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
Hand Hygiene Compliance

2Q 2022, 94%
Whole-House
Central-Line Associated Bloodstream Infection (CLABSI) Rate

![Graph showing Whole-House Central-Line Associated Bloodstream Infection (CLABSI) Rate from Q3 2019 to Q2 2022. The graph includes data points for Whole-house, DUR, and Whole-house CLABSI Rate Trendline, with a trend towards decreasing CLABSI rates over time.]
ICU Catheter-Associated Urinary Tract Infections (CAUTI) Rate

![Graph showing ICU Catheter-Associated Urinary Tract Infections (CAUTI) Rate]
Surgical Oncology (3NW) Catheter-Associated Urinary Tract Infections (CAUTI) Rate
Surgical Site Infections

2020-2021 Clinical Center Average 2.19

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2020-2021 Clinical Center Average 2.19
Nursing Quality Metrics

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

- Quarterly rate
- NDNQI Benchmark - Total
- Falls with injury
- NDNQI Benchmark - Injury falls

Falls per 1,000 Patient days
Pressure Injury Prevalence

![Pressure Injury Prevalence Graph](image)

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>Type</th>
<th>CY21-Q3</th>
<th>CY21-Q4</th>
<th>CY22-Q1</th>
<th>CY22-Q2</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpt</td>
<td>36</td>
<td>15</td>
<td>8</td>
<td>19</td>
<td>78</td>
</tr>
<tr>
<td>Outpt</td>
<td>14</td>
<td>10</td>
<td>16</td>
<td>13</td>
<td>53</td>
</tr>
<tr>
<td>Employee</td>
<td>9</td>
<td>11</td>
<td>7</td>
<td>11</td>
<td>38</td>
</tr>
<tr>
<td>Visitor</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>10</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>Type of Event</th>
<th>CY21-Q3</th>
<th>CY21-Q4</th>
<th>CY22-Q1</th>
<th>CY22-Q2</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brain Code</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Arrest</td>
<td>14</td>
<td>4</td>
<td>2</td>
<td>3</td>
<td>23</td>
</tr>
<tr>
<td>Acute Emergency</td>
<td>8</td>
<td>12</td>
<td>6</td>
<td>19</td>
<td>45</td>
</tr>
<tr>
<td>Stable Event</td>
<td>35</td>
<td>23</td>
<td>25</td>
<td>22</td>
<td>105</td>
</tr>
</tbody>
</table>

![Bar chart showing the number of code blue responses by type and quarter]
<table>
<thead>
<tr>
<th></th>
<th>CY21-Q3</th>
<th>CY21-Q4</th>
<th>CY22-Q1</th>
<th>CY22-Q2</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transfer to ICU</td>
<td>13</td>
<td>10</td>
<td>5</td>
<td>9</td>
<td>37</td>
</tr>
<tr>
<td>Transfer to OSH</td>
<td>10</td>
<td>14</td>
<td>7</td>
<td>15</td>
<td>46</td>
</tr>
<tr>
<td>Remained on Unit</td>
<td>27</td>
<td>11</td>
<td>15</td>
<td>15</td>
<td>68</td>
</tr>
<tr>
<td>Expired</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Released</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>16</td>
</tr>
</tbody>
</table>
Rapid Response Team: Patient Disposition

<table>
<thead>
<tr>
<th></th>
<th>CY21-Q3</th>
<th>CY21-Q4</th>
<th>CY22-Q1</th>
<th>CY22-Q2</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICU</td>
<td>7</td>
<td>1</td>
<td>10</td>
<td>7</td>
<td>25</td>
</tr>
<tr>
<td>Unit/Other</td>
<td>4</td>
<td>4</td>
<td>2</td>
<td>3</td>
<td>13</td>
</tr>
<tr>
<td>Remained on Unit</td>
<td>36</td>
<td>13</td>
<td>8</td>
<td>12</td>
<td>69</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.
Transfusion Reactions by Class

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

- % Specimens with Collection Problems
- CC Threshold

Q1 CY 2021
Q2 CY 2021
Q3 CY 2021
Q4 CY 2021
Q1 CY 2022
Q2 CY 2022

Percent unacceptable 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

% verbal orders signed in 72 hours

% of Compliance

CC Goal

Fiscal Year

"Do Not Use" Abbreviation Adherence

Fiscal Year

% appropriate use of abbreviations
Employee Safety

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

CY 2021 - CY 2022

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, April-June
n=16

M/S Trauma: 72%
SPLASH: 17%
INHALATION: 6%
WOUND: 5%

Ergonomic = 0 this quarter