

مرکز جونز هوبکینز آرامکو الطبي Johns Hopkins Aramco Healthcare

Main Entrance المدفل الرئيسي



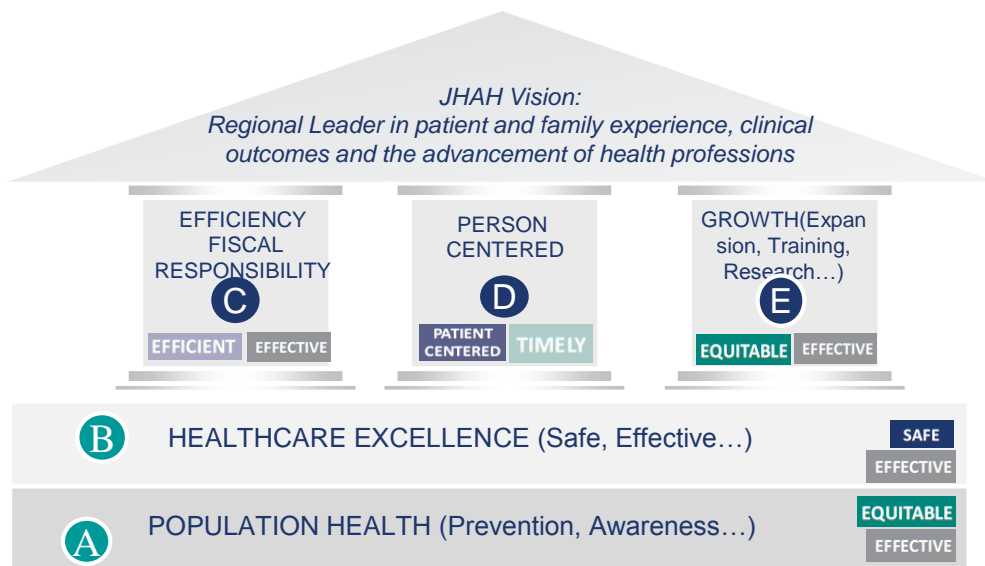
Johns Hopkins Aramco Healthcare

Executive Summary Report

July 2019

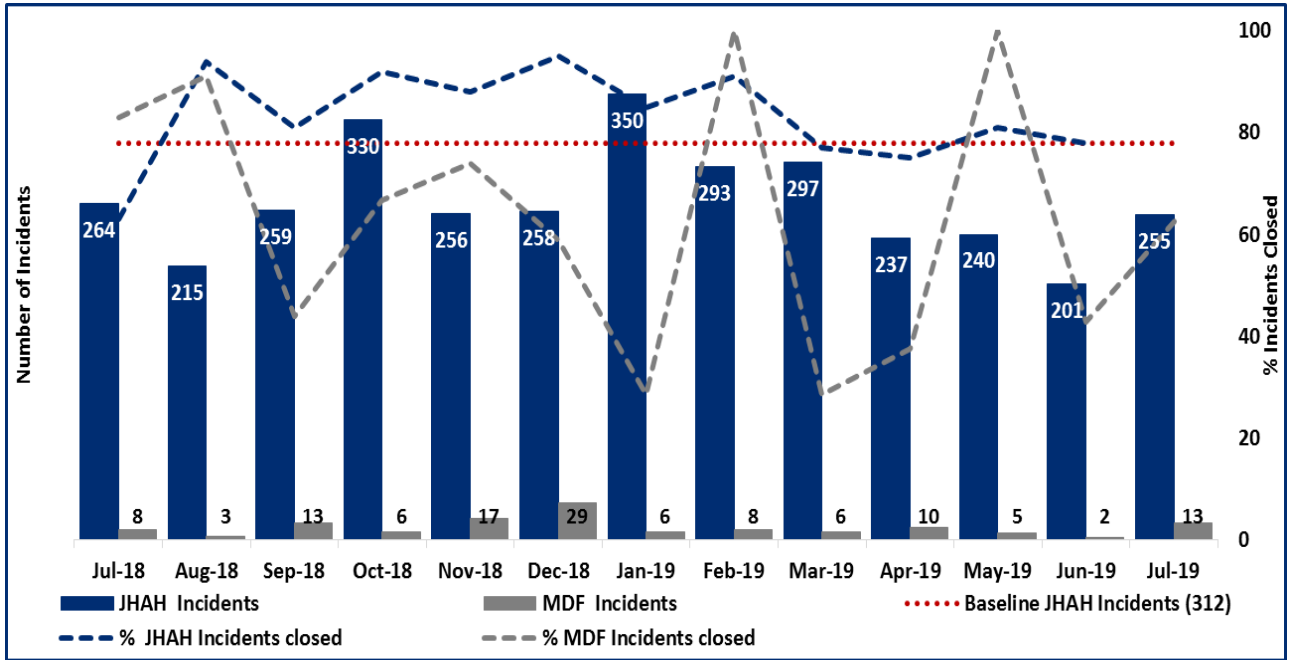
JHAH at a Glance

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Incident Reporting (DATIX)

JHAH YTD Average Incidents= 268

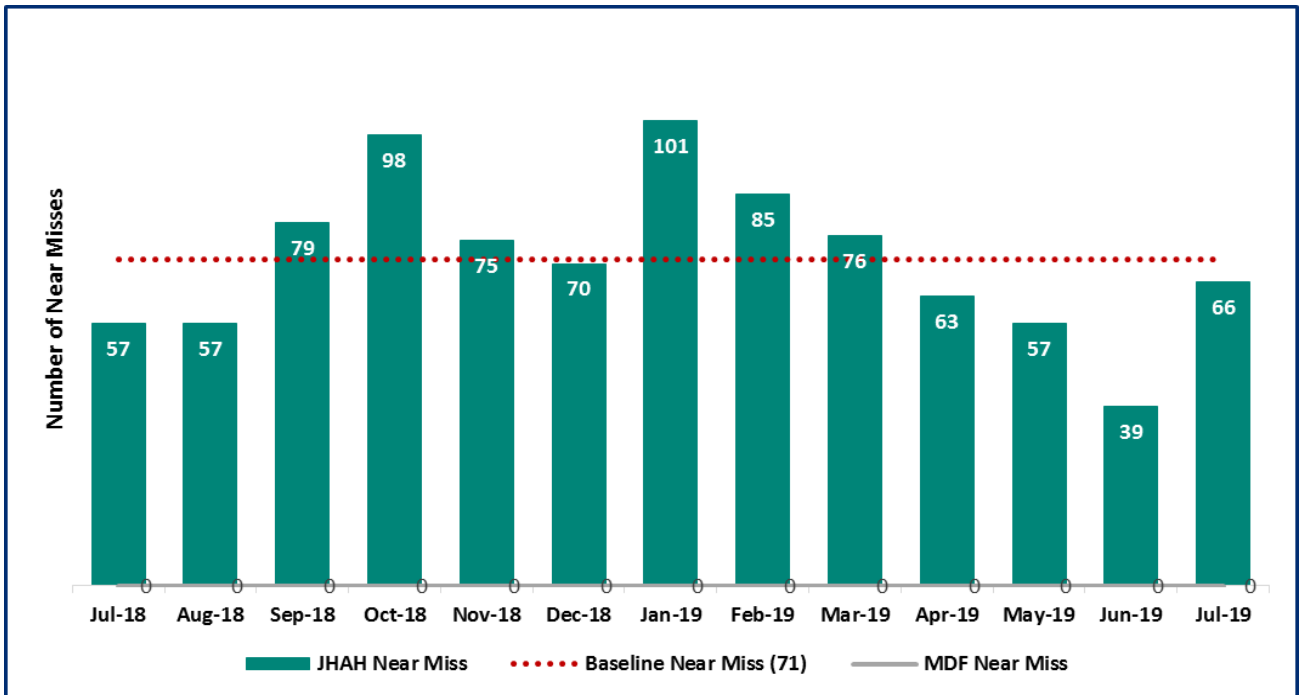


Incidents: Any event of concern that occurs for staff, patients, visitors and the facility e.g., fall, needle stick injury, burst water pipe etc., occurring in JHAH facilities. Reported by all staff into the incident reporting software (Datix), which is monitored by Risk Management (Quality & Patient Safety Department); incidents are investigated, trends are analyzed and actions implemented as required.

JHAH Incidents closed in May will be reported next month to enable time for investigation and actions

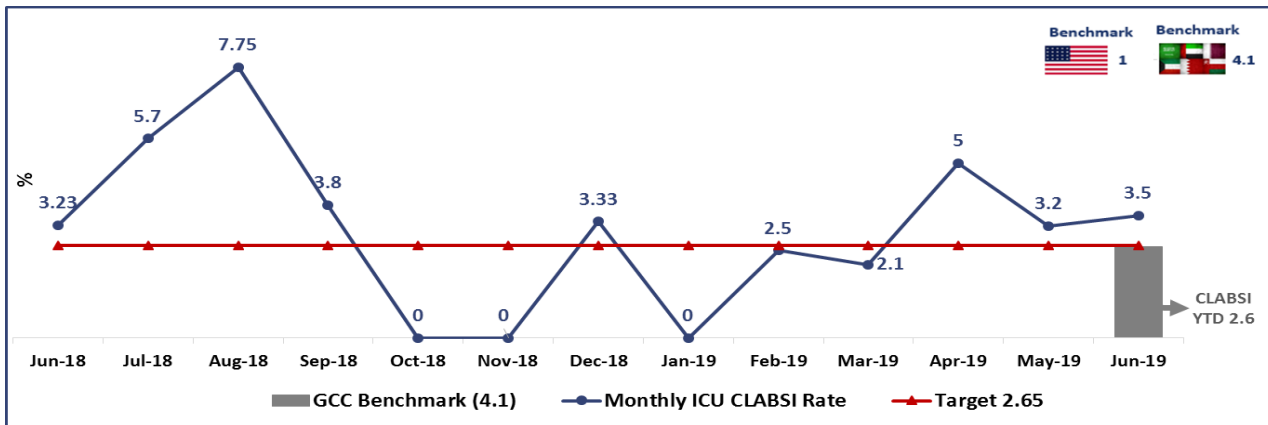
Near Miss (DATIX)

