



CLINICAL PERFORMANCE AND EMPLOYEE SAFETY METRICS

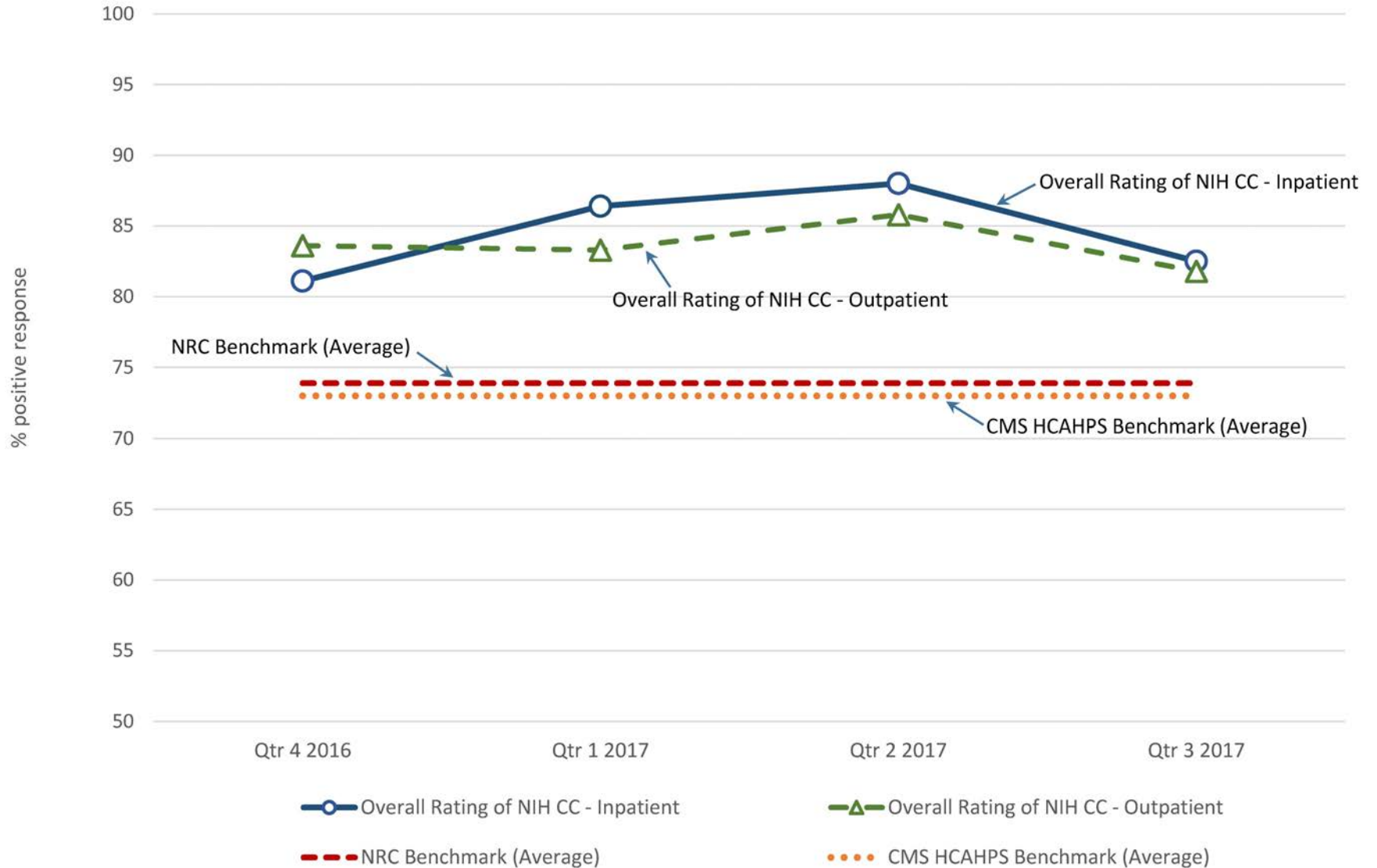
Executive Dashboard

NIH Clinical Center
January 2018

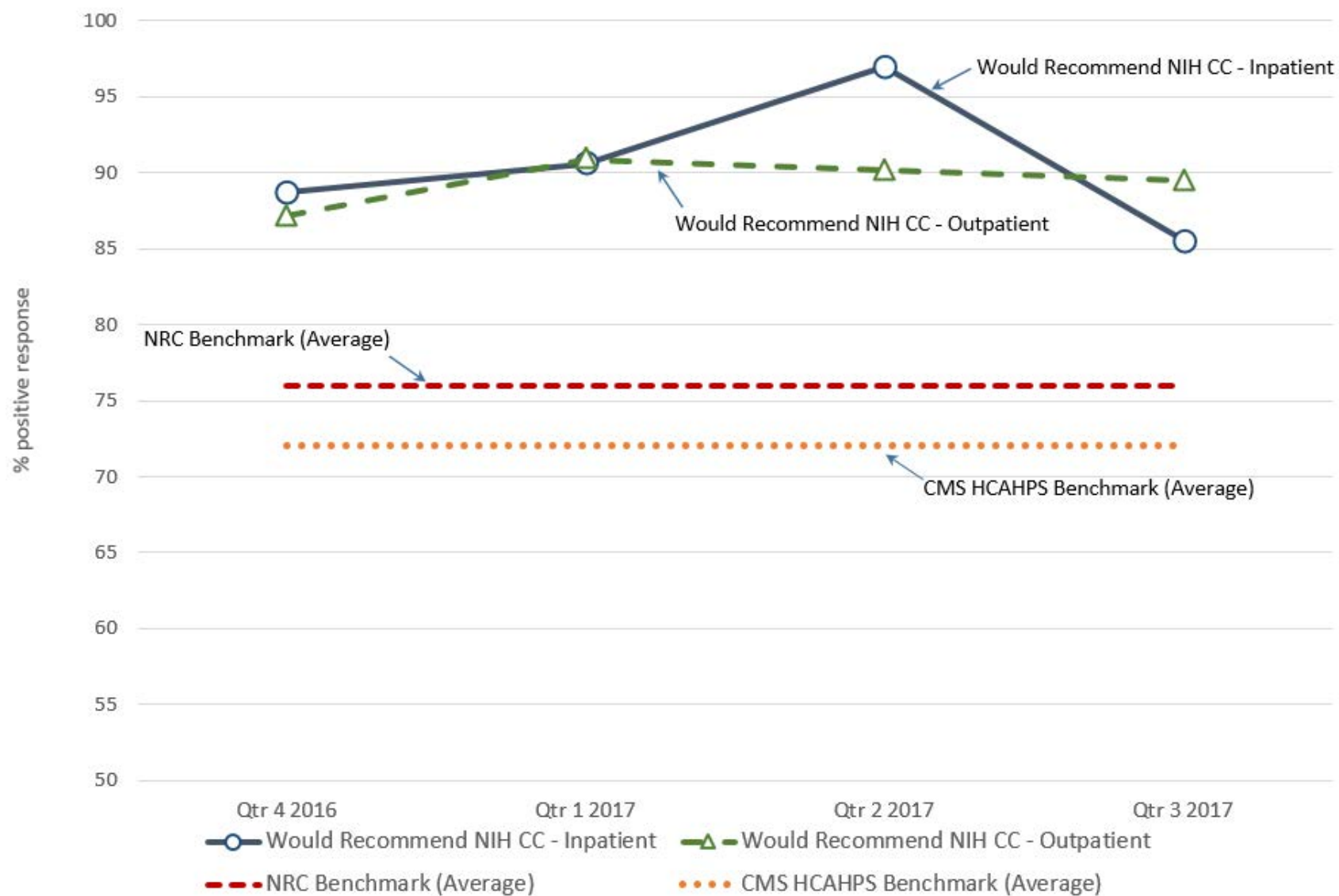
Patients' Perceptions

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

Overall Hospital Rating



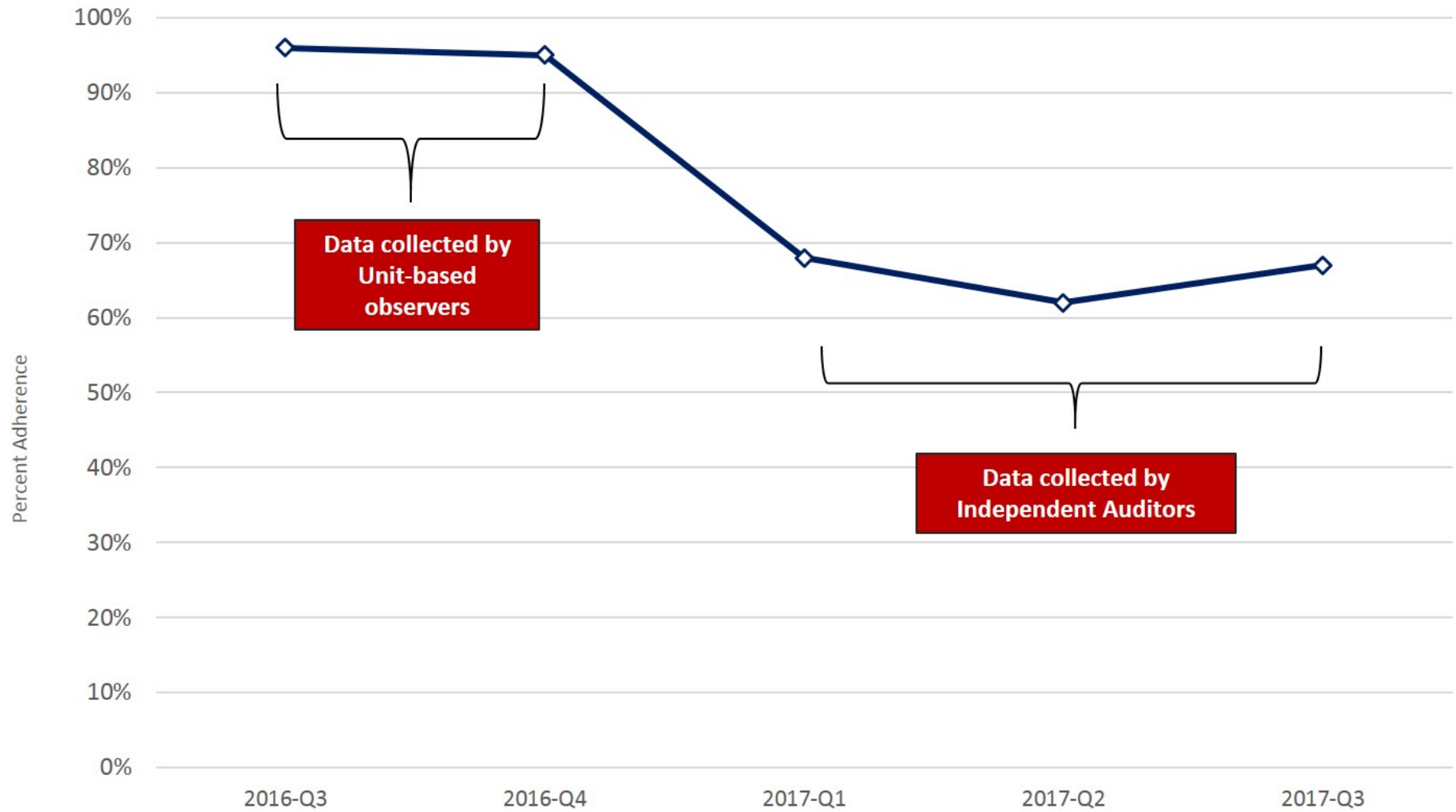
Would You Recommend the NIH CC?



