KEY PERFORMANCE INDICATORS RESULTS 2ND QUARTER 2018

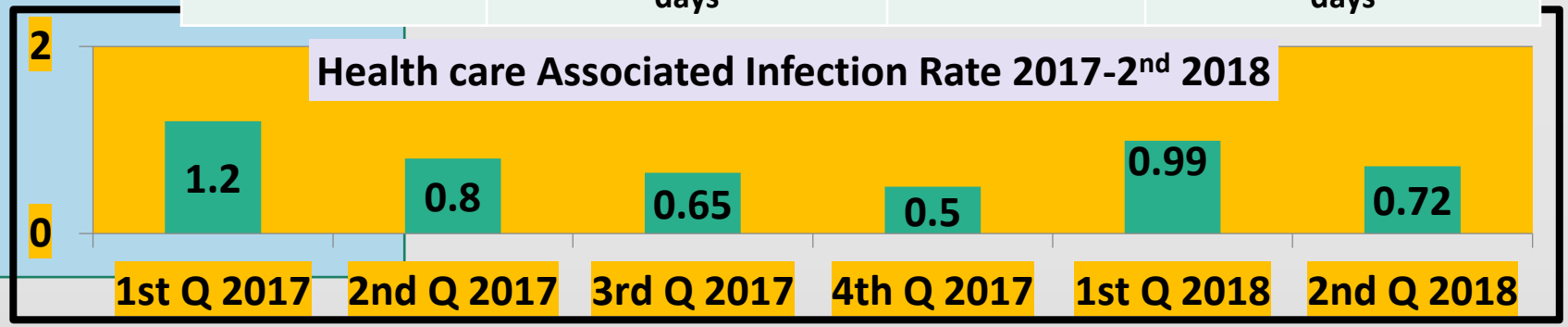
DALLAH HOSPITAL ,RIYADH - INFECTION CONTROL DEPARTMENT

Indicator Name: Health care associated Infection rate

Area: Infection Control Frequency: Quarterly Type of Measure: Outcome

Numerator: Health care associated infections
Denominator: Patient Hospital days
Dimension: Safety, Respect & Care, Effectiveness, Appropriateness
Selection Criteria:
High risk, problem prone, high risk
Target: <1.38 per 1000 patient days
(Dallah Hospital Mean 2012-2017)

Average Results – 2nd Quarter 2018		Average Results - 2017	
Result	Target	Result	Target
0.72	< 1.38 per 1000 patient days	0.79	<1.5 per 1000 patient days



Finding	Discussion	Action	Responsibility	Time Frame	Status
In the 2nd Quarter the rate is with the target.	The HAI rate is low when compared to the 1st Quarter 2018 and 2nd Quarter 2017.	1. Measures include continuous education and training of staff 2. Implementation of policies and procedures. 3. Monitoring and audit of compliance to infection control Policies & procedures	Infection Control	1-10-2018	On-going

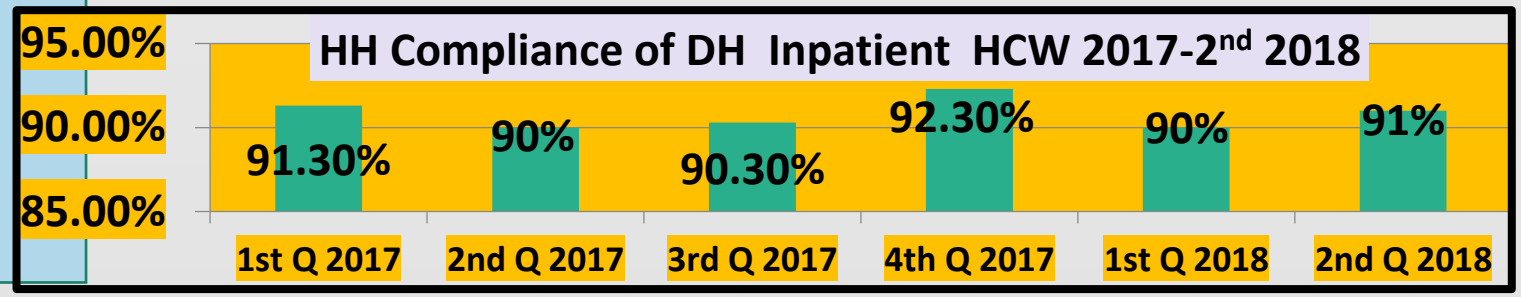
DALLAH HOSPITAL ,RIYADH - INFECTION CONTROL DEPARTMENT

Indicator Name: Hand Hygiene(HH) Compliance of Dallah Hospital (DH)Inpatient Health care workers (HCW)

Area: Infection Control Frequency: Quarterly Type of Measure: Outcome

Numerator: Total number of complied hand hygiene opportunities.
Denominator : Total number of Hand hygiene Opportunities observed.
Selection criteria: High risk, problem prone.
Dimension: Safety, Effectiveness, Appropriateness, Respect & Care
Target : 91%

Average Results – 2nd Quarter 2018		Average Results - 2017	
Result	Target	Result	Target
91%	91%	90.98%	85%



Finding	Discussion	Action	Responsibility	Time frame	Status
In the 2nd Quarter , we reached the target .	In the 2nd quarter , 67 % compliance for using alcohol hand rubbing method & 24 % for hand washing method. Hand hygiene compliance by Job Category is : Doctors- 92 % , Nurses- 93 % , Technicians- 92 % .	1. Proactive hand hygiene awareness campaign. 2. Visual and auditory reminders to staff to sustain impact on hand hygiene practices. 3. Hand hygiene performance audit in the units by Infection Control team is continuous	Infection control	1-10-2018	On-going