JHAH YTD Average Near Misses= 70



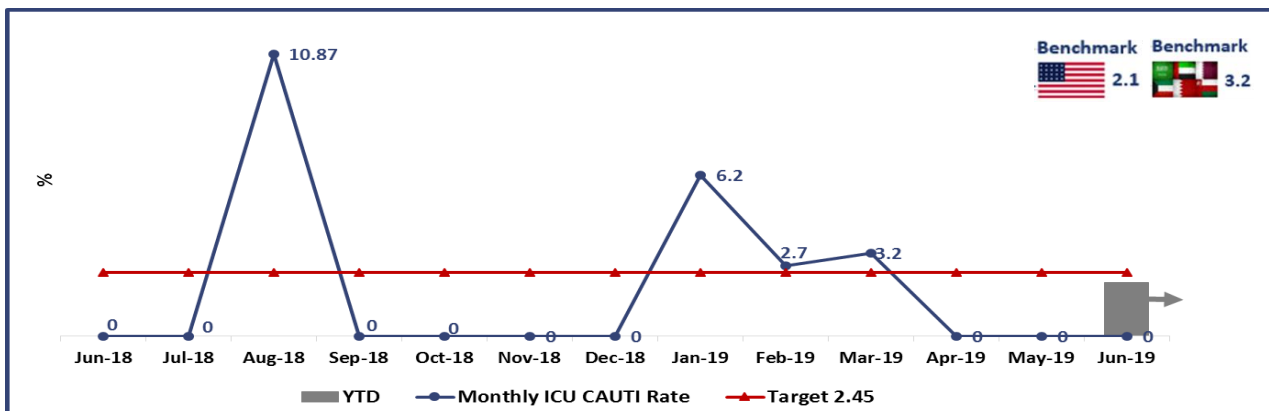
*Near Misses: an action or condition within JHAH facilities that has the potential to cause an adverse event such as injury, damage, harm, or risk to staff, patients, visitors and/or equipment but fails to do so by chance, or because it was intercepted. These are reported by all staff into the incident reporting software (Datix), which generates corrective action plans and contributes to the risk profile of JHAH.

ICU CLABSI Rate



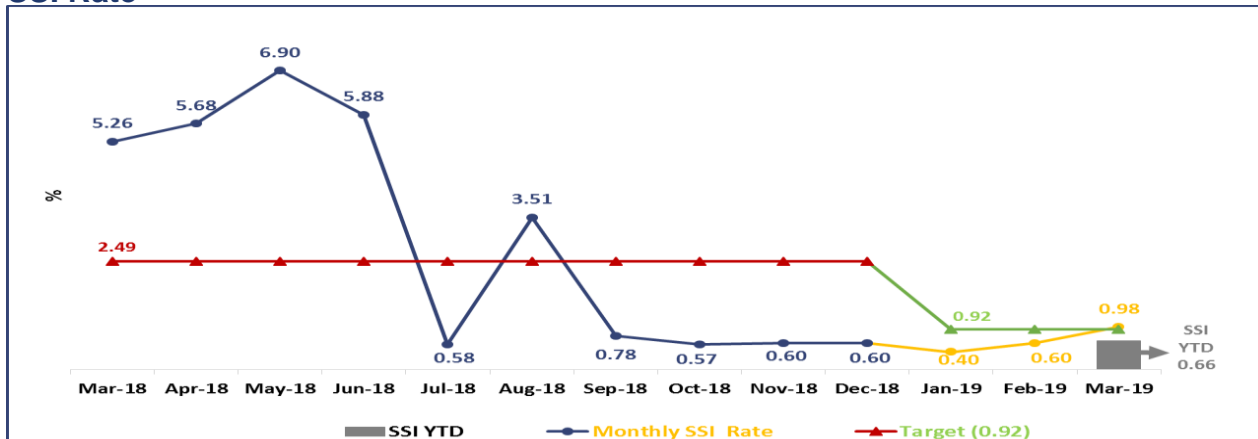
- Intensive Care Unit Central Line Associated Bloodstream Infections (CLABSI) rate: A laboratory-confirmed bloodstream infection (LCBI) where central line (CL) or umbilical catheter (UC) was in place for > 2 calendar days on the date of event, with day of device placement being Day 1 and a CL or UC was in place on the date of event or the day before.
- In April 2019, there were two cases of CLABSI. Each CLABSI was in a different unit and no commonality. The patient in 2C is a long-term patient who had been in hospital since December 2018 and had multiple sites with Candida. The other patient was admitted with respiratory failure and also had candidemia. Learn from defect was conducted and no areas of concerns were identified.

ICU CAUTI Rate



*A laboratory-confirmed symptomatic urinary tract infection (SUTI) where the indwelling urinary catheter was in place for > 2 calendar days on the date of event, with day of device placement being Day 1 or an indwelling urinary catheter was in place on the date of event or the day before.

SSI Rate

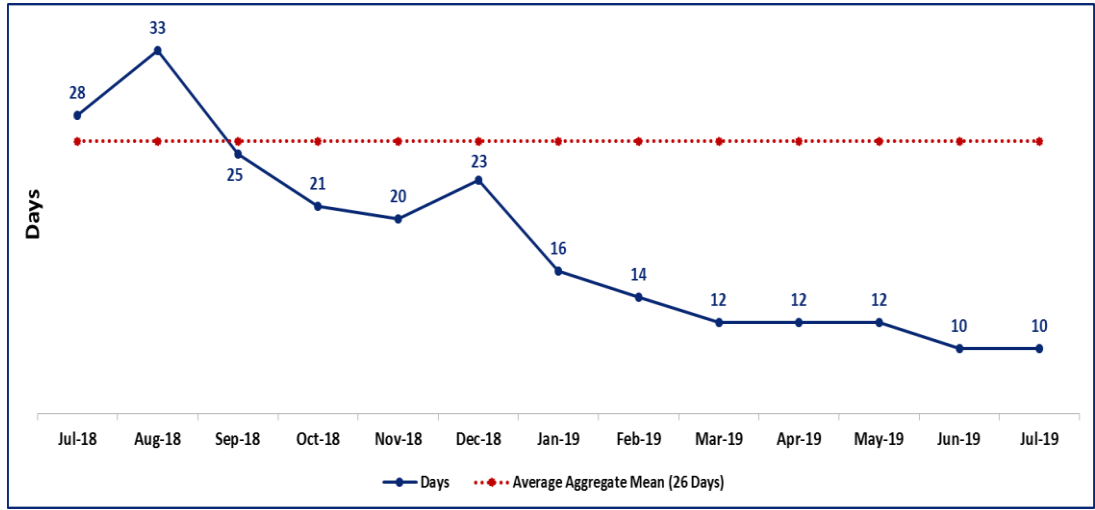


*Surgical Site Infection Rate (SSI) is based on CDC NHSN procedure-associated module dated January 2017.

*Note: Feb- May rates are not reported because there are 90 days lag for surveillance followed by one month lag for the validation.

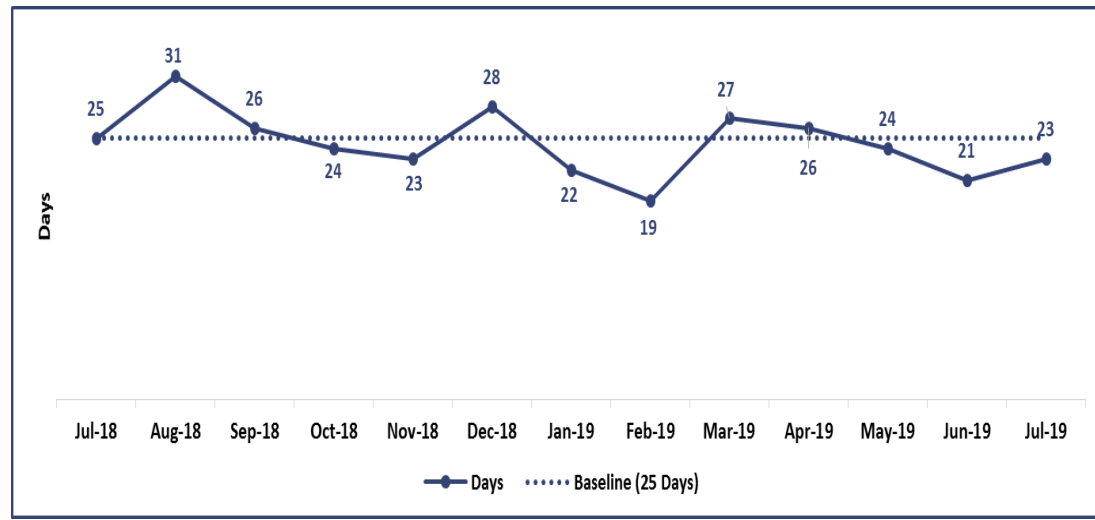
*Starting from January 2019 SSI rate includes only deep/ organ surgical site infection and the new target is 0.92%

Access to Care for 14 KPI Clinics: Aggregate Mean days to First Scheduled Appointment