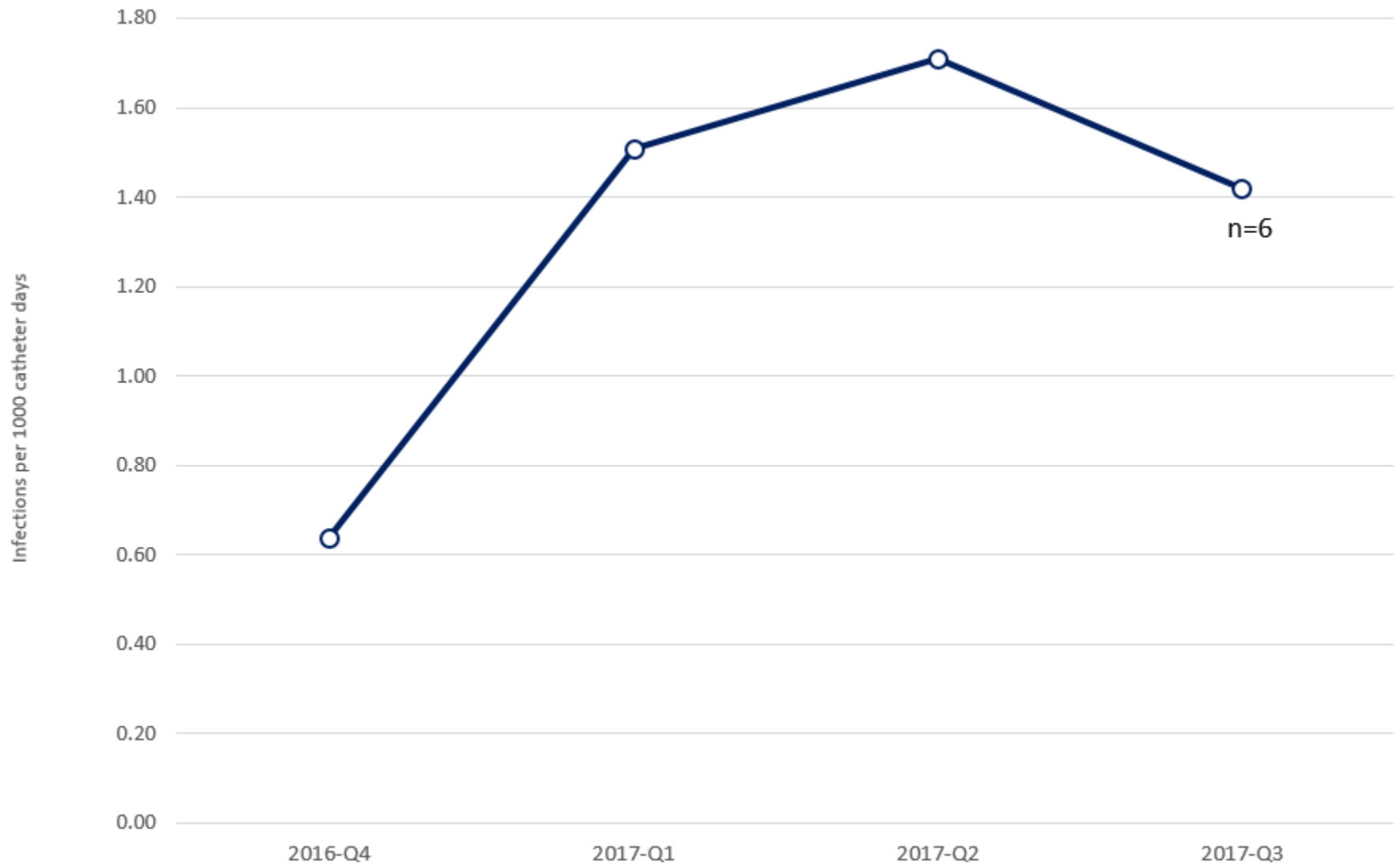
Infection Control Metrics

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

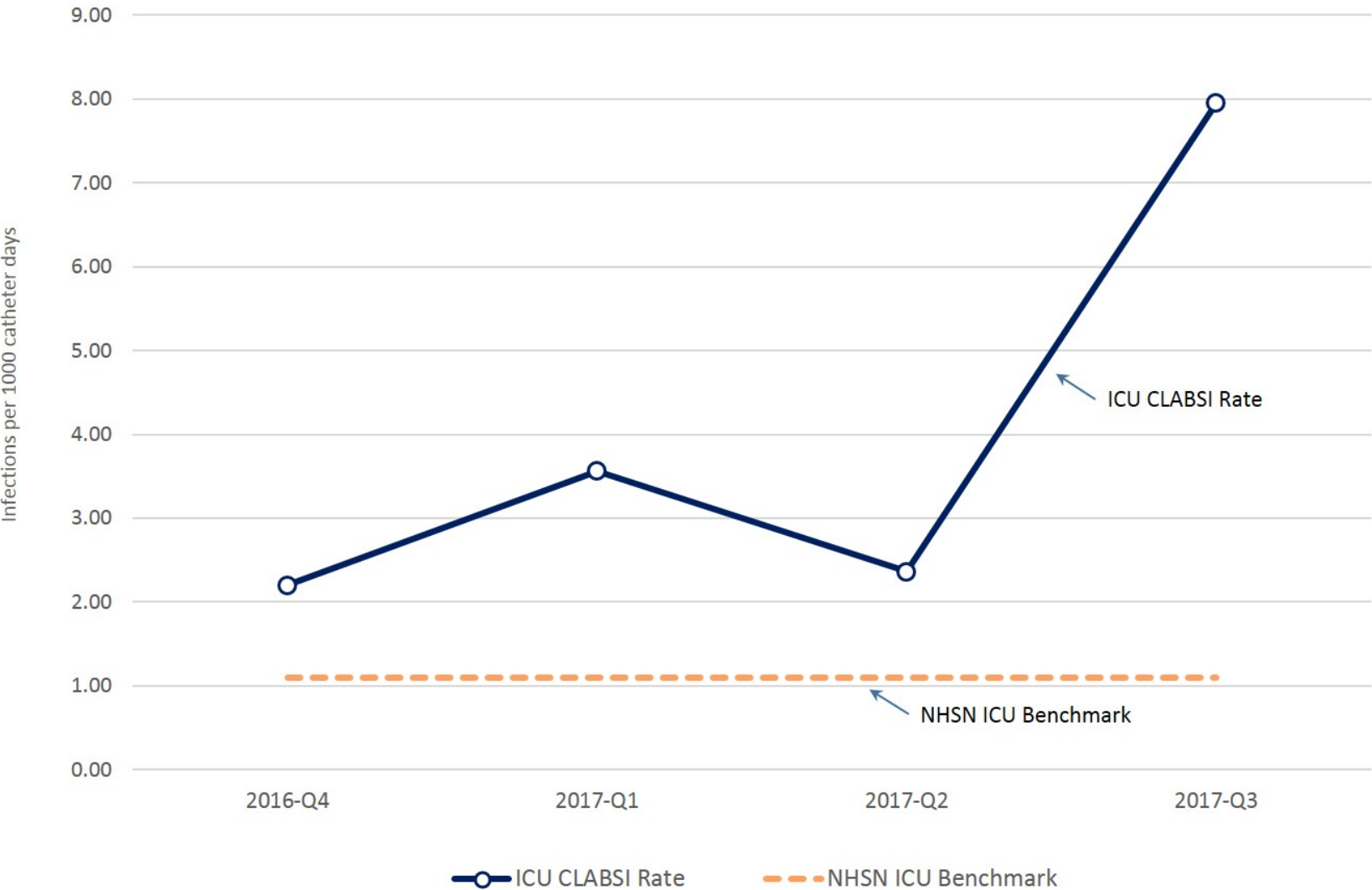
Hand Hygiene Adherence



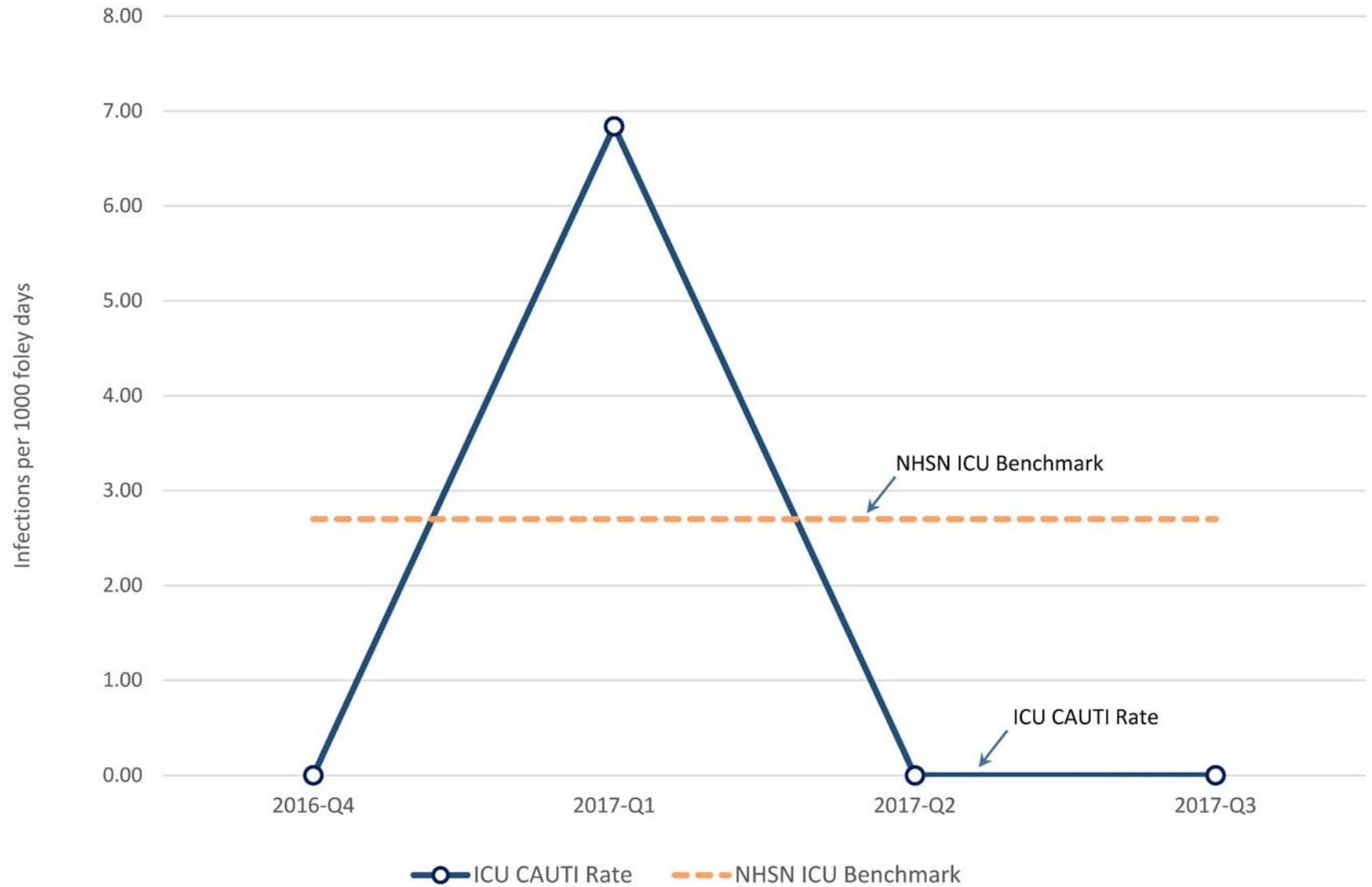
Wholehouse Central-Line Associated Bloodstream Infection (CLABSI) Rate



