Patient Perceptions

• Press-Ganey Survey Results:
  • Overall Assessment
  • Likelihood of Recommending
Inpatient and Outpatient Overall Top Box Rating

- NIH CC Overall Rating - Inpatient
- NIH CC Overall Rating - Outpatient
- HCAPS Overall Rating Average US(2021-2022)
- Press Ganey Outpt Benchmark

3 questions in the Overall Assessment Domain
Inpatient and Outpatient Likelihood to Recommend

<table>
<thead>
<tr>
<th></th>
<th>Q1 CY 2023</th>
<th>Q2 CY 2023</th>
<th>Q3 CY 2023</th>
<th>Q4 CY 2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>NIH CC - Inpatient</td>
<td></td>
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<tr>
<td>NIH CC - Outpatient</td>
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<tr>
<td>HCAPS Likelihood</td>
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<tr>
<td>Average US (2021-2022)</td>
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<tr>
<td>Press Ganey Outpt</td>
<td></td>
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<tr>
<td>Benchmark</td>
<td></td>
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</tbody>
</table>

%
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

Whole House Hand Hygiene Compliance, 4Q 2023

Observed Hand Hygiene Compliance

1Q 2021  2Q 2021  3Q 2021  4Q 2021  1Q 2022  2Q 2022  3Q 2022  4Q 2022  1Q 2023  2Q 2023  3Q 2023  4Q 2023

4Q 2023, 98%
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]
Hospital-Acquired Catheter-Associated UTI (3SWS/ICU)
Hospital-Acquired Catheter-Associated UTI (3NW)
Surgical Site Infection Rate
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>23-Qtr 1</th>
<th>23-Qtr 2</th>
<th>23-Qtr 3</th>
<th>23-Qtr 4</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpt</td>
<td>16</td>
<td>13</td>
<td>7</td>
<td>8</td>
<td>44</td>
</tr>
<tr>
<td>Outpt</td>
<td>24</td>
<td>13</td>
<td>15</td>
<td>6</td>
<td>58</td>
</tr>
<tr>
<td>Employee</td>
<td>12</td>
<td>8</td>
<td>9</td>
<td>10</td>
<td>39</td>
</tr>
<tr>
<td>Visitor</td>
<td>2</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Incorrect Calls</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Code Blue Response: Type of Event

<table>
<thead>
<tr>
<th>Event Type</th>
<th>23-Qtr 1</th>
<th>23-Qtr 2</th>
<th>23-Qtr 3</th>
<th>23-Qtr 4</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>DART</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Brain Code</td>
<td>2</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Arrest</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Acute Emergency</td>
<td>18</td>
<td>5</td>
<td>15</td>
<td>20</td>
<td>58</td>
</tr>
<tr>
<td>Stable Event</td>
<td>30</td>
<td>25</td>
<td>15</td>
<td>4</td>
<td>74</td>
</tr>
</tbody>
</table>

Number
## Code Blue Response: Patient Disposition

<table>
<thead>
<tr>
<th>Disposition</th>
<th>23-Qtr 1</th>
<th>23-Qtr 2</th>
<th>23-Qtr 3</th>
<th>23-Qtr 4</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transfer to ICU</td>
<td>14</td>
<td>7</td>
<td>6</td>
<td>5</td>
<td>32</td>
</tr>
<tr>
<td>Transfer to OSH</td>
<td>13</td>
<td>10</td>
<td>6</td>
<td>12</td>
<td>41</td>
</tr>
<tr>
<td>Remained on Unit</td>
<td>16</td>
<td>9</td>
<td>15</td>
<td>5</td>
<td>45</td>
</tr>
<tr>
<td>Expired</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Released</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>8</td>
<td>6</td>
<td>4</td>
<td>25</td>
</tr>
</tbody>
</table>

The chart above illustrates the patient disposition for each quarter and the total. The colors represent different dispositions:
- Orange: Transfer to ICU
- Blue: Transfer to OSH
- Purple: Remained on Unit
- Green: Expired
- Red: Released
- Gray: Other
## Rapid Response Team: Patient Disposition

### Table: Patient Disposition by Quarter and Category

<table>
<thead>
<tr>
<th>Category</th>
<th>23-Qtr 1</th>
<th>23-Qtr 2</th>
<th>23-Qtr 3</th>
<th>23-Qtr 4</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ICU</strong></td>
<td>8</td>
<td>9</td>
<td>7</td>
<td>4</td>
<td>28</td>
</tr>
<tr>
<td><strong>Unit/Other</strong></td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>5</td>
<td>12</td>
</tr>
<tr>
<td><strong>Remained on Unit</strong></td>
<td>19</td>
<td>15</td>
<td>21</td>
<td>5</td>
<td>60</td>
</tr>
</tbody>
</table>

### Graph: Disposition by Quarter

- **ICU**: Light gray
- **Unit/Other**: Orange
- **Remained on Unit**: Blue

---

**Number**

- 0
- 20
- 40
- 60
- 80
- 100
- 120
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.
Transfusion Reactions by Class

Percent of Transfusions

July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | July | Aug | Sept

Q3 CY 2022 | Q4 CY 2022 | Q1 CY 2023 | Q2 CY 2023 | Q3 CY 2023

Anaphylactic | Other | Febrile, Nonhemolytic | Hemolytic, Septic, Anaphylactoid, and TRALI
Unacceptable Blood Bank Specimens

- Percent unacceptable specimens

Legend:
- % Specimens with Collection Problems
- CC Threshold

Timeline:
- July Aug Sept Oct Nov Dec Jan Feb Mar Apr May Jun July Aug Sept
- Q3 CY 2022 Q4 CY 2022 Q1 CY 2023 Q2 CY 2023 Q3 CY 2023

Threshold: 3.0
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

Quarter

% Records Delinquent

Joint Commission Benchmark
"Agent for" Orders Countersignature Compliance

% of Compliance

% of Compliance

Calendar Year

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"Do Not Use" Abbreviation Adherence
Accuracy of Record Coding

![Graph showing the accuracy of coding and the CC Goal over years from CY2020-Q1 to CY2023-Q4. The graph indicates a steady percentage of accuracy with a slight fluctuation, maintaining a high level throughout the years. The CC Goal is consistently met at 100%.](image_url)
Employee Safety

• Recordable Occupational Injury and Illness
• Types of Occupational Injury for Quarter
Recordable Occupational Injuries and Illnesses Among CC Employees CY21-23

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 Among CC Employees
4th Quarter CY2023
n=19

- M/S Trauma: 10.50%
- Wounds: 5.30%
- Splash: 5.30%
- Burn: 10.50%
- Other: 68%