Patients’ Perceptions

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

Q1 CY 2019 data collection in progress

Percent Positive Response

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
Hand Hygiene Compliance

Percent Adherence

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

Infections per 1,000 catheter days

Q4 CY 2017  Q1 CY 2018  Q2 CY 2018  Q3 CY 2018  Q4 CY 2018
ICU Central-Line Associated Bloodstream Infection (CLABSI) Rate

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

Infections per 1,000 catheter days

ICU CLABSI Rate
NHSN ICU Benchmark

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

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

- Infections per 1,000 Foley days
- Q4 CY 2017 to Q4 CY 2018

Surgical Oncology CAUTI Rate

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

Q4 CY 2018 Data Pending

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

Infections per 100 procedures

SSI Rate

2017 Clinical Center Average

Q4 CY 2018 Data Pending

SSI Rate

2017 Clinical Center Average
Nursing Quality Metrics

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

Falls per 1,000 patient days

Quarterly Rate
NDNQI Benchmark
Inpatient Falls with Injury Rate

Q1 NDNQI Benchmark Pending

NDNQI Benchmark for Total Falls Rate only
Pressure Injury Prevalence

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

NDNQI Benchmark for Total Pressure Injury Rate only
Emergency Response

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

#### Table:

<table>
<thead>
<tr>
<th>Period</th>
<th>Inpt</th>
<th>Outpt</th>
<th>Employee</th>
<th>Visitor</th>
<th>Incorrect Calls</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-Qtr 1</td>
<td>13</td>
<td>12</td>
<td>14</td>
<td>2</td>
<td>0</td>
<td>68</td>
</tr>
<tr>
<td>18-Qtr 2</td>
<td>25</td>
<td>16</td>
<td>11</td>
<td>3</td>
<td>0</td>
<td>63</td>
</tr>
<tr>
<td>18-Qtr 3</td>
<td>16</td>
<td>15</td>
<td>8</td>
<td>6</td>
<td>0</td>
<td>40</td>
</tr>
<tr>
<td>18-Qtr 4</td>
<td>12</td>
<td>14</td>
<td>10</td>
<td>6</td>
<td>0</td>
<td>40</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>68</strong></td>
<td><strong>63</strong></td>
<td><strong>40</strong></td>
<td><strong>15</strong></td>
<td><strong>0</strong></td>
<td><strong>15</strong></td>
</tr>
</tbody>
</table>

#### Chart:

- **Inpt**: Blue
- **Outpt**: Orange
- **Employee**: Gray
- **Visitor**: Red
- **Incorrect Calls**: Light Blue

The chart shows the number of patients categorized by type for each quarter, with a total count at the end.
<table>
<thead>
<tr>
<th></th>
<th>Q1 CY 2018</th>
<th>Q2 CY 2018</th>
<th>Q3 CY 2018</th>
<th>Q4 CY 2018</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Arrest</strong></td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td><strong>Acute Emergency</strong></td>
<td>17</td>
<td>15</td>
<td>16</td>
<td>7</td>
<td>55</td>
</tr>
<tr>
<td><strong>Stable Event</strong></td>
<td>21</td>
<td>37</td>
<td>30</td>
<td>33</td>
<td>121</td>
</tr>
</tbody>
</table>

**Code Blue Response: Type of Event**

- **Q1 CY 2018:** 3 Arrest, 17 Acute Emergency, 21 Stable Event
- **Q2 CY 2018:** 3 Arrest, 15 Acute Emergency, 37 Stable Event
- **Q3 CY 2018:** 0 Arrest, 16 Acute Emergency, 30 Stable Event
- **Q4 CY 2018:** 2 Arrest, 7 Acute Emergency, 33 Stable Event
- **TOTAL:** 8 Arrest, 55 Acute Emergency, 121 Stable Event
<table>
<thead>
<tr>
<th></th>
<th>18-Qtr 1</th>
<th>18-Qtr 2</th>
<th>18-Qtr 3</th>
<th>18-Qtr 4</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transfer to ICU</td>
<td>11</td>
<td>18</td>
<td>13</td>
<td>10</td>
<td>52</td>
</tr>
<tr>
<td>Transfer to OSH</td>
<td>14</td>
<td>11</td>
<td>13</td>
<td>11</td>
<td>49</td>
</tr>
<tr>
<td>Remained on Unit</td>
<td>3</td>
<td>11</td>
<td>10</td>
<td>10</td>
<td>34</td>
</tr>
<tr>
<td>Expired</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Released</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>11</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
<td>12</td>
<td>8</td>
<td>6</td>
<td>35</td>
</tr>
</tbody>
</table>

**Code Blue Response: Patient Disposition**
<table>
<thead>
<tr>
<th>Quarter</th>
<th>ICU</th>
<th>Unit/Other</th>
<th>Remained on Unit</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-Qtr 1</td>
<td>8</td>
<td>0</td>
<td>10</td>
<td>18</td>
</tr>
<tr>
<td>18-Qtr 2</td>
<td>3</td>
<td>6</td>
<td>4</td>
<td>13</td>
</tr>
<tr>
<td>18-Qtr 3</td>
<td>13</td>
<td>4</td>
<td>5</td>
<td>22</td>
</tr>
<tr>
<td>18-Qtr 4</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>29</strong></td>
<td><strong>14</strong></td>
<td><strong>22</strong></td>
<td></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.)
Clinical Documentation

- Medical Record Completeness
  - Delinquent Records
  - “Agent for” Countersignature Adherence
  - Unacceptable Abbreviation Use
- Accuracy of Coding
Delinquent Records
(>30 days post discharge)

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

% records delinquent after 30 days

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

% records delinquent after 30 days

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

% verbal orders signed in 72 hours

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

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

% appropriate use of abbreviations

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

- Compliance with Abbreviation Use
- CC Goal
Accuracy of Record Coding

Q4 CY 2017 Data Pending
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
October 1, 2018 - December 31, 2018 n= 30

- Musculoskeletal: 56.7%
- Wounds: 30.0%
- Ergonomic: 10.0%
- Other: 3.3%
Comparison of Occupational Injuries and Illnesses Among CC Employees from 2010-2018

- M/S Trauma
- Wounds
- Ergonomic
- Other*
- Burns

Number of Cases