

March 2020

Executive Summary Staff  
Report

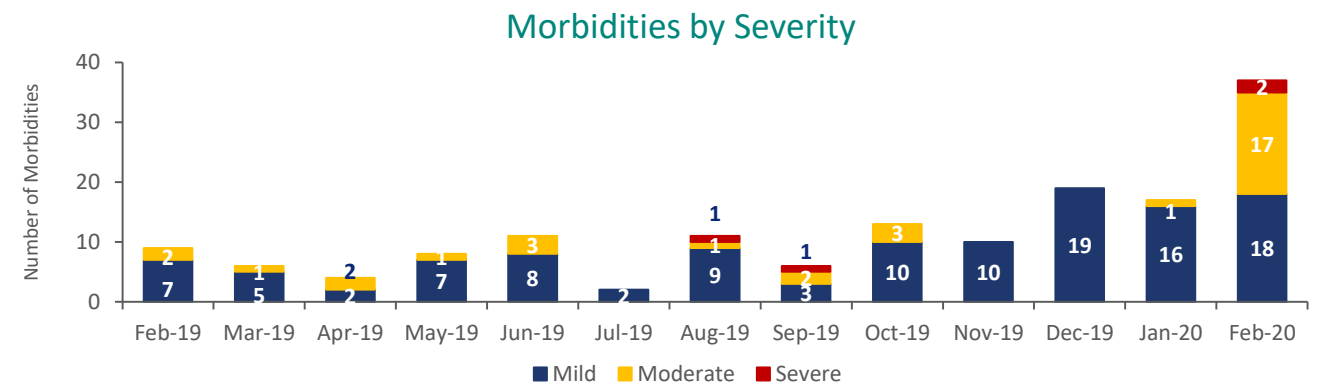
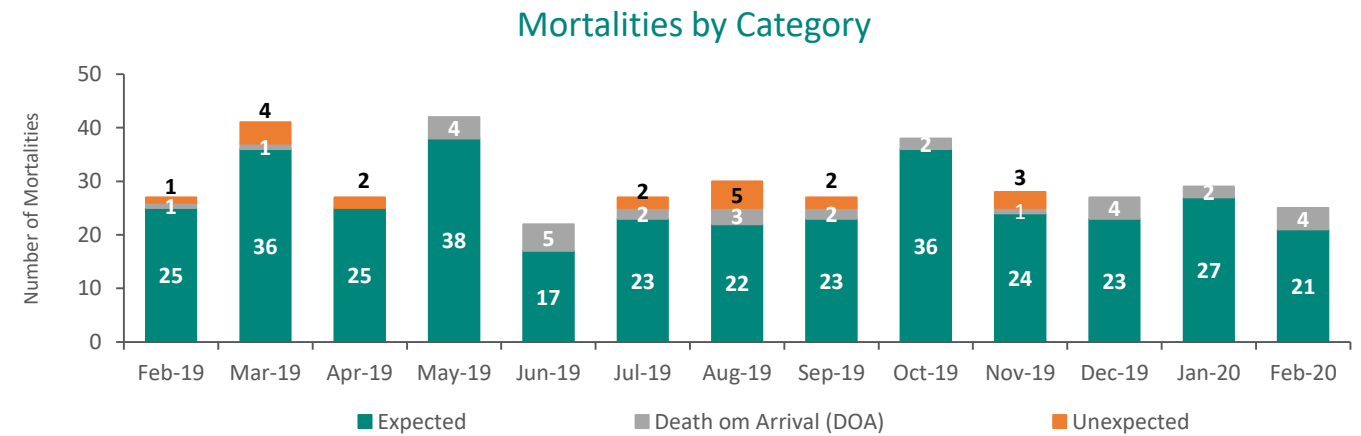
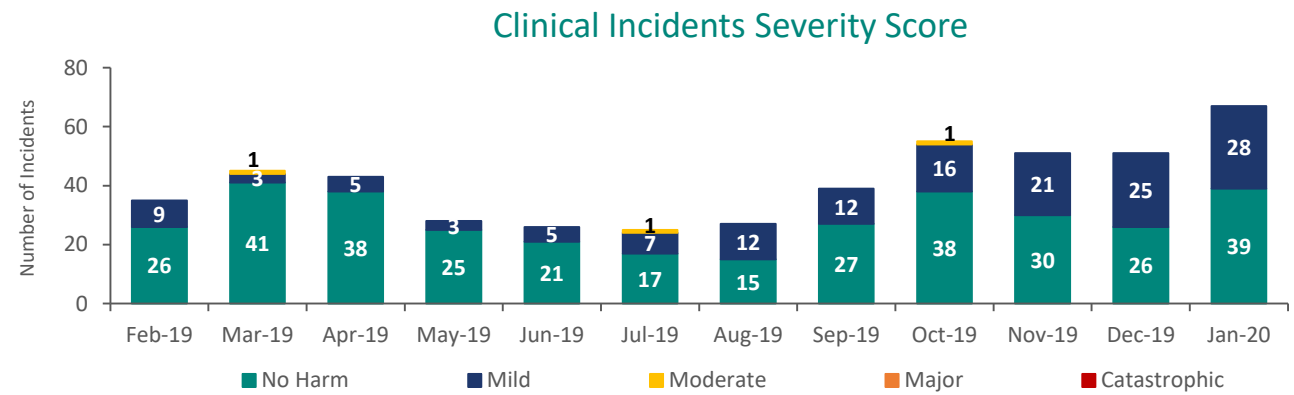
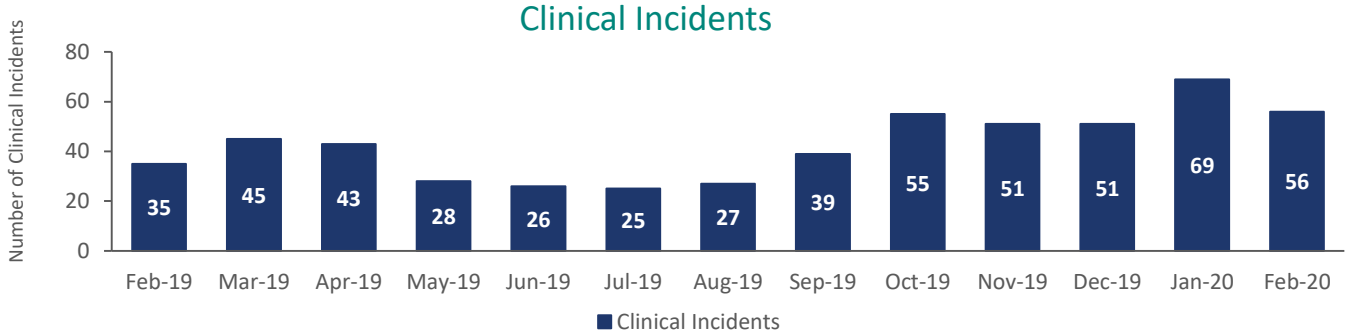


# JHAH at a Glance

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## Clinical Incident Reporting by Staff into DATIX Software

