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)
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

- Q3 CY 2017: 1.40
- Q4 CY 2017: 1.30
- Q1 CY 2018: 0.60
- Q2 CY 2018: 0.80
- Q3 CY 2018: 1.60
ICU Central-Line Associated Bloodstream Infection (CLABSI) Rate

Infections per 1,000 catheter days

Q3 CY 2017: 8.00
Q4 CY 2017: 4.00
Q1 CY 2018: 2.00
Q2 CY 2018: 1.00
Q3 CY 2018: 0.00

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

Q3 CY 2017 Q4 CY 2017 Q1 CY 2018 Q2 CY 2018 Q3 CY 2018

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

Q3 CY 2017 to Q3 CY 2018

Infections per 100 procedures

SSI Rate

2017 Clinical Center Average
Nursing Quality Metrics

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

Falls per 1,000 patient days

Q3 CY 2017 Q4 CY 2017 Q1 CY 2018 Q2 CY 2018 Q3 CY 2018

Quarterly Rate

NDNQI Benchmark

Q3 NDNQI Benchmark Pending
Pressure Injury Prevalence

% of surveyed patients with pressure injury

Quarterly Rate
National Mean (NDNQI)

Q3 CY 2017
Q4 CY 2017
Q1 CY 2018
Q2 CY 2018
Q3 CY 2018

Q3 NDNQI Benchmark Pending
Medication Administration Barcode Use

Clinical Center Rate

Goal

Q3 CY 2017 Q4 CY 2017 Q1 CY 2018 Q2 CY 2018 Q3 CY 2018
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>17-Qtr 3</th>
<th>17-Qtr 4</th>
<th>18-Qtr 1</th>
<th>18-Qtr 2</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpt</td>
<td>12</td>
<td>18</td>
<td>13</td>
<td>25</td>
<td>68</td>
</tr>
<tr>
<td>Outpt</td>
<td>13</td>
<td>22</td>
<td>12</td>
<td>16</td>
<td>63</td>
</tr>
<tr>
<td>Employee</td>
<td>9</td>
<td>6</td>
<td>14</td>
<td>11</td>
<td>40</td>
</tr>
<tr>
<td>Visitor</td>
<td>4</td>
<td>6</td>
<td>2</td>
<td>3</td>
<td>15</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 represents the number of Code Blue responses categorized by patient types over different quarters.
- Each bar is divided into segments indicating the number of responses for Inpt, Outpt, Employee, Visitor, and Incorrect Calls.
- The total number of responses for each category is shown at the bottom.
- The data is organized to show trends and comparisons across different periods.
<table>
<thead>
<tr>
<th></th>
<th>Q3 CY 2017</th>
<th>Q4 CY 2017</th>
<th>Q1 CY 2018</th>
<th>Q2 CY 2018</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrest</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>Acute Emergency</td>
<td>9</td>
<td>18</td>
<td>17</td>
<td>15</td>
<td>59</td>
</tr>
<tr>
<td>Stable Event</td>
<td>27</td>
<td>33</td>
<td>21</td>
<td>37</td>
<td>118</td>
</tr>
</tbody>
</table>

**Code Blue Response: Type of Event**
## Code Blue Response: Patient Disposition

<table>
<thead>
<tr>
<th>Number</th>
<th>17-Qtr 3</th>
<th>17-Qtr 4</th>
<th>18-Qtr 1</th>
<th>18-Qtr 2</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transfer to ICU</td>
<td>7</td>
<td>11</td>
<td>11</td>
<td>18</td>
<td>47</td>
</tr>
<tr>
<td>Transfer to OSH</td>
<td>10</td>
<td>18</td>
<td>14</td>
<td>11</td>
<td>53</td>
</tr>
<tr>
<td>Remained on Unit</td>
<td>13</td>
<td>12</td>
<td>3</td>
<td>11</td>
<td>39</td>
</tr>
<tr>
<td>Expired</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Released</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>12</td>
<td>36</td>
</tr>
</tbody>
</table>

### Legend
- Green: Transfer to ICU
- Blue: Transfer to OSH
- Yellow: Remained on Unit
- Orange: Expired
- Brown: Released
- Gray: Other
Rapid Response Team: Patient Disposition

<table>
<thead>
<tr>
<th></th>
<th>17-Qtr 3</th>
<th>17-Qtr 4</th>
<th>18-Qtr 1</th>
<th>18-Qtr 2</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICU</td>
<td>8</td>
<td>5</td>
<td>8</td>
<td>3</td>
<td>24</td>
</tr>
<tr>
<td>Unit/Other</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Remained on Unit</td>
<td>13</td>
<td>24</td>
<td>10</td>
<td>4</td>
<td>51</td>
</tr>
</tbody>
</table>
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

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

Percent of Transfusions

- Q3 CY 2017
- Q4 CY 2017
- Q1 CY 2018
- Q2 CY 2018
- Q3 CY 2018
Unacceptable Blood Bank Specimens

Percent Unacceptable Specimens

- % Specimens with Collection Problems
- CC Threshold

Q3 CY 2017 | Q4 CY 2017 | Q1 CY 2018 | Q2 CY 2018 | Q3 CY 2018
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

Q3 CY 2017  Q4 CY 2017  Q1 CY 2018  Q2 CY 2018  Q3 CY 2018

% Records Delinquent

Joint Commission Benchmark
"Do Not Use" Abbreviation Adherence

% appropriate use of abbreviations

<table>
<thead>
<tr>
<th>Q1 CY 2017</th>
<th>Q2 CY 2017</th>
<th>Q3 CY 2017</th>
<th>Q4 CY 2017</th>
<th>Q1 CY 2018</th>
<th>Q2 CY 2018</th>
<th>Q3 CY 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compliance with Abbreviation Use</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
</tr>
<tr>
<td>CC Goal</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
</tr>
</tbody>
</table>
Accuracy of Record Coding

Accuracy of Coding

CC Goal
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)