Patients’ Perceptions

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

Q3 CY 2018 data collection in progress

Percent Positive Response

Q3 CY 2018 | Q4 CY 2018 | Q1 CY 2019 | Q2 CY 2019 | Q3 CY 2019

- Overall Rating of NIH CC - Inpatient
- Overall Rating of NIH CC - Outpatient
- CMS HCAHPS Benchmark (Average)
- NRC Benchmark (Average)
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
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

Infections per 100 procedures

- **SSI Rate**
  - 2018 Clinical Center Average

Graph showing the trend of SSI rate from 2018-Q2 to 2019-Q2.
Nursing Quality Metrics

- Falls
- Pressure Injury
- Medication Administration Barcoding
Inpatient Falls Rate

Falls per 1,000 patient days

Q3 CY 2018 | Q4 CY 2018 | Q1 CY 2019 | Q2 CY 2019 | Q3 CY 2019

NDNQI Benchmark

NDNQI benchmark for Total Falls Rate Only
Pressure Injury Prevalence

% of surveyed patients with pressure injury

Q3 CY 2018 | Q4 CY 2018 | Q1 CY 2019 | Q2 CY 2019 | Q3 CY 2019

NDNQI Benchmark for Total Pressure Injury Rate only

Q3 NDNQI Benchmark Pending
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>Inpt</th>
<th>Q4 CY 2018</th>
<th>Q1 CY 2019</th>
<th>Q2 CY 2019</th>
<th>Q3 CY 2019</th>
<th>Total</th>
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<tbody>
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<td>Outpt</td>
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<td>23</td>
<td>21</td>
<td>66</td>
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<td>Employee</td>
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<td>12</td>
<td>13</td>
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<td>Visitor</td>
<td>6</td>
<td>9</td>
<td>2</td>
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<td>22</td>
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<tr>
<td>Incorrect Calls</td>
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<th>Number</th>
<th>Q4 CY 2018</th>
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<th>Q2 CY 2019</th>
<th>Q3 CY 2019</th>
<th>Total</th>
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<td>150</td>
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<tr>
<td></td>
<td>Q4 CY 2018</td>
<td>Q1 CY 2019</td>
<td>Q2 CY 2019</td>
<td>Q3 CY 2019</td>
<td>TOTAL</td>
</tr>
<tr>
<td>------------------</td>
<td>------------</td>
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<td>------------</td>
<td>------------</td>
<td>-------</td>
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<tr>
<td><strong>Brain Code</strong></td>
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<td></td>
<td></td>
<td>6</td>
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<tr>
<td><strong>Arrest</strong></td>
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<td>0</td>
<td>1</td>
<td>3</td>
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<tr>
<td><strong>Acute Emergency</strong></td>
<td>7</td>
<td>12</td>
<td>34</td>
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<tr>
<td><strong>Stable Event</strong></td>
<td>33</td>
<td>32</td>
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<td>21</td>
<td>111</td>
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</table>

**Code Blue Response: Type of Event**
### Code Blue Response: Patient Disposition

<table>
<thead>
<tr>
<th></th>
<th>Q4 CY 2018</th>
<th>Q1 CY 2019</th>
<th>Q2 CY 2019</th>
<th>Q3 CY 2019</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Transfer to ICU</strong></td>
<td>10</td>
<td>6</td>
<td>17</td>
<td>17</td>
<td>50</td>
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<tr>
<td><strong>Transfer to OSH</strong></td>
<td>11</td>
<td>20</td>
<td>16</td>
<td>12</td>
<td>59</td>
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<tr>
<td><strong>Remained on Unit</strong></td>
<td>10</td>
<td>11</td>
<td>18</td>
<td>11</td>
<td>50</td>
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<tr>
<td><strong>Expired</strong></td>
<td>2</td>
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<td>0</td>
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<td>3</td>
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<td><strong>Released</strong></td>
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<td>1</td>
<td>1</td>
<td>2</td>
<td>7</td>
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<tr>
<td><strong>Other</strong></td>
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<td>6</td>
<td>7</td>
<td>4</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>Q4 CY 2018</td>
<td>Q1 CY 2019</td>
<td>Q2 CY 2019</td>
<td>Q3 CY 2019</td>
<td>Total</td>
</tr>
<tr>
<td>-------------------------</td>
<td>------------</td>
<td>------------</td>
<td>------------</td>
<td>------------</td>
<td>-------</td>
</tr>
<tr>
<td><strong>ICU</strong></td>
<td>5</td>
<td>5</td>
<td>7</td>
<td>9</td>
<td>26</td>
</tr>
<tr>
<td><strong>Unit/Other</strong></td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td><strong>Remained on Unit</strong></td>
<td>3</td>
<td>13</td>
<td>8</td>
<td>31</td>
<td>55</td>
</tr>
</tbody>
</table>

### Rapid Response Team: Patient Disposition

- **Number of Calls:**
  - **ICU:** 26
  - **Unit/Other:** 8
  - **Remained on Unit:** 55

- **Dates Covered:**
  - Q4 CY 2018
  - Q1 CY 2019
  - Q2 CY 2019
  - Q3 CY 2019

- **Graphic Description:**
  - The bar chart shows the distribution of call types over different quarters and the total.
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.)
Unacceptable Blood Bank Specimens

- Percent Unacceptable Specimens
- Unacceptable Blood Bank Specimens
- % 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)

% records delinquent after 30 days

<table>
<thead>
<tr>
<th>Quarter</th>
<th>% Records Delinquent</th>
<th>Joint Commission Benchmark</th>
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<tbody>
<tr>
<td>Q3 CY 2018</td>
<td>9%</td>
<td>-</td>
</tr>
<tr>
<td>Q4 CY 2018</td>
<td>9%</td>
<td>-</td>
</tr>
<tr>
<td>Q1 CY 2019</td>
<td>8%</td>
<td>-</td>
</tr>
<tr>
<td>Q2 CY 2019</td>
<td>8%</td>
<td>-</td>
</tr>
<tr>
<td>Q3 CY 2019</td>
<td>7%</td>
<td>-</td>
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</tbody>
</table>
"Do Not Use" Abbreviation Adherence

Compliance with Abbreviation Use
CC Goal
Accuracy of Record Coding

Accuracy of Coding

CC Goal
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)
Percent of Occupational Injuries and Illnesses
April 1, 2019 - June 30, 2019 n= 34

- Musculoskeletal: 61.8%
- Wounds: 17.6%
- Ergonomic: 5.9%
- Other: 14.7%