

# مرکز جونز هوبكنز أرامكو الطبي Johns Hopkins Aramco Healthcare

## المدخل الرئيسي Main Entrance



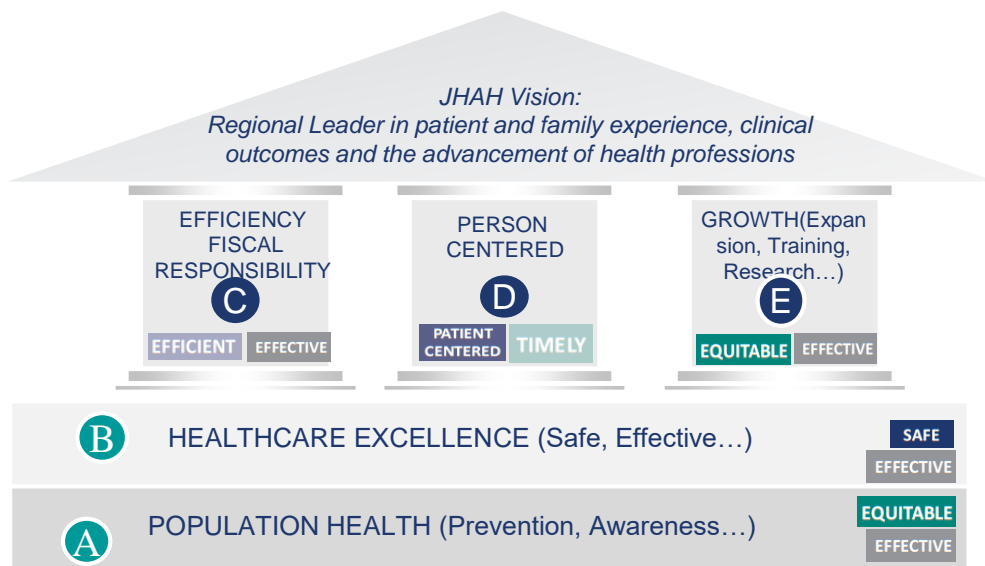
## Johns Hopkins Aramco Healthcare

### Executive Summary Report

August 2019

# JHAH at a Glance

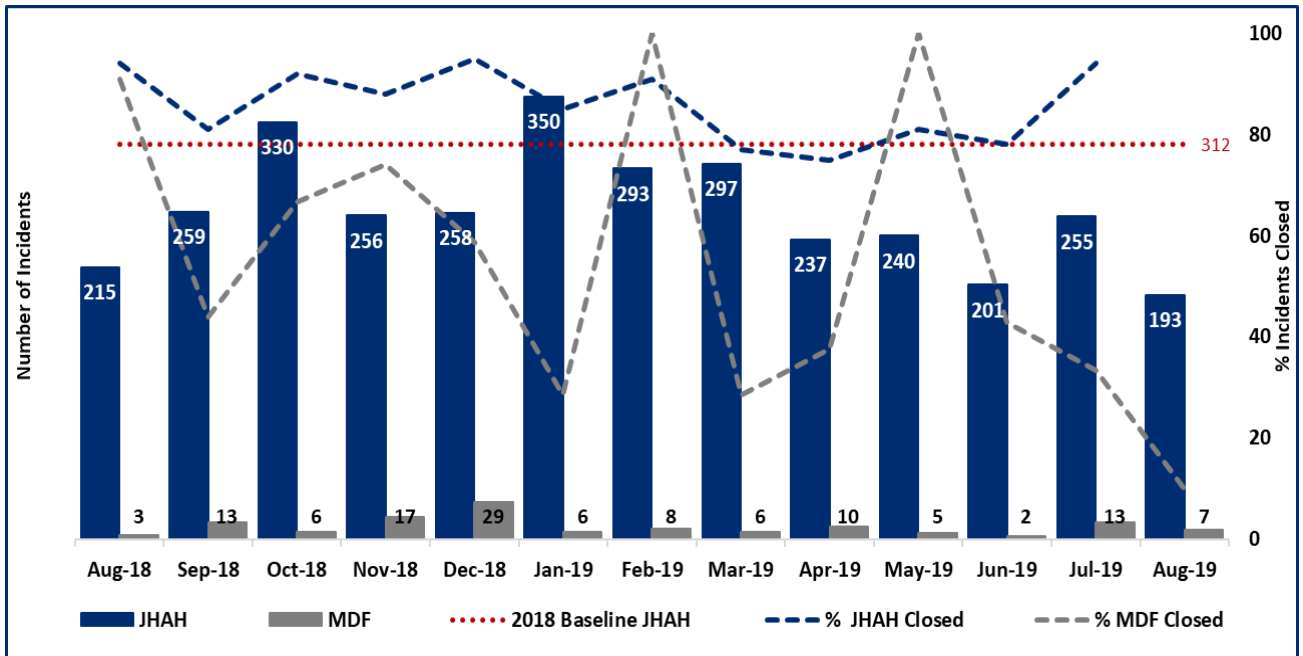
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EPMO, ERM, Performance Management, Communication strategy

# Incident Reporting (DATIX)

JHAH YTD Monthly Average Incidents= 258

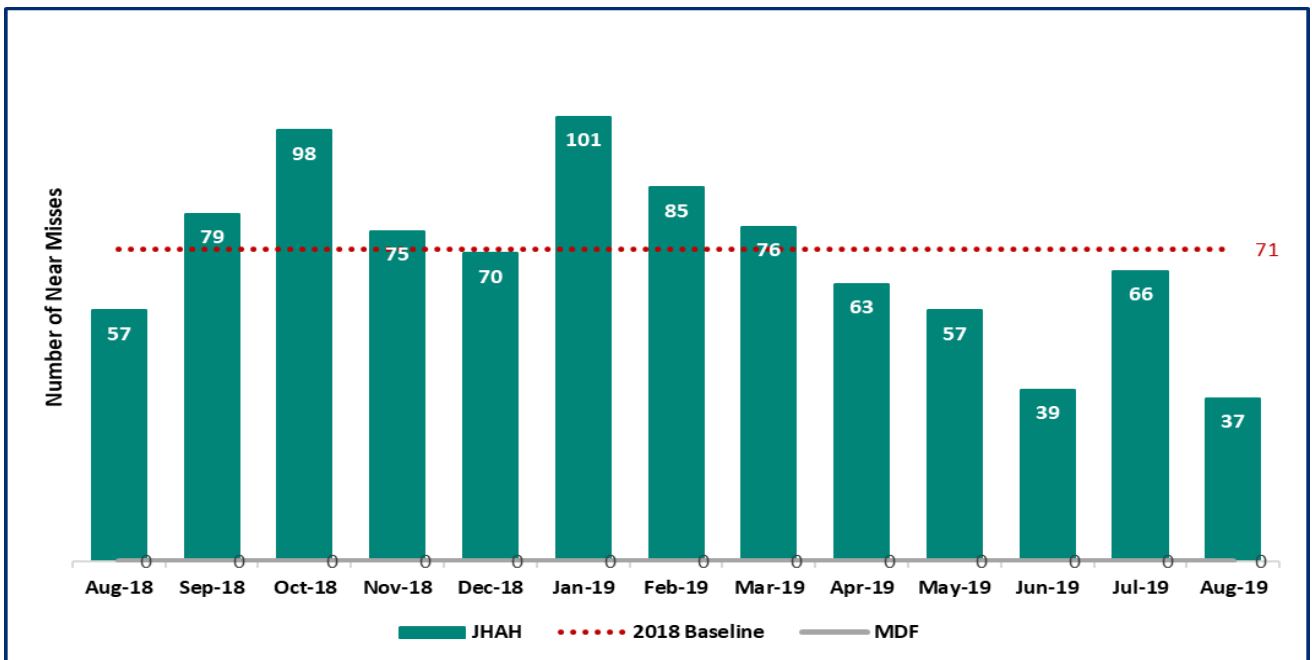


Incidents: Any event of concern that occurs for staff, patients, visitors and the facility e.g., fall, needle stick injury, burst water pipe etc., occurring in JHAH facilities. Reported by all staff into the incident reporting software (Datix), which is monitored by Risk Management (Quality & Patient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

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

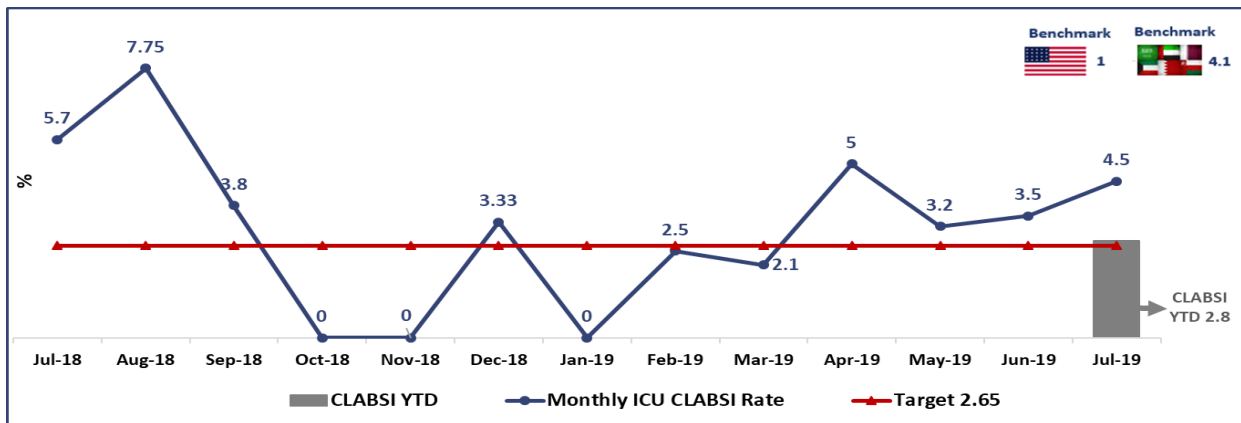
# Near Miss (DATIX)

JHAH YTD Monthly Average Near Misses= 66



\*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.

