

October 2019

Executive Summary  
Report



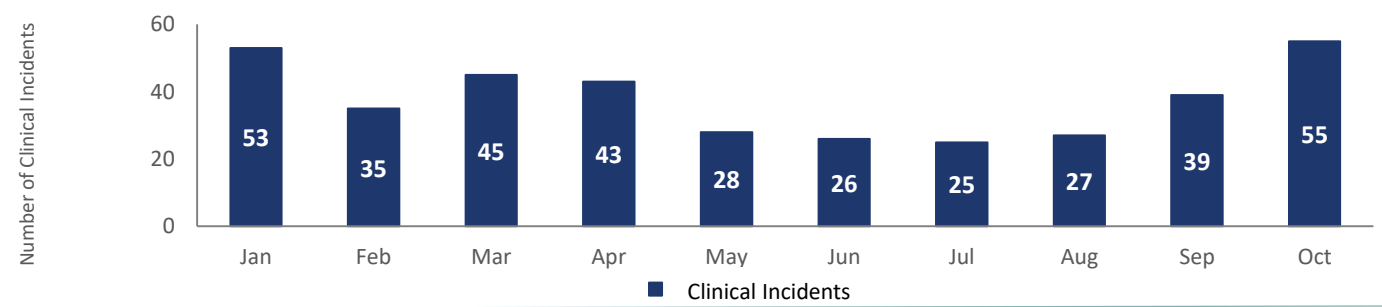
# JHAH at a Glance

Content	Page
<ul style="list-style-type: none"> <li>2019 Clinical Incident Reporting by Staff into DATIX Software</li> </ul>	3
<ul style="list-style-type: none"> <li>Intensive Care Unit Central Line Associated Bloodstream Infection (ICU CLABSI) Rate</li> <li>Intensive Care Unit Catheter Associated Urinary Tract Infection (ICU CAUTI ) Rate</li> <li>Deep /Organs Surgical Site Infection (SSI) Rate</li> </ul>	4
<ul style="list-style-type: none"> <li>Access to Care - Aggregate <u>Mean</u> Days to First Scheduled Appointment from PC to 14 KPI Clinics</li> <li>General Access to Care - Aggregate <u>Mean</u> Days to First Scheduled Appointment from PC to</li> <li>Dhahran Access to Care - Adult &amp; Pediatric Primary Care MD Clinic - Lead Time</li> </ul>	5
<ul style="list-style-type: none"> <li>Dhahran EMS Access to Care from Arrival to Provider</li> <li>Dhahran Radiology Lead Time</li> <li>Al-Hasa Radiology Lead Time</li> </ul>	6
<ul style="list-style-type: none"> <li>Medical No-Show, Late &amp; Early Patient Cancellation &amp; All Patient Appointment Cancellation</li> <li>Medical Bump Rate &amp; Breakdown to Provider &amp; Operational</li> </ul>	7
<ul style="list-style-type: none"> <li>OR &amp; Non-Main OR Volumes</li> <li>Outpatient to Inpatient Elective Surgery Ratio</li> <li>OR Prime Time Utilization &amp; OR Utilization with Turnaround Time</li> </ul>	8
<ul style="list-style-type: none"> <li>Dhahran Bed Occupancy</li> <li>Dhahran &amp; Al Hasa Average Length of Stay (ALOS) *</li> <li>Dhahran EMS Length of Stay (LOS)</li> </ul>	9
<ul style="list-style-type: none"> <li>Patient Satisfaction (Highest to Lowest Top 2 Box Ranking)</li> <li>Outpatient clinics</li> <li>Inpatient Wards</li> </ul>	10-11
<ul style="list-style-type: none"> <li>Dental Bump Rate , No-Show, and Patient Late Cancellation</li> <li>JHAH COF Registered Dental Recipients</li> <li>Dental Overall Satisfaction Score (Highest to Lowest Top 2 Box Ranking)</li> </ul>	12
<ul style="list-style-type: none"> <li>Score card</li> </ul>	13