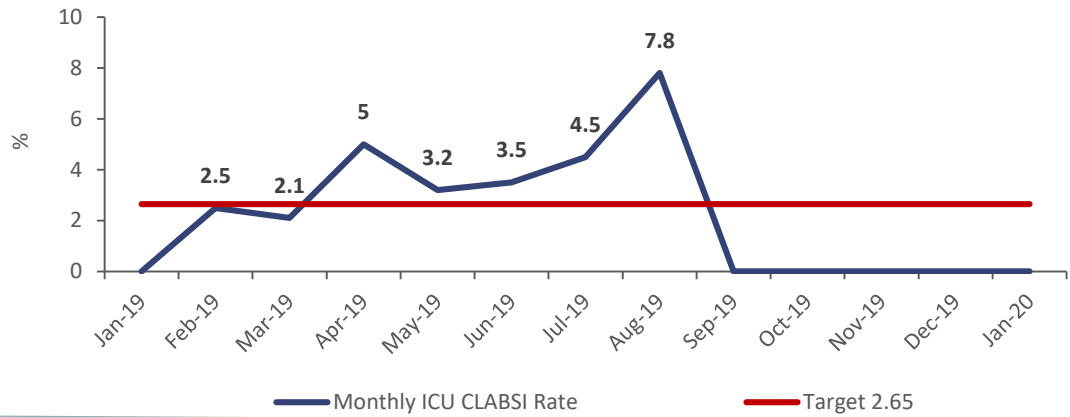


## Intensive Care Unit Central Line Associated Bloodstream Infection (ICU CLABSI) Rate

The number increased in August due to two infections reported

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

**CLABSI YTD: 0**  
**GCC Benchmark: 4.1**  
**USA Benchmark: 1**

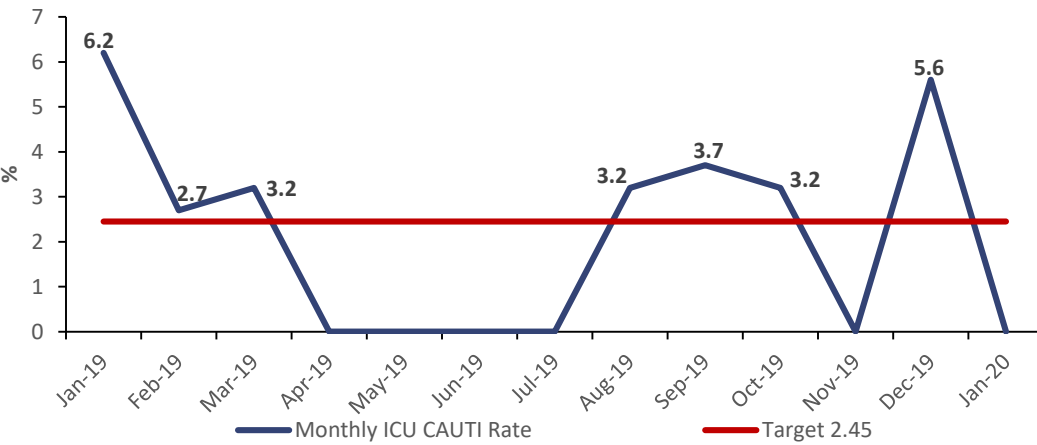


## Intensive Care Unit Catheter Associated Urinary Tract Infection (ICU CAUTI) Rate

The number increased in December due to low denominator number

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

**CAUTI YTD: 0**  
**GCC Benchmark: 3.2**  
**USA Benchmark: 2.1**

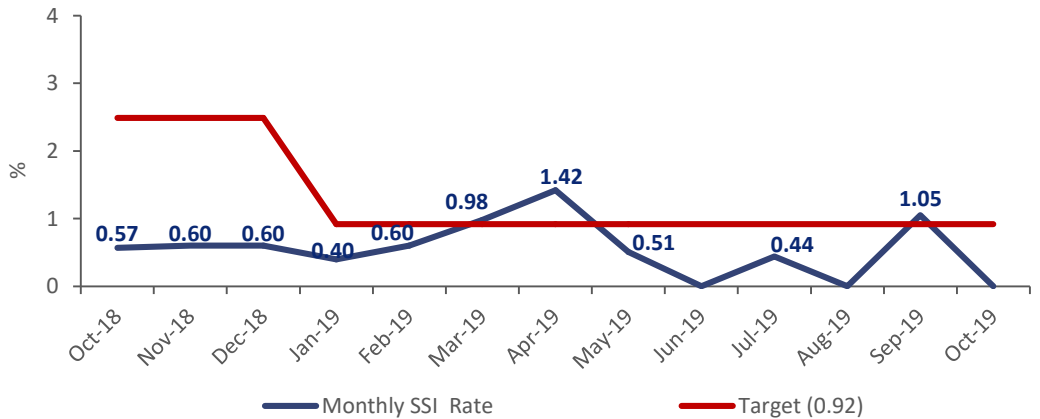


## Deep / Organs Surgical Site Infection (SSI) Rate

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

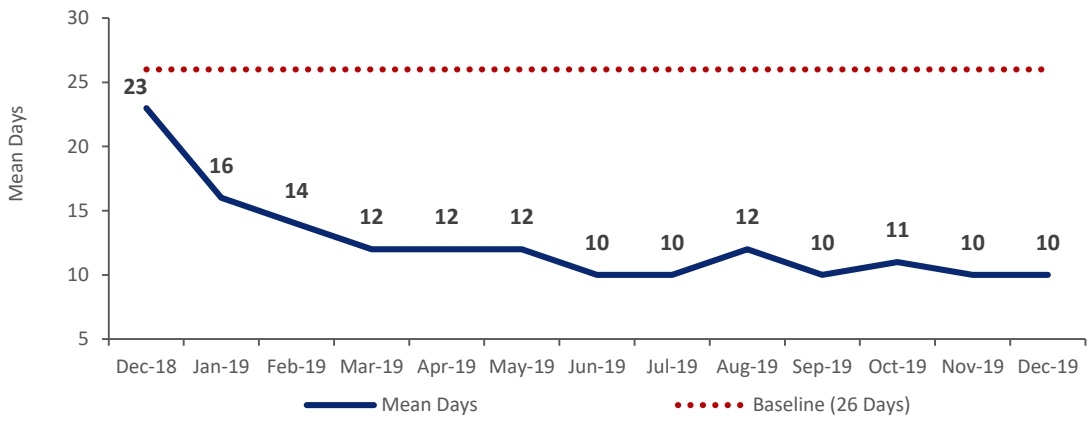
**SSI YTD: 0.58**  
**NHSN Benchmark: 0.75%**

NHSN: National Health Safety Network



With the recent COVID-19 pandemic, all healthcare organizations are dealing with this pandemic as a priority. Similarly, JHAH is heavily involved with COVID-19 pandemic. The infection control team efforts are directed towards managing COVID-19 in collaboration with the MOH. This being said, JHAH continues to maintain its infection control standards and measures throughout its operation. However, a delay in reporting infection control KPIs is expected during this period.

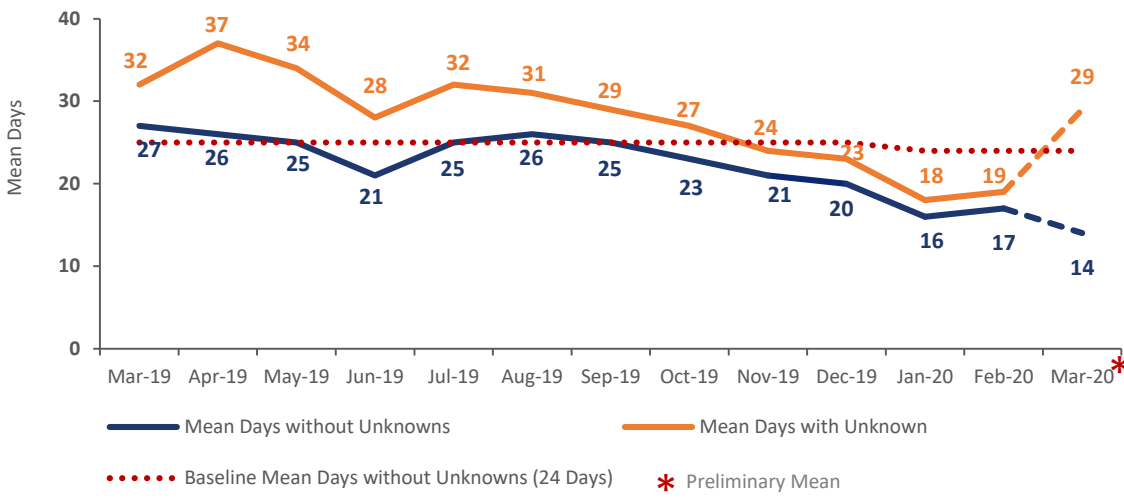
## Access to Care - Aggregate Mean Days to First Scheduled Appointment from PC to KPI Clinics



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

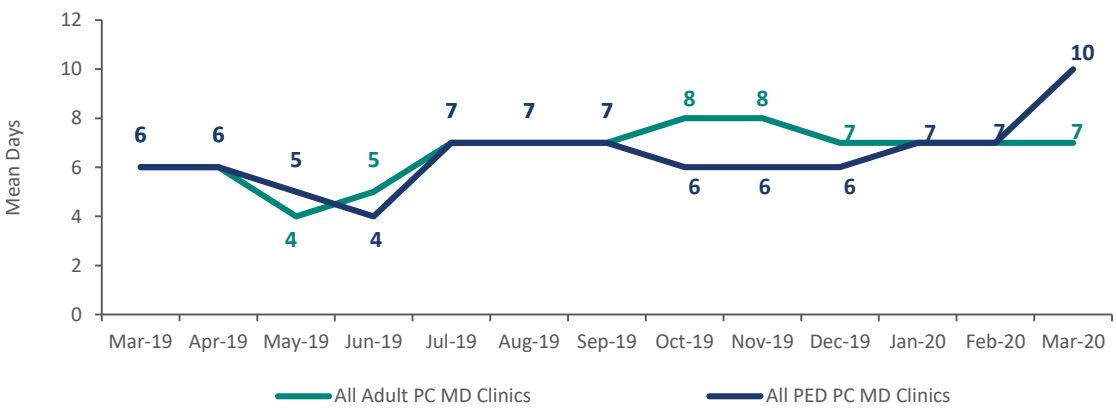
Access data is measured with old methodology and will be replaced with new methodology post KPI agreement

