

January 2020

Executive Summary Staff
Report

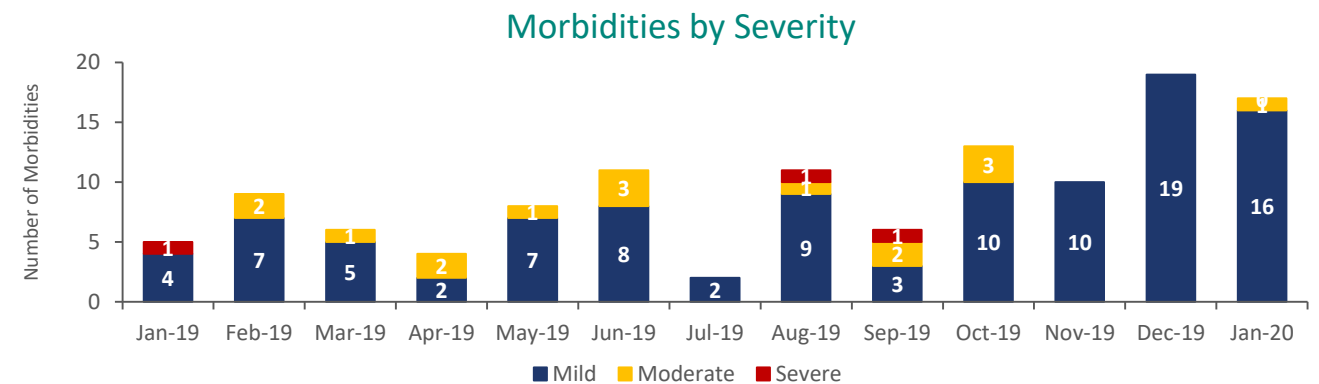
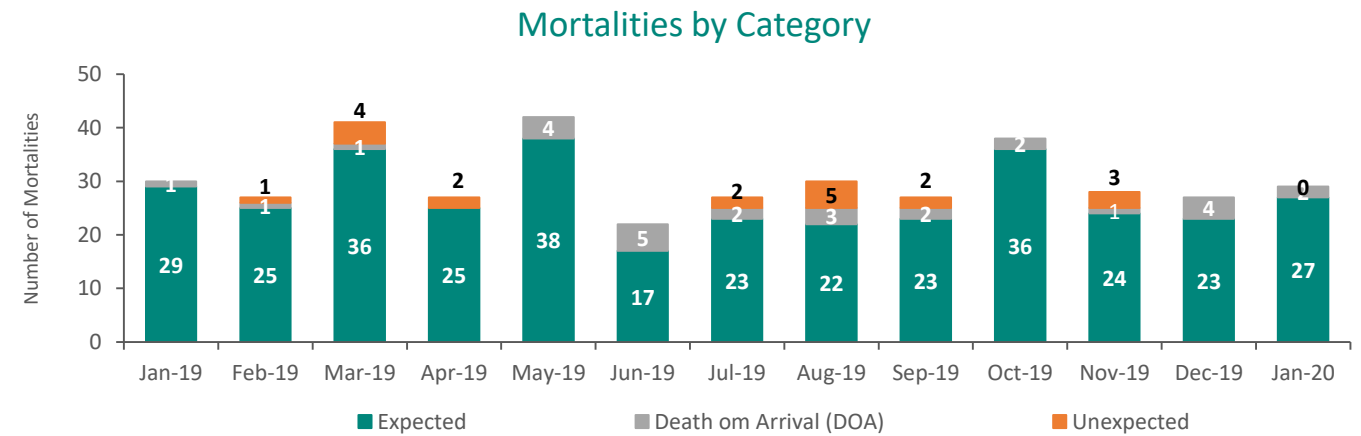
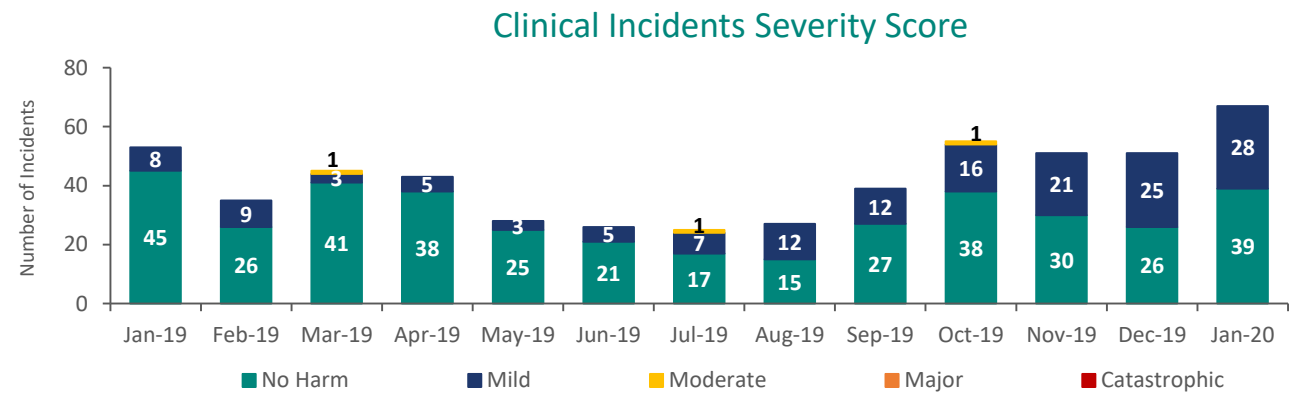
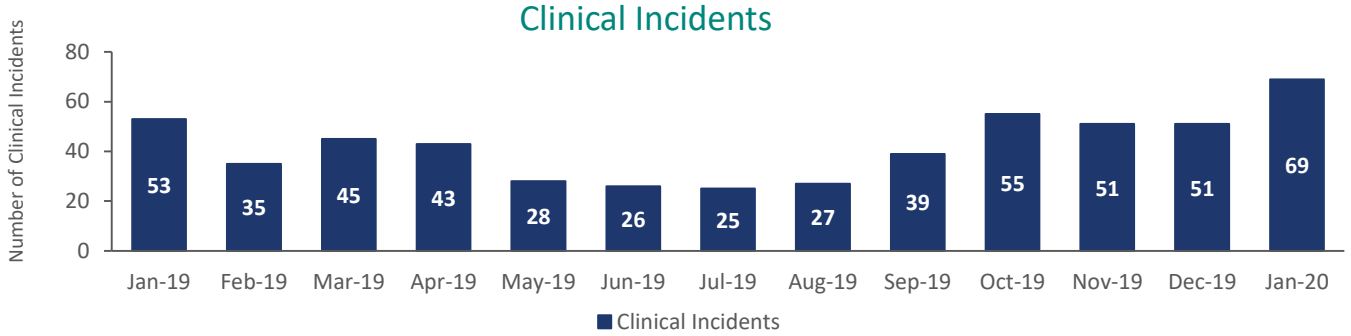


JHAH at a Glance

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Clinical Incident Reporting by Staff into DATIX Software

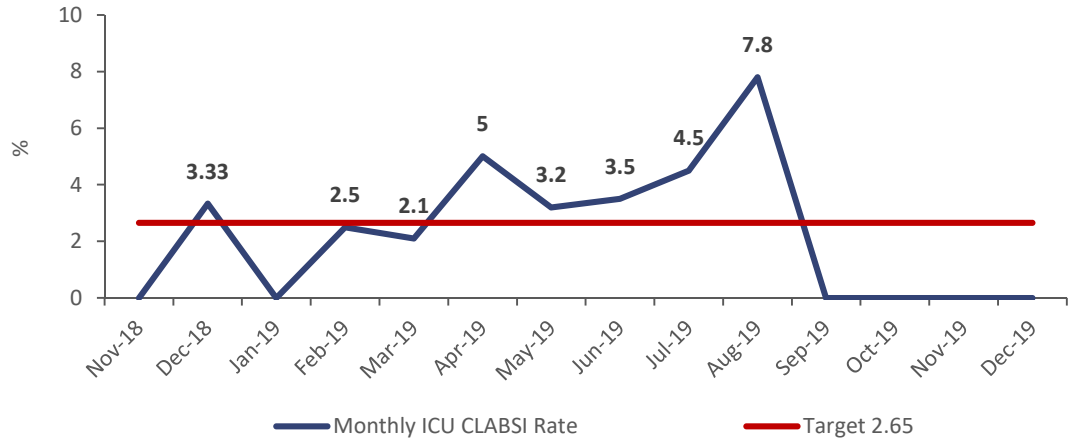


Intensive Care Unit Central Line Associated Bloodstream Infection (ICU CLABSI) Rate

