CLINICAL AND SAFETY PERFORMANCE METRICS
Executive Dashboard

NIH Clinical Center
July 2020
Patients’ Perceptions

- Overall Hospital Rating
- Would you Recommend the NIH CC?
Would You Recommend the NIH CC?

Percent Positive Response

Q1 CY 2019  Q2 CY 2019  Q3 CY 2019  Q4 CY 2019  Q1 CY 2020

Would Recommend NIH CC - Outpatient

CMS HCAHPS Benchmark (Average)

Would Recommend NIH CC - Inpatient

NRC Benchmark (Average)
Infection Control Metrics

- Hand Hygiene
- Central-Line Associated Bloodstream Infections
  - Whole-House
  - Intensive Care Unit
- Catheter-Associated Urinary Tract Infections
  - Intensive Care Unit
  - Surgical Oncology
- Surgical Site Infections
Hand Hygiene Compliance

Percent Adherence

Yearly Compliance:
- 2019-Q1: 90%
- 2019-Q2: 95%
- 2019-Q3: 100%
- 2019-Q4: 95%
- 2020-Q1: 85%
Whole-House Central-Line Associated Bloodstream Infection (CLABSI) Rate

Infections per 1,000 Catheter Days

2019-Q1 2019-Q2 2019-Q3 2019-Q4 2020-Q1
ICU Central-Line Associated Bloodstream Infection (CLABSI) Rate

Infections per 1,000 Catheter Days

2013 CDC National Healthcare Safety Network (NHSN) Benchmark: Critical Care Units, Medical/Surgical - major teaching mean 1.1
ICU Catheter-Associated Urinary Tract Infections (CAUTI) Rate

- **Infections per 1,000 Foley Days**

**ICU CAUTI Rate** vs. **NHSN ICU Benchmark**

- **2013 CDC National Healthcare Safety Network (NHSN) Benchmark:** Critical Care Units, Medical/Surgical -major teaching mean 2.7

Yearly figures from 2019-Q1 to 2020-Q1.
Surgical Oncology Catheter-Associated Urinary Tract Infections (CAUTI) Rate

Infections per 1,000 Foley Days

2019-Q1 2019-Q2 2019-Q3 2019-Q4 2020-Q1

Surgical Oncology CAUTI Rate

NHSN Medical/Surgical Benchmark

2013 CDC National Healthcare Safety Network (NHSN) Benchmark: Inpatient Wards, Medical/Surgical mean 1.3
Surgical Site Infections (SSI) Rate

Q3 CY 2019 Data Pending

Q1 Data Pending

SSI Rate 2018 Clinical Center Average

Surgical Site Infections (SSI) Rate

Infections per 100 Procedures
Nursing Quality Metrics

- Falls
- Pressure Injury
- Medication Administration Barcoding
Inpatient Falls Rate

NDNQI benchmark for Total Falls Rate Only
Pressure Injury Prevalence

Quarterly Rate National Mean (NDNQI)

NDNQI Benchmark for Total Pressure Injury Rate only
Medication Administration Barcode Use

Beginning Q1 CY 2020 contrast media excluded from KBMA data
Emergency Response

- Code Blue and Rapid Response
  - Types of Patients
  - Types of Events
  - Patient Disposition
## Code Blue Response: Types of "Patients"

<table>
<thead>
<tr>
<th></th>
<th>Q2 CY 2019</th>
<th>Q3 CY 2019</th>
<th>Q4 CY 2019</th>
<th>Q1 CY 2020</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpt</td>
<td>23</td>
<td>21</td>
<td>15</td>
<td>23</td>
<td>82</td>
</tr>
<tr>
<td>Outpt</td>
<td>21</td>
<td>14</td>
<td>19</td>
<td>20</td>
<td>74</td>
</tr>
<tr>
<td>Employee</td>
<td>13</td>
<td>7</td>
<td>14</td>
<td>12</td>
<td>46</td>
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<tr>
<td>Visitor</td>
<td>2</td>
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<td>16</td>
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<td>Incorrect Calls</td>
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<td>Event Type</td>
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<td>Q3 CY 2019</td>
<td>Q4 CY 2019</td>
<td>Q1 CY 2020</td>
<td>TOTAL</td>
</tr>
<tr>
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<td>------------</td>
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<td>------------</td>
<td>------------</td>
<td>-------</td>
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<tr>
<td>Brain Code</td>
<td>6</td>
<td>0</td>
<td>3</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>Arrest</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>7</td>
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<tr>
<td>Acute Emergency</td>
<td>34</td>
<td>19</td>
<td>29</td>
<td>15</td>
<td>97</td>
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<td>25</td>
<td>21</td>
<td>23</td>
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<td>105</td>
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Code Blue Response: Patient Disposition