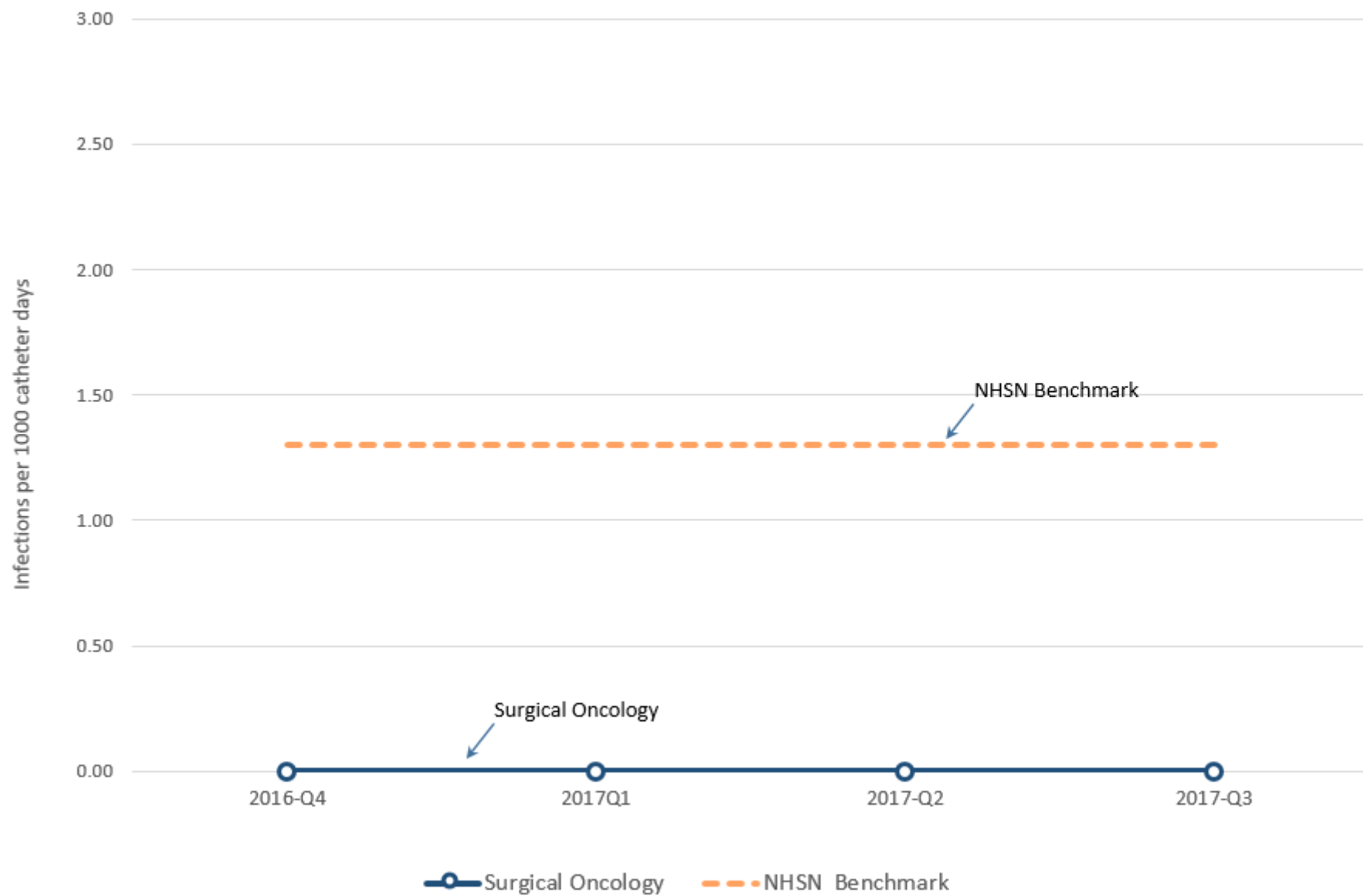
ICU Quality: Central-Line Associated
Bloodstream Infection (CLABSI) Rate



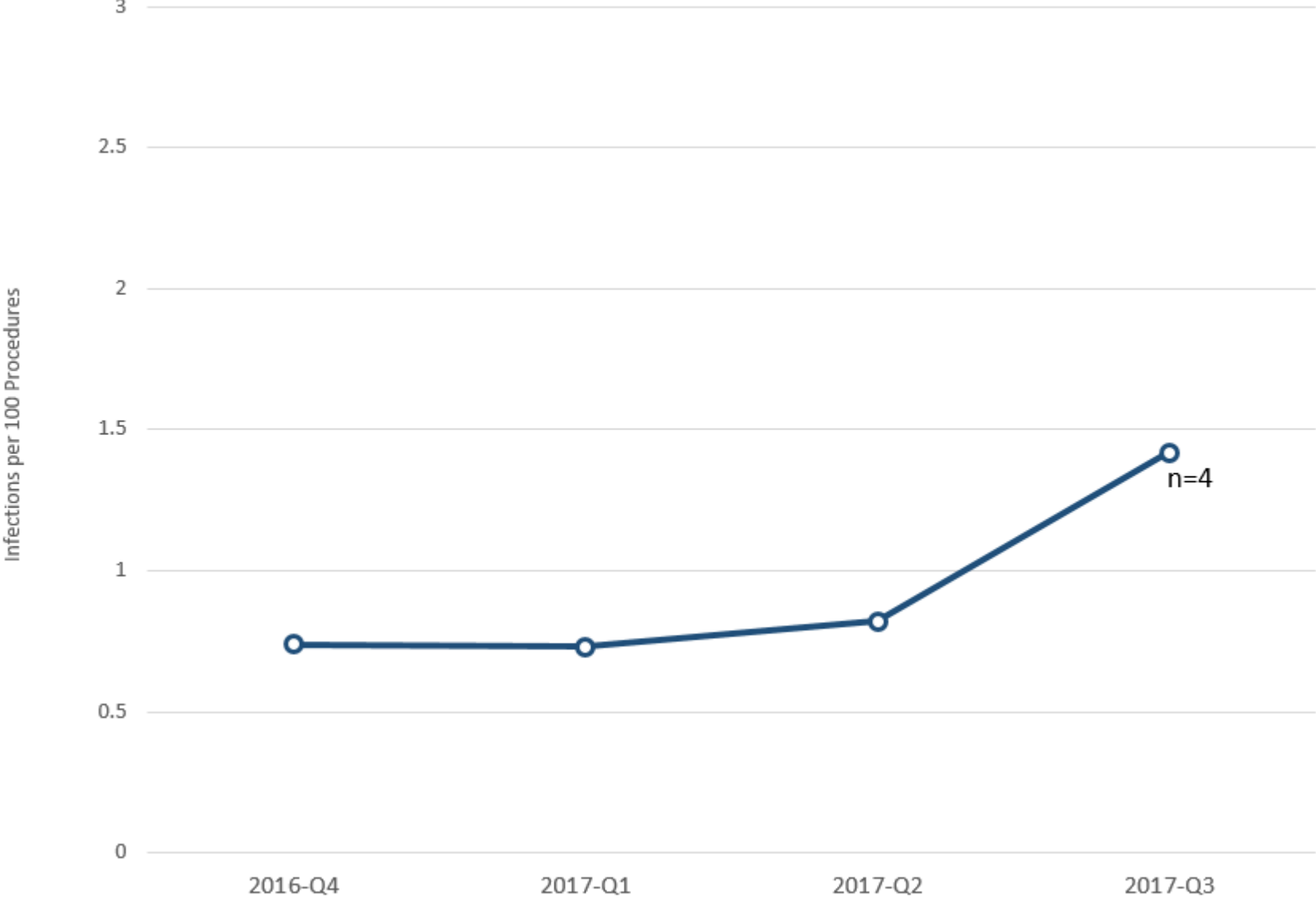
ICU Catheter-Associated Urinary Tract Infections (CAUTI) Rate