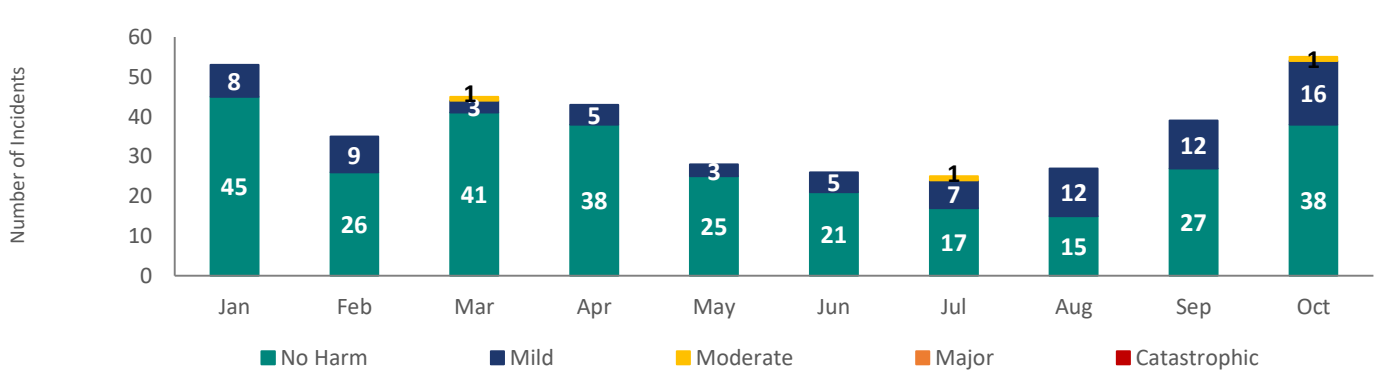


## 2019 Clinical Incident Reporting by Staff into DATIX Software

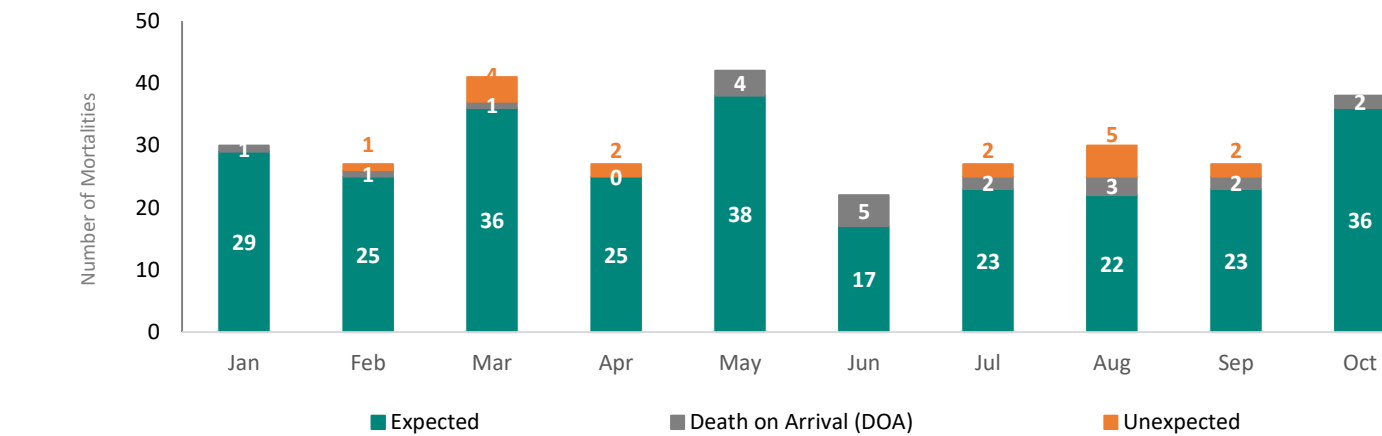
### Clinical Incidents



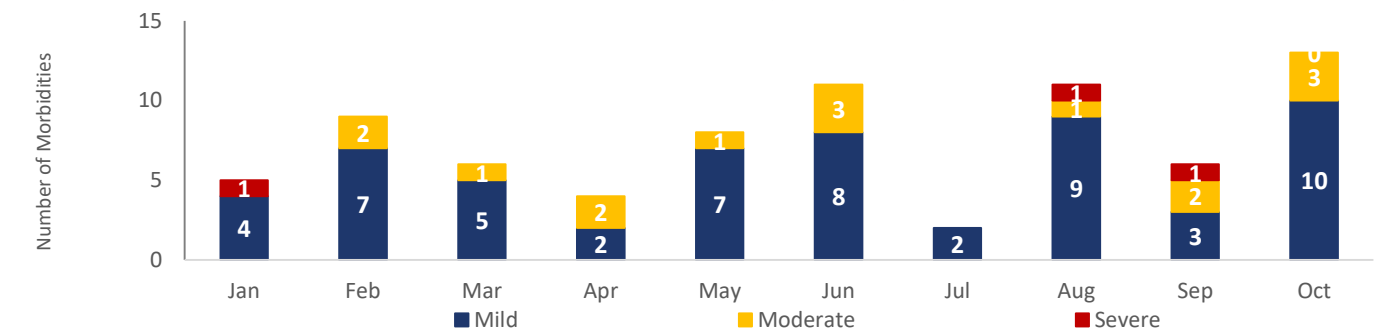
### Incidents Severity Score



### Mortalities by Category



### Morbidities by Severity

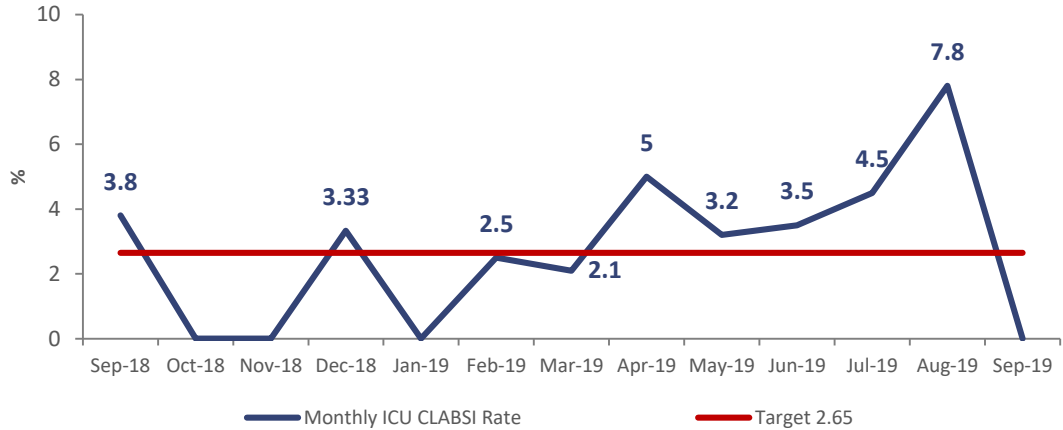


## Intensive Care Unit Central Line Associated Bloodstream Infection (ICU CLABSI) Rate

The number increased in August due to two infections reported

The data for each month is measured with no lag on the 5<sup>th</sup> of the following month

**CLABSI YTD: 2.9**  
**GCC Benchmark: 4.1**  
**USA Benchmark: 1**

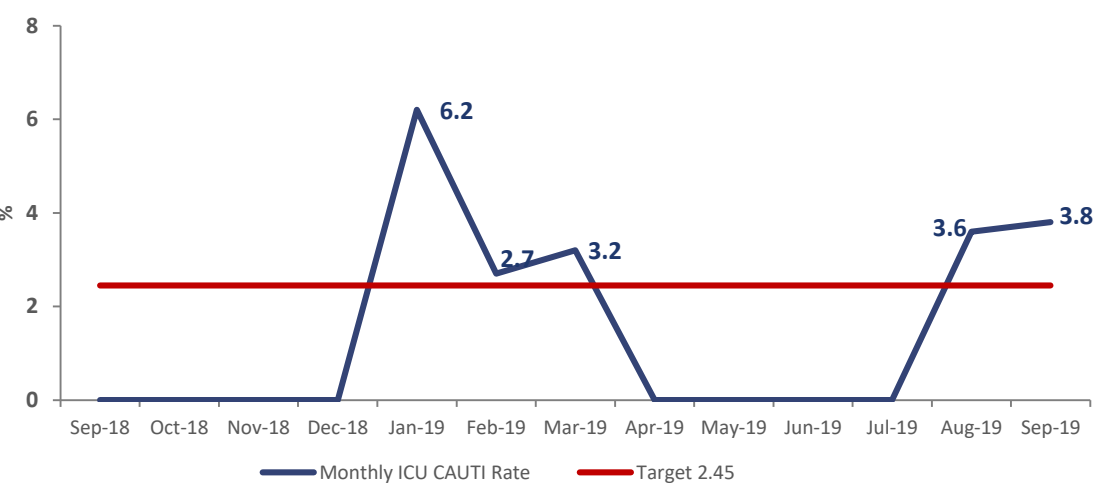


## Intensive Care Unit Catheter Associated Urinary Tract Infection (ICU CAUTI) Rate

The number increased in August due to one infection reported

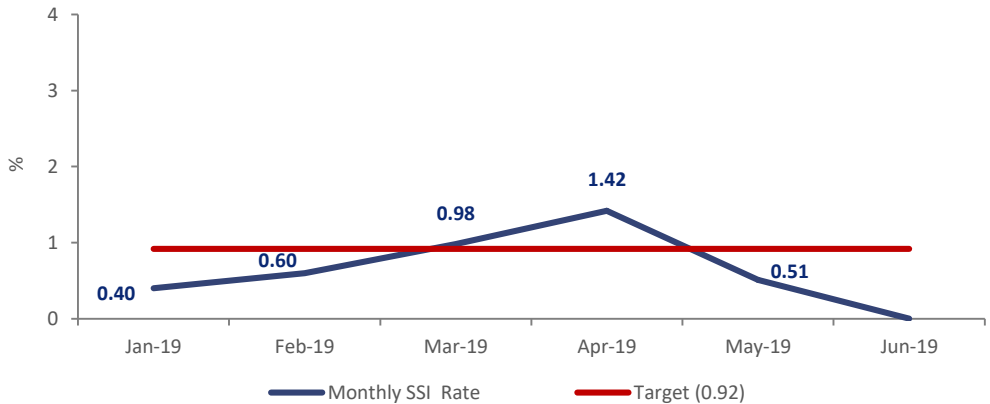
The data for each month is measured with a 1 month lag on the 5<sup>th</sup> of the following month