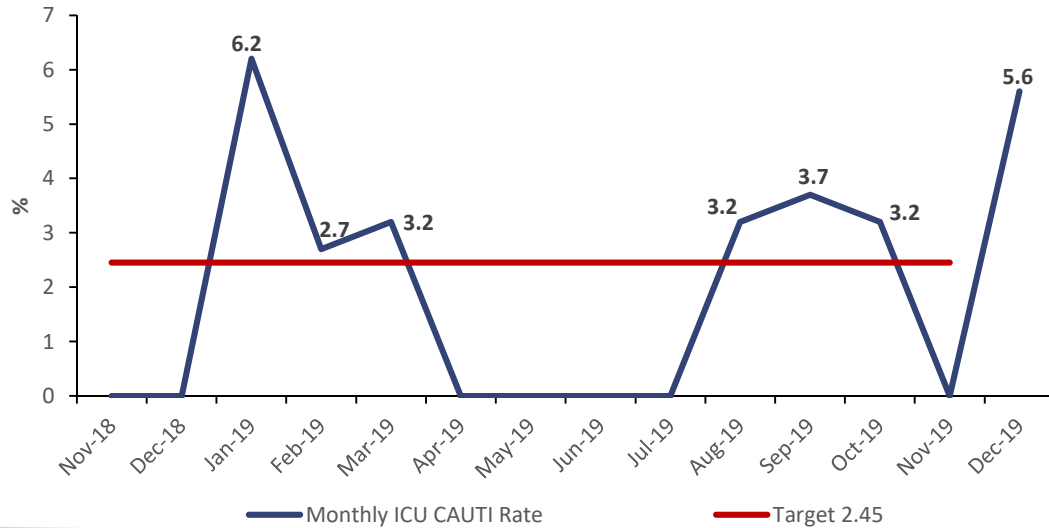
The number increased in August due to two infections reported

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

CLABSI YTD: 2.1
GCC Benchmark: 4.1
USA Benchmark: 1



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



The number increased in December due to low denominator number

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

CAUTI YTD: 2.3
GCC Benchmark: 3.2
USA Benchmark: 2.1

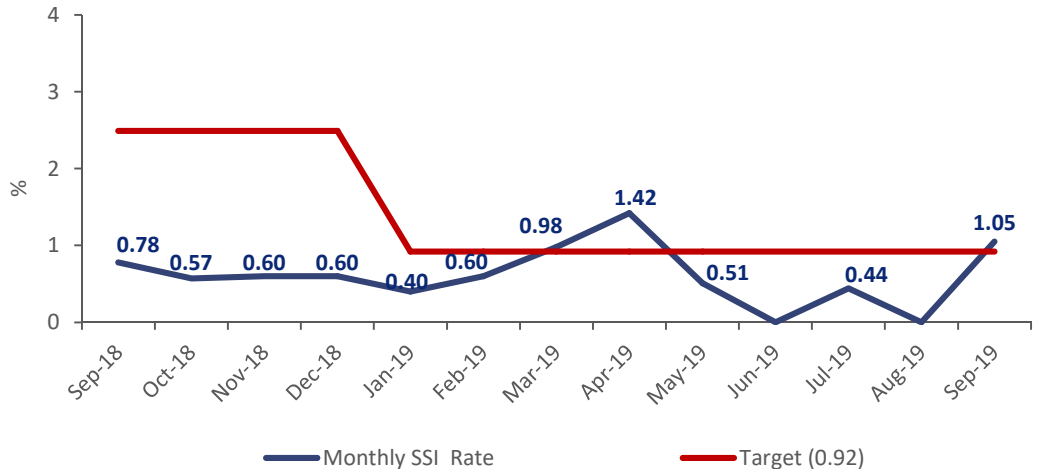
Deep / Organs Surgical Site Infection (SSI) Rate

The number increased in December due to low denominator number

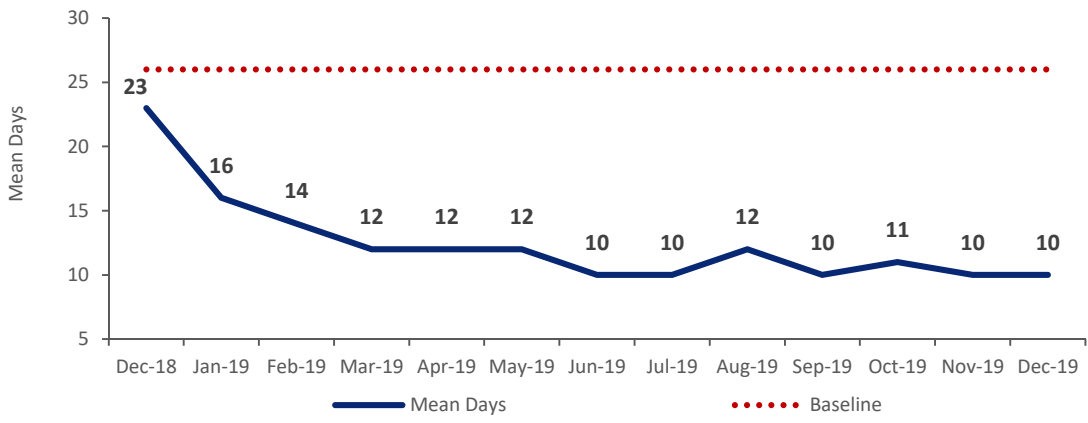
The data for each month is measured with a 4 month lag on the 5th of the month

SSI YTD: 0.64
NHSN Benchmark: 0.75%

NHSN: National Health Safety Network



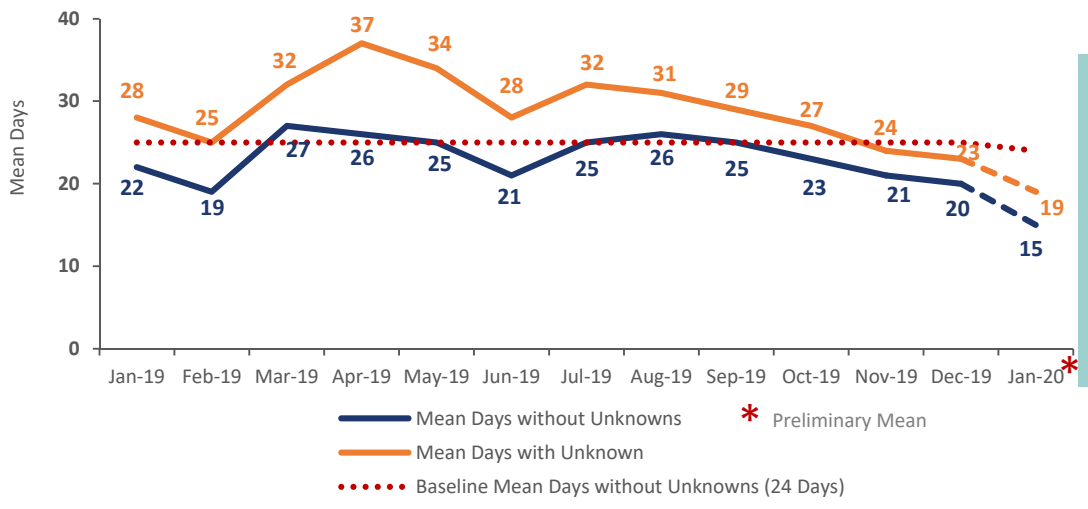
Access to Care - Aggregate Mean Days to First Scheduled Appointment from PC to KPI Clinics



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

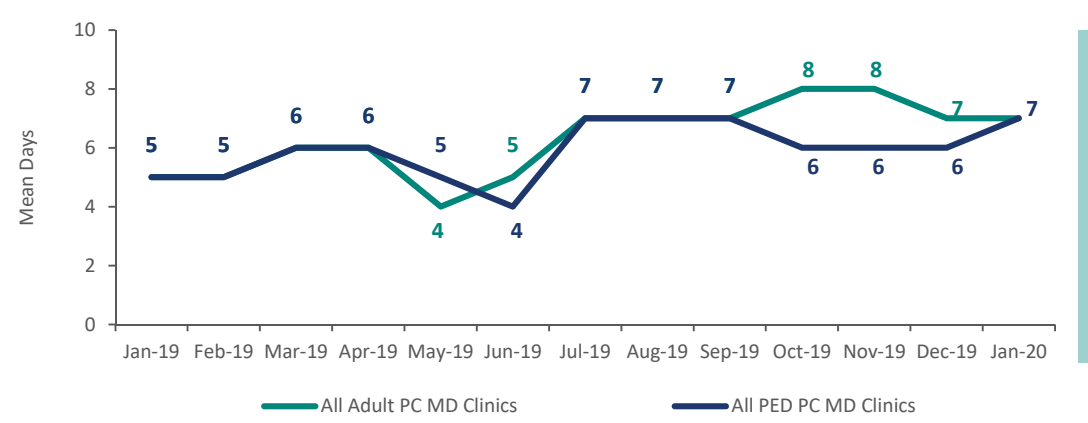
Access data is measured with old methodology and will be replaced with new methodology post KPI agreement