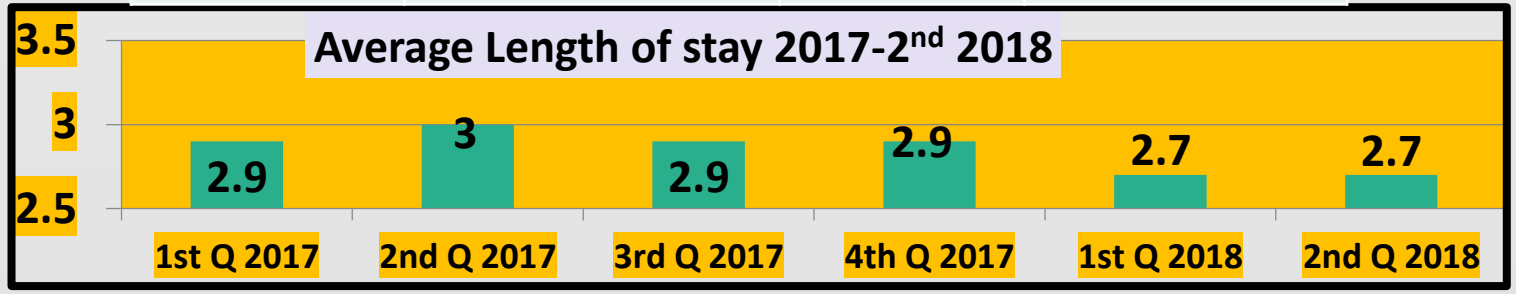
DALLAH HOSPITAL ,RIYADH - STATISTICAL DEPARTMENT

Indicator Name: Average Length of Stay

Area: Utilization Management Frequency: Quarterly Type of Measure: outcome

Numerator: Number of bed days in one month.
Denominator: Total number of patients in the same month
Dimension: Appropriateness, Timeliness, Efficiency
Target: 3 days

Average Results – 2nd Quarter 2018		Average Results - 2017	
Result	Target	Result	Target
2.7	3 days	2.9	3 days

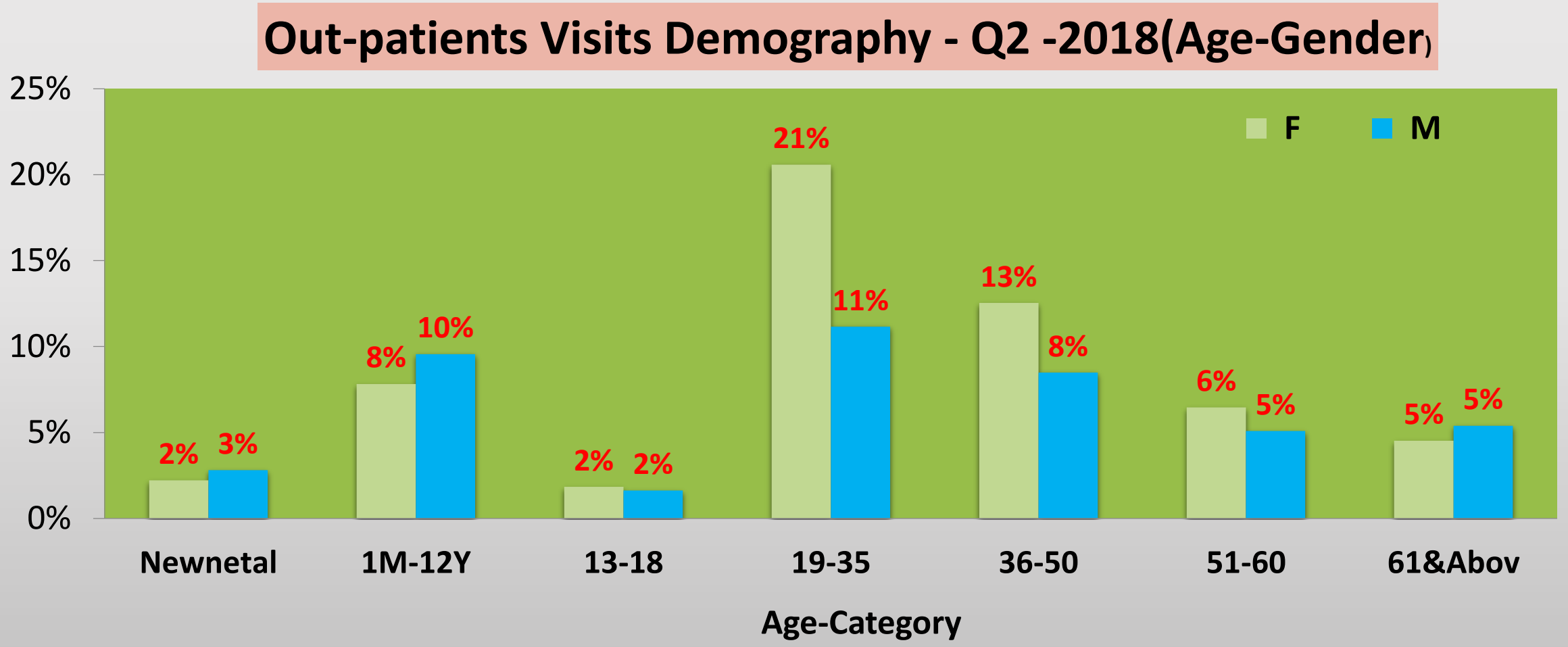


Finding	Discussion	Action	Responsibility	Time frame	Status
In the 2nd Quarter , the results are within the target .	Dallah Hospital's aim is to keep Average length of stay into minimal.	Continuous monitoring to keep the target	Statistical Department	1-10-2018	On-Going