**CAUTI YTD: 2.2**  
**GCC Benchmark: 3.2**  
**USA Benchmark: 2.1**

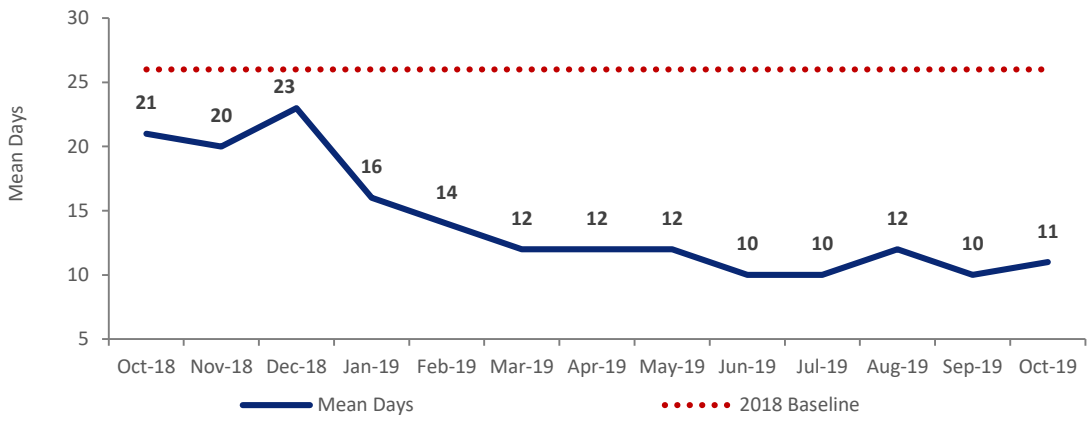


## Deep / Organs Surgical Site Infection (SSI) Rate

**SSI YTD: 0.68**

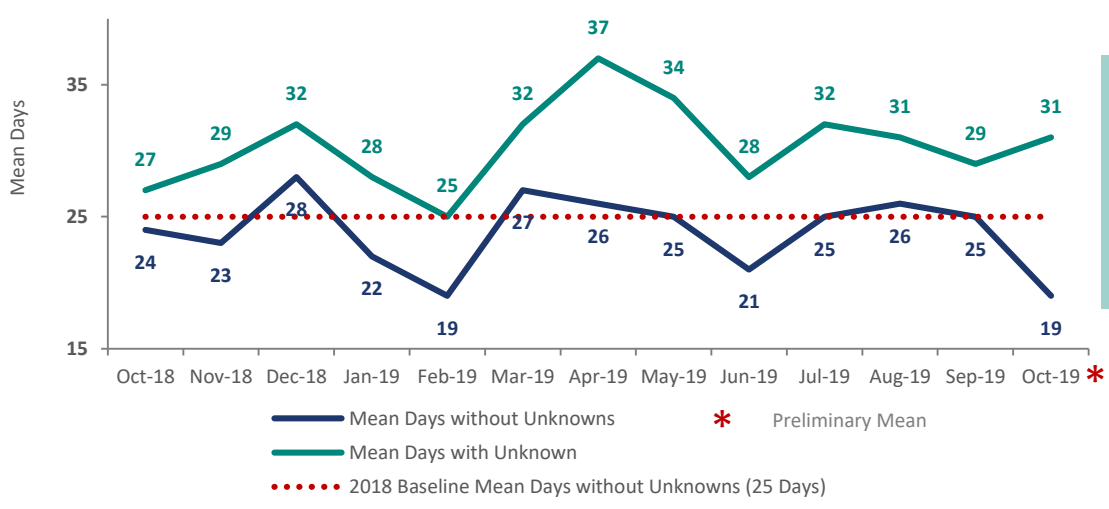


## Access to Care - Aggregate Mean Days to First Scheduled Appointment from PC to KPI Clinics



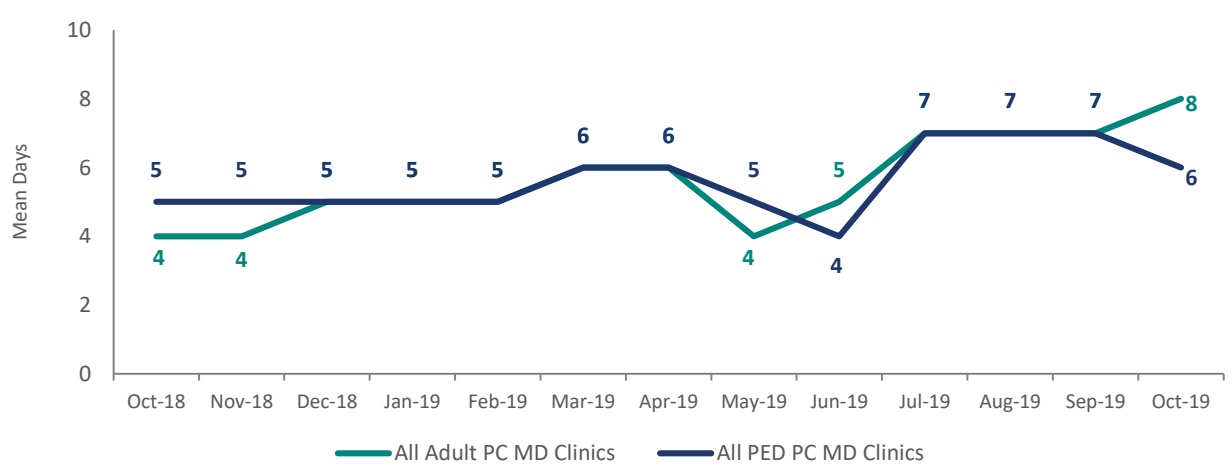
The data for each month is measured with no lag on the 5<sup>th</sup> of the following month

## General Access to Care - Aggregate Mean Days to First Scheduled Appointment from PC to ALL Specialty Clinics

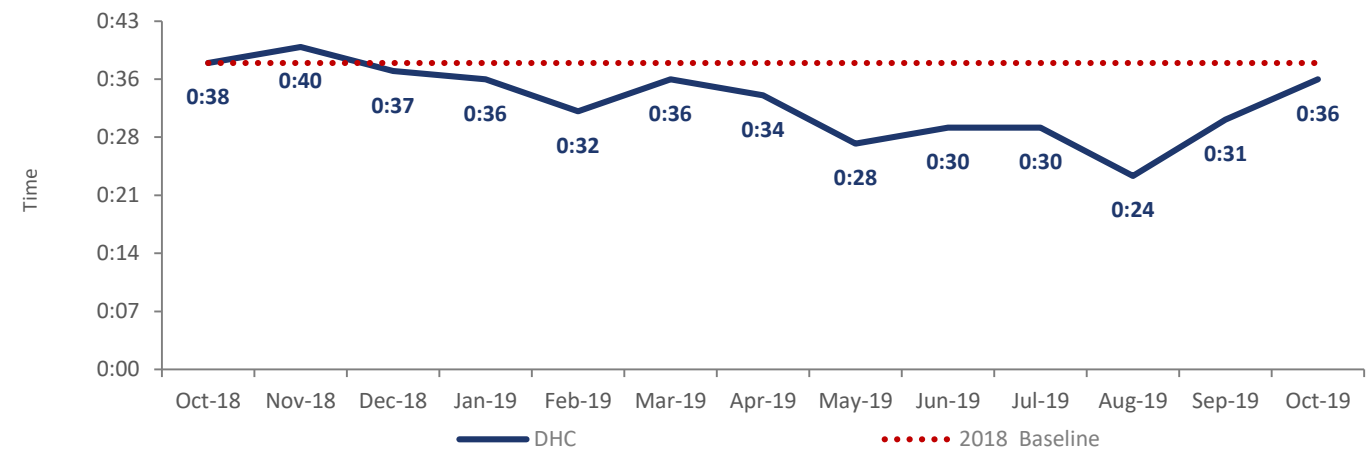


The data for each month is measured with a 1 month lag on the 5<sup>th</sup> of the following month

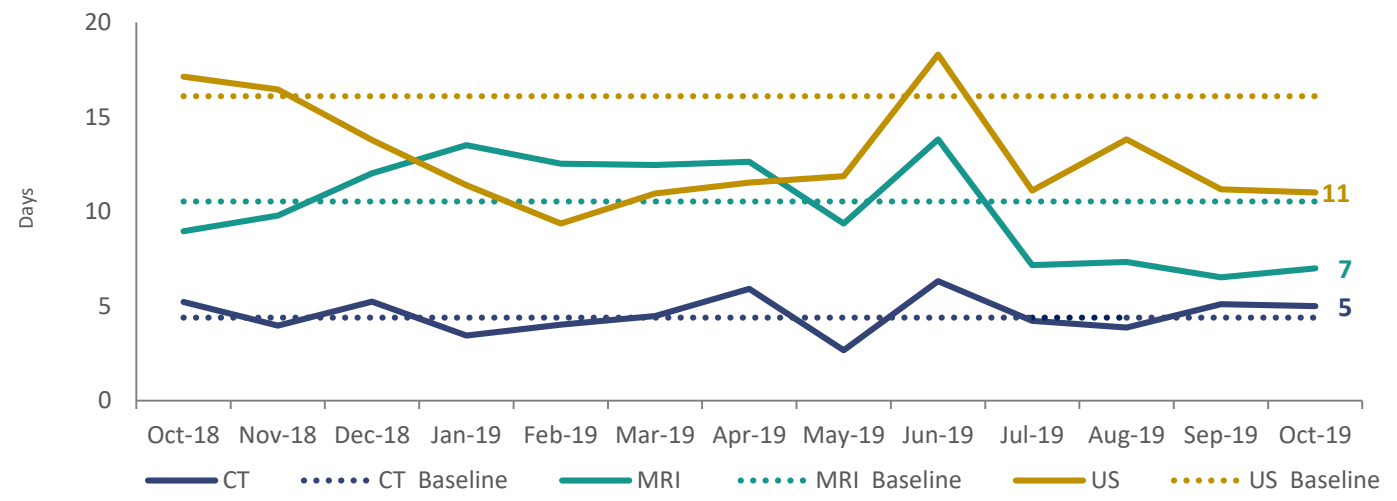
## Dhahran Access to Care - Adult & Pediatric Primary Care MD Clinic - Lead Time



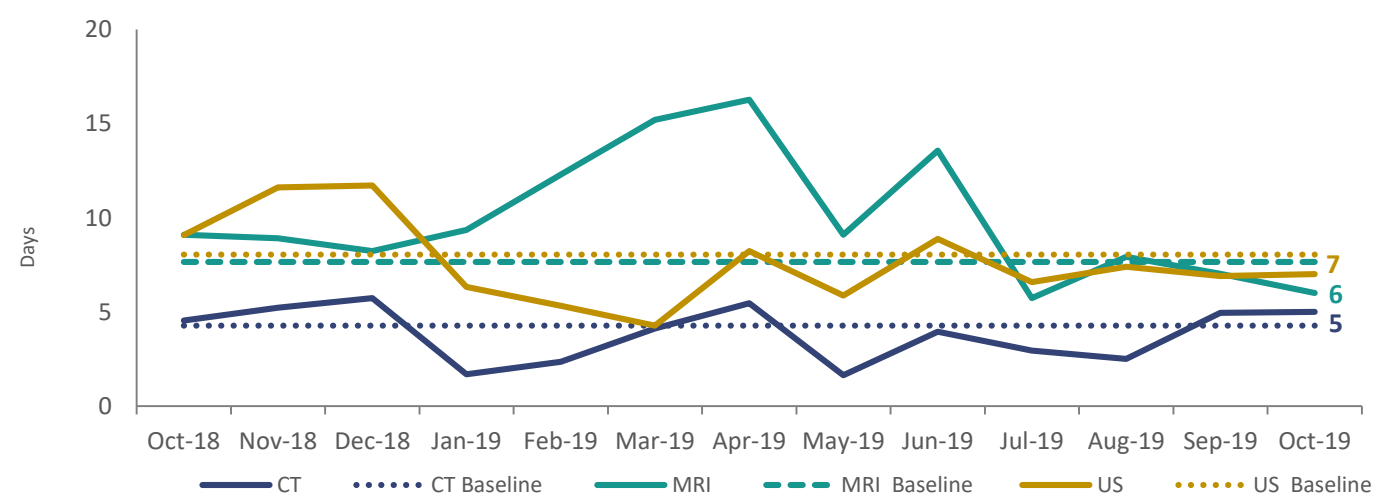
## Dhahran EMS Access to Care from Arrival to Provider



