CLINICAL AND SAFETY PERFORMANCE METRICS

Executive Dashboard

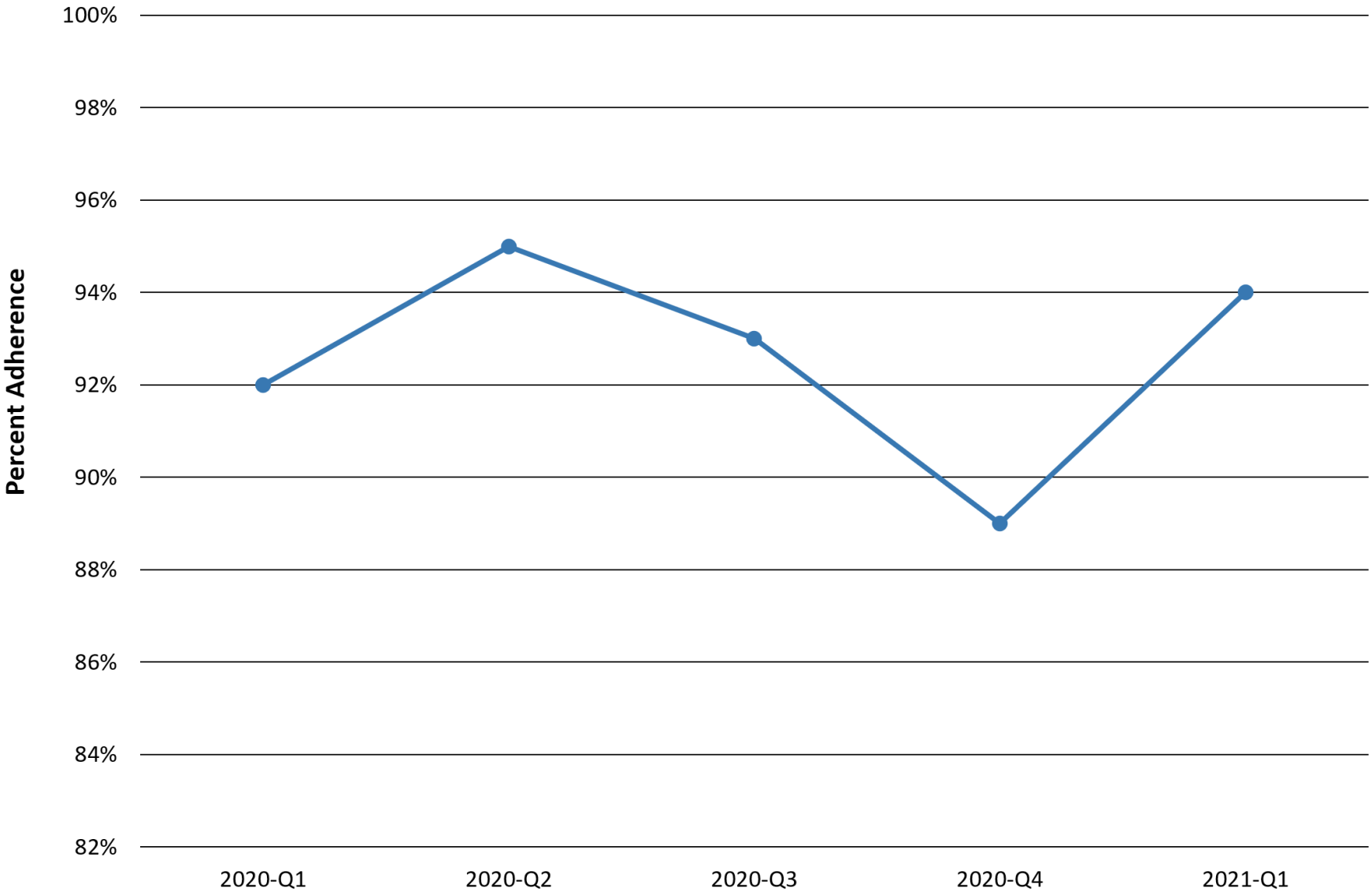
NIH Clinical Center

July 2021

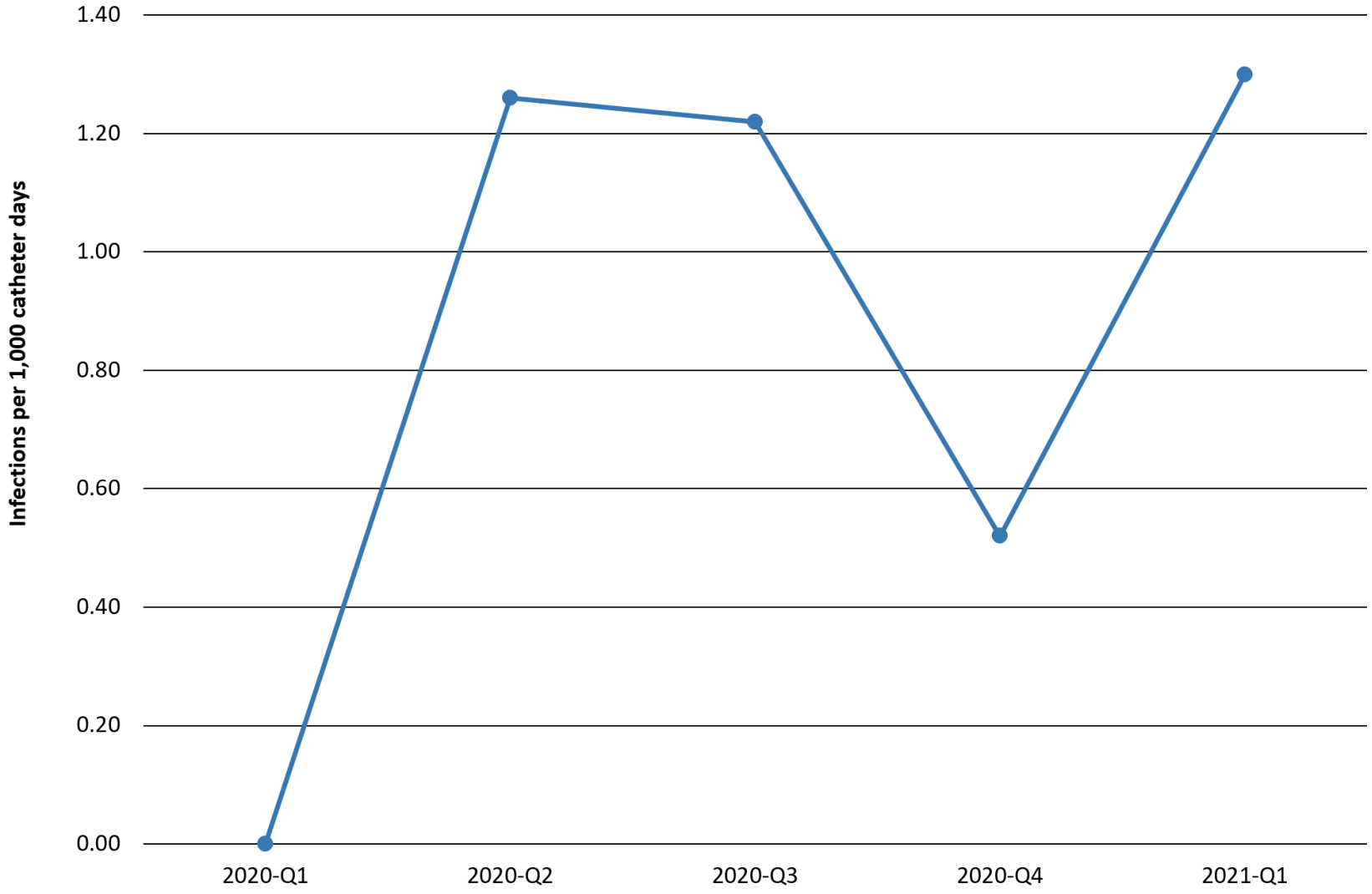
Infection Control Metrics

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

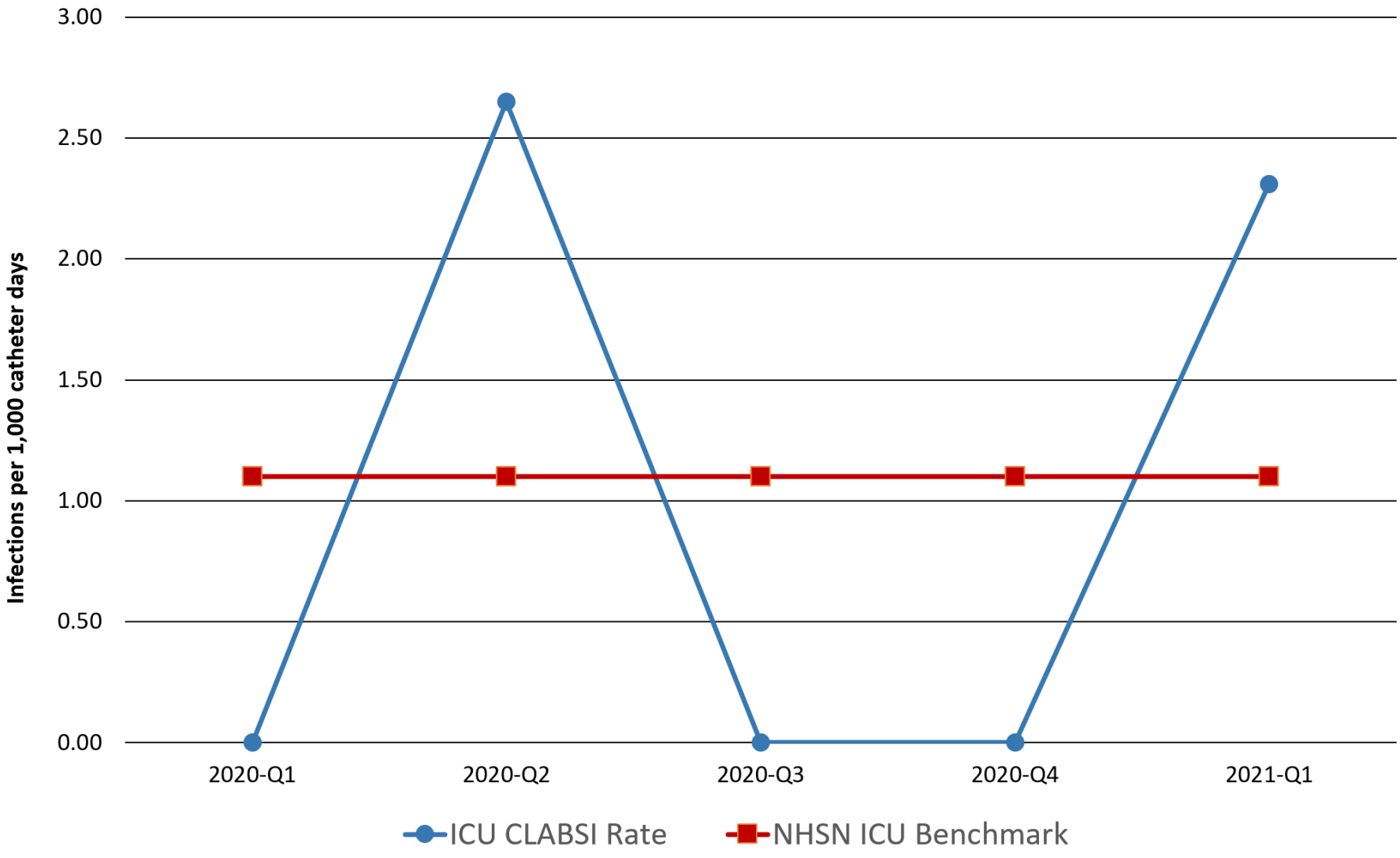
Hand Hygiene Compliance



