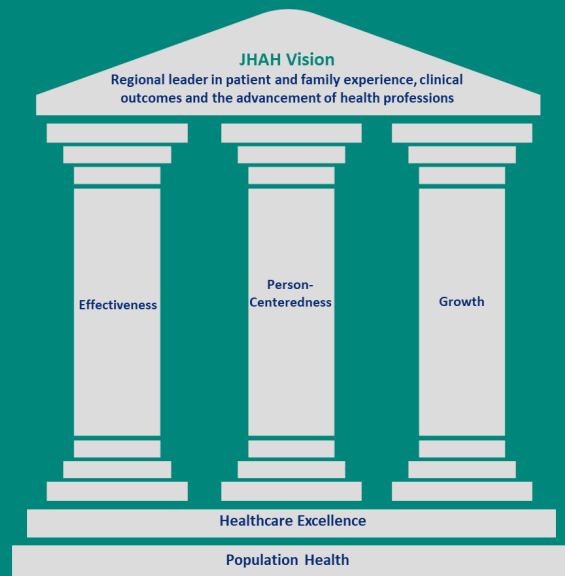


**April 2020**

**Executive Summary Staff  
Report**

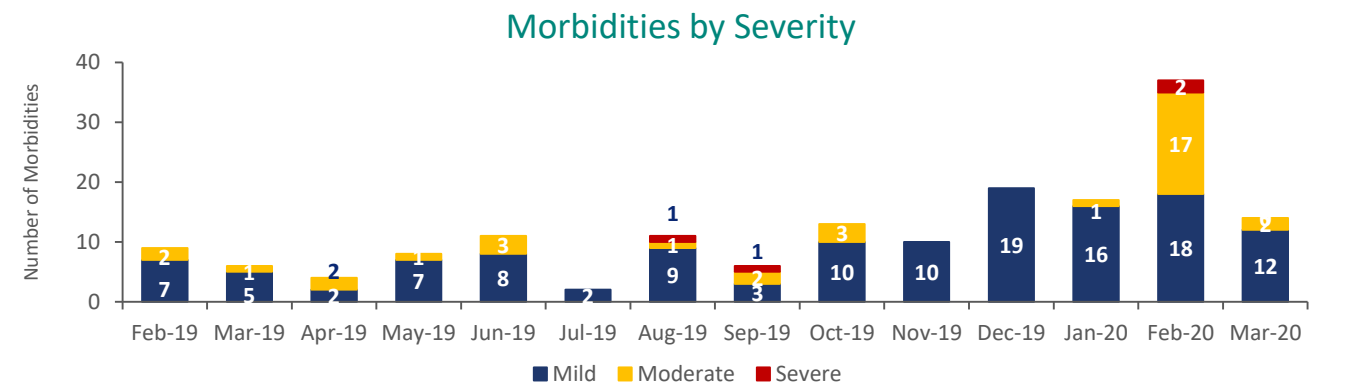
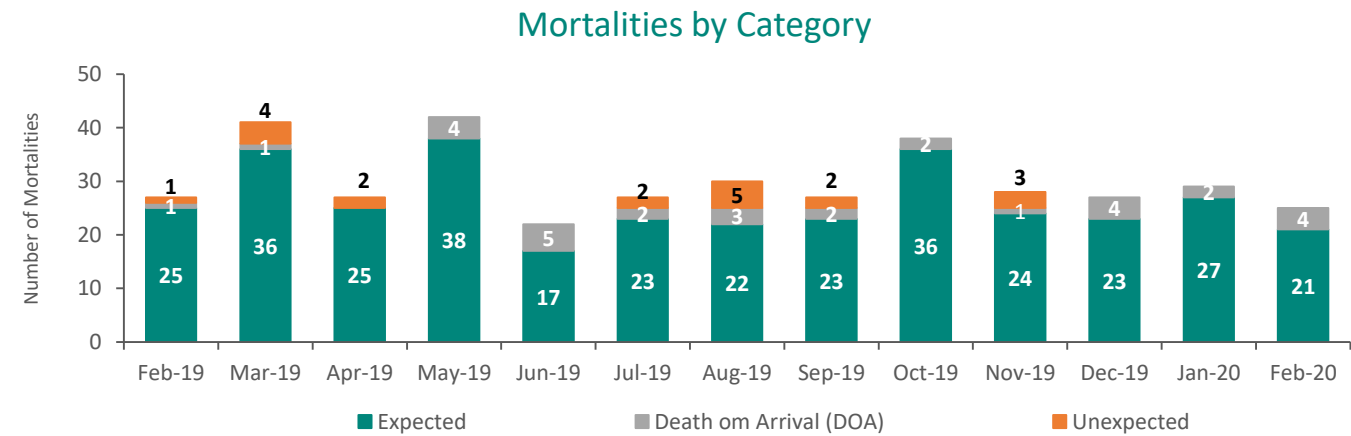
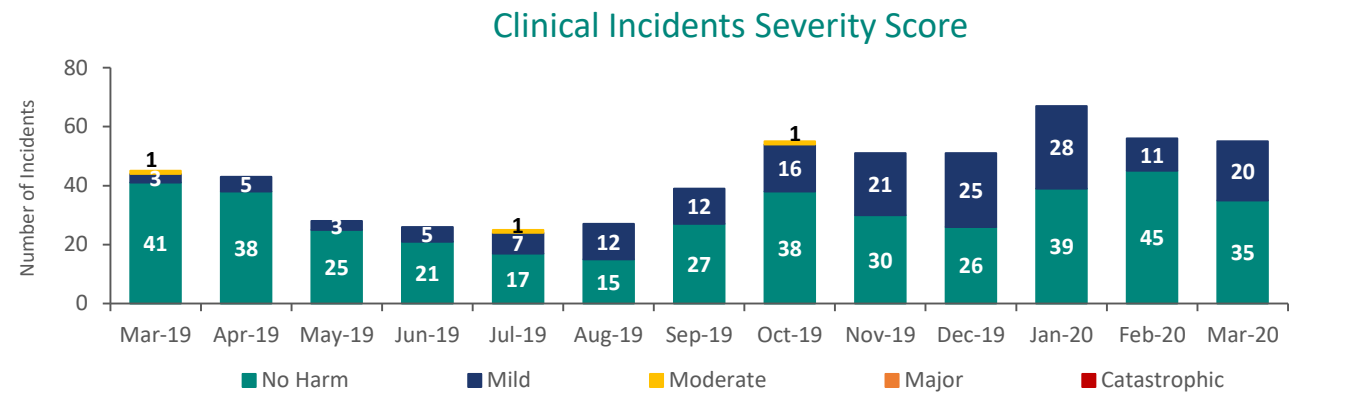
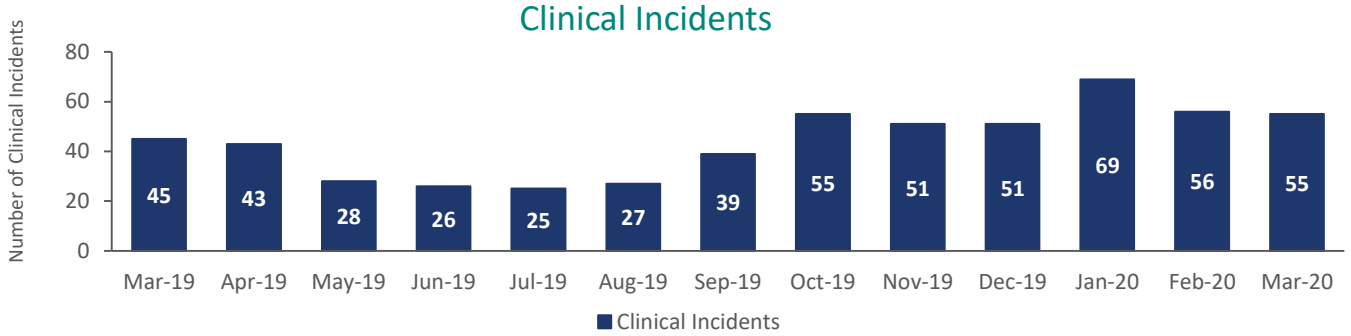


# JHAH at a Glance

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## Clinical Incident Reporting by Staff into DATIX Software



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 dedicated towards managing COVID-19 in collaboration with the MOH.