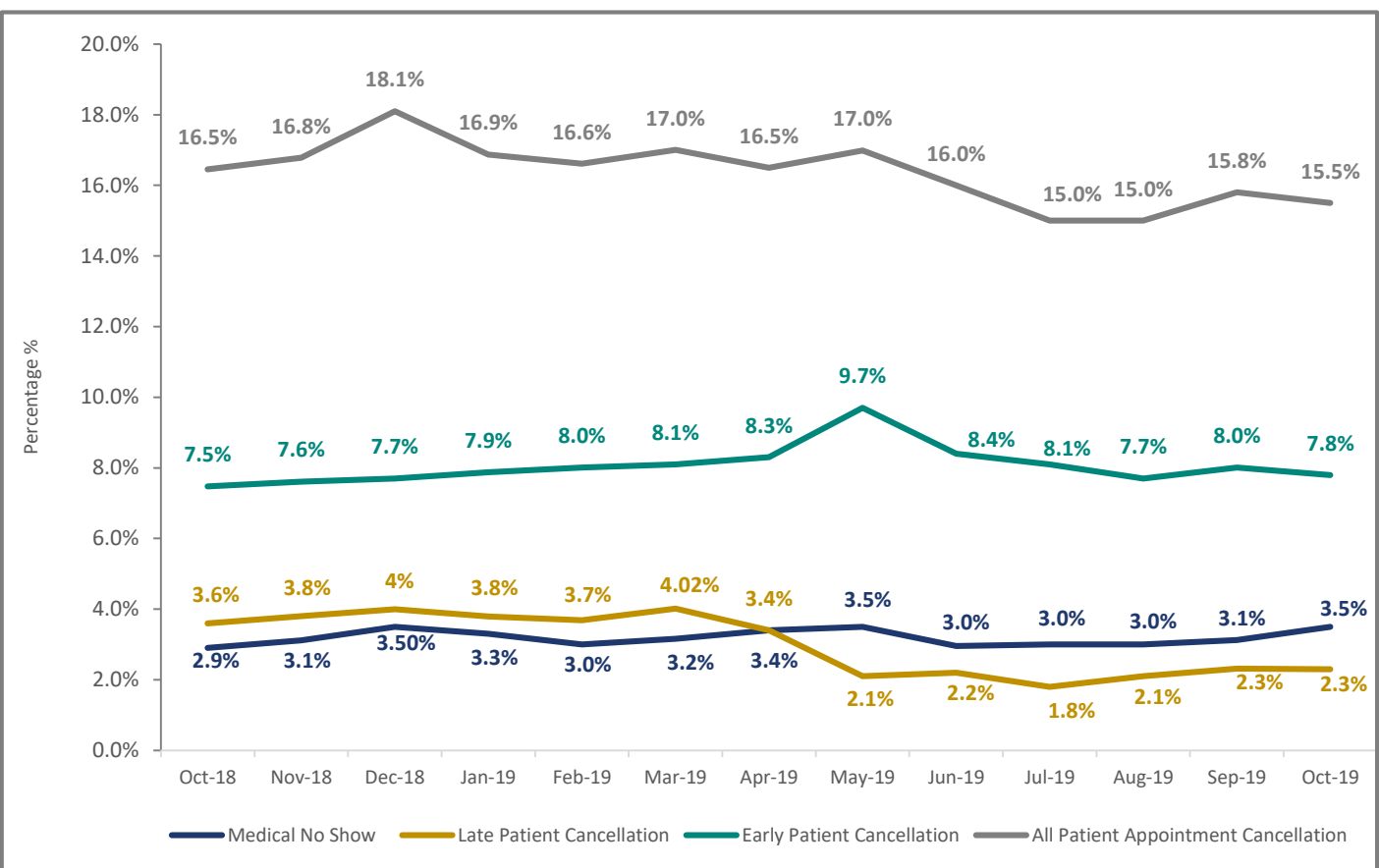
## Dhahran Radiology Lead Time



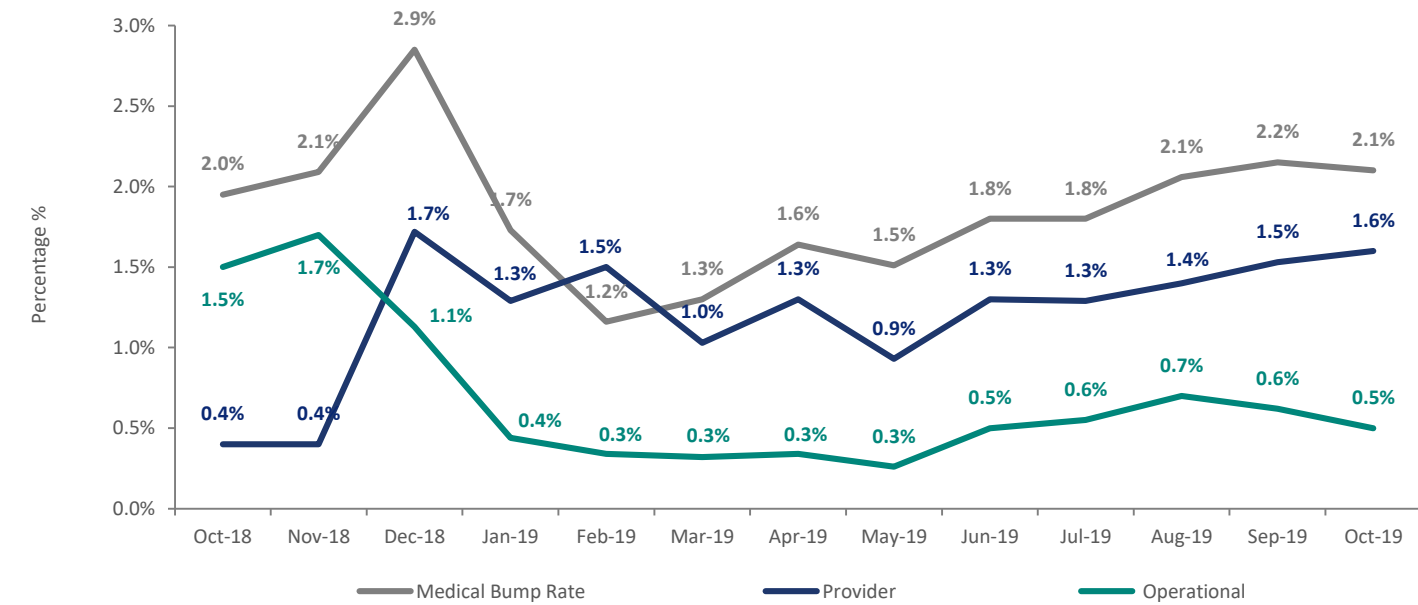
## Al-Hasa Radiology Lead Time



## Medical No-Show, Late & Early Patient Cancellation & All Patient Appointment Cancellation

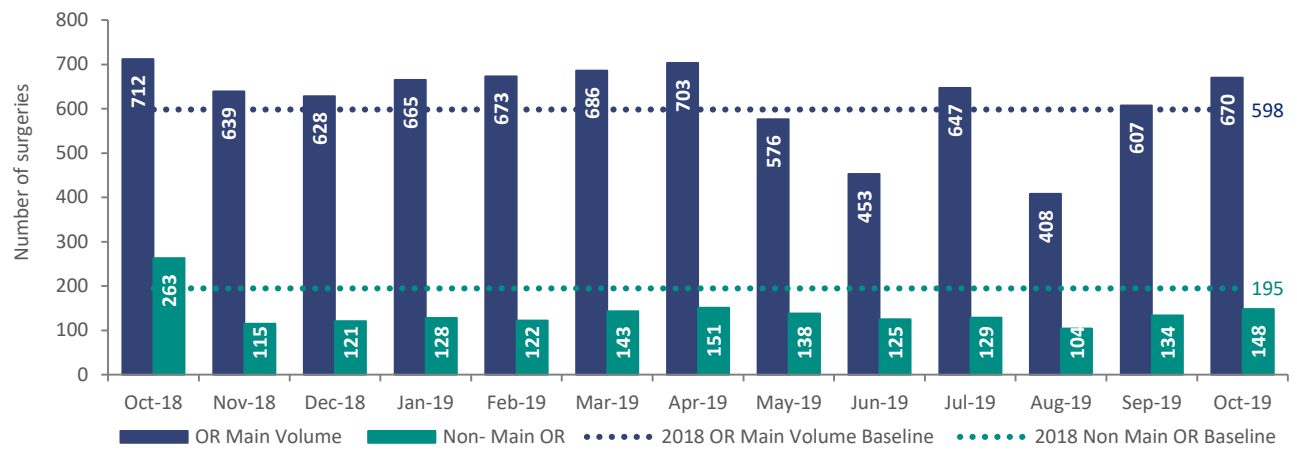


