CLINICAL AND SAFETY PERFORMANCE METRICS
Executive Dashboard

NIH Clinical Center
July 2018
Patients’ Perceptions

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

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

Percent Positive Response

Overall Rating of NIH CC - Inpatient
Overall Rating of 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

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

Infections per 1,000 catheter days

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

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

Surgical Oncology CAUTI Rate vs. NHSN Medical/Surgical Benchmark

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 CY 2016 Q2 CY 2017 Q3 CY 2017 Q4 CY 2017 Q1 CY 2018

SSI Rate

2017 Clinical Center Average
Nursing Quality Metrics

- Falls
- Pressure Injury
- Medication Administration Barcoding
Pressure Injury Prevalence

% of surveyed patients with pressure injury

Quarterly Rate

National Mean (NDNQI)

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

Q2 NDNQI Benchmark Pending
Emergency Response

• Code Blue and Rapid Response
  • Types of Patients
  • Type of Event
  • Patient Disposition
<table>
<thead>
<tr>
<th>Time Period</th>
<th>Inpt</th>
<th>Outpt</th>
<th>Employee</th>
<th>Visitor</th>
<th>Incorrect Calls</th>
</tr>
</thead>
<tbody>
<tr>
<td>17-Qtr 3</td>
<td>12</td>
<td>13</td>
<td>9</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>17-Qtr 4</td>
<td>18</td>
<td>22</td>
<td>6</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>18-Qtr 1</td>
<td>13</td>
<td>12</td>
<td>14</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>18-Qtr 2</td>
<td>25</td>
<td>16</td>
<td>11</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>68</td>
<td>63</td>
<td>40</td>
<td>15</td>
<td>0</td>
</tr>
</tbody>
</table>
## Code Blue Response: Type of Event

### Table

<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>

### Bar Chart

The bar chart visually represents the number of Code Blue responses by type of event over different quarters and the total for each category.
# Code Blue Response: 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>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>

![Bar chart showing patient disposition](chart.png)
Blood and Blood Product Use

- Crossmatch to Transfusion (C:T) Ratio
- Transfusion Reaction by Class
- Unacceptable Blood Bank Specimens
Crossmatch to Transfused Units 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)
"Agent for" Orders Countersignature Compliance

% of Compliance

CC Goal

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

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

![Graph showing compliance with abbreviation use and CC goal over quarters Q1 CY 2017 to Q2 CY 2018. The graph indicates adherence levels above 95% throughout the period.]

- Compliance with Abbreviation Use: Blue line
- CC Goal: Orange line
Accuracy of Record Coding

% accuracy of coding

Accuracy of Coding

CC Goal

Q4 CY 2016 Q1 CY 2017 Q2 CY 2017 Q3 CY 2017 Q4 CY 2017
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, 2018 - June 30, 2018 n= 35

- Musculoskeletal: 74.3%
- Wounds: 11.4%
- Ergonomic: 8.6%
- Other: 5.7%