Surgical Oncology Catheter-Associated Urinary Tract Infections Rate



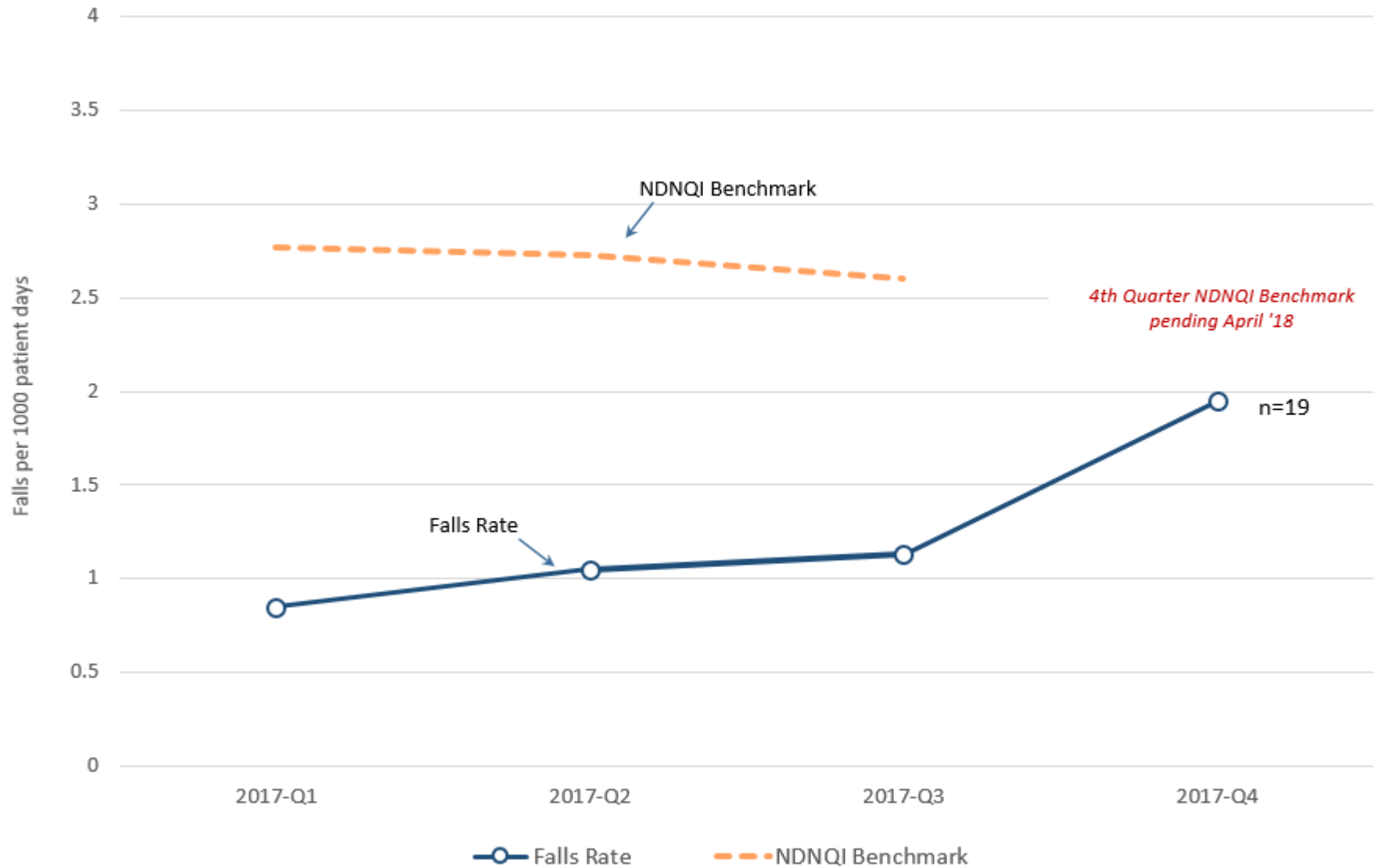
Surgical Site Infections (SSI) Rate



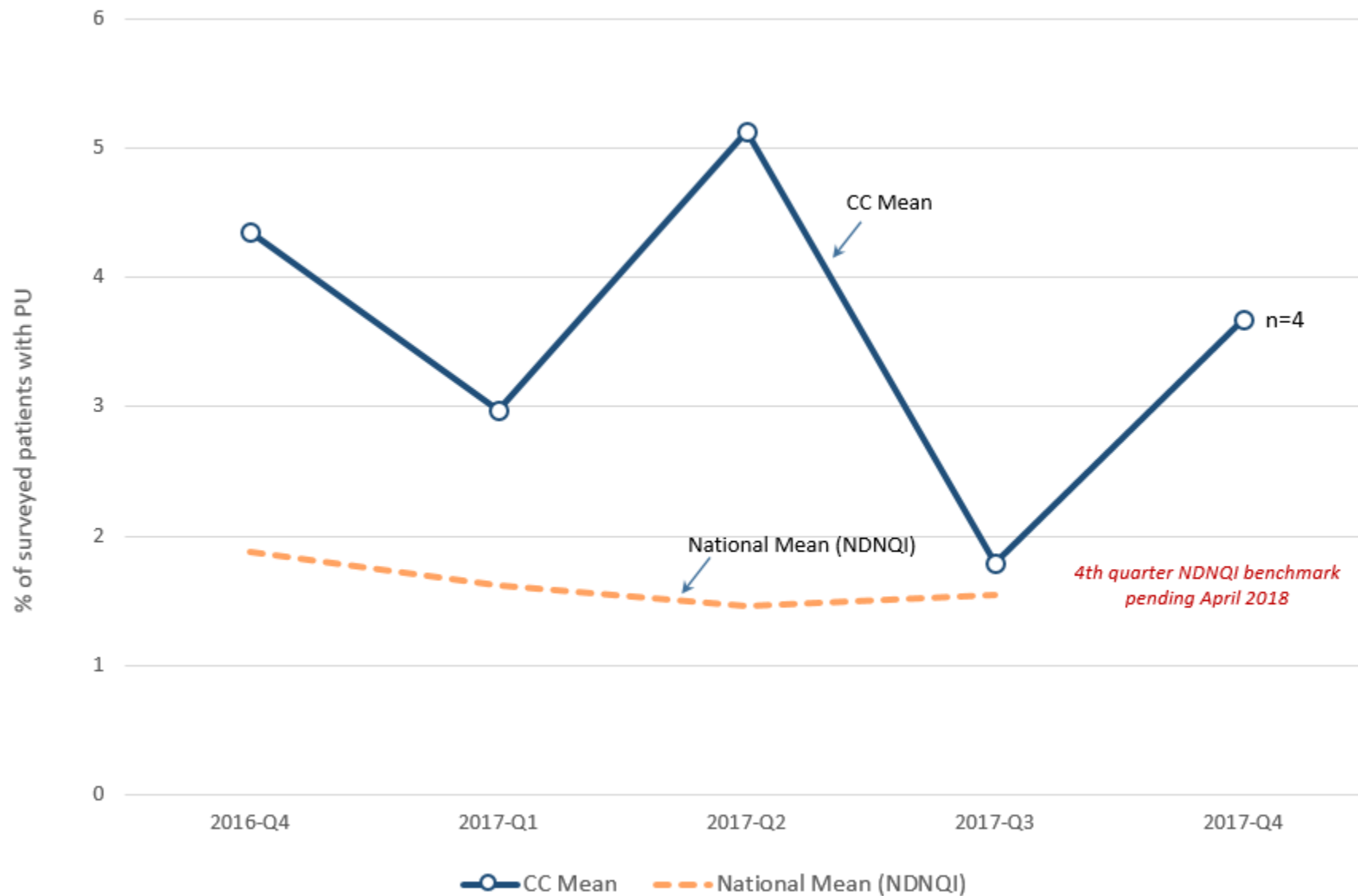
Nursing Quality Metrics

- Falls
- Pressure Injury
- Medication Administration Barcoding

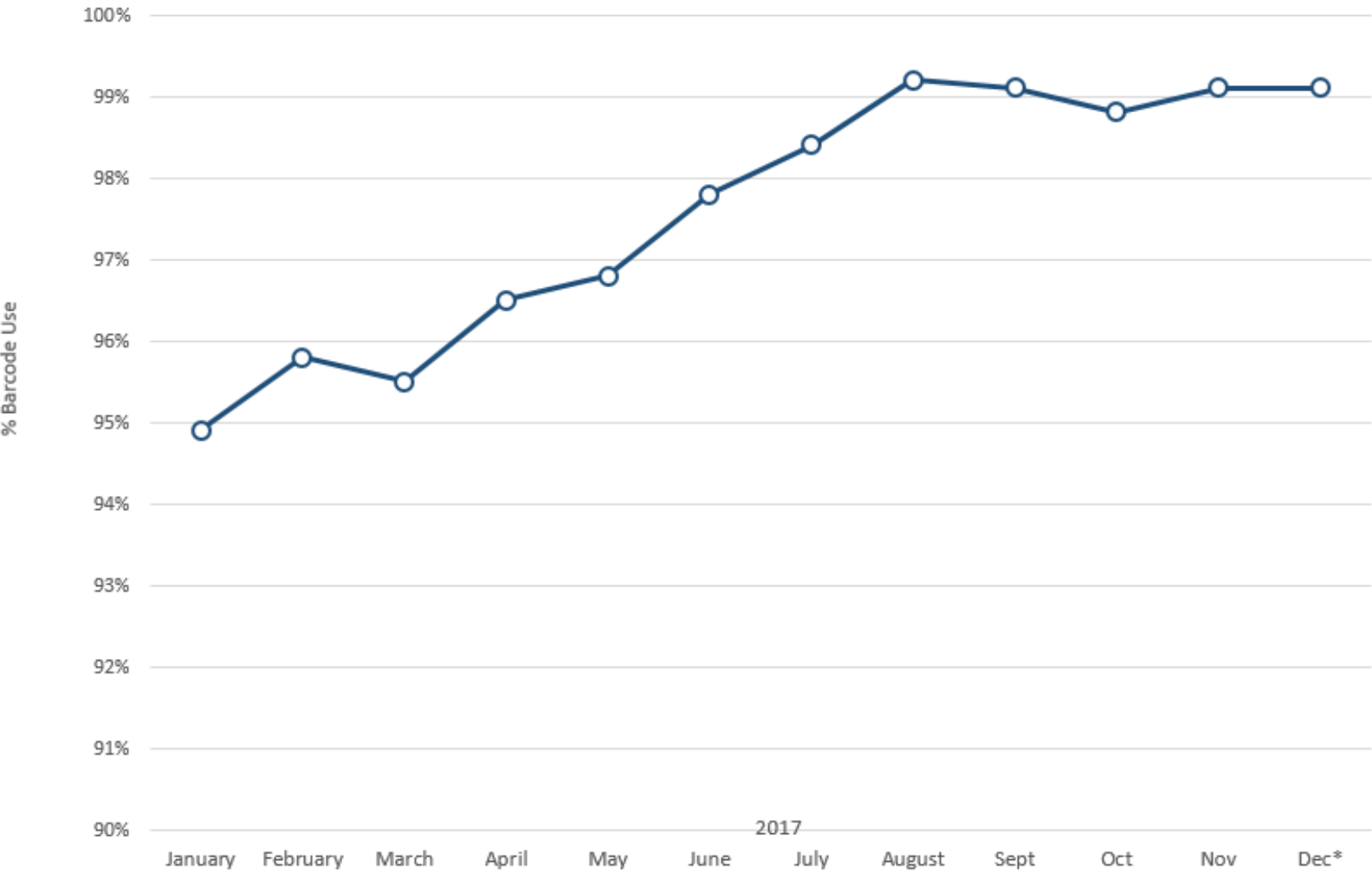
Inpatient Falls Rate



Pressure Injury (PI) Prevalence



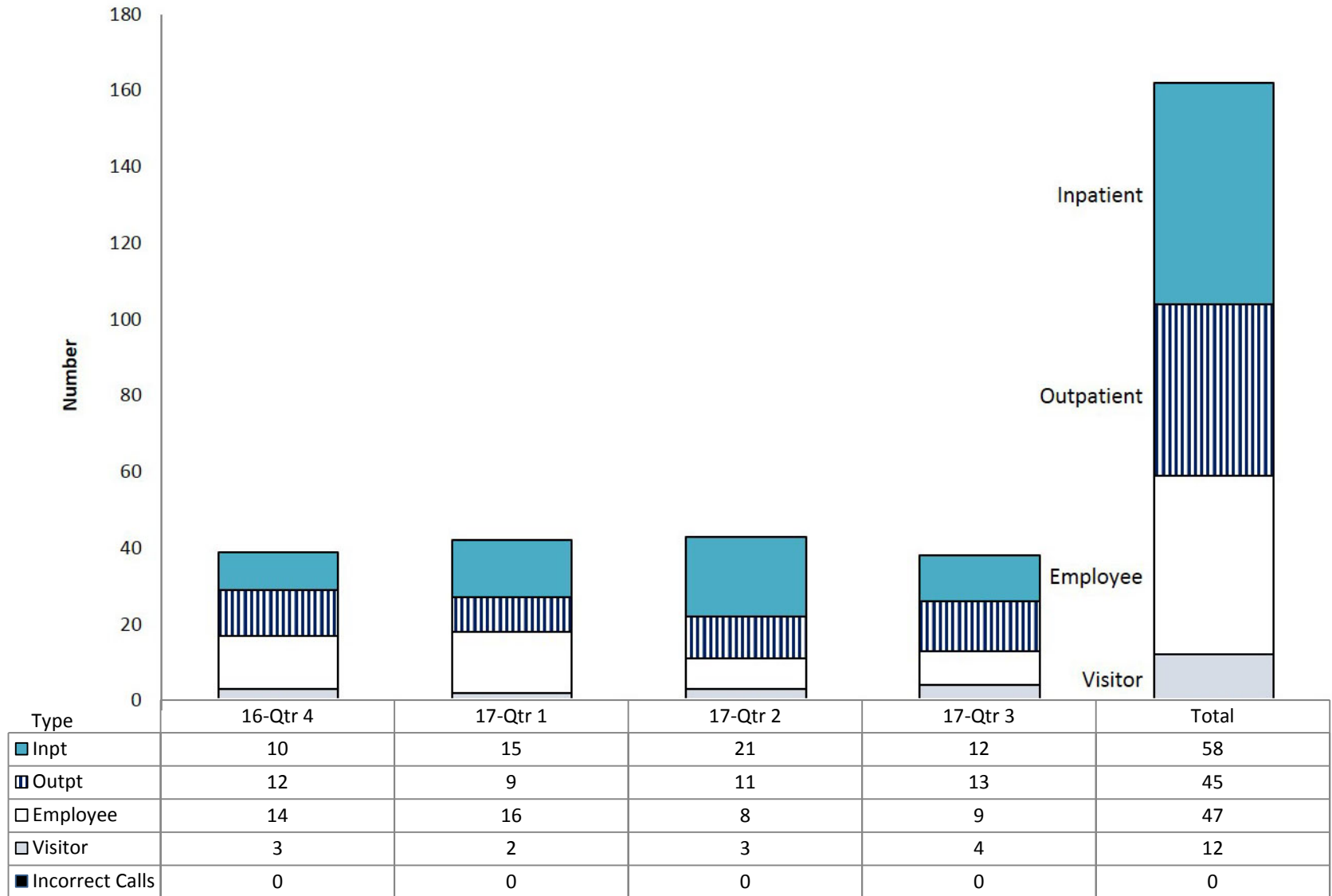
