CLINICAL AND SAFETY PERFORMANCE METRICS

Executive Dashboard

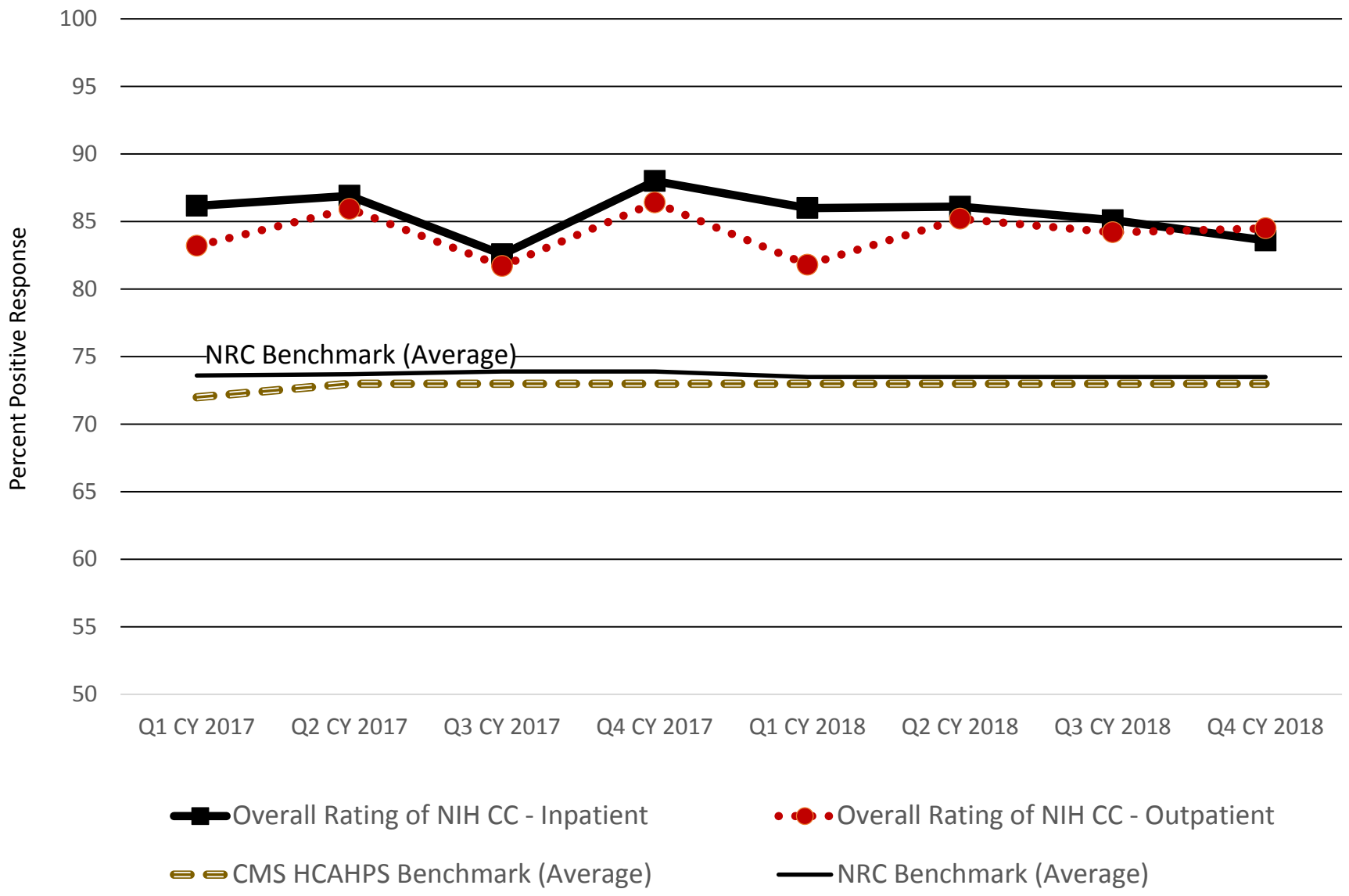
NIH Clinical Center

CY 2017 - 2018

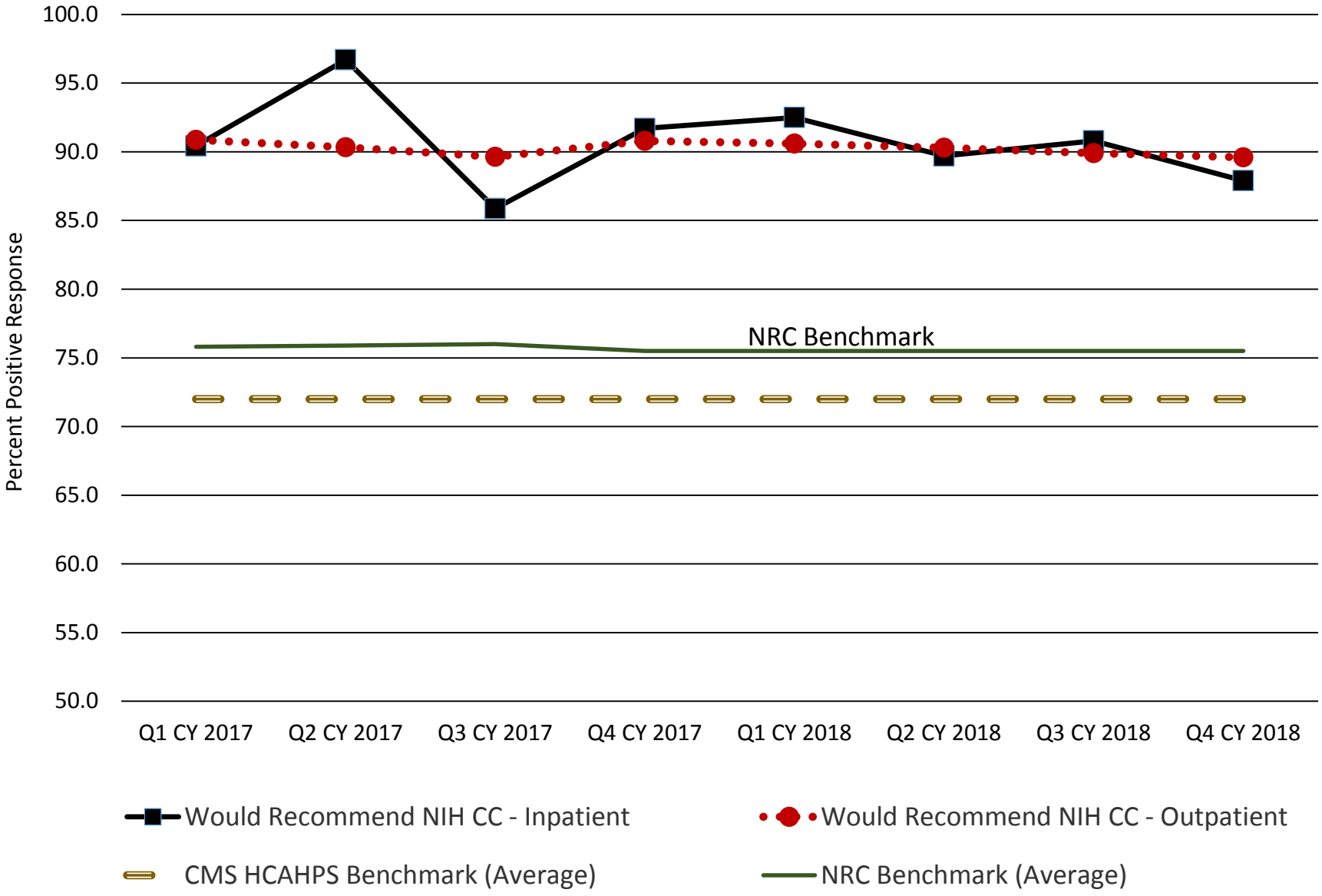
Patients' Perceptions

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

Overall Hospital Rating



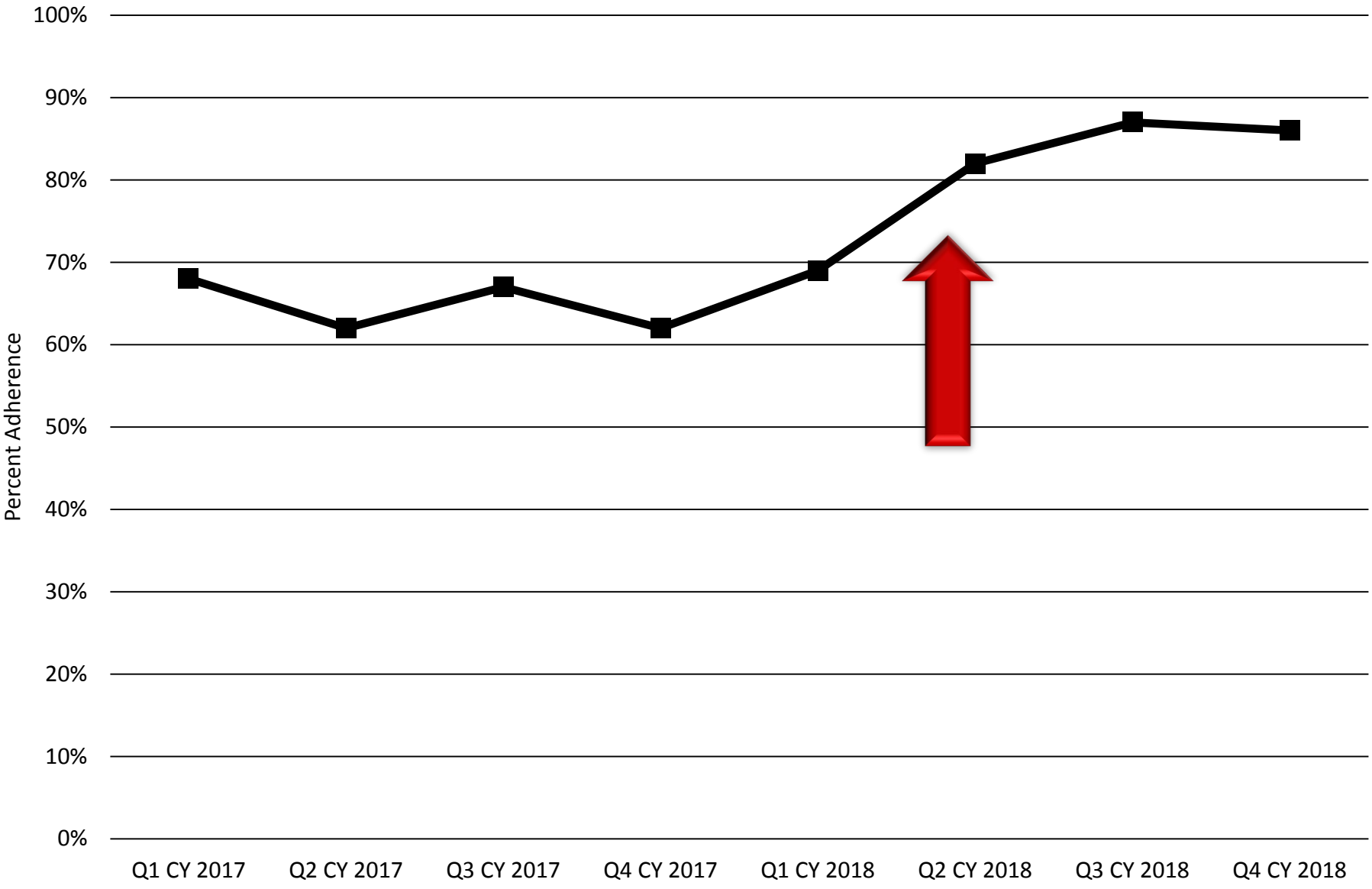
Would You Recommend the NIH CC?