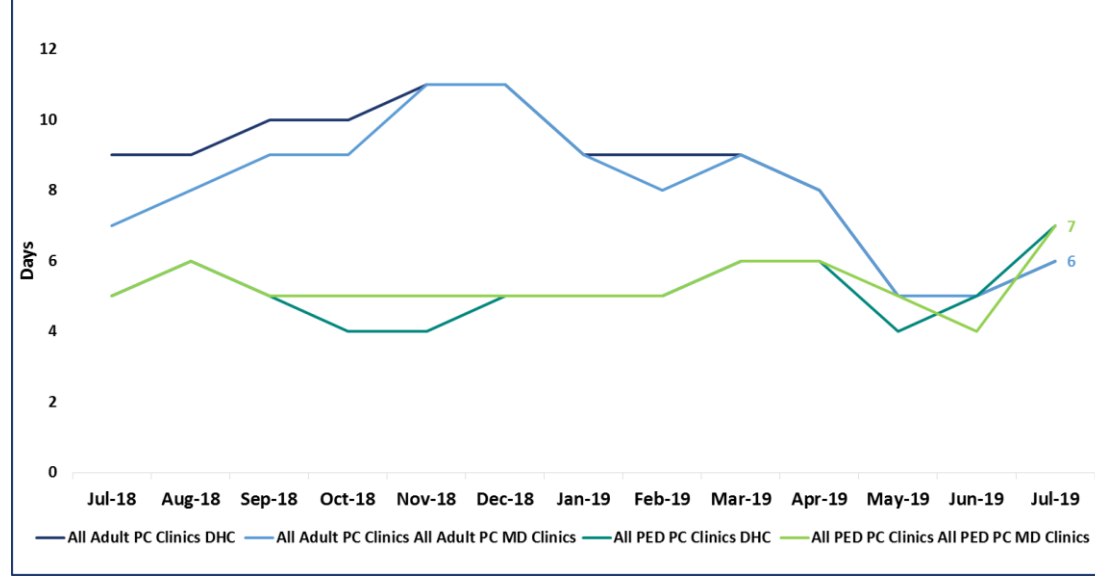
*Aggregate mean of the number of days that JHAH assigned patients have first new case appointment "scheduled" of primary care referral to the 10 KPI specialty clinics.

Access to Care for all Specialty Clinics: Aggregate Mean days to First Scheduled Appointment



*Aggregate mean of the number of days that JHAH assigned patients have first new case appointment "scheduled" of primary care referral to all physician run specialty clinics.
 * July 2019: preliminary Mean 23

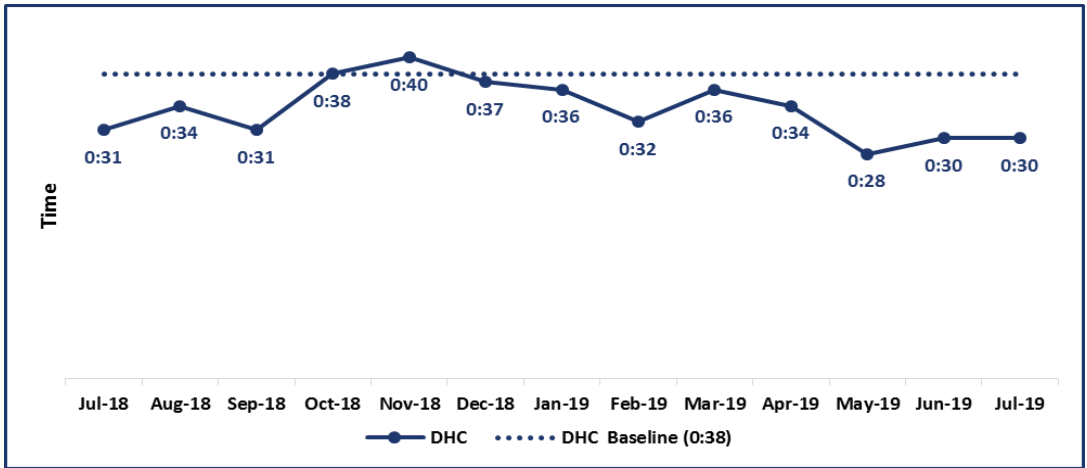
Dhahran Access to Adult & Pediatric Primary Care Clinic -Lead Time



*Access to Care Primary Care Adult & Pediatric Lead Time Definition: The is the average Days from patient scheduled appointment to actual appointment day *Starting from September- Lead Time is Epic Benchmark -able.

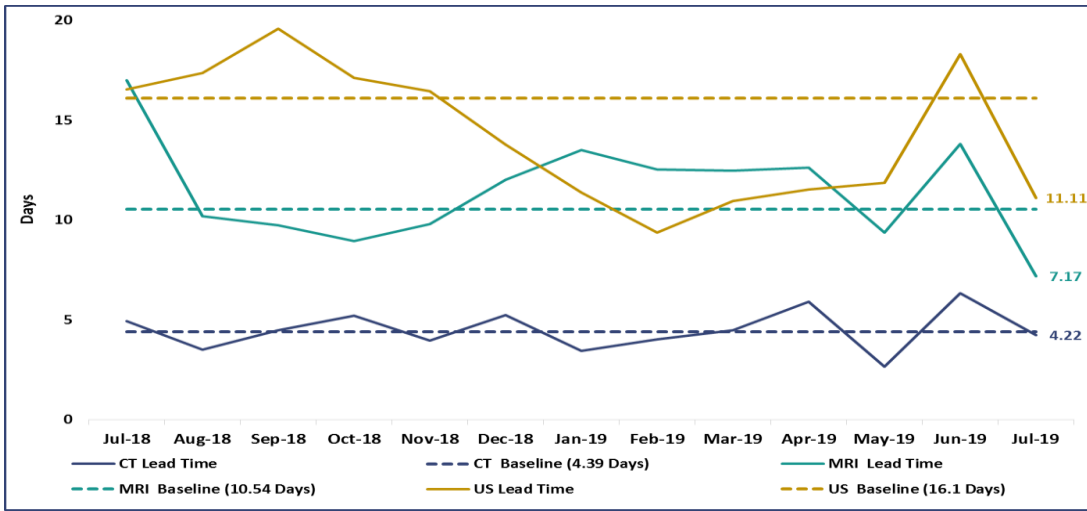
All baselines are based on 2018 data

Dhahran EMS Access to Care from Arrival to Provider



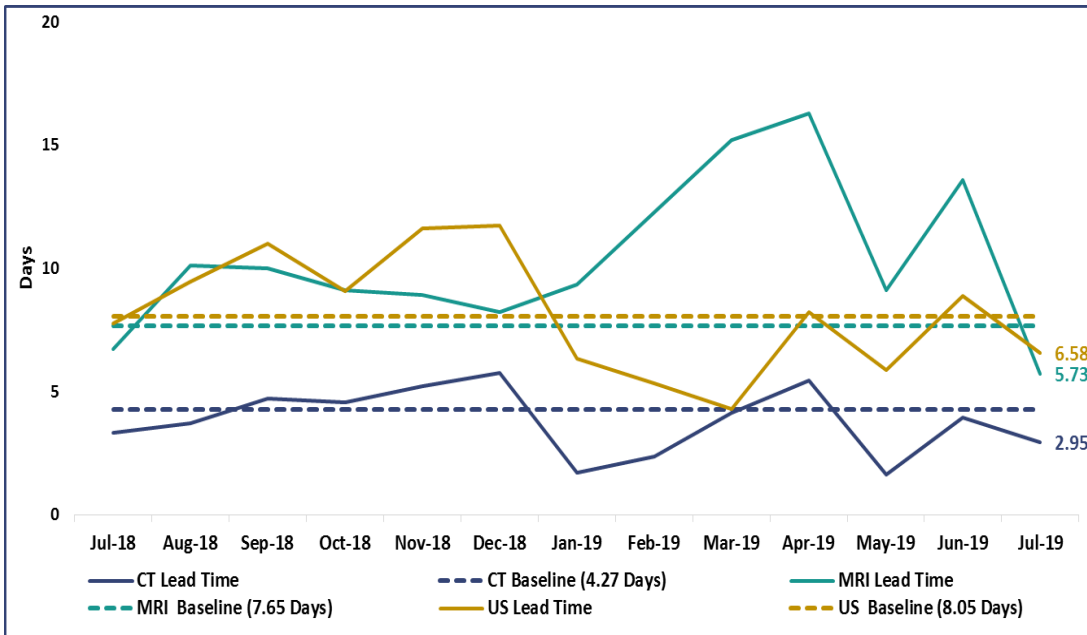
EMS Median Access to Care Definition: the median length of stay from arrival to provider (physician) excluding Against Medical Advice and Left without being seen. Data for category 1 & 2 is captured after stabilizing patient.

Dhahran Radiology Lead Time



*Lead time: is the average time from patient scheduled referral to actual performed study.