Medication Administration Barcode Use



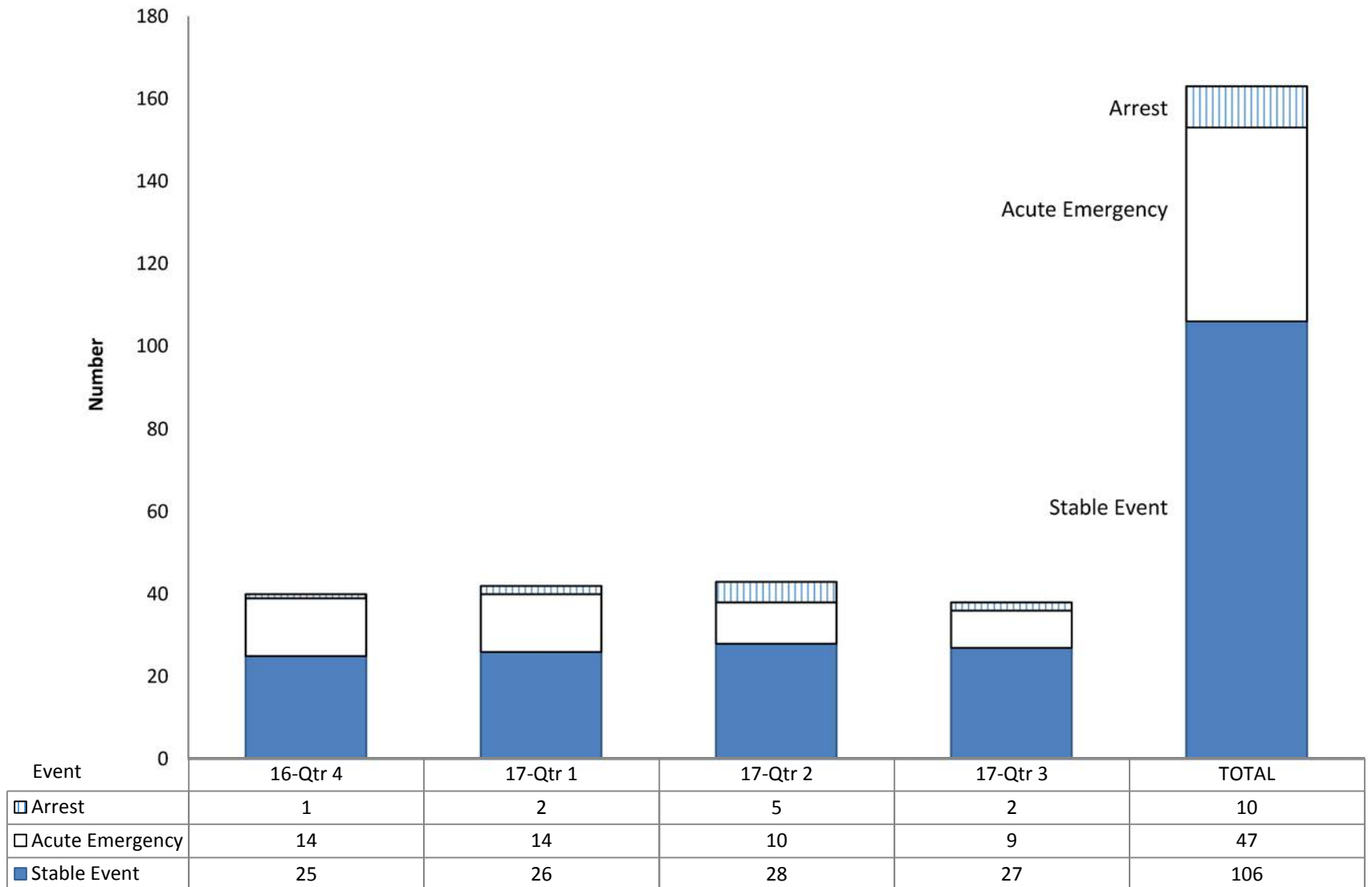
Emergency Response

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

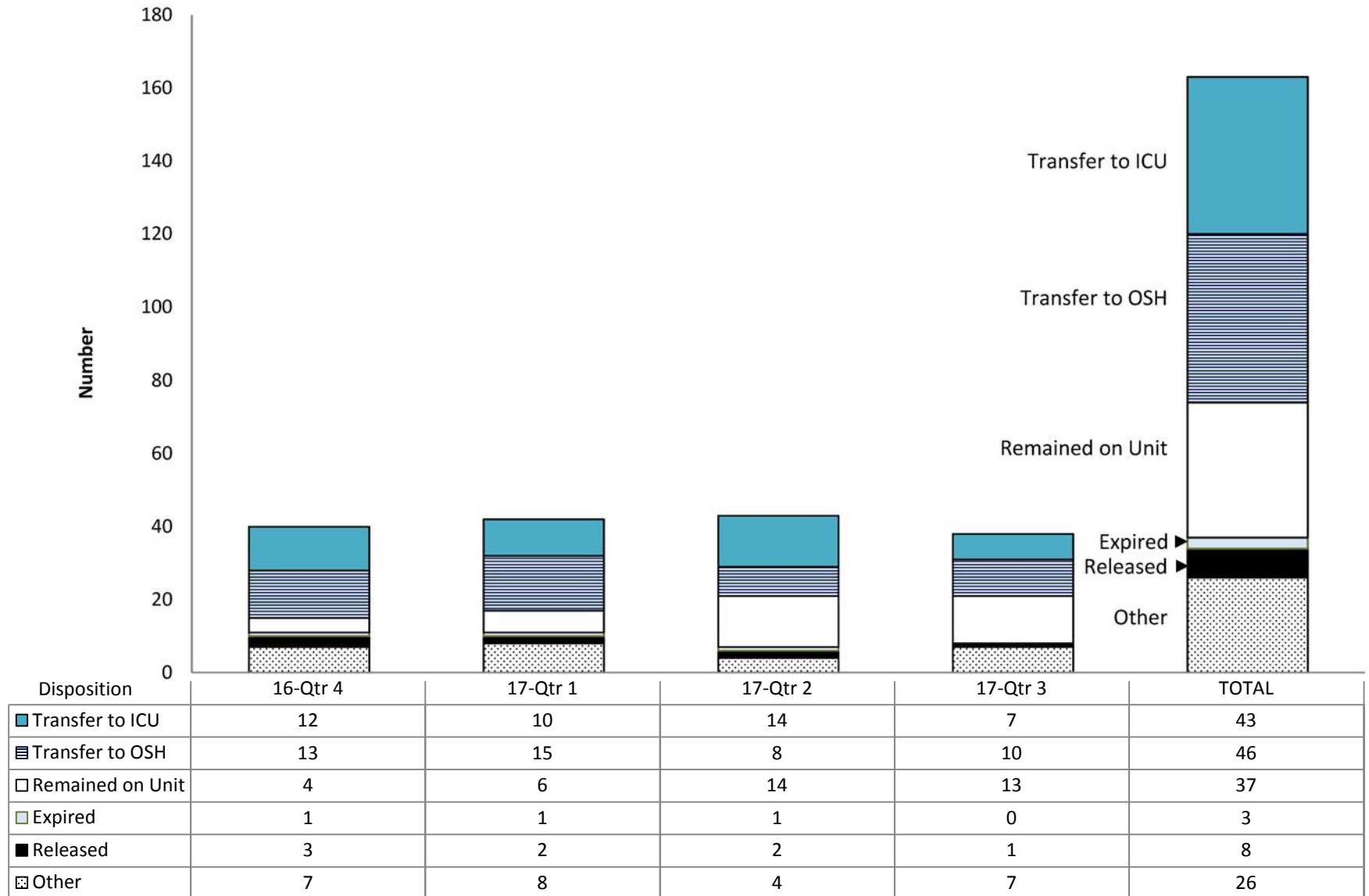
Code Blue Response: Types of "Patients"



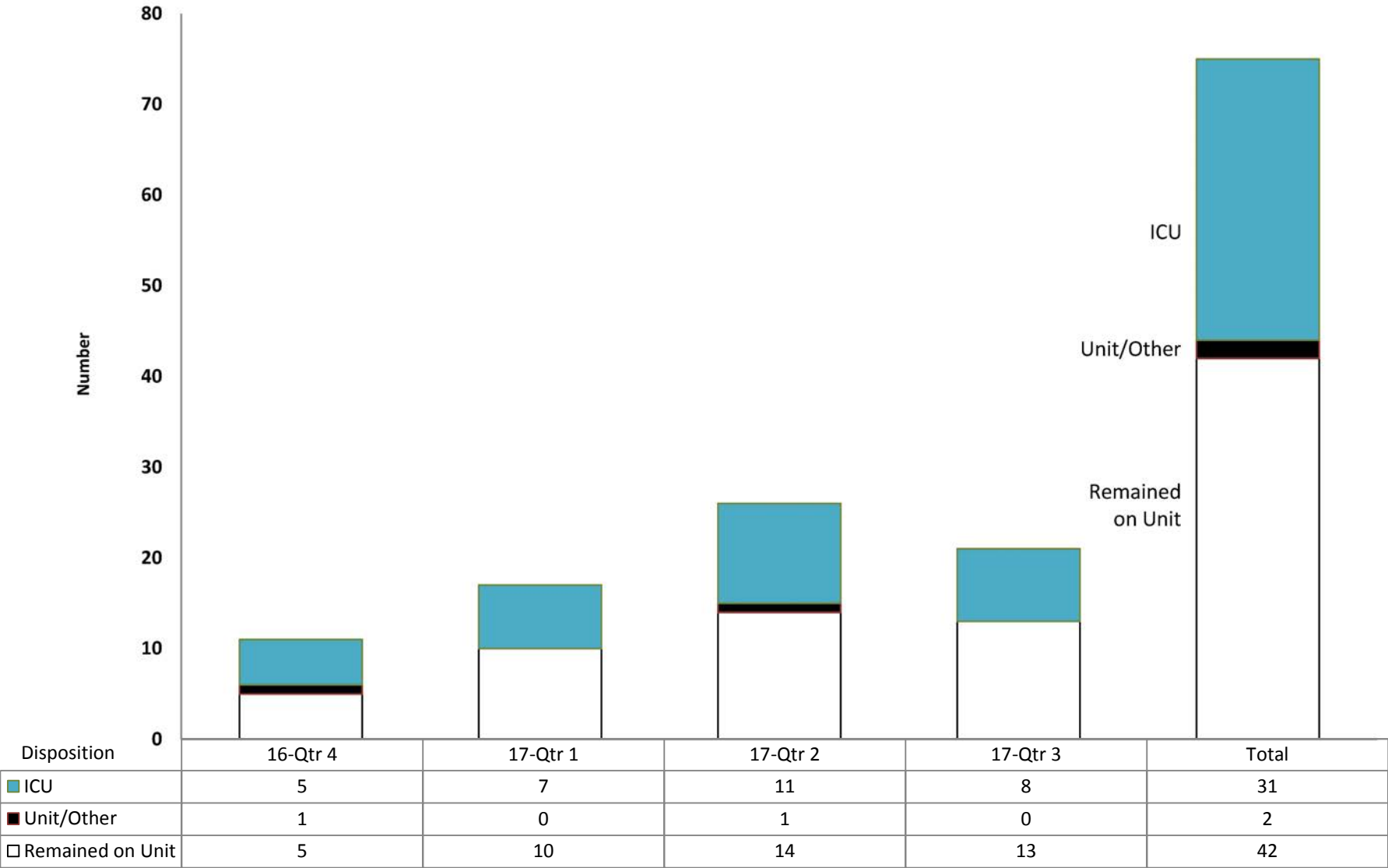
Code Blue Response: Type of Event



Code Blue Response: Patient Disposition



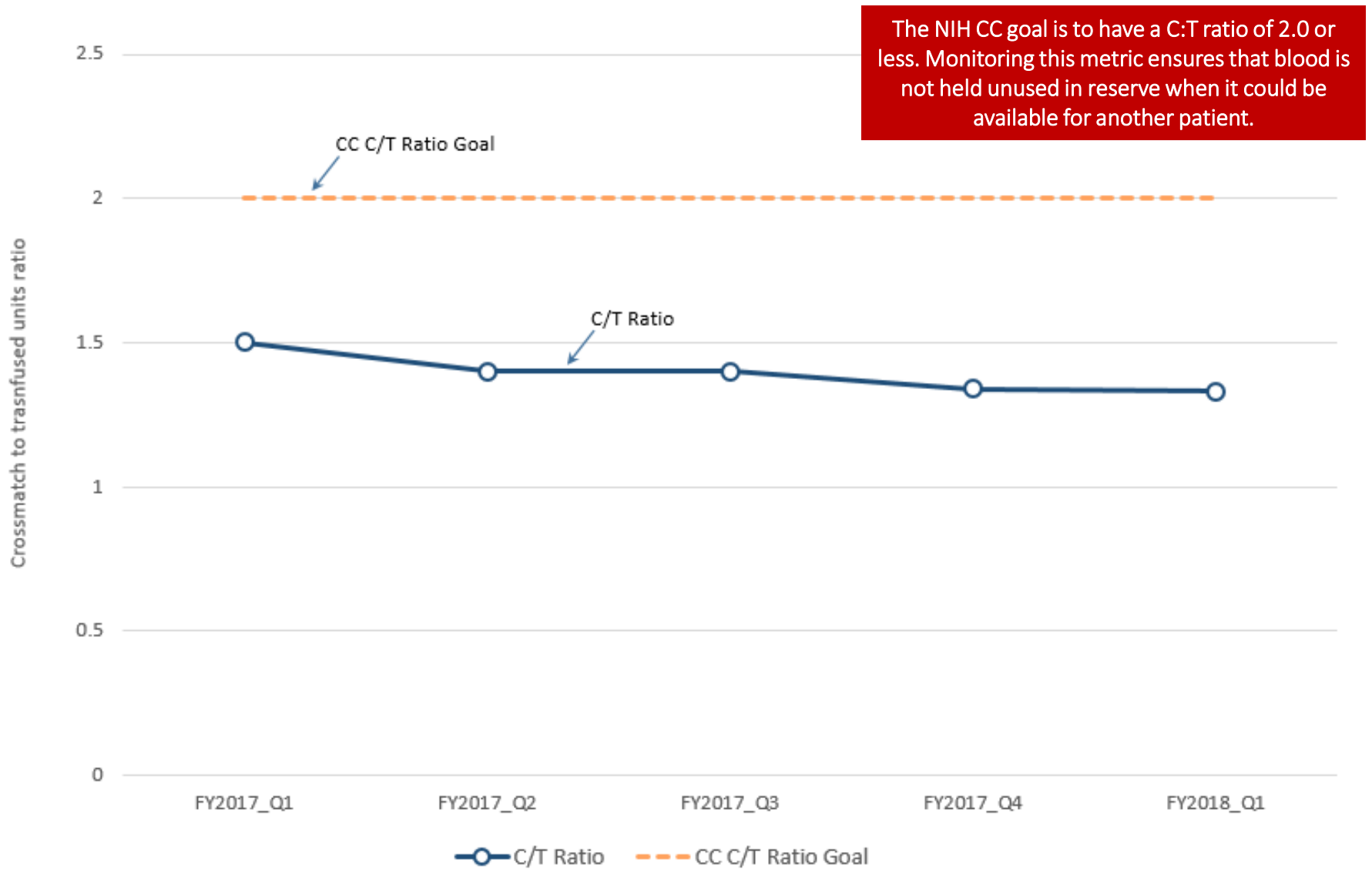
Rapid Response Team: Patient Disposition