<table>
<thead>
<tr>
<th></th>
<th>Q2 CY 2019</th>
<th>Q3 CY 2019</th>
<th>Q4 CY 2019</th>
<th>Q1 CY 2020</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transfer to ICU</td>
<td>17</td>
<td>17</td>
<td>9</td>
<td>12</td>
<td>55</td>
</tr>
<tr>
<td>Transfer to OSH</td>
<td>16</td>
<td>12</td>
<td>21</td>
<td>13</td>
<td>62</td>
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<tr>
<td>Remained on Unit</td>
<td>18</td>
<td>11</td>
<td>15</td>
<td>22</td>
<td>66</td>
</tr>
<tr>
<td>Expired</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
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<tr>
<td>Released</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>8</td>
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<tr>
<td>Other</td>
<td>7</td>
<td>4</td>
<td>6</td>
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<td>26</td>
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Rapid Response Team: Patient Disposition

<table>
<thead>
<tr>
<th></th>
<th>Q2 CY 2019</th>
<th>Q3 CY 2019</th>
<th>Q4 CY 2019</th>
<th>Q1 CY 2020</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICU</td>
<td>7</td>
<td>9</td>
<td>4</td>
<td>8</td>
<td>28</td>
</tr>
<tr>
<td>Unit/Other</td>
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<td>2</td>
<td>2</td>
<td>2</td>
<td>7</td>
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<tr>
<td>Remained on Unit</td>
<td>8</td>
<td>31</td>
<td>10</td>
<td>15</td>
<td>64</td>
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Blood and Blood Product Use

- Crossmatch to Transfusion (C:T) Ratio
- Transfusion Reaction by Class
- Unacceptable Blood Bank Specimens
Crossmatch to Transfusion (C/T) Ratio

(The NIH CC goal is to have a C:T ratio of 2.0 or less. Monitoring this metric ensures that blood is not held unused in reserve when it could be available for another patient.)
Transfusion Reactions by Class

<table>
<thead>
<tr>
<th>Period</th>
<th>Anaphylactic</th>
<th>Other</th>
<th>Febrile, Nonhemolytic</th>
<th>Hemolytic, Septic, Anaphylactoid, and TRALI</th>
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<tbody>
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<td>Q1 CY 2019</td>
<td></td>
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<tr>
<td>Q2 CY 2019</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q3 CY 2019</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q4 CY 2019</td>
<td></td>
<td></td>
<td>0.45%</td>
<td></td>
</tr>
<tr>
<td>Q1 CY 2020</td>
<td></td>
<td></td>
<td></td>
<td>0.45%</td>
</tr>
</tbody>
</table>
Unacceptable Blood Bank Specimens

Percent Unacceptable Specimens

Q1 CY 2019 | Q2 CY 2019 | Q3 CY 2019 | Q4 CY 2019 | Q1 CY 2020
---|---|---|---|---
2.5% | 2.0% | 1.5% | 1.0% | 0.5% | 0.0%

CC Threshold

% Specimens with Collection Problems

Q1 CY 2019 | Q2 CY 2019 | Q3 CY 2019 | Q4 CY 2019 | Q1 CY 2020
---|---|---|---|---
3.5% | 3.0% | 2.5% | 2.0% | 1.5% | 1.0% | 0.5% | 0.0%
Clinical Documentation

- Medical Record Completeness
  - Delinquent Records
  - “Agent for” Countersignature Adherence
  - Unacceptable Abbreviation Use
- Accuracy of Coding
"Agent for" Orders Countersignature Compliance

% Verbal Orders Signed in 72 Hours

Q1 CY 2019  Q2 CY 2019  Q3 CY 2019  Q4 CY 2019  Q1 CY 2020

% of Compliance  CC Goal
"Do Not Use" Abbreviation Adherence

<table>
<thead>
<tr>
<th></th>
<th>Q1 CY 2019</th>
<th>Q2 CY 2019</th>
<th>Q3 CY 2019</th>
<th>Q4 CY 2019</th>
<th>Q1 CY 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compliance</td>
<td>90%</td>
<td>95%</td>
<td>90%</td>
<td>85%</td>
<td>90%</td>
</tr>
<tr>
<td>CC Goal</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

% Appropriate Use of Abbreviations

Q1 CY 2019: 90%
Q2 CY 2019: 95%
Q3 CY 2019: 90%
Q4 CY 2019: 85%
Q1 CY 2020: 90%
Employee Safety

• Occupational Injury and Illness
Occupational Injuries and Illnesses for CC Employees

TRC: Total Recordable Cases; ORC: Other Recordable Cases; DAFW: Days Away From Work; DJTR: Days Job Transfer, Restriction; DART: Days Away, Restricted or Transferred (DAFW + DJTR)
Percent of Occupational Injuries and Illnesses
Jan - Mar 2020 n= 21

- Musculoskeletal: 43%
- Wounds: 24%
- Ergonomic: 10%
- Other: 24%