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



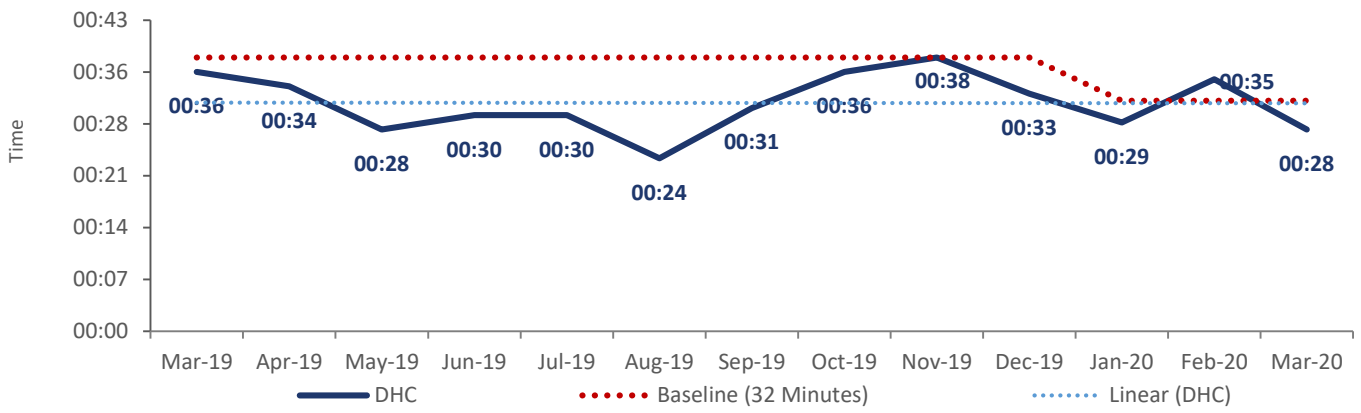
The data for each month is measured with a 1 month lag on the 5<sup>th</sup> of the following month

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

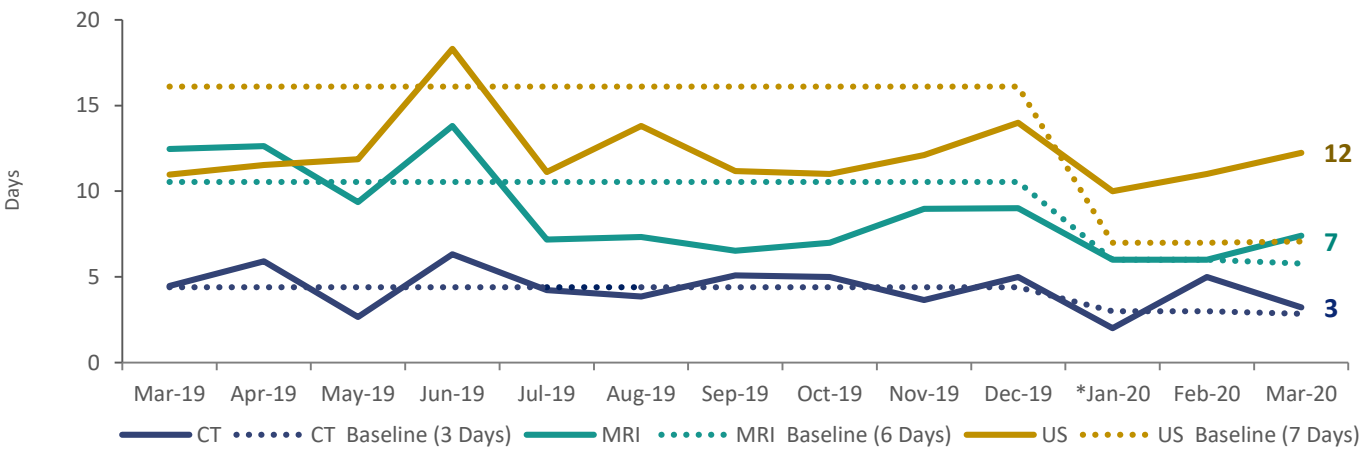


This measurement is expected to increase after introducing new agreed KPI measurement