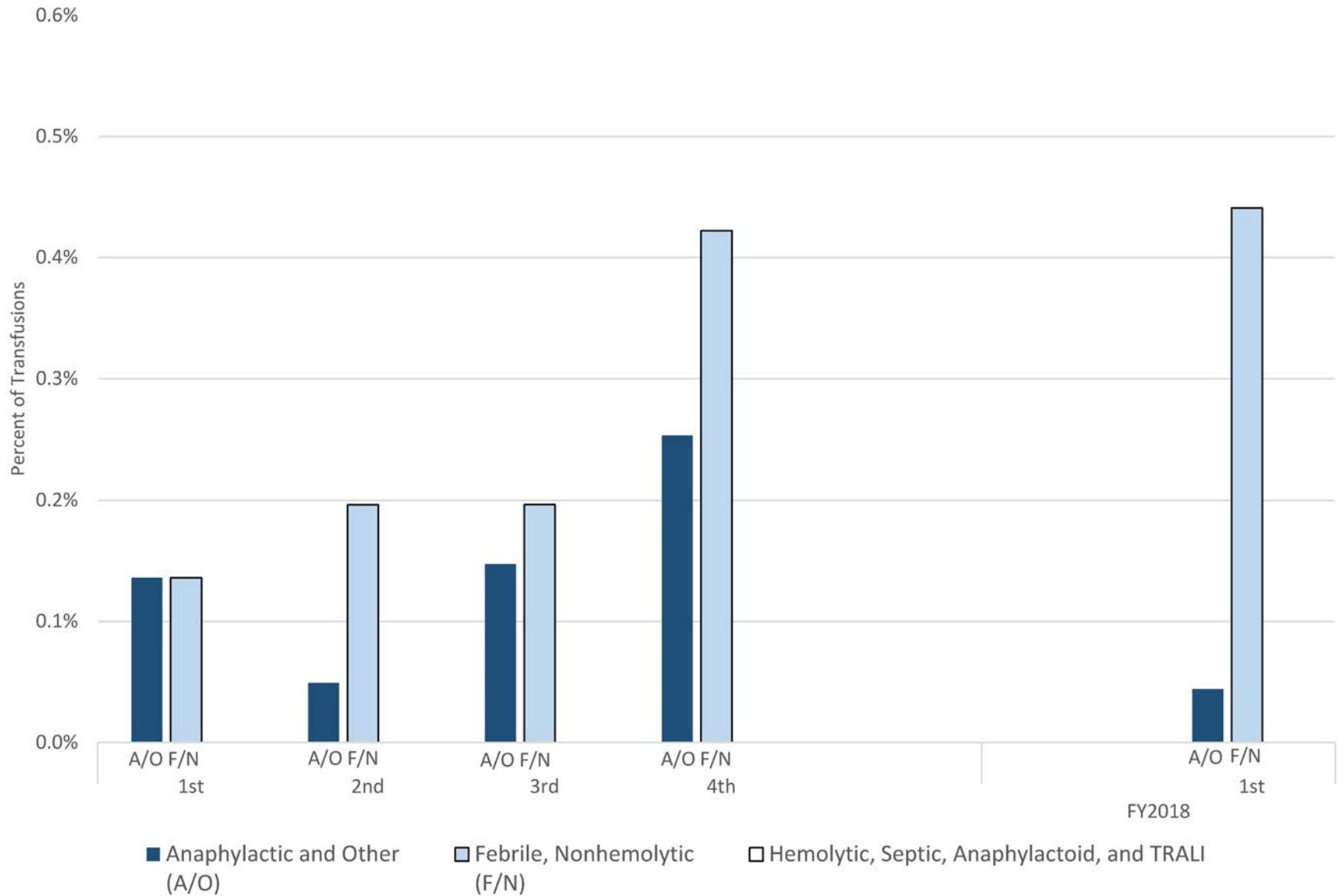
Blood and Blood Product Use

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

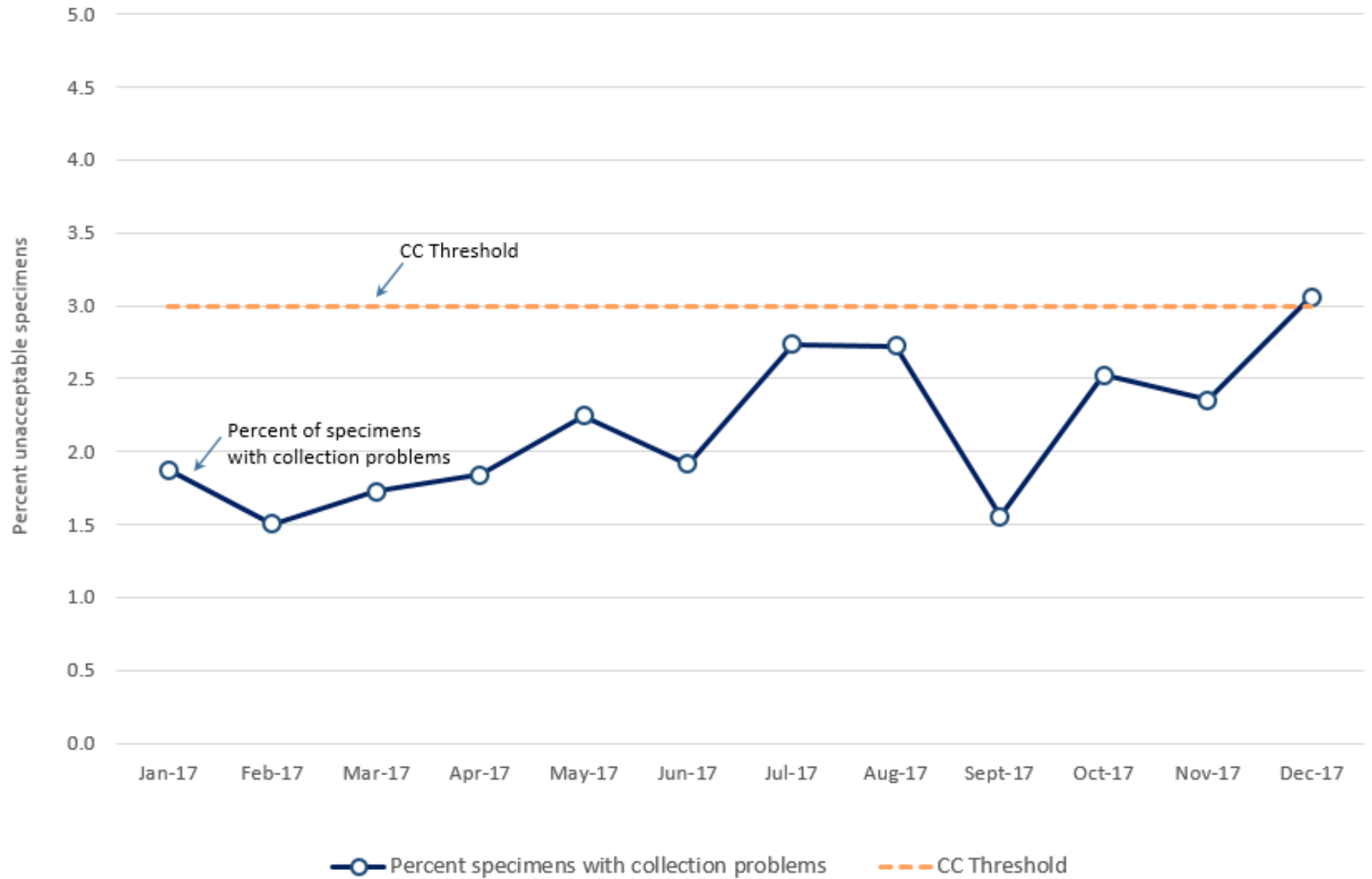
Crossmatch to Transfusion (C/T) Ratio



Transfusion Reactions by Class



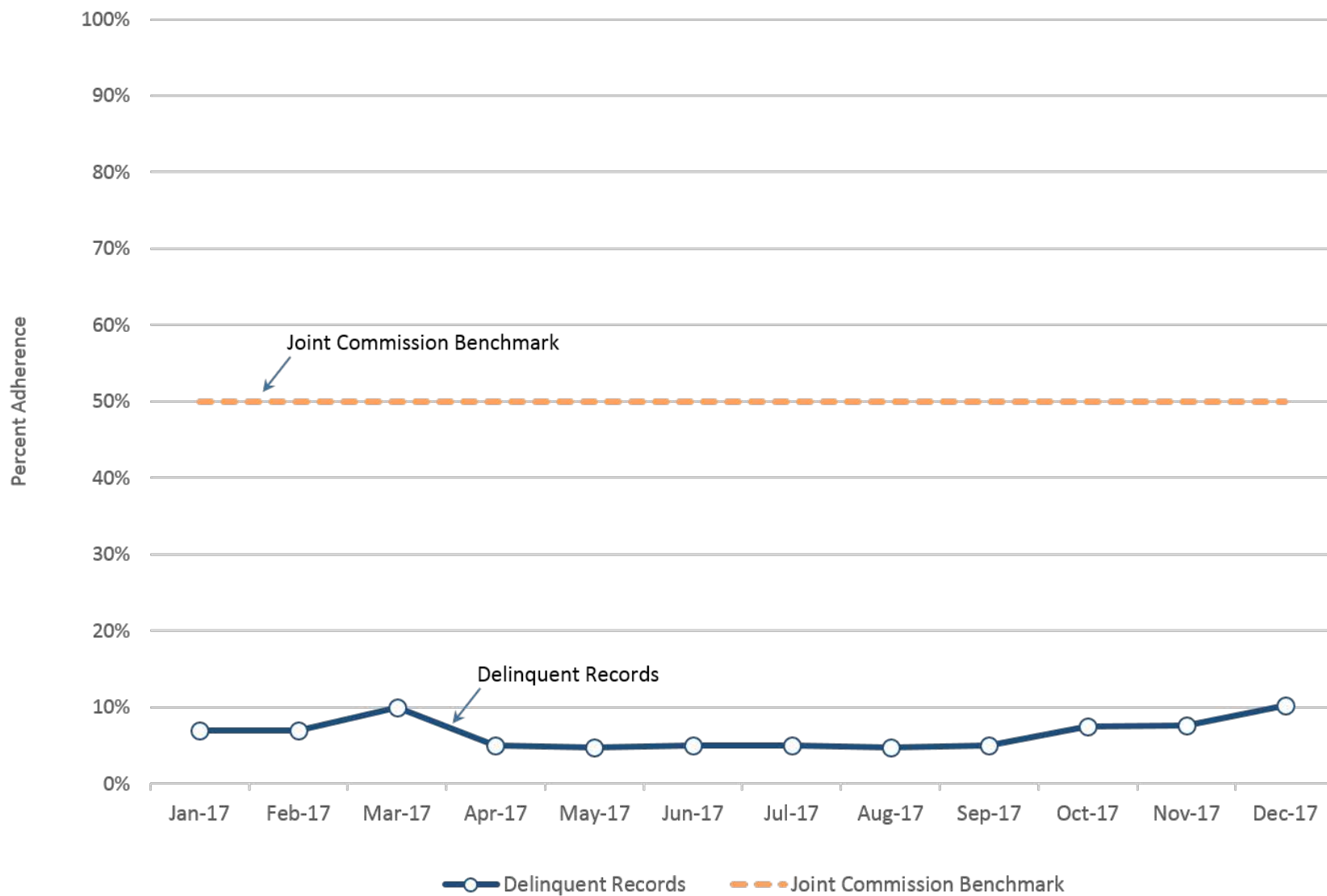
Unacceptable Blood Bank Specimens