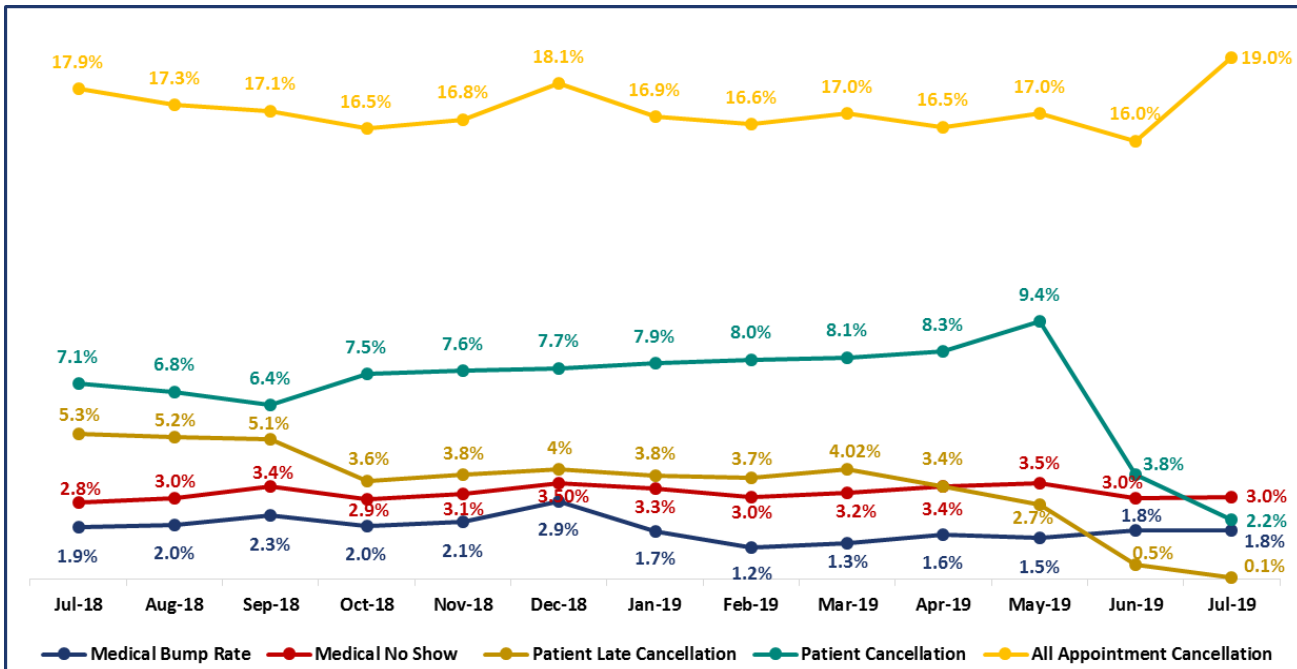
Al-Hasa Radiology Lead Time



*Lead time: is the average time from patient scheduled referral to actual performed study.

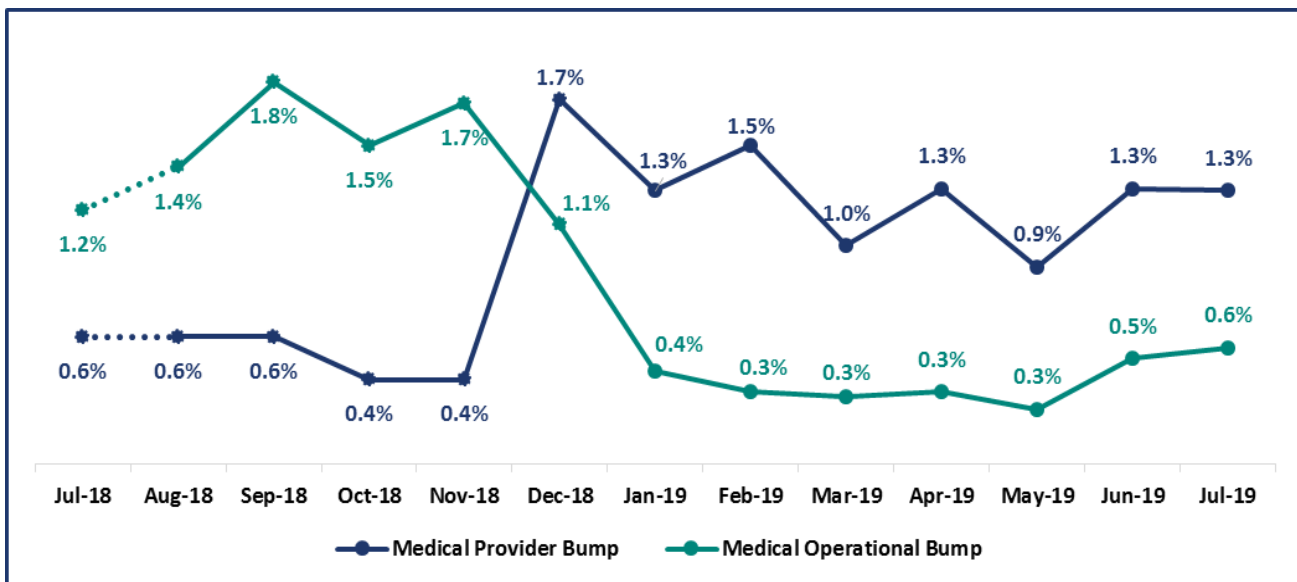
All baselines are based on 2018 data

Medical Bump Rate, Medical No show & Patient late Cancellation



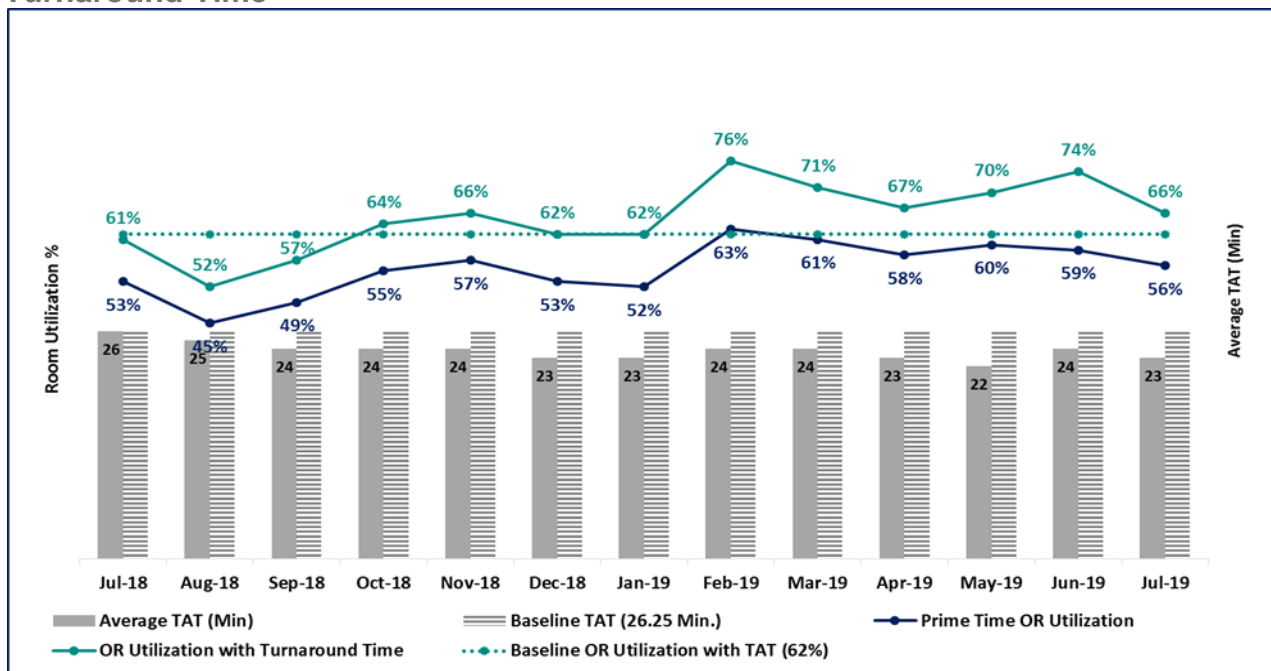
*Medical No Show: percentage of COF visits with a patient class of 'outpatient' with a status of 'no show' and in relation to all appointments.
 * Patient Late Cancellation: percentage of COF visits with a patient class of 'outpatient' with a status of 'late cancellation' ie: appointment cancellations initiated by patients within 24 hours of an appointment in relation to all appointments
 *Medical Bump Rate: the percentage of COF visits that were cancelled by JHAH within one month of the appointment time in relation all appointments
 Patient Cancellation: percentage of COF visits with a patient class of 'outpatient' with a status of 'cancellation' ie: appointment cancellations initiated by patients with more than 24 hours of an appointment in relation to all appointments
 *All Patient Appointment Cancellation: percentage of COF visits with a patient class of 'outpatient' with a status of 'cancellation' ie: appointment cancellations initiated by patients in relation to all appointments

Breakdown of Medical Bump Rate



* Provider Bump Rate: medical bumps initiated by provider (CME/Meeting, scheduled or unscheduled leave)
 *Operational Bump Rate : Medical bumps due to operation causes (Resource not available, Administrative, Clinical Energy)
 * Starting August 2018, graph corrected to reflect to proxy bump categories previously not accurately reflected due to proper utilization of schedule blocking categories.

OR Prime Time Utilization & OR Utilization with Turnaround Time – Average Turnaround Time

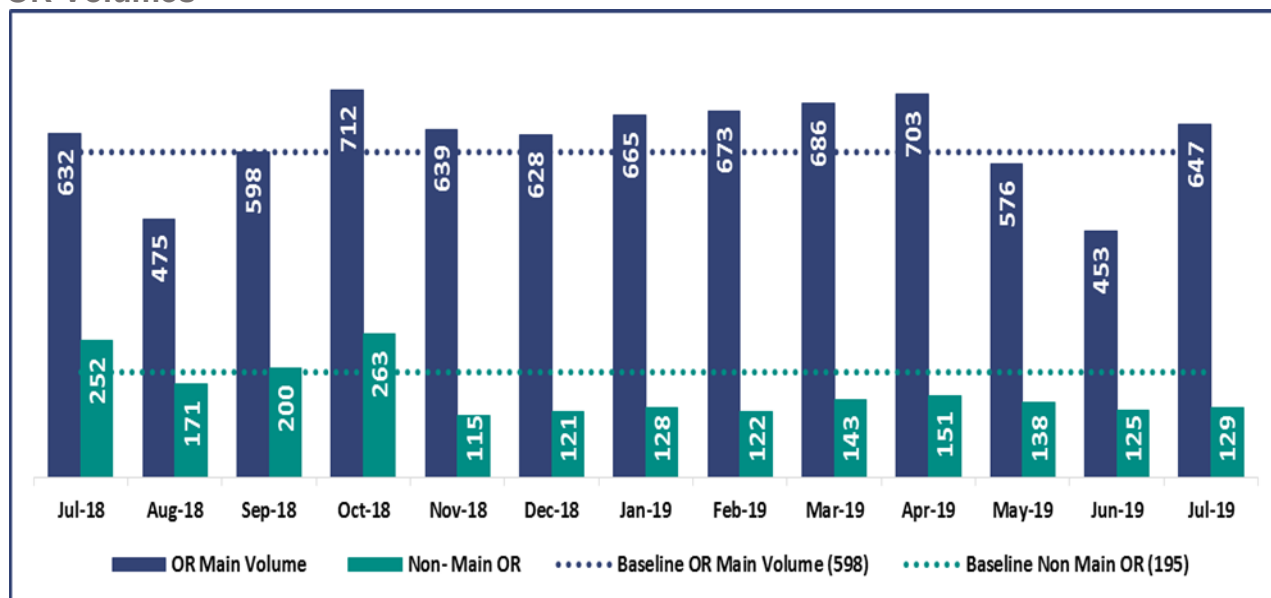


*OR Prime Time: OR daily working hours (weekdays daily 7:30-4:00 except on Monday from 8:30-4:00).