## Dhahran EMS Access to Care from Arrival to Provider

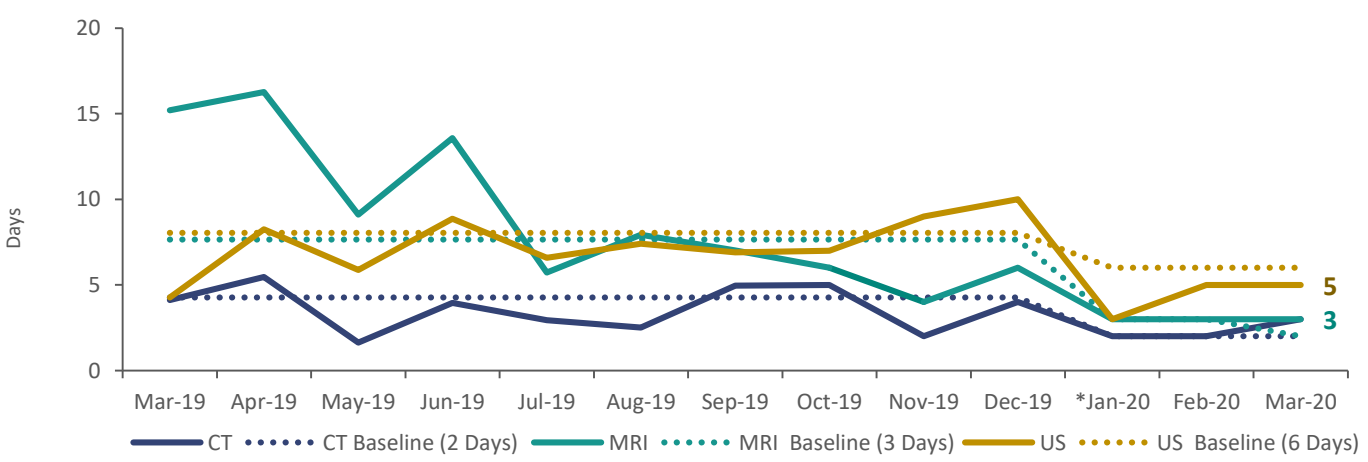


## Dhahran Radiology Lead Time



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

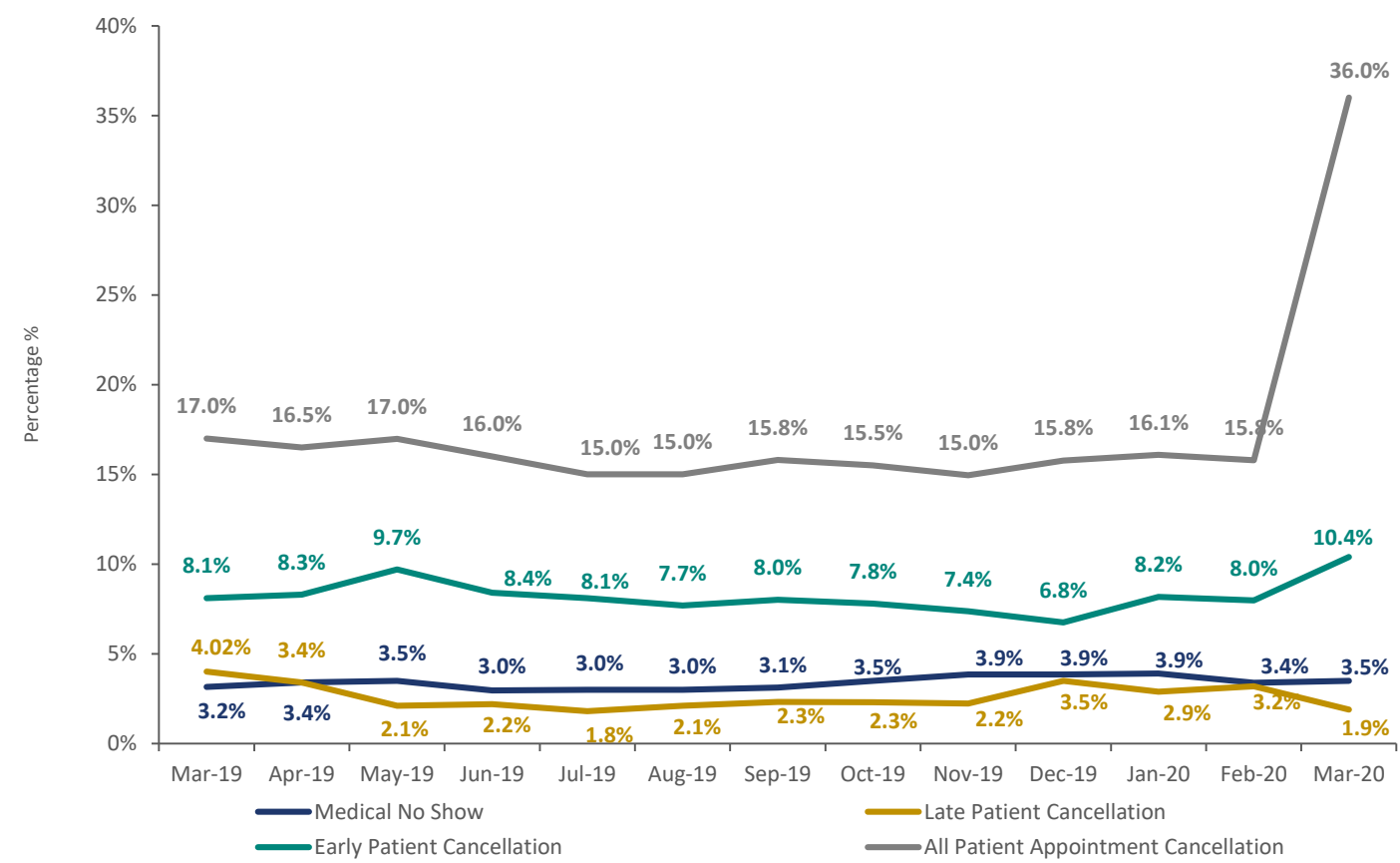
## Al-Hasa Radiology Lead Time



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

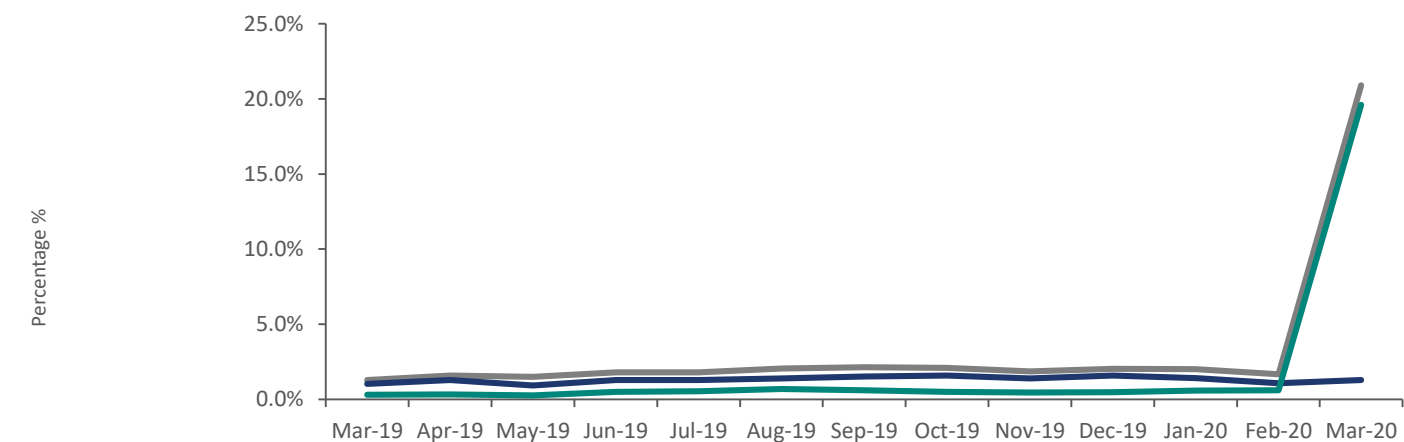
## Medical No-Show, Late & Early Patient Cancellation & All Patient Appointment Cancellation

Increase in All Patient appointment Cancellation & Early patient Cancellation is due to COVID-19 Outbreak



## Overall Medical Bump Rate & Breakdown to Provider & Operational

Increase in Bump Rate is due to COVID-19 Outbreak



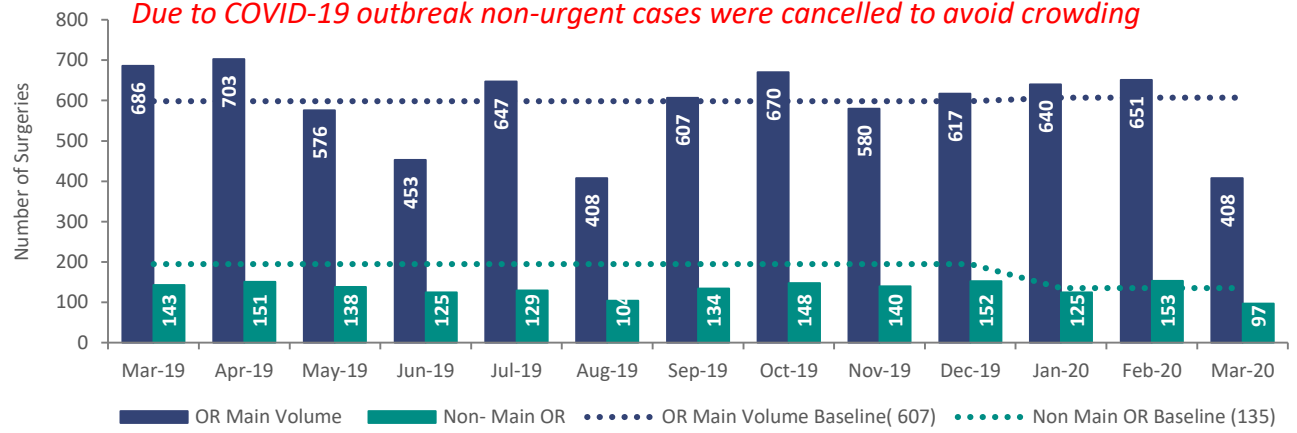
	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Overall Medical Bump Rate	1.3%	1.6%	1.5%	1.8%	1.8%	2.1%	2.2%	2.1%	1.9%	2.0%	2.0%	1.7%	20.9%
Provider	1.0%	1.3%	0.9%	1.3%	1.3%	1.4%	1.5%	1.6%	1.4%	1.6%	1.4%	1.1%	1.3%
Operational	0.3%	0.3%	0.3%	0.5%	0.6%	0.7%	0.6%	0.5%	0.5%	0.5%	0.6%	0.6%	19.6%

Bump due to Public Health Crisis is included in operational Bump and is equal to 18.4%

