CLINICAL AND SAFETY PERFORMANCE METRICS
Executive Dashboard

NIH Clinical Center
June 2023
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
• Surgical Site Infections
Staff Hand Hygiene Compliance by Quarter

97%, 1Q 2023
Whole-House Hospital-Acquired Central Line-Associated Bloodstream Infection Rates
HA-CLABSI Incidence and Rates by Unit, ICU

![Graph showing HA-CLABSI incidence and rates by unit, ICU. The graph displays the number of HA-CLABSIs and the rate per 1,000 catheter days over different quarters from Q2 2010 to Q1 2023. The peak incidence is observed in Q3 2021.](image)
Hospital-Acquired Catheter-Associated UTI (3SWS/ICU)
Hospital-Acquired Catheter-Associated UTI (3NW)
Surgical Site Infection Rate

[Graph showing the number of surgical site infections (SSIs) and the SSI rate per 100 procedures from 1Q 2020 to 4Q 2022. The graph includes bars for the number of SSIs and a line graph for the SSI rate. The SSI rate peaks in 2Q 2021 with 9 infections per 100 procedures and drops to 0.00 in 1Q 2020.]
Nursing Quality Metrics

- Falls
- Pressure Injury
- Note: See prior section for CLABSI and CAUTI
Inpatient Falls Rate

NDNQI Benchmark Data for Teaching Hospitals
Pressure Injury Prevalence

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>
<thead>
<tr>
<th></th>
<th>Inpt</th>
<th>Outpt</th>
<th>Employee</th>
<th>Visitor</th>
<th>Incorrect Calls</th>
</tr>
</thead>
<tbody>
<tr>
<td>22-Qtr 2</td>
<td>19</td>
<td>13</td>
<td>11</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>22-Qtr 3</td>
<td>29</td>
<td>9</td>
<td>8</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>22-Qtr 4</td>
<td>22</td>
<td>26</td>
<td>8</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>23-Qtr 1</td>
<td>16</td>
<td>24</td>
<td>12</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>86</td>
<td>72</td>
<td>39</td>
<td>8</td>
<td>0</td>
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</tbody>
</table>
Code Blue Response: Type of Event

<table>
<thead>
<tr>
<th>Type of Event</th>
<th>22-Qtr 2</th>
<th>22-Qtr 3</th>
<th>22-Qtr 4</th>
<th>23-Qtr 1</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>DART</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Brain Code</td>
<td>1</td>
<td>2</td>
<td>5</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Arrest</td>
<td>3</td>
<td>11</td>
<td>1</td>
<td>3</td>
<td>18</td>
</tr>
<tr>
<td>Acute Emergency</td>
<td>19</td>
<td>14</td>
<td>15</td>
<td>18</td>
<td>66</td>
</tr>
<tr>
<td>Stable Event</td>
<td>22</td>
<td>20</td>
<td>36</td>
<td>30</td>
<td>108</td>
</tr>
</tbody>
</table>

Number
### Code Blue Response: Patient Disposition

<table>
<thead>
<tr>
<th>Category</th>
<th>22-Qtr 2</th>
<th>22-Qtr 3</th>
<th>22-Qtr 4</th>
<th>23-Qtr 1</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transfer to ICU</td>
<td>9</td>
<td>19</td>
<td>18</td>
<td>14</td>
<td>60</td>
</tr>
<tr>
<td>Transfer to OSH</td>
<td>15</td>
<td>8</td>
<td>7</td>
<td>13</td>
<td>43</td>
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<tr>
<td>Remained on Unit</td>
<td>15</td>
<td>9</td>
<td>27</td>
<td>16</td>
<td>67</td>
</tr>
<tr>
<td>Expired</td>
<td>2</td>
<td>5</td>
<td>0</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Released</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>6</td>
<td>6</td>
<td>7</td>
<td>22</td>
</tr>
</tbody>
</table>

![Bar chart showing patient disposition by category and quarter.](chart.png)
Rapid Response Team: Patient Disposition

<table>
<thead>
<tr>
<th>Quadrant</th>
<th>ICU</th>
<th>Unit/Other</th>
<th>Remained on Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>22-Qtr 2</td>
<td>7</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>22-Qtr 3</td>
<td>9</td>
<td>4</td>
<td>23</td>
</tr>
<tr>
<td>22-Qtr 4</td>
<td>8</td>
<td>2</td>
<td>16</td>
</tr>
<tr>
<td>23-Qtr 1</td>
<td>8</td>
<td>3</td>
<td>19</td>
</tr>
<tr>
<td>Total</td>
<td>32</td>
<td>12</td>
<td>70</td>
</tr>
</tbody>
</table>
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

% Specimens with Collection Problems

CC Threshold

Jan
Feb
Mar

Q1 CY 2023
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

![Graph showing % of Compliance and CC Goal over different quarters and calendar years]
"Do Not Use" Abbreviation Adherence

% appropriate use of abbreviations

Year

Compliance with Abbreviation Use
CC Goal
Accuracy of Record Coding

![Graph showing accuracy of coding over years]

- **Accuracy of Coding**
- **CC Goal**
Employee Safety

• Recordable Occupational Injury and Illness
• Types of Occupational Injury for Quarter
Recordable Occupational Injuries and Illnesses Among CC Employees

TRC = Total Recordable cases
ORC = Other recordable cases
DJTR = Days of job transfer or restriction
DAFW = Days away from work
DART = Days away, restricted, or transferred (DJTR+DAFW)
Types of Occupational Injuries
January - March 2023
n=17