*Primetime OR Room Utilization for DH Main OR tracks the utilization of the OR during primetime. The numerator is the total number of minutes that cases are in room during primetime, while the room template has Open time. *This does not include room turn-around time

** OR Room Utilization with turn around time for DH Main OR Definition: Tracks the utilization of the OR during the working hours (weekdays daily 7:30-4:00 except on Monday from 8:30-4:00). The numerator is the total number of minutes that cases are in room during working hours, while the room template has Open time. The denominator is the total number of minutes that are in primetime while the room template has Open time.

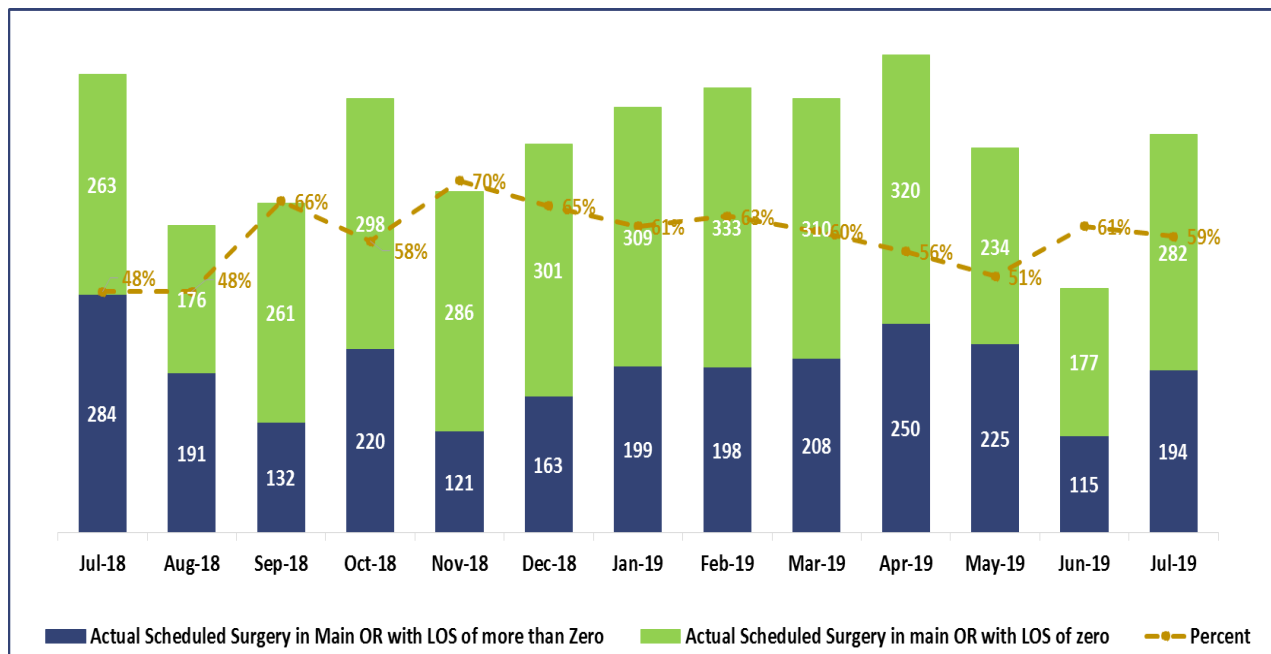
OR Volumes



*OR Volumes: Total number of surgeries that were performed in main OR every month. Inclusion: day Surgery, Inpatient, Surgery Admit and Emergency all hours and days of the week.

**Non Main OR: Total number of surgeries that were not performed in areas other than main OR e.g. (L&D, Cath Lab, Pain Management in OPPA)

Outpatient to Inpatient Elective Surgery Ratio



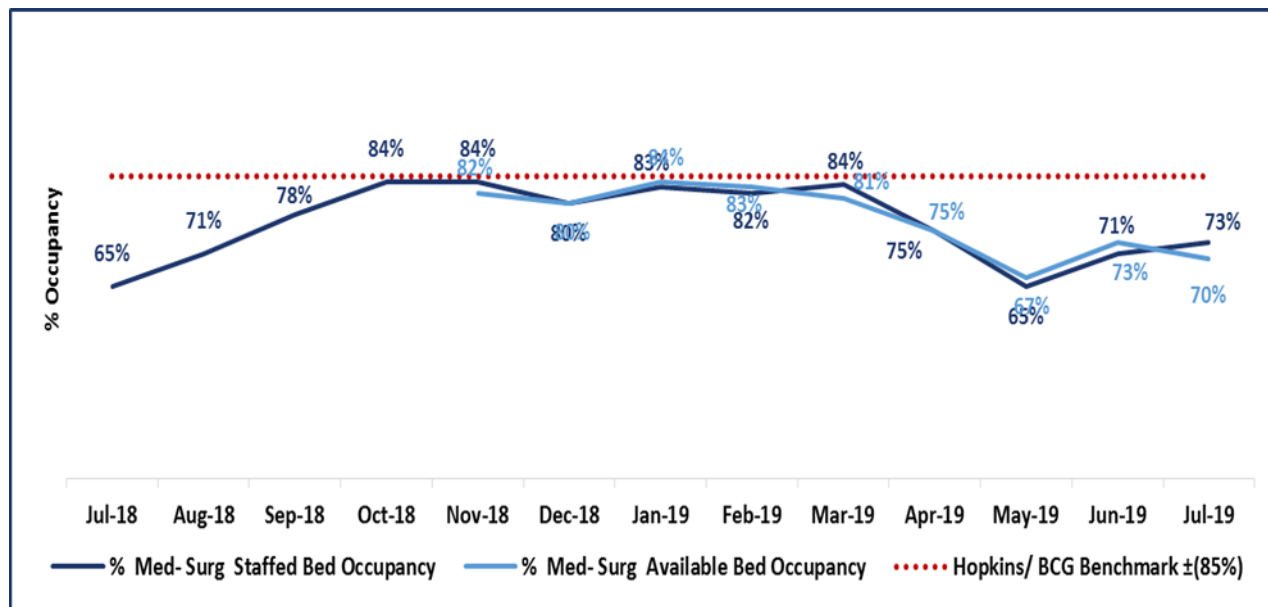
% of Potential shift from main OR to outpatient:

Nominator: *Actual Scheduled Surgery in main OR with LOS of Zero

Denominator: * Actual Scheduled Surgery in main OR volume

*Definition of Actual planned surgery: is any surgery that is planned in main OR this excludes emergency surgical cases as well as inpatient cases with an add-on flag

Dhahran Bed Occupancy



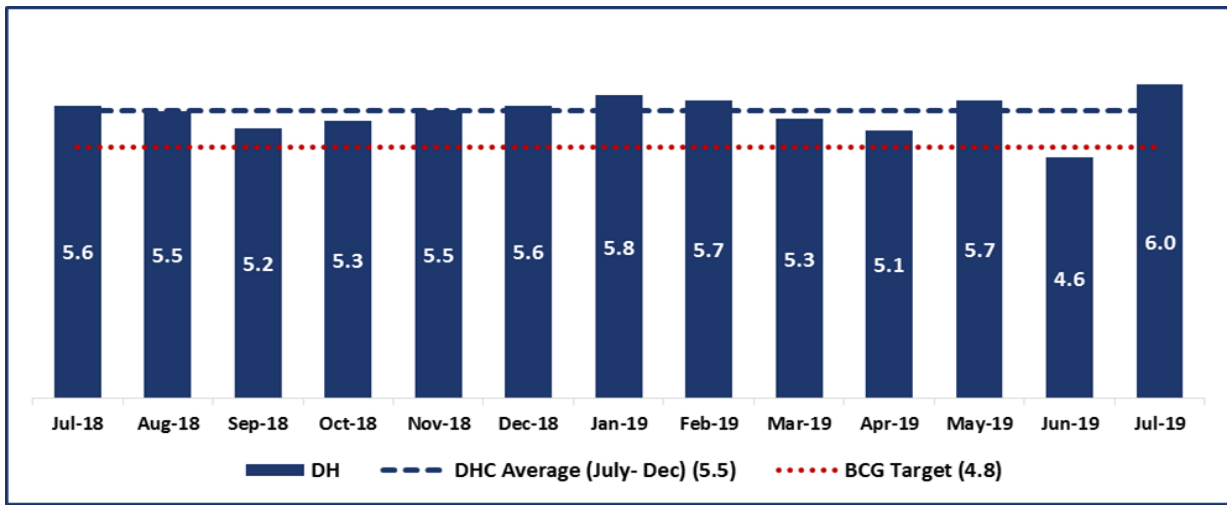
*% Occupancy Staffed beds : the percentage of occupied beds in the hospital in relation to total hospital beds (including blocked beds)