DALLAH HOSPITAL ,RIYADH - STATISTICAL DEPARTMENT

Indicator Name: Patient Demography Classification Rate

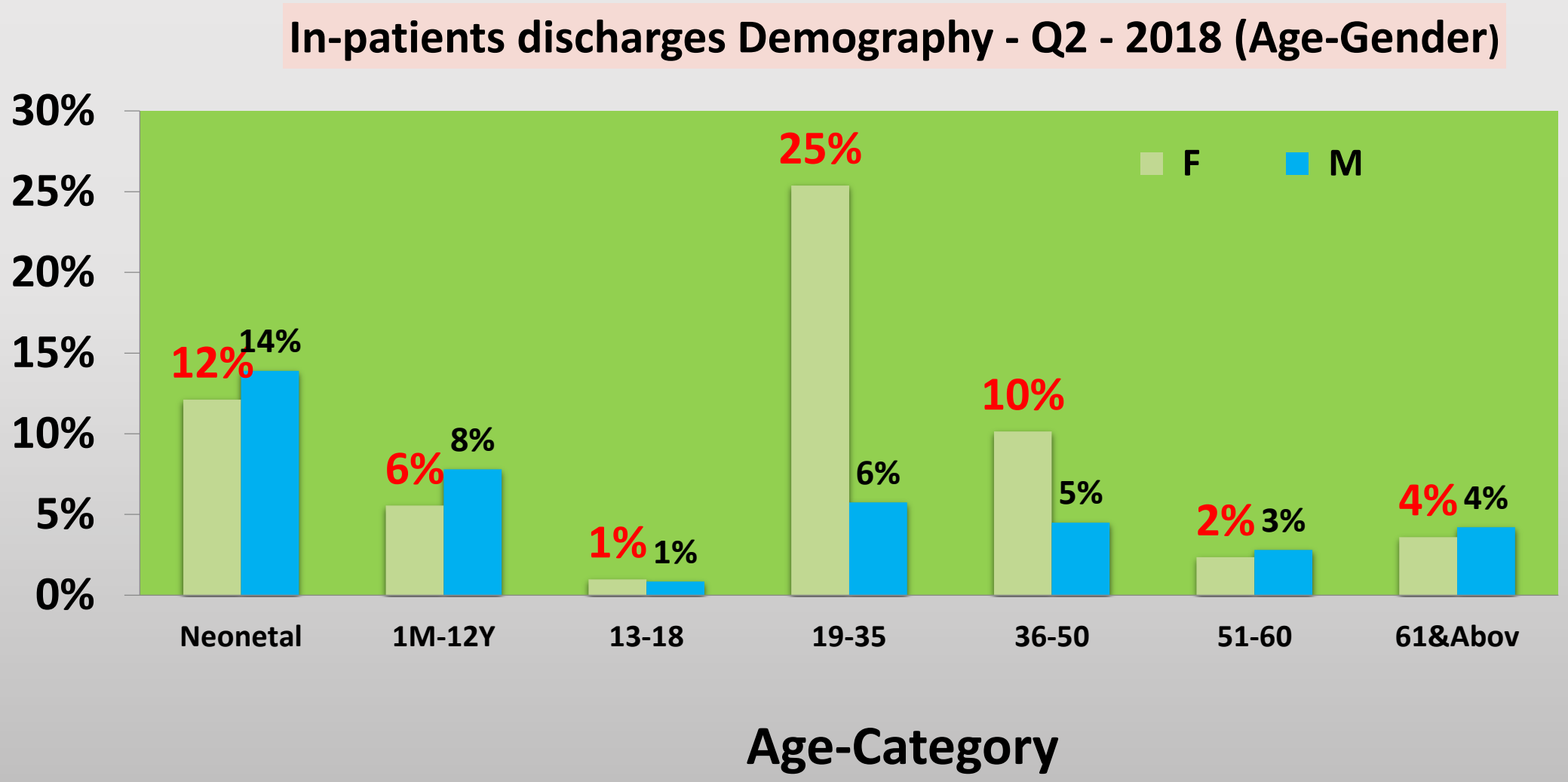
Area : statistics Frequency: Quarterly Type of Measure: outcome



DALLAH HOSPITAL ,RIYADH - STATISTICAL DEPARTMENT

Indicator Name: Patient Demography Classification Rate

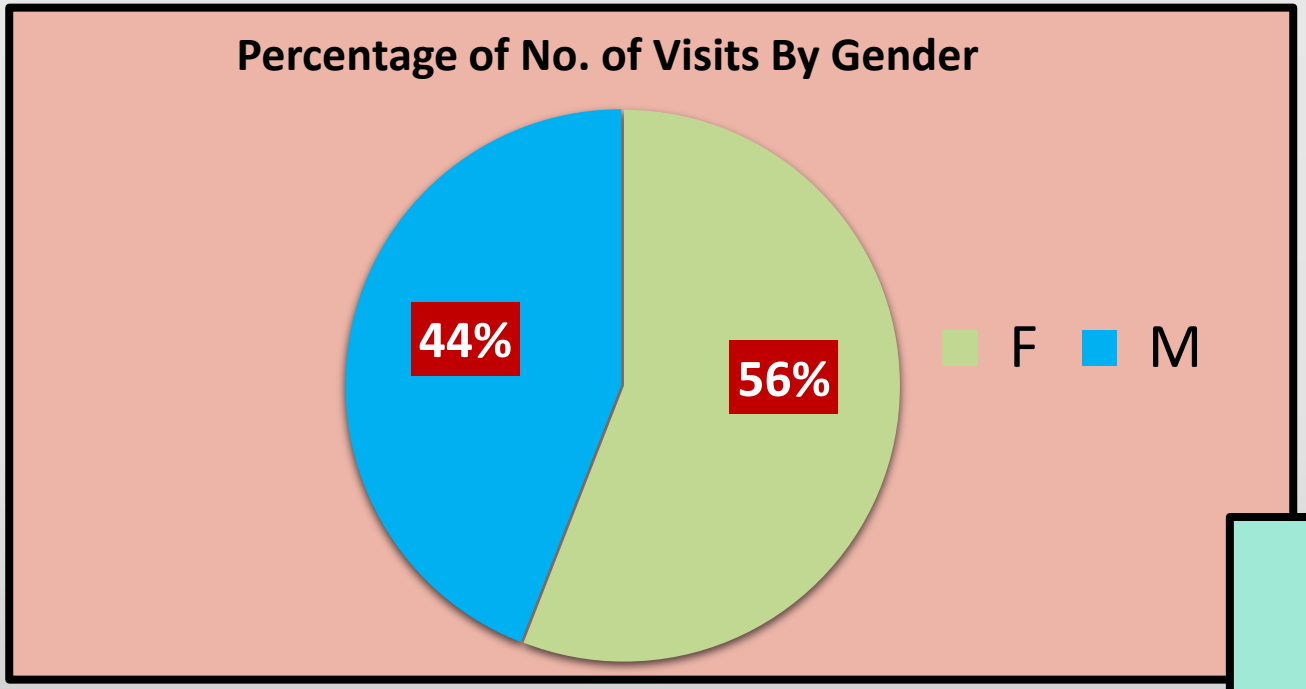
Area : statistics Frequency: Quarterly Type of Measure: outcome