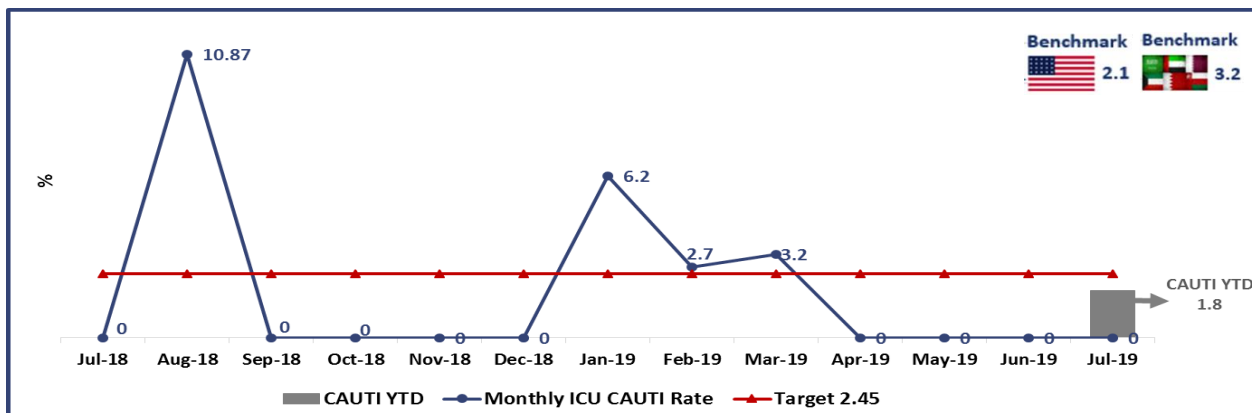
## ICU CLABSI Rate



\*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.

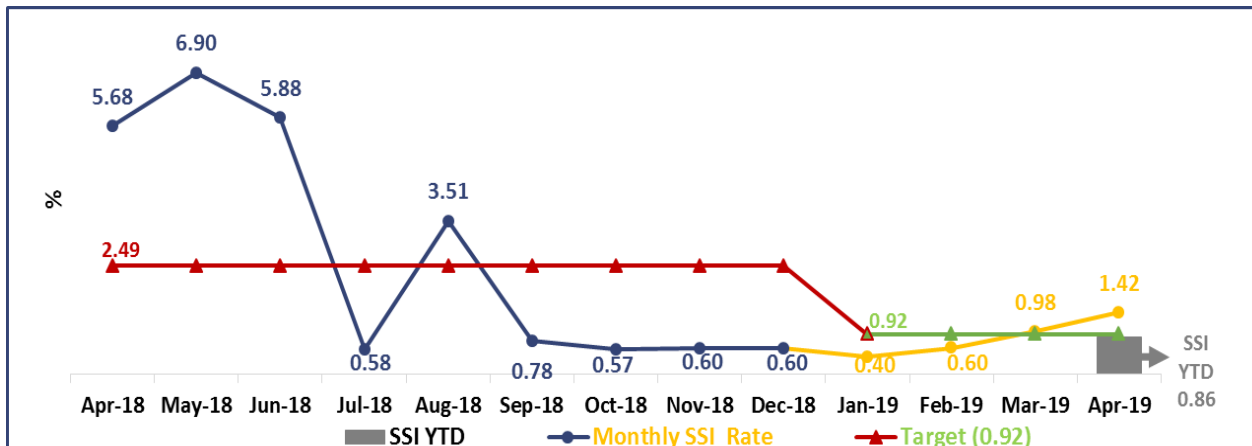
Comments: In April 2019, there were two cases of CLABSI. Each CLABSI was in a different unit and no commonality. The patient in 2C is a long-term patient who had been in hospital since December 2018 and had has multiple sites with Candida. The other patient was admitted with respiratory failure and also 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

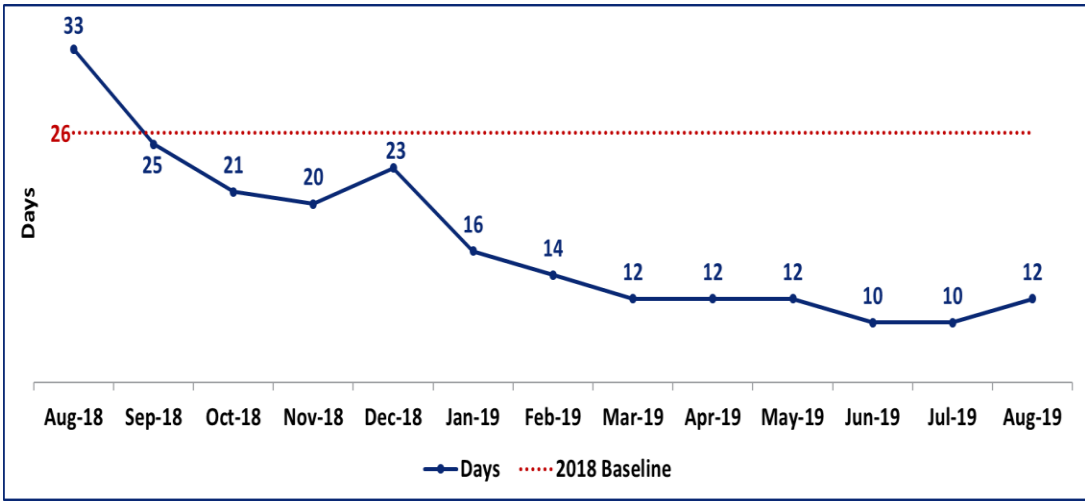


\*Surgical Site Infection Rate (SSI) is based on CDC NHSN procedure-associated module dated January 2017.

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

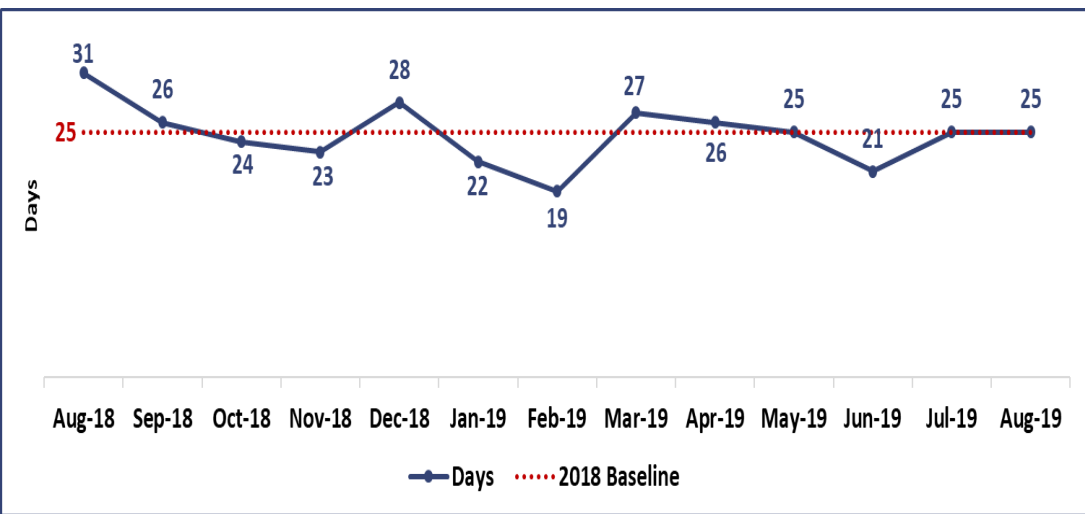
\*Starting from January 2019 SSI rate includes only deep/ organ surgical site infection and the new target is 0.92%