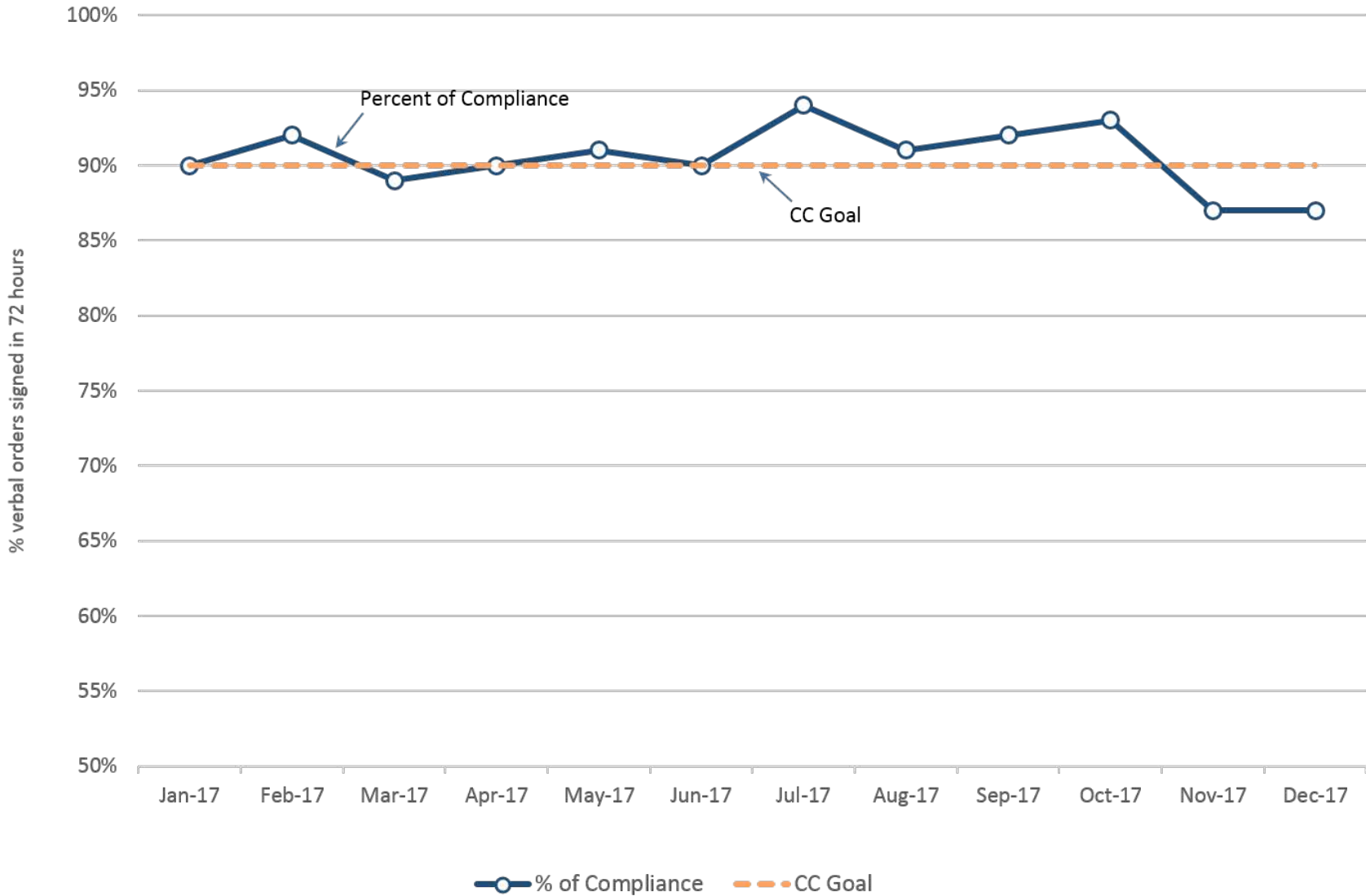
Clinical Documentation

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

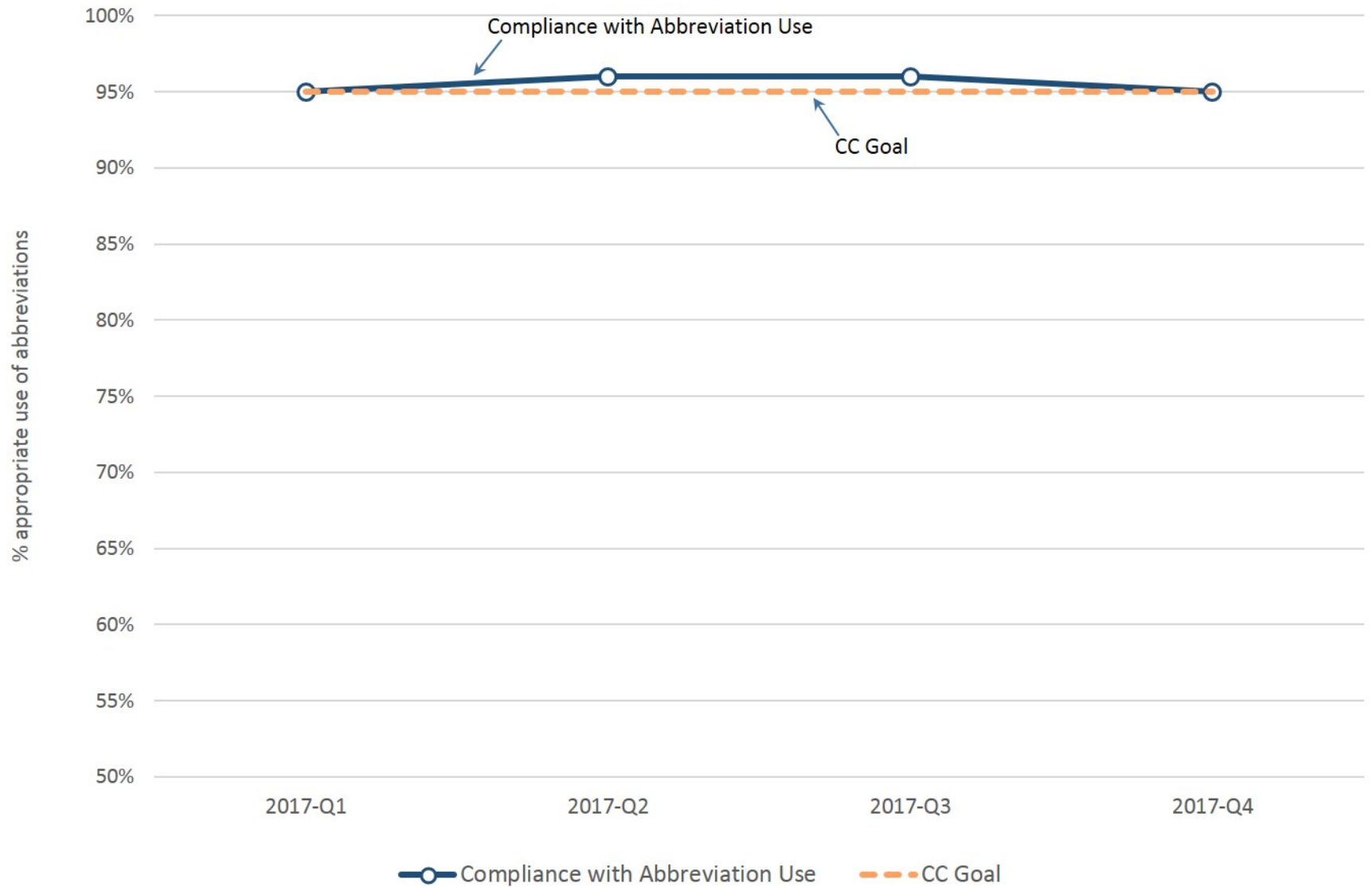
Delinquent Records (>30 days post discharge)



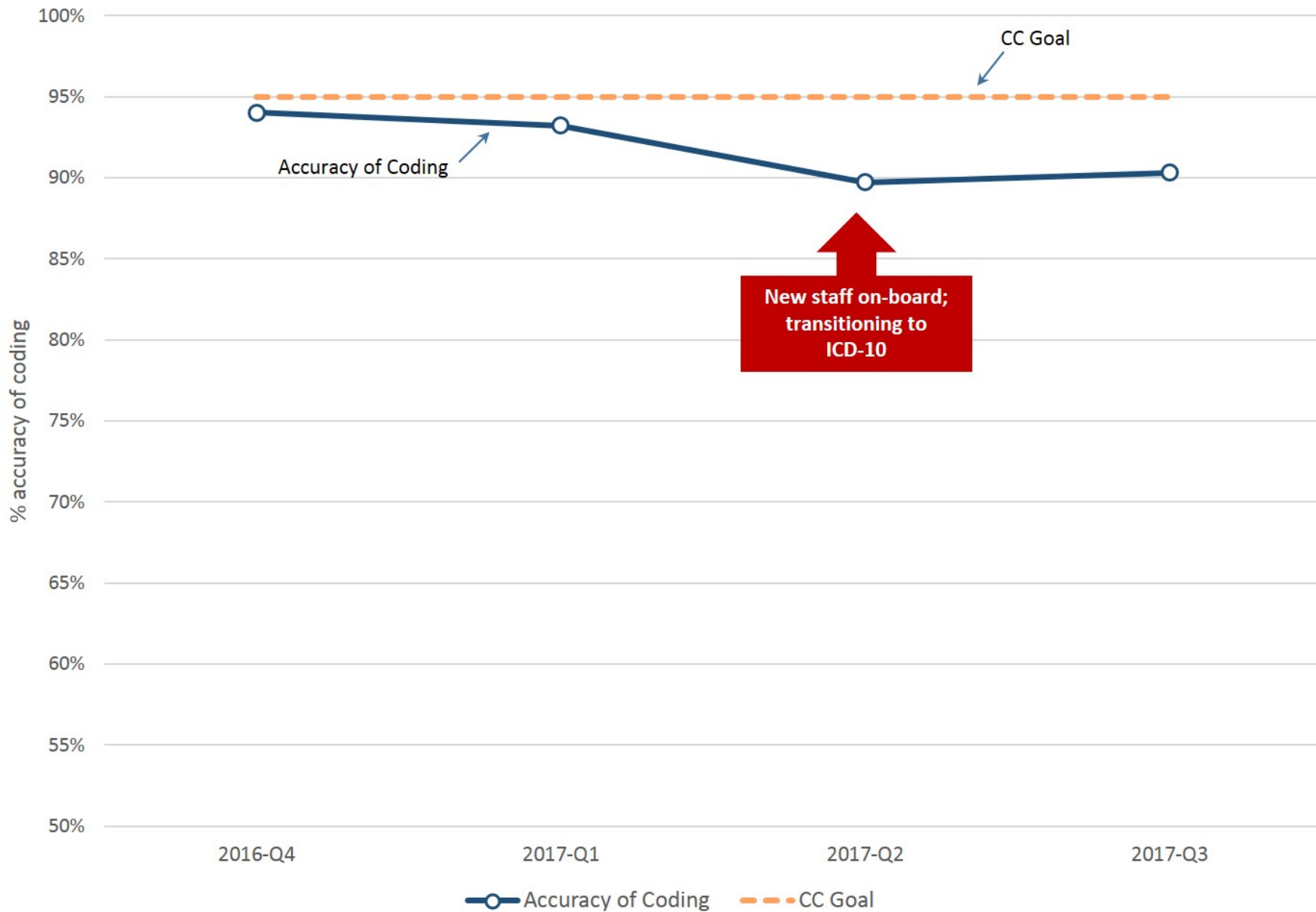
"Agent for" Orders Countersignature Compliance