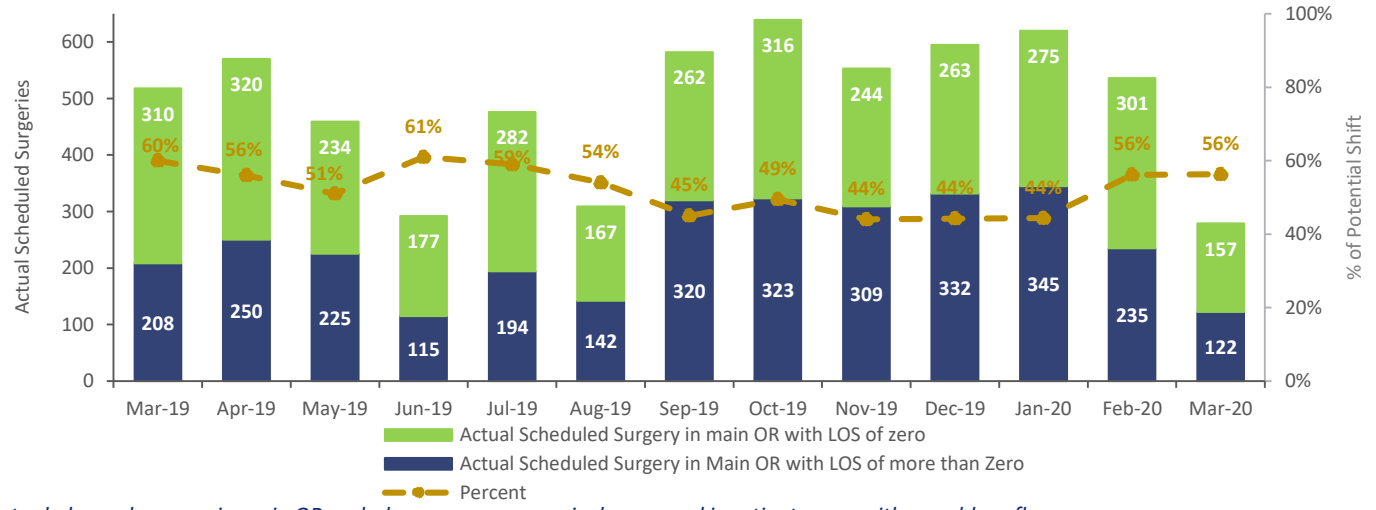
# EFFECTIVE

## OR & Non-Main OR Volumes

*Due to COVID-19 outbreak non-urgent cases were cancelled to avoid crowding*

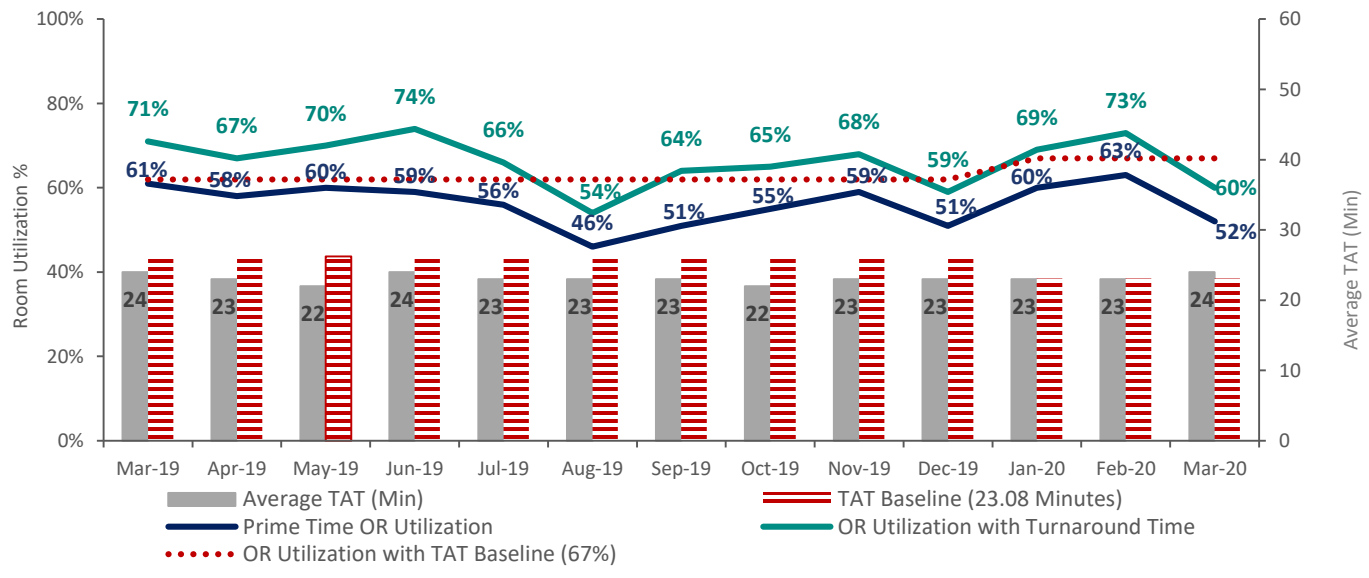


## Outpatient to Inpatient Elective Surgery Ratio



*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

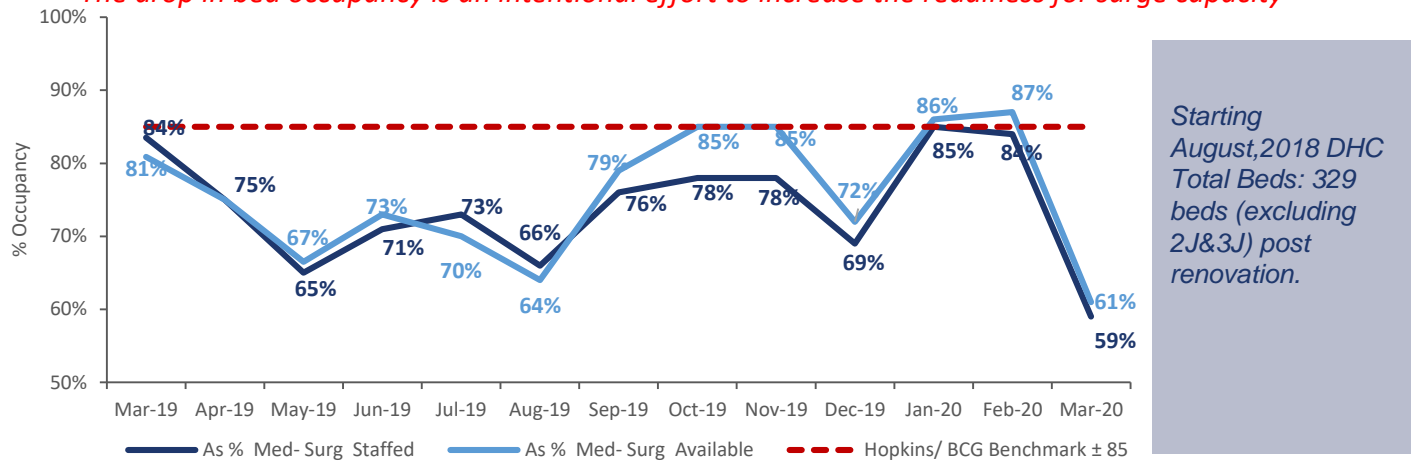




# EFFICIENT

## Dhahran Bed Occupancy

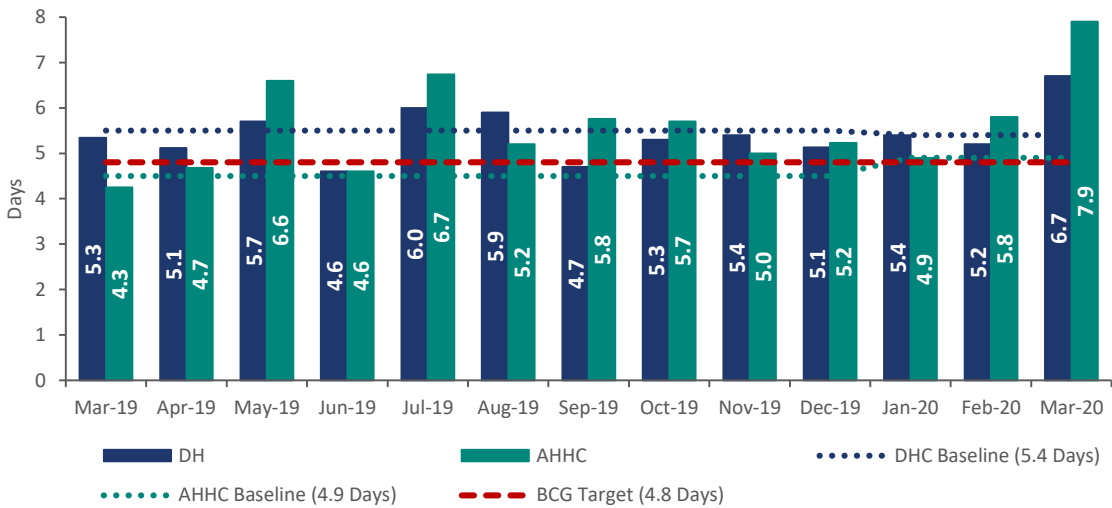
The drop in bed occupancy is an intentional effort to increase the readiness for surge capacity