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



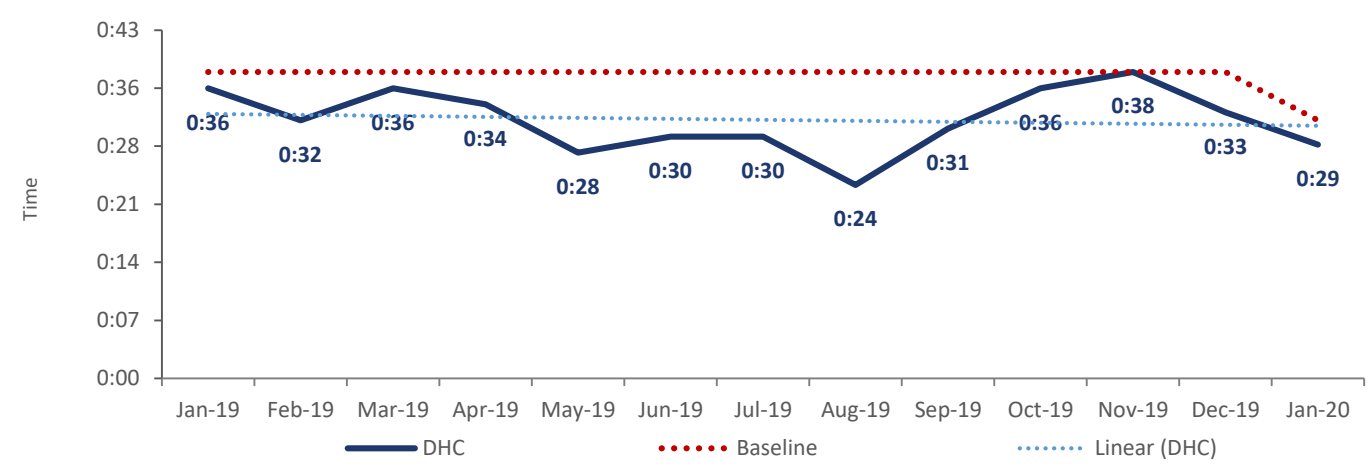
The data for each month is measured with a 1 month lag on the 5th of the following month

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

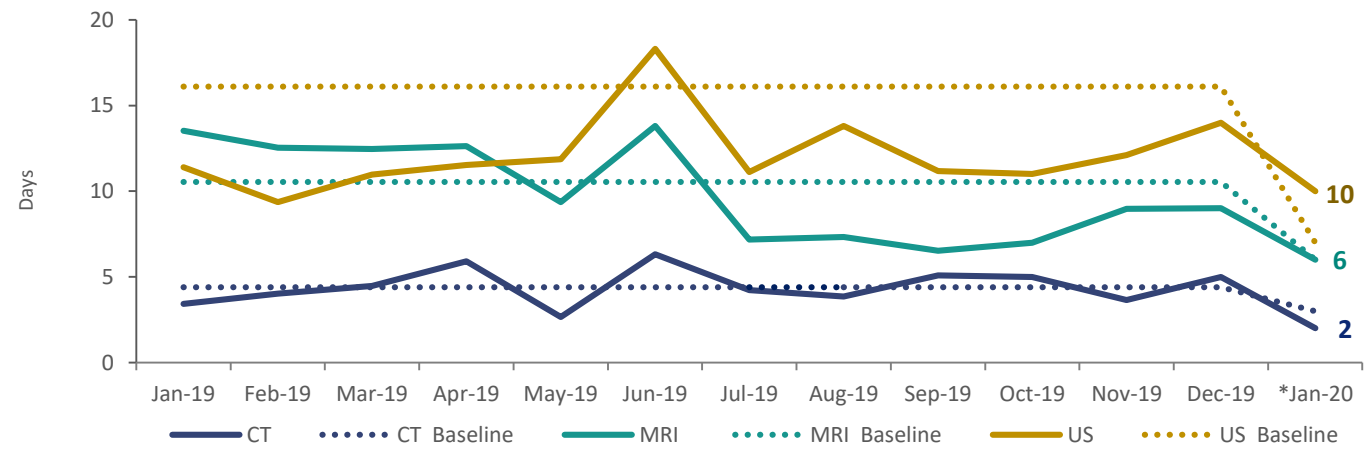


This measurement is expected to increase after introducing new agreed KPI measurement