Wholehouse Central-Line Associated Bloodstream Infection (CLABSI) Rate

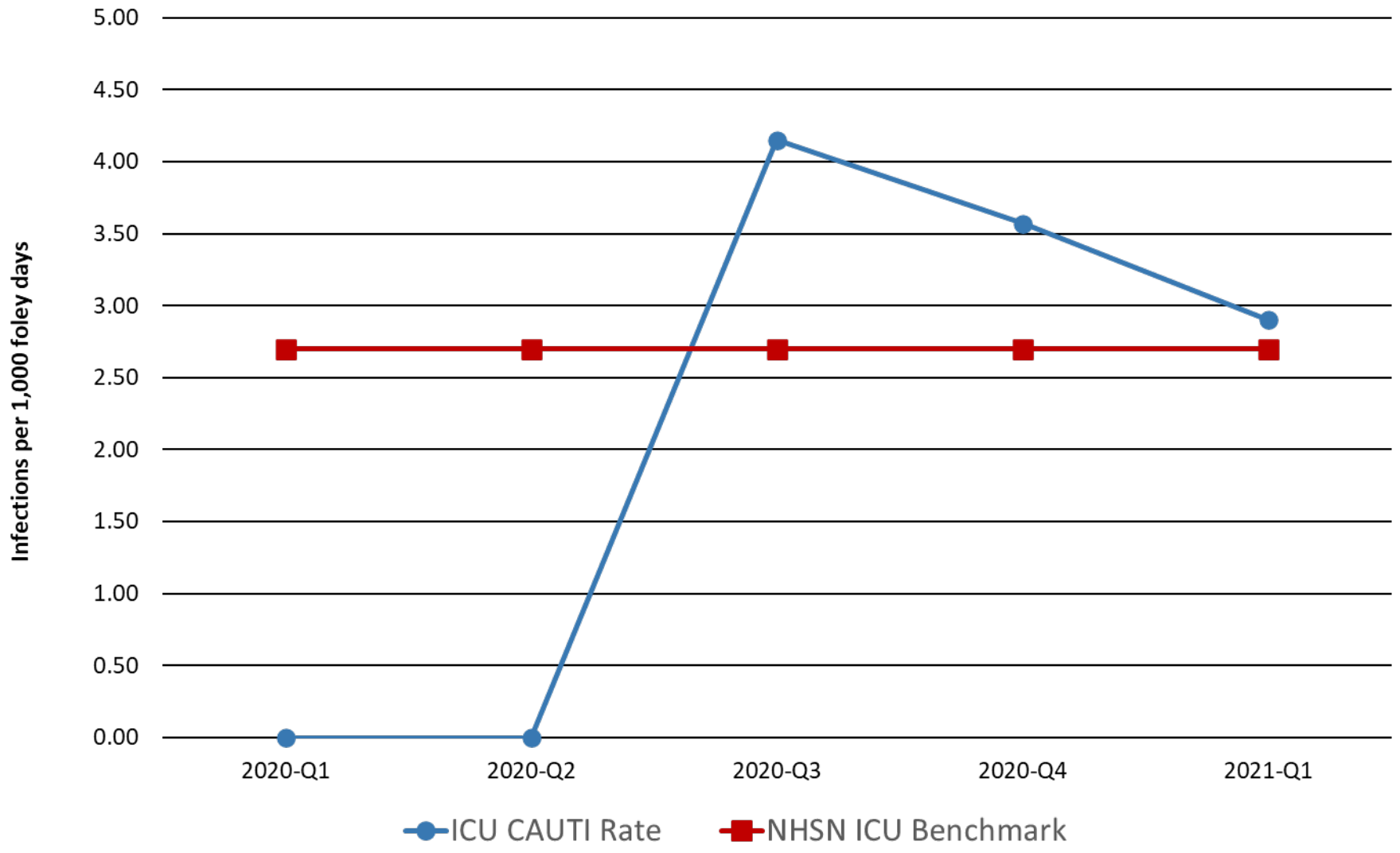


ICU Central-Line Associated Bloodstream Infection (CLABSI) Rate



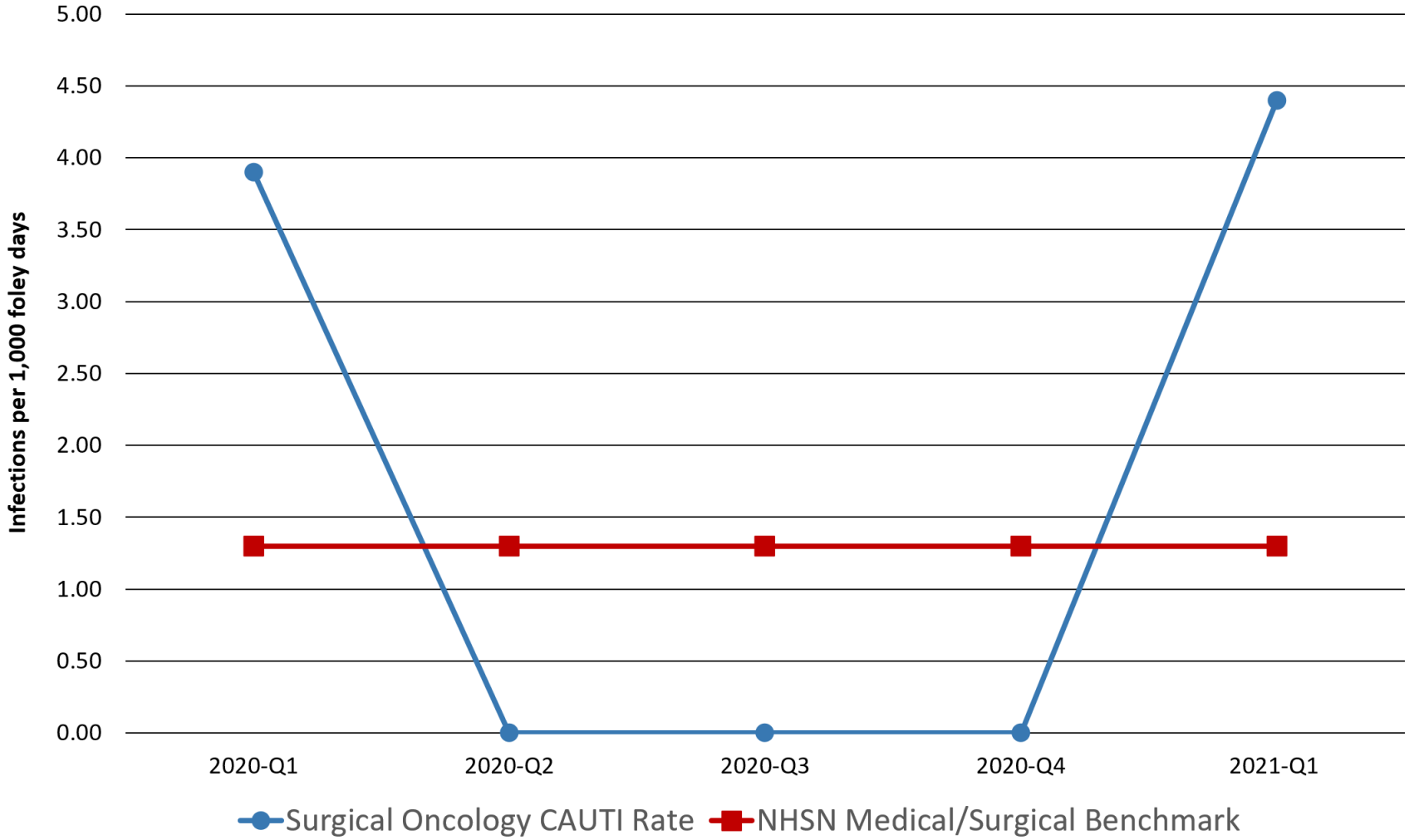
2013 CDC National Healthcare Safety Network (NHSN) Benchmark: Critical Care Units, Medical/Surgical -major teaching mean 1.1

