Patients’ Perceptions

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

- Would Recommend NIH CC - Inpatient
- Would Recommend NIH CC - Outpatient
- CMS HCAHPS Benchmark (Average)
- NRC Benchmark (Average)

Q2 CY 2019 data collection in progress
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
Hand Hygiene Compliance

Percent Adherence

2018-Q1  2018-Q2  2018-Q3  2018-Q4  2019-Q1
Wholehouse Central-Line Associated Bloodstream Infection (CLABSI) Rate

Infections per 1,000 catheter days
ICU Central-Line Associated Bloodstream Infection (CLABSI) Rate

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

NHSN ICU Benchmark

2013 CDC National Healthcare Safety Network (NHSN) Benchmark: Critical Care Units, Medical/Surgical -major teaching mean 2.7
Surgical Oncology Catheter-Associated Urinary Tract Infections (CAUTI) Rate

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

Infections per 100 procedures

2018-Q1 2018-Q2 2018-Q3 2018-Q4 2019-Q1

Surgical Site Infections (SSI) Rate

SSI Rate 2018 Clinical Center Average

2018-Q1 2018-Q2 2018-Q3 2018-Q4 2019-Q1

Infections per 100 procedures
Nursing Quality Metrics

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

- Quarterly Rate
- NDNQI Benchmark
- Inpatient Falls with Injury Rate

NDNQI benchmark for Total Falls Rate Only
Pressure Injury Prevalence

% of surveyed patients with pressure injury

- Quarterly Rate
- National Mean (NDNQI)
- Stage 3 + 4 Pressure Injury Prevalence

NDNQI Benchmark for Total Pressure Injury Rate only

Q2 NDQNI Benchmark Pending
Medication Administration Barcode Use

Percentage of Barcode Use from Q2 CY 2018 to Q2 CY 2019.
Emergency Response

• Code Blue and Rapid Response
  • Types of Patients
  • Type of Event
  • Patient Disposition
**Code Blue Response: Types of "Patients"**

<table>
<thead>
<tr>
<th></th>
<th>Q3 CY 2018</th>
<th>Q4 CY 2018</th>
<th>Q1 CY 2019</th>
<th>Q2 CY 2019</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inpt</strong></td>
<td>16</td>
<td>12</td>
<td>10</td>
<td>23</td>
<td>61</td>
</tr>
<tr>
<td><strong>Outpt</strong></td>
<td>15</td>
<td>14</td>
<td>13</td>
<td>21</td>
<td>63</td>
</tr>
<tr>
<td><strong>Employee</strong></td>
<td>8</td>
<td>10</td>
<td>12</td>
<td>13</td>
<td>43</td>
</tr>
<tr>
<td><strong>Visitor</strong></td>
<td>6</td>
<td>6</td>
<td>9</td>
<td>2</td>
<td>23</td>
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<tr>
<td><strong>Incorrect Calls</strong></td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Q3 CY 2018</td>
<td>Q4 CY 2018</td>
<td>Q1 CY 2019</td>
<td>Q2 CY 2019</td>
<td>TOTAL</td>
</tr>
<tr>
<td>------------------</td>
<td>------------</td>
<td>------------</td>
<td>------------</td>
<td>------------</td>
<td>-------</td>
</tr>
<tr>
<td>Arrest</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Acute Emergency</td>
<td>16</td>
<td>7</td>
<td>12</td>
<td>34</td>
<td>69</td>
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<tr>
<td>Stable Event</td>
<td>30</td>
<td>33</td>
<td>32</td>
<td>25</td>
<td>120</td>
</tr>
</tbody>
</table>

**Code Blue Response: Type of Event**

The chart above represents the number of Code Blue responses categorized by the type of event for each quarter of the years 2018 and 2019, with a total for all quarters.
Code Blue Response: Patient Disposition