Dhahran EMS Access to Care from Arrival to Provider

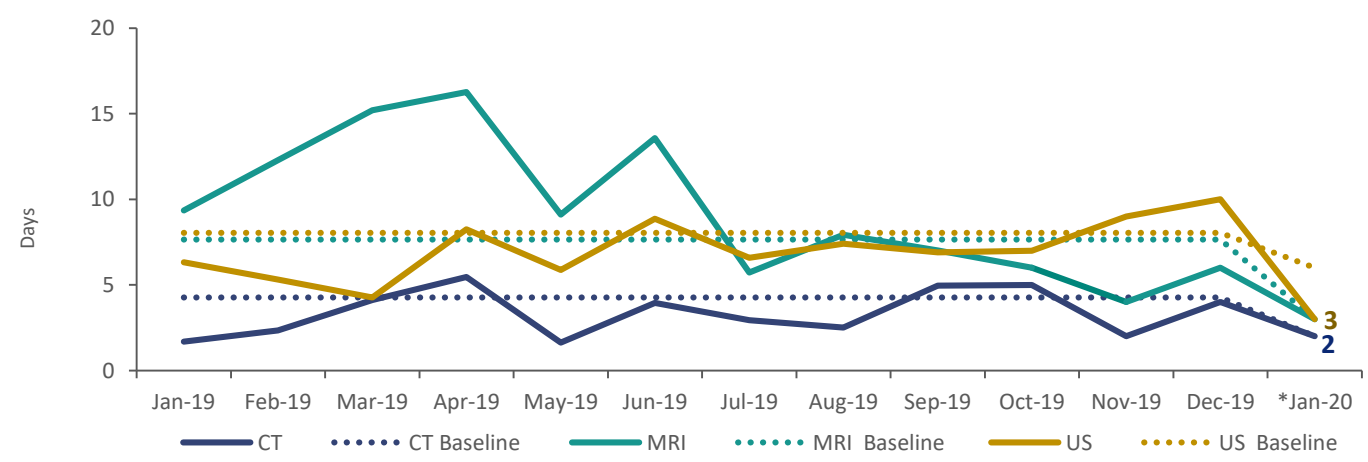


Dhahran Radiology Lead Time



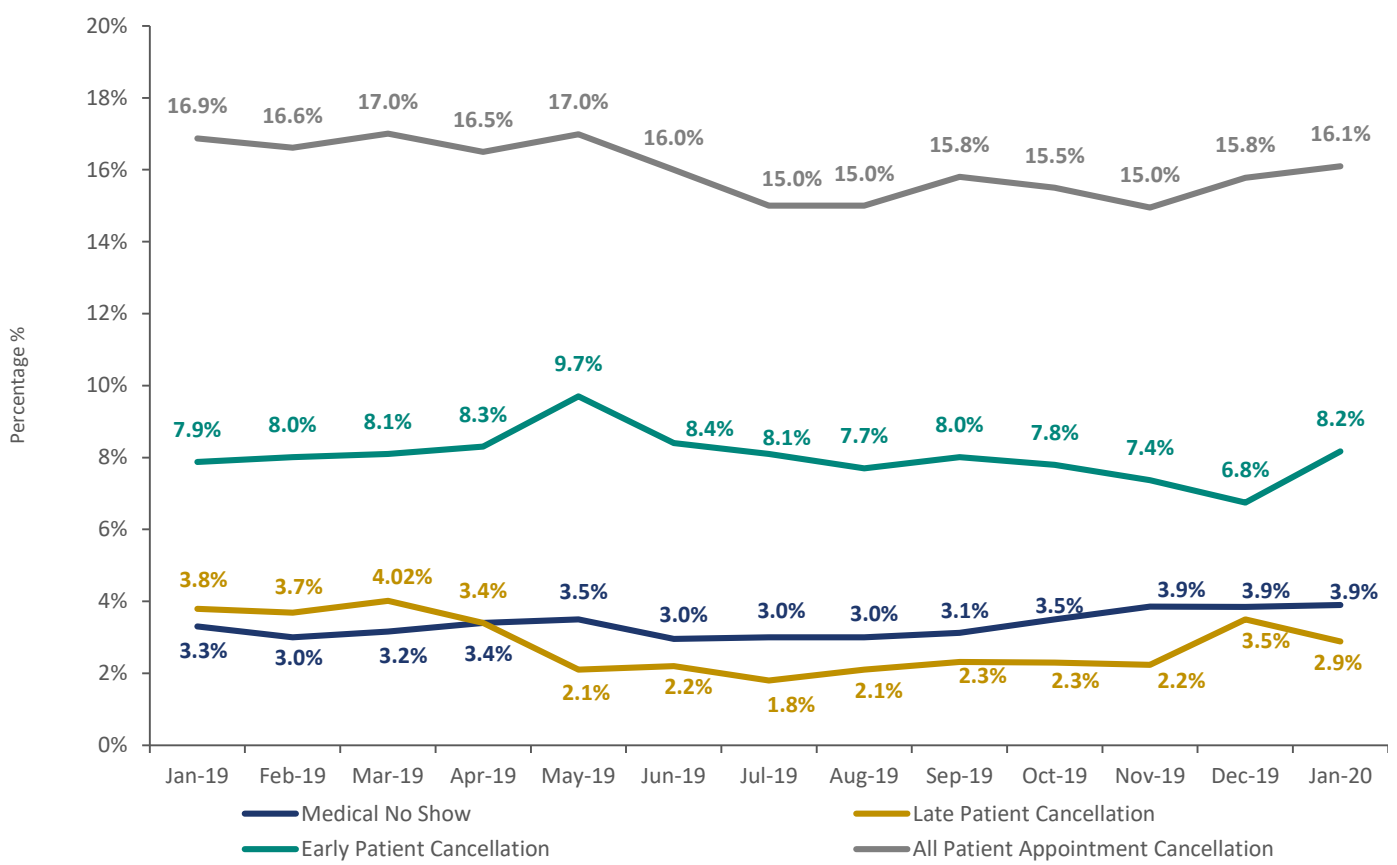
* Starting January 2020 Radiology lead time reflects first available slot (refer to definition)

Al-Hasa Radiology Lead Time

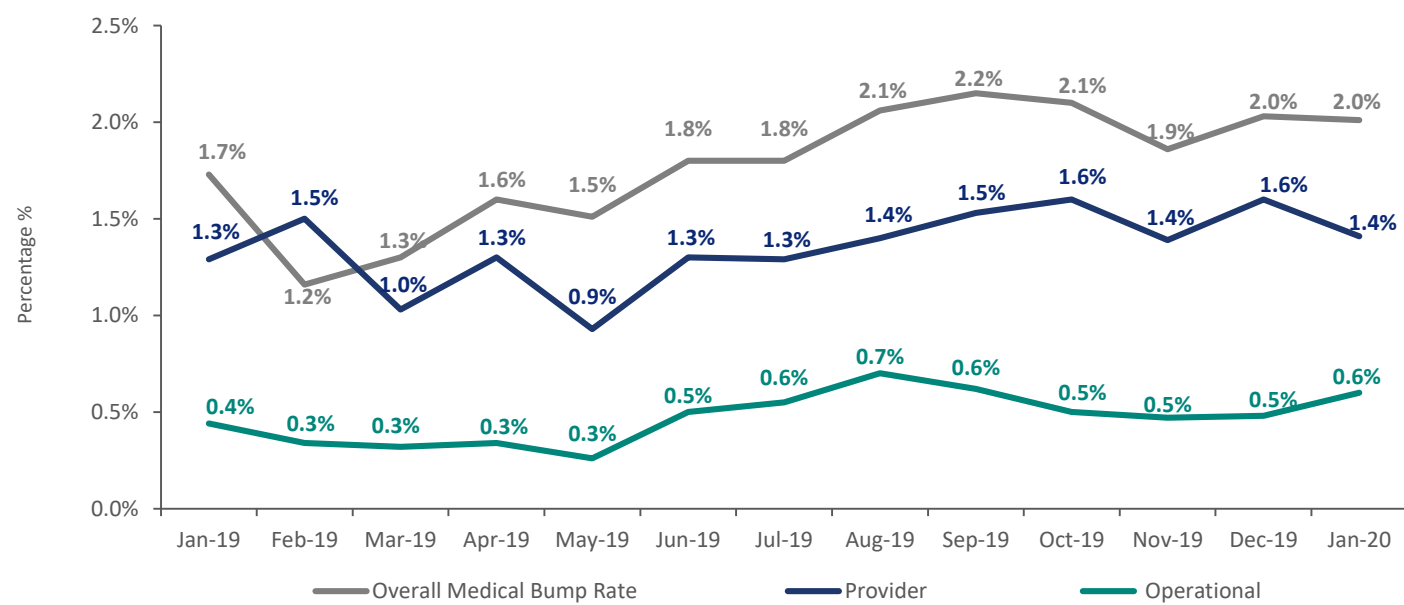


* Starting January 2020 Radiology lead time reflects first available slot (refer to definition)