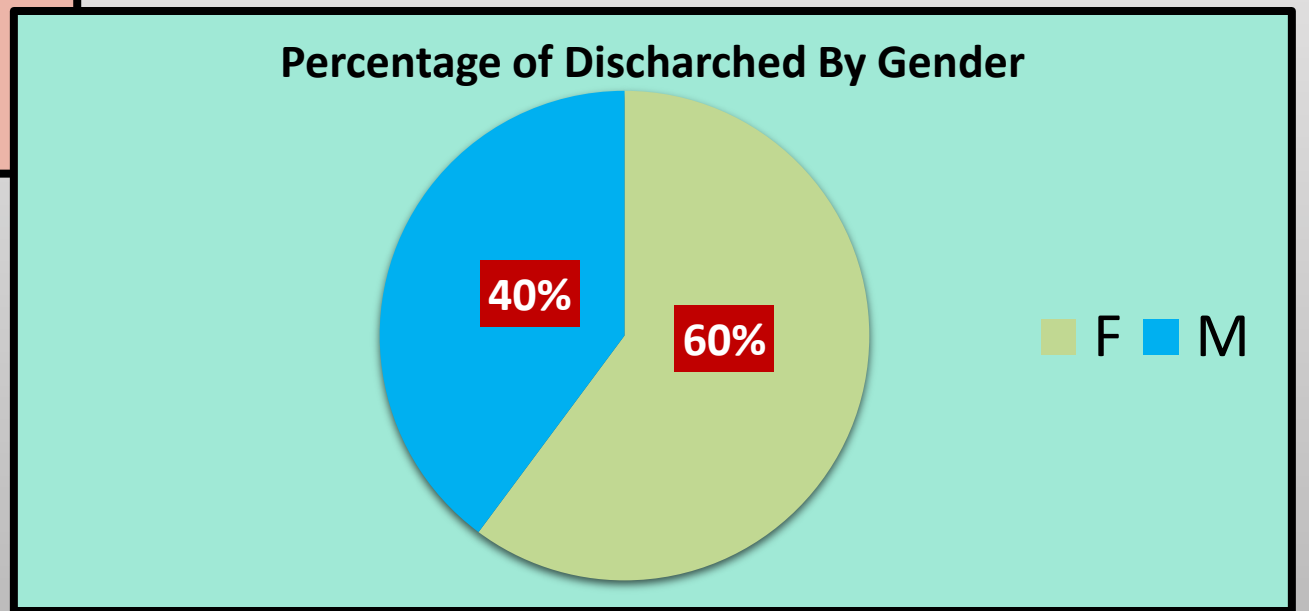


DALLAH HOSPITAL ,RIYADH - STATISTICAL DEPARTMENT

Indicator Name: Patient Demography Classification Rate-by Number (No) Of Visit & Discharge & Gender

Area : statistics Frequency: Quarterly Type of Measure: outcome





DALLAH HOSPITAL ,RIYADH - PATIENT EXPERINCE DEPARTMENT

Indicator Name: Patient Satisfaction Survey (Outpatient)

Area: Customer Service Frequency: Quarterly Type of Measure: outcome

Numerator: Number of the satisfied patients in a month.

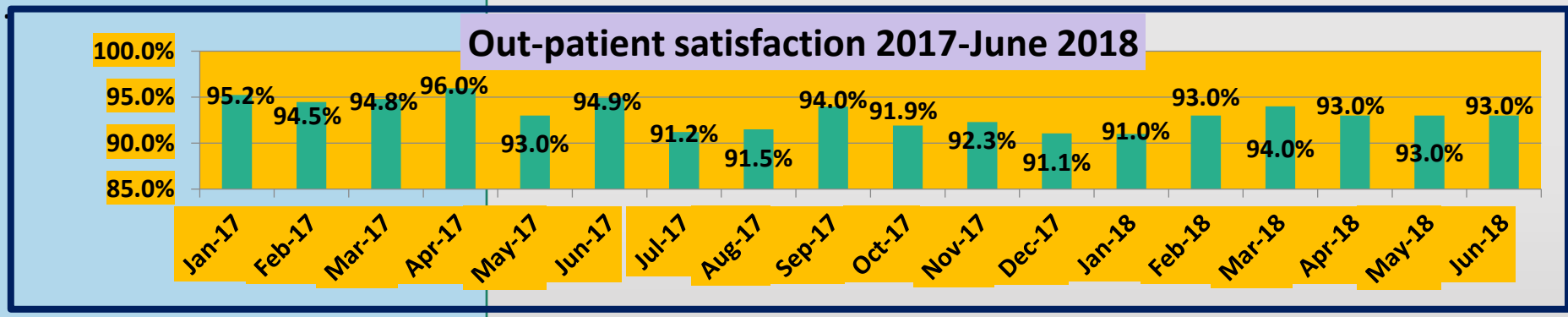
Denominator:
Total number of the out-patients who answered in the same month .