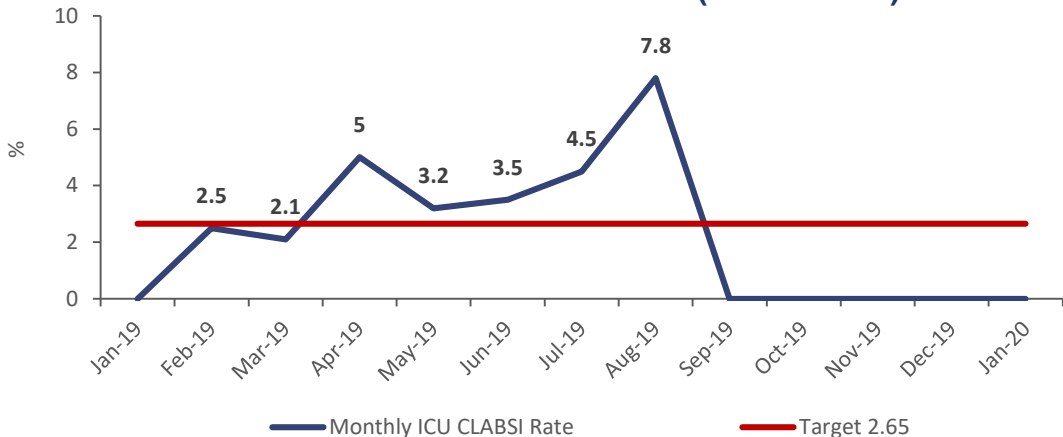
JHAH continues to maintain its infection control standards and measures throughout its operations. However, a delay in reporting infection control KPIs is expected during this period.

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

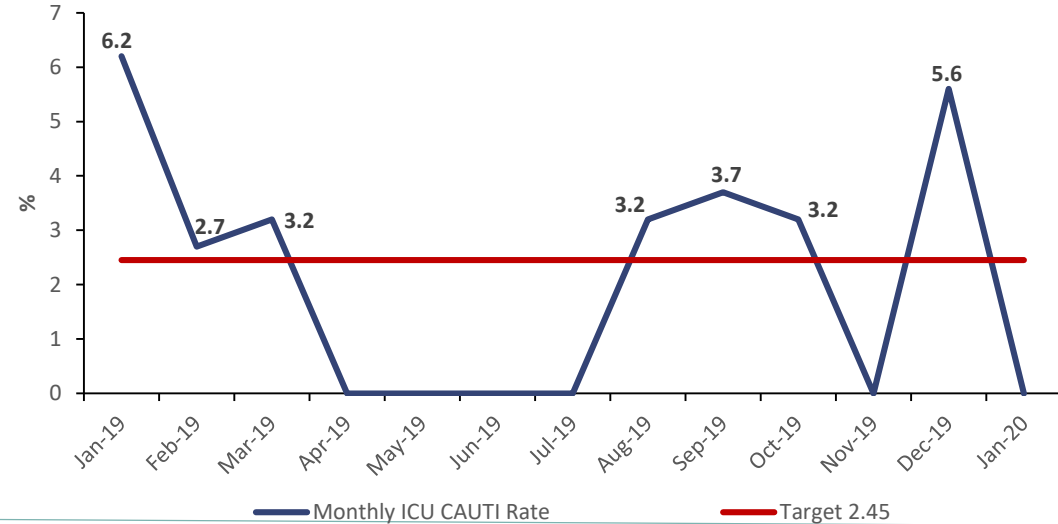
The number increased in August due to two infections reported

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**

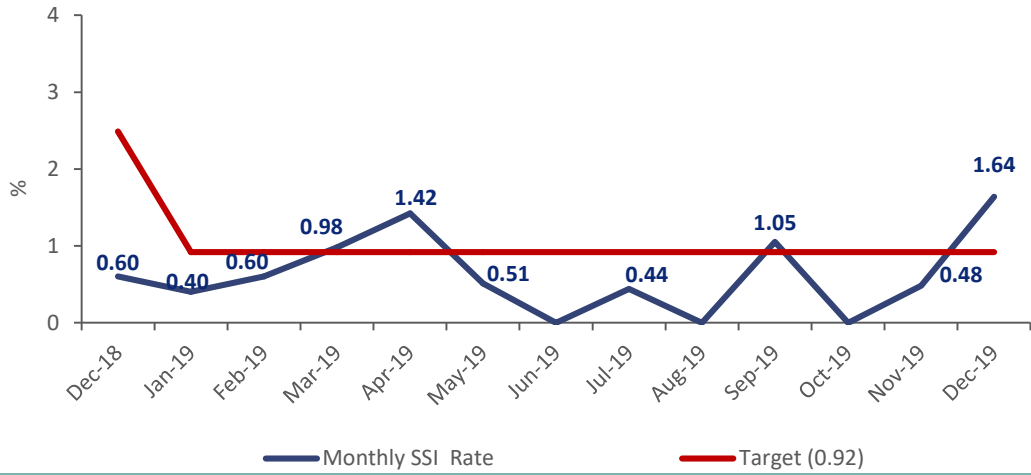
## Deep / Organs Surgical Site Infection (SSI) Rate

Increase in December due to 3 SSI out of 183

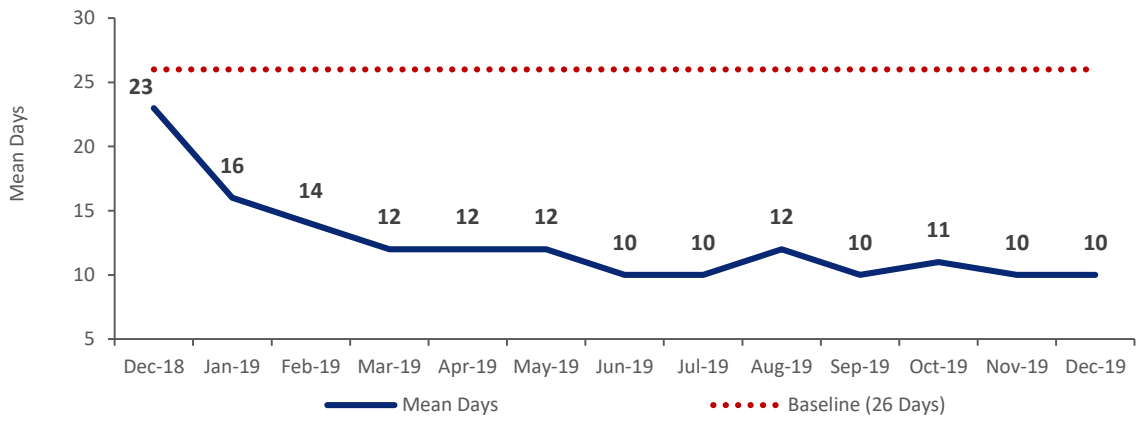
The data for each month is measured with a 4 month lag on the 5<sup>th</sup> of the month

**SSI YTD: 0.65**  
**NHSN Benchmark: 0.75%**

NHSN: National Health Safety Network



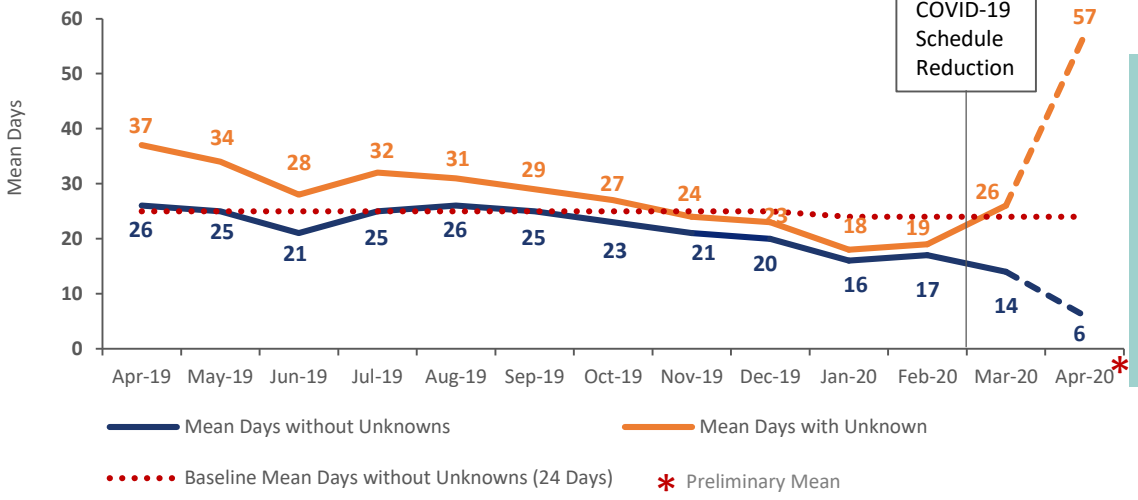
## Access to Care - Aggregate Mean Days to First Scheduled Appointment from PC to KPI Clinics