## Medical Bump Rate & Breakdown to Provider & Operational

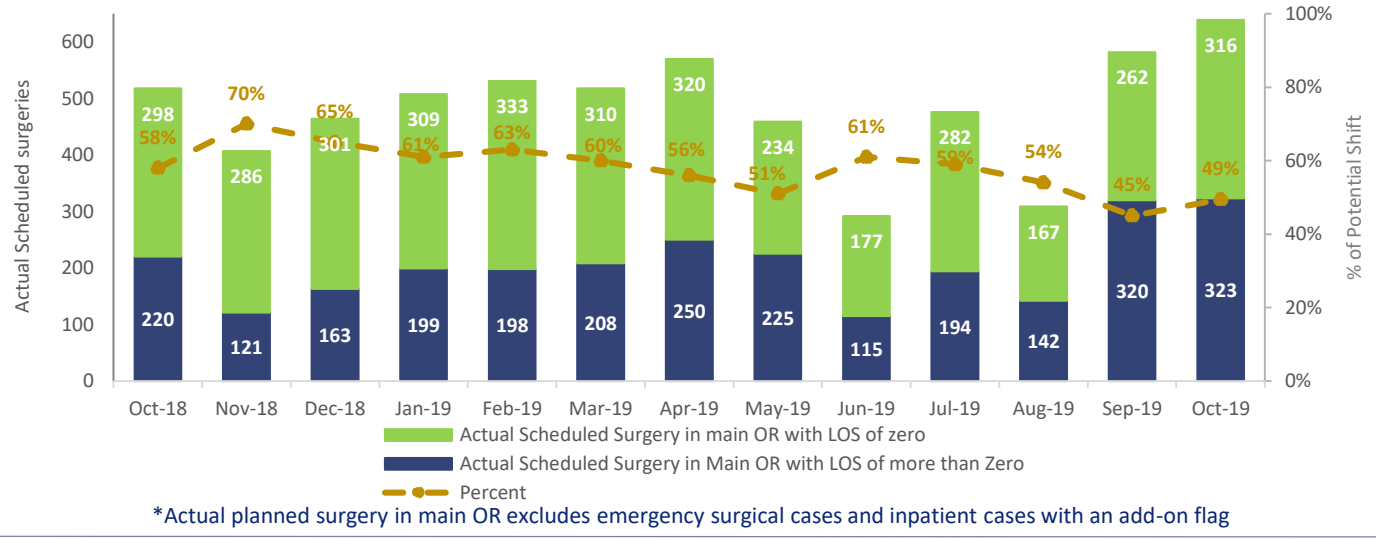


# EFFECTIVE

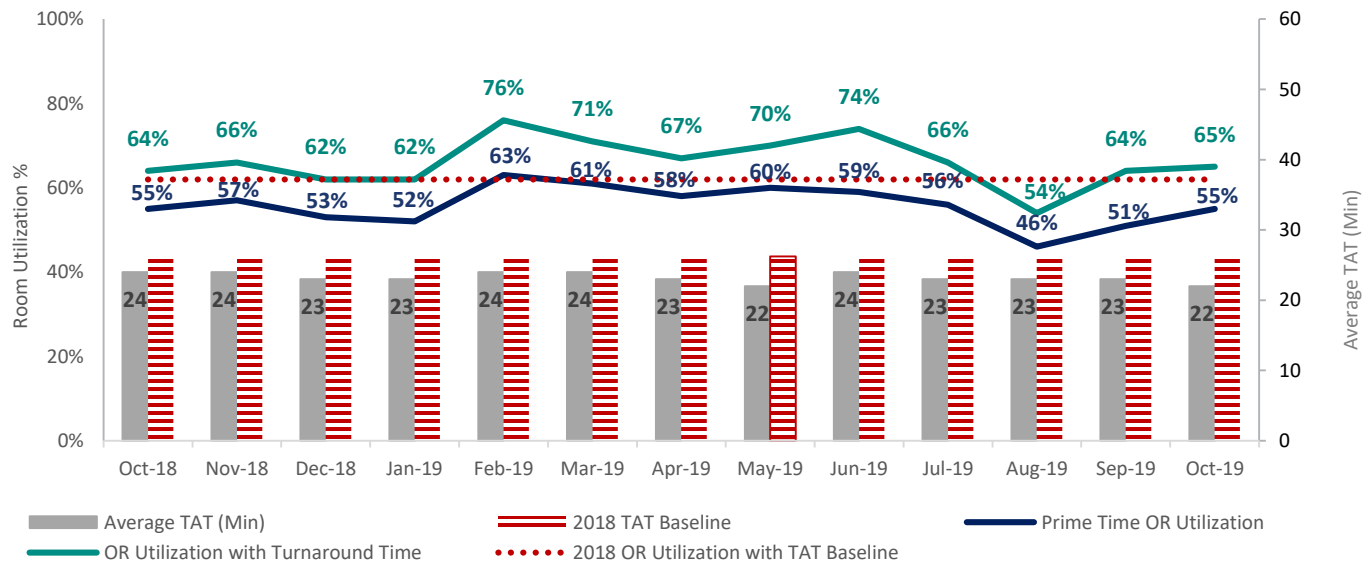
## OR & Non-Main OR Volumes



## Outpatient to Inpatient Elective Surgery Ratio



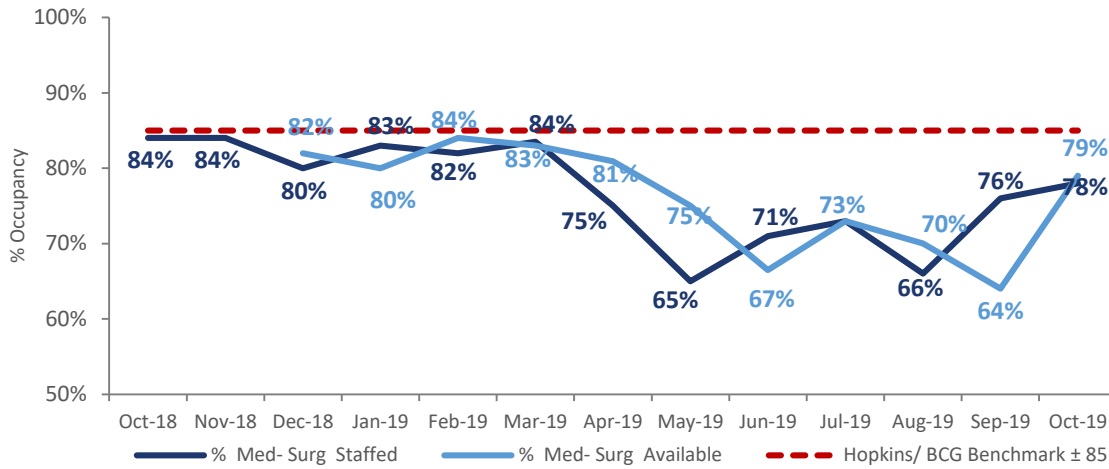
## OR Prime Time Utilization & OR Utilization with Turnaround Time