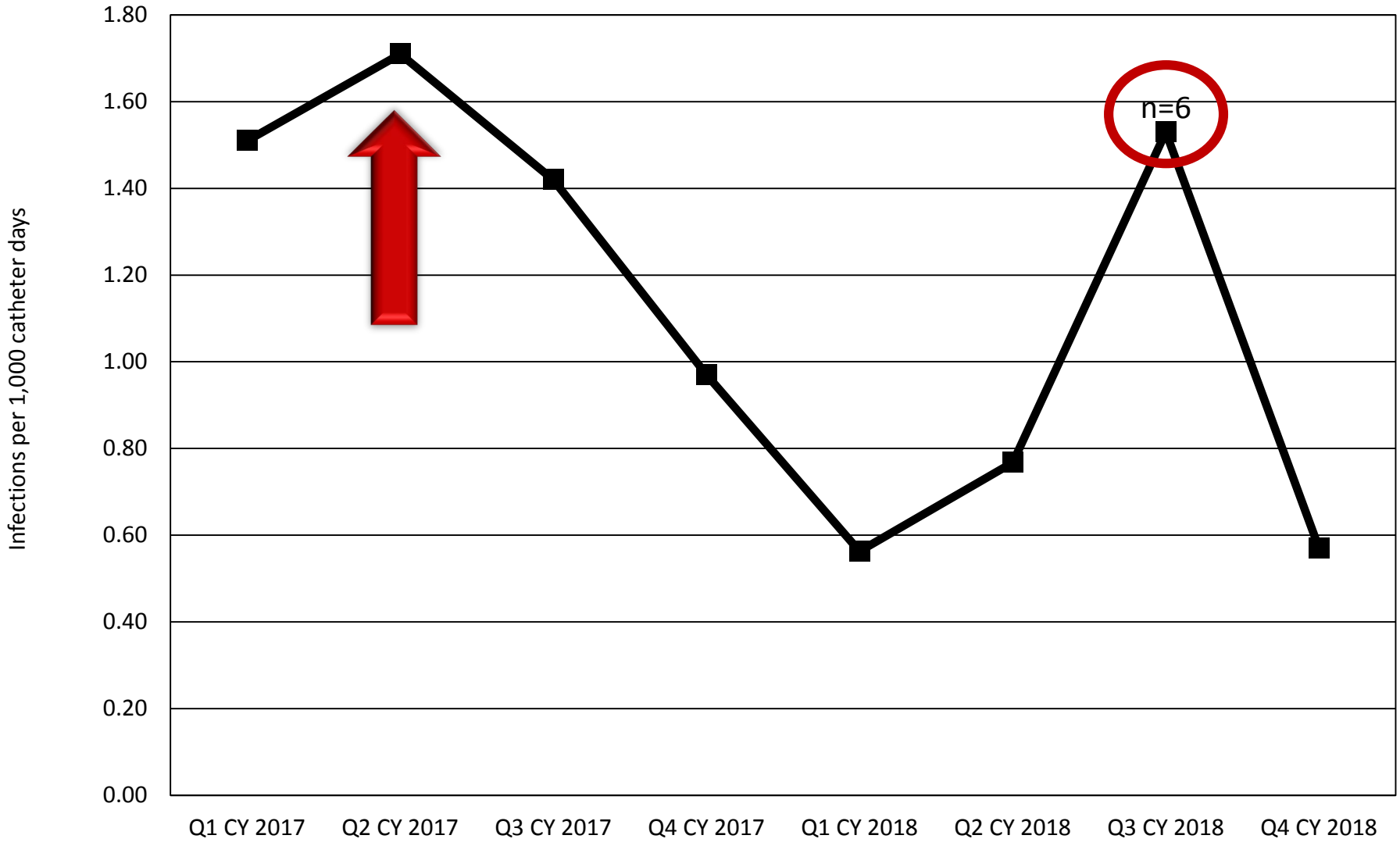
Infection Control Metrics

- Hand Hygiene
- Central-Line Associated Bloodstream Infections
  - Whole-house
  - Intensive Care Unit
- Catheter Associated Urinary Tract Infections
  - Intensive Care Unit
  - Surgical Oncology

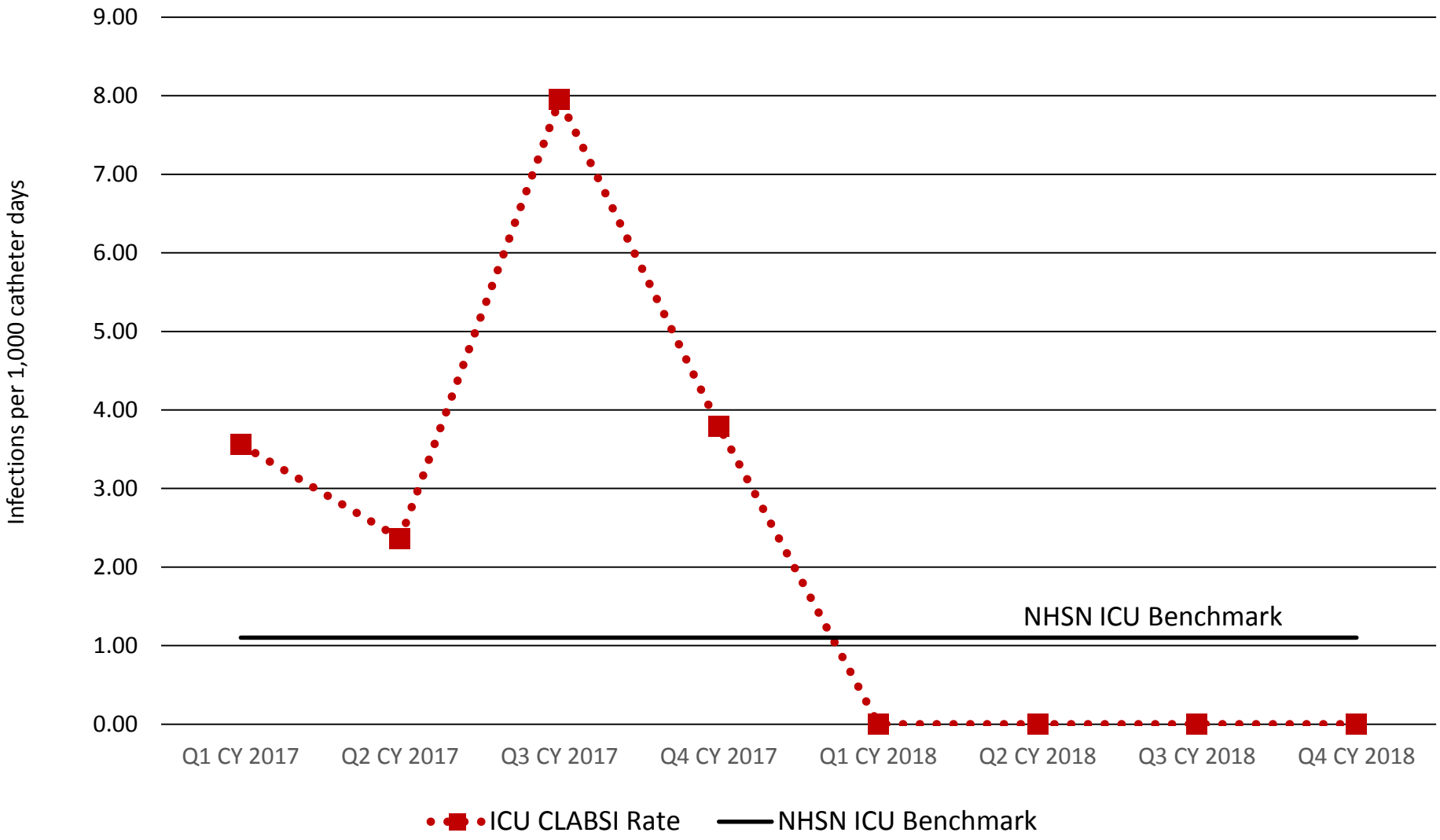
Hand Hygiene Compliance



Wholehouse Central-Line Associated Bloodstream Infection (CLABSI) Rate

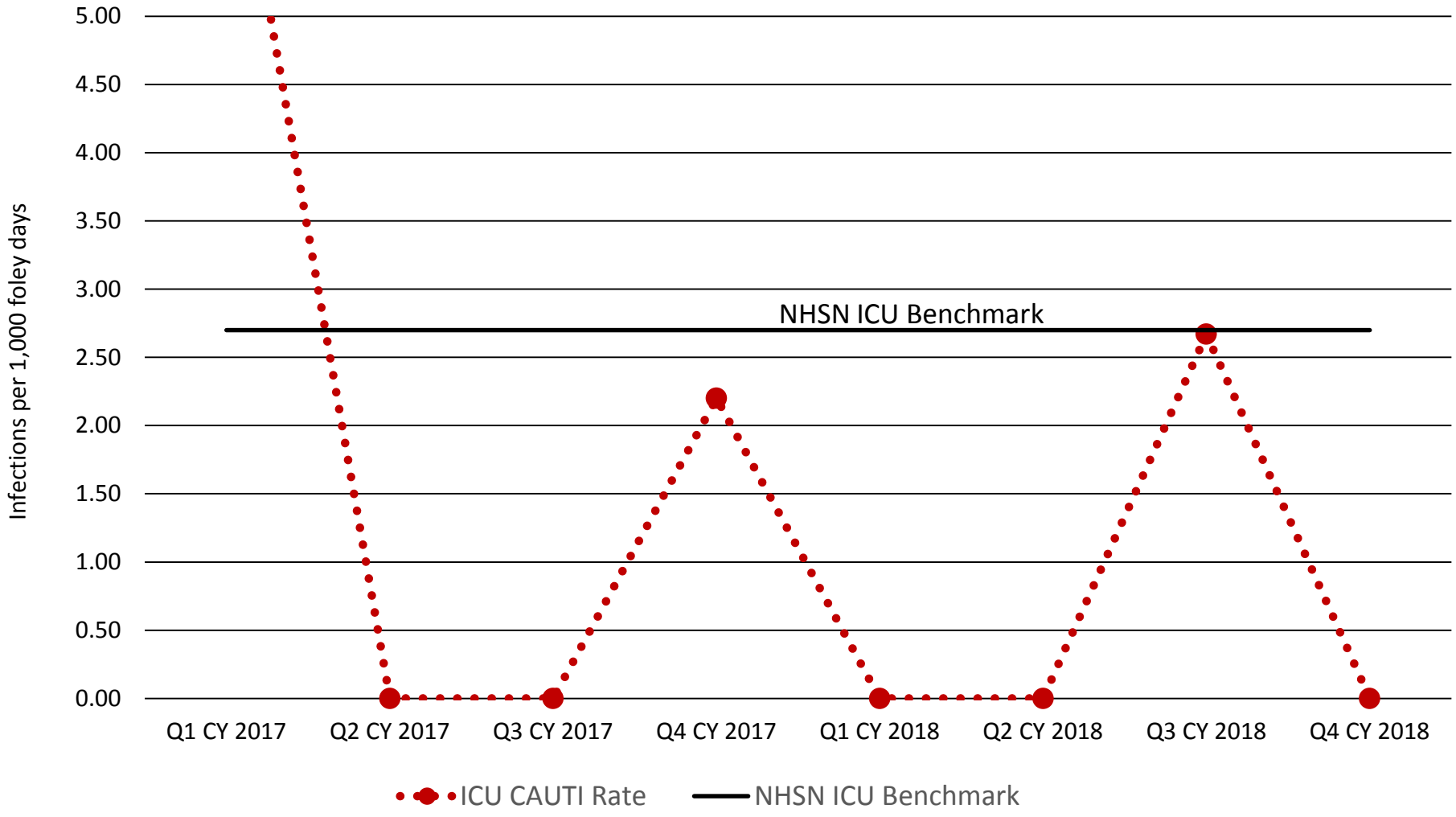


ICU Central-Line Associated Bloodstream Infection (CLABSI) Rate



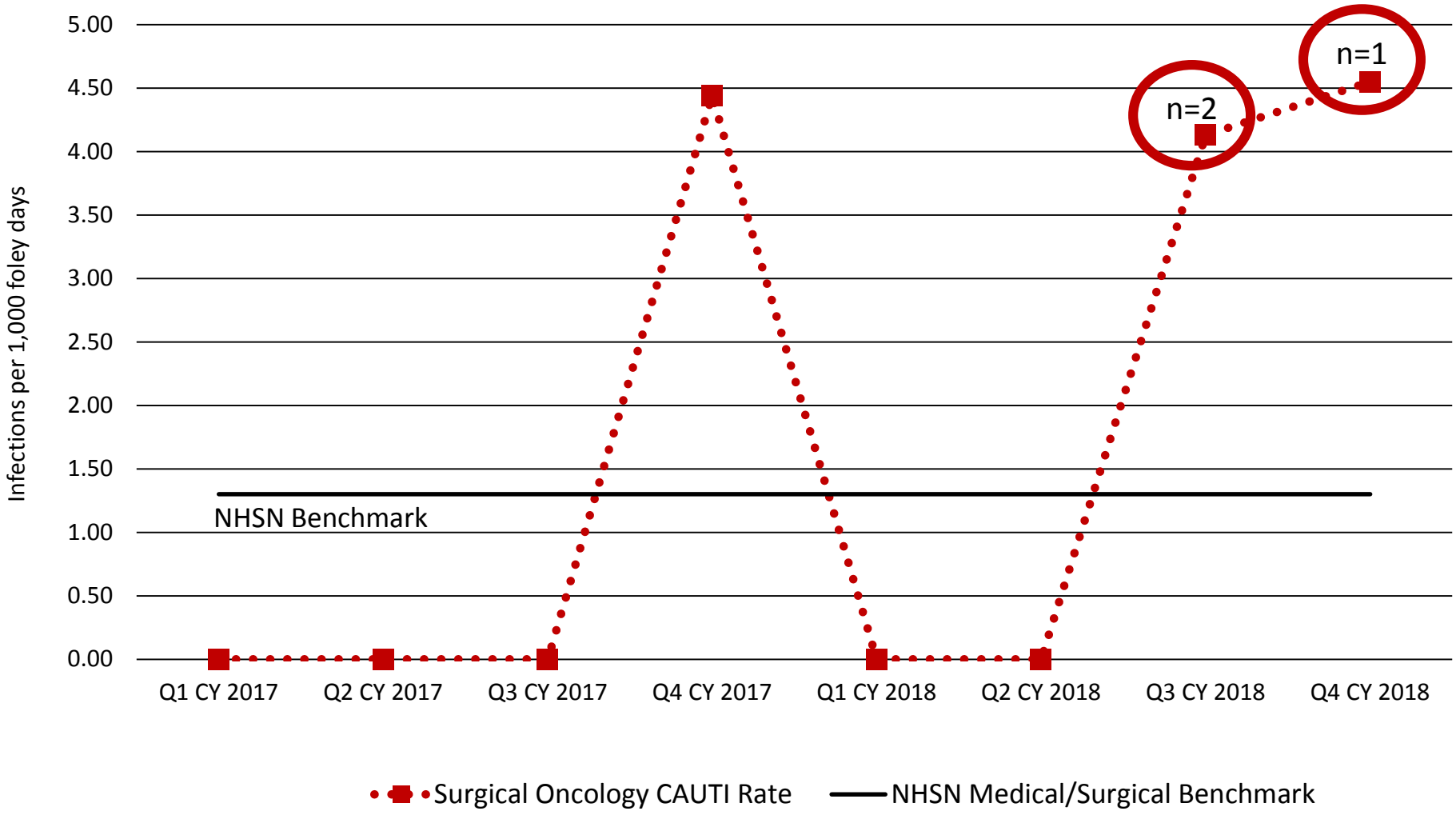
2013 CDC National Healthcare Safety Network (NHSN) Benchmark: Critical Care Units, Medical/Surgical -major teaching mean 1.1