<table>
<thead>
<tr>
<th>Category</th>
<th>Q3 CY 2018</th>
<th>Q4 CY 2018</th>
<th>Q1 CY 2019</th>
<th>Q2 CY 2019</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transfer to ICU</td>
<td>13</td>
<td>10</td>
<td>6</td>
<td>17</td>
<td>46</td>
</tr>
<tr>
<td>Transfer to OSH</td>
<td>13</td>
<td>11</td>
<td>20</td>
<td>16</td>
<td>60</td>
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<tr>
<td>Remained on Unit</td>
<td>10</td>
<td>10</td>
<td>11</td>
<td>18</td>
<td>49</td>
</tr>
<tr>
<td>Expired</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Released</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
<td>6</td>
<td>6</td>
<td>7</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td>Q3 CY 2018</td>
<td>Q4 CY 2018</td>
<td>Q1 CY 2019</td>
<td>Q2 CY 2019</td>
<td>Total</td>
</tr>
<tr>
<td>----------------</td>
<td>------------</td>
<td>------------</td>
<td>------------</td>
<td>------------</td>
<td>-------</td>
</tr>
<tr>
<td>ICU</td>
<td>13</td>
<td>5</td>
<td>5</td>
<td>7</td>
<td>30</td>
</tr>
<tr>
<td>Unit/Other</td>
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<td>4</td>
<td>1</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Remained on Unit</td>
<td>5</td>
<td>3</td>
<td>13</td>
<td>8</td>
<td>29</td>
</tr>
</tbody>
</table>

**Rapid Response Team: Patient Disposition**
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

Q2 CY 2018
Q3 CY 2018
Q4 CY 2018
Q1 CY 2019
Q2 CY 2019

Percent of Transfusions

Q2 CY 2018
Q3 CY 2018
Q4 CY 2018
Q1 CY 2019
Q2 CY 2019

Anaphylactic
Other
Febrile, Nonhemolytic
Hemolytic, Septic, Anaphylactoid, and TRALI

Legend:
- Anaphylactic
- Other
- Febrile, Nonhemolytic
- Hemolytic, Septic, Anaphylactoid, and TRALI
Unacceptable Blood Bank Specimens

Q2 CY 2018: 3.0%
Q3 CY 2018: 3.0%
Q4 CY 2018: 3.0%
Q1 CY 2019: 3.0%
Q2 CY 2019: 3.0%

Percent Unacceptable Specimens

CC Threshold

% Specimens with Collection Problems

Q2 CY 2018: 1.0%
Q3 CY 2018: 2.5%
Q4 CY 2018: 2.0%
Q1 CY 2019: 1.5%
Q2 CY 2019: 2.5%
Clinical Documentation

• Medical Record Completeness
  • Delinquent Records
  • “Agent for” Countersignature Adherence
  • Unacceptable Abbreviation Use

• Accuracy of Coding
Delinquent Records
(>30 days post discharge)

% Records Delinquent
Joint Commission Benchmark
"Agent for" Orders Countersignature Compliance

Q2 CY 2018
Q3 CY 2018
Q4 CY 2018
Q1 CY 2019
Q2 CY 2019

% of Compliance
CC Goal

% verbal orders signed in 72 hours
"Do Not Use" Abbreviation Adherence

- **Q2 CY 2018**: Compliance with Abbreviation Use: 95%

- **Q3 CY 2018**: Compliance with Abbreviation Use: 95%

- **Q4 CY 2018**: Compliance with Abbreviation Use: 95%

- **Q1 CY 2019**: Compliance with Abbreviation Use: 95%

- **Q2 CY 2019**: Compliance with Abbreviation Use: 100%

**Compliance with Abbreviation Use**

**CC Goal**

- Compliance with Abbreviation Use:
  - Q2 CY 2018: 95%
  - Q3 CY 2018: 95%
  - Q4 CY 2018: 95%
  - Q1 CY 2019: 95%
  - Q2 CY 2019: 100%

- CC Goal: 100%
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
April 1, 2019 - June 30, 2019 n= 34

- Musculoskeletal: 61.8%
- Wounds: 17.6%
- Ergonomic: 5.9%
- Other: 14.7%

Legend:
- Blue: Musculoskeletal
- Orange: Wounds
- Grey: Ergonomic
- Yellow: Other