# EFFICIENT

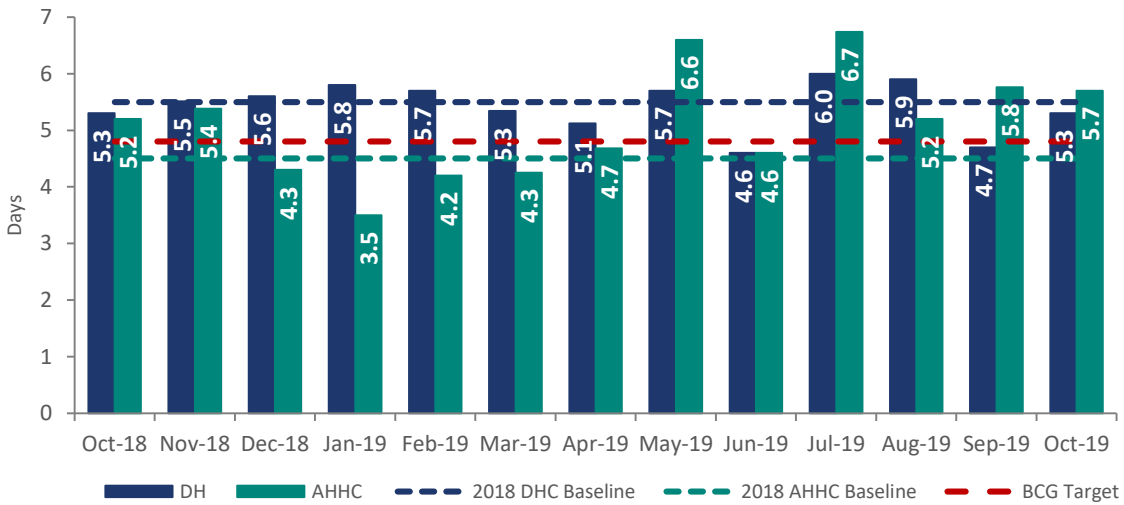
## Dhahran Bed Occupancy



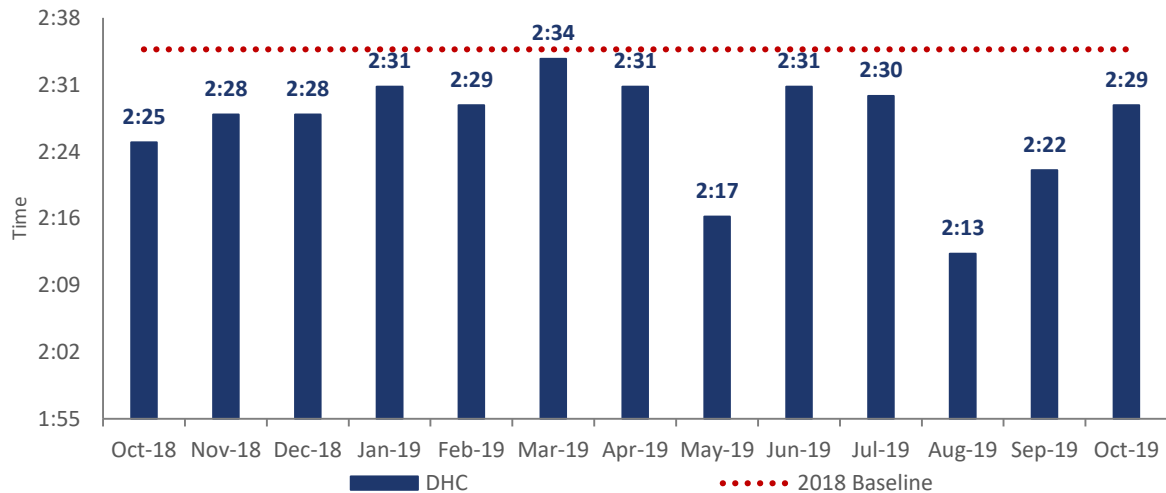
Starting August, 2018  
DHC Total Beds: 329  
beds (excluding 2J&3J)  
post renovation.

## Dhahran & Al Hasa Average Length of Stay (ALOS) \*

\*The measure is not risk adjusted.



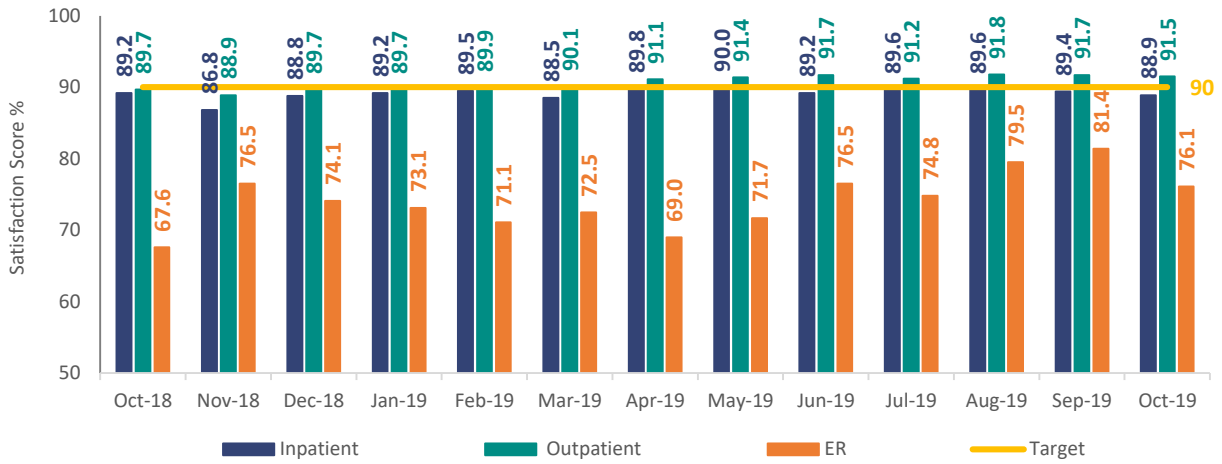
## Dhahran EMS Length of Stay (LOS)



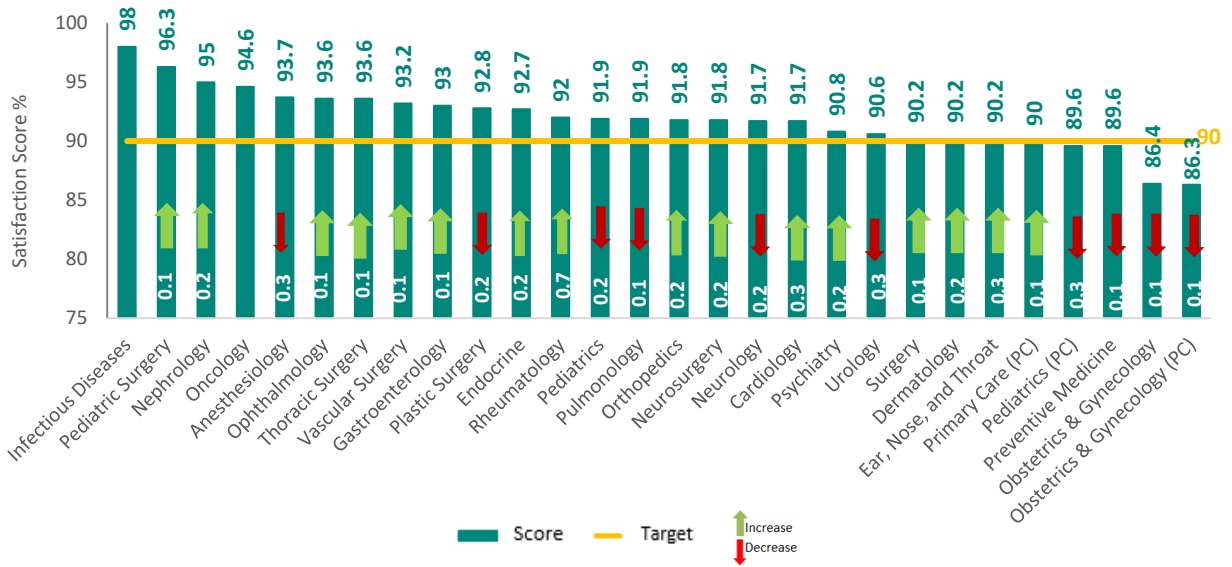
DHC EMS Monthly  
YTD LOS = 02:26

# PATIENT CENTERED

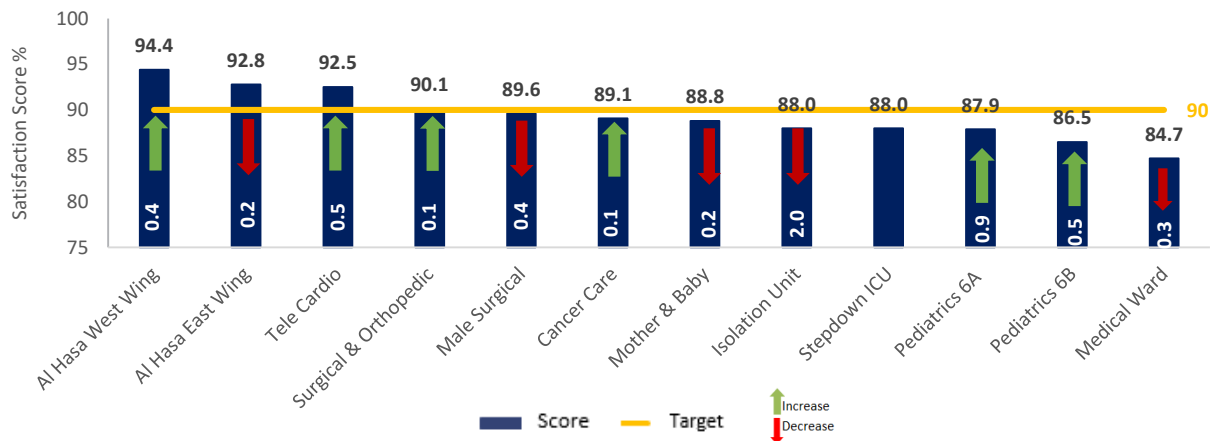
## Patient Satisfaction Inpatient, Outpatient, and ER (Highest to Lowest Top 2 Box Ranking)