ICU Catheter-Associated Urinary Tract Infections (CAUTI) Rate



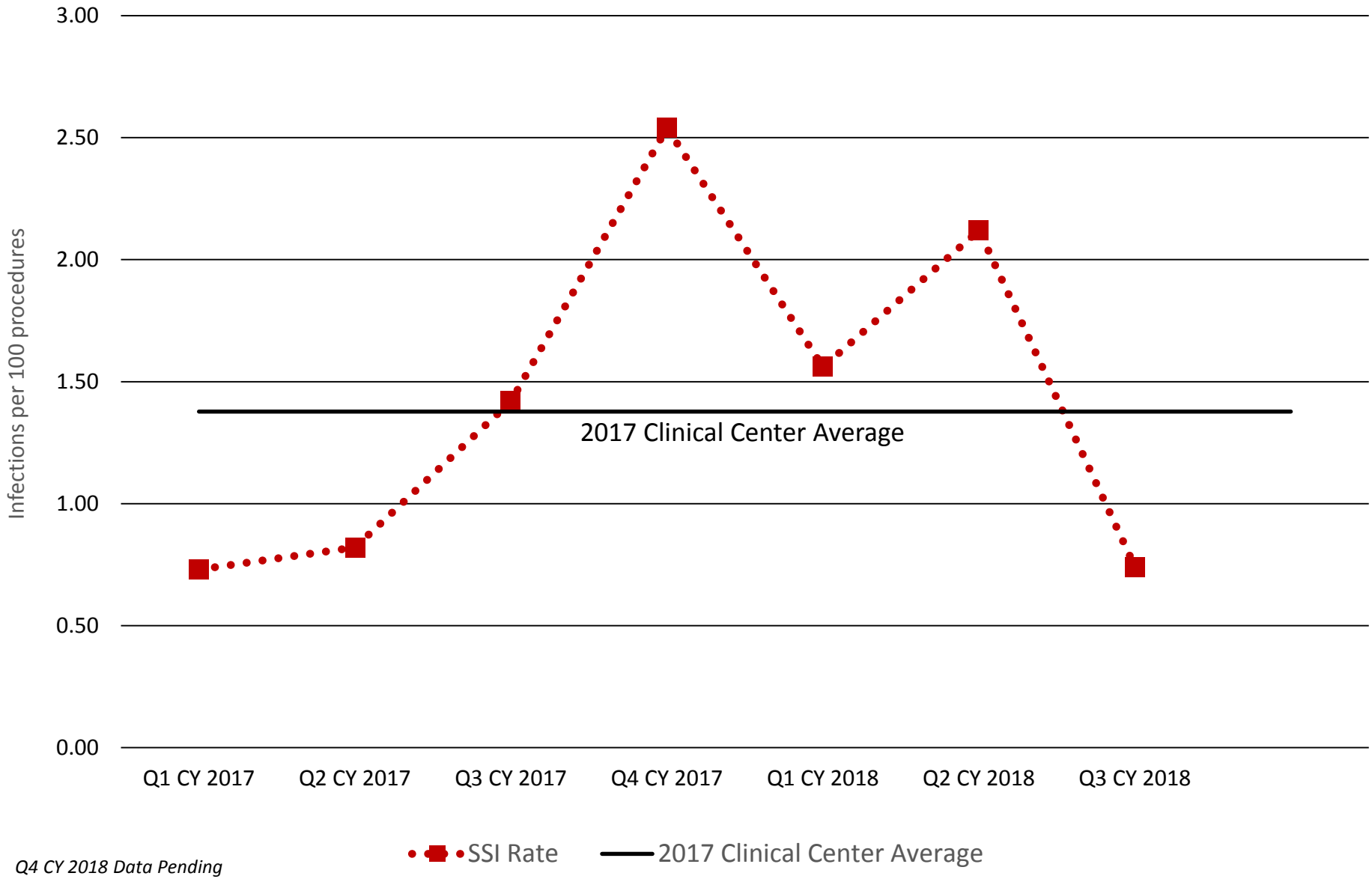
2013 CDC National Healthcare Safety Network (NHSN) Benchmark: Critical Care Units, Medical/Surgical -major teaching mean 2.7

