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
Hand Hygiene Compliance
Wholehouse Central-Line Associated Bloodstream Infection (CLABSI) Rate

- Infections per 1,000 catheter days

- 2019-Q4: 0.60
- 2020-Q1: 0.00
- 2020-Q2: 1.28
- 2020-Q3: 1.21
- 2020-Q4: 0.48
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

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

Infections per 100 procedures

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

SSI Rate

2018 Clinical Center Average

Infections per 100 procedures

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

SSI Rate

2018 Clinical Center Average
Nursing Quality Metrics

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

% of surveyed patients with pressure injury

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

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

- Q4 CY 2019: 99%
- Q1 CY 2020: 99%
- Q2 CY 2020: 98%
- Q3 CY 2020: 98%
- Q4 CY 2020: 99%

Goal: 100%
Emergency Response

• Code Blue and Rapid Response
  • Types of Patients
  • Type of Event
  • Patient Disposition
<table>
<thead>
<tr>
<th>Time</th>
<th>Inpt</th>
<th>Outpt</th>
<th>Employee</th>
<th>Visitor</th>
<th>Incorrect Calls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1 CY 2020</td>
<td>23</td>
<td>20</td>
<td>12</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Q2 CY 2020</td>
<td>6</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Q3 CY 2020</td>
<td>20</td>
<td>6</td>
<td>10</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Q4 CY 2020</td>
<td>23</td>
<td>12</td>
<td>10</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>72</td>
<td>39</td>
<td>36</td>
<td>9</td>
<td>0</td>
</tr>
</tbody>
</table>

### Chart: Code Blue Response: Types of "Patients"

- **Inpt**: Blue
- **Outpt**: Yellow
- **Employee**: Gray
- **Visitor**: Red
- **Incorrect Calls**: No color

The chart shows the distribution of patient types and incorrect calls across different quarters of CY 2020. The total number of Code Blue responses is 72, with Inpts accounting for 72, Outpts for 39, Employees for 36, Visitors for 9, and Incorrect Calls for 0.
<table>
<thead>
<tr>
<th></th>
<th>Q1 CY 2020</th>
<th>Q2 CY 2020</th>
<th>Q3 CY 2020</th>
<th>Q4 CY 2020</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brain Code</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Arrest</td>
<td>5</td>
<td>0</td>
<td>6</td>
<td>3</td>
<td>14</td>
</tr>
<tr>
<td>Acute Emergency</td>
<td>15</td>
<td>9</td>
<td>21</td>
<td>24</td>
<td>69</td>
</tr>
<tr>
<td>Stable Event</td>
<td>36</td>
<td>4</td>
<td>9</td>
<td>18</td>
<td>67</td>
</tr>
</tbody>
</table>

**Code Blue Response: Type of Event**

- **Number of Code Blue Responses by Type and Quarter:**
  - Q1 CY 2020: 3 Brain Code, 5 Arrest, 15 Acute Emergency, 36 Stable Event
  - Q2 CY 2020: 0 Brain Code, 0 Arrest, 9 Acute Emergency, 4 Stable Event
  - Q3 CY 2020: 0 Brain Code, 6 Arrest, 21 Acute Emergency, 9 Stable Event
  - Q4 CY 2020: 2 Brain Code, 3 Arrest, 24 Acute Emergency, 18 Stable Event
  - TOTAL: 5 Brain Code, 14 Arrest, 69 Acute Emergency, 67 Stable Event
<table>
<thead>
<tr>
<th></th>
<th>Q1 CY 2020</th>
<th>Q2 CY 2020</th>
<th>Q3 CY 2020</th>
<th>Q4 CY 2020</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transfer to ICU</td>
<td>12</td>
<td>4</td>
<td>15</td>
<td>13</td>
<td>44</td>
</tr>
<tr>
<td>Transfer to OSH</td>
<td>13</td>
<td>4</td>
<td>9</td>
<td>14</td>
<td>40</td>
</tr>
<tr>
<td>Remained on Unit</td>
<td>22</td>
<td>4</td>
<td>10</td>
<td>11</td>
<td>47</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>3</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
<td>0</td>
<td>1</td>
<td>8</td>
<td>18</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>
</tr>
</thead>
<tbody>
<tr>
<td>Q1 CY 2020</td>
<td>8</td>
<td>2</td>
<td>15</td>
</tr>
<tr>
<td>Q2 CY 2020</td>
<td>2</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Q3 CY 2020</td>
<td>5</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Q4 CY 2020</td>
<td>4</td>
<td>1</td>
<td>17</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>19</td>
<td>9</td>
<td>40</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
- Other
- Febrile, Nonhemolytic
- Hemolytic, Septic, Anaphylactoid, and TRALI

Q4 CY 2019: 0.00%
Q1 CY 2020: 0.20%
Q2 CY 2020: 0.60%
Q3 CY 2020: 1.40%
Q4 CY 2020: 0.80%
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
- Joint Commission Benchmark

Graph shows percentage of records delinquent after 30 days post discharge from Q4 CY 2019 to Q4 CY 2020.
"Agent for" Orders Countersignature Compliance

% verbal orders signed in 72 hours

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

% of Compliance
CC Goal
"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>Q3 CY 2019</td>
<td>95%</td>
<td>100%</td>
</tr>
<tr>
<td>Q4 CY 2019</td>
<td>90%</td>
<td>100%</td>
</tr>
<tr>
<td>Q1 CY 2020</td>
<td>95%</td>
<td>100%</td>
</tr>
<tr>
<td>Q2 CY 2020</td>
<td>90%</td>
<td>100%</td>
</tr>
<tr>
<td>Q3 CY 2020</td>
<td>95%</td>
<td>100%</td>
</tr>
</tbody>
</table>

*Note: The compliance percentage is consistently high, close to 100% across all quarters.*
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)