## \_\_\_\_\_\_\_\_\_\_\_\_ Hospital Quality Dashboard 2018

## Dashboard Key:

**Green** – Indicates performance Meets or exceeds benchmark

**Yellow** – Indicates performance is within 5 points (%) of benchmark

**Red** - Indicates performance is outside of benchmark by greater than 5 points (%)

| **INDICATOR** | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec | YTD | 2017 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ACUTE CARE** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Inpatient Admissions |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 30 day readmission rate for “All-Cause”  Benchmark: <20% |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Fall Risk Assessment on Admission Completed  Benchmark: 95% |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Fall with injury incidence (per 1,000 patient days) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Skin Risk Assessments completed upon admission rate  Benchmark: 95% |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Hospital Acquired Pressure Ulcer Incidence (per 1,000 patient days)  Benchmark:0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Average length of Stay in days |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Inpatient Discharges per month |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **SWING BED UTILIZATION** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Swing bed days per month |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Average LOS in days |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Skin Risk Assessments completed upon admission rate  Benchmark:95% |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pressure Ulcer Incidence (per 1,000 patient days) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Fall Risk Assessment on Admission Completed  Benchmark: 95% |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Fall with injury incidence (per 1,000 patient days)  Benchmark: 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **EMERGENCY DEPARTMENT** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Total number of ED visits |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Total number of AMA/LWBS/LWCC |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 72 Hour Return to ED rate for “All-Cause” |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Emergency Department Transfer Rate |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AMI – Median time to fibrinolysis  Benchmark: 30 minutes |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AMI-Median time to transfer to another facility for Acute Coronary Intervention  Benchmark: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AMI – Median time to ECG  Benchmark: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Chest Pain-ASA at arrival  Benchmark: 95% |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Stroke-Median time from arrival to ED to CT/MRI  Benchmark: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Stroke-CT/MRI results for stroke patients with scan interpretation  Benchmark:< 45 minutes |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Throughput: Median time from arrival to ED to Departure from ED - overall |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Throughput: Median time from arrival to ED for departure from ED for Psych patients |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Throughput: Door to Diagnostic Evaluation by a Qualified Medical Professional  Goal: 30 minutes |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Median Time to Pain Management for Long Bone Fracture  Benchmark: 60 minutes |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Number of Cardiopulmonary Arrests per month (facility wide) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Survival rate of cardiopulmonary arrests |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **QUALITY** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Patient Grievances  Benchmark: 2 per month |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Influenza Vaccination Coverage Healthcare Personnel (annual report to National Healthcare Safety Network: May)  Benchmark: 98% |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Adverse Drug Events  Benchmark: 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **INFECTION PREVENTION** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Healthcare Acquired Infection Occurrence (per 1,000 patient days) ACUTE CARE  Benchmark: <2 per month |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Healthcare Acquired Infection Occurrence (per 1,000 patient days) SWING BEDS  Benchmark: <2 per month |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CLBSI (Central Line Bloodstream Infections) – Hospital Acquired - Acute Care  Benchmark: 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CAUTI (Catheter Associated Urinary Tract Infections) – Hospital Acquired - Acute Care  Benchmark: 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CDI (Clostridium difficile infections) Hospital Acquired - Acute Care  Benchmark: 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SSI (Surgical Site Infections) – Total Knee  Benchmark: 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SSI (Surgical Site Infections) – Total Hip  Benchmark: 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Postoperative DVT (Deep Vein Thrombosis)  Benchmark: 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bloodborne Pathogen Exposures  Benchmark: 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **SURGERY** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Total number of surgeries |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Total number of Procedures |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Total number of return to surgery  Benchmark: 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SCIP (Surgical Care Improvement Project) Compliance   1. Normothermia 2. Timing and Discontinuation of Prophylactic Antibiotics 3. Preoperative: antibiotic within one hour of surgical incision 4. Postoperatively: prophylactic antibiotics discontinued within 24 hours after surgery 5. Selection of Antibiotics (as recommended for total knee/hip operations) 6. Glucose Control 7. Timing of Foley catheter removal post surgery 8. Patients on Beta Blocker Therapy receive Beta Blocker during Perioperative Period 9. Appropriate Venous Thromboembolism prophylaxis within 24 hours prior to and 24 hours after surgery |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **HUMAN RESOURCES** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Employee Turnover  Benchmark: <20% |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Worker Injuries per month  Benchmark: 1 per month |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Loss Time associated with worker injury  Benchmark: 2 per month |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cost related to worker injuries |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Workplace Violence Events  Benchmark: 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Laboratory** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| # of blood units transfused |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| % of records meeting blood administration/appropriateness criteria  Benchmark: 95% |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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