Dimension:
Efficiency, Effectiveness, Respect and care.

Selection Criteria:
Problem prone, High volume

Target=90%

Average Results – 2nd Quarter 2018		Average Results - 2017	
Result	**Target**	**Result**	**Target**
93%	**90%(Re-visit)**	**93.4%**	**85%(Re-Visit)**



Finding	Discussion	Action Plan	Responsibility	Time Frame	Status
In the 2nd Quarter the out- patient satisfaction rate is above the target .	We measure the extent to which a patient is content with the health care which they received from Dallah Hospital, the aim is to keep out-patients' satisfaction (Re-visit) rate into maximal.	Continuously monitor the out-patient satisfaction rate and maintain to be above the target.	Patient experience (Data management)	1-7-2018	Monthly continuous monitoring

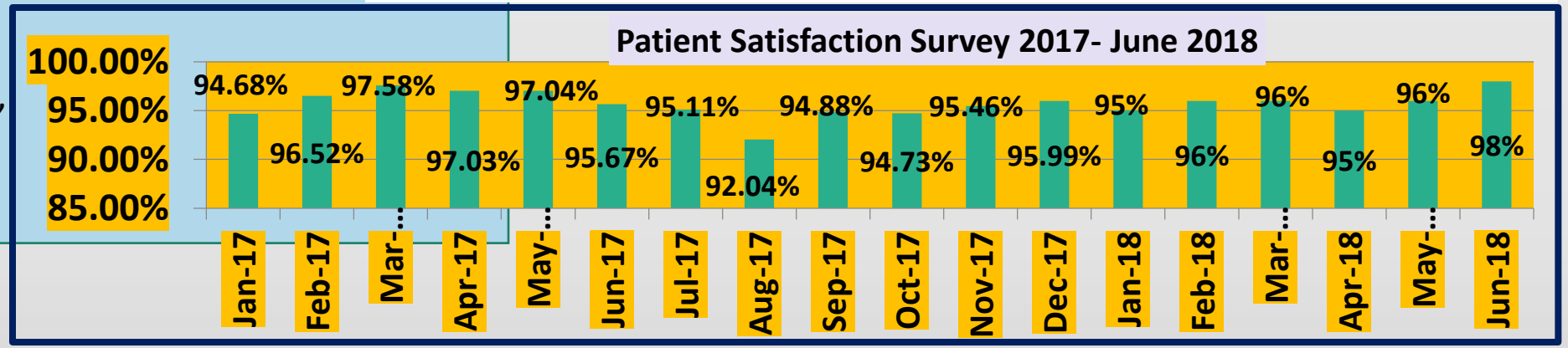
DALLAH HOSPITAL ,RIYADH - PATIENT EXPERINCE DEPARTMENT

Indicator Name: Patient Satisfaction Survey (IN patient)

Area: Customer Service Frequency: Quarterly Type of Measure: outcome

Numerator: Number of satisfied in-patients in a month.
Denominator: Total number of In-patient who answered in the same month.
Dimensions: Efficiency, Effectiveness, Respect & Care.
Selection criteria: Problem prone, High volume .
Target: 95%

Average Results – 2nd Quarter 2018		Average Results - 2017	
Result	**Target**	**Result**	**Target**
96.34%	**95%(Re-visit)**	**95.56%**	**95%(Re-Visit)**



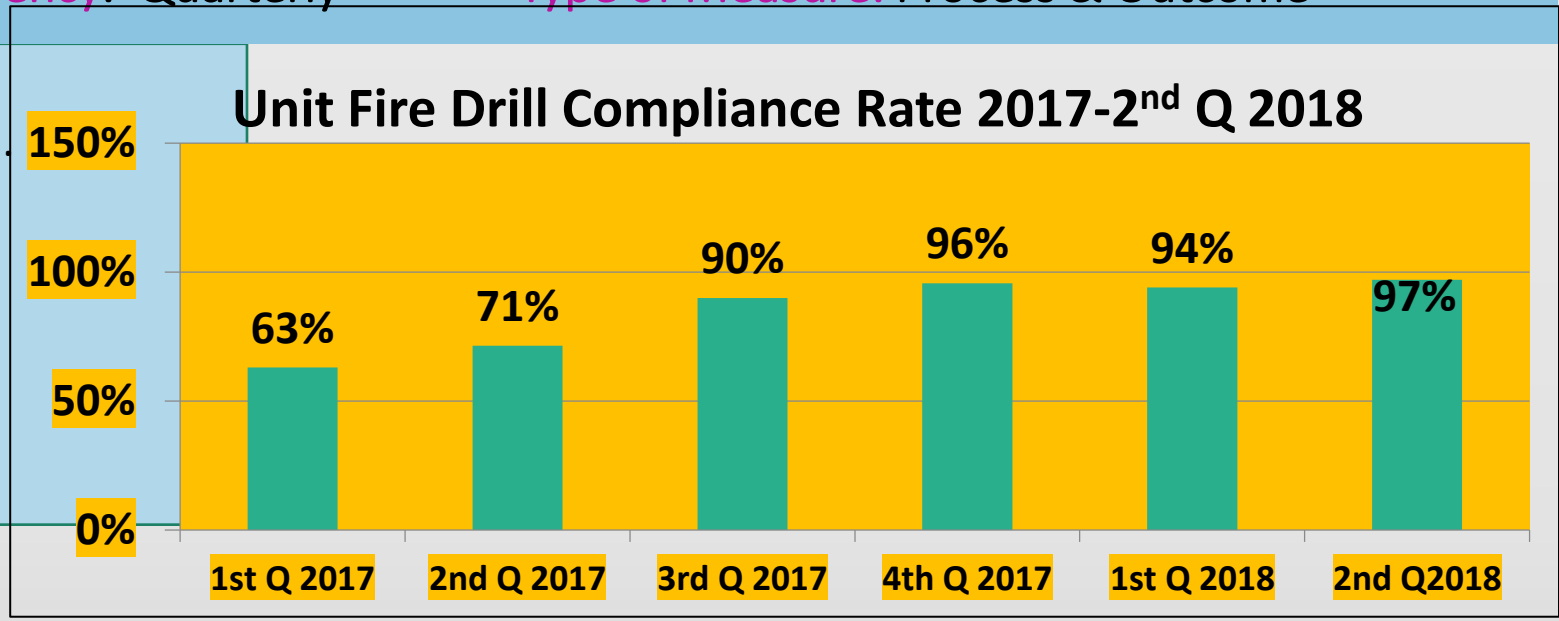
Finding	Discussion	Action plan	Responsibility	Time Frame	Status
In the second quarter in-patient satisfaction survey results is above the target	We measure the extent to which a patient is content with the health care which they received from Dallah Hospital, the aim is to keep out-patients' satisfaction (Re-visit) rate into maximal.	Continuously monitor the rate and maintain the results achieved	Patient experience (Data management)	1-7-2018	Monthly continuous monitoring

