CLINICAL AND SAFETY PERFORMANCE METRICS
Executive Dashboard

NIH Clinical Center
October 2020
Patients’ Perceptions

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

Q2 and Q3 impacted by low census

Overall Rating of NIH CC - Inpatient
Overall Rating of NIH CC - Outpatient
CMS HCAHPS Benchmark (Average)
NRC Benchmark (Average)
Would You Recommend the NIH CC?

Q2 and Q3 impacted by low census

- Would Recommend NIH CC - Inpatient
- Would Recommend NIH CC - Outpatient
- CMS HCAHPS Benchmark (Average)
- 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
Wholehouse Central-Line Associated Bloodstream Infection (CLABSI) Rate

- Infections per 1,000 catheter days

- Line graph showing a decrease in the CLABSI rate from 2019-Q2 to 2019-Q4, followed by a sharp increase in 2020-Q1 and 2020-Q2.
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

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

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

Q1 and Q2 Data Pending

- SSI Rate
- 2018 Clinical Center Average
Nursing Quality Metrics

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

- Quarterly Rate
- NDNQI Benchmark
- Inpatient Falls with Injury

0.00
0.50
1.00
1.50
2.00
2.50
3.00

Falls per 1,000 patient days

Q2 CY 2019
Q3 CY 2019
Q4 CY 2019
Q1 CY 2020
Q2 CY 2020
Q3 CY 2020
Pressure Injury Prevalence

% of surveyed patients with pressure injury

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

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**Q2 CY 2019**

**Q3 CY 2019**

**Q4 CY 2019**

**Q1 CY 2020**

**Q2 CY 2020**

**% Barcode Use**

**Clinical Center Rate**

**Goal**
Emergency Response

• Code Blue and Rapid Response
  • Type of Patient
  • Type of Event
  • Patient Disposition
# Code Blue Response: Type of "Patient"

The chart below represents the number of code blue responses categorized by type from Q3 CY 2019 to Q2 CY 2020, with a separate section for the total.

<table>
<thead>
<tr>
<th>Type</th>
<th>Q3 CY 2019</th>
<th>Q4 CY 2019</th>
<th>Q1 CY 2020</th>
<th>Q2 CY 2020</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpt</td>
<td>21</td>
<td>15</td>
<td>23</td>
<td>6</td>
<td>65</td>
</tr>
<tr>
<td>Outpt</td>
<td>14</td>
<td>19</td>
<td>20</td>
<td>1</td>
<td>54</td>
</tr>
<tr>
<td>Employee</td>
<td>7</td>
<td>14</td>
<td>12</td>
<td>4</td>
<td>37</td>
</tr>
<tr>
<td>Visitor</td>
<td>5</td>
<td>5</td>
<td>4</td>
<td>2</td>
<td>16</td>
</tr>
<tr>
<td>Incorrect Calls</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Notes:

- The chart shows the distribution of code blue responses across different categories for each quarter from Q3 CY 2019 to Q2 CY 2020.
- The "Total" column sums up the individual quarters for each type of response.
### Code Blue Response: Type of Event

<table>
<thead>
<tr>
<th></th>
<th>Q3 CY 2019</th>
<th>Q4 CY 2019</th>
<th>Q1 CY 2020</th>
<th>Q2 CY 2020</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Brain Code</strong></td>
<td>6</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td><strong>Arrest</strong></td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td><strong>Acute Emergency</strong></td>
<td>19</td>
<td>29</td>
<td>15</td>
<td>9</td>
<td>72</td>
</tr>
<tr>
<td><strong>Stable Event</strong></td>
<td>21</td>
<td>23</td>
<td>36</td>
<td>4</td>
<td>84</td>
</tr>
</tbody>
</table>

The chart shows the number of Code Blue responses by type and quarter for the years 2019 and 2020.
## Code Blue Response: Patient Disposition

<table>
<thead>
<tr>
<th></th>
<th>Q3 CY 2019</th>
<th>Q4 CY 2019</th>
<th>Q1 CY 2020</th>
<th>Q2 CY 2020</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transfer to ICU</td>
<td>17</td>
<td>9</td>
<td>12</td>
<td>4</td>
<td>42</td>
</tr>
<tr>
<td>Transfer to OSH</td>
<td>12</td>
<td>21</td>
<td>13</td>
<td>4</td>
<td>50</td>
</tr>
<tr>
<td>Remained on Unit</td>
<td>11</td>
<td>15</td>
<td>22</td>
<td>4</td>
<td>52</td>
</tr>
<tr>
<td>Expired</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Released</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>6</td>
<td>9</td>
<td>0</td>
<td>19</td>
</tr>
</tbody>
</table>
### Rapid Response Team: Patient Disposition

<table>
<thead>
<tr>
<th></th>
<th>Q3 CY 2019</th>
<th>Q4 CY 2019</th>
<th>Q1 CY 2020</th>
<th>Q2 CY 2020</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICU</td>
<td>9</td>
<td>4</td>
<td>8</td>
<td>2</td>
<td>23</td>
</tr>
<tr>
<td>Unit/Other</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Remained on Unit</td>
<td>31</td>
<td>10</td>
<td>15</td>
<td>3</td>
<td>59</td>
</tr>
</tbody>
</table>

#### Notes:
- **Number**: The number of patients for each category is listed.
- **ICU**: Indicates patients admitted to the Intensive Care Unit.
- **Unit/Other**: Indicates patients transferred to another unit or discharged directly.
- **Remained on Unit**: Indicates patients who remained on the same unit throughout the period.
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.)

C/T Ratio vs CC C/T Ratio Goal

Q2 CY 2019 | Q3 CY 2019 | Q4 CY 2019 | Q1 CY 2020 | Q2 CY 2020
--- | --- | --- | --- | ---
C/T Ratio | | | | |
CC C/T Ratio Goal | | | | |
Unacceptable Blood Bank Specimens

Percent Unacceptable Specimens

- Q2 CY 2019: 2.3%
- Q3 CY 2019: 2.0%
- Q4 CY 2019: 1.5%
- Q1 CY 2020: 1.8%
- Q2 CY 2020: 2.4%

CC Threshold: 3.0%

Q2 CY 2019 to Q2 CY 2020, the percentage of unacceptable specimens increased from 2.3% to 2.4%.
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 after 30 days

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

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

- % of Compliance
- CC Goal

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

% verbal orders signed in 72 hours
Accuracy of Record Coding

- Q2 CY 2019: Approximately 90%
- Q3 CY 2019: Approximately 90%
- Q4 CY 2019: Approximately 90%
- Q1 CY 2020: Approximately 90%
- Q2 CY 2020: Approximately 90%

Accuracy of Coding Goal: 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
Apr - Jun 2020 n= 6

- Musculoskeletal: 83%
- Wounds: 17%
- Ergonomic: 0%
- Other: 0%

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