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



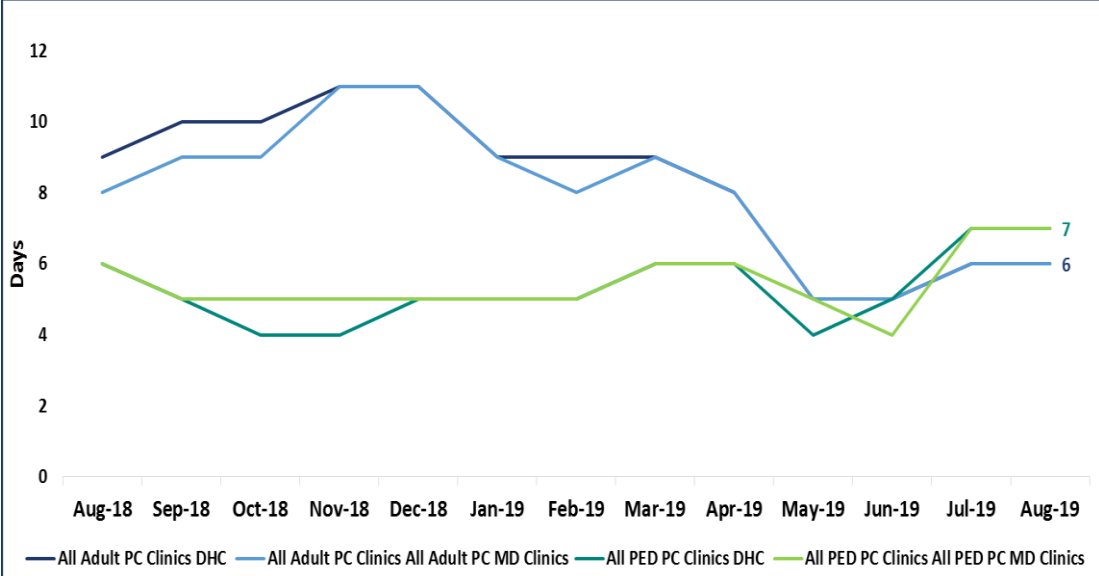
\*2019 KPI Access to Specialty Care Definition: Mean number of days for COF patients that have first new appointment "offered" from primary care referral to Dhahran specialty clinic, excluding single provider clinics. First scheduled appointment will be used as a proxy for first offered appointment

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



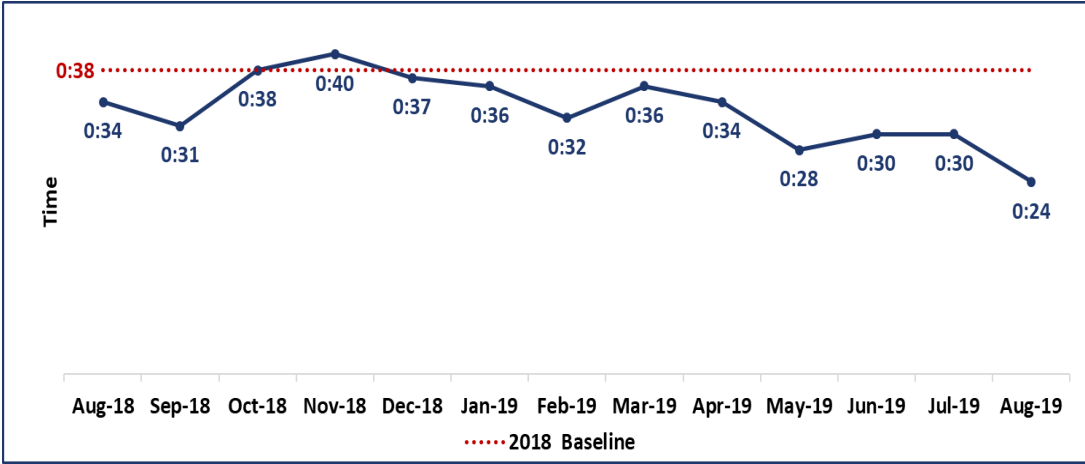
\*2018 Access to Specialty Care Definition: Aggregate mean of the number of days that JHAH assigned patients have first new case appointment "scheduled" of primary care referral to all physician run specialty clinics.  
 \* August 2019: preliminary Mean 25

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



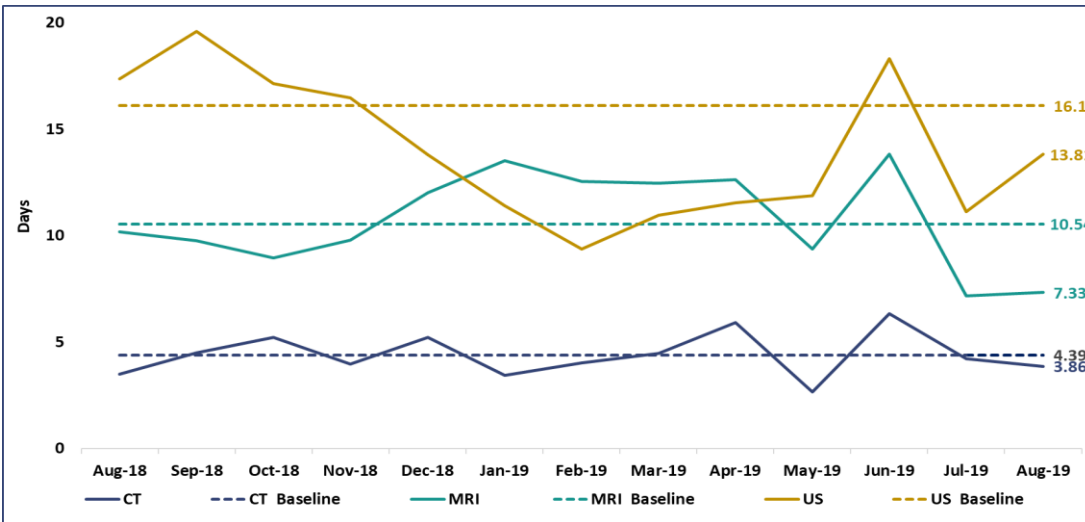
\*Access to Care Primary Care Adult & Pediatric Lead Time Definition: The is the average Days from patient scheduled appointment to actual appointment day \*Starting from September- Lead Time is Epic Benchmark -able.

## Dhahran EMS Access to Care from Arrival to Provider



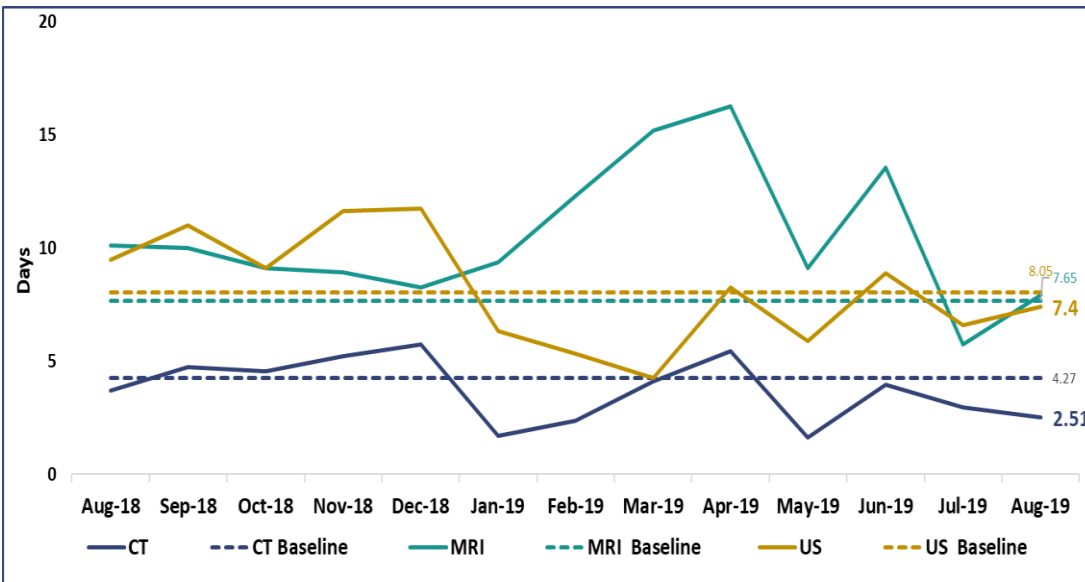
EMS Access to Care Definition: Median length of stay from arrival to provider (physician) excluding Against Medical Advice and Left without being seen. Data for category 1 & 2 is captured after stabilizing patient.