ICU Catheter-Associated Urinary Tract Infections (CAUTI) Rate



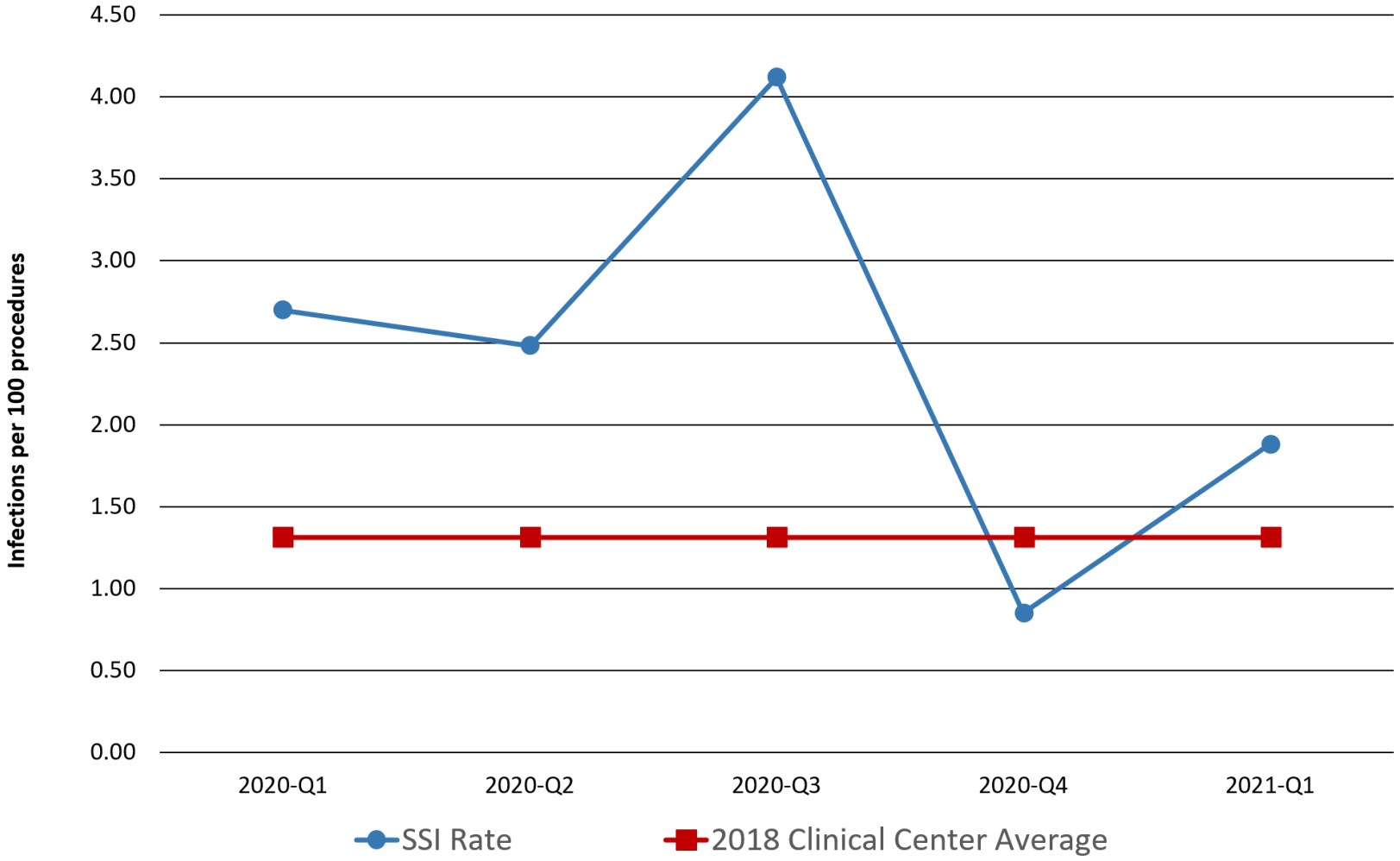
2013 CDC National Healthcare Safety Network (NHSN) Benchmark: Critical Care Units, Medical/Surgical -major teaching mean 2.7