"Do Not Use" Abbreviation Adherence



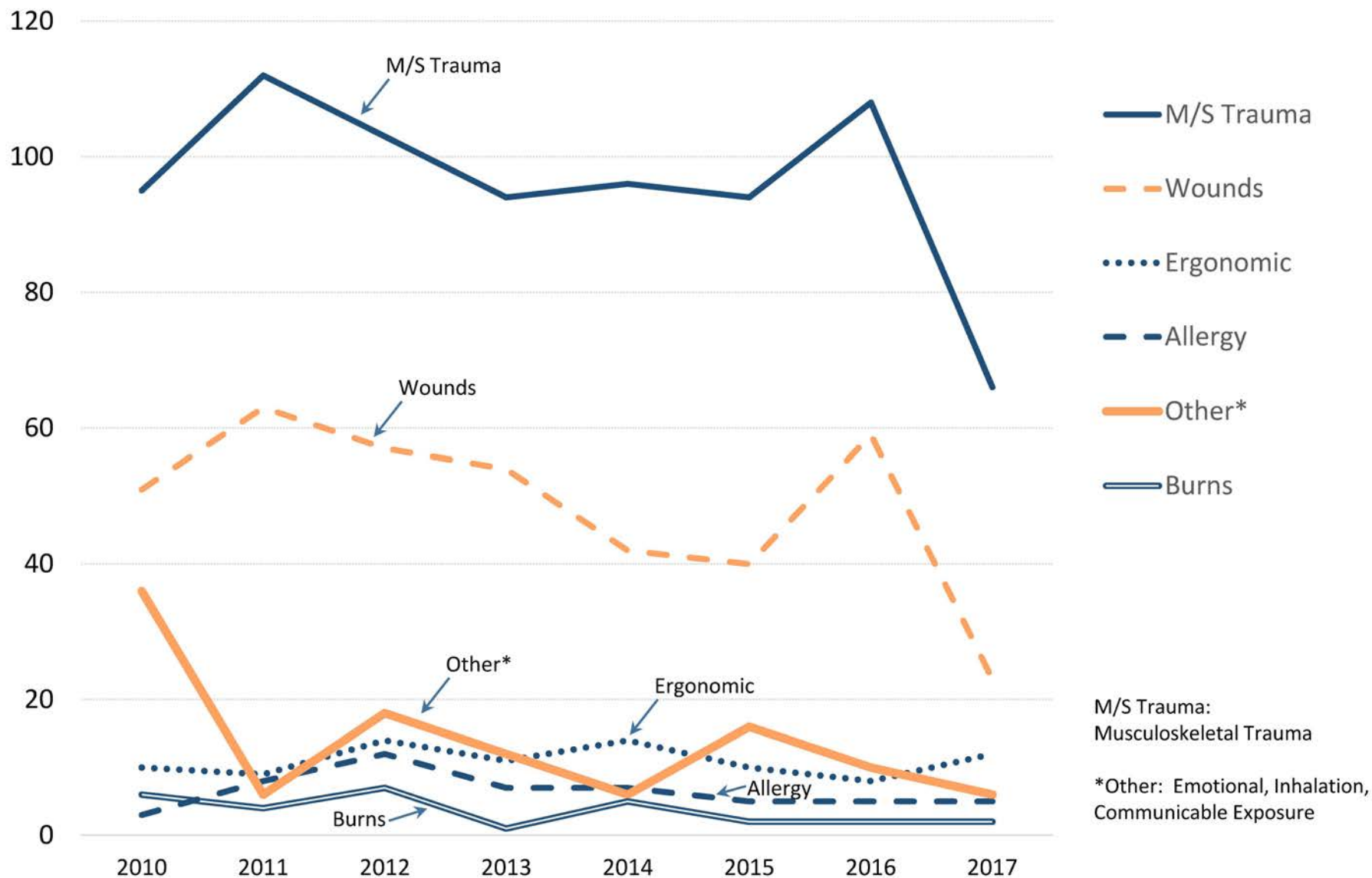
Accuracy of Record Coding



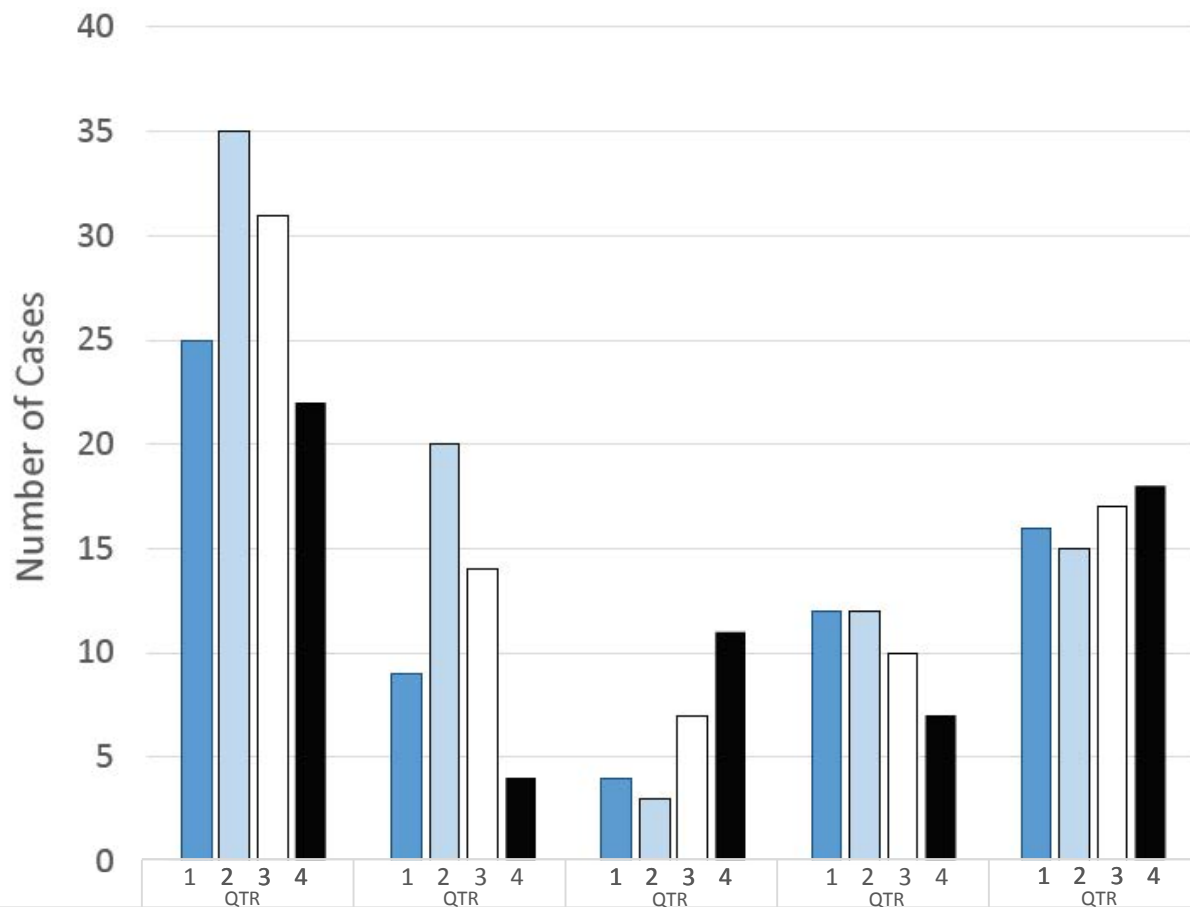
Employee Safety

- Occupational Injury and Illness

Comparison of the Number and Types of Recordable Occupational Injuries and Illnesses Cases Among CC Employees (2010 – 2017)



OSHA Recordable Occupational Injuries and Illnesses Cases Among CC Employees in 2017 (n= 113)



TRC: Total Recordable Cases

ORC: Other Recordable Cases

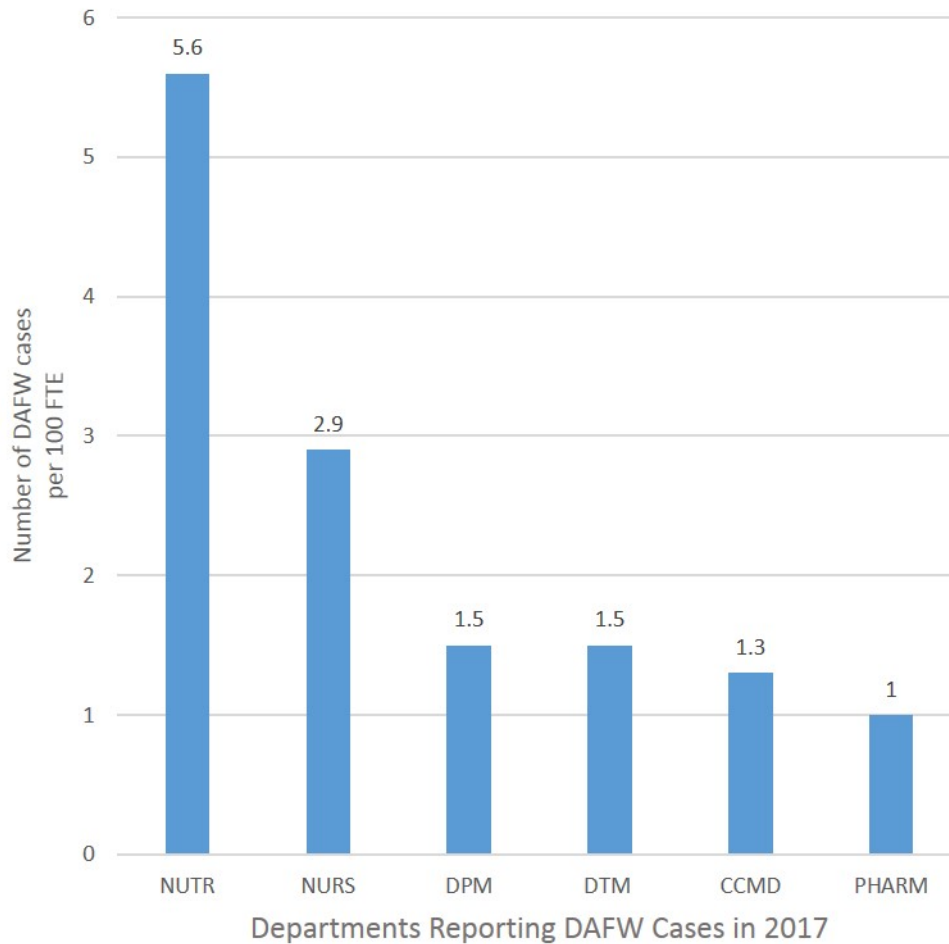
DAFW: Days Away From Work

DJTR: Days Job Transfer, Restriction

DART: DAFW + DJTR

| QTR | TRC | ORC | DAFW | DJTR | DART |
|---------|-----|-----|------|------|------|
| 1QTR | 25 | 9 | 4 | 12 | 16 |
| 2QTR | 35 | 20 | 3 | 12 | 15 |
| 3rd QTR | 31 | 14 | 7 | 10 | 17 |
| 4th QTR | 22 | 4 | 11 | 7 | 18 |

Comparison of Days Away From Work cases per 100 FTE in CC Departments (n= 25)

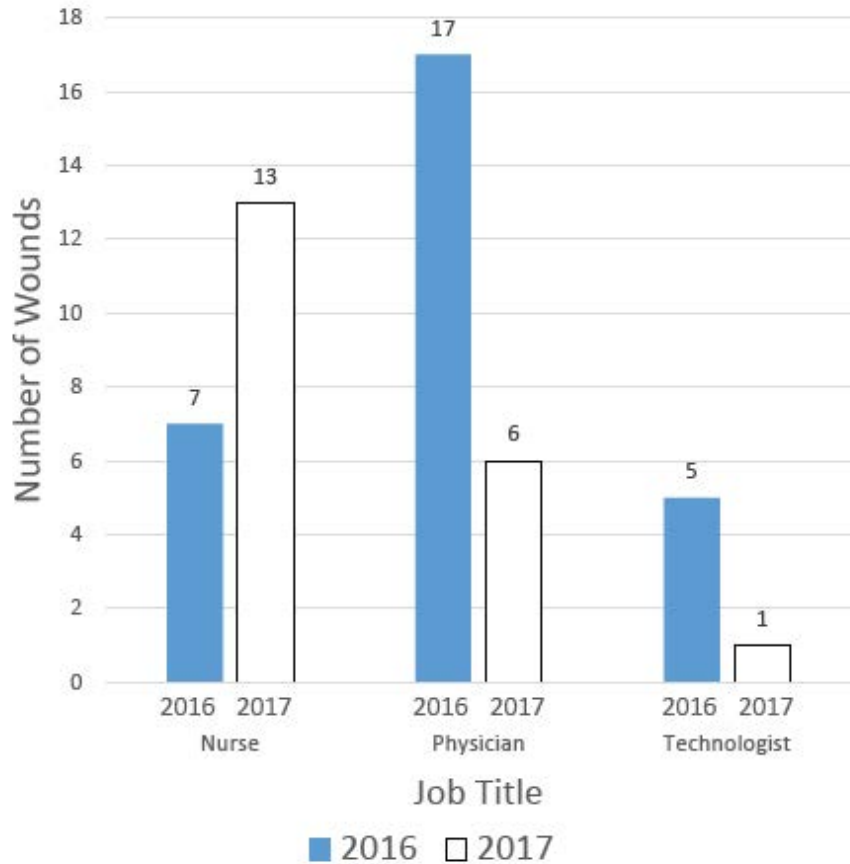


- The majority (n=18) DAFW cases occurred from July - Dec 2017.
- Nurses had the greatest number of DAFW cases (n= 17) but food service workers had the highest OI incident case rate per 100 FTE *.
- Except for six cases, the remainder (n=19) had no patient contact.
- Four cases were categorized as illness whereas the majority DAFW cases (n=18) were classified as musculoskeletal trauma.

*FTE as of September 30, 2017

Wounds Contaminated with Human Blood and Body Fluids Reported Among All Health Care Personnel (CC And Institute Staff)

Comparison of Wounds Reported to OMS by Job Titles



Activity at Time of Injury