## Outpatient Clinics

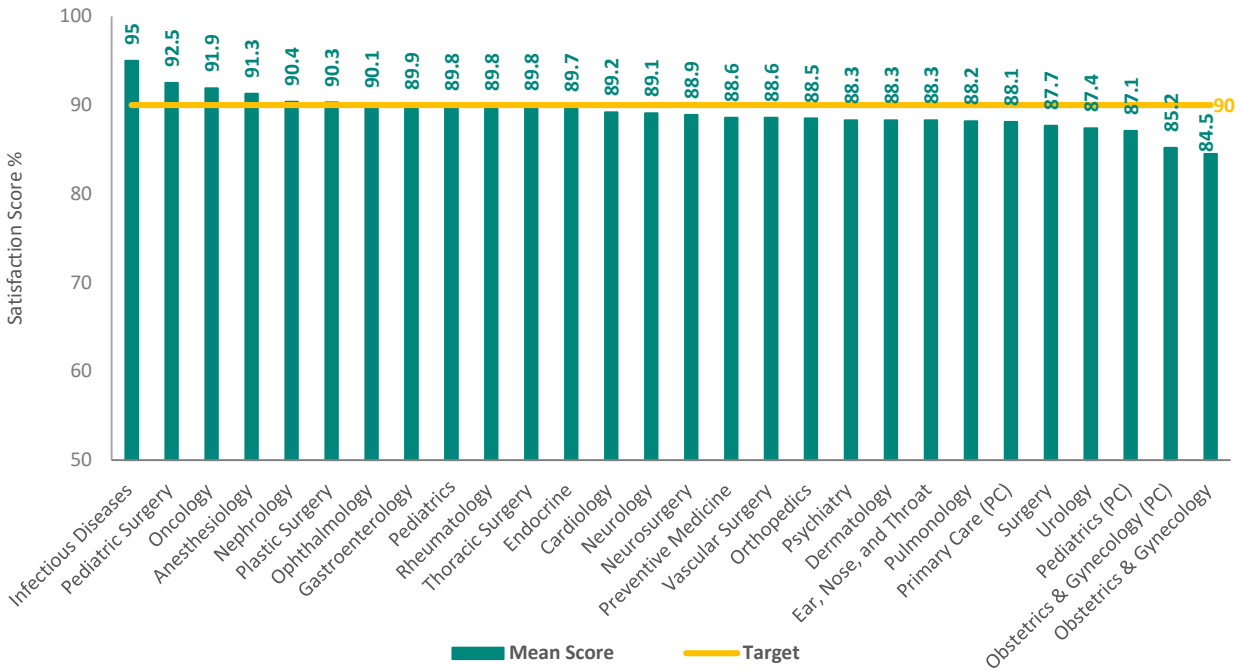


## Inpatient Wards

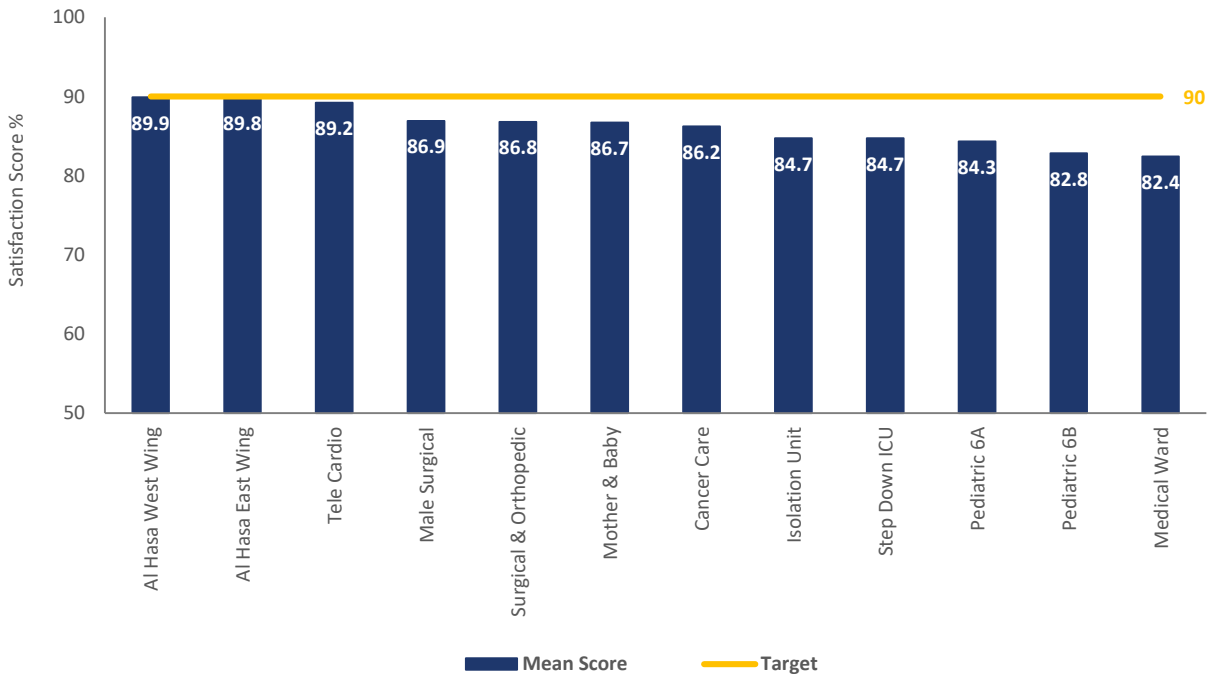


# PATIENT CENTERED

## Outpatient Clinics – October Mean

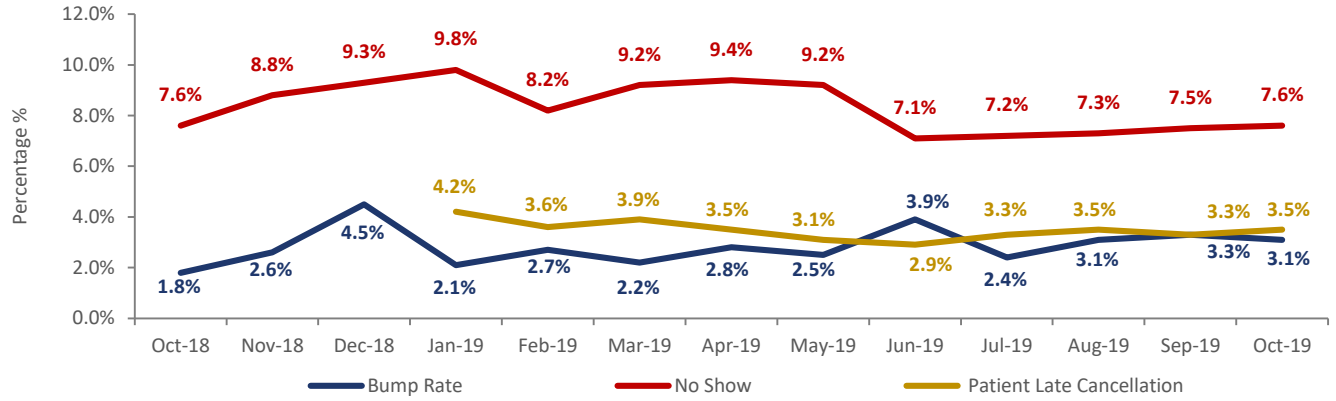


## Inpatient Wards – October Mean

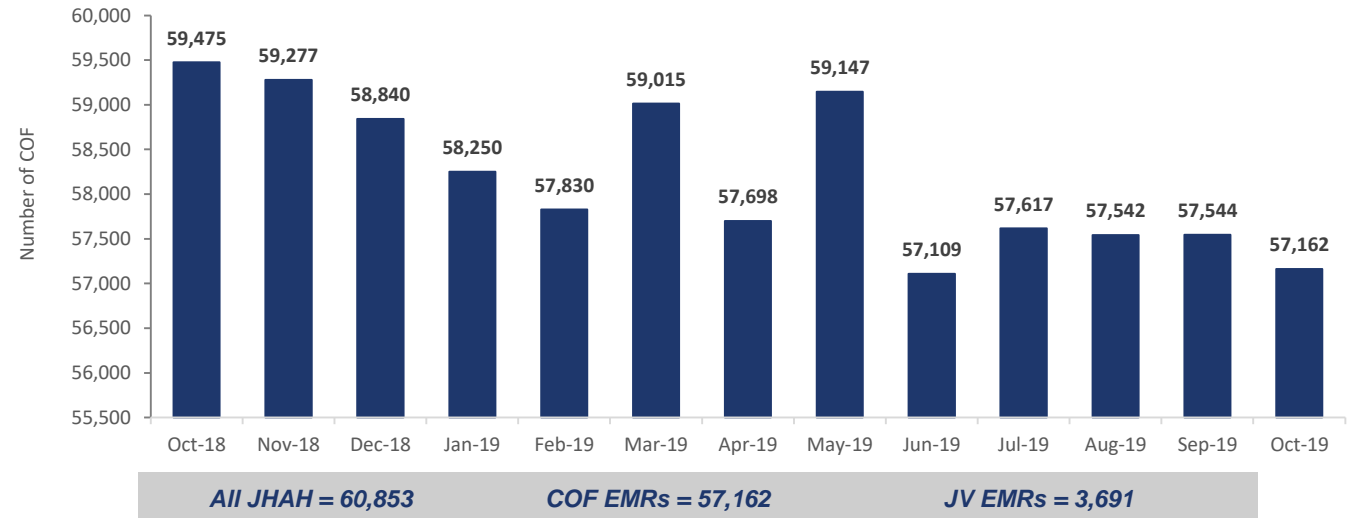


# Dental

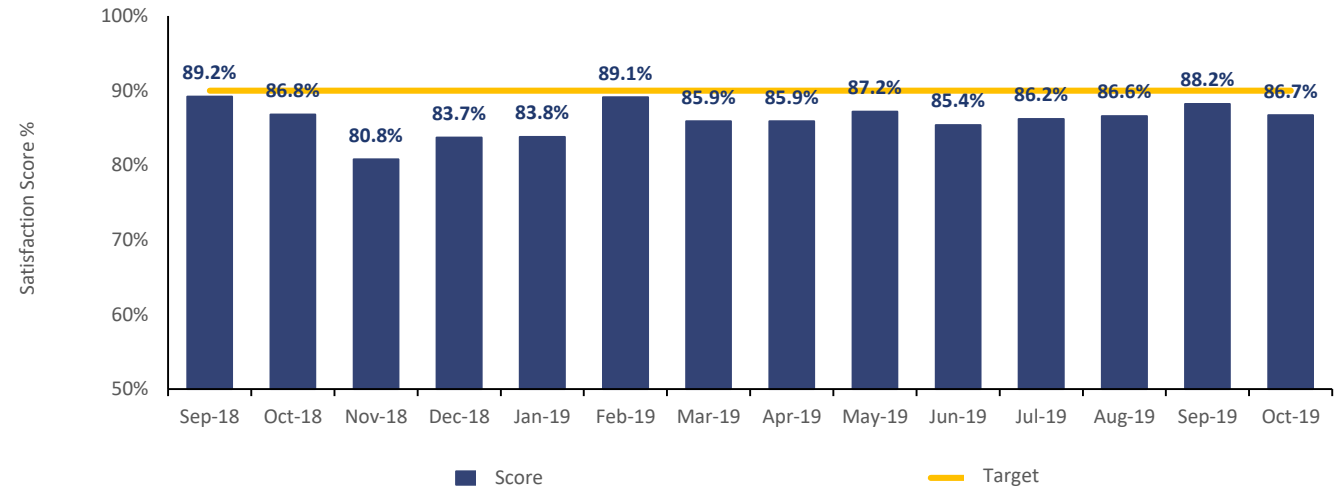
## Dental Bump Rate , No-Show, and Patient Late Cancellation



## JHAH COF Registered Dental Recipients



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



# 2019 JHAH Scorecard

96.96 100.00

## KEY PERFORMANCE INDICATORS (KPIs)

Baseline May June July August September October YTD Target Projected Year End Score Weight

### I. CLINICAL EXCELLENCE (2019)

1	Risk Identification (Near Misses)	NA	57	39	66	37	72	122	721	N/A	4.0	4.0	4.0
2	Risk Identification (Moderate-Major)	NA	0	0	2	0	3	1	13	N/A	4.0	4.0	4.0
3	Deep /Organs Surgical Site Infection (SSI) rate	0.97	0.51	0.00	95.90	94.16	93.95	94.30	0.68	0.92	4.0	4.0	4.0
4	Inpatient Hand Hygiene Compliance	93.16	93.76	94.32	95.6	94.3	94.4	94.30	94.30	93	3.0	3.0	3.0
5	Outpatient Hand Hygiene Compliance	94.44	94.3	95.3	95.6	94.3	94.4	94.84	94.84	93	3.0	3.0	3.0
6	ED Arrival Time to EKG Median Time	4:00	4:00	4:00	3:00	3:00	3:00	3:00	3:00	7:00	4.0	4.0	4.0
7	Inpatient Clinical Practice Guidelines	NA	NA	4:00	3:00	3:00	3:00	3:00	3:00	N/A	5.0	5.0	5.0
8	Hospital Acquired Pressure Injury (HAPCI)	5	5	3.16	3:00	3:00	3:1	3.1	3.96	4.50	3.0	3.0	3.0
9	Arrival Time to PCI ≤ 90 minutes for non-transferred patients	65	100	100	100	100	100.0	100.0	100	85	1.0	1.0	1.0

### II. PATIENT & STAFF EXPERIENCE

10	Outpatient Clinics' Overall Experience Mean Score	86.80	89.3	89.2	88.7	89.4	89.4	89.4	88.74	87	5.5	5.5	5.5
11	Dharam Hospital's Overall Experience Mean Score	85.17	86.1	85.7	87.4	86.8	86.5	86.4	86.35	85	5.5	5.5	5.5
12	Overall Staff Engagement	3.88								3.91	1.0	1.0	1.0

### III. ACCESS TO CARE

13	Access to Specialty Care									93.9%	46.96	50.00	