Surgical Oncology Catheter-Associated Urinary Tract Infections (CAUTI) Rate



2013 CDC National Healthcare Safety Network (NHSN) Benchmark: Inpatient Wards, Medical/Surgical mean 1.3

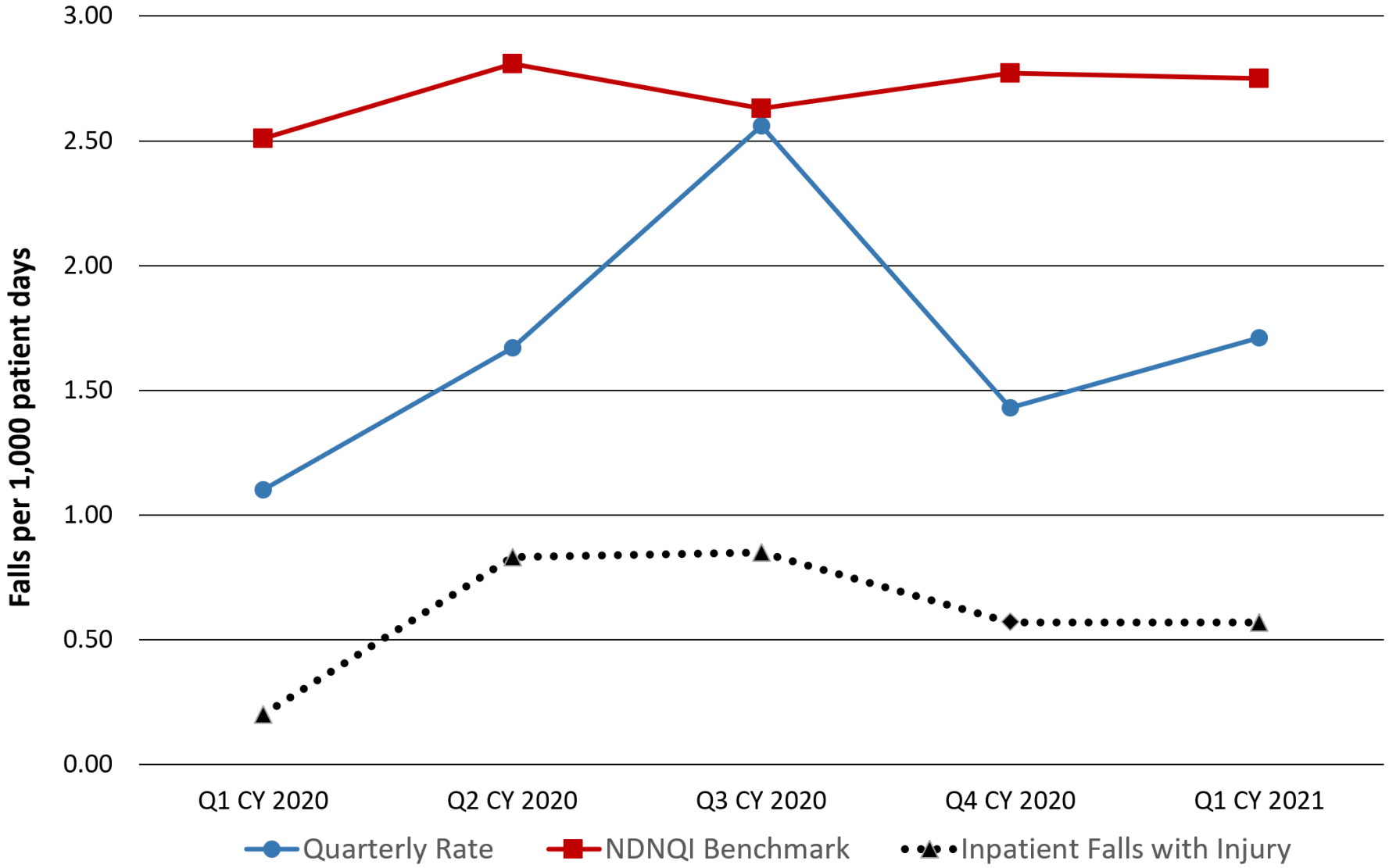
Surgical Site Infections (SSI) Rate



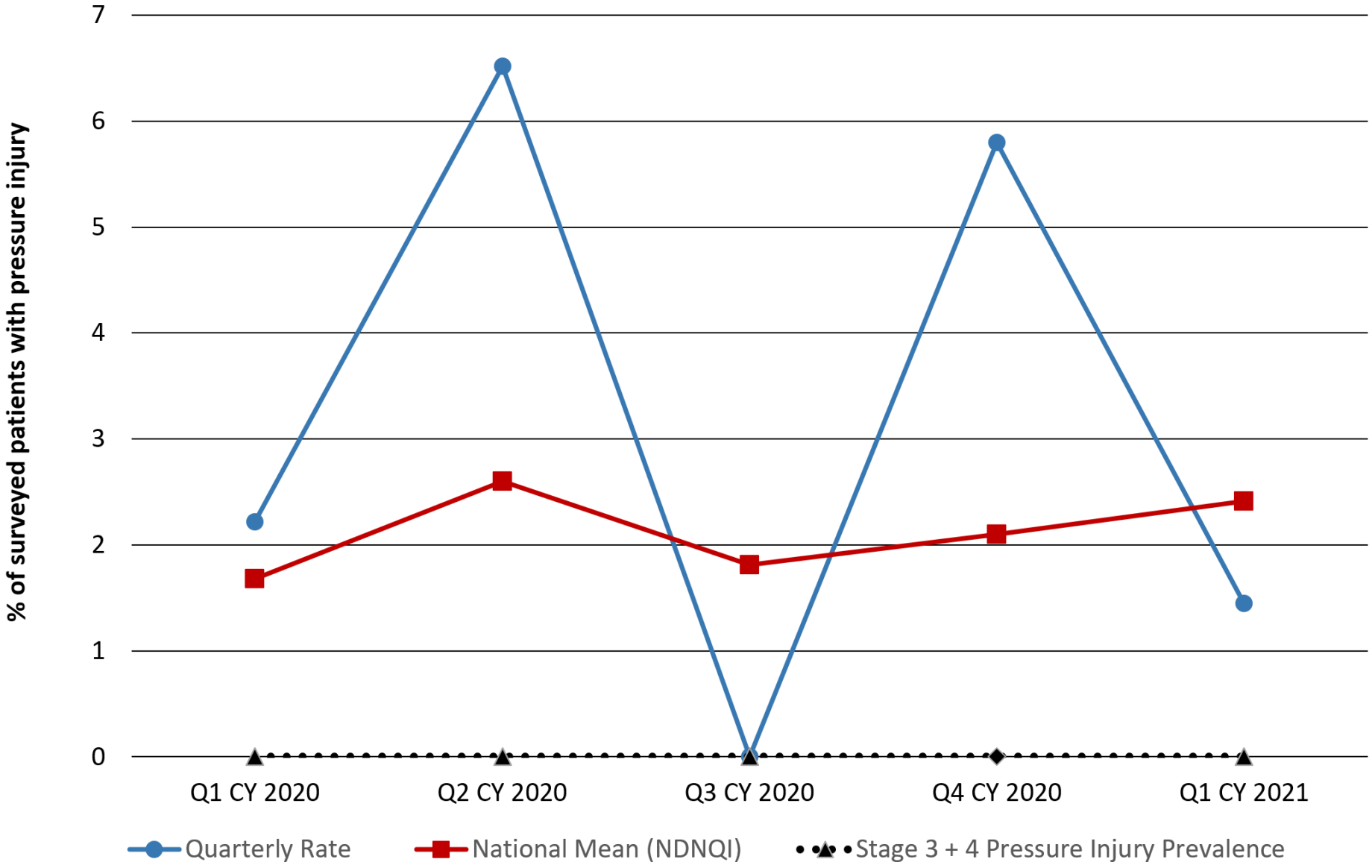
Nursing Quality Metrics

- Falls
- Pressure Injury
- Medication Administration Barcoding

