
- A wound that splits open after surgery (postoperative wound dehiscence)
- Accidental cuts and tears (accidental puncture or laceration)
- Pressure sores (pressure ulcers)
- Infections from a large venous catheters (central venous catheter-related blood stream infection rate)
- Broken hip from a fall after surgery (postoperative hip fracture rate)
- Blood stream infection after surgery (postoperative sepsis)

Serious complications that occur in hospitals are reported to the public on the Hospital Compare website and can be viewed at <https://www.medicare.gov/HospitalCompare>. Individual hospital results are reported in relation to a national average rate. The lower the score the safer it for patients. Latest published rates reflect the time period October 2015 – June 2016. Cleveland Clinic Union Hospital at 0.86 per 1000 continues to remain below the national rate of 1.0 per 1000.