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

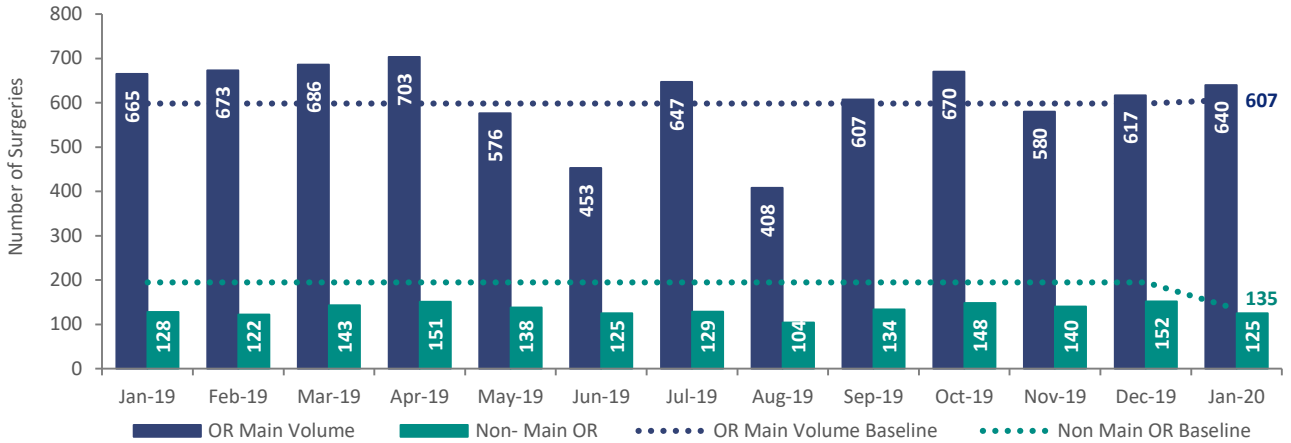


Overall Medical Bump Rate & Breakdown to Provider & Operational

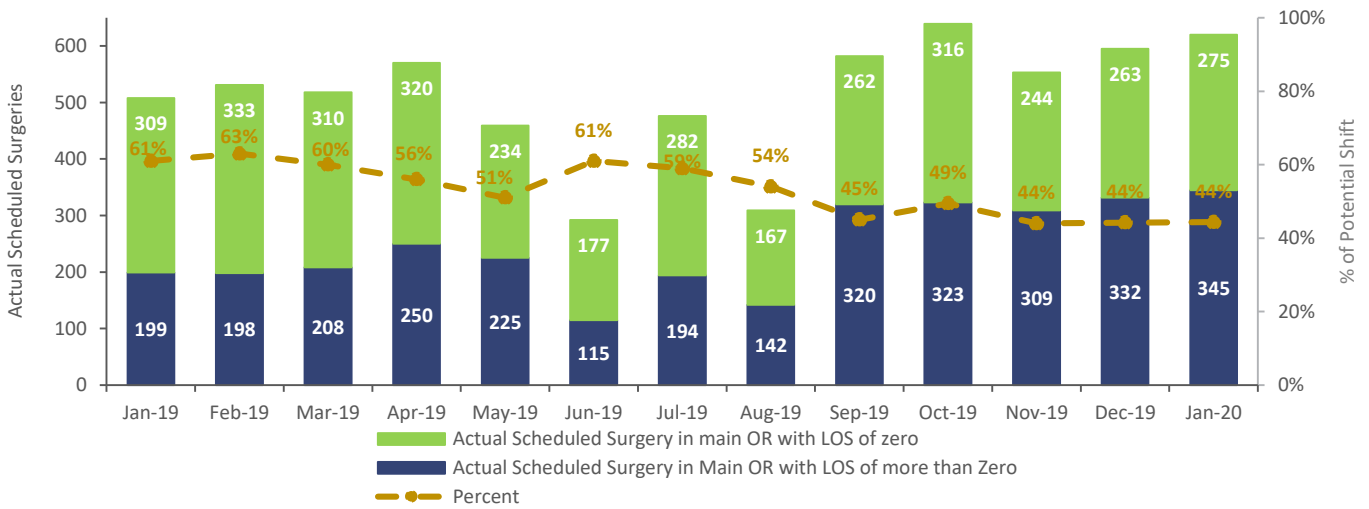


EFFECTIVE

OR & Non-Main OR Volumes

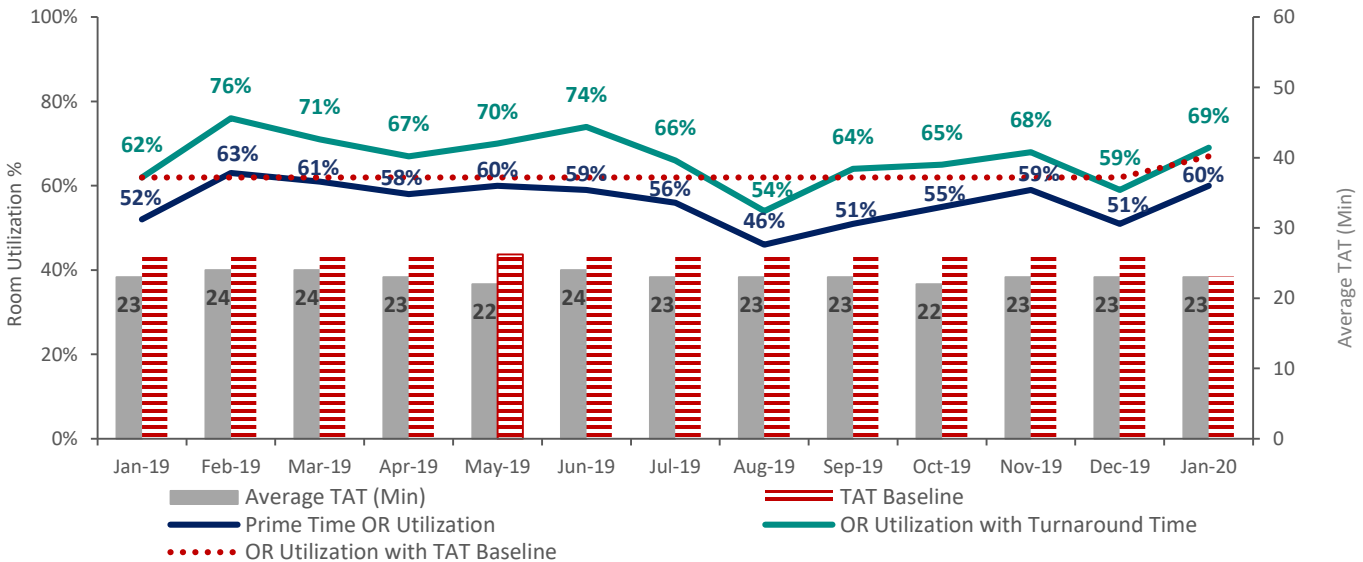


Outpatient to Inpatient Elective Surgery Ratio



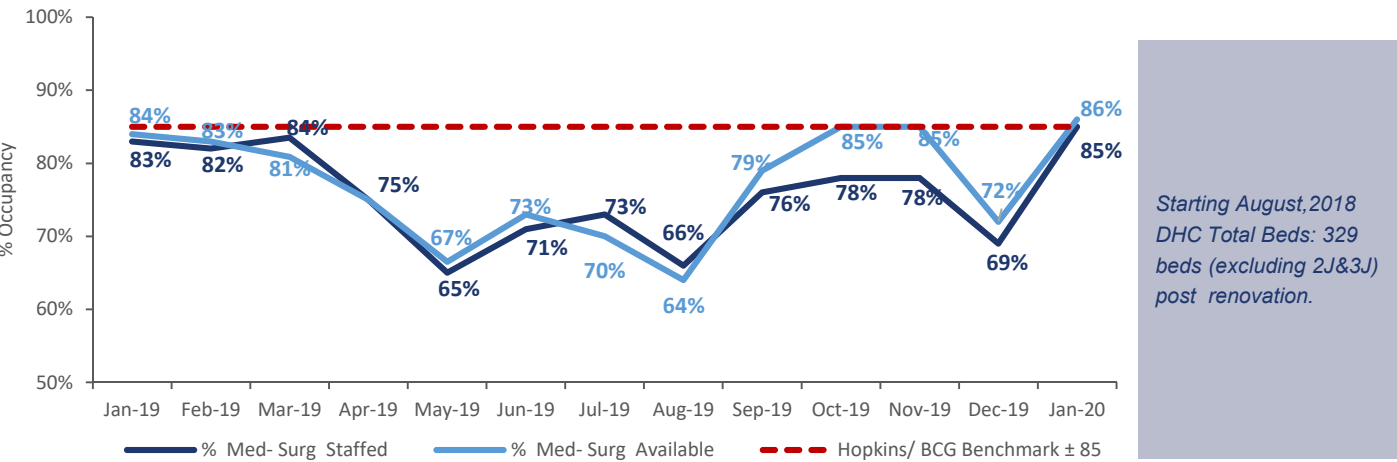
Actual planned surgery in main OR excludes emergency surgical cases and inpatient cases with an add-on flag