Inpatient Falls Rate

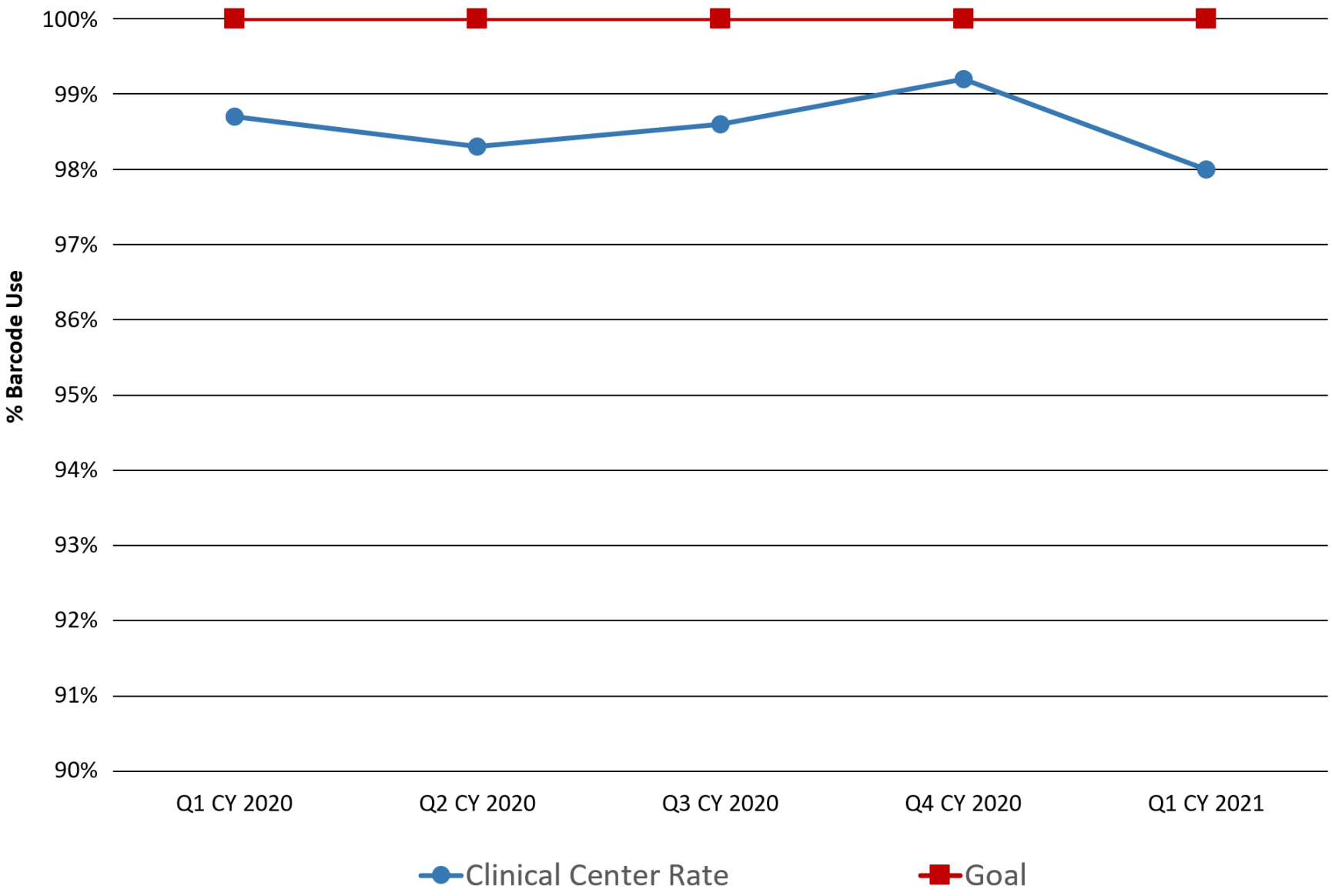


Pressure Injury Prevalence



NDNQI Benchmark for Total Pressure Injury Rate only

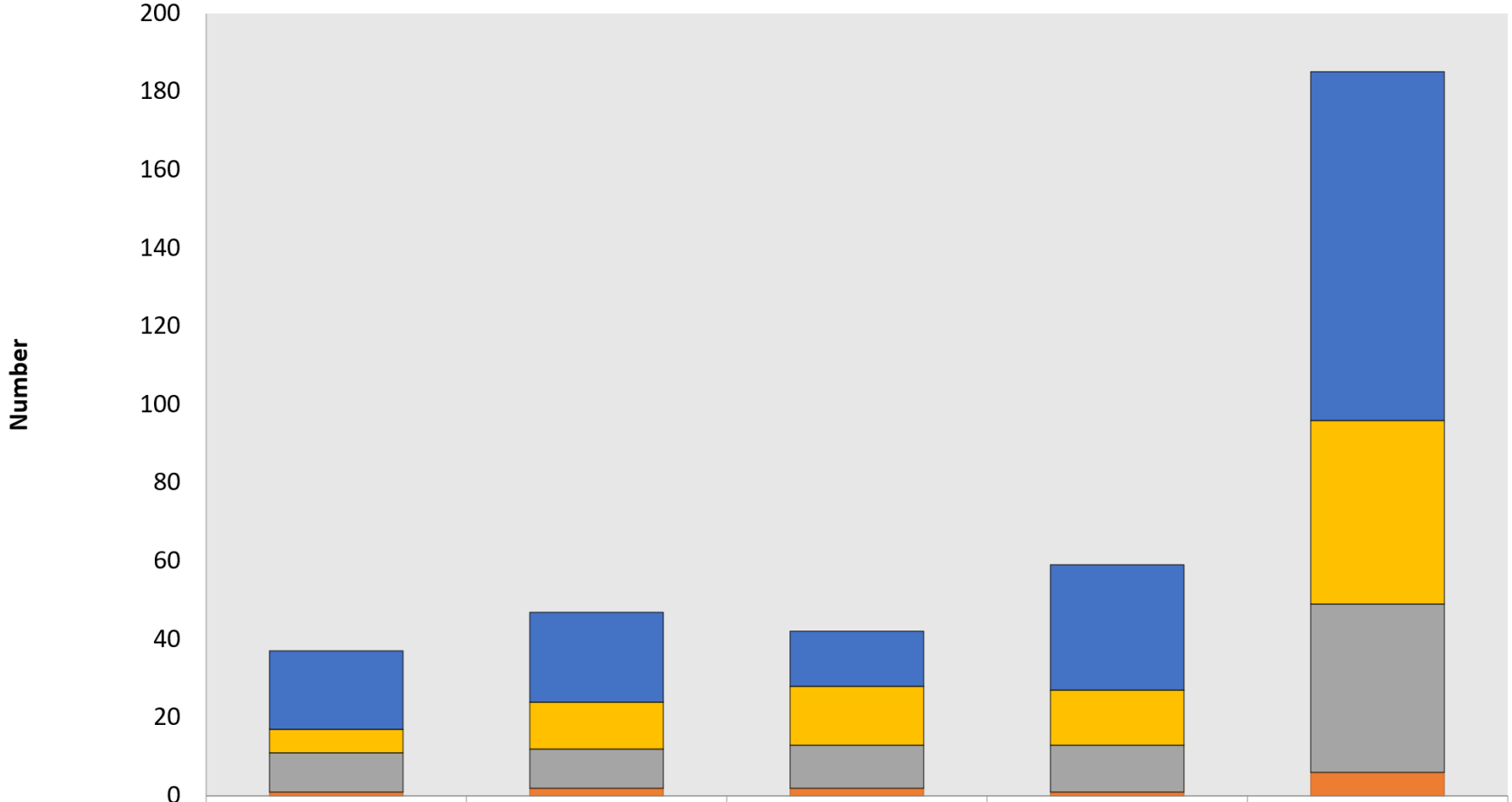
Medication Administration Barcode Use



Emergency Response

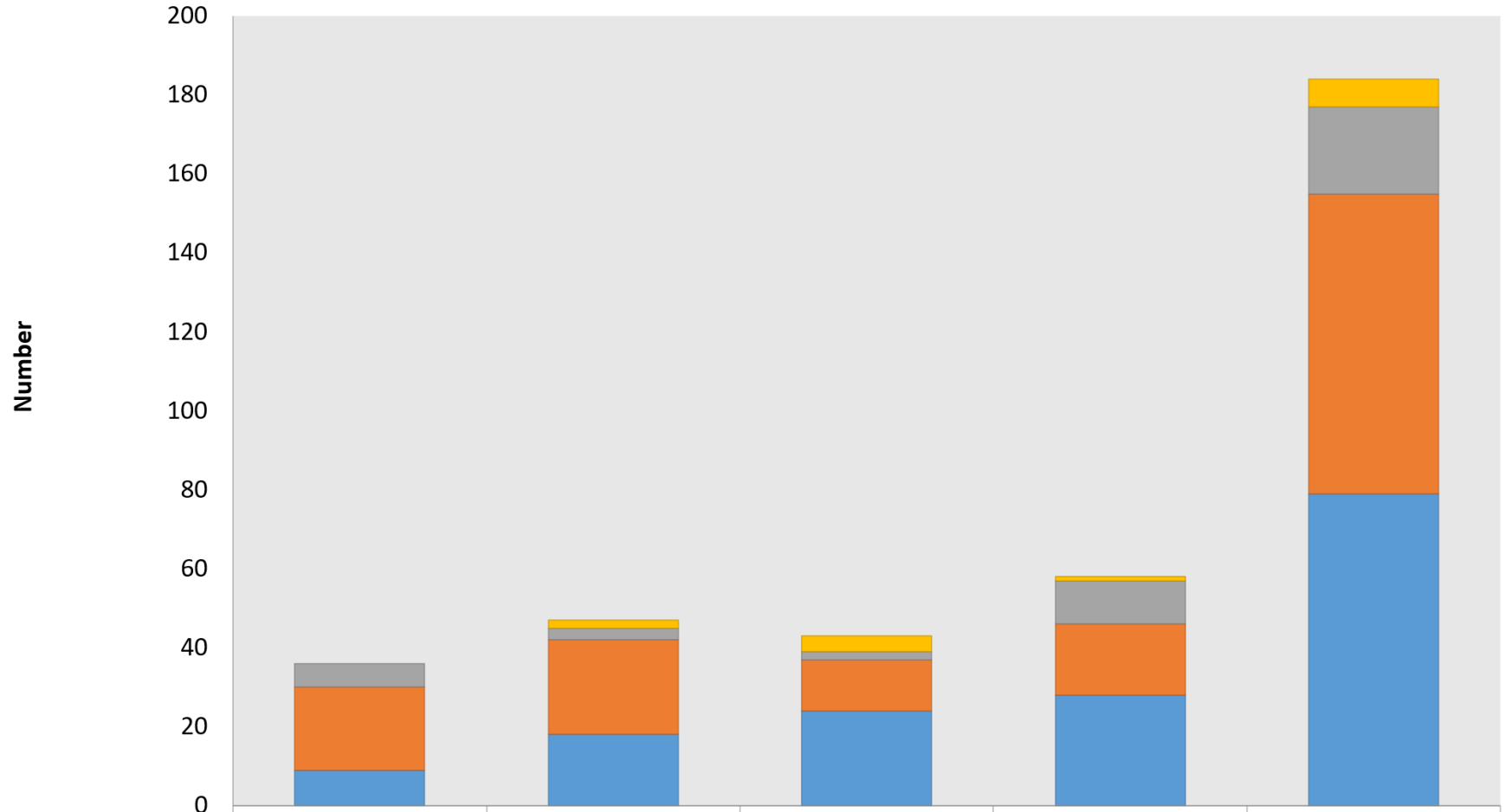
- Code Blue and Rapid Response
  - Types of Patients
  - Type of Event
  - Patient Disposition