*% Occupancy Available beds: the percentage of occupied beds in the hospital in relation to available beds (excluding blocked beds)

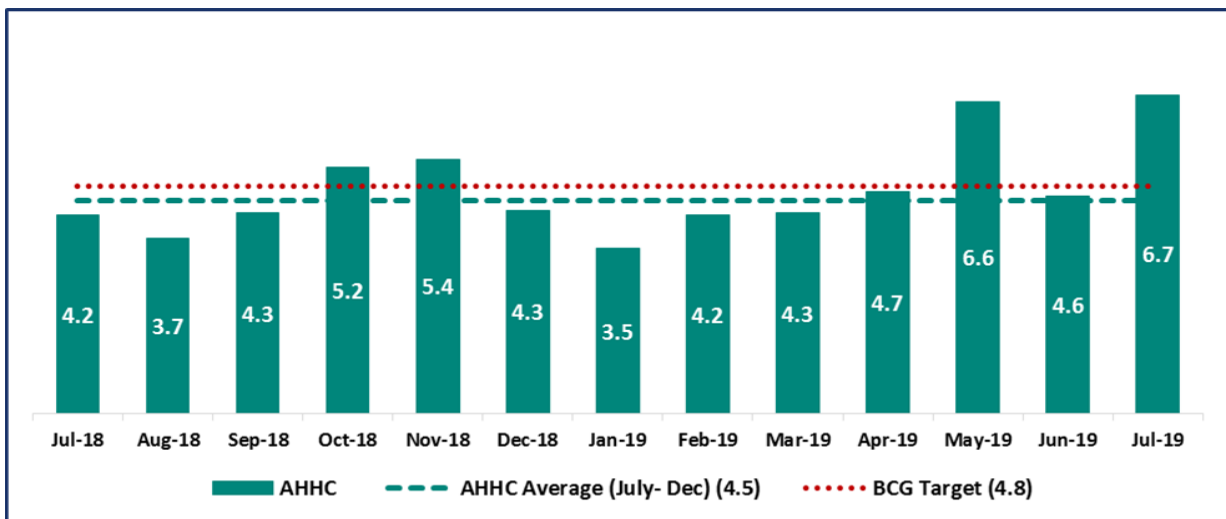
*DHC Total Beds: 326 beds (excluding 2J&3J) from Jan-July. Starting August,2018 DHC Total Beds: 329 beds (excluding 2J&3J) post renovation.

All averages are based on 2018 data

Dhahran Average Length of Stay (ALOS)

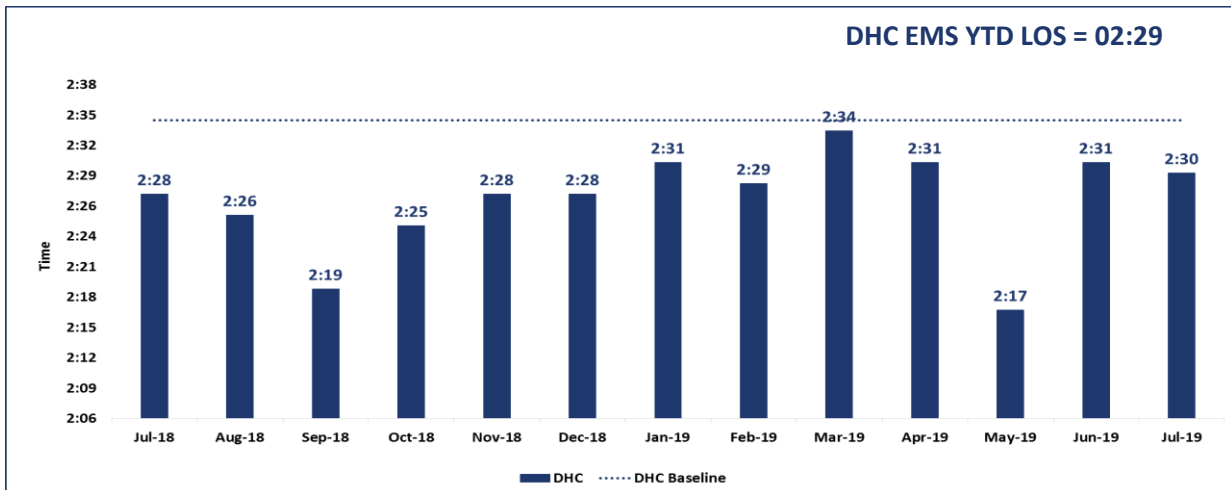


Al- Hasa Average Length of Stay (ALOS)



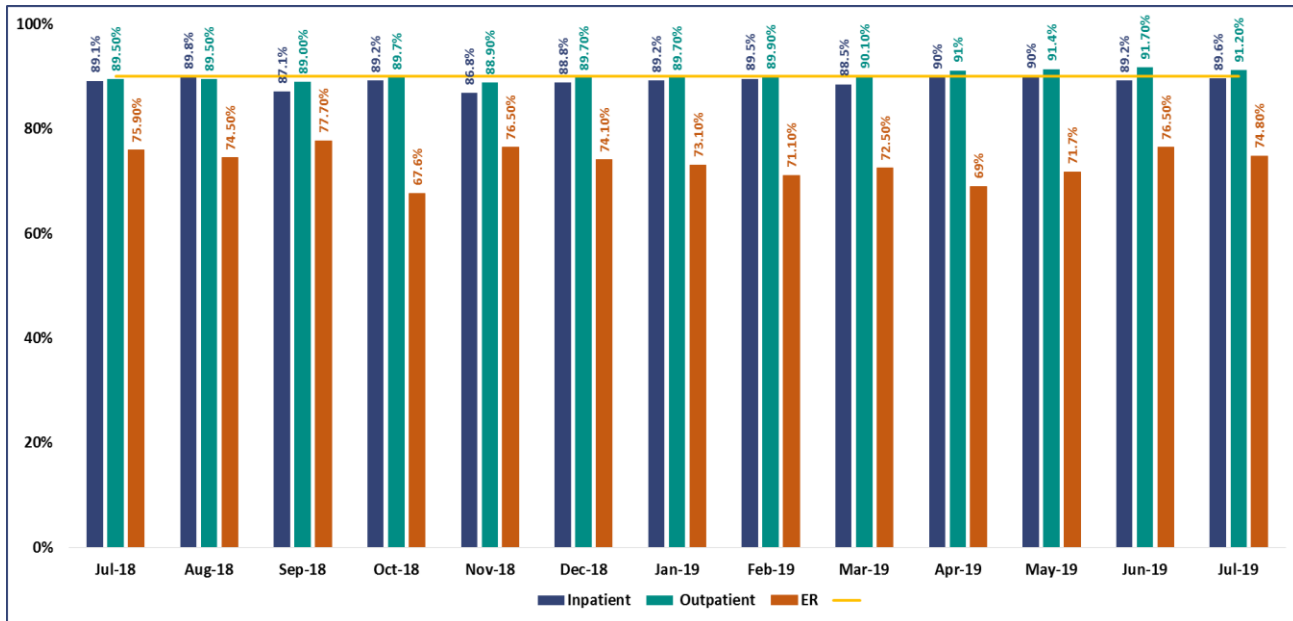
*Average Length of Stay (ALOS): this an efficiency measure which is an average calculated by dividing the sum of length of stay by the number of patient discharges in JHAH with a drill down of DHC & AHH . The measurement excludes morgue, newborns and observation patients . This is not risk adjusted.

Dhahran EMS Length of Stay (LOS)

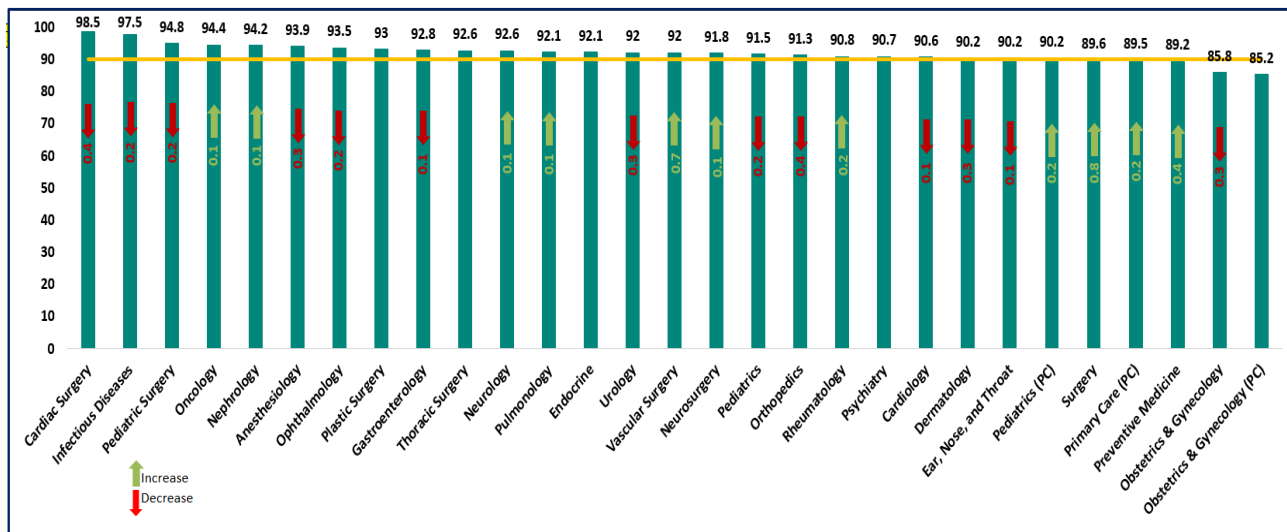


* LOS in EMS Definition: Median time from arrival to left department for patients of all dispositions, excluding psych and walkouts (Left Without Being Seen, Against Medical Advice, Eloped) in hours and minutes.