DALLAH HOSPITAL ,RIYADH - SECURITY & SAFETY DEPARTMENT

Indicator Name: Unit Fire Drill Compliance Rate

Area: Risk Management Frequency: Quarterly Type of Measure: Process & Outcome

Numerator: Number of works orders Completed
Denominator: Total number of work orders Issued .
Dimension: Efficiency , Continuity, Availability , Effectiveness,
Selection Criteria; High Volume , High Risk.
Target: >90 %



Average 2nd Q 2018		Average 2017	
Result	Target	Result	Target
99%	>90 %	80%	>90 %

Finding	Discussion	Action plan	Responsibility	Time frame	status
In the 2nd Quarter, we are above the target.	There was request from some departments to postpond the fire drill as they rae busy.	1. Continuous training of staff to be prepare to respond to an emergency Before it happens	Security & safety Department	1-10-2018	Continuous

DALLAH HOSPITAL ,RIYADH – International Patient Safety Goals

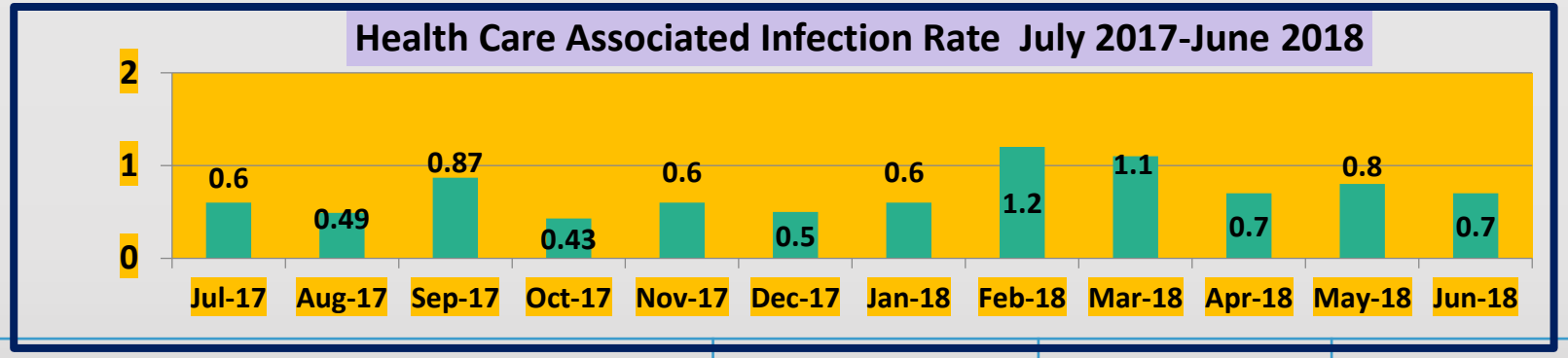
IPSG5: Reduce the Risk of Health Care Associated Infection

Indicator Name : Health care Associated Infection (HAI) Rate

Area : IPSG Frequency: Quarterly Type of Measure: Process & Outcome

Numerator: Number of Health care associated infections in the same period .
Denominator: Total number of Patient Hospital Days .
Dimension: Safety, Respect& Are, Effectiveness, Appropriateness.
Selection Criteria: High risk , problem prone , high risk .
Target: <1.38 per 1000 patient days (DH mean 2012-2017)

Average Results – May 2018		Average Results - 2017	
Result	Target	Result	Target
0.85	<1.38 per 1000	0.76	<1.5 per 1000



Finding	Discussion	Action plan	Responsibility	Time frame	Status
In the 2nd Quarter , we are within to the target . The rate per month is April – 0.7, May- 0.8, June- 0.7	The Rate of HAI is 0.85 is due to the non-compliance in following the standard precautions by the staffs.	1. Measures include continuous education and training of staff . 2. Implementation of policies and procedures. 3. Monitoring and audit of compliance to infection control policies and procedures.	IPSG Team	1-10-2018	Continuous monitoring

