Patients’ Perceptions

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

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

Percent Positive Response

Overall Hospital Rating

Overall Rating of NIH CC - Inpatient

Overall Rating of NIH CC - Outpatient

CMS HCAHPS Benchmark (Average)

NRC Benchmark (Average)

Q1 CY 2019 data collection in progress
Would You Recommend the NIH CC?

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

Q1 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
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

Infections per 1,000 catheter days

2013 CDC National Healthcare Safety Network (NHSN) Benchmark: Critical Care Units, Medical/Surgical -major teaching mean 1.1
Infections per 1,000 Foley days

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

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

Infections per 100 procedures

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

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

Quarterly Rate

Inpatient Falls Rate

NDNQI Benchmark

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
<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>Inpt</td>
<td>13</td>
<td>25</td>
<td>16</td>
<td>12</td>
<td>68</td>
</tr>
<tr>
<td>Outpt</td>
<td>12</td>
<td>16</td>
<td>15</td>
<td>14</td>
<td>63</td>
</tr>
<tr>
<td>Employee</td>
<td>14</td>
<td>11</td>
<td>8</td>
<td>10</td>
<td>40</td>
</tr>
<tr>
<td>Visitor</td>
<td>2</td>
<td>3</td>
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<tr>
<td>Incorrect Calls</td>
<td>0</td>
<td>0</td>
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</tr>
</tbody>
</table>

**Code Blue Response: Types of "Patients"**

![Bar chart showing Code Blue response types over quarters]
<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>Arrest</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Acute Emergency</td>
<td>17</td>
<td>15</td>
<td>16</td>
<td>7</td>
<td>55</td>
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<tr>
<td>Stable Event</td>
<td>21</td>
<td>37</td>
<td>30</td>
<td>33</td>
<td>121</td>
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</table>
### Code Blue Response: Patient Disposition

<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>

The chart and data represent the patient disposition outcomes after a code blue response, categorized by 18 quarters. Each bar indicates the number of occurrences for each disposition category, with the total number shown at the top of each bar.
### Rapid Response Team: Patient Disposition

<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>ICU</td>
<td>8</td>
<td>3</td>
<td>13</td>
<td>5</td>
<td>29</td>
</tr>
<tr>
<td>Unit/Other</td>
<td>0</td>
<td>6</td>
<td>4</td>
<td>4</td>
<td>14</td>
</tr>
<tr>
<td>Remained on Unit</td>
<td>10</td>
<td>4</td>
<td>5</td>
<td>3</td>
<td>22</td>
</tr>
</tbody>
</table>

Number

- **ICU**: 29
- **Unit/Other**: 14
- **Remained on Unit**: 22
Blood and Blood Product Use

- Crossmatch to Transfusion (C:T) Ratio
- Transfusion Reaction by Class
- Unacceptable Blood Bank Specimens
(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.)
Unacceptable Blood Bank Specimens

- Percent Unacceptable Specimens

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

% Specimens with Collection Problems

CC Threshold
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

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

% verbal orders signed in 72 hours

% of Compliance

CC Goal

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

50%  55%  60%  65%  70%  75%  80%  85%  90%  95%  100%
Do Not Use Abbreviation Adherence

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Compliance with Abbreviation Use</th>
<th>CC Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q4 CY 2017</td>
<td>95%</td>
<td>90%</td>
</tr>
<tr>
<td>Q1 CY 2018</td>
<td>95%</td>
<td>90%</td>
</tr>
<tr>
<td>Q2 CY 2018</td>
<td>95%</td>
<td>90%</td>
</tr>
<tr>
<td>Q3 CY 2018</td>
<td>95%</td>
<td>90%</td>
</tr>
<tr>
<td>Q4 CY 2018</td>
<td>100%</td>
<td>90%</td>
</tr>
</tbody>
</table>
Accuracy of Record Coding

Q4 CY 2017 - Q4 CY 2018

Accuracy of Coding vs. CC Goal

Q4 CY 2018 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