Code Blue Response: Types of "Patients"



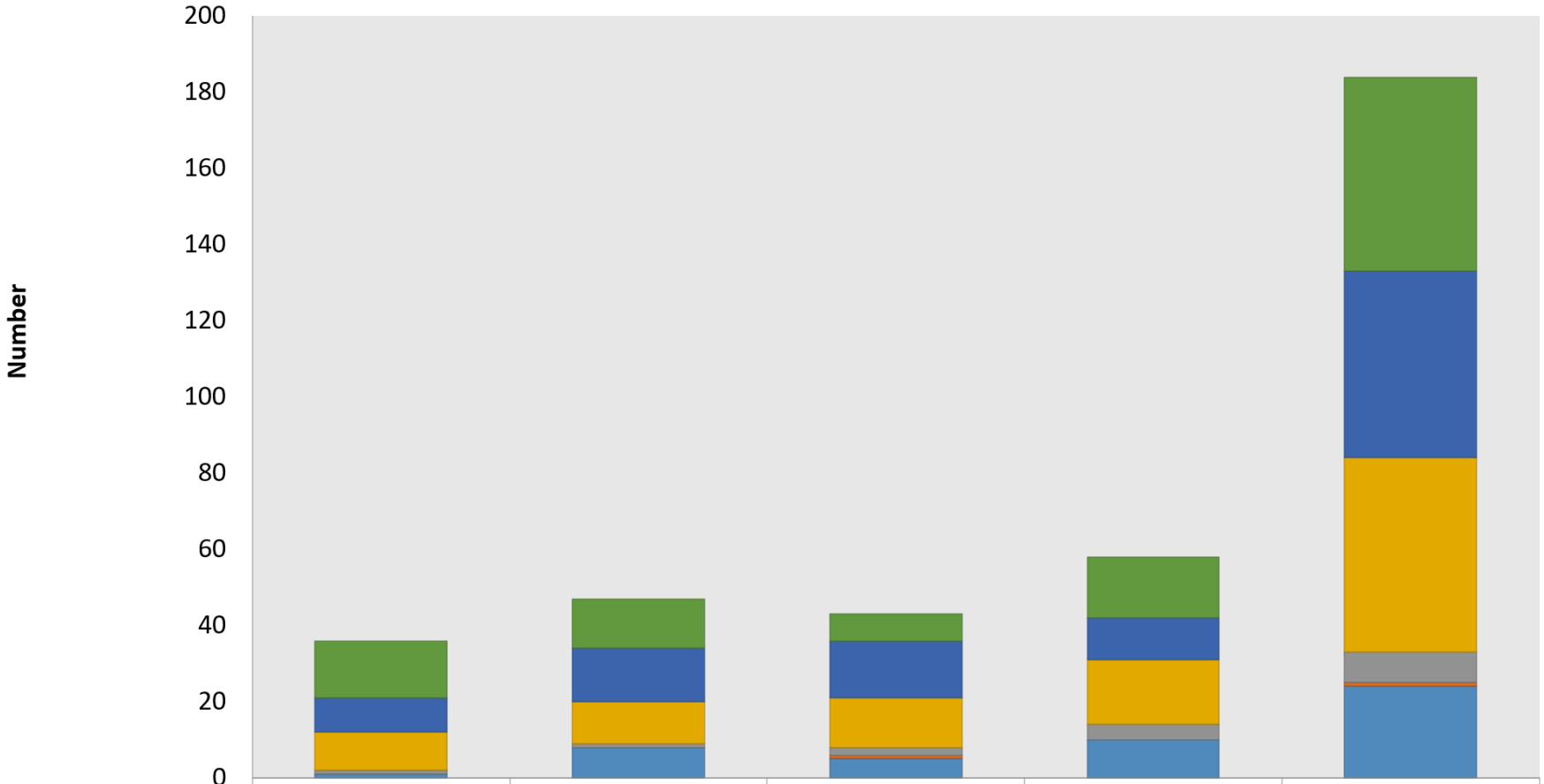
	Q3 CY 2020	Q4 CY 2020	Q1 CY 2021	Q2 CY 2021	Total
Inpt	20	23	14	32	89
Outpt	6	12	15	14	47
Employee	10	10	11	12	43
Visitor	1	2	2	1	6
Incorrect Calls	0	0	0	0	0

Code Blue Response: Type of Event



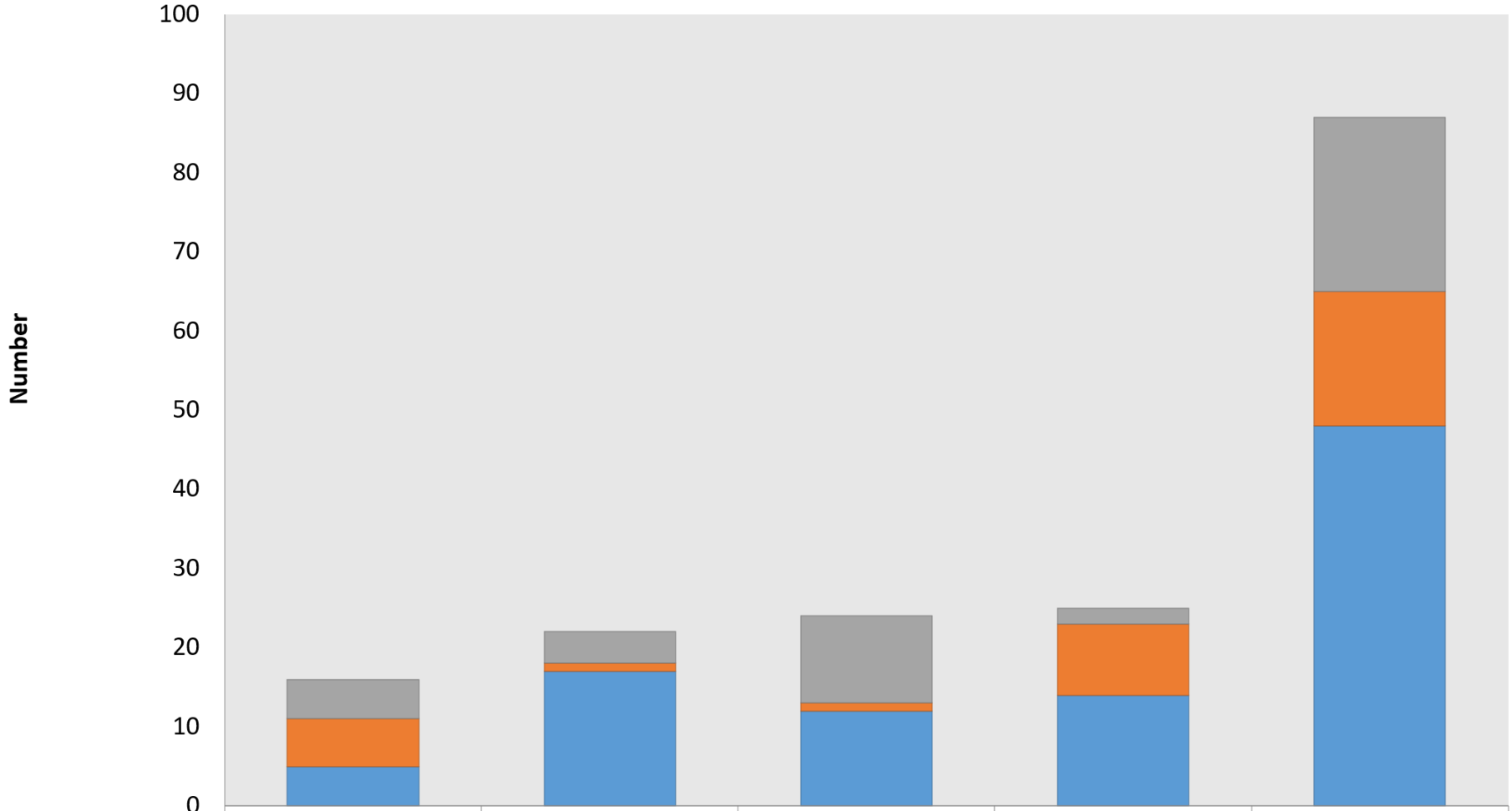
	Q3 CY 2020	Q4 CY 2020	Q1 CY 2021	Q2 CY 2021	TOTAL
Brain Code	0	2	4	1	7
Arrest	6	3	2	11	22
Acute Emergency	21	24	13	18	76
Stable Event	9	18	24	28	79

Code Blue Response: Patient Disposition



	Q3 CY 2020	Q4 CY 2020	Q1 CY 2021	Q2 CY 2021	TOTAL
Transfer to ICU	15	13	7	16	51
Transfer to OSH	9	14	15	11	49
Remained on Unit	10	11	13	17	51
Expired	1	1	2	4	8
Released	0	0	1	0	1
Other	1	8	5	10	24