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

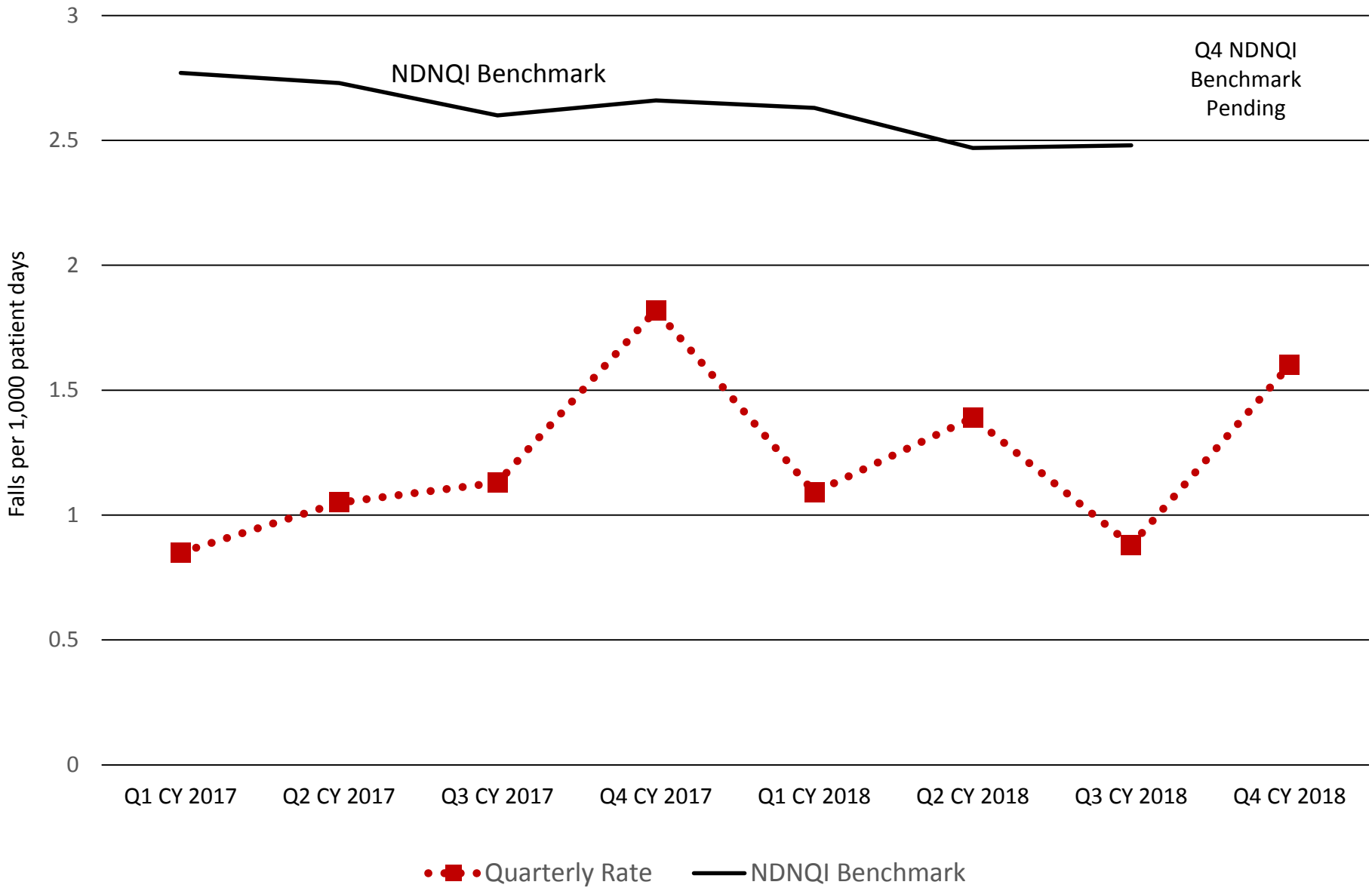


Q4 CY 2018 Data Pending

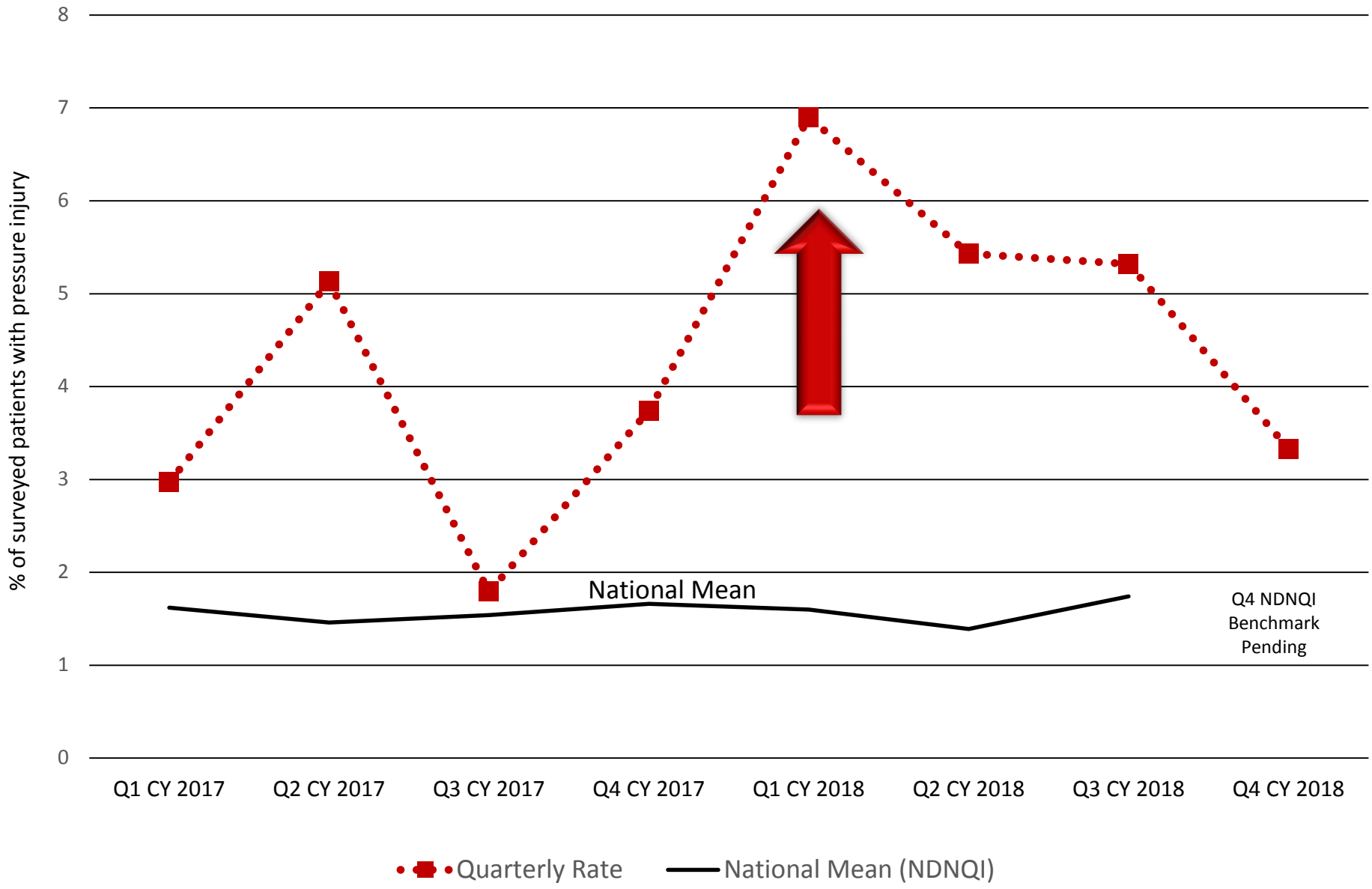
Nursing Quality Metrics

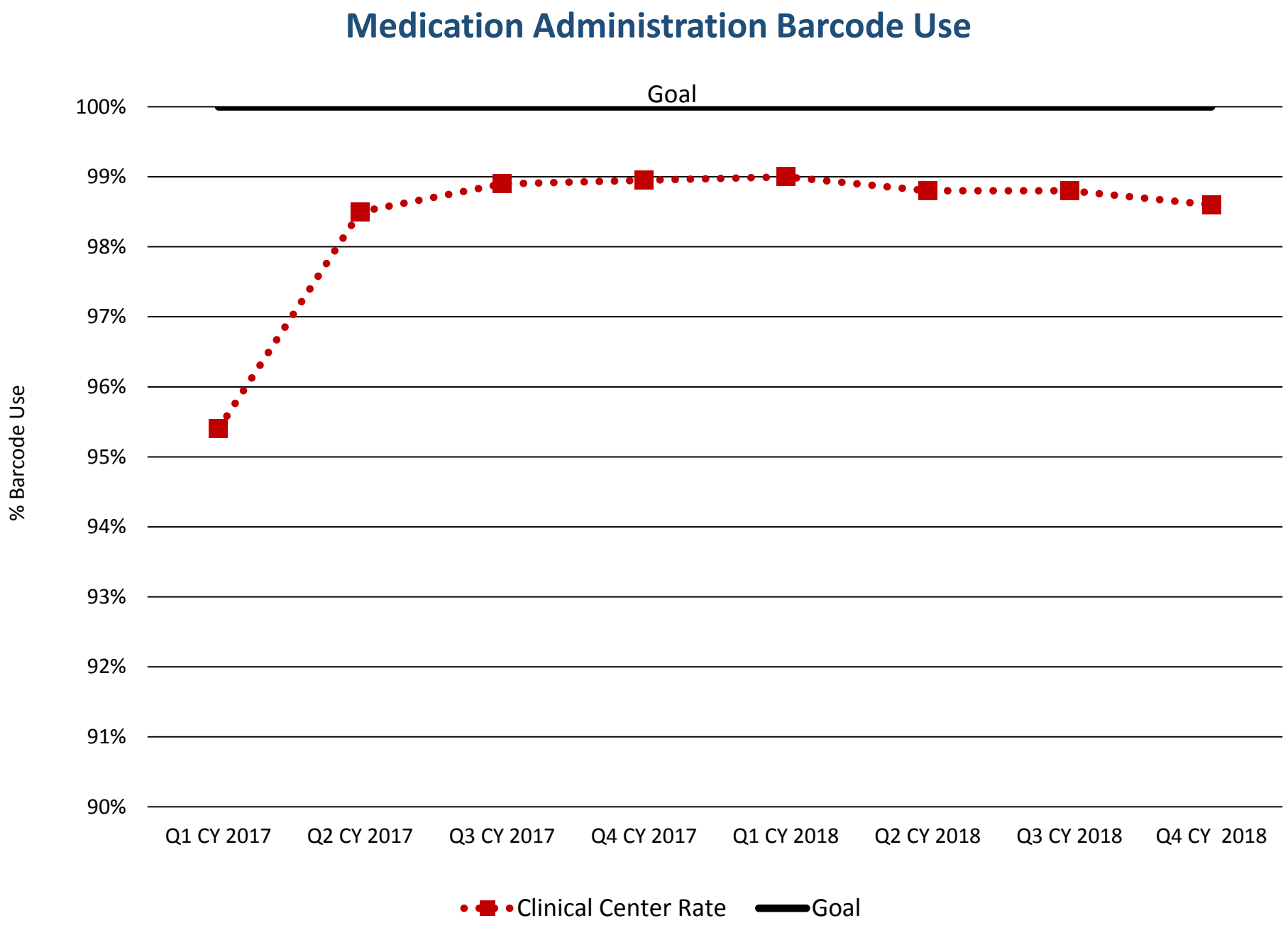
- Falls
- Pressure Injury
- Medication Administration Barcoding