## Dhahran Radiology Lead Time



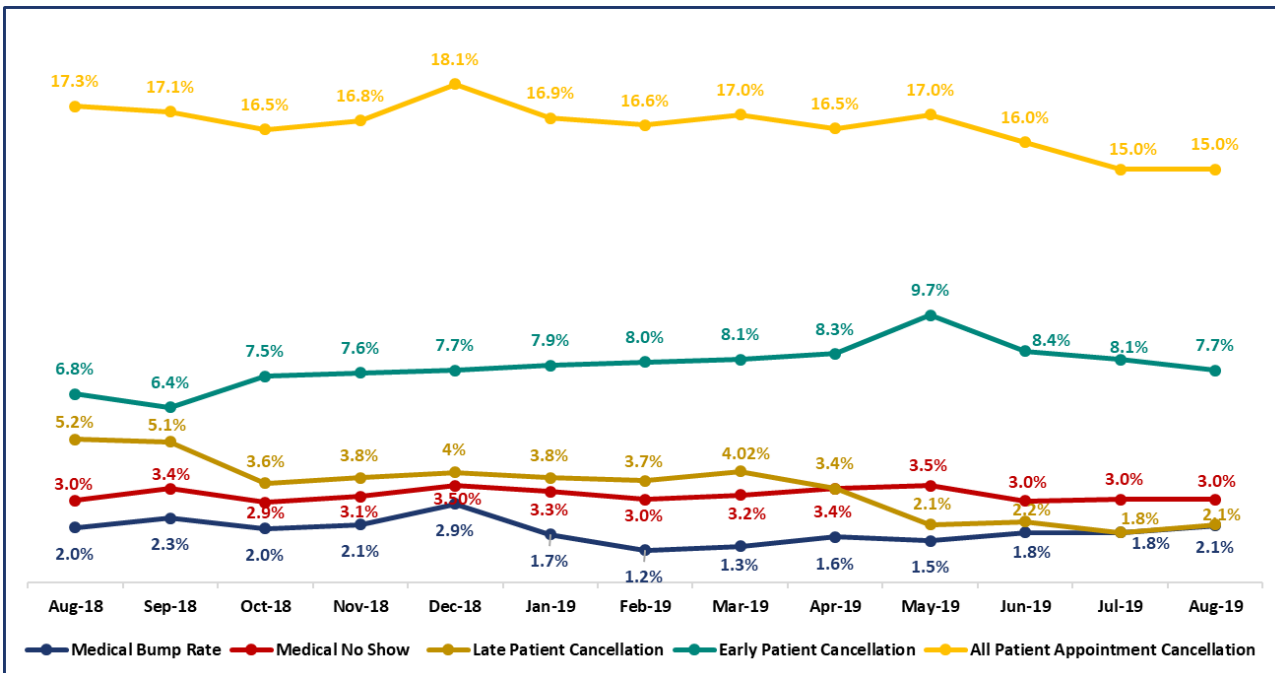
\*Lead time: is the average time from patient scheduled referral to actual performed study.

## Al-Hasa Radiology Lead Time



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

## Medical Bump Rate, Medical No show & Patient late Cancellation



\*Medical Bump Rate: the percentage of COF visits that were cancelled by JHAH within one month of the appointment time in relation all appointments

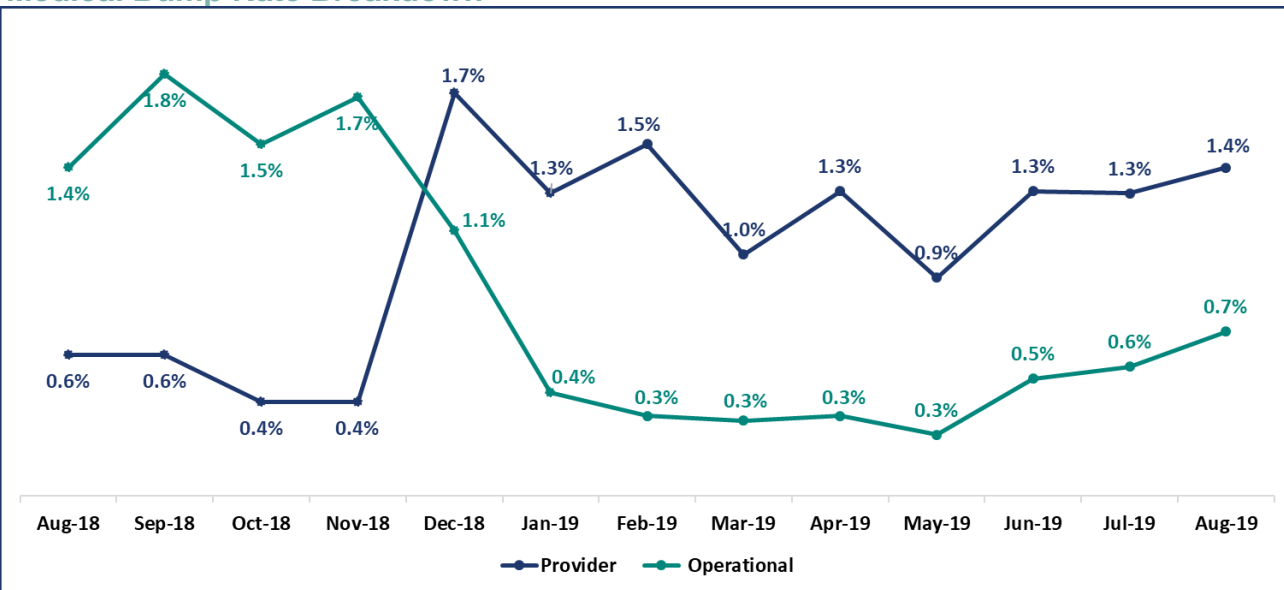
\*Medical No Show: percentage of COF visits with a patient class of 'outpatient' with a status of 'no show' and in relation to all appointments.

\*Late Patient 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

\*Early 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 in relation to all appointments

## Medical Bump Rate Breakdown

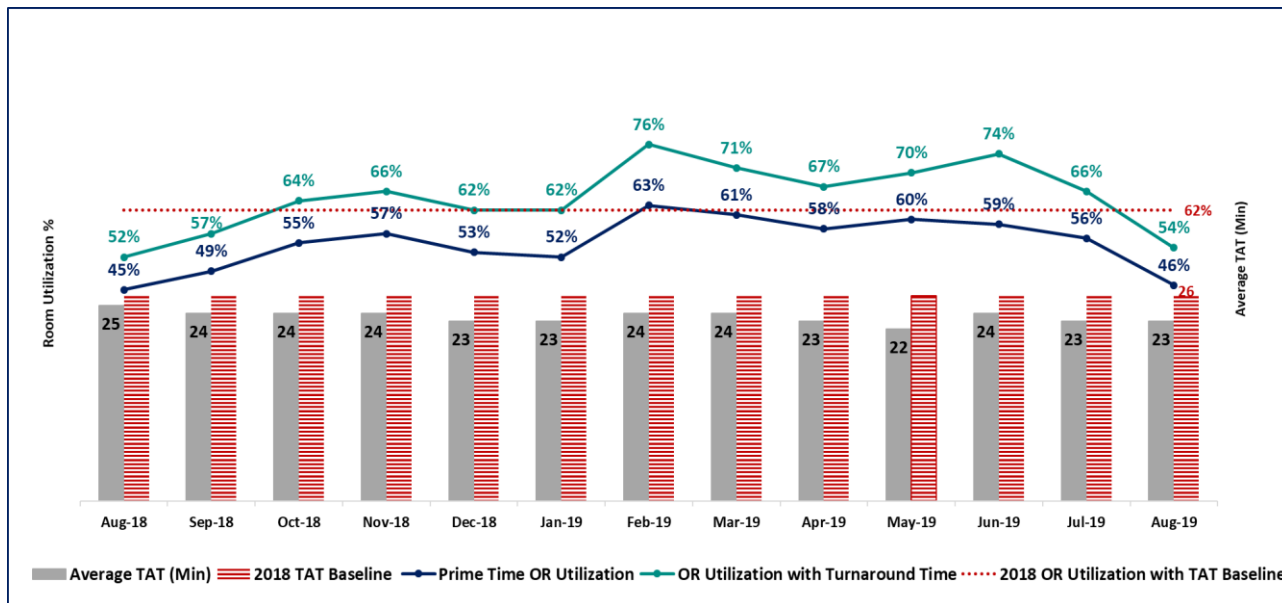


\* Provider Bump Rate: medical bumps initiated by provider (CME/Meeting, scheduled or unscheduled leave)

\*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

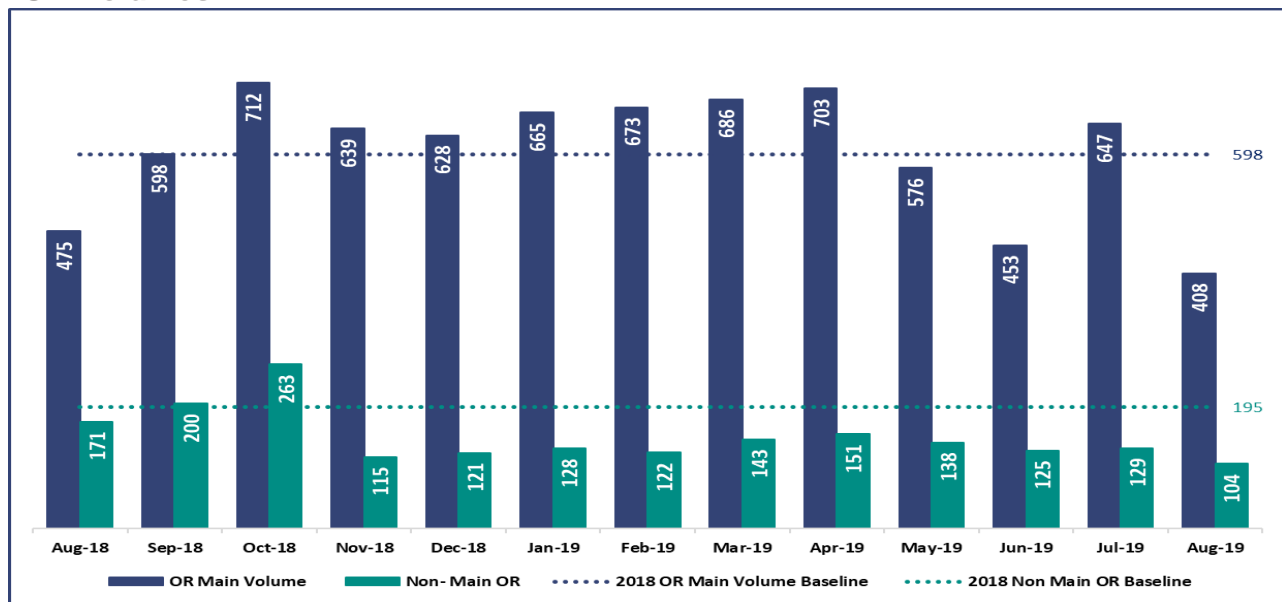


\*OR Prime Time: OR daily working hours (weekdays daily 7:30-4:00 except on Monday from 8:30-4:00).