Rapid Response Team: Patient Disposition



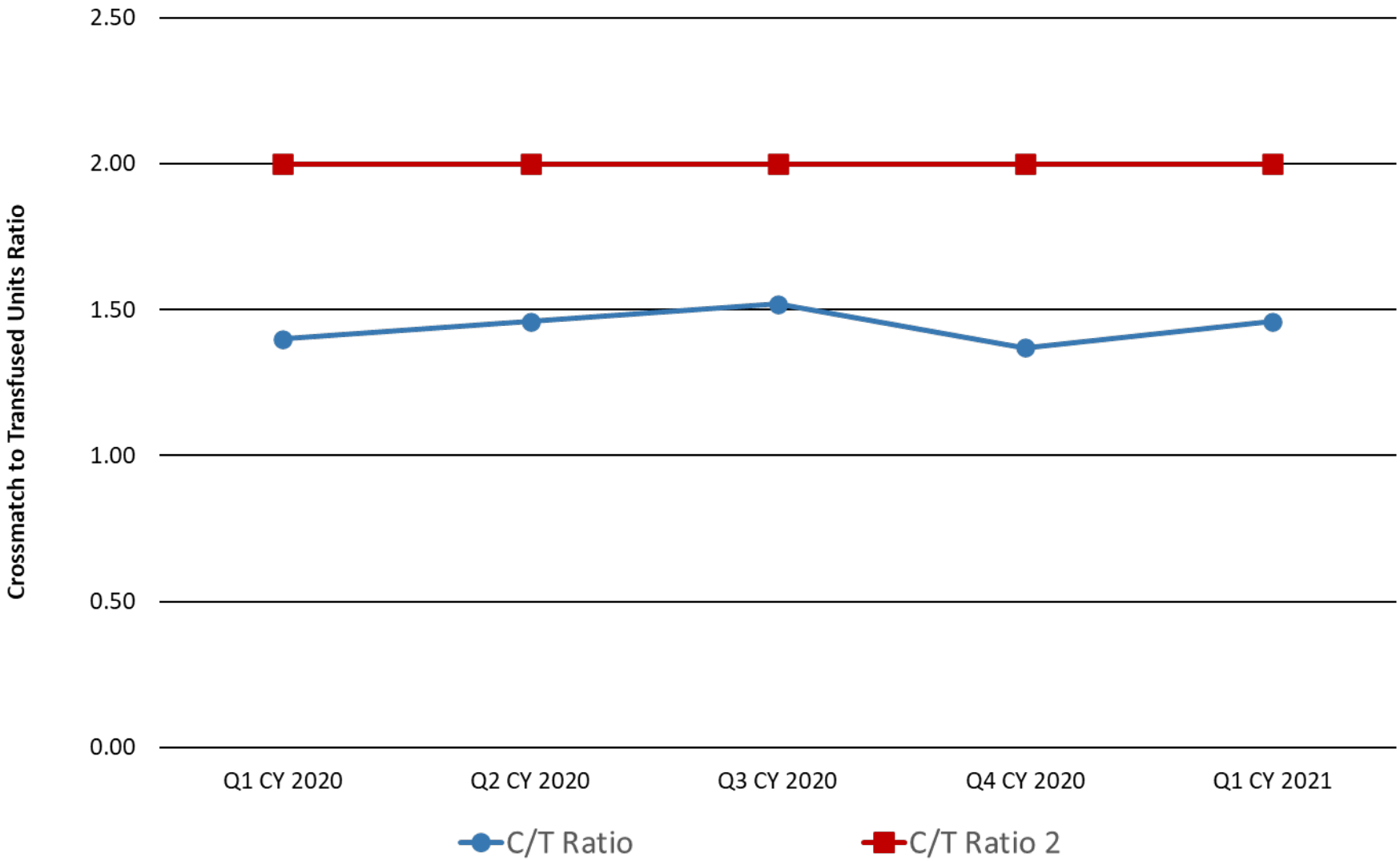
	Q3 CY 2020	Q4 CY 2020	Q1 CY 2021	Q2 CY 2021	Total
ICU	5	4	11	2	22
Unit/Other	6	1	1	9	17
Remained on Unit	5	17	12	14	48

Blood and Blood Product Use

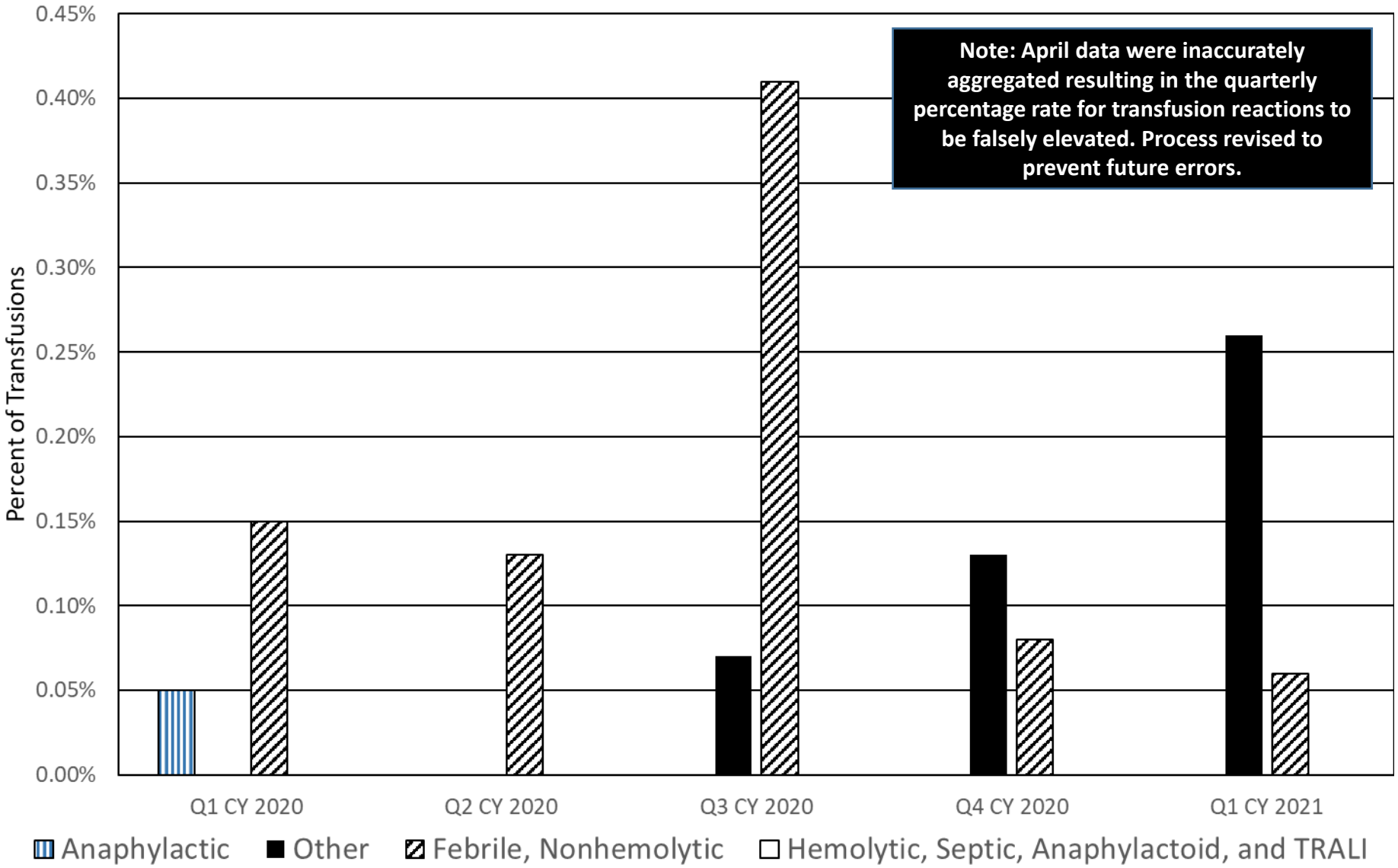
- Crossmatch to Transfusion (C:T) Ratio
- Transfusion Reaction by Class
- Unacceptable Blood Bank Specimens

Crossmatch to Transfusion (C/T) Ratio

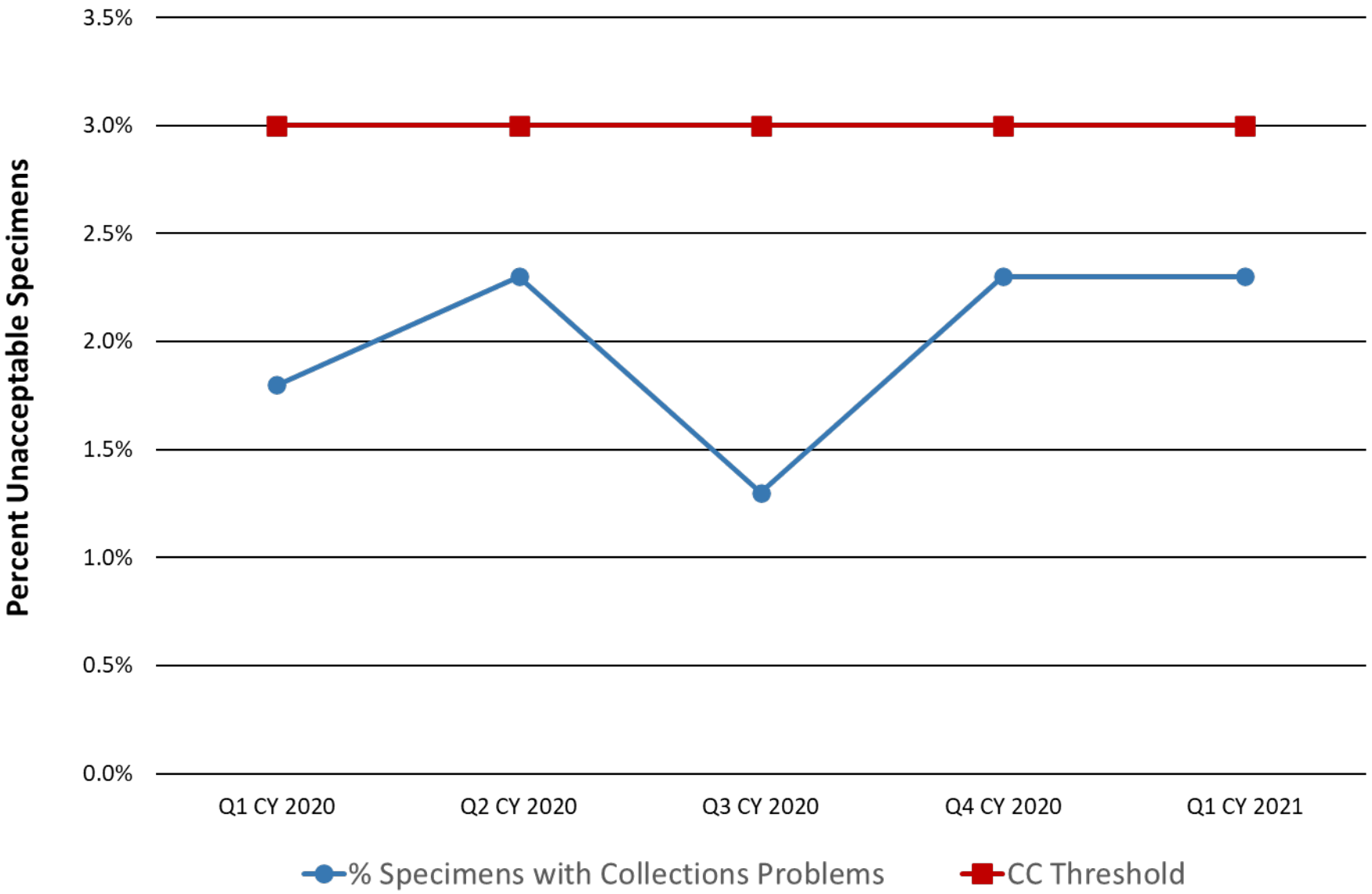
(The NIH CC goal is to have a C:T ratio of 2.0 or less. Monitoring this metric ensures that blood is not held unused in reserve when it could be available for another patient.)