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

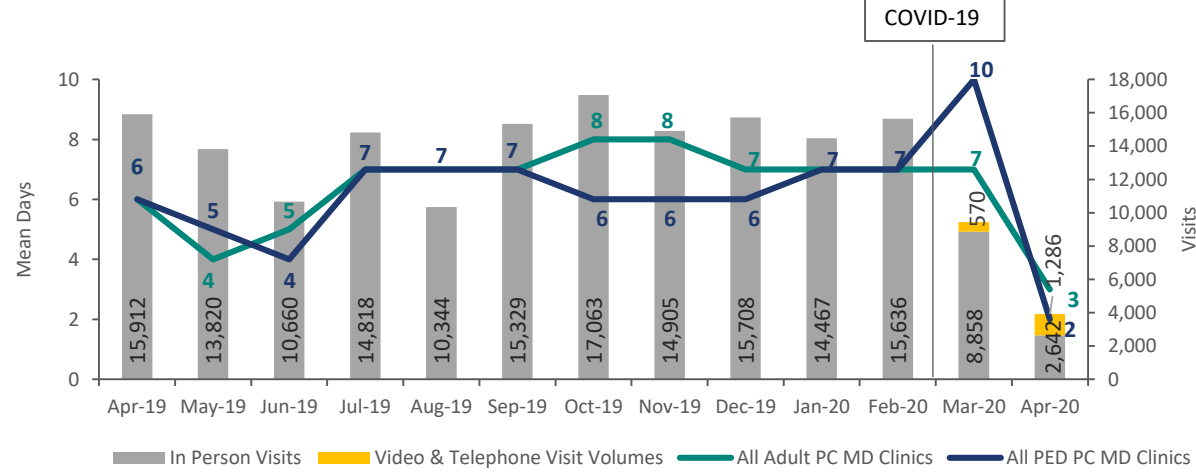
Access data is measured with old methodology and will be replaced with new methodology post KPI agreement

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



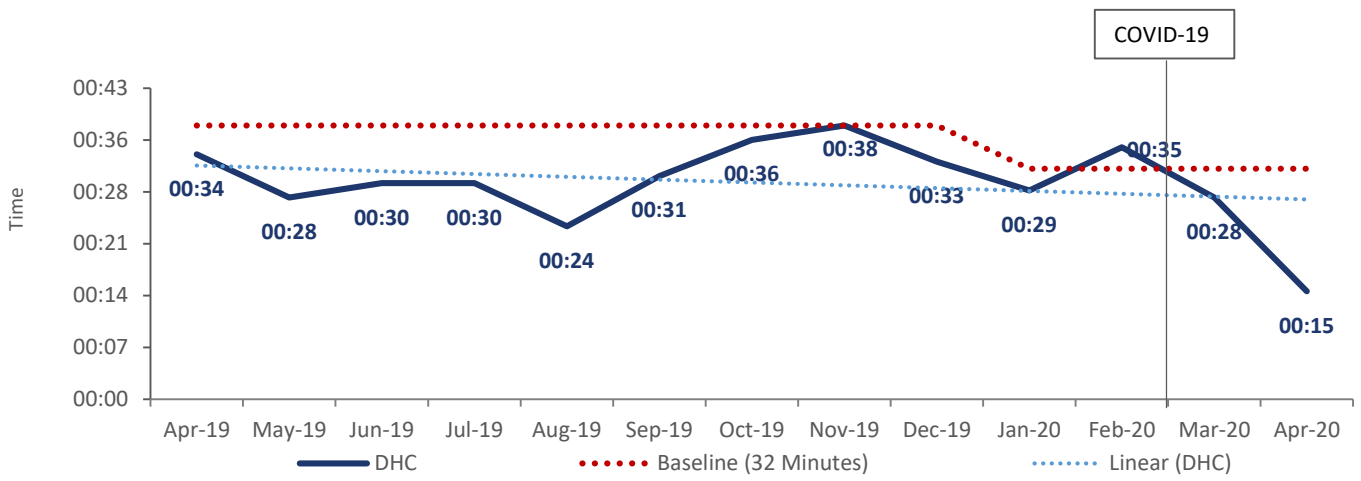
The data for each month is measured with a 1 month lag on the 5<sup>th</sup> of the following month

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

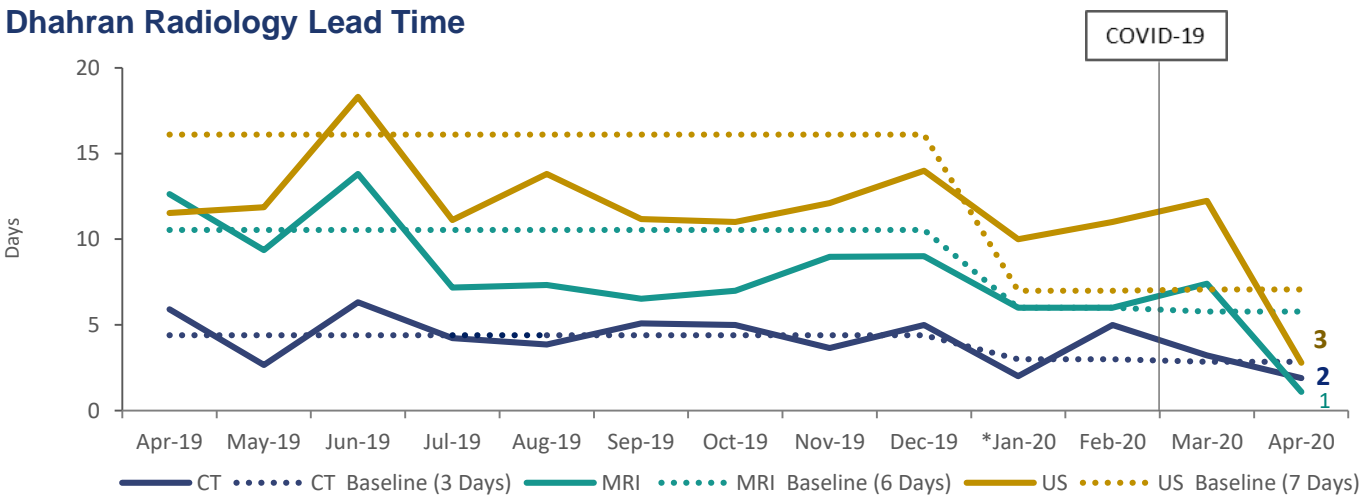


This measurement is expected to increase after introducing new agreed KPI measurement