Inpatient Falls Rate



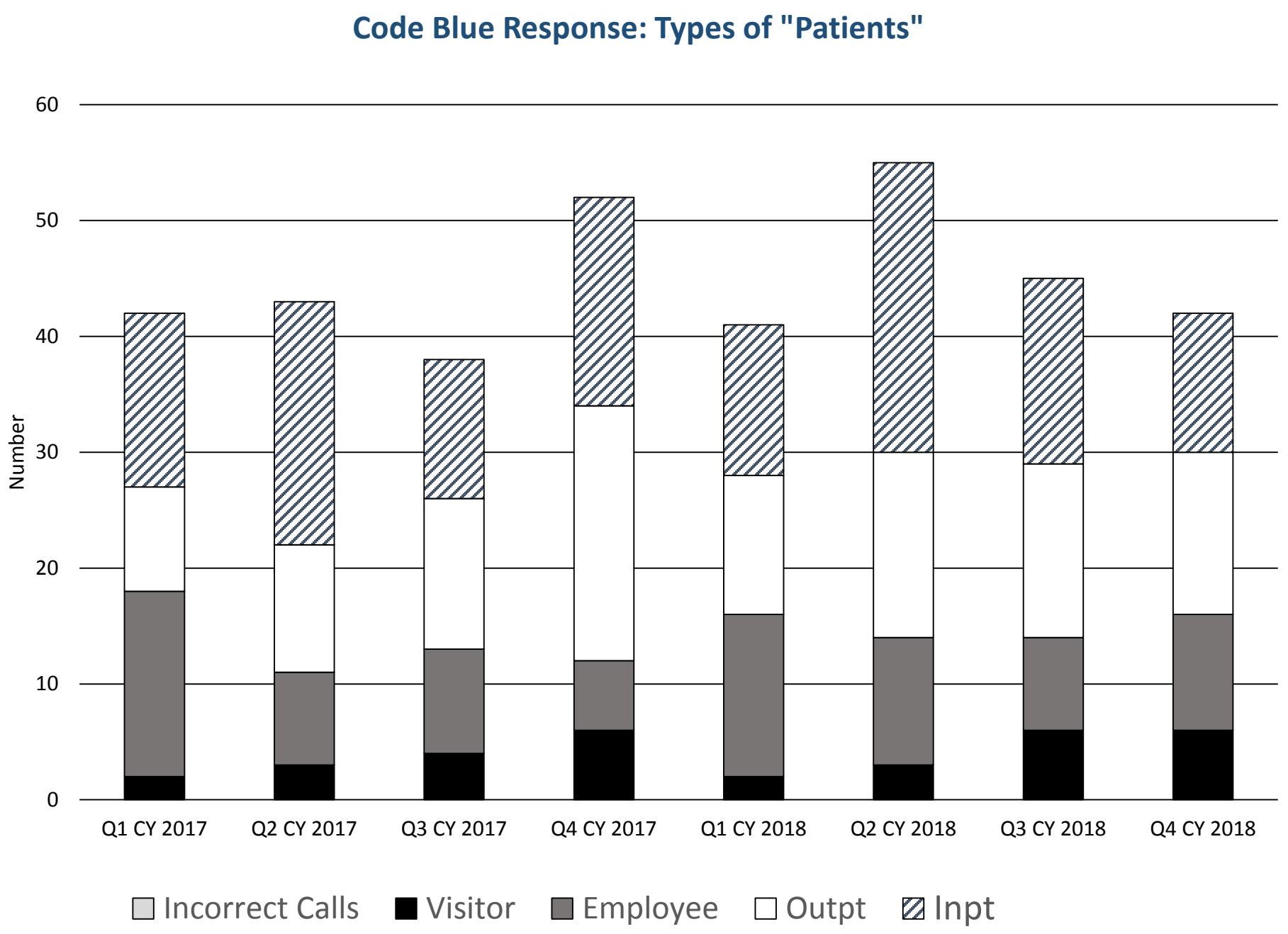
Pressure Injury Prevalence

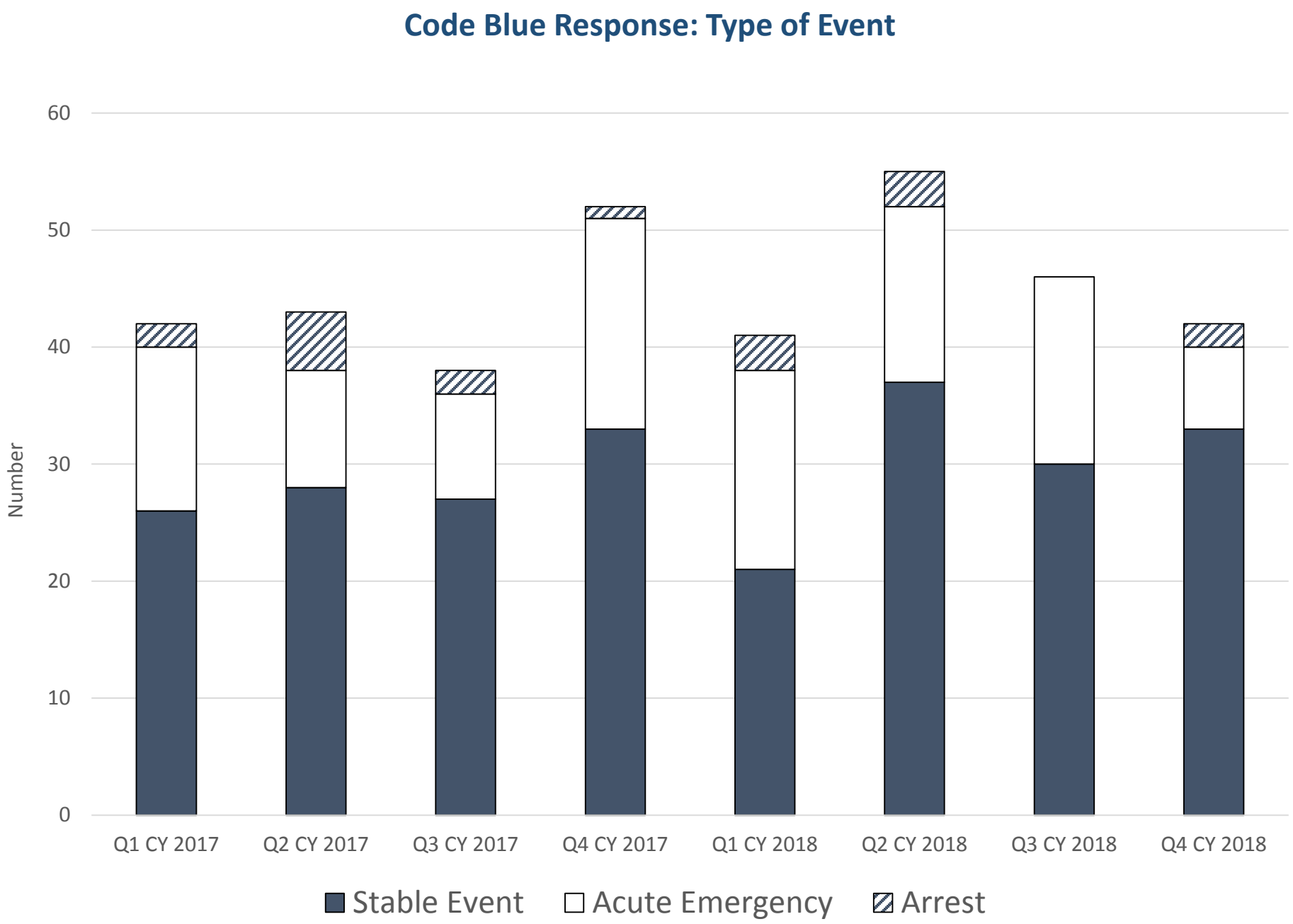


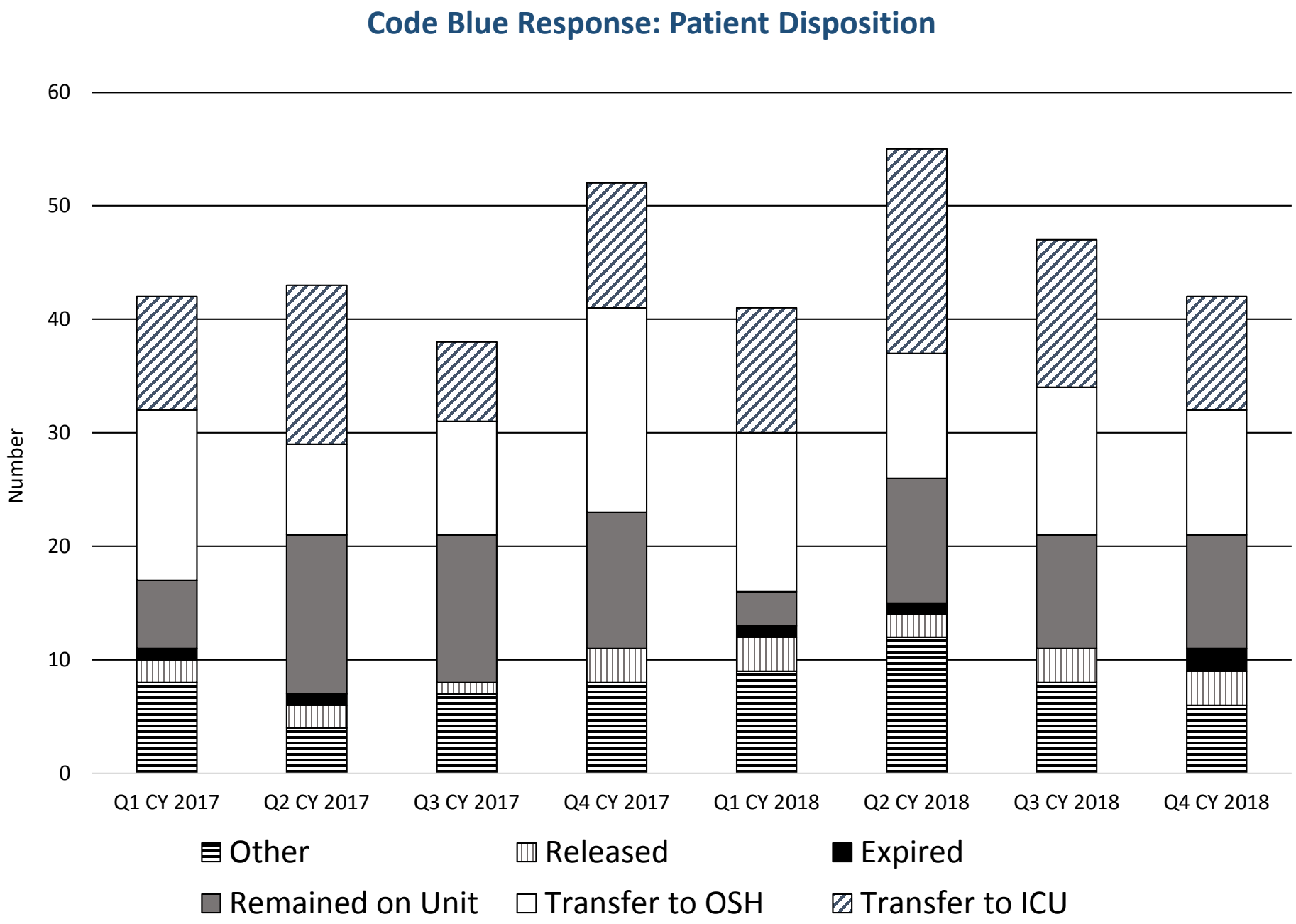

Medication Administration Barcode Use
Goal
100%
99%
98%
97%
96%
95%
94%
93%
92%
91%
90%
% Barcode Use
Q1 CY 2017
Q2 CY 2017
Q3 CY 2017
Q4 CY 2017
Q1 CY 2018
Q2 CY 2018
Q3 CY 2018
Q4 CY 2018
Clinical Center Rate
Goal

Emergency Response

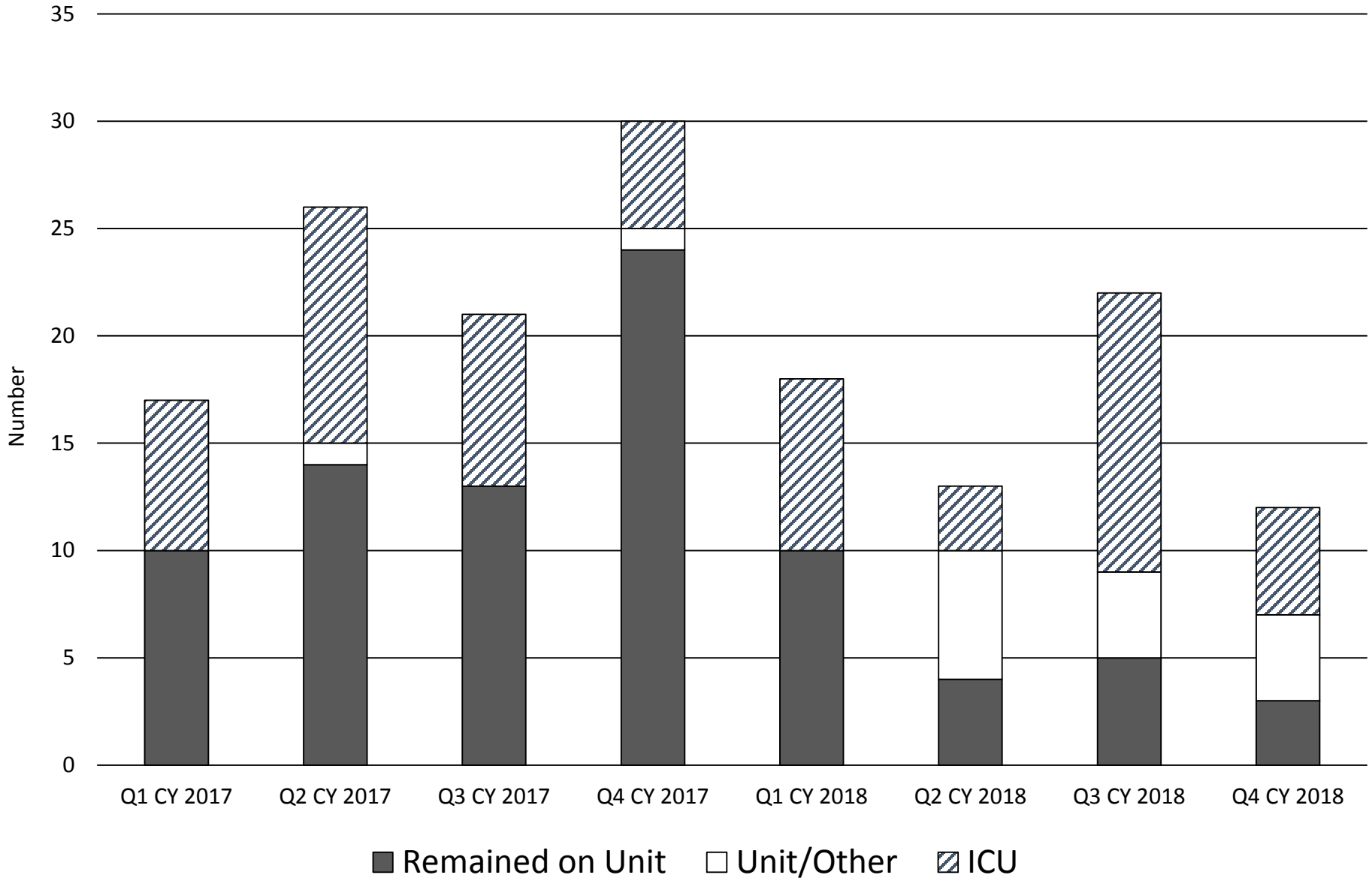
- Code Blue and Rapid Response
  - Types of Patients
  - Type of Event
  - Patient Disposition


Code Blue Response: Types of "Patients"
60
50
40
30
20
10
0
Number
Q1 CY 2017
Q2 CY 2017
Q3 CY 2017
Q4 CY 2017
Q1 CY 2018
Q2 CY 2018
Q3 CY 2018
Q4 CY 2018
Incorrect Calls
Visitor
Employee
Outpt
Inpt


Code Blue Response: Type of Event
60
50
40
30
20
10
0
Number
Q1 CY 2017
Q2 CY 2017
Q3 CY 2017
Q4 CY 2017
Q1 CY 2018
Q2 CY 2018
Q3 CY 2018
Q4 CY 2018
Stable Event
Acute Emergency
Arrest


Code Blue Response: Patient Disposition
Number
60
50
40
30
20
10
0
Q1 CY 2017
Q2 CY 2017
Q3 CY 2017
Q4 CY 2017
Q1 CY 2018
Q2 CY 2018
Q3 CY 2018
Q4 CY 2018
Other
Released
Expired
Remained on Unit
Transfer to OSH
Transfer to ICU