DALLAH HOSPITAL ,RIYADH – International Patient Safety Goals

Indicator Name: IPSG 6: Fall Risk Assessment Compliance Rate

Area : IPSG Frequency: Quarterly Type of Measure: process & outcome

Numerator : Number of patient Assessed for fall Risk at Admission in a month

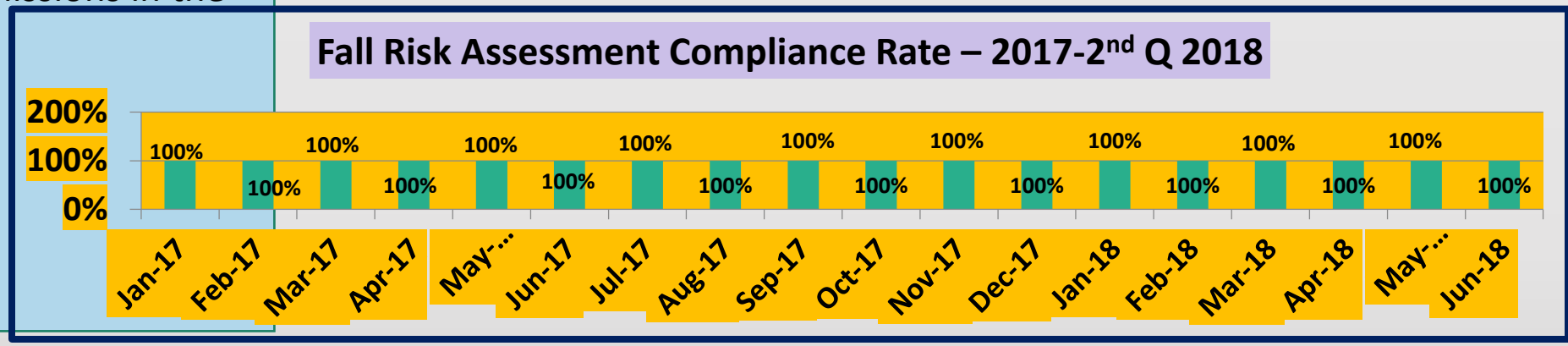
Denominator: Total number of Admissions in the same month.

Selection Criteria : Problem Prone, High Volume, High Risk, High Cost

Dimension: Safety, Effectiveness, Appropriateness, Respect & Care

Target: 100%

Average Results – 2nd Quarter 2018		Average Results - 2017	
Result	Target	Result	Target
100%	100%	100%	100%



Finding	Discussion	Action plan	Responsibility	Time frame	Status
All the patients admitted to Dallah Hospital are assessed for Fall Risk.	Health care providers are lowering the patients risk by reducing or minimizing their individual risk factors.	1) continuous assessment and monitoring of patients for falls risk is vital to prevent injury from falls.	IPSG Team	1-10-2018	Continuous monitoring

DALLAH HOSPITAL ,RIYADH - ANESTHESIA & OR DEPARTMENT

Indicator Name: Unplanned Return to OR within 24 hours after Surgery due to any Cause

Area: Risk Management **Frequency:** Quarterly **Type of Measure:** Outcome

Numerator: Number of unplanned return patients to OR within 24 hours in one month

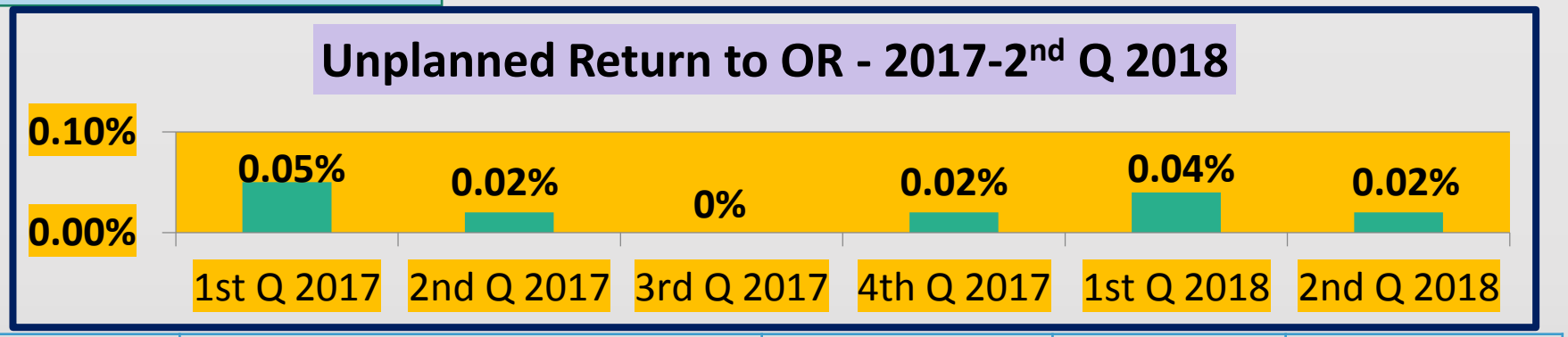
Denominator: Total surgeries performed during the same month

Average Results – 2nd Quarter 2018		Average Results - 2017	
Result	**Target**	**Result**	**Target**
0.02%	**0%**	**0.02%**	**0%**

Target: 0%

Selection Criteria : Problem prone, high risk

Dimension- Safety, Respect & Care , Effectiveness, Appropriate ness.