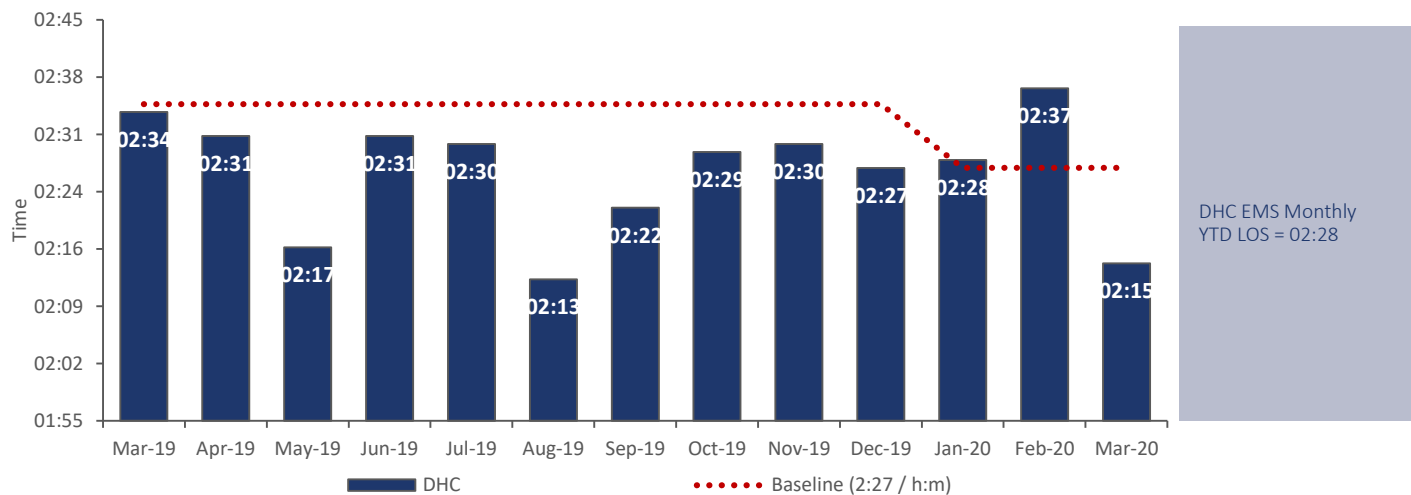
Starting August, 2018 DHC Total Beds: 329 beds (excluding 2J&3J) post renovation.

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

\*The measure is not risk adjusted.  
ALOS YTD  
DH: 5.7  
AHHC: 5



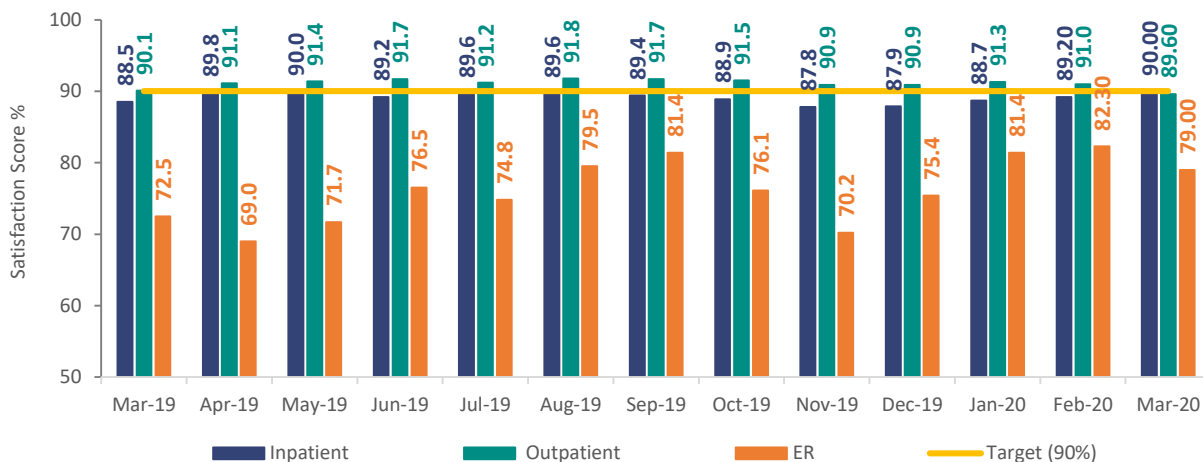
## Dhahran EMS Length of Stay (LOS)