## Dhahran EMS Access to Care from Arrival to Provider

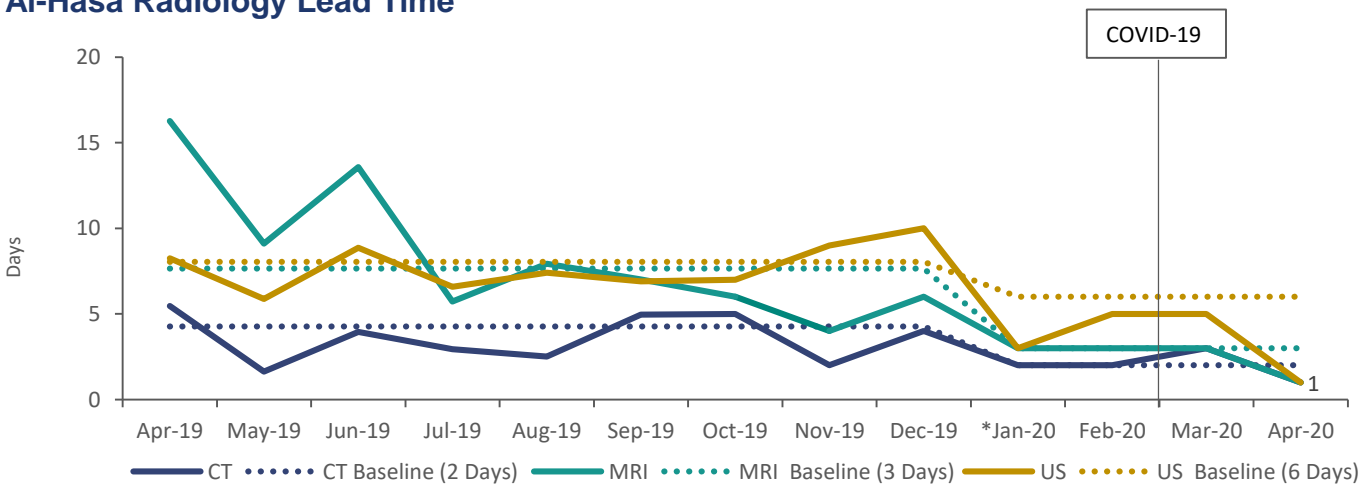


## Dhahran Radiology Lead Time



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

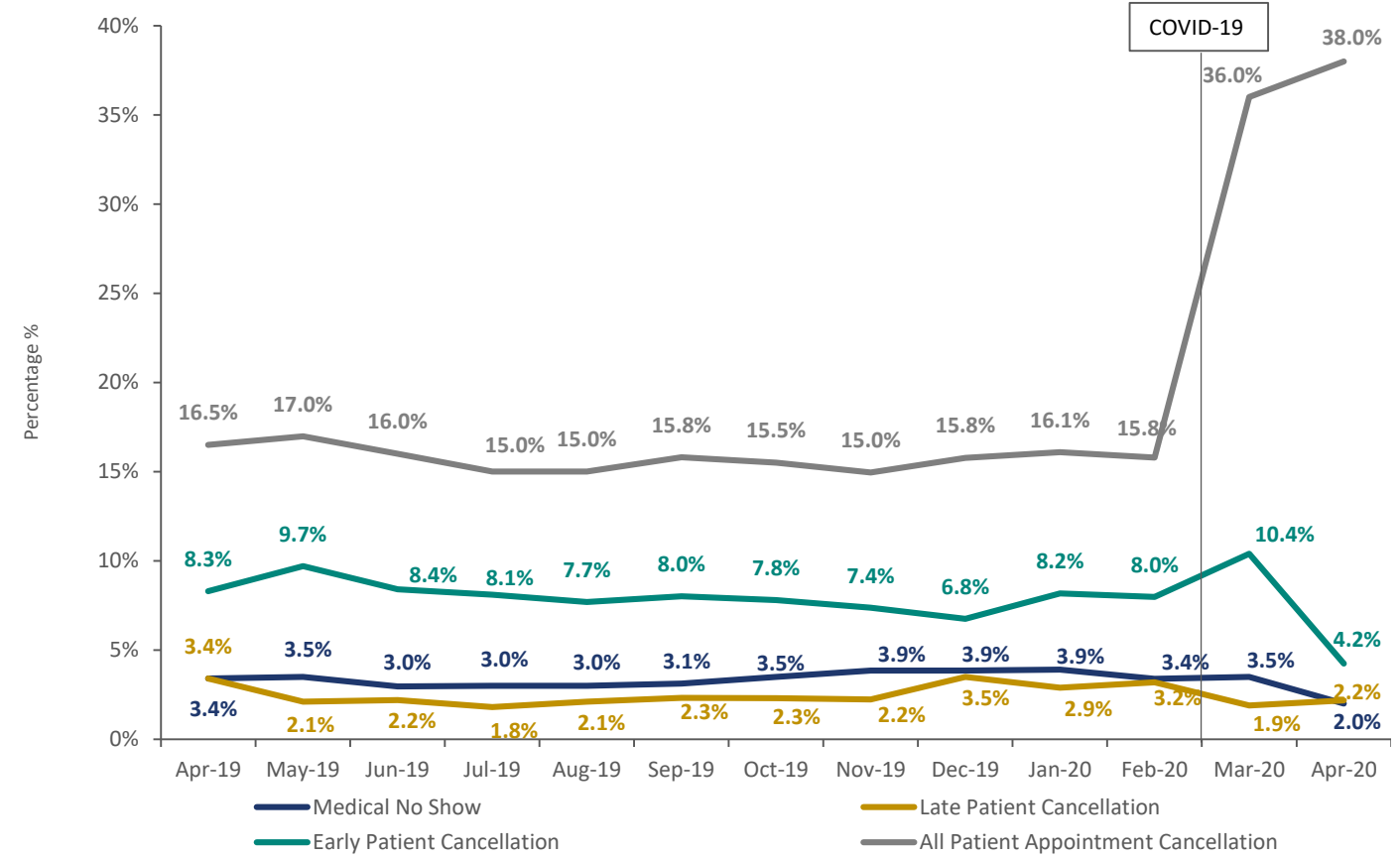
## Al-Hasa Radiology Lead Time



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

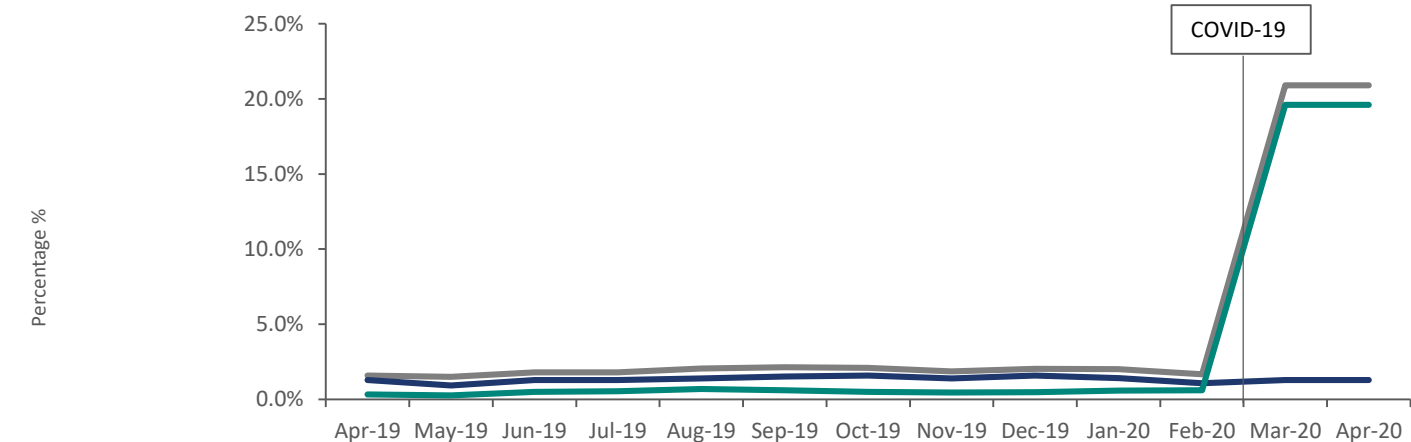
## Medical No-Show, Late & Early Patient Cancellation & All Patient Appointment Cancellation

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



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

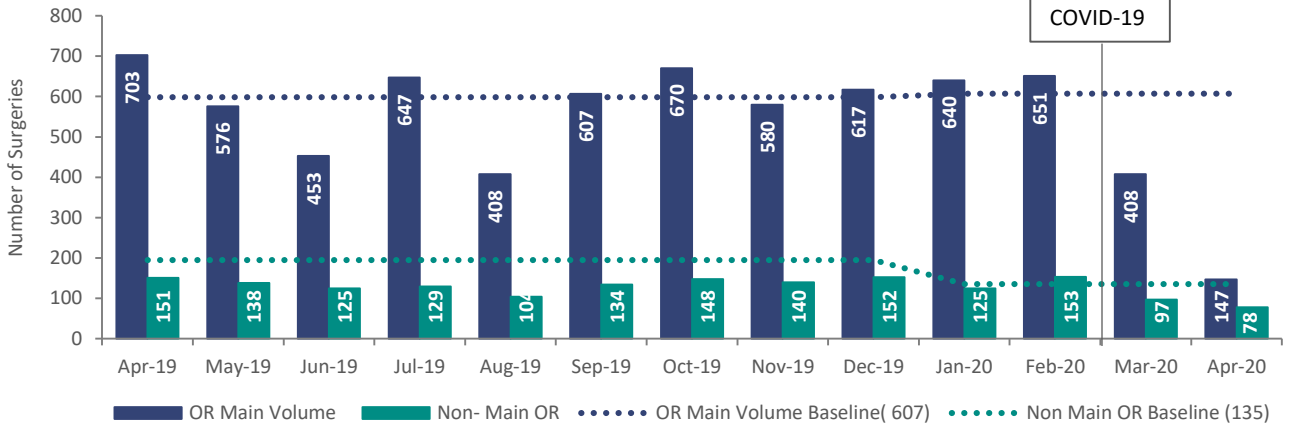
Increase in Bump Rate is due to COVID-19 Outbreak



