CLINICAL AND SAFETY PERFORMANCE METRICS

Executive Dashboard

NIH Clinical Center
October 2023
Patient Perceptions

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

% Questions with top rating

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

3 questions in the Overall Assessment Domain

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

"Likelihood of you recommending this facility to others"

Q4 CY 2022 | Q1 CY 2023 | Q2 CY 2023 | Q3 CY 2023
---|---|---|---
NIH CC - Inpatient | NIH CC - Outpatient | HCAPS Likelihood Average US(2021-2022) | Press Ganey Outpt Benchmark
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

Observed Hand Hygiene Compliance

- 2Q 2023, 98%
Whole-House Hospital-Acquired Central Line-Associated Bloodstream Infection Rates
HA-CLABSI Incidence and Rates by Unit, ICU
Hospital-Acquired Catheter-Associated UTI (3SWS/ICU)
Q2 2023: Hospital-Acquired Catheter-Associated UTI (3NW)
Surgical Site Infection Rate

<table>
<thead>
<tr>
<th>Quarter</th>
<th>SSI Rate (#SSI/100 Procedures)</th>
<th>Number of SSIs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1Q.2020</td>
<td>3.8</td>
<td>10</td>
</tr>
<tr>
<td>2Q.2020</td>
<td>1.6</td>
<td>3</td>
</tr>
<tr>
<td>3Q.2020</td>
<td>4.0</td>
<td>10</td>
</tr>
<tr>
<td>4Q.2020</td>
<td>2.7</td>
<td>9</td>
</tr>
<tr>
<td>1Q.2021</td>
<td>5.0</td>
<td>5</td>
</tr>
<tr>
<td>2Q.2021</td>
<td>2.3</td>
<td>5</td>
</tr>
<tr>
<td>3Q.2021</td>
<td>4.0</td>
<td>4</td>
</tr>
<tr>
<td>4Q.2021</td>
<td>2.0</td>
<td>4</td>
</tr>
<tr>
<td>1Q.2022</td>
<td>2.2</td>
<td>3</td>
</tr>
<tr>
<td>2Q.2022</td>
<td>2.0</td>
<td>2</td>
</tr>
<tr>
<td>3Q.2022</td>
<td>4.0</td>
<td>4</td>
</tr>
<tr>
<td>4Q.2022</td>
<td>3.8</td>
<td>3</td>
</tr>
<tr>
<td>1Q.2023</td>
<td>2.2</td>
<td>2</td>
</tr>
</tbody>
</table>

SSI Rate (#SSI/100 Procedures)

# SSI: Number of SSIs
SSI rate (#SSI/100 operations)
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

- CC Quarterly Rate
- CC Stage 3 & 4
- NDNQI Mean

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>22-Qtr 4</th>
<th>23-Qtr 1</th>
<th>23-Qtr 2</th>
<th>23-Qtr 3</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpt</td>
<td>22</td>
<td>16</td>
<td>13</td>
<td>7</td>
<td>58</td>
</tr>
<tr>
<td>Outpt</td>
<td>26</td>
<td>24</td>
<td>13</td>
<td>14</td>
<td>77</td>
</tr>
<tr>
<td>Employee</td>
<td>8</td>
<td>12</td>
<td>8</td>
<td>9</td>
<td>37</td>
</tr>
<tr>
<td>Visitor</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>1</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>

*Figure Legend:*
- Inpt: Blue
- Outpt: Purple
- Employee: Green
- Visitor: Red
- Incorrect Calls: Black

*Graph:*
- The graph shows the distribution of different types of patients over various quarters.
# Code Blue Response: Type of Event

<table>
<thead>
<tr>
<th></th>
<th>22-Qtr 4</th>
<th>23-Qtr 1</th>
<th>23-Qtr 2</th>
<th>23-Qtr 3</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>DART</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Brain Code</td>
<td>5</td>
<td>2</td>
<td>6</td>
<td>0</td>
<td>13</td>
</tr>
<tr>
<td>Arrest</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Acute Emergency</td>
<td>15</td>
<td>18</td>
<td>5</td>
<td>14</td>
<td>52</td>
</tr>
<tr>
<td>Stable Event</td>
<td>36</td>
<td>30</td>
<td>25</td>
<td>15</td>
<td>106</td>
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</tbody>
</table>

**Number**
## Code Blue Response: Patient Disposition

<table>
<thead>
<tr>
<th></th>
<th>22-Qtr 4</th>
<th>23-Qtr 1</th>
<th>23-Qtr 2</th>
<th>23-Qtr 3</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Transfer to ICU</strong></td>
<td>18</td>
<td>14</td>
<td>7</td>
<td>5</td>
<td>44</td>
</tr>
<tr>
<td><strong>Transfer to OSH</strong></td>
<td>7</td>
<td>13</td>
<td>10</td>
<td>6</td>
<td>36</td>
</tr>
<tr>
<td><strong>Remained on Unit</strong></td>
<td>27</td>
<td>16</td>
<td>9</td>
<td>15</td>
<td>67</td>
</tr>
<tr>
<td><strong>Expired</strong></td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>Released</strong></td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>6</td>
<td>27</td>
</tr>
</tbody>
</table>

**Number**

0 20 40 60 80 100 120 140 160 180 200
### Rapid Response Team: Patient Disposition

<table>
<thead>
<tr>
<th></th>
<th>22-Qtr 4</th>
<th>23-Qtr 1</th>
<th>23-Qtr 2</th>
<th>23-Qtr 3</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICU</td>
<td>8</td>
<td>8</td>
<td>9</td>
<td>7</td>
<td>32</td>
</tr>
<tr>
<td>Unit/Other</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Remained on Unit</td>
<td>16</td>
<td>19</td>
<td>15</td>
<td>21</td>
<td>71</td>
</tr>
</tbody>
</table>

**Number**
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

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

% 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)
"Agent for" Orders Countersignature Compliance

% of Compliance vs CC Goal over Calendar Year

% verbal orders signed in 72 hours

Q1 CY2019, Q2 CY2019, Q3 CY2019, Q4 CY2019, Q1 CY2020, Q2 CY2020, Q3 CY2020, Q4 CY2020, Q1 CY2021, Q2 CY2021, Q3 CY2021, Q4 CY2021, Q1 CY2022, Q2 CY2022, Q3 CY2022, Q4 CY2022, Q1 CY2023, Q2 CY2023, Q3 CY2023
Accuracy of Record Coding

Accuracy of Coding vs CC Goal

Year

% accuracy of coding

Accuracy of Coding

CC Goal

CY2020-Q1  CY2020-Q2  CY2020-Q3  CY2020-Q4  CY2021-Q1  CY2021-Q2  CY2021-Q3  CY2021-Q4  CY2022-Q1  CY2022-Q2  CY2022-Q3  CY2022-Q4  CY2023-Q1  CY2023-Q2  CY2023-Q3
Employee Safety

• Recordable Occupational Injury and Illness
• Types of Occupational Injury for Quarter
Recordable Occupational Injuries and Illnesses Among CC Employees CY22-23

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
July-September 2023
n=18