OR Prime Time Utilization & OR Utilization with Turnaround Time

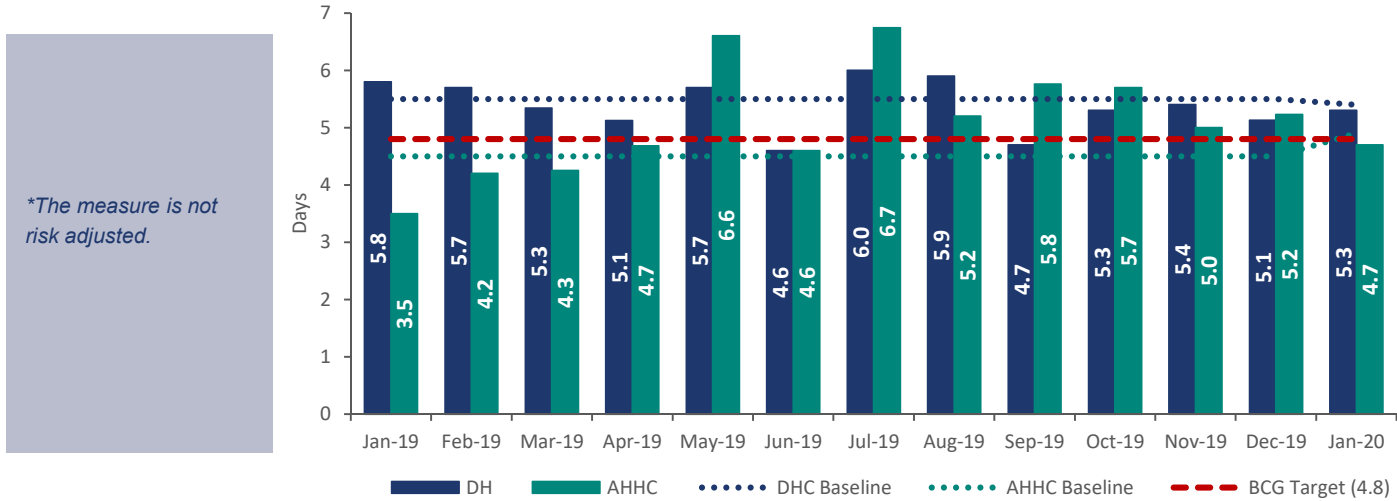


EFFICIENT

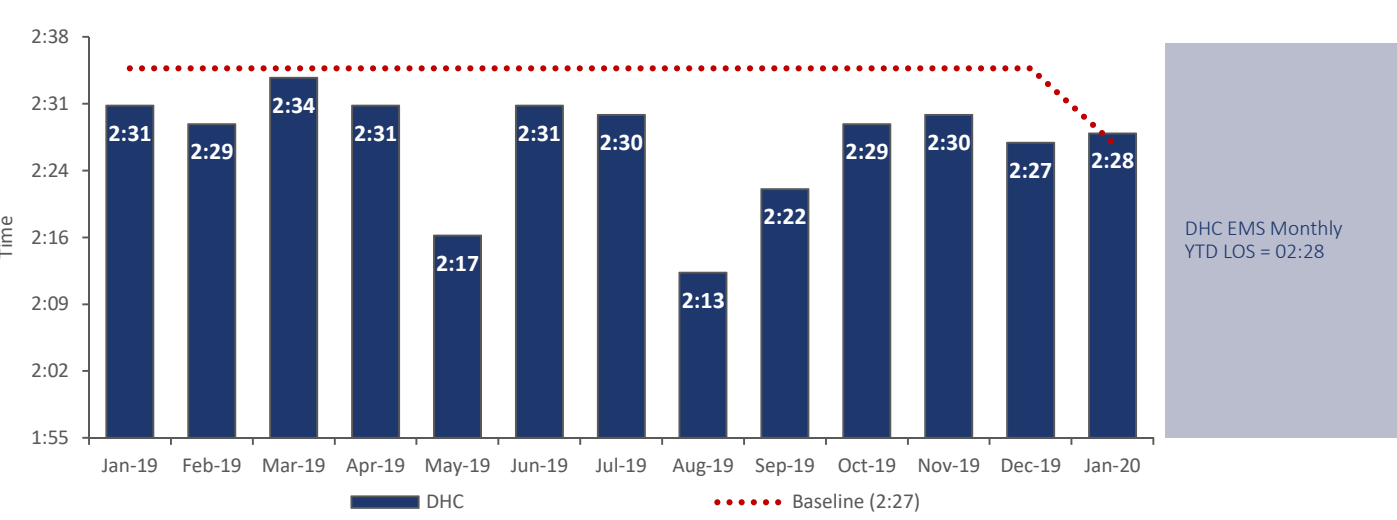
Dhahran Bed Occupancy



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

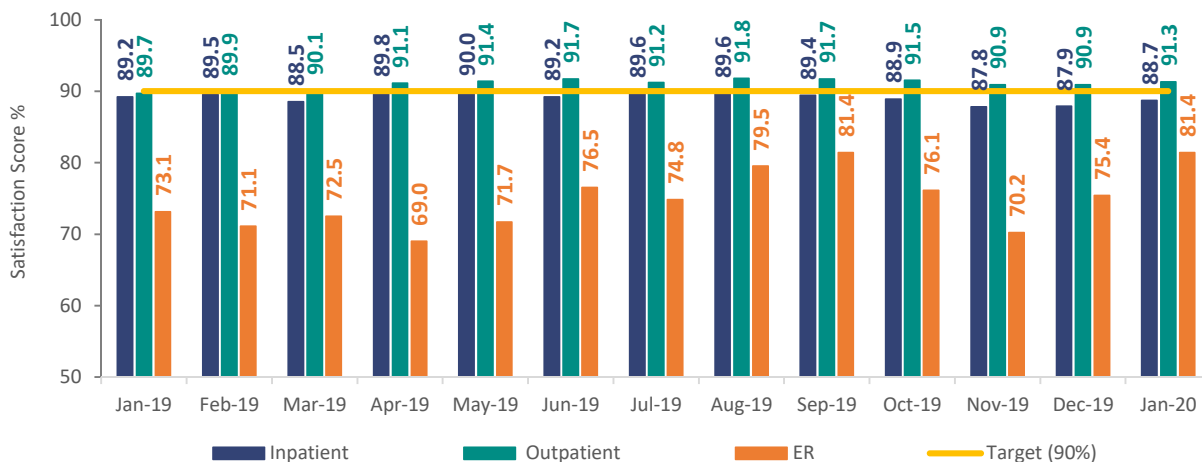


Dhahran EMS Length of Stay (LOS)

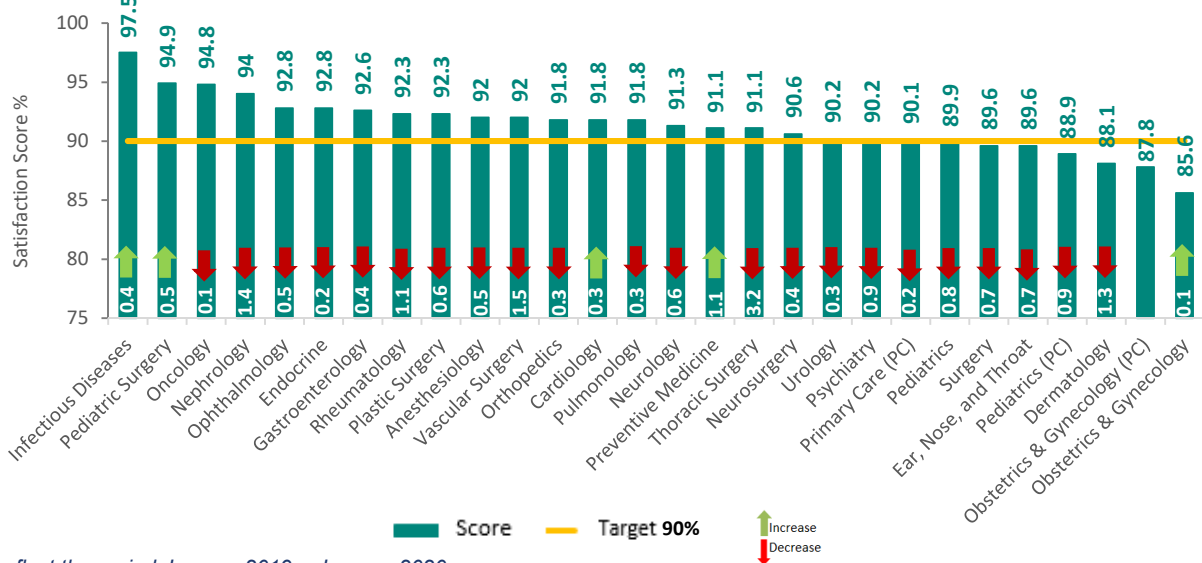


PATIENT CENTERED

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

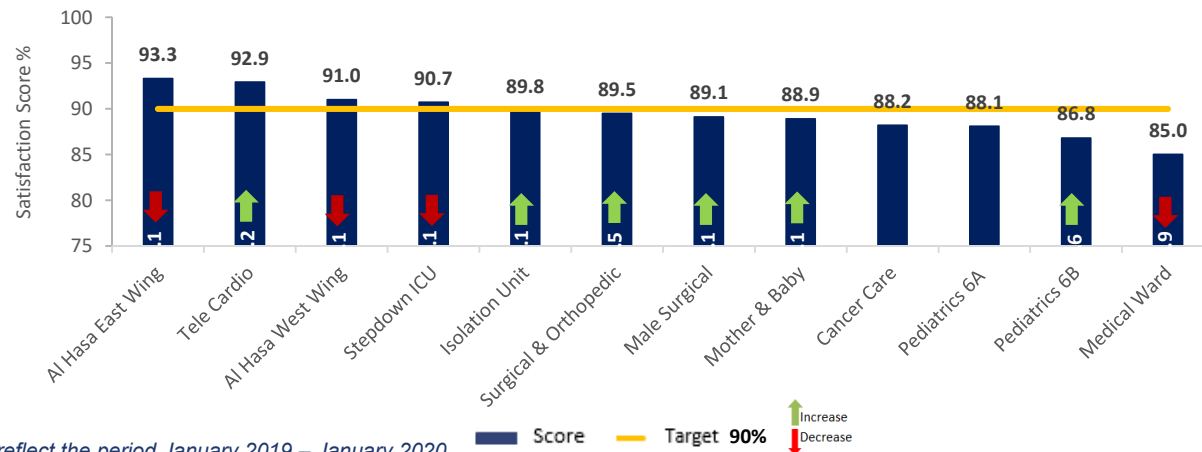


Outpatient Clinics (Highest to Lowest Top 2 Box Ranking)