Transfusion Reactions by Class



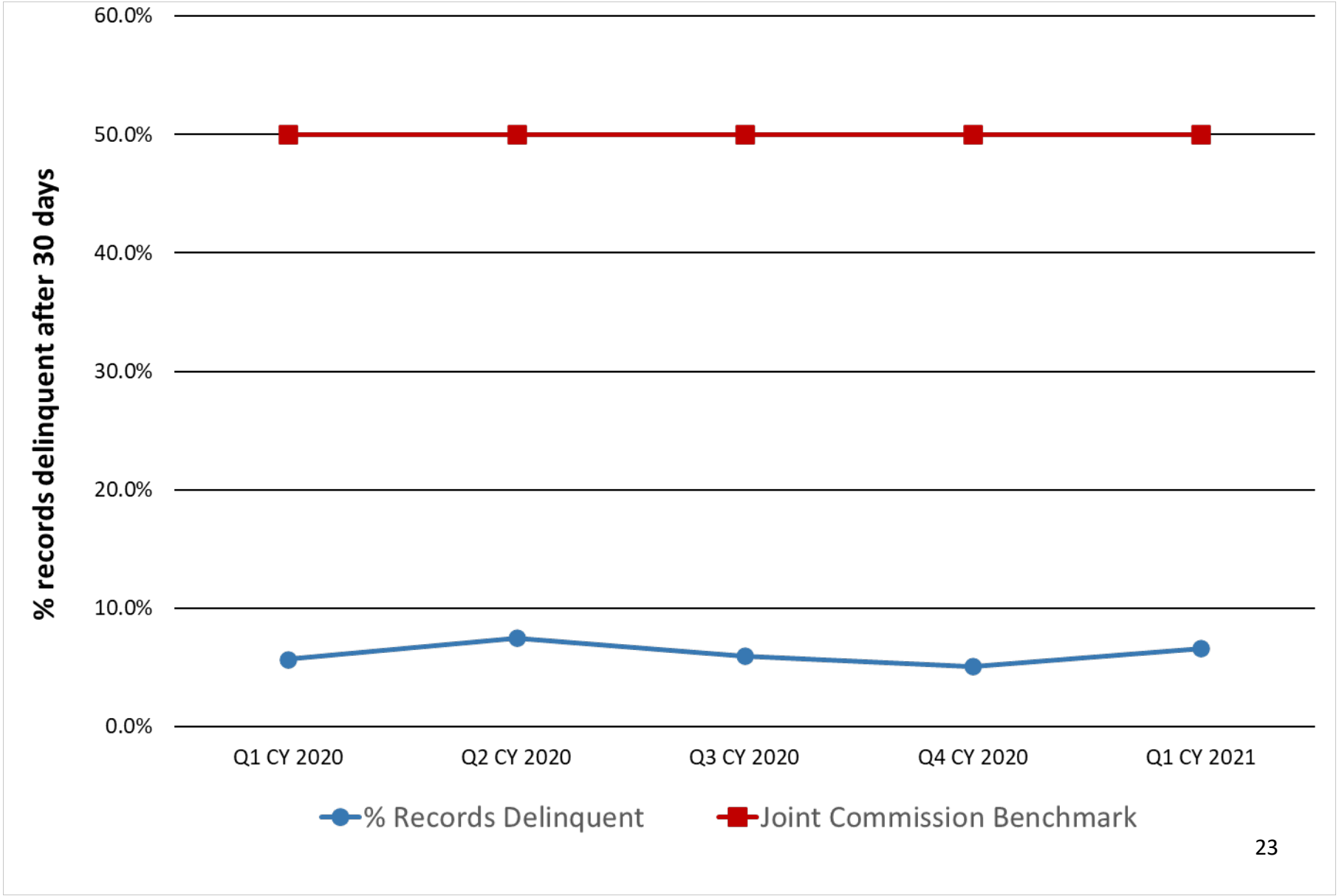
Unacceptable Blood Bank Specimens



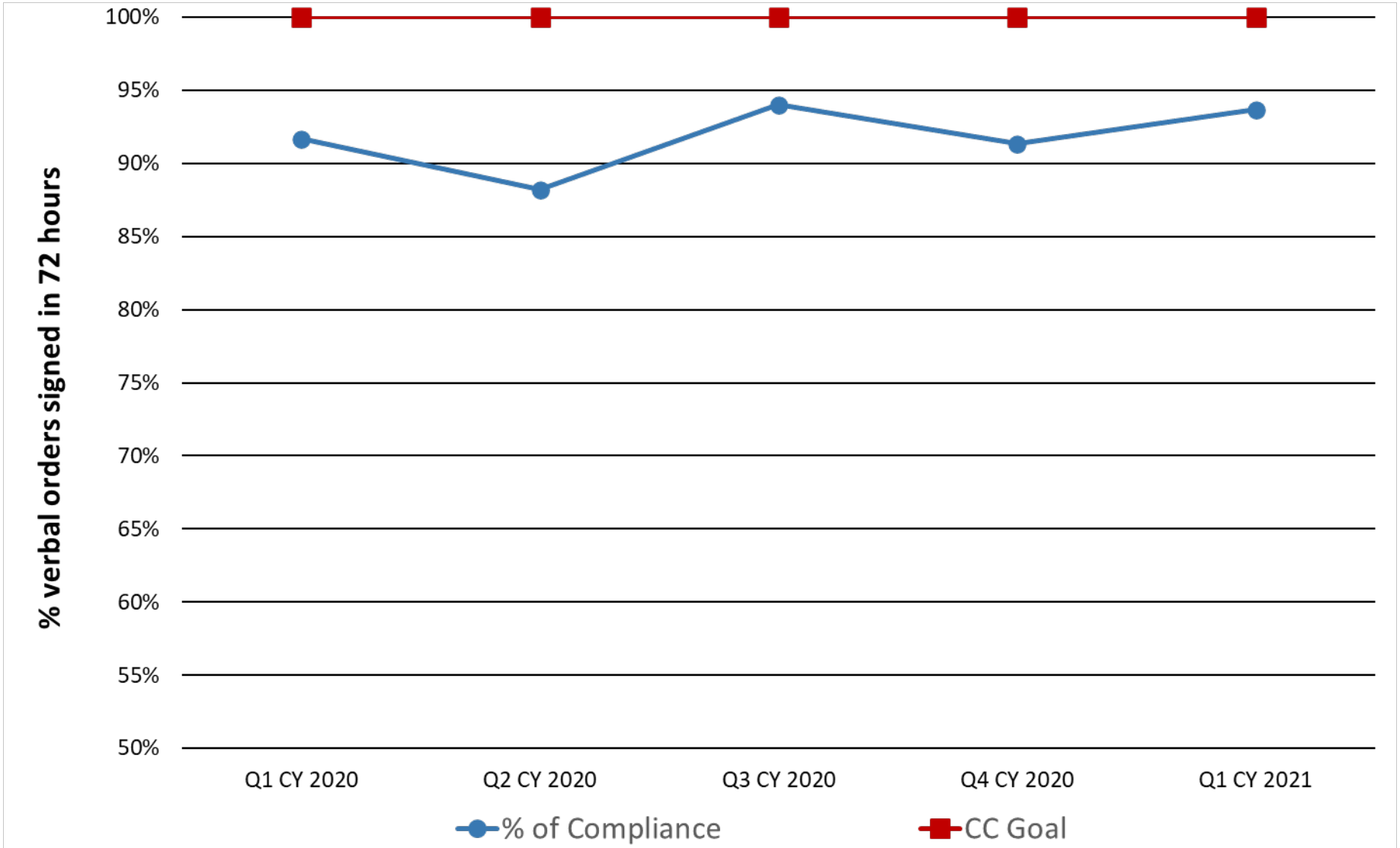
Clinical Documentation

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

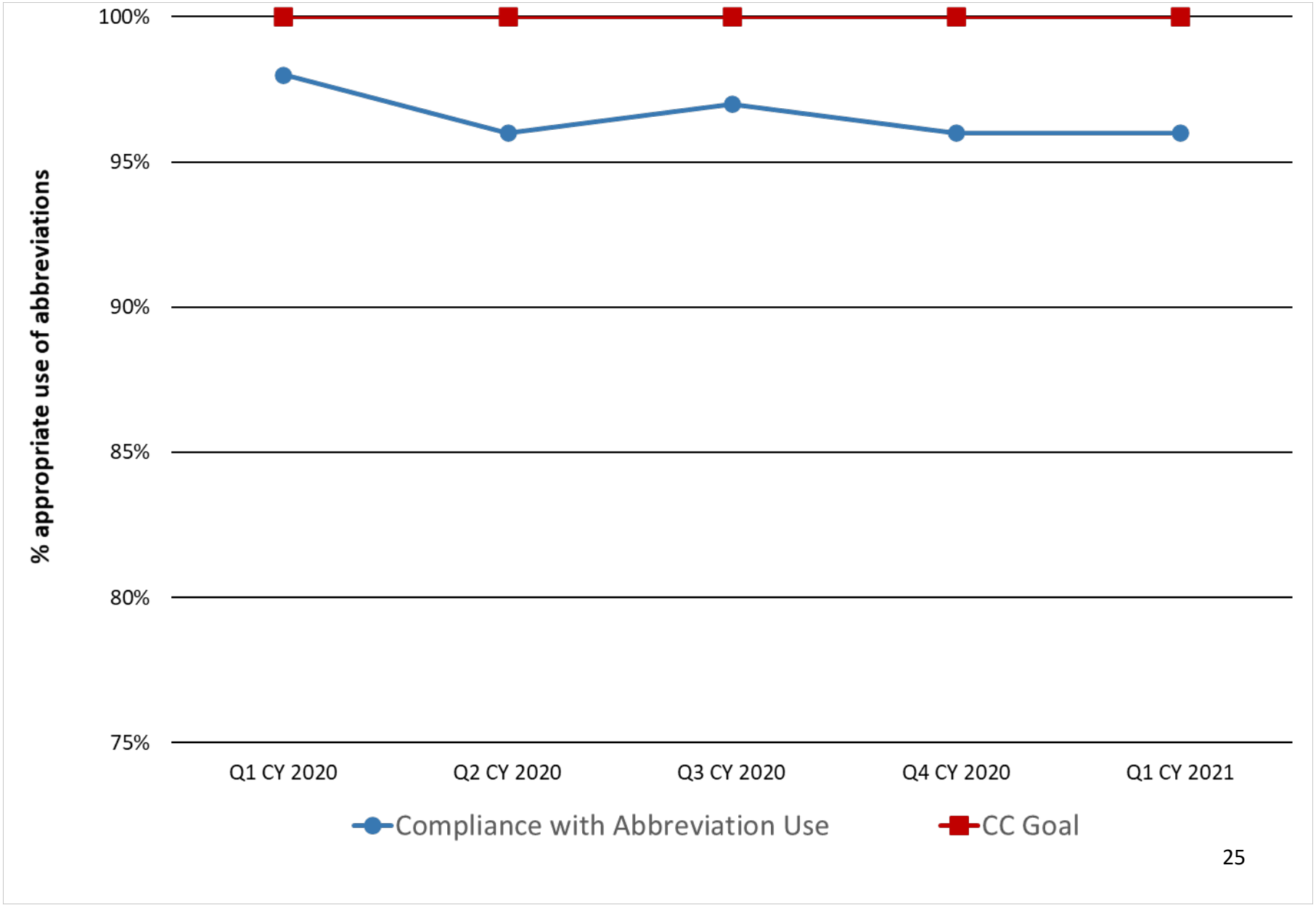
Delinquent Records
(>30 days post discharge)



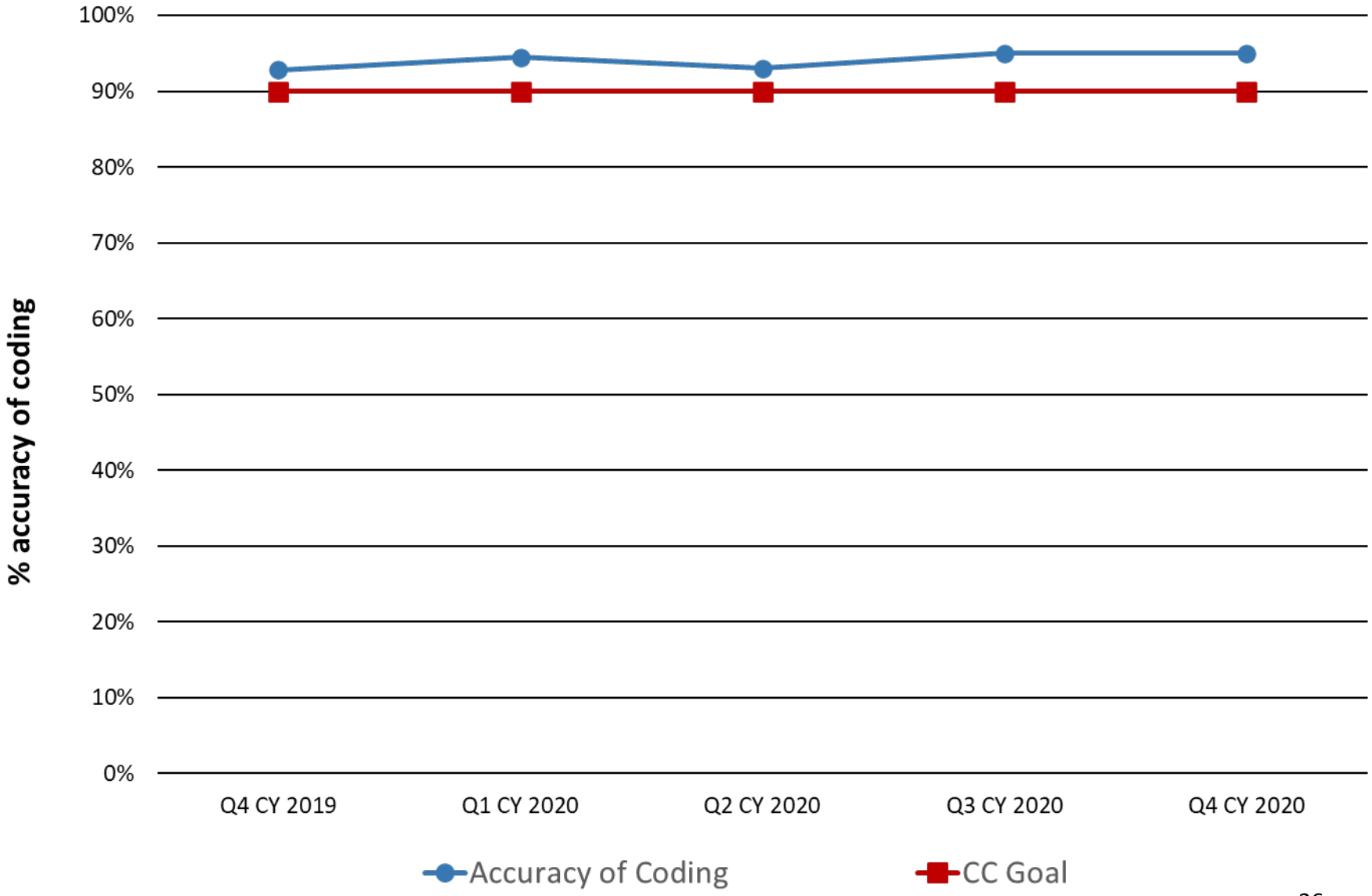
"Agent for" Orders Countersignature Compliance



"Do Not Use" Abbreviation Adherence



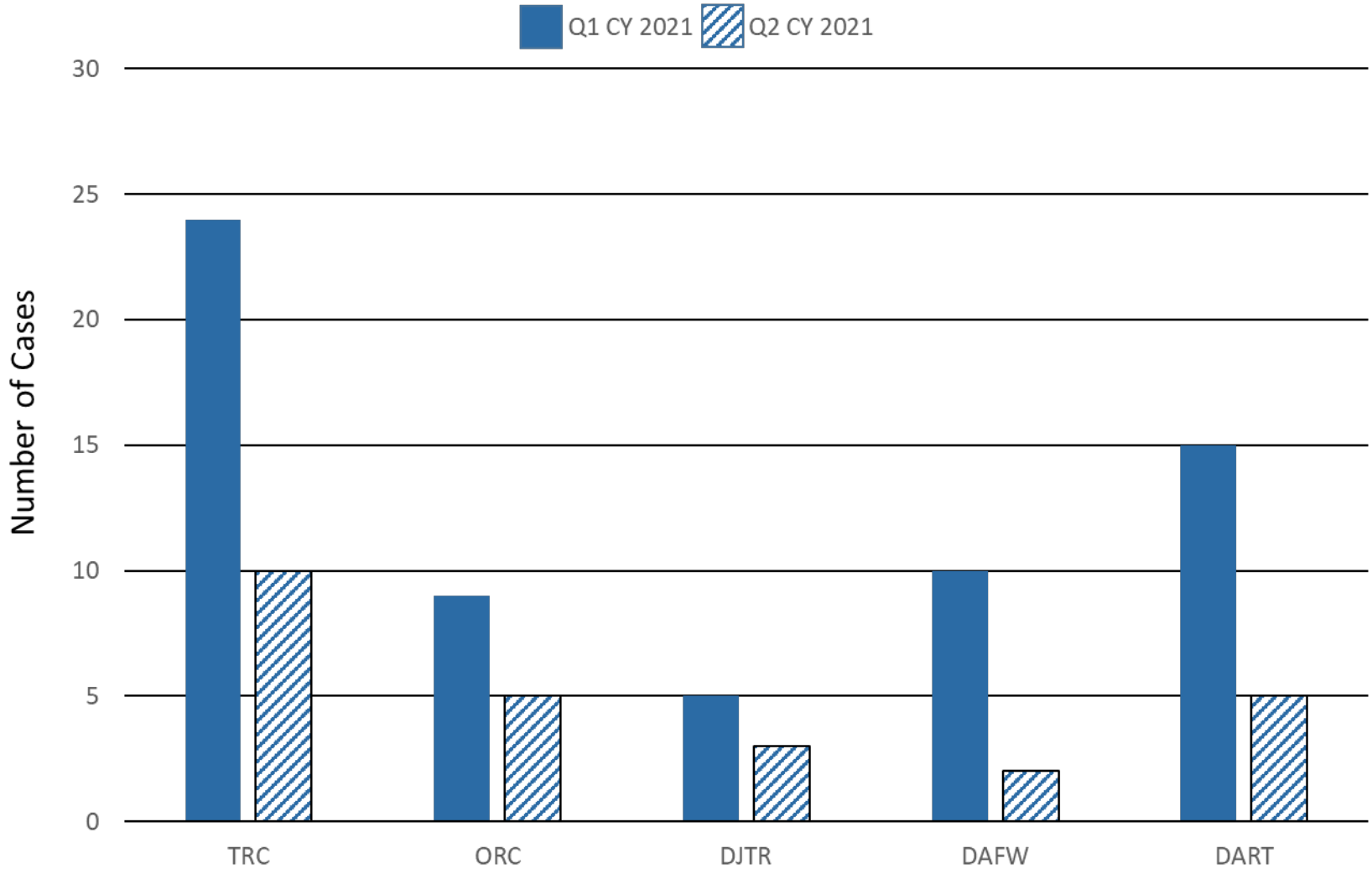
Accuracy of Record Coding



Employee Safety

- Occupational Injury and Illness

Recordable Occupational Injuries and Illnesses Among CC Employees in CY 2021



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)