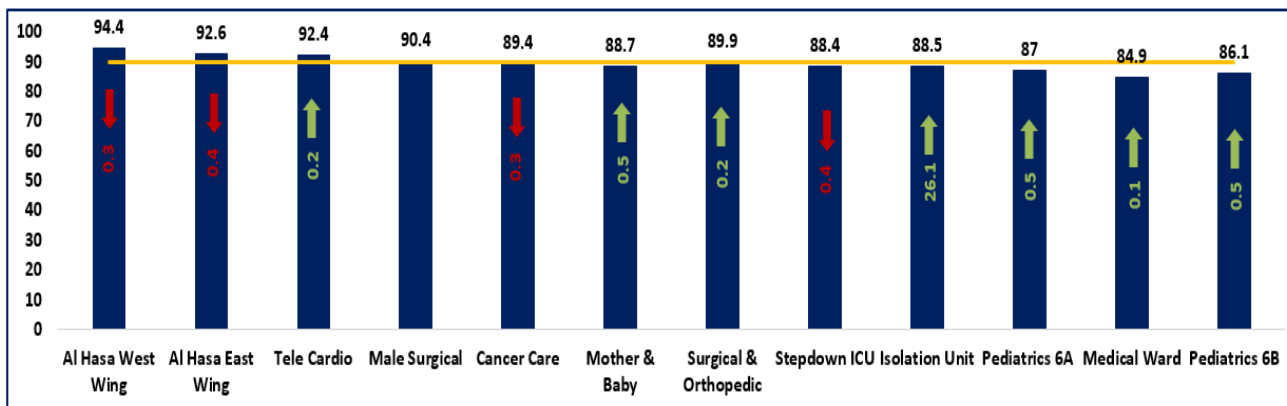
Patient Satisfaction (Highest to Lowest Top 2 Box Ranking) Inpatient, Outpatient, ER



Outpatient clinics

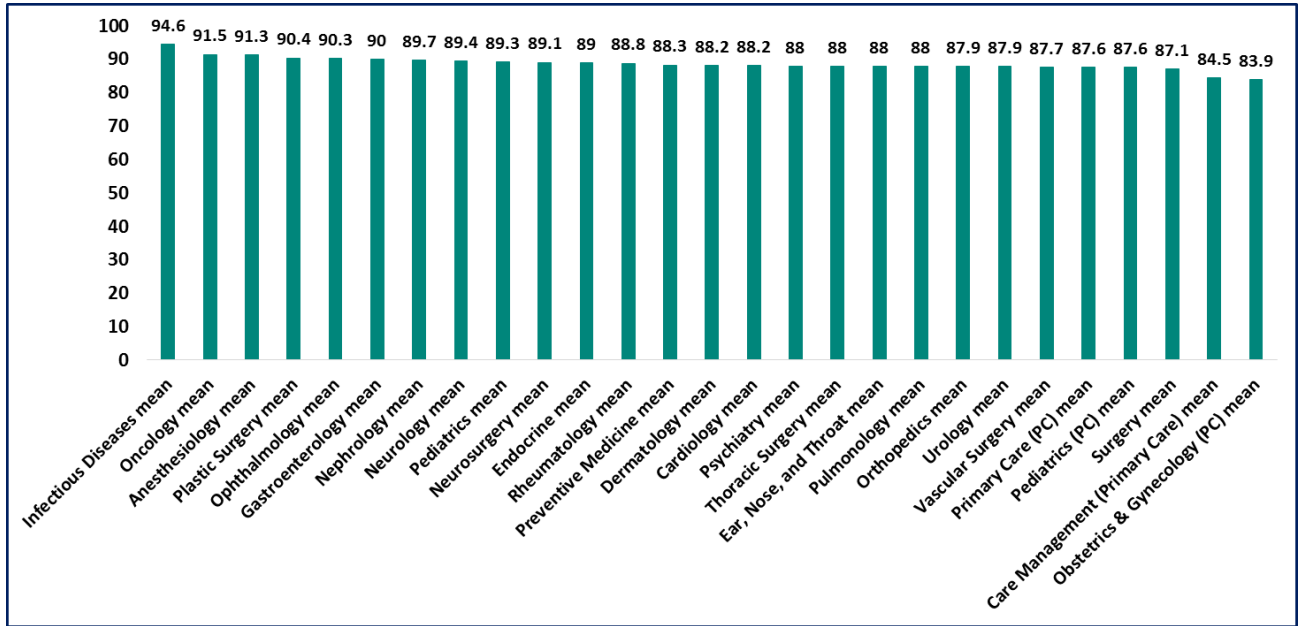


Inpatient Wards

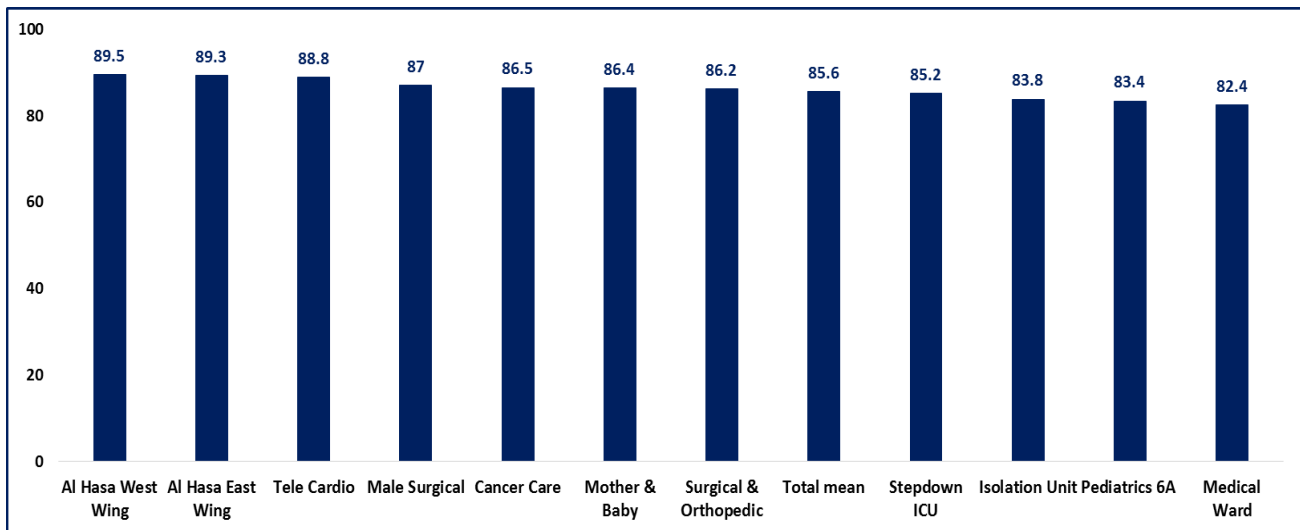


The Top-2-Box score is the percentage of respondents who selected either the top box, or the second box response. For Press Ganey's 5-point rating scale, the Top-2-Box is the percentage of the two highest categories on the scale (Very Good & Good).

Outpatient Clinics - Mean



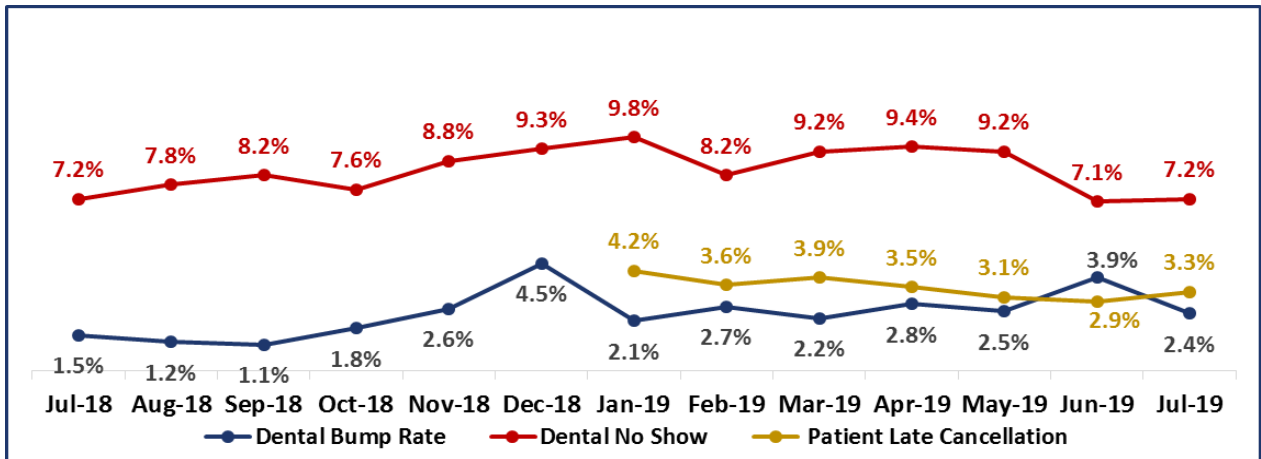
Inpatient Wards - Mean



* The Mean (denoted \bar{x} , and referred to as x -bar) is a measure of central tendency representing the arithmetic center of a group of scores.

It is the average score, where the 5-point rating scale is converted to 0 to 100 points. For Press Ganey, the mean gives the information about the average score for: an individual question, a section on the survey, the overall satisfaction score of your facility, or the satisfaction scores for all facilities in the database.