Scores reflect the period January 2019 – January 2020

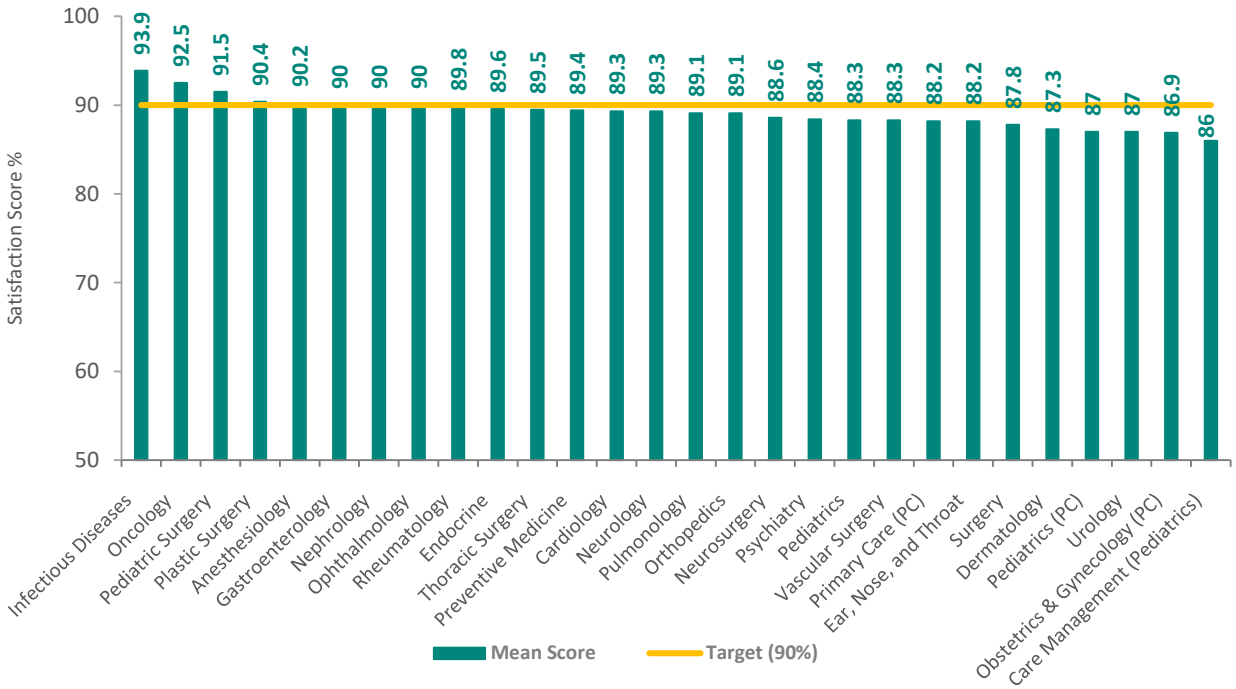
Inpatient Wards (Highest to Lowest Top 2 Box Ranking)