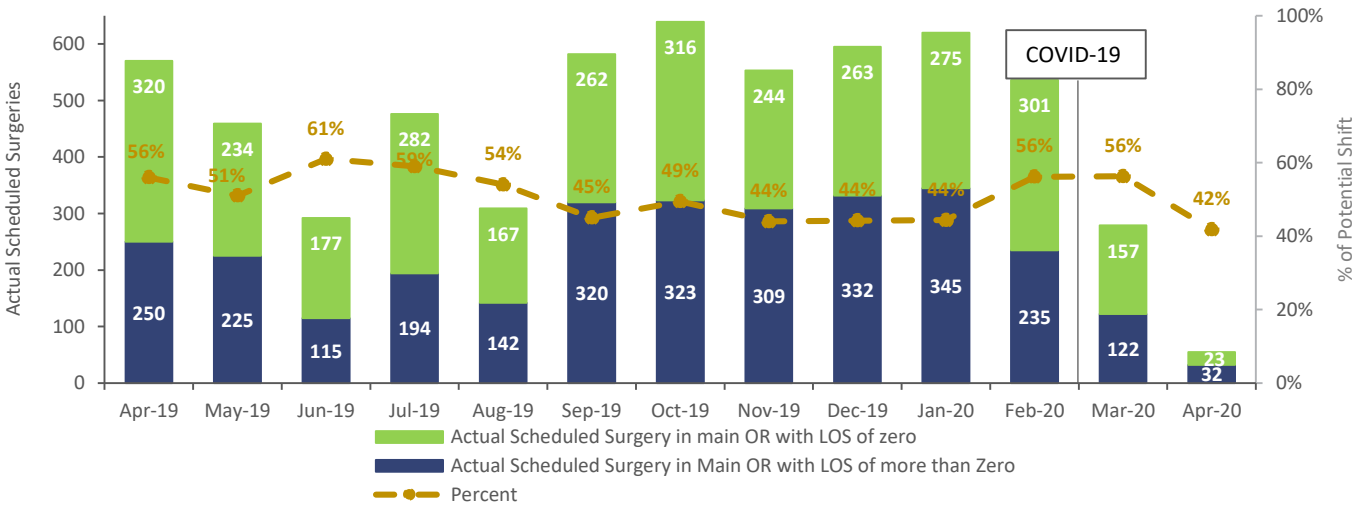
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20
Overall Medical Bump Rate	1.6%	1.5%	1.8%	1.8%	2.1%	2.2%	2.1%	1.9%	2.0%	2.0%	1.7%	20.9%	20.9%
Provider	1.3%	0.9%	1.3%	1.3%	1.4%	1.5%	1.6%	1.4%	1.6%	1.4%	1.1%	1.3%	1.3%
Operational	0.3%	0.3%	0.5%	0.6%	0.7%	0.6%	0.5%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

# EFFECTIVE

## OR & Non-Main OR Volumes *Due to COVID-19 outbreak non-urgent cases were cancelled to avoid crowding*

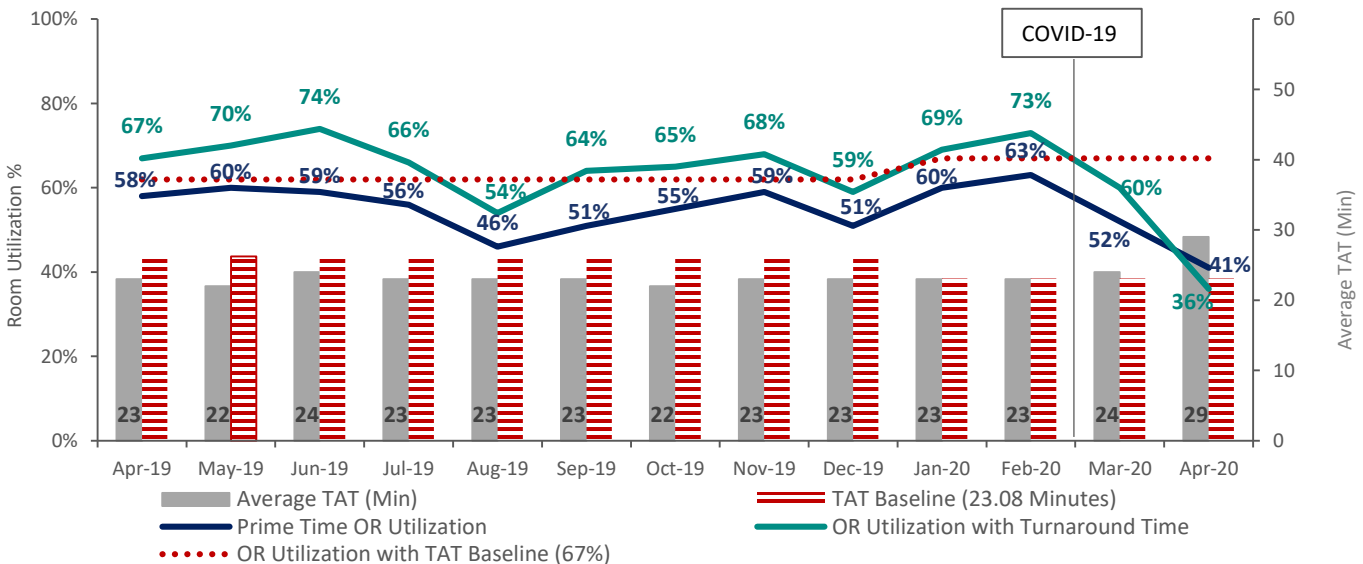


## Outpatient to Inpatient Elective Surgery Ratio



*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

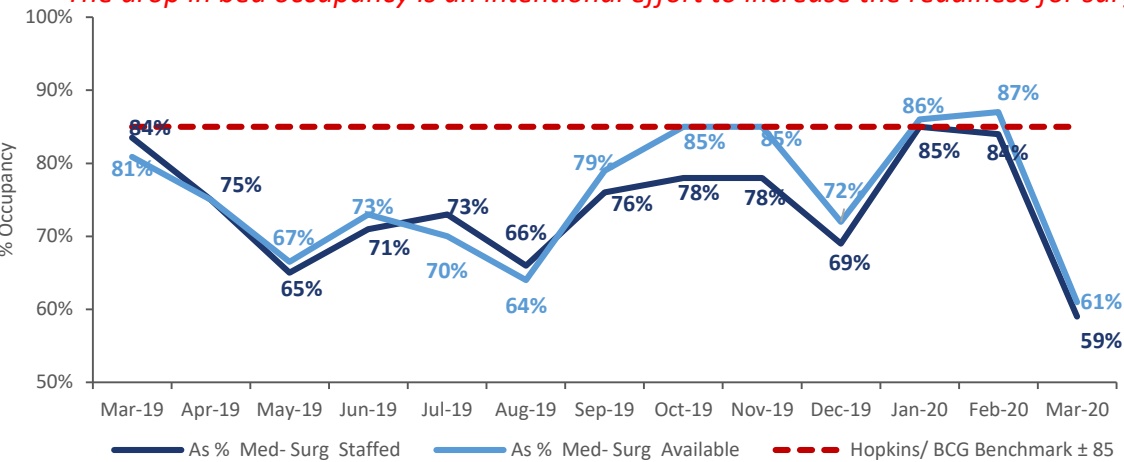




# EFFICIENT

## Dhahran Bed Occupancy

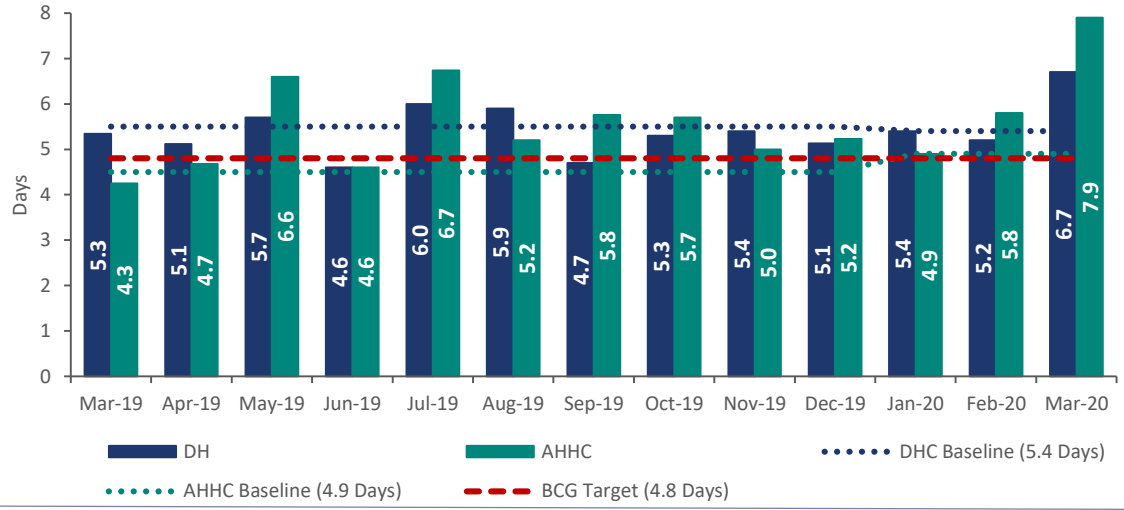
The drop in bed occupancy is an intentional effort to increase the readiness for surge capacity