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Group A	General Ophthalmology	14	3	4	3	5	5	4	4	5	13	3.0	3.0
	ENT	16	6	7	4	4	4	4	4	6	15	3.0	3.0
	Neurosurgical	12	6	9	9	9	6	6	6	8	11	3.0	3.0
	Colorectal Surgery	20	10	12	19	13	14	14	14	12	19	3.0	3.0
	Plastic Surgery	16	16	12	9	10	11	8	8	13	15	3.0	3.0
	Urology	14	17	11	11	15	9	12	12	11	13	3.0	3.0
	Endocrinology	14	9	8	7	14	13	18	18	12	13	3.0	3.0
	Gastroenterology	25	16	15	19	16	10	10	8	16	22	3.0	3.0
	OB/GYN Specialty	23	24	19	18	23	16	16	28	19	20	3.0	3.0
	Bariatric Surgery	29									25	2.0	2.0

Group C	Cardiology	27	13	11	12	16	15	12	12	15	23	2.0	2.0
	Dermatology	38	25	8	19	19	19	18	18	21	32	1.0	1.0
	Neurology	28	15	18	18	22	23	20	20	21	24	2.0	2.0
	General Orthopedics	29	18	18	22	12	20	20	20	17	25	2.0	2.0
	Access to Primary Care	71	91	85	84	83	82	82.70	82.70	77.30	75	4.0	4.0
	Access to Physical Therapy	16	9	8	11	8	8	8	8	10	15	2.0	2.0
	TKR In-Patient receiving Physical Therapy within 24 hours post surgery (Inpatient)	65.94	100	100	100	100	100	100.0	100.0	99.24	100	1.96	2.0
	ED Arrival time to Provider Median time COF assigned to ES2 category.	14:03	9:45	9:35	9:30	9:25	9:18	9:09	9:09	9:09	15:00	4.0	4.0
	Emergency Response to Industrial (Oil & Gas) Locations, Time from 911 Call	100	100	100	100	100	100	100.0	100.0	98.53	98	1.0	1.0
	Emergency Response to Industrial (Oil & Gas) Locations, Time from Dispatch to	96.05	100	66.7	100	83.3	93.3	100.0	100.0	92.65	97	0.0	1.0

### IV. POPULATION HEALTH STATUS

20	% diabetic patients who have HbA1c test ordered within 6 months	96.51	95.8	96.4	96.3	95.62	95.9	95.3	96.44	95	2.0	2.0
21	Percent Poorly Controlled Diabetics	25.12	24.9	24.5	24.1	24.5	24.5	25.2	24.51	25.40	3.0	3.0

### V. NETWORK

22	SFS/MRI requests turnaround time (TAT) from all full service network providers	93	99.8	100.0	100.0	100.0	100.0	99.9	100.0	100.0	95	2.0
23	SFS/Endoscopy requests turnaround time (TAT) from all full service network	NA	100.0	100.0	100.0	100.0	100.0	100.0	100	N/A	N/A	2.00