Scores reflect the period January 2019 – January 2020

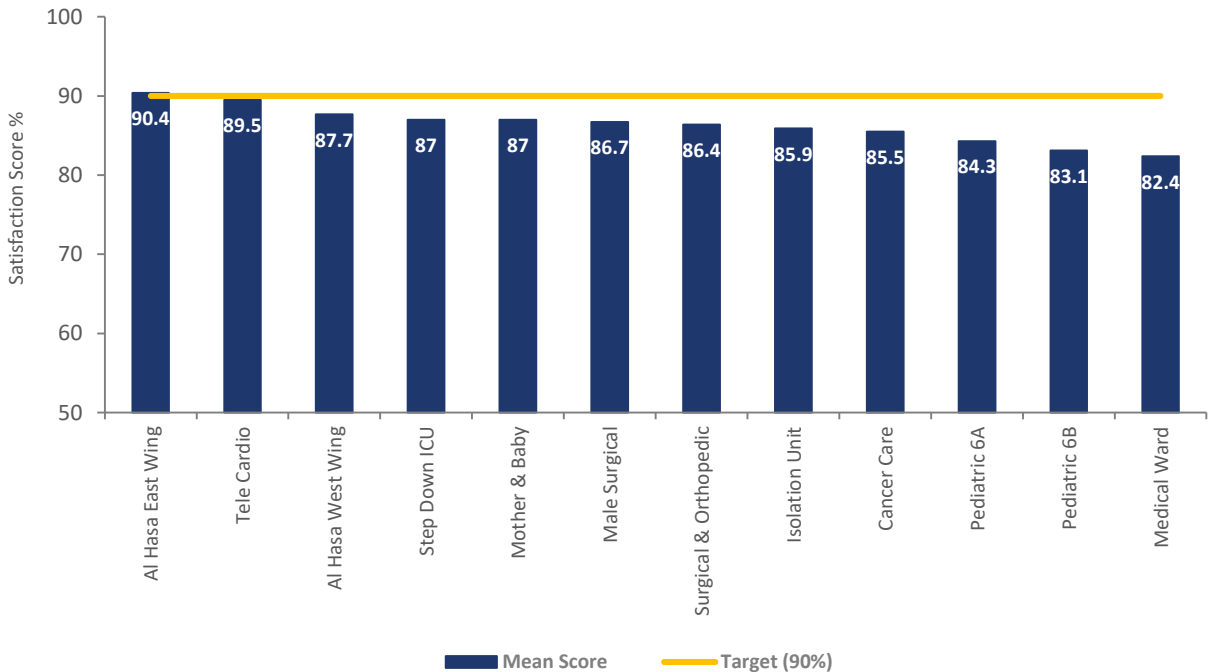
PATIENT CENTERED

Outpatient Clinics – Mean



Scores reflect the period January 2019 – January 2020

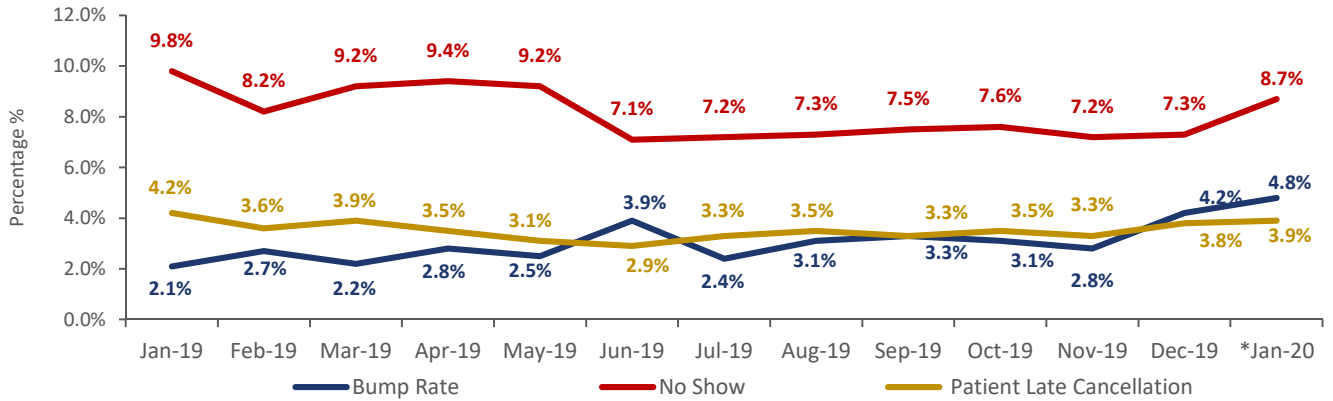
Inpatient Wards – Mean



Scores reflect the period January 2019 – January 2020

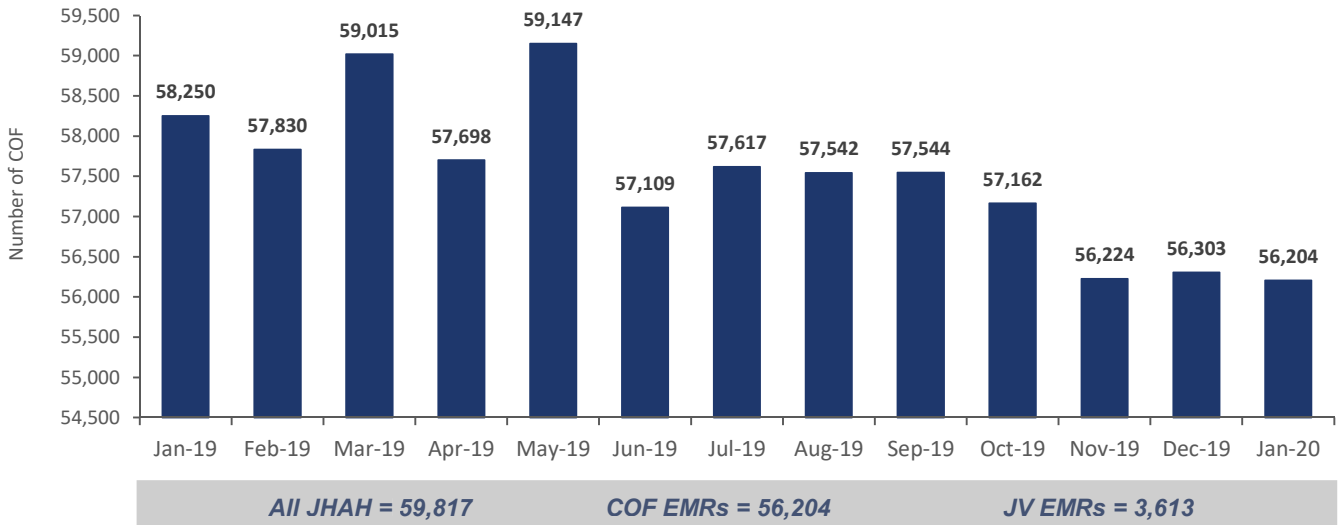
Dental

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

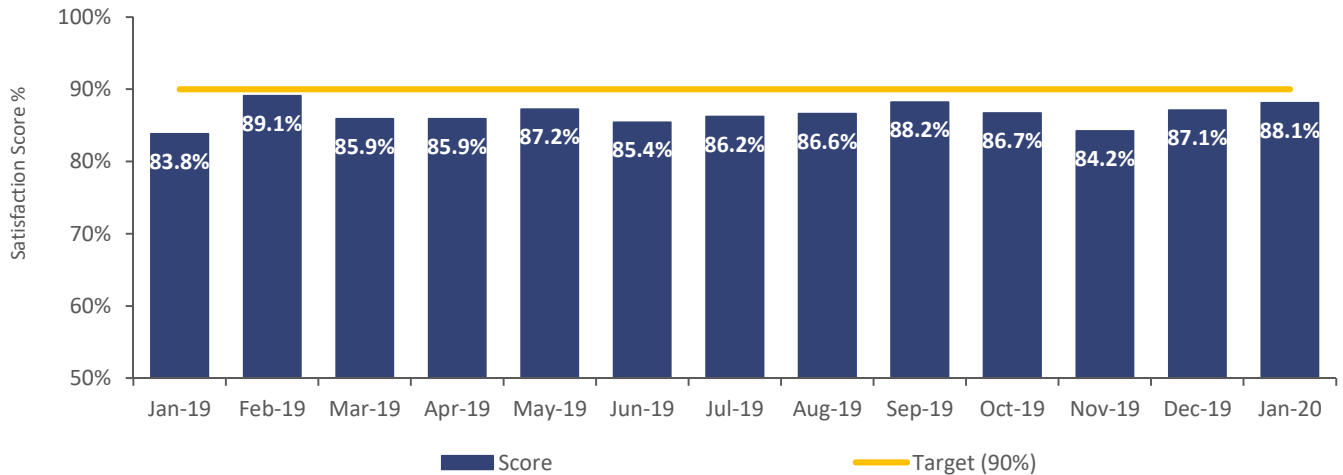


* Starting January 2020 figures are inclusive to Dentist clinics only

JHAH COF Registered Dental Recipients



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



2019 JHAH Scorecard

98.94 100.00

KEY PERFORMANCE INDICATORS (KPIs)

	Baseline	July	August	September	October	November	December	YTD	Target	Projected Year End Score	Weight
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I. CLINICAL EXCELLENCE (2019)

1	Risk Identification (Near Misses)	NA	66	37	72	122	63	89	873	100.0%	31.63	31.63	4.08
2	Risk Identification (Moderate-Major)	NA	2	0	3	1	3	1	17	N/A	4.08	4.08	4.08
3	Deep /Organs Surgical Site Infection (SSI) rate	0.97	0.44	0.00	1.05	1	3	1	0.64	0.92	4.08	4.08	4.08
4	Inpatient Hand Hygiene Compliance	93.16	95.90	94.16	93.95	93.74	93.62	95.10	94.26	93	3.06	3.06	3.06
5	Outpatient Hand Hygiene Compliance	94.44	95.6	94.3	94.4	95.3	95.9	93.3	94.83	93	3.06	3.06	3.06
6	ED Arrival Time to EKG Median Time	4:00	3:00	3:00	3:00	3:00	3:00	3:00	3:00	7:00	4.08	4.08	4.08
7	Inpatient Clinical Practice Guidelines	NA	NA	NA	NA	NA	NA	NA	Met	N/A	5.10	5.10	5.10
8	Hospital Acquired Pressure Injury (NDNQI)	5	5	3.1	3.1	100.0	100.0	3.6	3.88	4.50	3.06	3.06	3.06
9	Arrival Time to PCI ≤ 90 minutes for non-transferred patients	65	100	100	100.0	100.0	100.0	100.0	100	85	1.02	1.02	1.02

II. PATIENT & STAFF EXPERIENCE

10	Outpatient Clinics' Overall Experience Mean Score	86.80	88.7	89.4	89.4	89.5	88.8	88.9	88.77	100.0%	12.24	12.24	5.61
11	Dhanraj Hospital's Overall Experience Mean Score	85.17	87.4	86.8	86.5	86.4	85.4	85.3	86.18	85	5.61	5.61	5.61
12	Overall Staff Engagement	3.88	3.88	3.88	3.88	3.88	3.88	3.88	Met	3.91	1.02	1.02	1.02

III. ACCESS TO CARE

13	Access to Specialty Care									97.8%	47.92	48.98		
Group A	General Ophthalmology	14	3	5	5	4	2	6	5	13	3.06	3.06	3.06	
	ENT	16	4	4	4	4	5	6	6	15	3.06	3.06	3.06	
	Neurosphal	12	9	9	6	6	5	4	7	11	3.06	3.06	3.06	
	Colorectal Surgery	20	19	13	14	14	12	14	12	19	3.06	3.06	3.06	
	Plastic Surgery	16	9	10	11	8	9	11	13	15	3.06	3.06	3.06	
	Urology	14	11	15	9	12	7	13	13	13	3.06	3.06	3.06	
	Endocrinology	14	7	14	13	18	16	14	14	13	23	3.06	3.06	3.06
	Gastroenterology	25	19	16	10	8	5	6	6	14	22	3.06	3.06	3.06
	OB/GYN Specialty	23	18	23	16	28	17	20	20	19	20	3.06	3.06	3.06
	Bariatric Surgery	29	12	16	15	12	13	10	10	14	23	2.04	2.04	2.04
Group C	Cardiology	27	19	19	19	18	26	14	21	32	1.02	1.02	1.02	
	Dermatology	38	18	22	23	20	16	28	21	24	2.04	2.04	2.04	
	Neurology	28	22	12	20	20	11	13	16	25	2.04	2.04	2.04	
	General Orthopedics	29	22	12	20	20	11	13	16	25	2.04	2.04	2.04	
14	Access to Primary Care	71	84	83	82	82.70	84.09	83.79	78.43	75	4.08	4.08	4.08	
15	Access to Physical Therapy	16	11	8	8	8	8	9	10	15	2.04	2.04	2.04	
16	TKR In-Patient receiving Physical Therapy within 24 hours post surgery	65.94	100	100	100	100.0	100.0	100.0	99.32	100	2.00	2.00	2.04	
17	ED Arrival time to Provider Median time COF assigned to ES1/2 category.	14:03	9:30	9:25	9:18	9:09	9:14	9:09	9:09	15:00	4.08	4.08	4.08	
18	Emergency Response to Industrial (Oil & Gas) Locations. Time from 911	100	100	100	93.3	100.0	100.0	100.0	98.72	98	1.02	1.02	1.02	
19	Emergency Response to Industrial (Oil & Gas) Locations. Time from	96:05	100	83.3	93.3	100.0	100.0	100.0	93.59	97	0.00	1.02	1.02	

IV. POPULATION HEALTH STATUS

20	% diabetic patients who have HbA1c test ordered within 6 months	96.51	96.3	96.62	95.9	95.3	98.0	98.4	96.73	95	2.04	2.04	2.04
21	Percent Poorly Controlled Diabetics	25.12	24.1	24.5	24.5	25.2	24.9	24.2	24.51	25.40	3.06	3.06	3.06

V. NETWORK

22	SFS/MRI requests turnaround time (TAT) from all full service network	93	100.0	99.9	100.0	99.8	100.0	100.0	100	95	2.04	2.04	2.04
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	N/A	N/A

Scorecard