Rapid Response Team: Patient Disposition

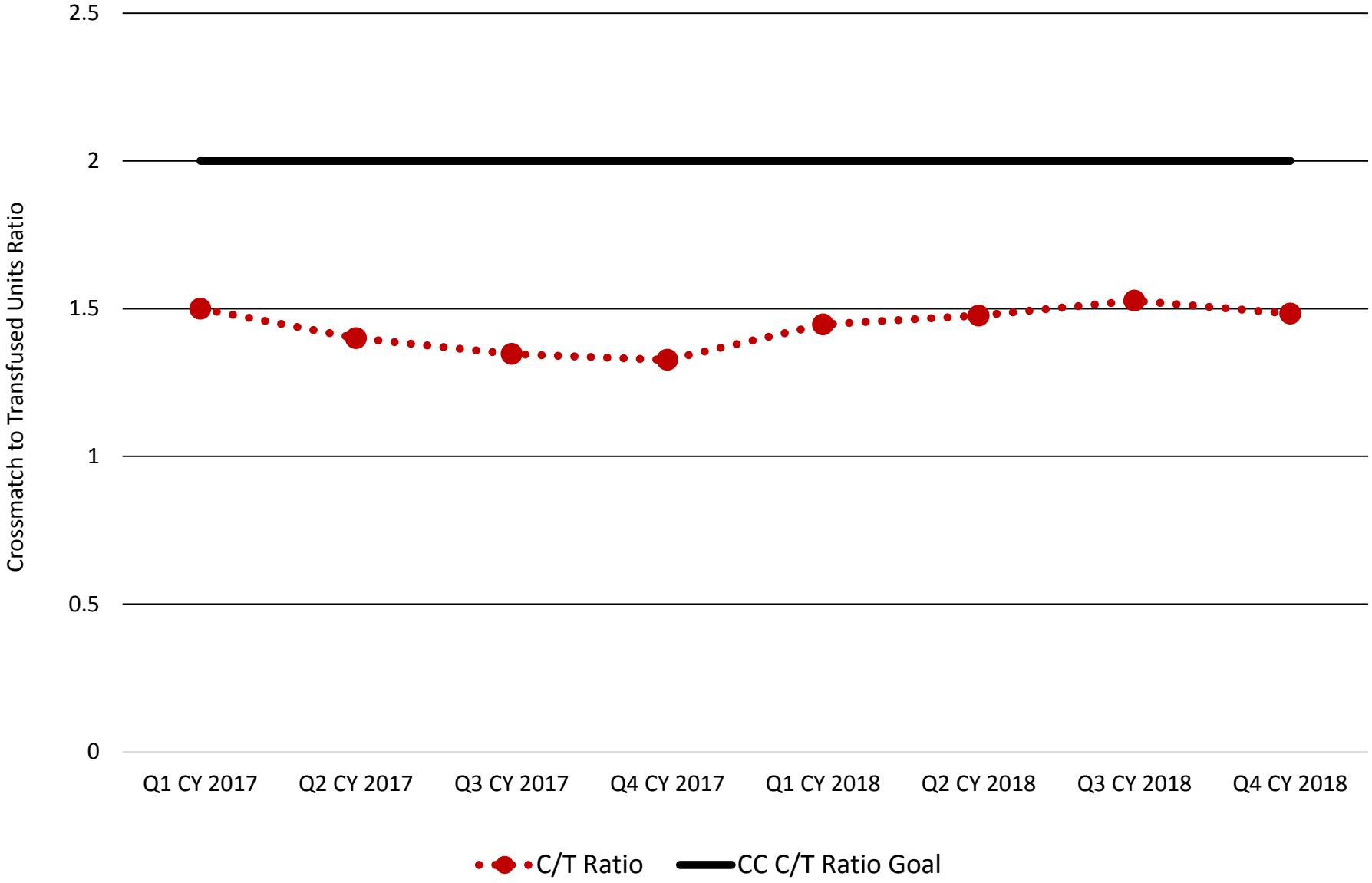


Blood and Blood Product Use

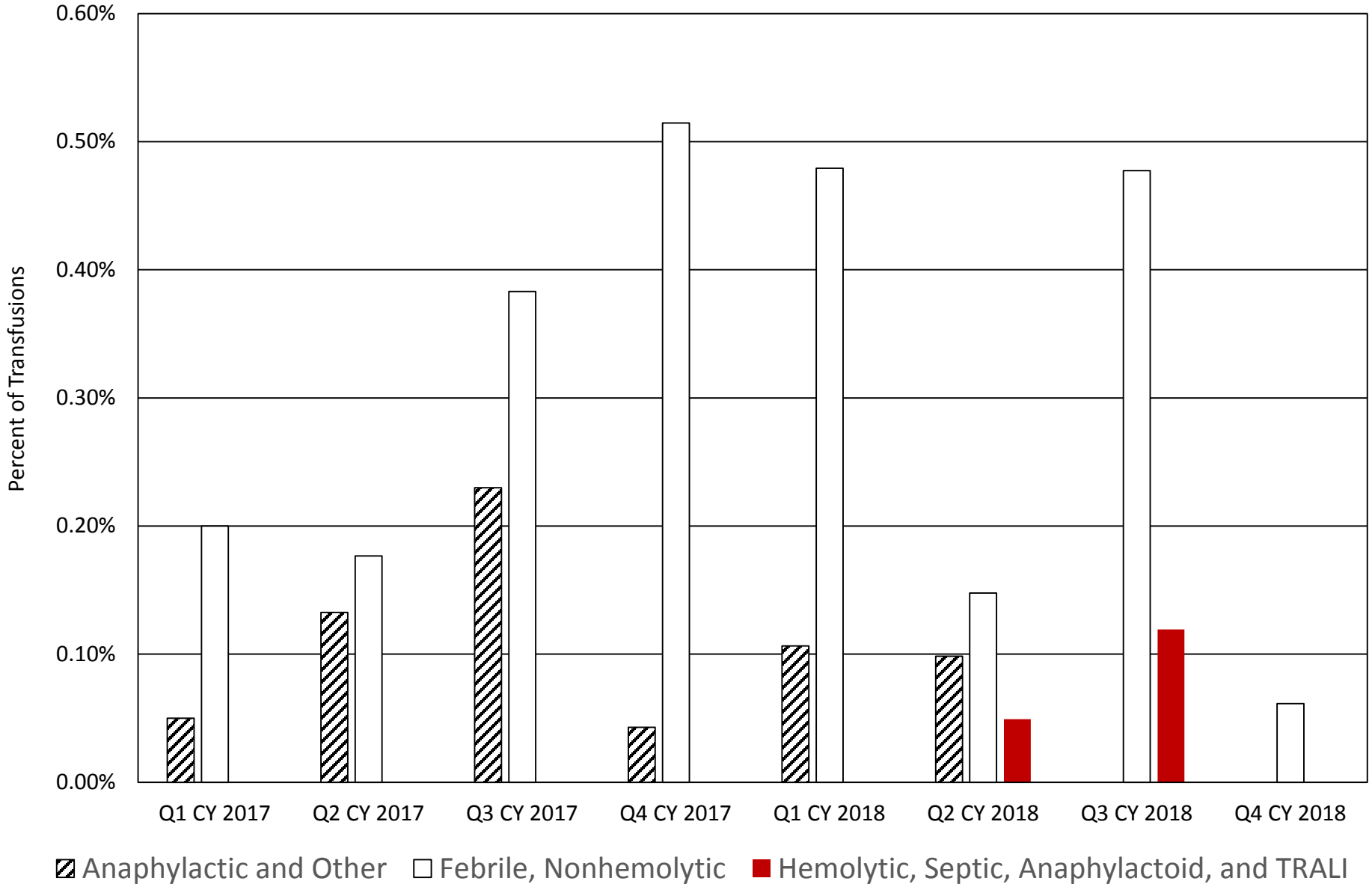
- Crossmatch to Transfusion (C:T) Ratio
- Transfusion Reaction by Class
- Unacceptable Blood Bank Specimens

Crossmatch to Transfusion (C/T) Ratio

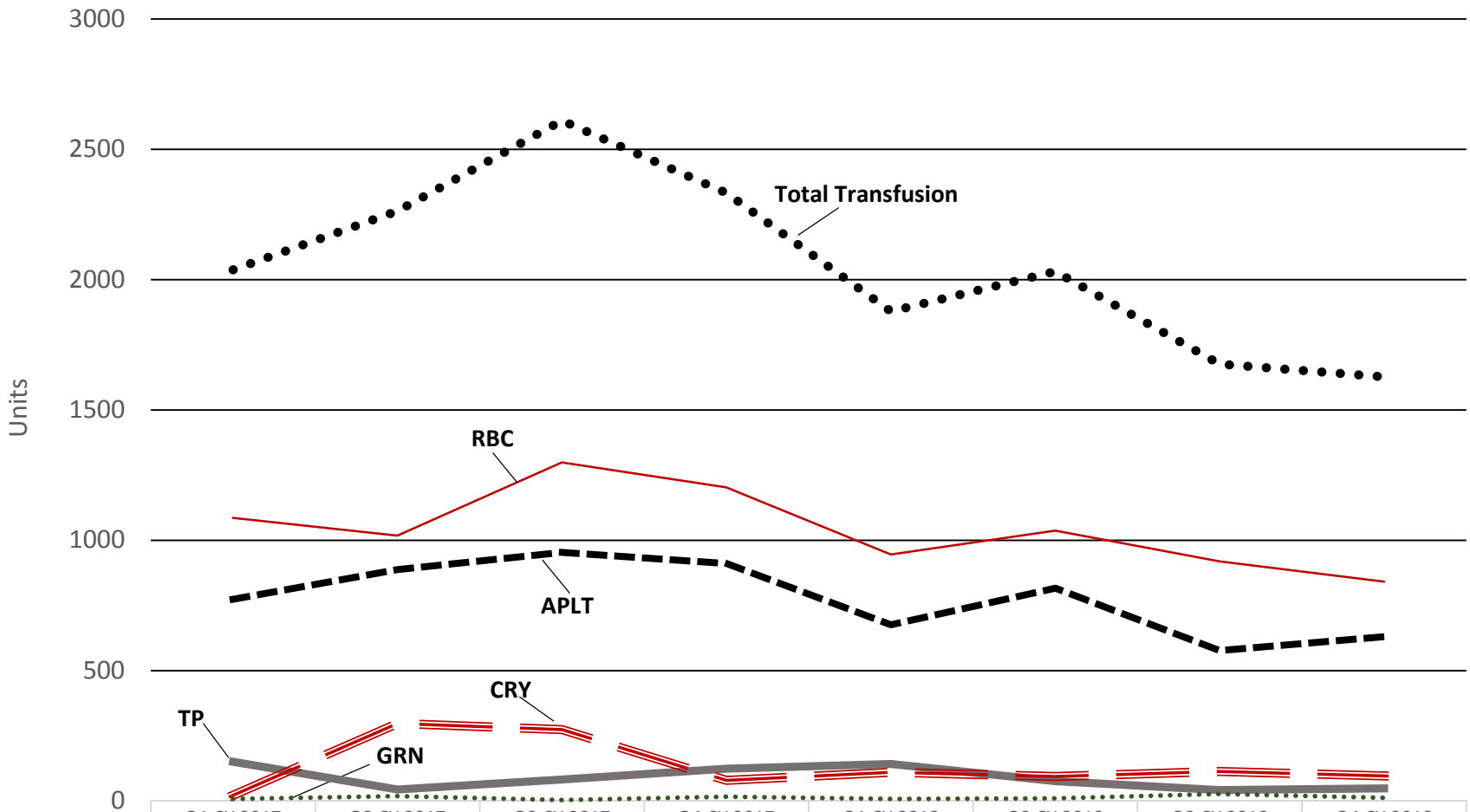
(The NIH CC goal is to have a C:T ratio of 2.0 or less. Monitoring this metric ensures that blood is not held unused in reserve when it could be available for another patient.)