\*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

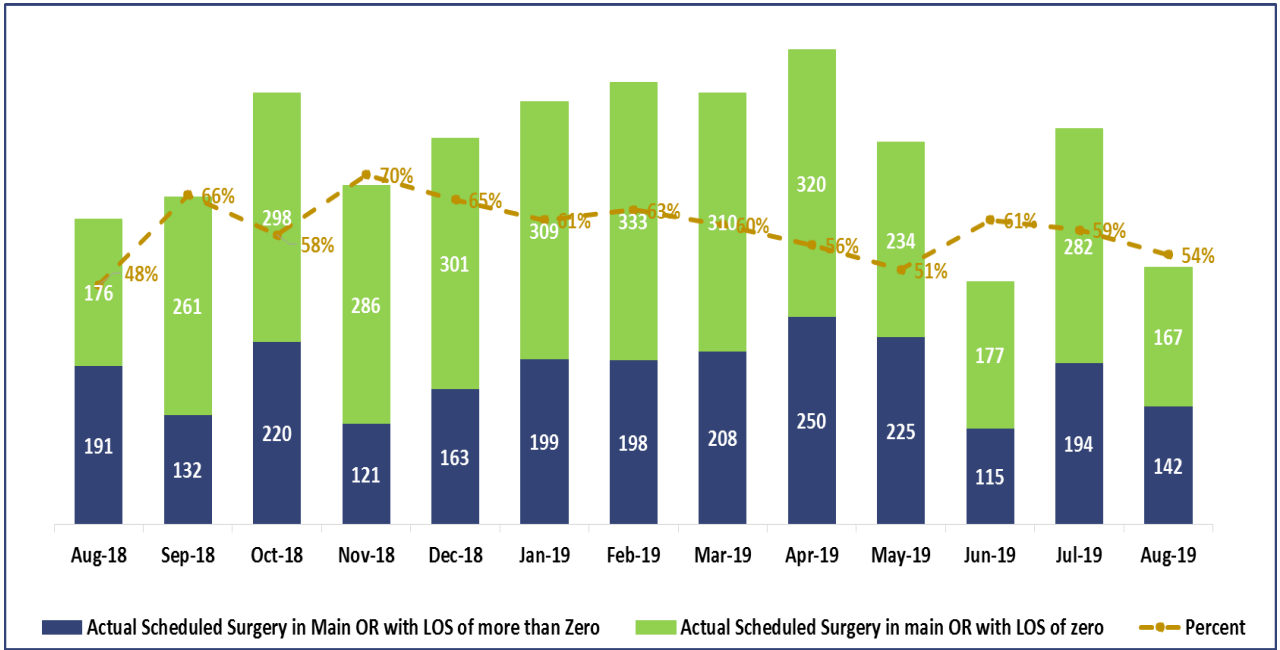


\*OR Volumes: Total number of surgeries that were performed in main OR every month. Inclusion: day Surgery, Inpatient, Surgery Admit and Emergency all hours and days of the week.

\*\*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



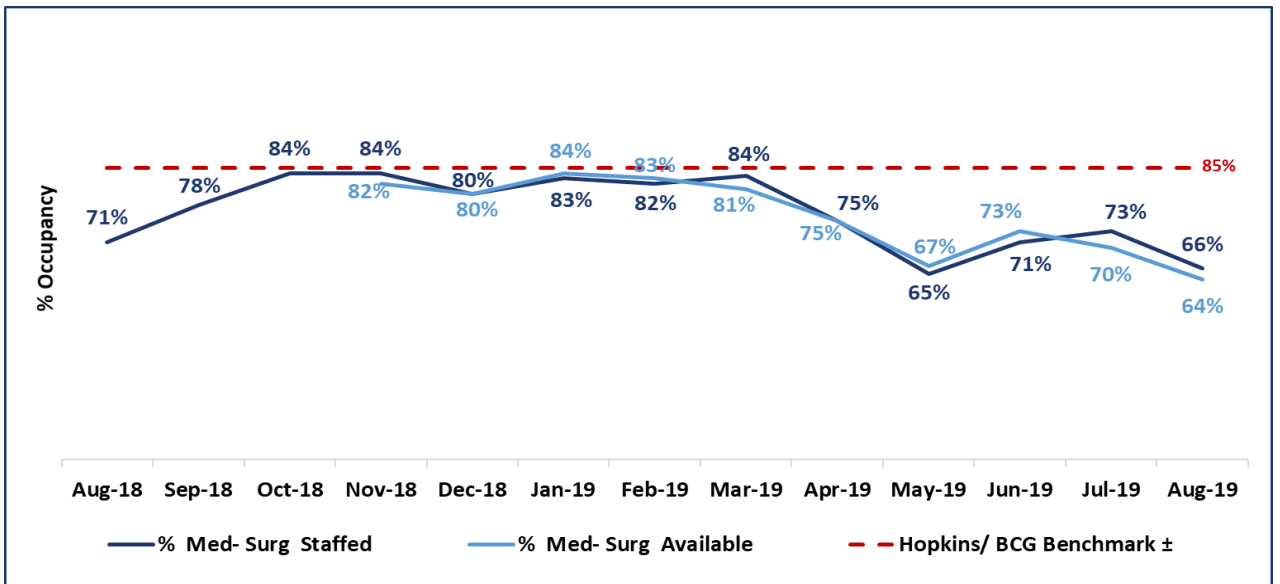
% of Potential shift from main OR to outpatient:

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

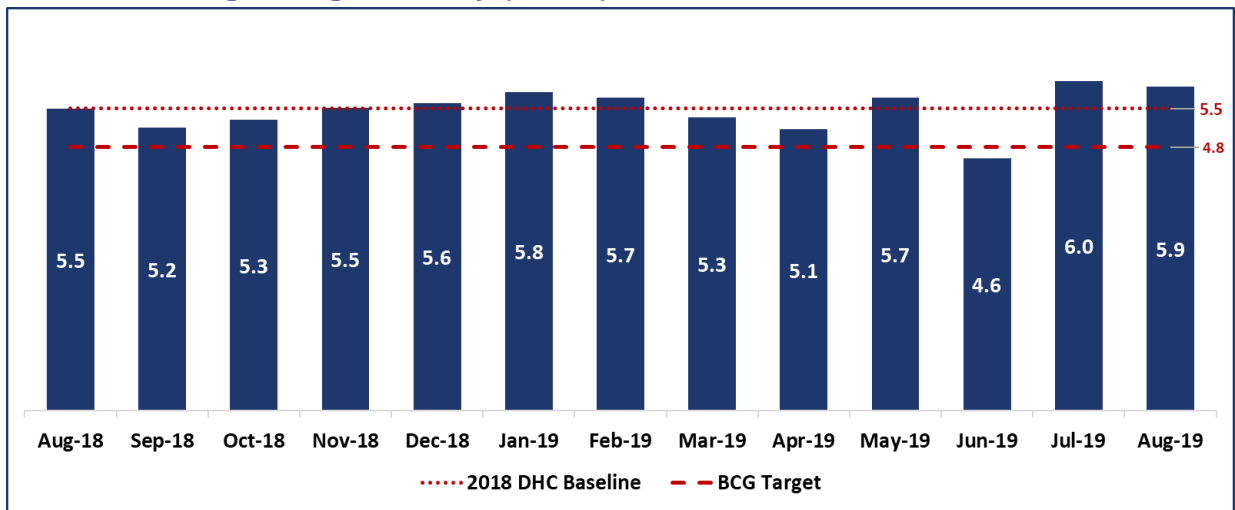


\*% Occupancy Staffed beds : the percentage of occupied beds in the hospital in relation to total hospital beds (including blocked beds)