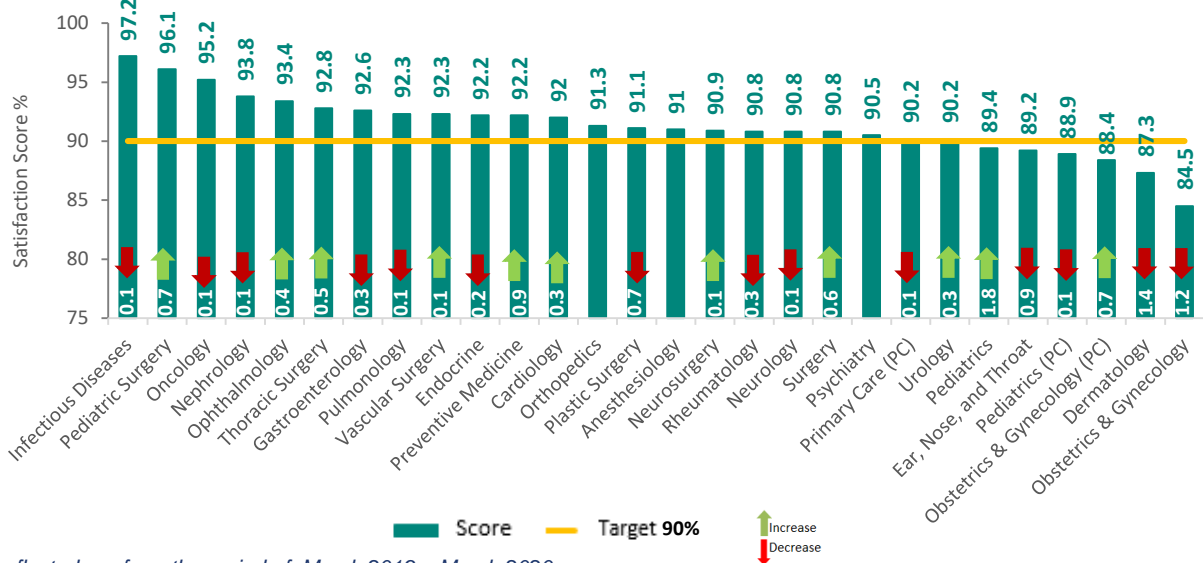
DHC EMS Monthly YTD LOS = 02:28

# PATIENT CENTERED

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

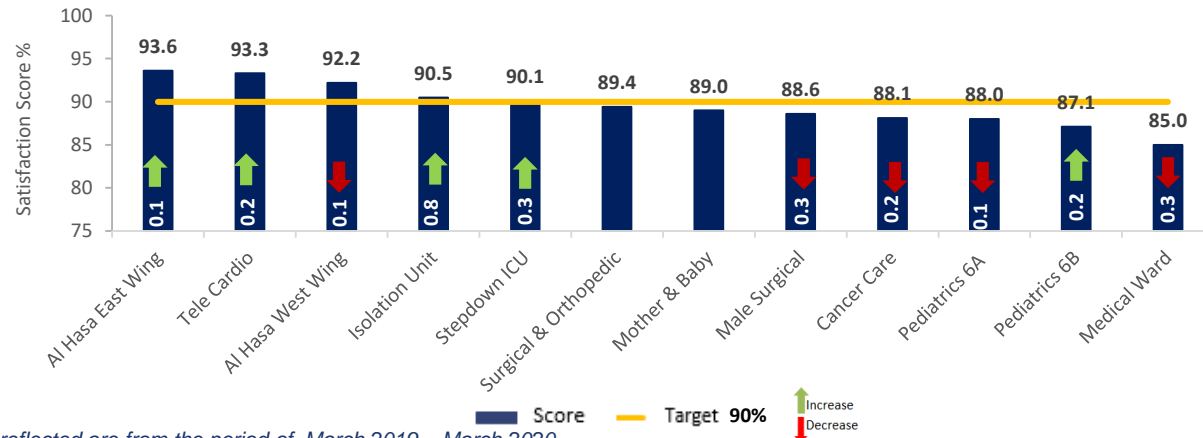


## Outpatient Clinics (Highest to Lowest Top 2 Box Ranking)



Scores reflected are from the period of March 2019 – March 2020

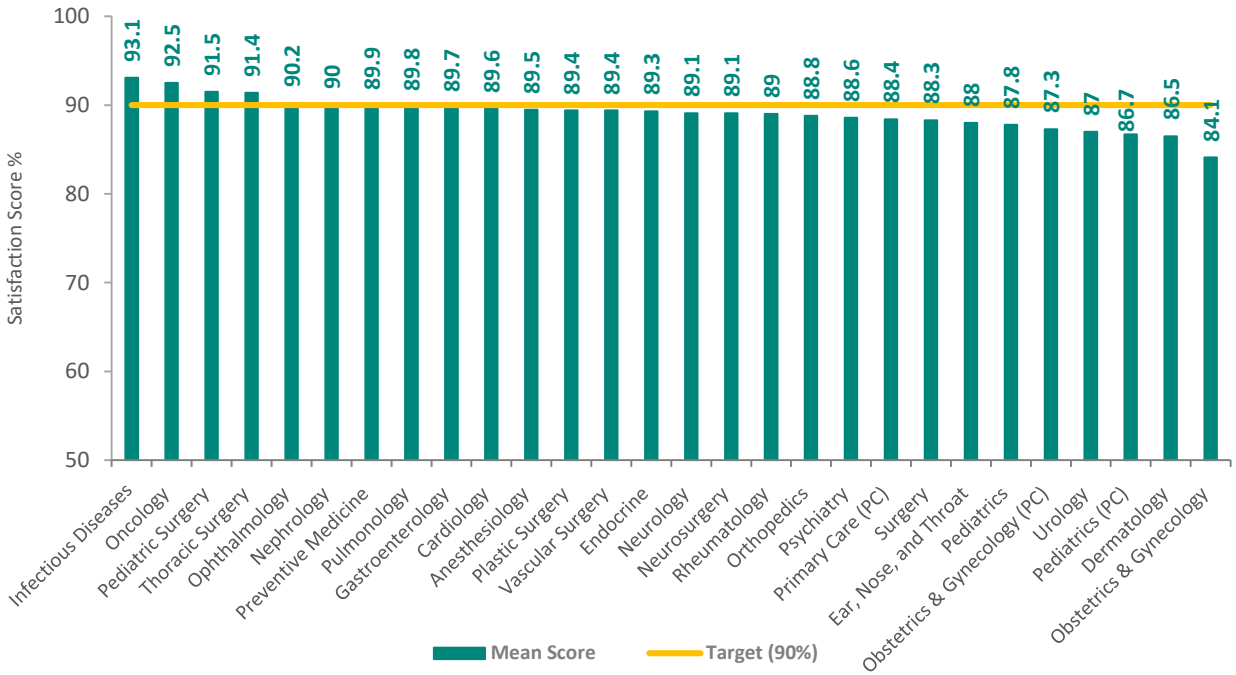
## Inpatient Wards (Highest to Lowest Top 2 Box Ranking)



