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
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

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

2020-Q1  2020-Q2  2020-Q3  2020-Q4  2021-Q1

SSI Rate

2018 Clinical Center Average
Nursing Quality Metrics

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

- Quarterly Rate
- Inpatient Falls with Injury
- NDNQI Benchmark

Q1 CY 2020: 1.00
Q2 CY 2020: 1.50
Q3 CY 2020: 2.50
Q4 CY 2020: 3.00
Q1 CY 2021: 2.50
Pressure Injury Prevalence

Quarterly Rate

National Mean (NDNQI)

Stage 3 + 4 Pressure Injury Prevalence

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

- Q1 CY 2020: 99%
- Q2 CY 2020: 98%
- Q3 CY 2020: 99%
- Q4 CY 2020: 99%
- Q1 CY 2021: 98%

atisfaction Center Rate

Goal
Emergency Response

• Code Blue and Rapid Response
  • Types of Patients
  • Type of Event
  • Patient Disposition
<table>
<thead>
<tr>
<th>Category</th>
<th>Q3 CY 2020</th>
<th>Q4 CY 2020</th>
<th>Q1 CY 2021</th>
<th>Q2 CY 2021</th>
<th>Total</th>
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Rapid Response Team: Patient Disposition
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

Note: April data were inaccurately aggregated resulting in the quarterly percentage rate for transfusion reactions to be falsely elevated. Process revised to prevent future errors.
Unacceptable Blood Bank Specimens

Q1 CY 2020 Q2 CY 2020 Q3 CY 2020 Q4 CY 2020 Q1 CY 2021

Percent Unacceptable Specimens

- Unacceptable Blood Bank Specimens
- % 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)

<table>
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<tr>
<th>Quarter</th>
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<tr>
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<tr>
<td>Q1 CY 2021</td>
<td>60.0%</td>
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</table>
"Do Not Use" Abbreviation Adherence

[Graph showing compliance with abbreviation use from Q1 CY 2020 to Q1 CY 2020, with a goal line at 100% and data points indicating varying adherence rates.]
Accuracy of Record Coding

Accuracy of Coding

CC Goal
Employee Safety

- Occupational Injury and Illness
Recordable Occupational Injuries and Illnesses Among CC Employees in CY 2021

Number of Cases

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)