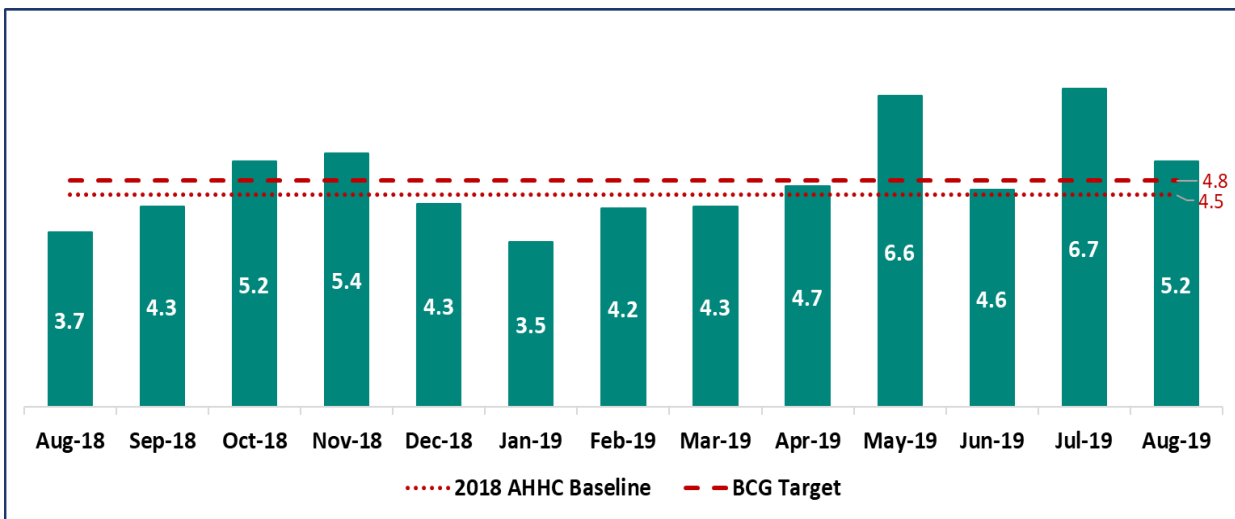
\*% Occupancy Available beds: the percentage of occupied beds in the hospital in relation to available beds (excluding blocked beds)

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

### Dhahran Average Length of Stay (ALOS)

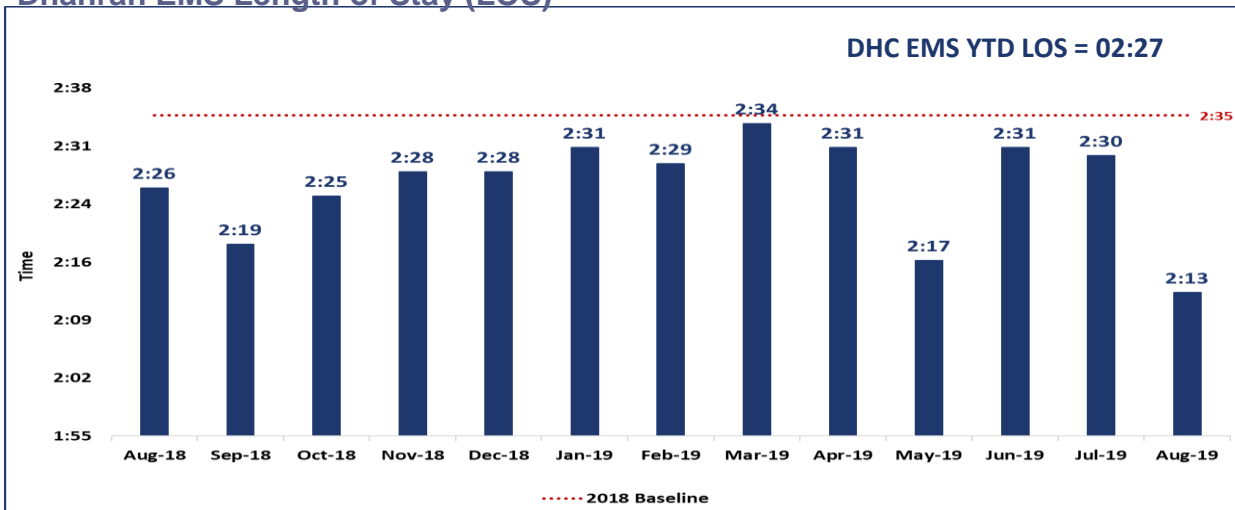


### Al- Hasa Average Length of Stay (ALOS)



\*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.

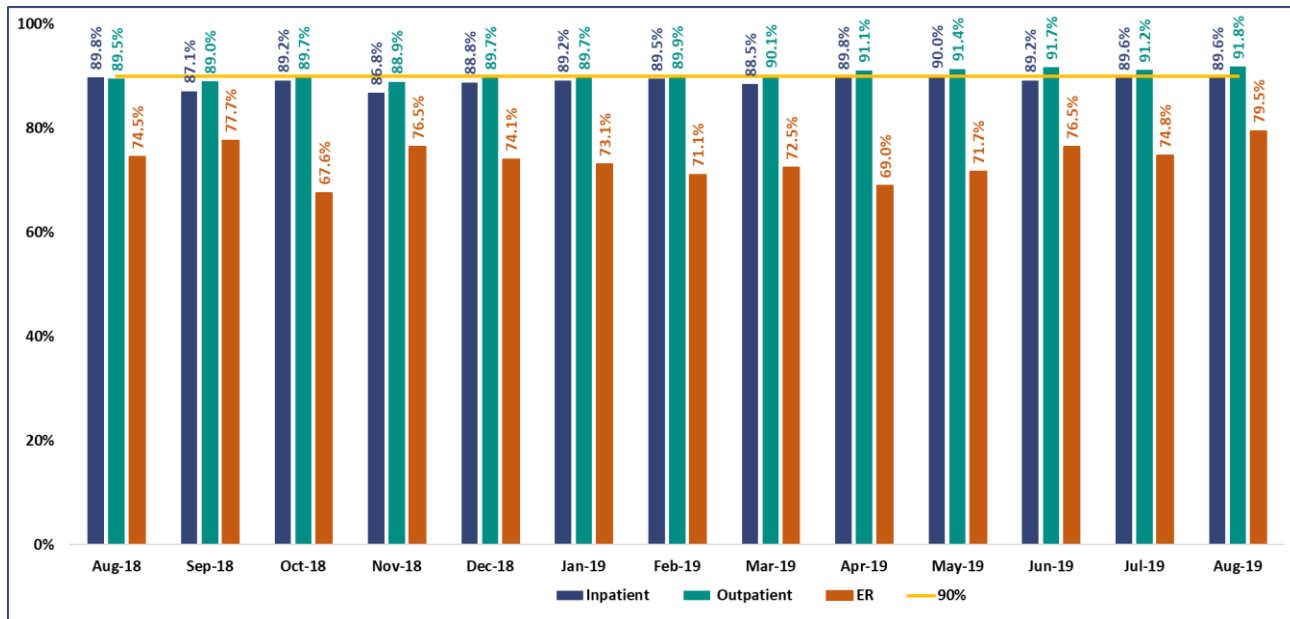
### Dhahran EMS Length of Stay (LOS)



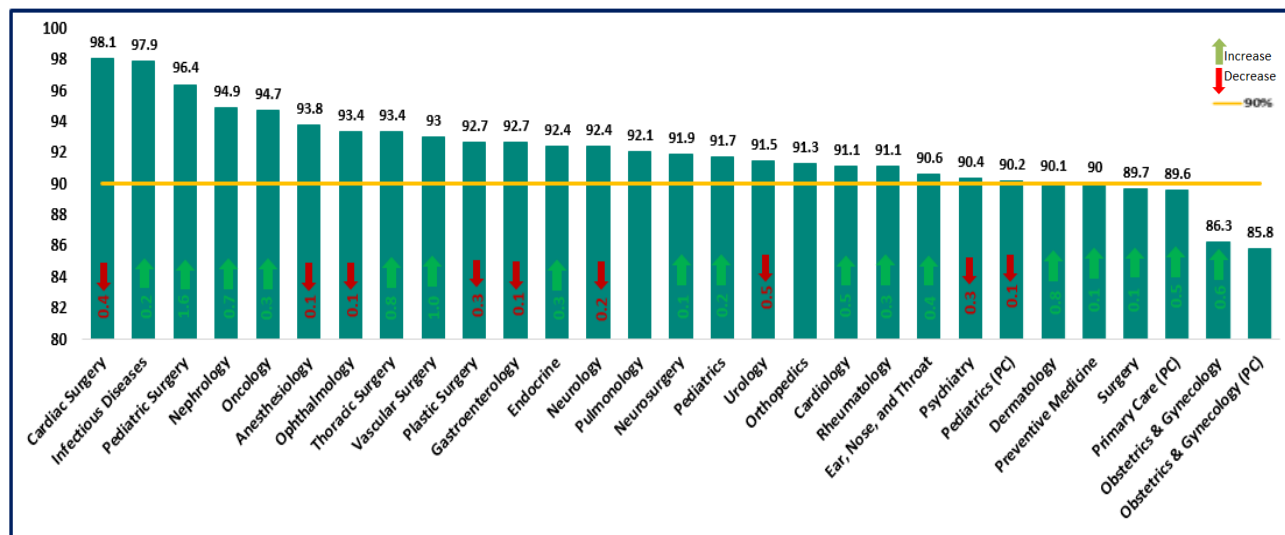
\* LOS in EMS Definition: Median time from arrival to left department for patients of all dispositions, excluding psych and walkouts (Left Without Being Seen, Against Medical Advice, Eloped) in hours and minutes.