Scores reflected are from the period of March 2019 – March 2020

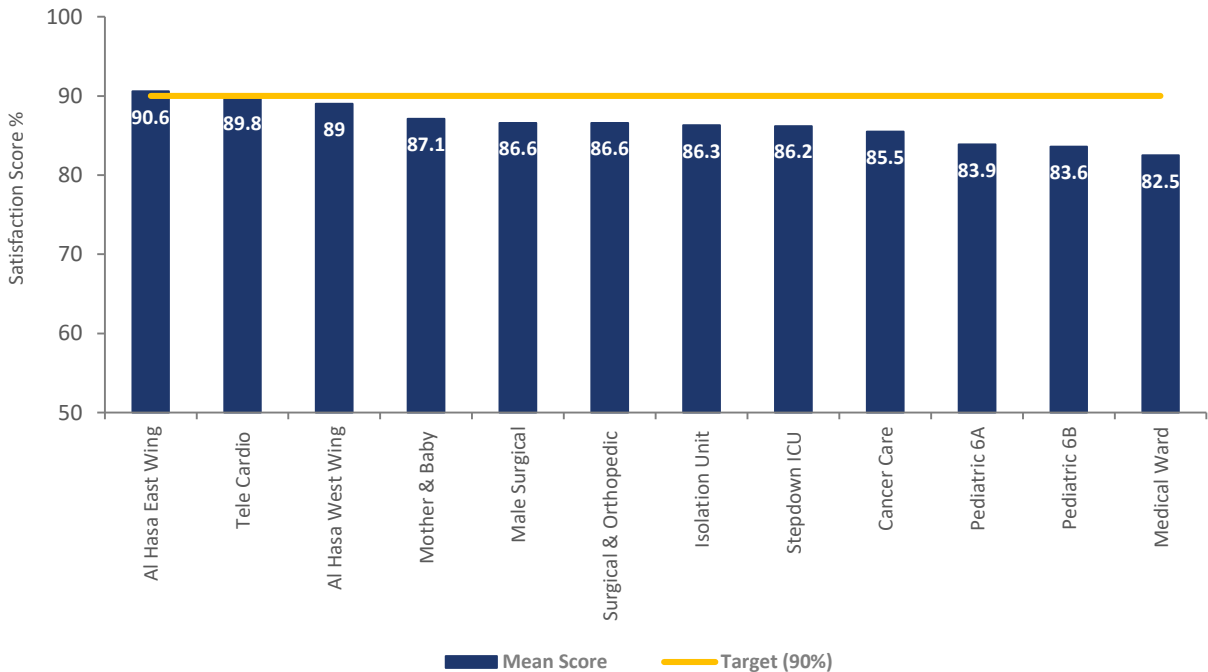
# PATIENT CENTERED

## Outpatient Clinics – Mean



Scores reflected are from the period of March 2019 – March 2020

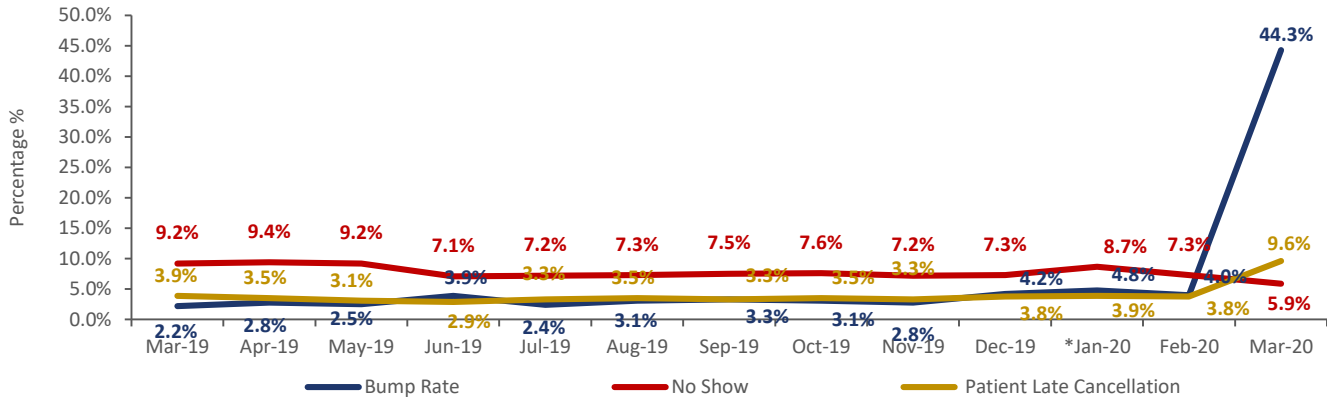
## Inpatient Wards – Mean



Scores reflected are from the period of March 2019 – March 2020

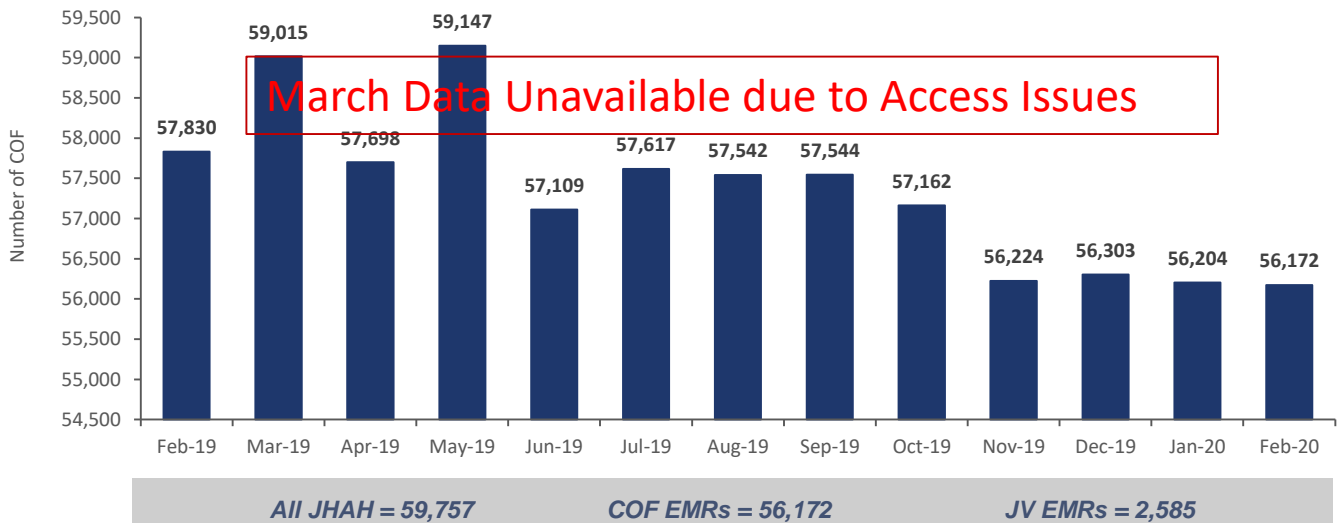
# Dental

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

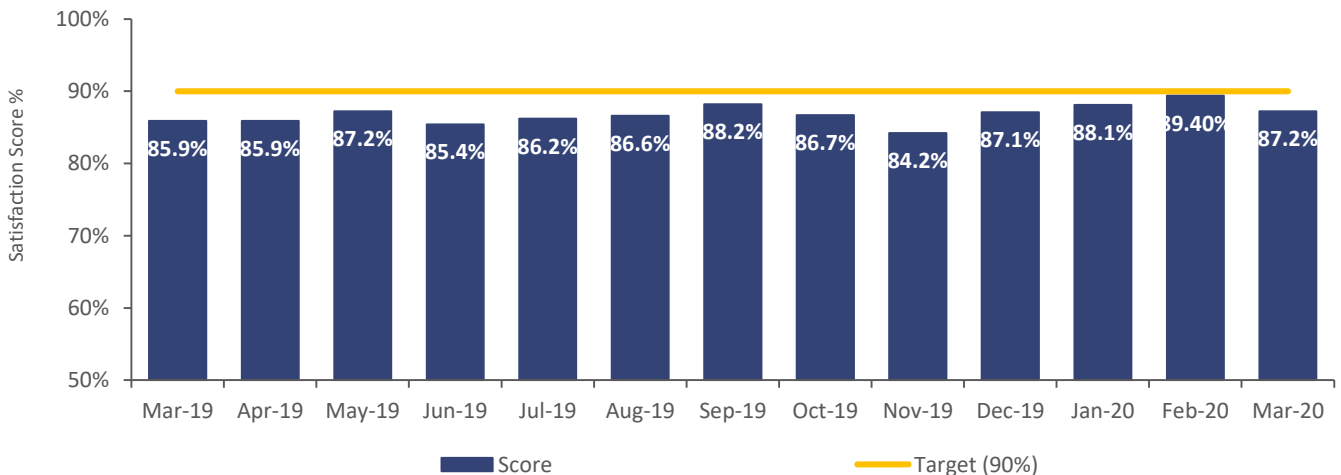


\* Starting January 2020 figures are inclusive to Dentist clinics only

## JHAH COF Registered Dental Recipients



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



# Scorecard

With the recent COVID-19 pandemic, all healthcare organizations are dealing with this pandemic as a priority. Similarly, JHAH is heavily involved with COVID-19 pandemic. The infection control team efforts are directed towards managing COVID-19 in collaboration with the MOH. This being said, JHAH continues to maintain its infection control standards and measures throughout its operation. However, a delay in reporting infection control KPIs is expected during this period.

		KEY PERFORMANCE INDICATORS (KPIs)												Projected	
		Baseline	July	August	September	October	November	December	YTD	Target	Year End Score	Weight			
<b>I. CLINICAL EXCELLENCE (2019)</b>													<b>100.0%</b>	<b>31.63</b>	<b>31.63</b>
1	Risk Identification (Near Misses)	NA	66	37	72	122	63	89	873	N/A	4.08	4.08		4.08	4.08
2	Risk Identification (Moderate-Major)	NA	2	0	3	1	3	1	17	N/A	4.08	4.08		4.08	4.08
3	Deep /Organs Surgical Site Infection (SSI) rate	0.97	0.44	0.00	1.05	0.00	0.00	96.10	0.58	0.92	4.08	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	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	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	4.08
7	Inpatient Clinical Practice Guidelines	NA	NA	3:00	3:00	3:00	3:00	3:00	3:00	N/A	5.10	5.10		5.10	5.10
8	Hospital Acquired Pressure Injury (NDNOI)	5	5	3.1	3.1	3.1	3.1	3.6	3.88	4.50	3.06	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	100.0	85	1.02	1.02		1.02	1.02
<b>II. PATIENT &amp; STAFF EXPERIENCE</b>													<b>100.0%</b>	<b>12.24</b>	<b>12.24</b>
10	Outpatient Clinics Overall Experience Mean Score	86.80	88.7	89.4	89.4	89.5	88.8	88.9	88.77	87	5.61	5.61		5.61	5.61
11	Dharran 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	5.61
12	Overall Staff Engagement	3.88							Met	3.91	1.02	1.02		1.02	1.02
<b>III. ACCESS TO CARE</b>													<b>97.8%</b>	<b>47.92</b>	<b>48.98</b>
13	Access to Specialty Care														
<b>Group A</b>															
General Ophthalmology		14	3	5	5	4	2	6	5	13	3.06	3.06		3.06	3.06
ENT		16	4	4	4	4	5	6	6	15	3.06	3.06		3.06	3.06
Neurospinal		12	9	9	6	6	5	4	7	11	3.06	3.06		3.06	3.06
Colorectal Surgery		20	19	13	14	14	12	14	12	19	3.06	3.06		3.06	3.06
Plastic Surgery		16	9	10	11	8	9	11	11	15	3.06	3.06		3.06	3.06
Urology		14	11	15	9	12	7	13	11	13	3.06	3.06		3.06	3.06
Endocrinology		14	7	14	13	18	16	14	13	13	3.06	3.06		3.06	3.06
<b>Group B</b>															
Gastroenterology		25	19	16	10	8	5	6	14	22	3.06	3.06		3.06	3.06
OB/GYN Specialty		23	18	23	16	28	17	20	19	20	3.06	3.06		3.06	3.06
<b>Group C</b>															
Bariatric Surgery		29								Dropped	23	2.04	2.04	2.04	2.04
Cardiology		27	12	16	15	12	13	10	14	32	2.04	2.04		2.04	2.04
Dermatology		38	19	19	19	18	26	14	21	1.02	1.02	1.02		1.02	1.02
Neurology		28	18	22	23	20	16	28	21	24	2.04	2.04		2.04	2.04
General Orthopedics		29	22	12	20	20	11	13	16	25	2.04	2.04		2.04	2.04
<b>IV. POPULATION HEALTH STATUS</b>													<b>100.0%</b>	<b>5.10</b>	<b>5.10</b>
14	Access to Primary Care	71	84	83	82	82.70	84.09	83.79	78.43	75	4.08	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	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	2.04	2.04		2.04	2.04
17	ED Arrival time to Provider Median time COF assigned to ESI 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	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	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	0.00		0.00	0.00
<b>V. NETWORK</b>													<b>100.0%</b>	<b>2.04</b>	<b>2.04</b>
20	% diabetic patients who have HbA1c test ordered within 6 months	96.51	96.3	95.62	95.9	95.3	98.0	98.4	96.73	95	3.06	3.06		3.06	3.06
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	3.06
22	SPSMRI requests turnaround time (TAT) from all full service network	93	100.0	99.9	100.0	99.8	100.0	100.0	100.0	95	2.04	2.04		2.04	2.04
23	SPS/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	N/A

2019 JHAH Scorecard

98.94 100.00