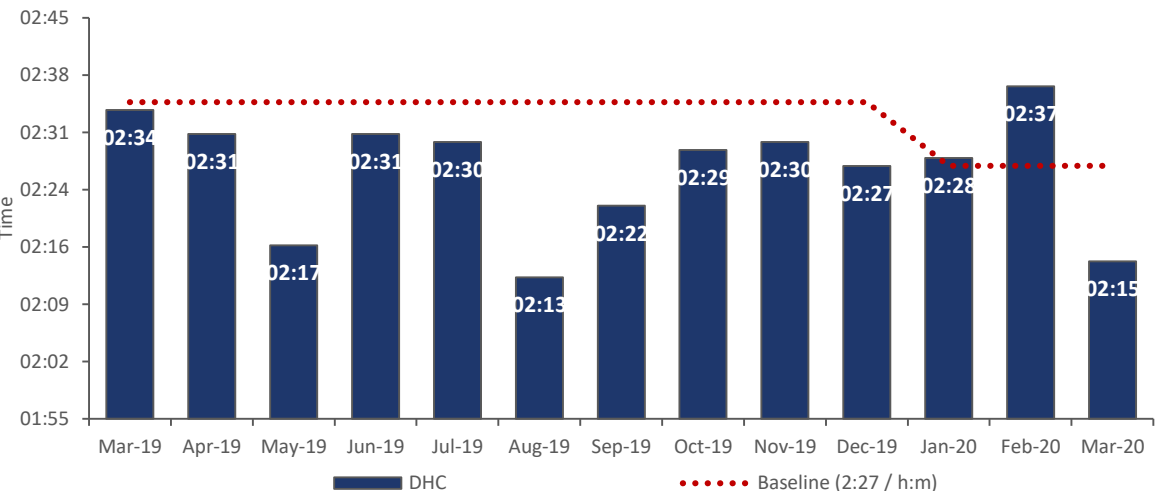
Starting August, 2018 DHC Total Beds: 329 beds (excluding 2J&3J) post renovation.

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

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



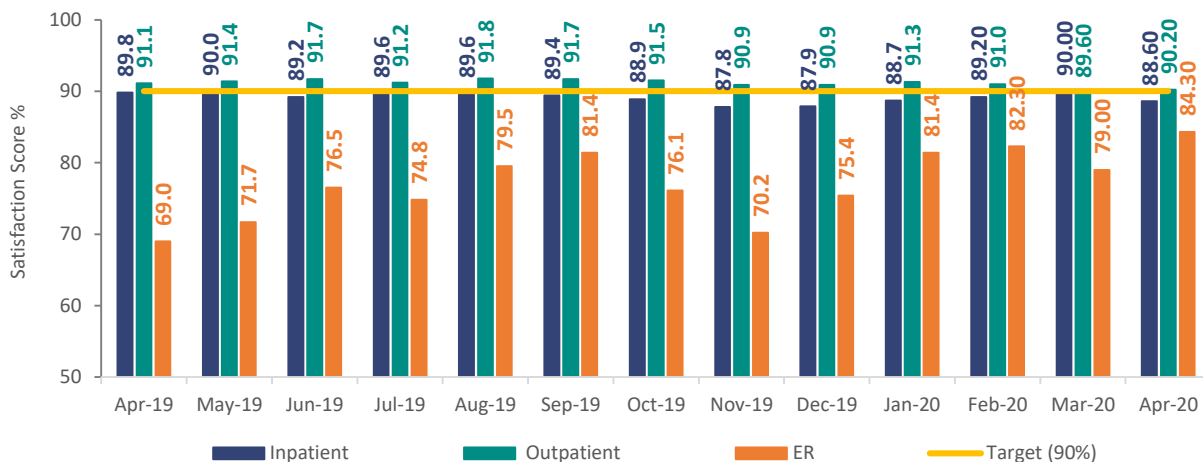
## Dhahran EMS Length of Stay (LOS)