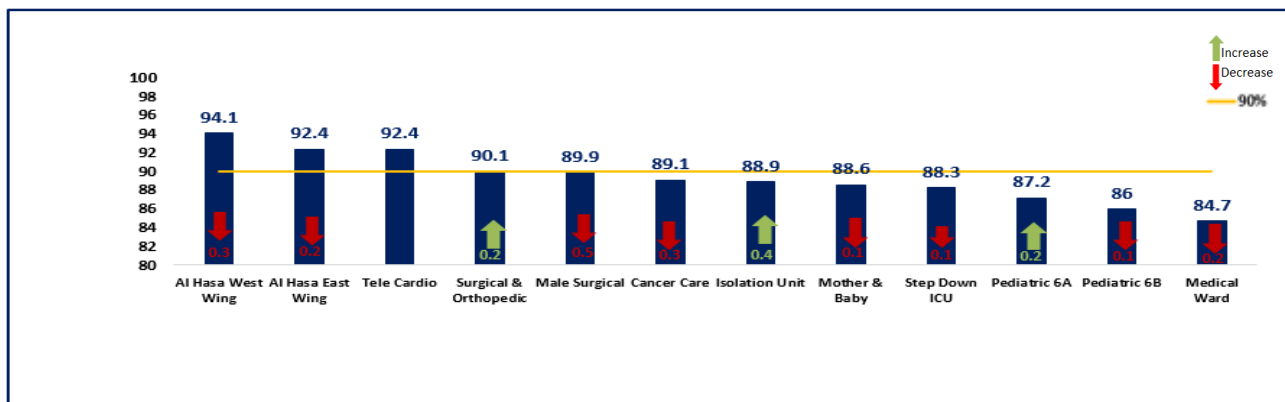
# Patient Satisfaction (Highest to Lowest Top 2 Box Ranking) Inpatient, Outpatient, ER



## Outpatient clinics

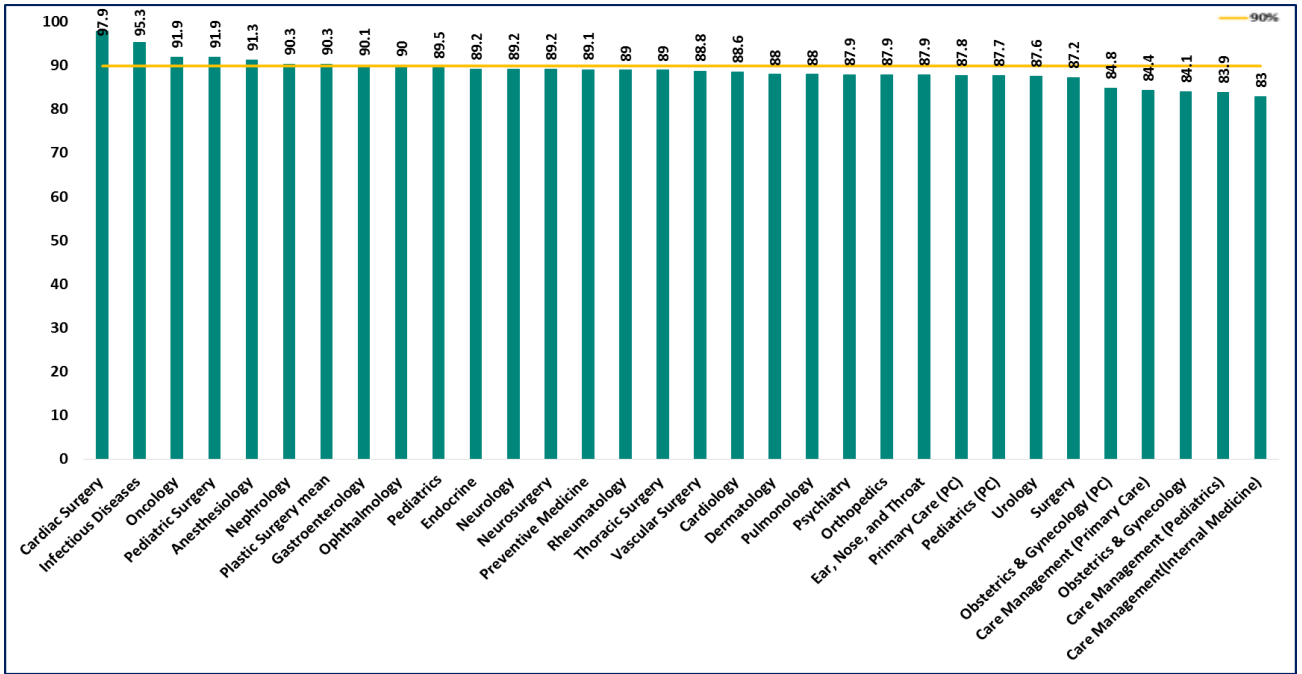


## Inpatient Wards

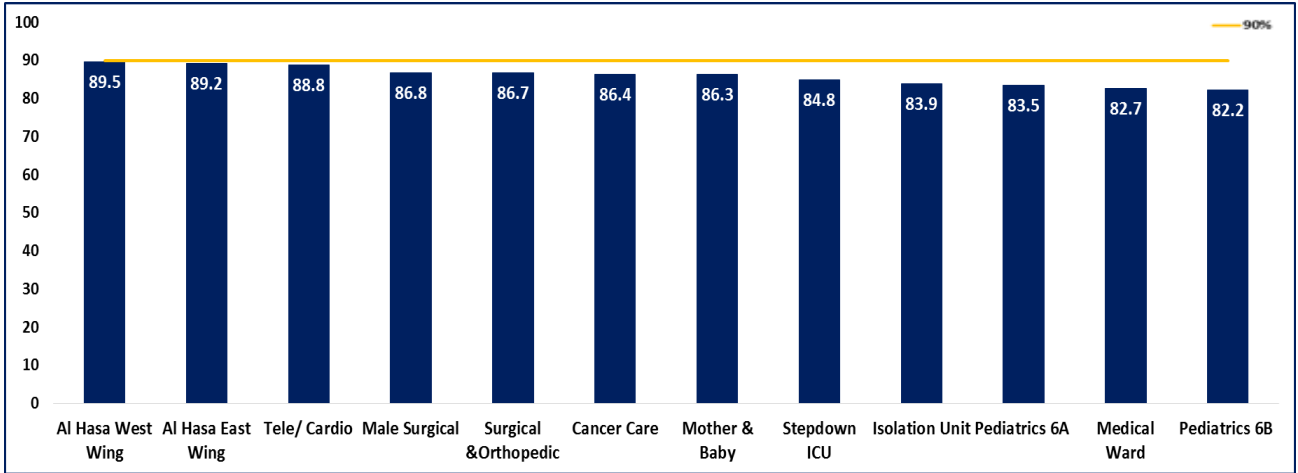


The Top-2-Box score is the percentage of respondents who selected either the top box, or the second box response. For Press Ganey's 5-point rating scale, the Top-2-Box is the percentage of the two highest categories on the scale (Very Good & Good).

## Outpatient Clinics - Mean



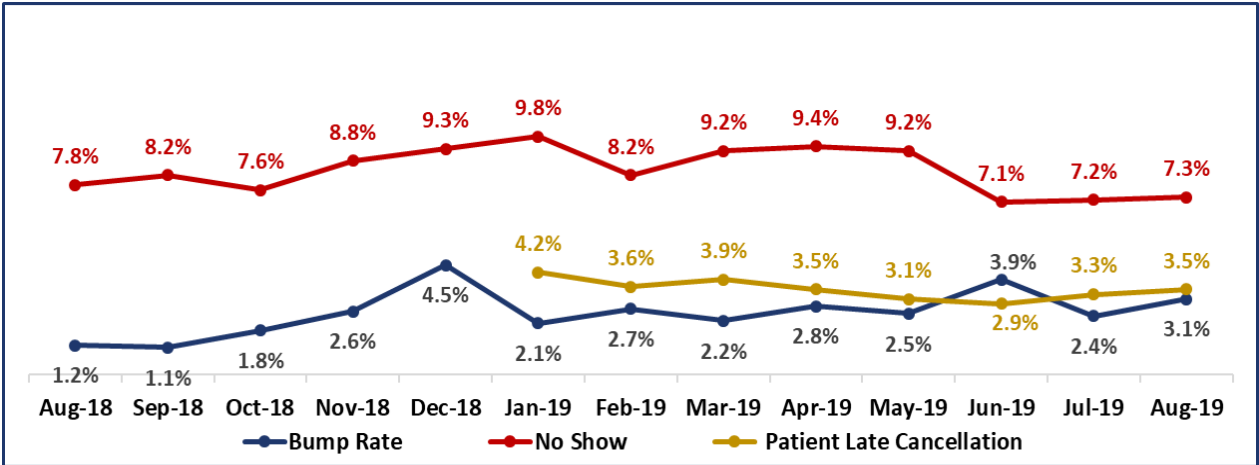
## Inpatient Wards - Mean



\* 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.