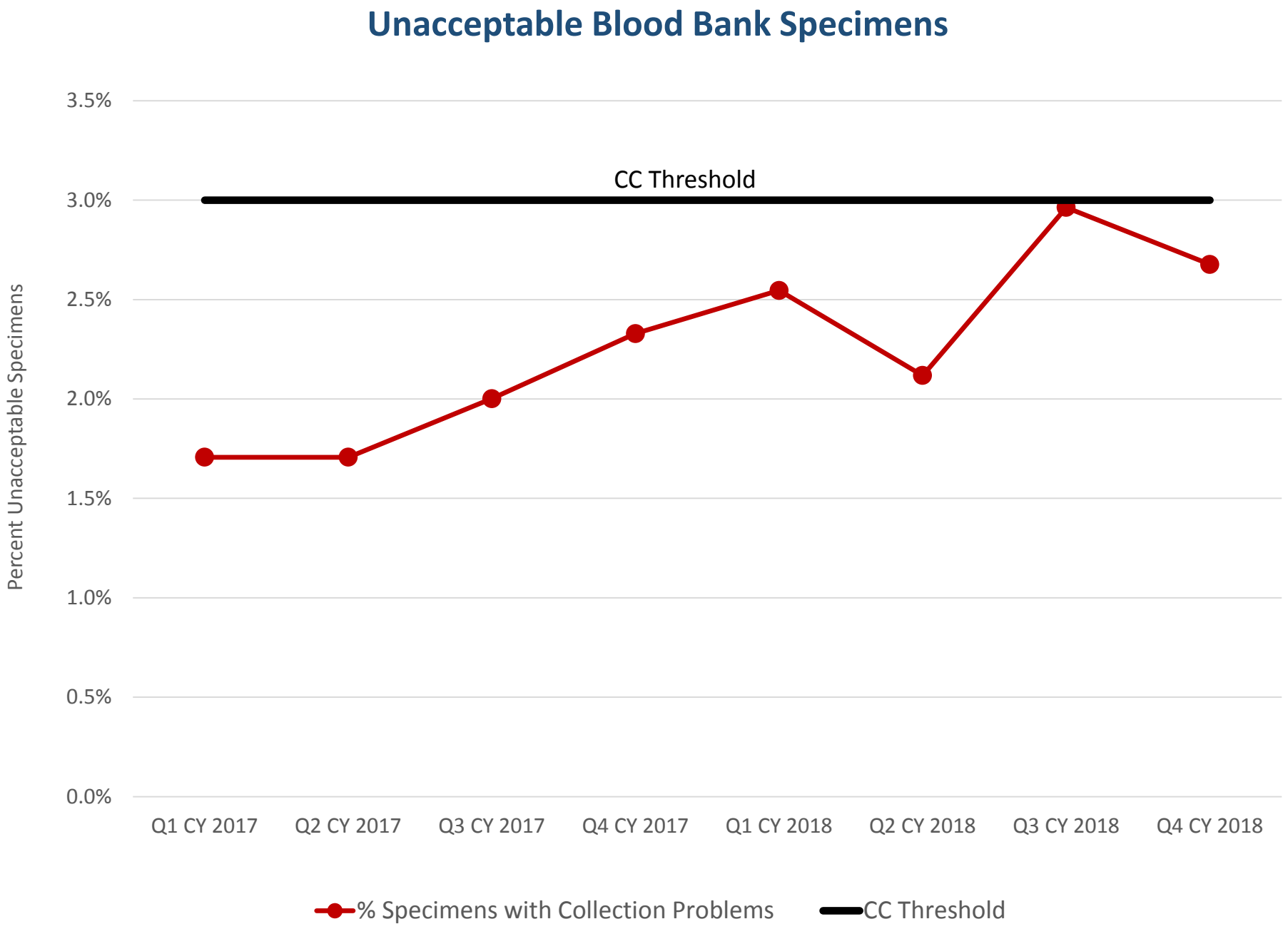
Transfusion Reactions by Class



Blood Products Transfused



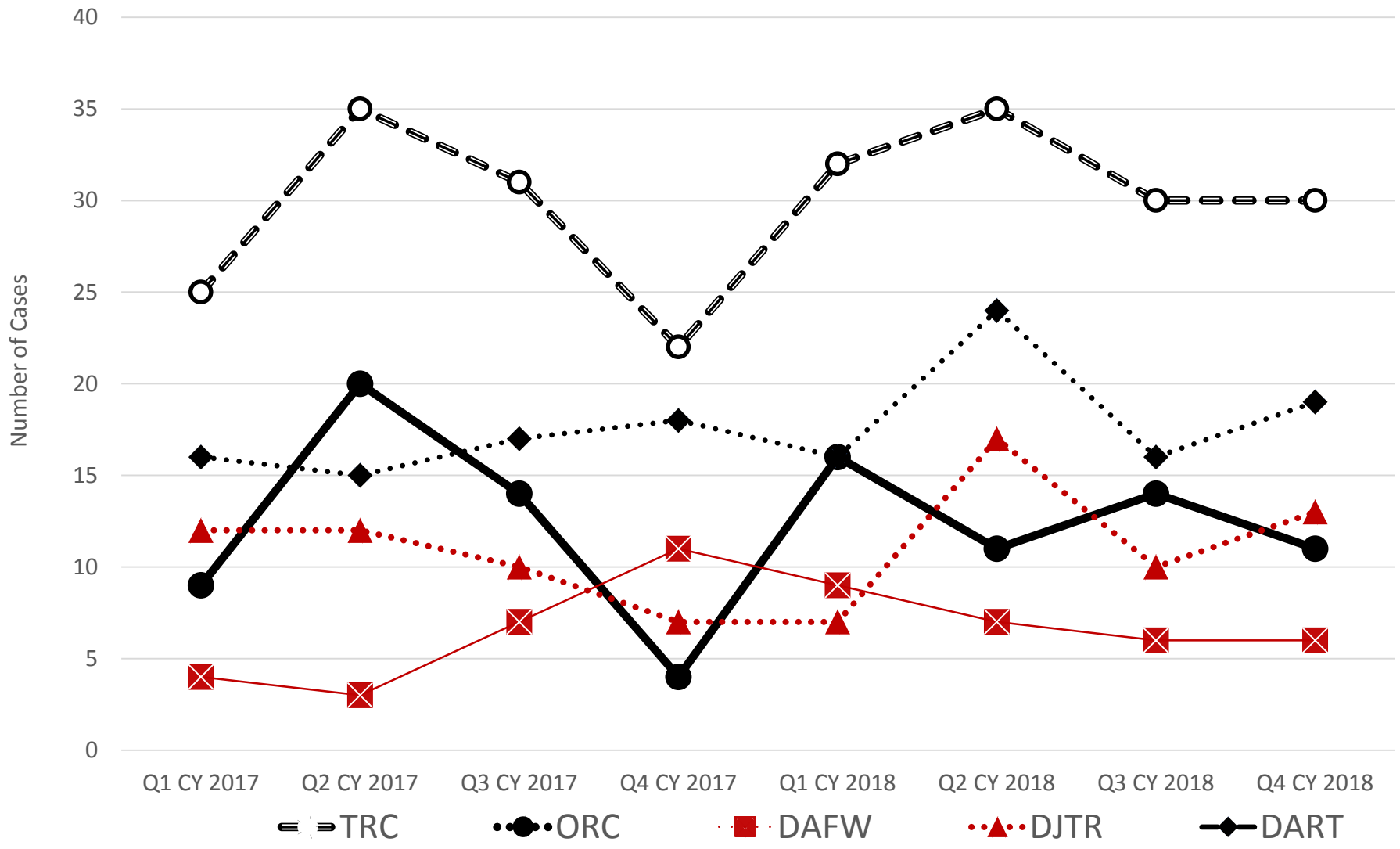
	Q1 CY 2017	Q2 CY 2017	Q3 CY 2017	Q4 CY 2017	Q1 CY 2018	Q2 CY 2018	Q3 CY 2018	Q4 CY 2018
APLT	774	887	953	911	676	816	577	630
RBC	1086	1018	1299	1203	945	1037	919	841
TP	150	43	82	123	141	75	41	48
CRY	21	297	273	79	109	94	113	96
GRN	7	18	3	16	7	9	26	12
Total Transfusions	2038	2263	2610	2332	1878	2031	1676	1627


Unacceptable Blood Bank Specimens
3.5%
3.0%
2.5%
2.0%
1.5%
1.0%
0.5%
0.0%
Percent Unacceptable Specimens
CC Threshold
Q1 CY 2017
Q2 CY 2017
Q3 CY 2017
Q4 CY 2017
Q1 CY 2018
Q2 CY 2018
Q3 CY 2018
Q4 CY 2018
% Specimens with Collection Problems
CC Threshold

Employee Safety

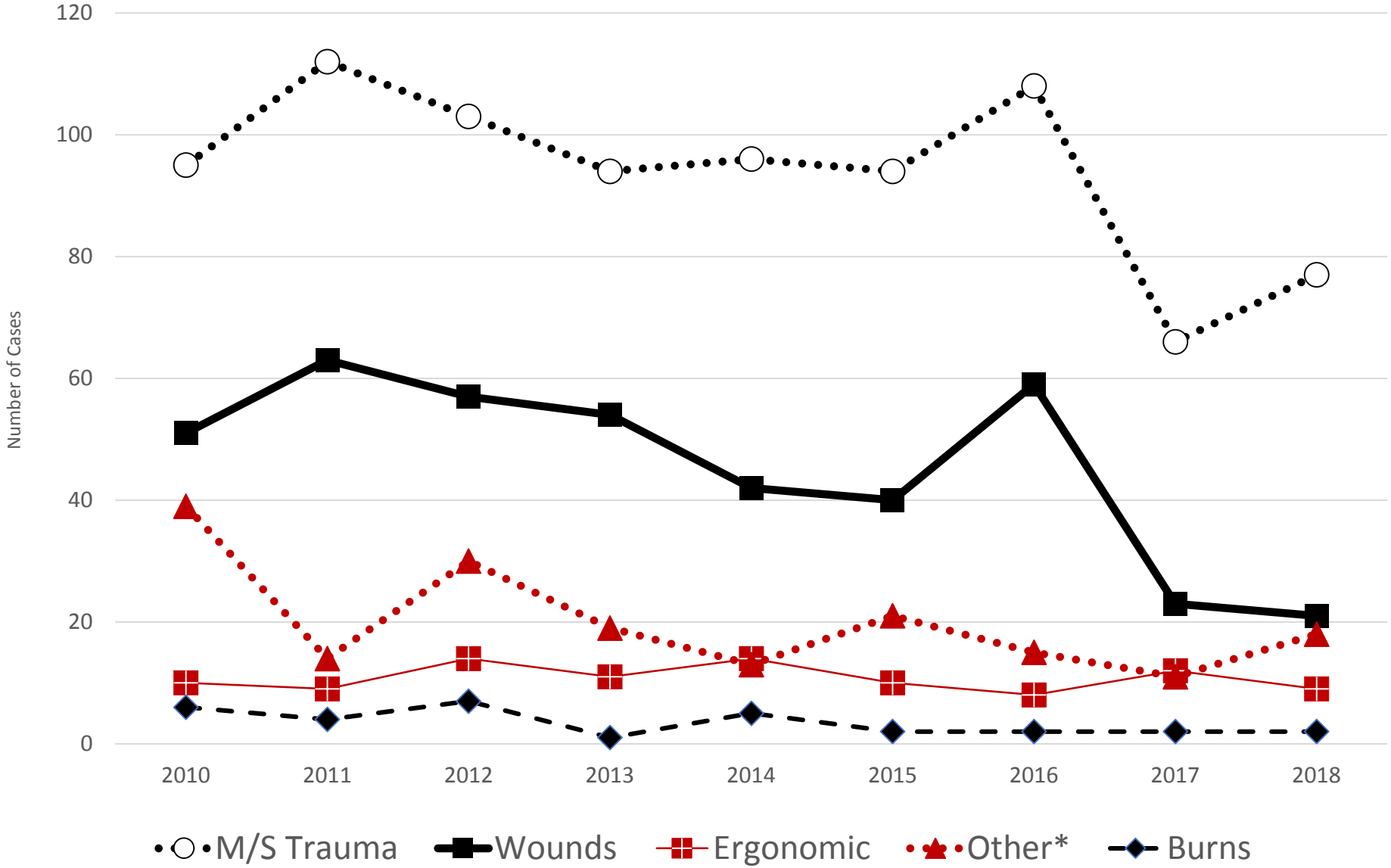
- Occupational Injury and Illness

Occupational Injuries and Illnesses for CC Employees



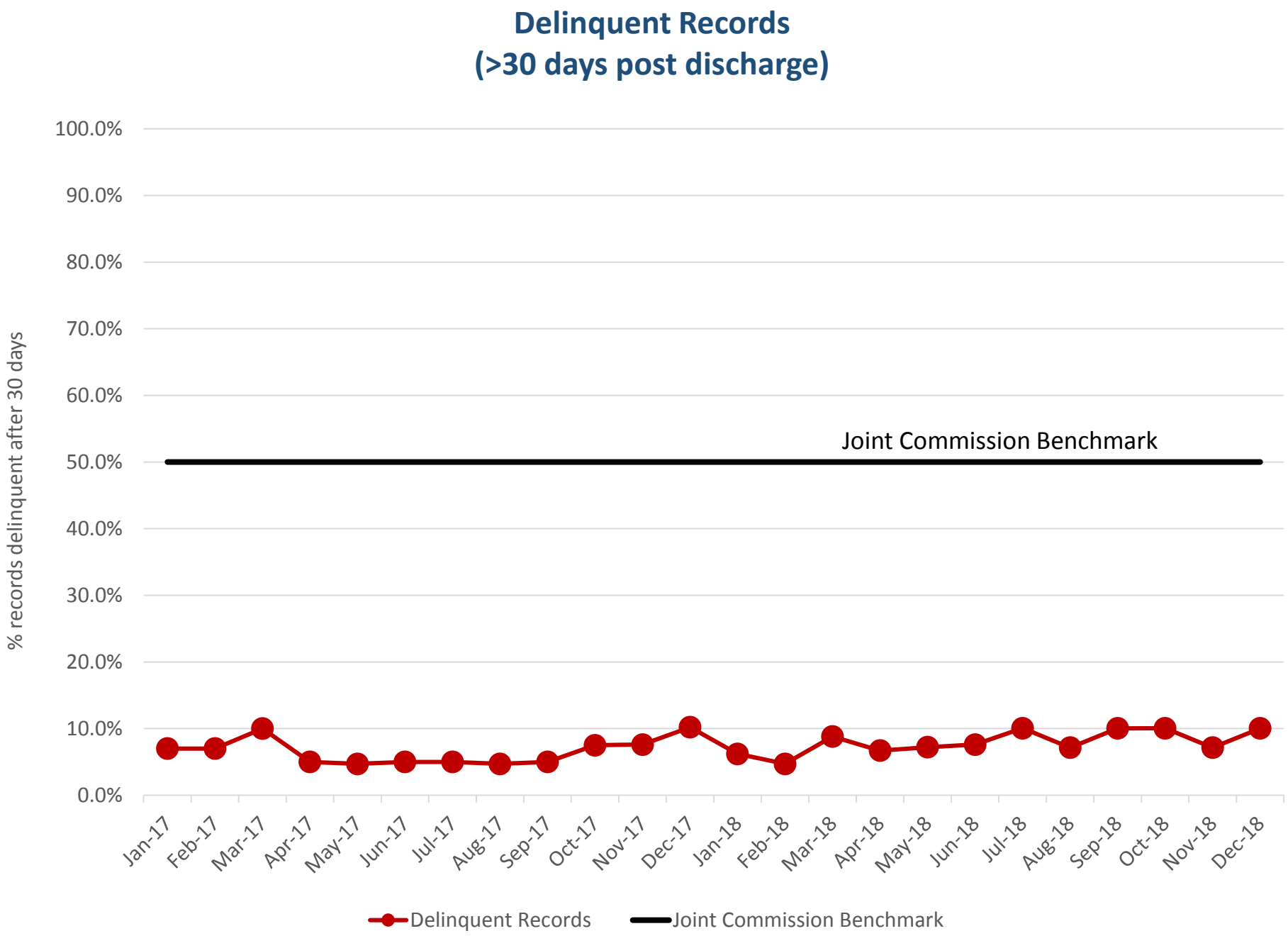
TRC: Total Recordable Cases; **ORC**: Other Recordable Cases; **DAFW**: Days Away From Work; **DJTR**: Days Job Transfer, Restriction; **DART**: Days Away, Restricted or Transferred (DAFW + DJTR)