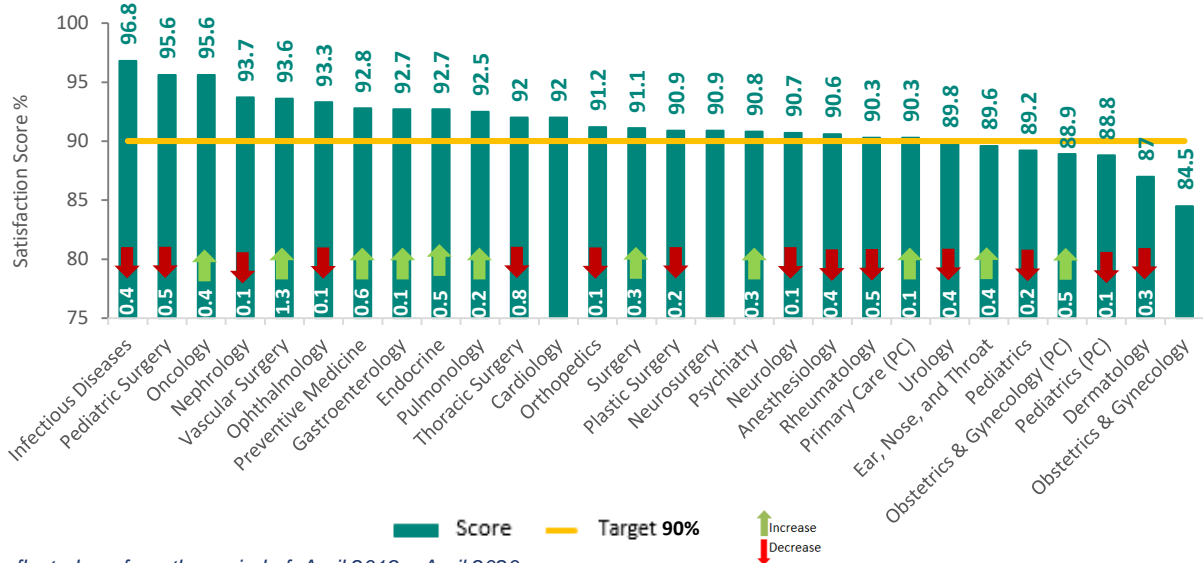
DHC EMS Monthly YTD LOS = 02:28

# PATIENT CENTERED

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

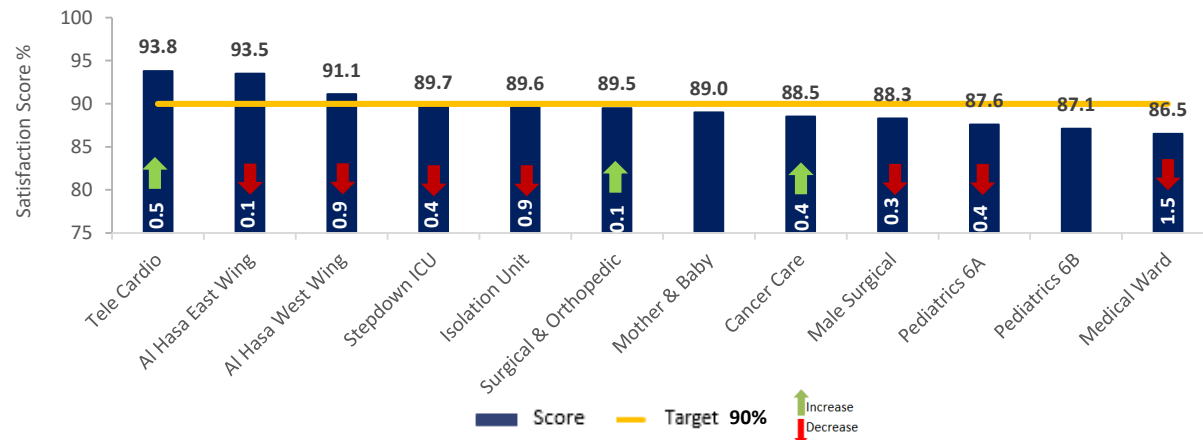


## Outpatient Clinics (Highest to Lowest Top 2 Box Ranking)



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

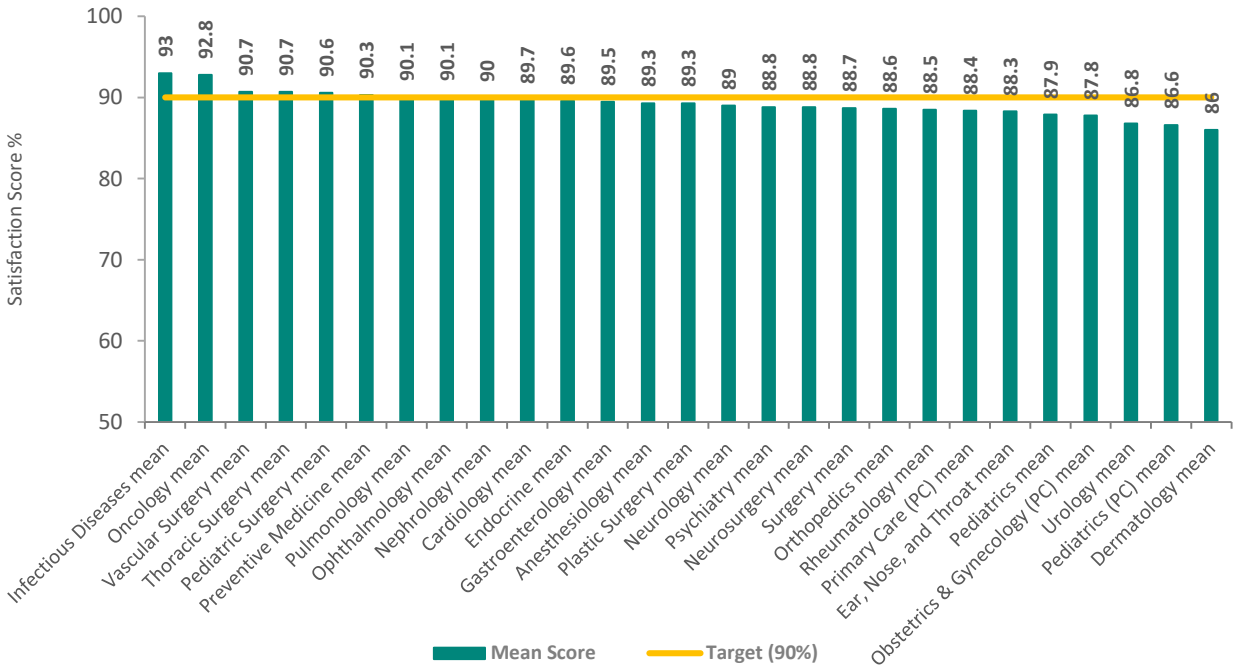
## Inpatient Wards (Highest to Lowest Top 2 Box Ranking)



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

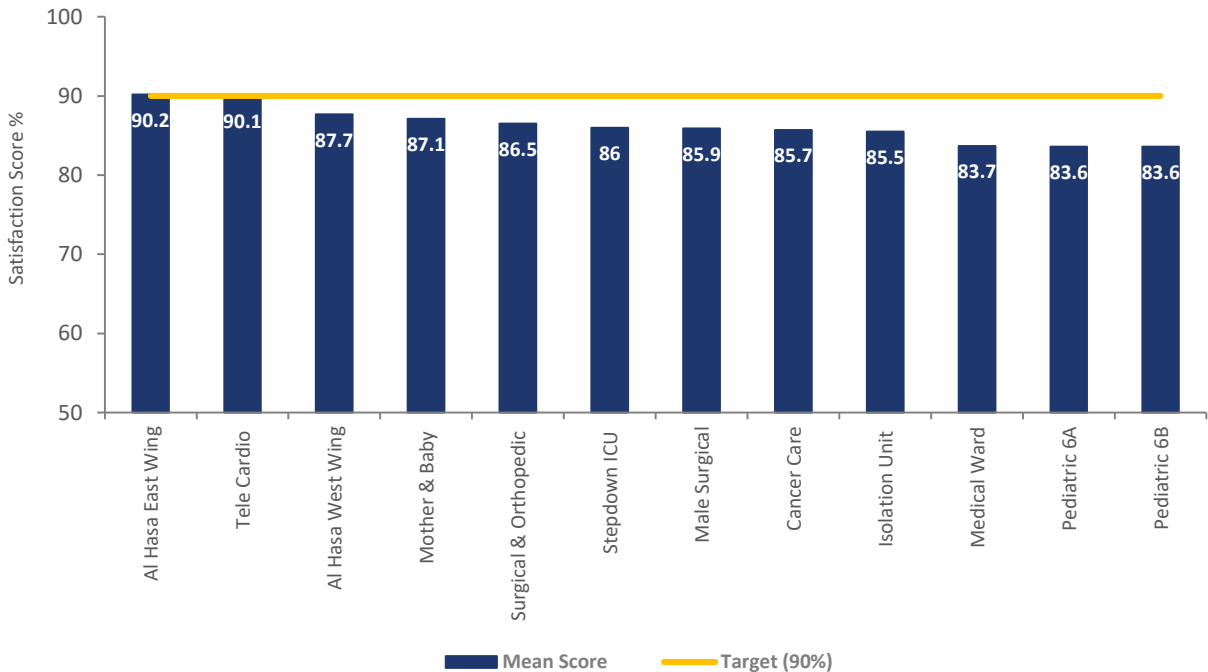
# PATIENT CENTERED

## Outpatient Clinics – Mean



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

## Inpatient Wards – Mean

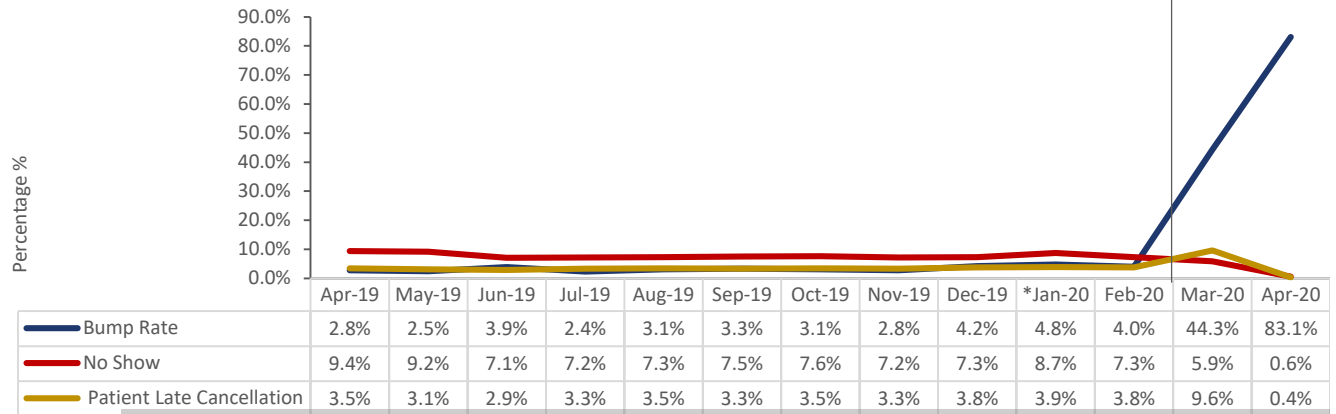


Scores reflected are from the period of April 2019 – April 2020

# Dental

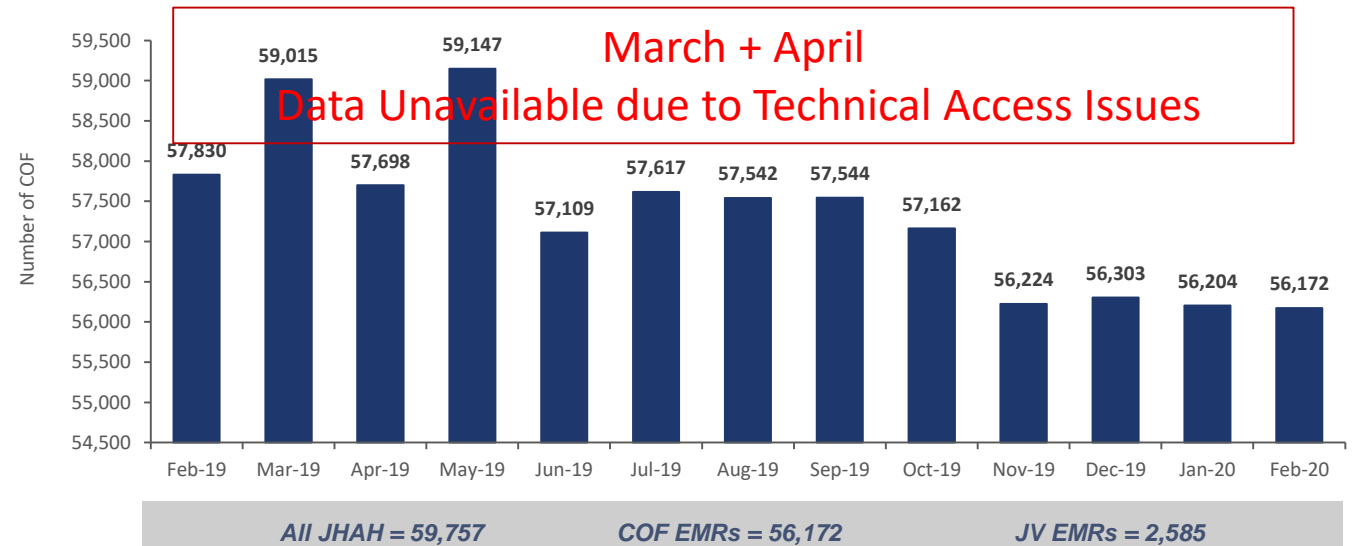
## Dental Bump Rate , No-Show, and Patient Late Cancellation

