## \_\_\_\_\_\_\_\_\_\_\_\_ 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 CompletedBenchmark: 95% |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Fall with injury incidence (per 1,000 patient days) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Skin Risk Assessments completed upon admission rateBenchmark: 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 rateBenchmark:95% |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pressure Ulcer Incidence (per 1,000 patient days) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Fall Risk Assessment on Admission CompletedBenchmark: 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 fibrinolysisBenchmark: 30 minutes |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AMI-Median time to transfer to another facility for Acute Coronary InterventionBenchmark: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AMI – Median time to ECGBenchmark: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Chest Pain-ASA at arrivalBenchmark: 95% |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Stroke-Median time from arrival to ED to CT/MRIBenchmark: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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 ProfessionalGoal: 30 minutes |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Median Time to Pain Management for Long Bone FractureBenchmark: 60 minutes |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Number of Cardiopulmonary Arrests per month (facility wide) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Survival rate of cardiopulmonary arrests |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **QUALITY** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Patient GrievancesBenchmark: 2 per month |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Influenza Vaccination Coverage Healthcare Personnel (annual report to National Healthcare Safety Network: May)Benchmark: 98%  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Adverse Drug EventsBenchmark: 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **INFECTION PREVENTION** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Healthcare Acquired Infection Occurrence (per 1,000 patient days) ACUTE CAREBenchmark: <2 per month |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Healthcare Acquired Infection Occurrence (per 1,000 patient days) SWING BEDSBenchmark: <2 per month |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CLBSI (Central Line Bloodstream Infections) – Hospital Acquired - Acute CareBenchmark: 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CAUTI (Catheter Associated Urinary Tract Infections) – Hospital Acquired - Acute CareBenchmark: 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CDI (Clostridium difficile infections) Hospital Acquired - Acute CareBenchmark: 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SSI (Surgical Site Infections) – Total KneeBenchmark: 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SSI (Surgical Site Infections) – Total HipBenchmark: 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Postoperative DVT (Deep Vein Thrombosis)Benchmark: 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bloodborne Pathogen ExposuresBenchmark: 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **SURGERY** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Total number of surgeries |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Total number of Procedures  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Total number of return to surgeryBenchmark: 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SCIP (Surgical Care Improvement Project) Compliance1. 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 TurnoverBenchmark: <20% |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Worker Injuries per monthBenchmark: 1 per month |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Loss Time associated with worker injuryBenchmark: 2 per month |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cost related to worker injuries |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Workplace Violence EventsBenchmark: 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Laboratory** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| # of blood units transfused |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| % of records meeting blood administration/appropriateness criteriaBenchmark: 95% |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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