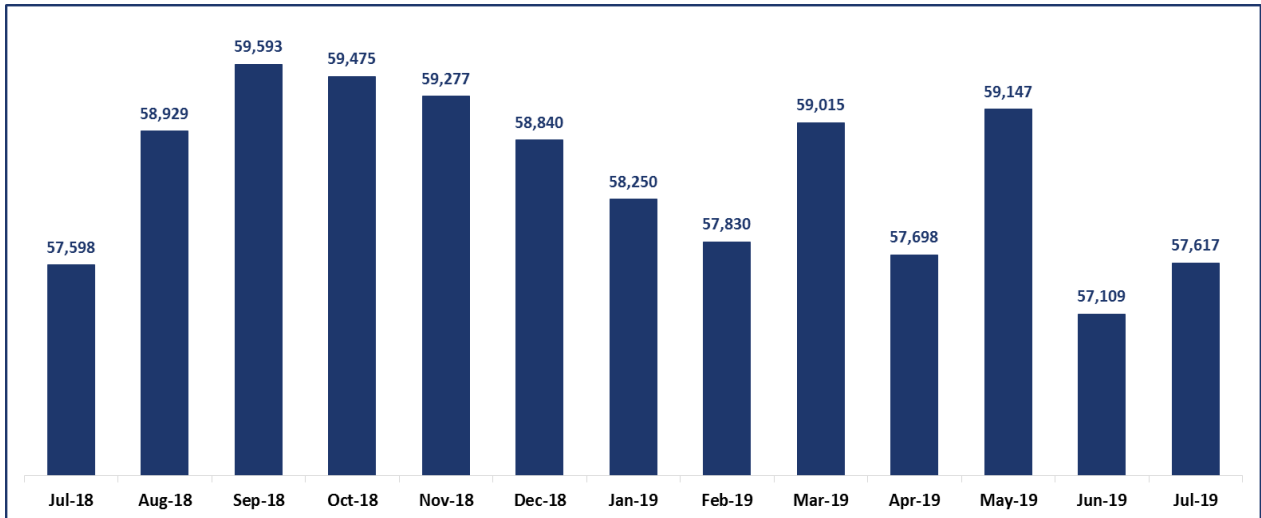
Dental Bump Rate , No Show & Patient Late Cancellation



*No Show: anytime a patient fails to report for a scheduled appointment. This would be in cases where; patient does not show for an appointment, a notice of cancellation is not received (e-mail/telephone/website/etc.) or, an appointment is cancelled within less than 24 hours prior to the scheduled appointment (by e-mail/telephone/website/etc.).

*Bump Rate: a scheduled appointment cancelled by Dental Services Division when a clinician is unavailable due to the following reasons: medical time off, emergency leave, maternity leaves, resignations or any other unplanned absences for urgent issues.

JHAH Registered Dental Recipients

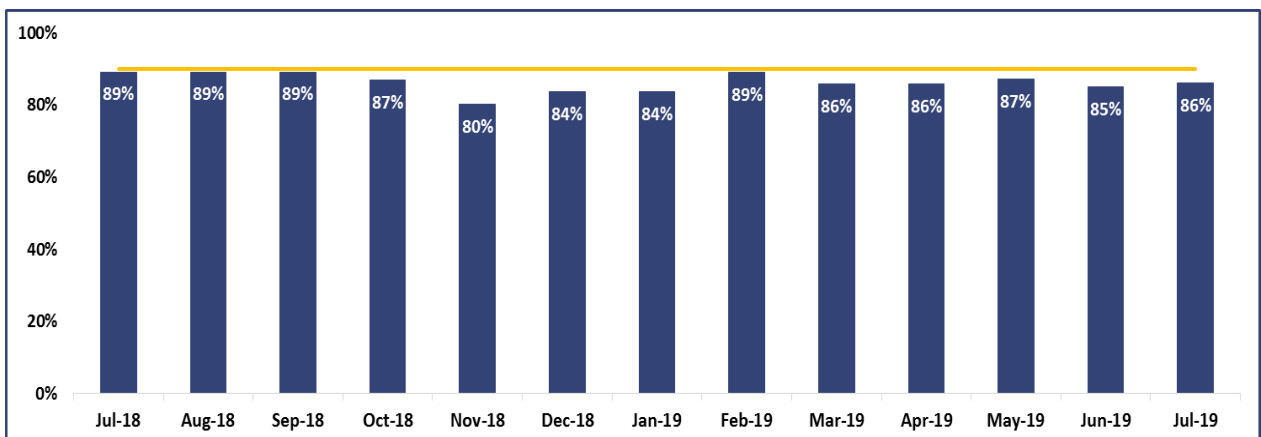


*All JHAH = 61,306

*COF EMRs = 57,617

*JV EMRs = 3,689

Dental Overall Satisfaction Score (Highest to Lowest Top 2 Box Ranking)



July 2019- Scorecard

2019 JHAH Scorecard												
KEY PERFORMANCE INDICATORS (KPIs)												
	Baseline	February	March	April	May	June	July	YTD	Target	Projected Year End Score	Weight	
I. CLINICAL EXCELLENCE (2019)												
1	Risk Identification (Near Misses)	NA	85	76	63	57	39	66	490	N/A	4.0	4.0
2	Risk Identification (Moderate-Major)	NA	3	2	0	0	0	2	9	N/A	4.0	4.0
3	Deep /Organs Surgical Site Infection (SSI) rate	0.97	0.62	0.98	0	0	0	0.66	0.66	0.92	4.0	4.0
4	Inpatient Hand Hygiene Compliance	93.16	94.0	95.7	92.83	93.76	94.32	94.13	94.13	93	3.0	3.0
5	Outpatient Hand Hygiene Compliance	94.44	95.4	94.9	94.1	94.3	95.3	94.88	94.88	93	3.0	3.0
6	ED Arrival Time to EKG Median Time	4:00	4:00	4:00	4:00	4:00	4:00	3:00	3:00	7:00	4.0	4.0
7	Inpatient Clinical Practice Guidelines	NA	NA	4:00	4:00	4:00	4:00	3:00	3:00	N/A	5.0	5.0
8	Hospital Acquired Pressure Injury (NDNQI)	5	5	5.32	4:00	4:00	3:16	4:34	4.34	4.50	3.0	3.0
9	Arrival Time to PCI ≤ 90 minutes for non-transferred patients	65	100	100	100	100	100	100	100	85	1.0	1.0
II. PATIENT & STAFF EXPERIENCE												
10	Outpatient Clinics' Overall Experience Mean Score	86.80	87.9	87.9	88.6	89.3	89.2	88.7	88.46	87	5.5	5.5
11	Dhahran Hospital's Overall Experience Mean Score	85.17	86.2	86.2	85.9	86.1	85.7	87.4	86.26	85	5.5	5.5
12	Overall Staff Engagement	3.88								3.91	1.0	1.0
III. ACCESS TO CARE												
Access to Specialty Care												
13	General Ophthalmology	14	5	6	5	3	4	3	5	13	3.0	3.0
	ENT	16	8	7	7	6	7	4	8	15	3.0	3.0
	Neurosurgical	12	8	9	7	9	9	9	8	11	3.0	3.0
	Colorectal Surgery	20	11	6	9	10	12	19	11	19	3.0	3.0
	Plastic Surgery	16	18	12	12	16	12	9	14	15	3.0	3.0
	Urology	14	7	11	13	17	11	11	11	13	3.0	3.0
	Endocrinology	14	10	15	13	9	8	7	11	13	3.0	3.0
	Gastroenterology	25	19	18	19	16	15	19	18	22	3.0	3.0
	OB/GYN Specialty	23	16	16	19	24	19	18	18	20	3.0	3.0
Gro B												
	Bariatric Surgery	29								25	2.0	2.0
	Cardiology	27	19	15	11	13	11	12	15	23	2.0	2.0
	Dermatology	38	25	20	23	25	8	19	22	32	1.0	1.0
	Neurology	28	27	22	18	18	18	18	21	24	2.0	2.0
Group A												
	General Orthopedics	29	13	16	18	18	18	22	16	25	2.0	2.0
	Access to Primary Care	71	67	65	74	91	85	84	75.17	75	4.0	4.0
	Access to Physical Therapy	16	10	12	11	9	8	11	11	15	2.0	2.0
	TKR In-Patient receiving Physical Therapy within 24 hours post surgery	65.94	100	92.31	100	100	100	98.98	98.98	100	1.9	2.0
	ED Arrival time to Provider Median time COF assigned to ESI 2 category.	14:03	10:09	10:09	10:09	9:45	9:35	9:30	9:30	15:00	4.0	4.0
	Emergency Response to Industrial (Oil & Gas) Locations, Time from 911	100	100	100	100	100	100	100	100	98	1.0	1.0
	Emergency Response to Industrial (Oil & Gas) Locations, Time from 911	96:05	100	100	100	100	66:7	100	92.50	97	0.0	1.0
IV. POPULATION HEALTH STATUS												
20	% diabetic patients who have HbA1c test ordered within 6 months	96.51	97.2	97.1	96.4	95.8	96.4	96.3	96.81	95	2.0	2.0
21	Percent Poorly Controlled Diabetics	25.12	24.3	24.9	24.9	24.9	24.5	24.1	24.40	25.40	3.0	3.0
V. NETWORK												
22	SFS/MRI requests turnaround time (TAT) from all full service network	93	100	100	100.0	99.8	100.0	100.0	100.0%	95	2.0	2.0
23	SFS/Endoscopy requests turnaround time (TAT) from all full service network	NA	100	100	100.0	100.0	100.0	100	100.0%	N/A	N/A	N/A
										96.94	100.00	