Increase in Bump Rate & Patient Late Cancellation is due to COVID-19 Outbreak

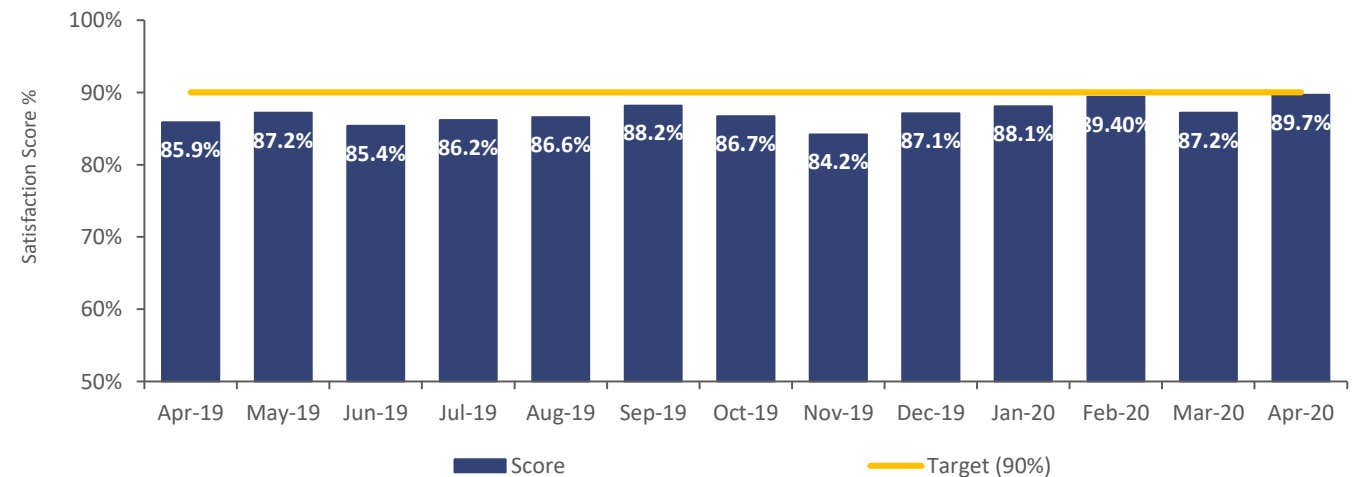


\* Starting January 2020 figures are inclusive to Dentist clinics only

## JHAH COF Registered Dental Recipients



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



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

# Scorecard

## 2019 JHAH Scorecard

98.94 100.00

### KEY PERFORMANCE INDICATORS (KPIs)

I	CLINICAL EXCELLENCE (2019)	Baseline												YTD	Target	Projected Year End Score	Weight
		July	August	September	October	November	December										
1	Risk Identification (Near Misses)	NA	66	37	72	122	63	89	873	N/A	4.08	4.08	4.08	4.08	31.63	31.63	
2	Risk Identification (Moderate-Major)	NA	2	0	3	1	3	1	17	N/A	4.08	4.08	4.08	4.08	4.08	4.08	
3	Deep Organ Surgical Site Infection (SSI) rate	0.97	0.44	0.00	1.05	0.00	0.48	1.84	0.65	0.92	4.08	4.08	4.08	4.08	4.08	4.08	
4	Inpatient Hand Hygiene Compliance	95.16	95.90	94.16	93.95	93.74	93.62	95.10	94.26	93	3.06	3.06	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	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	4.08	4.08	
7	Inpatient Clinical Practice Guidelines	N/A	N/A	3:00	3:00	3:00	3:00	3:00	3:00	N/A	5.10	5.10	5.10	5.10	5.10	5.10	
8	Hospital Acquired Pressure Injury (HAPCI)	5	5	5	3.1	5	3.6	3.88	3.88	4.50	3.06	3.06	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	100	1.02	1.02	1.02	1.02	1.02	1.02	
<b>II. PATIENT &amp; STAFF EXPERIENCE</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	12.24	12.24	
11	Inpatient Hospital's Overall Experience Mean Score	85.17	87.4	86.8	86.5	86.4	85.4	85.3	84.78	85	5.61	5.61	5.61	5.61	12.24	12.24	
12	Overall Staff Engagement	3.88	3.88	3.88	3.88	3.88	3.88	3.88	3.88	3.91	1.02	1.02	1.02	1.02	48.59	48.59	
<b>III. ACCESS TO CARE</b>																	
13	Access to Specialty Care									97.8%	47.92	48.59	48.59	48.59	48.59	48.59	
<b>Group A</b>																	
General Ophthalmology																	
	ENT	14	3	5	5	4	2	5	5	13	3.06	3.06	3.06	3.06	3.06	3.06	
	Neurosurgical	16	4	4	4	4	5	6	6	15	3.06	3.06	3.06	3.06	3.06	3.06	
	Colorectal Surgery	12	9	9	6	6	5	4	7	11	3.06	3.06	3.06	3.06	3.06	3.06	
	Plastic Surgery	20	19	13	14	14	12	14	12	19	3.06	3.06	3.06	3.06	3.06	3.06	
	Urology	16	9	10	11	8	9	11	13	15	3.06	3.06	3.06	3.06	3.06	3.06	
	Endocrinology	14	11	15	9	12	7	13	11	13	3.06	3.06	3.06	3.06	3.06	3.06	
	Gastroenterology	25	19	16	10	8	5	6	14	22	3.06	3.06	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	3.06	3.06	
<b>Group B</b>																	
Bariatric Surgery																	
	Cardiology	29	12	16	15	12	13	10	14	23	2.04	2.04	2.04	2.04	2.04	2.04	
	Dermatology	38	19	19	19	18	26	14	21	32	1.02	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	2.04	2.04	
	General Orthopedics	29	22	12	20	20	11	13	16	25	2.04	2.04	2.04	2.04	2.04	2.04	
<b>Group C</b>																	
Access to Primary Care																	
	Access to Physical Therapy	71	84	83	82	82.70	84.09	83.79	78.43	75	4.08	4.08	4.08	4.08	4.08	4.08	
	TKR In-Patient receiving Physical Therapy within 24 hours post surgery (Inpatient)	16	11	8	8	8	8	9	10	15	2.04	2.04	2.04	2.04	2.04	2.04	
	ED Arrival time to Provider Median time COP assigned to ESI 2 category.	65.94	100	100	100	100.0	100.0	100.0	99.32	100	2.04	2.04	2.04	2.04	2.04	2.04	
	Emergency Response to Industrial (Oil & Gas) Locations, Time from 911 Call	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	4.08	4.08	
	Emergency Response to Industrial (Oil & Gas) Locations, Time from Dispatch to	100	100	100	93.3	100.0	100.0	100.0	98.72	98	1.02	1.02	1.02	1.02	1.02	1.02	
	Emergency Response to Industrial (Oil & Gas) Locations, Time from Dispatch to	96:05	100	83.3	93.3	100.0	100.0	100.0	95.59	97	0.00	0.00	0.00	0.00	1.02	1.02	
<b>IV. POPULATION HEALTH STATUS</b>																	
20	% diabetic patients who have HbA1c test ordered within 6 months	96.51	96.3	96.62	95.9	96.3	98.0	98.4	96.73	96	2.04	2.04	2.04	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	3.06	3.06	3.06	
<b>V. NETWORK</b>																	
22	SPS/MRI requests turnaround time (TAT) from all full service network providers	93	100.0	99.9	100.0	99.8	100.0	100.0	100.0	95	2.04	2.04	2.04	2.04	2.04	2.04	
23	SPS/Endoscopy requests turnaround time (TAT) from all full service network	N/A	100.0	100.0	100.0	100.0	100.0	100.0	100	N/A	N/A	N/A	N/A	N/A	N/A	N/A	