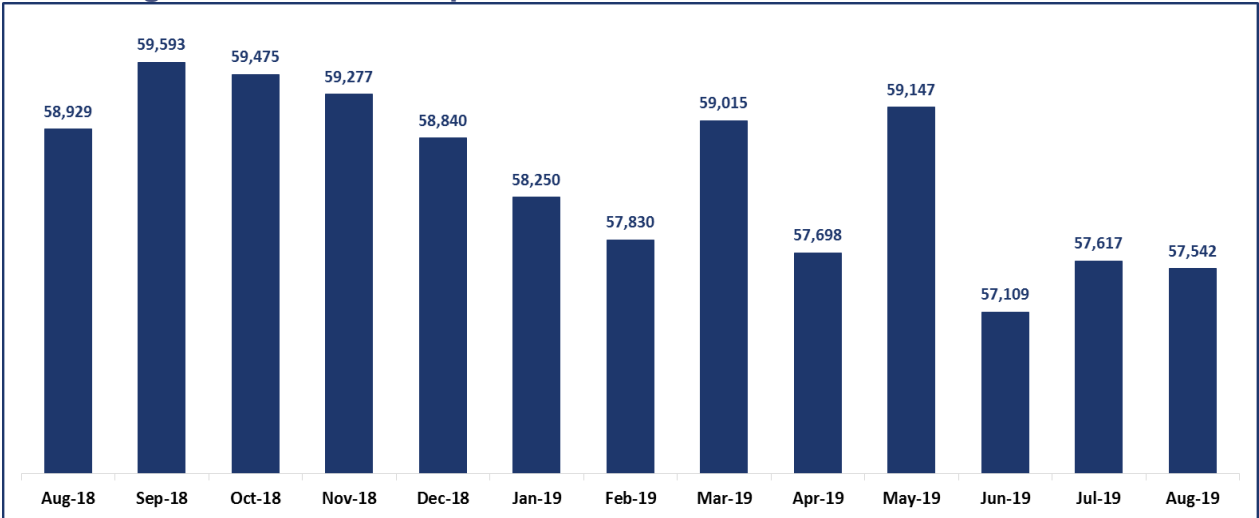
## Dental Bump Rate , No Show & Patient Late Cancellation



\*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

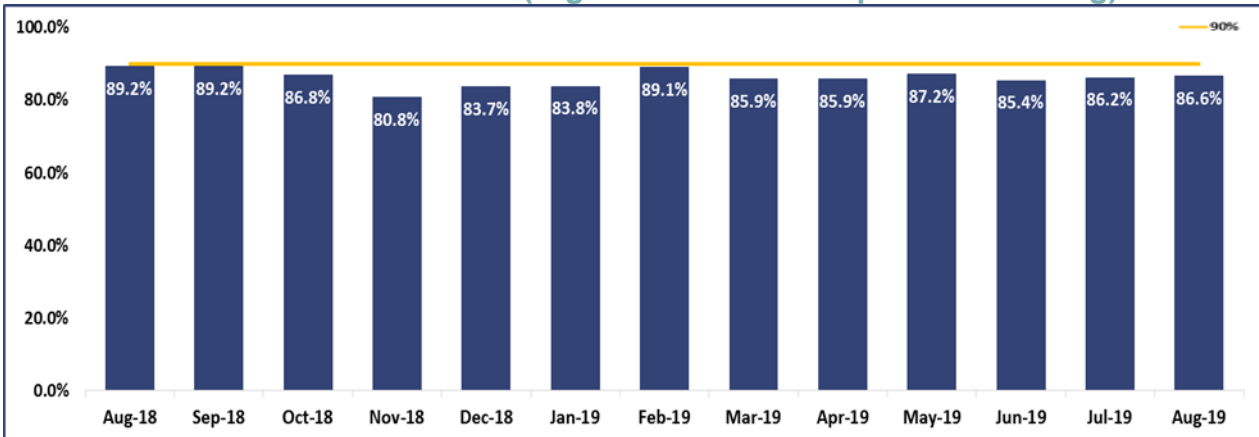


\*All JHAH = 61,231

\*COF EMRs = 57,542

\*JV EMRs = 3,689

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



# August 2019- Scorecard

## 2019 JHAH Scorecard

96.94 100.00

### KEY PERFORMANCE INDICATORS (KPIs)

Baseline March April May June July August YTD Target Projected Year End Score Weight

#### I. CLINICAL EXCELLENCE (2019)

|   | Baseline | March | April | May   | June  | July  | August | YTD   | Target | Projected Year End Score | Weight |
|---|----------|-------|-------|-------|-------|-------|--------|-------|--------|--------------------------|--------|
| 1 Risk Identification (Near Misses)                             | NA       | 76    | 63    | 57    | 39    | 66    | 37     | 527   | N/A    | 4.0                      | 4.0    |
| 2 Risk Identification (Moderate-Major)                          | NA       | 2     | 0     | 0     | 0     | 2     | 0      | 9     | N/A    | 4.0                      | 4.0    |
| 3 Deep /Organ Surgical Site Infection (SSI) rate                | 0.97     | 0.98  | 1.42  | 93.76 | 94.32 | 96.90 | 95.3   | 94.39 | 0.92   | 4.0                      | 4.0    |
| 4 Inpatient Hand Hygiene Compliance                             | 93.16    | 95.7  | 92.83 | 93.76 | 94.32 | 96.90 | 95.3   | 94.39 | 93     | 3.0                      | 3.0    |
| 5 Outpatient Hand Hygiene Compliance                            | 94.44    | 94.9  | 94.1  | 94.3  | 95.3  | 96.6  | 95.3   | 94.99 | 93     | 3.0                      | 3.0    |
| 6 ED Arrival Time to EKG Median Time                            | 4:00     | 4:00  | 4:00  | 4:00  | 4:00  | 3:00  | 3:00   | 3:00  | 7:00   | 4.0                      | 4.0    |
| 7 Inpatient Clinical Practice Guidelines                        | NA       | NA    | 4:00  | 4:00  | 4:00  | 3:00  | 3:00   | 3:00  | N/A    | 5.0                      | 5.0    |
| 8 Hospital Acquired Pressure Injury (INDMI)                     | 5        | 5.32  | 3:16  | 3:16  | 3:16  | 3:16  | 3:16   | 3:16  | 4.34   | 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 | 88.6 | 89.3 | 89.2 | 88.7 | 89.4 | 88.58 | 87   | 5.5 | 5.5 |
| 11 Dhanraj Hospital's Overall Experience Mean Score  | 85.17 | 86.2 | 85.9 | 86.1 | 85.7 | 87.4 | 86.8 | 86.33 | 85   | 5.5 | 5.5 |
| 12 Overall Staff Engagement                          | 3.88  |      |      |      |      |      |      |       | 3.91 | 1.0 | 1.0 |

#### III. ACCESS TO CARE

|                             |  |  |  |  |  |  |  |  |       |       |       |
|-----------------------------|--|--|--|--|--|--|--|--|-------|-------|-------|
| 13 Access to Specialty Care |  |  |  |  |  |  |  |  | 93.9% | 46.94 | 50.00 |
|-----------------------------|--|--|--|--|--|--|--|--|-------|-------|-------|

| Group A               | Group B | Group C |
|-----------------------|---------|---------|
| General Ophthalmology | 14      | 14      |
| ENT                   | 16      | 16      |
| Neurosurgical         | 12      | 12      |
| Colorectal Surgery    | 20      | 20      |
| Plastic Surgery       | 16      | 16      |
| Urology               | 14      | 14      |
| Endocrinology         | 14      | 14      |
| Gastroenterology      | 25      | 25      |
| OB/GYN Specialty      | 23      | 23      |
| Bariatric Surgery     | 29      | 29      |
| Cardiology            | 27      | 27      |
| Dermatology           | 38      | 38      |
| Neurology             | 28      | 28      |
| General Orthopedics   | 29      | 29      |

| Group C  | Group B | Group A |
|--|---------|---------|
| Access to Primary Care   | 71      | 71      |
| Access to Physical Therapy   | 16      | 16      |
| TKR in-Patient receiving Physical Therapy within 24 hours post surgery   | 65.94   | 92.31   |
| ED Arrival time to Provider Median time COF assigned to ESII 2 category. | 14:03   | 10:09   |
| Emergency Response to Industrial (Oil & Gas) Locations, Time from 911    | 100     | 100     |
| Emergency Response to Industrial (Oil & Gas) Locations, Time from 911    | 96:05   | 100     |

#### IV. POPULATION HEALTH STATUS

|  |       |      |      |      |      |      |       |       |       |     |     |
|--|-------|------|------|------|------|------|-------|-------|-------|-----|-----|
| 20 % diabetic patients who have HbA1c test ordered within 6 months | 96.51 | 97.1 | 96.4 | 95.8 | 96.4 | 96.3 | 95.62 | 96.69 | 95    | 2.0 | 2.0 |
| 21 Percent Poorly Controlled Diabetics                             | 25.12 | 24.9 | 24.9 | 24.9 | 24.5 | 24.1 | 24.5  | 24.42 | 25.40 | 3.0 | 3.0 |

#### V. NETWORK

|   |    |     |       |       |       |       |       |     |     |     |     |
|---|----|-----|-------|-------|-------|-------|-------|-----|-----|-----|-----|
| 22 SFS/MRI requests turnaround time (TAT) from all full service network       | 93 | 100 | 100.0 | 99.8  | 100.0 | 100.0 | 100.0 | 100 | 95  | 2.0 | 2.0 |
| 23 SPS/Endoscopy requests turnaround time (TAT) from all full service network | NA | 100 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100 | N/A | N/A | N/A |