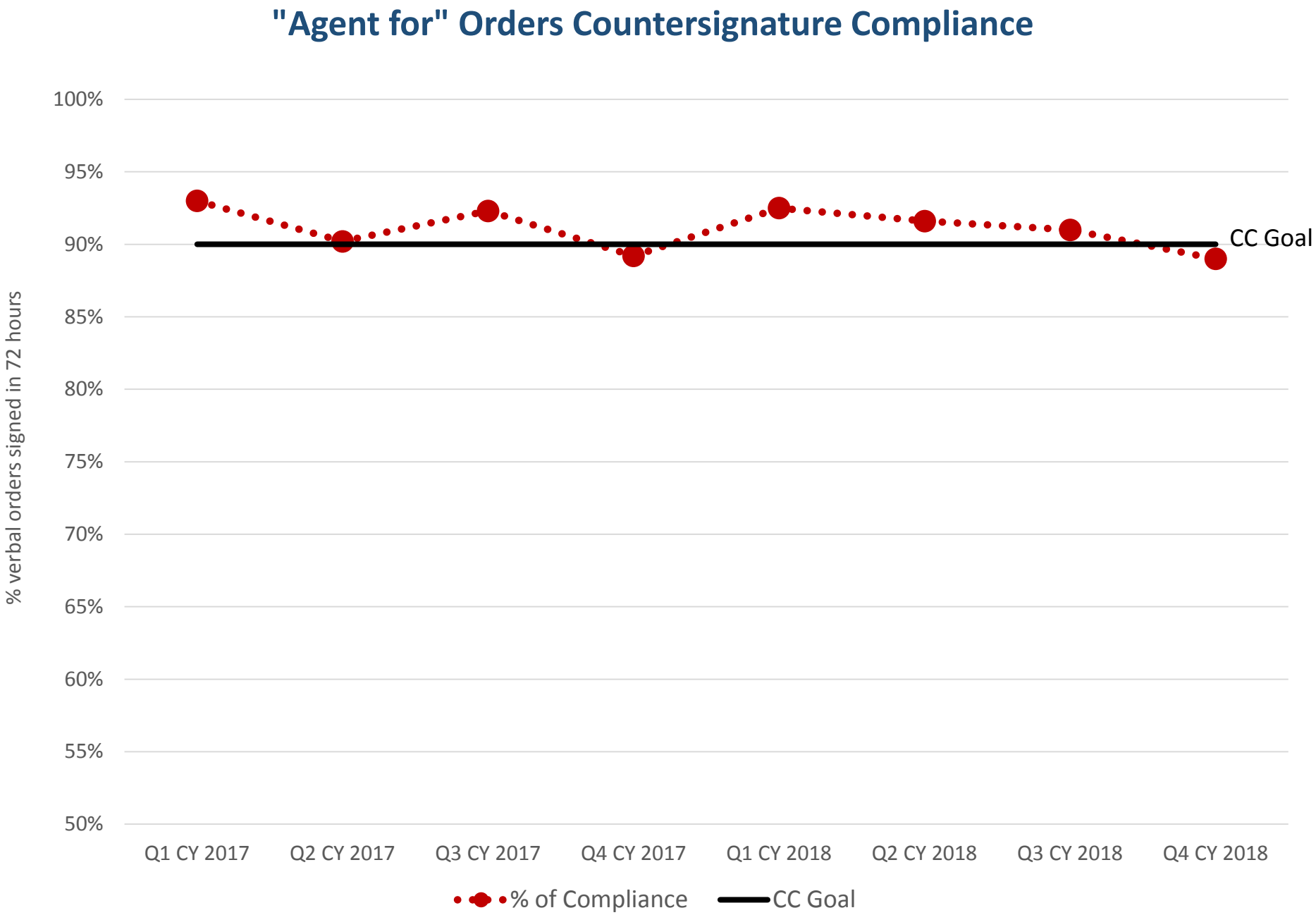
Comparison of Occupational Injuries and Illnesses Among CC Employees from 2010-2018

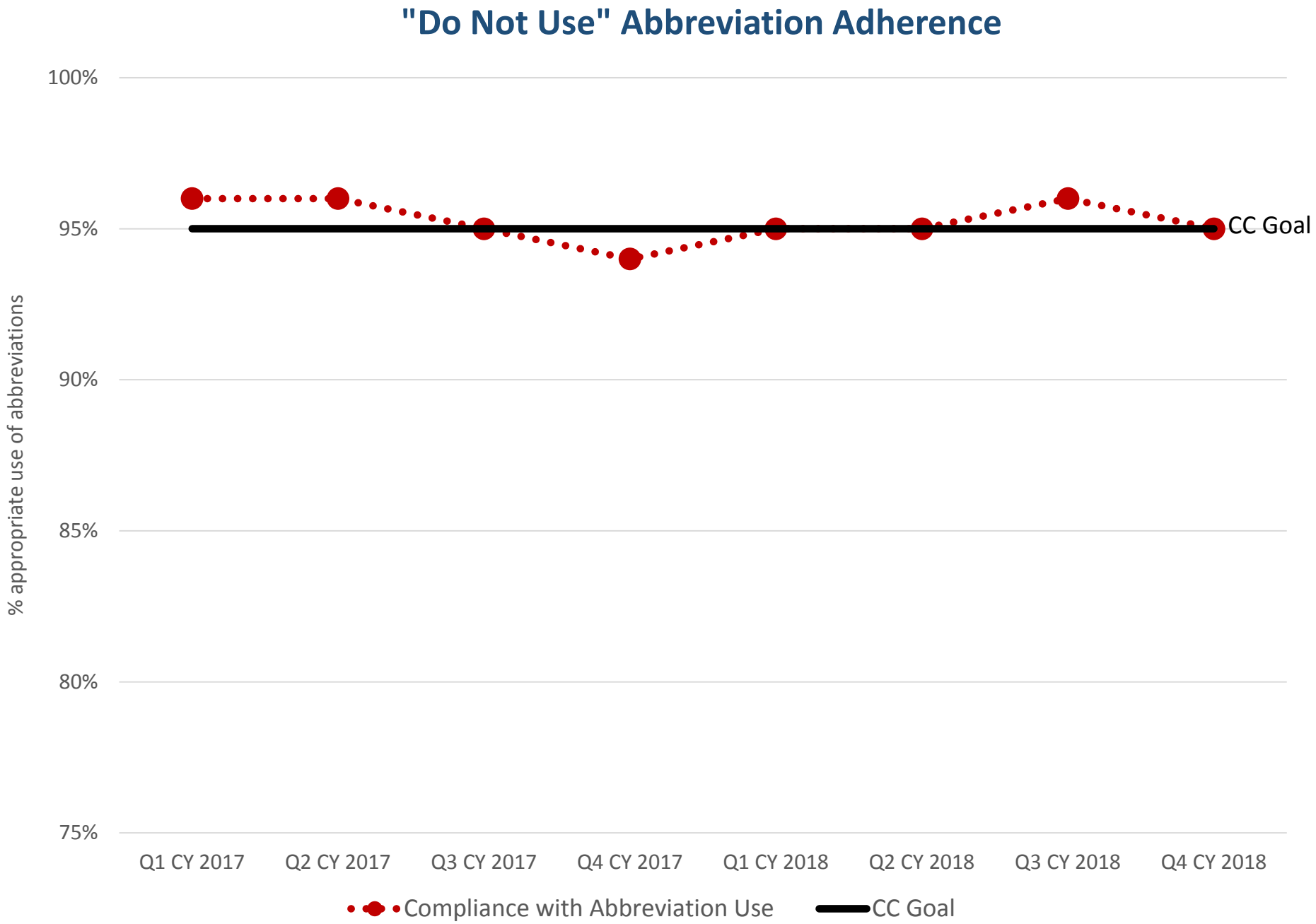


Clinical Documentation

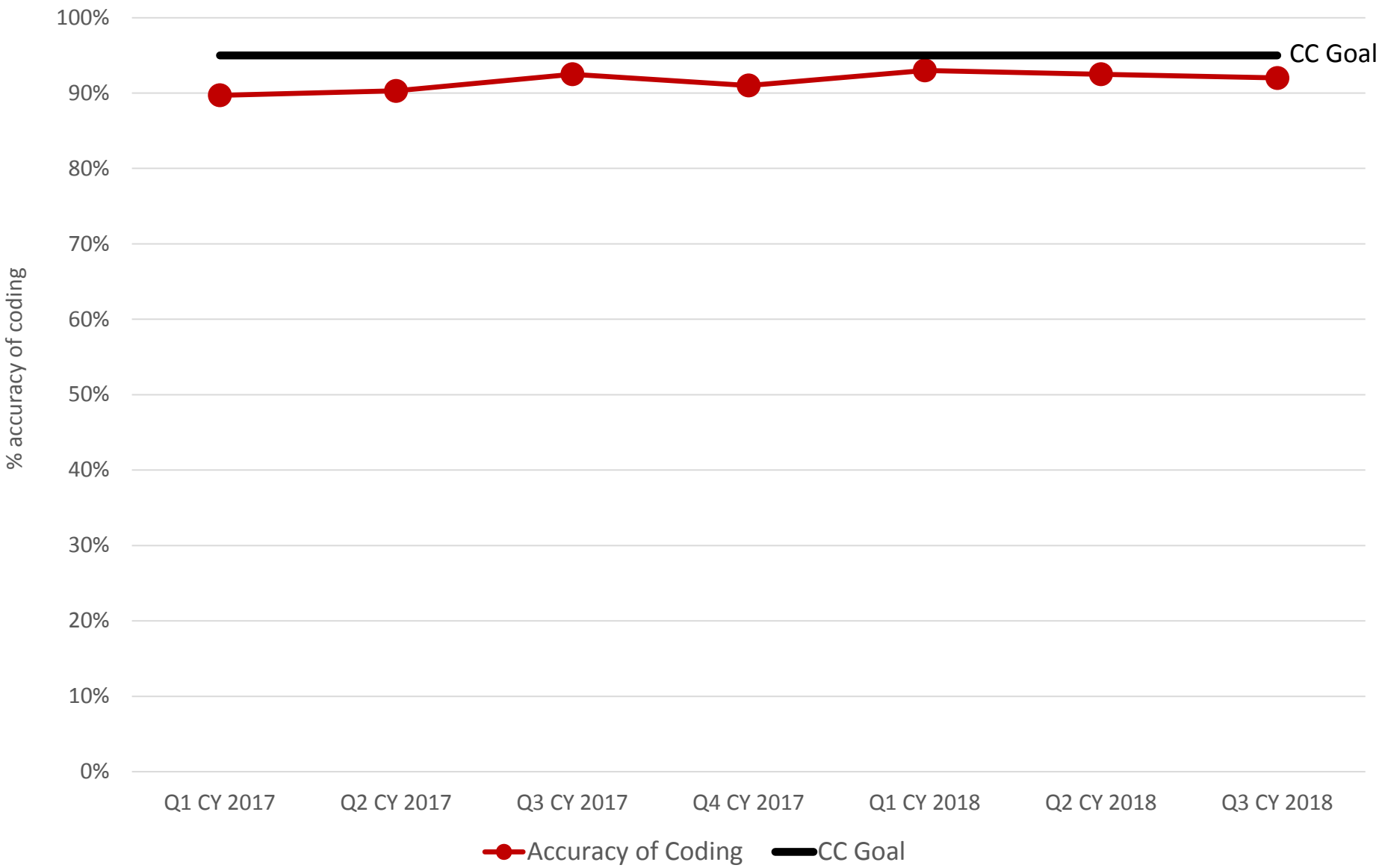
- Medical Record Completeness
  - Delinquent Records
  - “Agent for” Countersignature Adherence
  - Unacceptable Abbreviation Use
- Accuracy of Coding


Delinquent Records
(>30 days post discharge)
% records delinquent after 30 days
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
Joint Commission Benchmark
Jan-17
Feb-17
Mar-17
Apr-17
May-17
Jun-17
Jul-17
Aug-17
Sep-17
Oct-17
Nov-17
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Delinquent Records
Joint Commission Benchmark

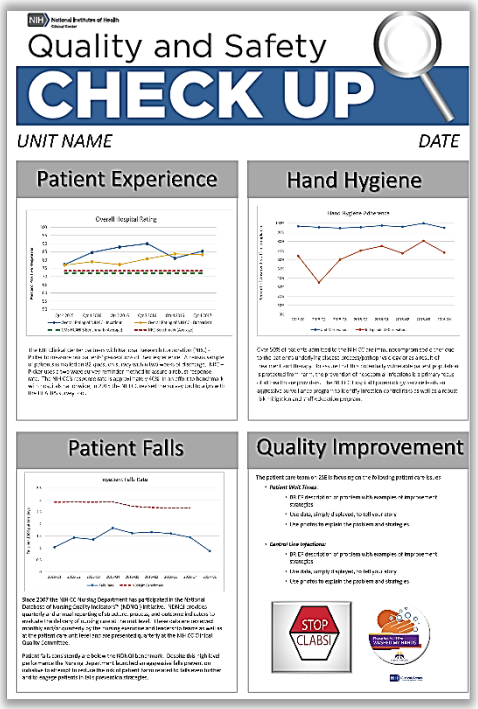

"Agent for" Orders Countersignature Compliance
100%
95%
90%
85%
80%
75%
70%
65%
60%
55%
50%
% verbal orders signed in 72 hours
CC Goal
Q1 CY 2017
Q2 CY 2017
Q3 CY 2017
Q4 CY 2017
Q1 CY 2018
Q2 CY 2018
Q3 CY 2018
Q4 CY 2018
% of Compliance
CC Goal


"Do Not Use" Abbreviation Adherence
100%
95%
90%
85%
80%
75%
% appropriate use of abbreviations
CC Goal
Q1 CY 2017
Q2 CY 2017
Q3 CY 2017
Q4 CY 2017
Q1 CY 2018
Q2 CY 2018
Q3 CY 2018
Q4 CY 2018
Compliance with Abbreviation Use
CC Goal

Accuracy of Record Coding



Q4 CY 2018 Data Pending

Future State

- Strategic review of current metrics portfolio
- Add Medication Management metrics
- Identify additional outcomes metrics to complement process assessments (e.g. sepsis mortality, cytokine release syndrome outcomes)
- Launch public display of clinical metrics on patient care units and other public spaces