Finding	Discussion	Action plan	Responsibility	Time frame	Status
April- 1 case/1435- 0.07% May – 0 Case June-0 Case	The reasons for unplanned return to OR within 24hrs may be: bleeding, low blood pressure or high B.P. or any other complication . ob-gyne ,urology , ortho, ENT are the most department have this problem.	1. Careful monitoring, reporting & documentation of any unplanned return to OR within 24 hours of surgery & immediate actions to be taken accordingly.	O.R. department	1-2-2018	Continuous monitoring

DALLAH HOSPITAL ,RIYADH - ANESTHESIA & OR DEPARTMENT

Indicator Name: Death rate Within 24 hours of Surgery

Area: Risk Management Frequency: Quarterly Type of Measure: Outcome

Numerator: Total number of Deaths within 24hrs of surgery in one month

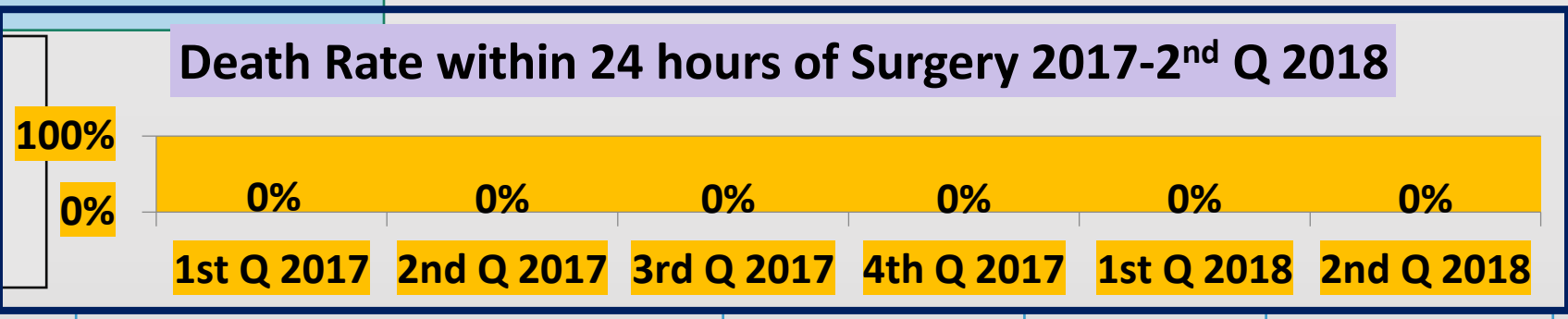
Denominator: Total number of patients operated during same period

Average Results – 2nd Quarter 2018		Average Results - 2017	
Result	Target	Result	Target
0%	0%	0.%	0%

Selection Criteria: Problem Prone

Target: 0%

Dimensions: Appropriateness & Timeliness



Finding	Discussion	Action plan	Responsibility	Time frame	Status
Total number of death within 24hrs of Surgery is 0% for the 2nd Quarter 2018.	We achieve the target continue monitoring to keep the performance .	Continuous monitoring, careful reporting & documentation for any death happened inside the OR within 24 hours of surgery. Reported cases should be discussed thoroughly & collaboratively among the concerned departments to find out the causes related to this mortality.	O.R. department	1-10-2018	Continuous monitoring

DALLAH HOSPITAL ,RIYADH - ANESTHESIA & OR DEPARTMENT

Indicator Name: The Anesthesia Complication Rate

Area: Risk Management Frequency: Quarterly Type of Measure: Process, Outcome

Numerator: Number of Anesthesia Complications for all ASA classes in one month

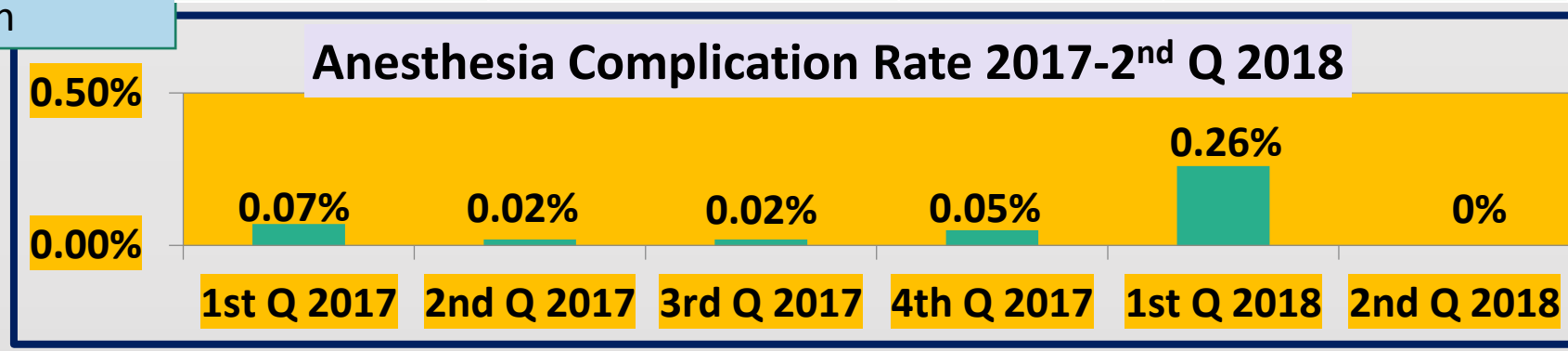
Denominator: Number of patients receiving anesthesia for all ASA classes in same month

Average Results – 2nd Quarter 2018		Average Results - 2017	
Result	Target	Result	Target
0%	0%	0.197%	0%

Target- 0%

Dimensions: Safety ,Appropriateness.

Selection Criteria – Problem Prone, High Risk



Finding	Discussion	Action plan	Responsibility	Time frame	Status
No anesthesia Complication have been reported in the 2nd Q 2018	Aim to keep the number of Anesthesia Complication into 0 % .	Continuous Monitoring to keep the target .	O.R. department	1-10-2018	Continuous monitoring

DALLAH HOSPITAL ,RIYADH -PHARMACY DEPARTMENT

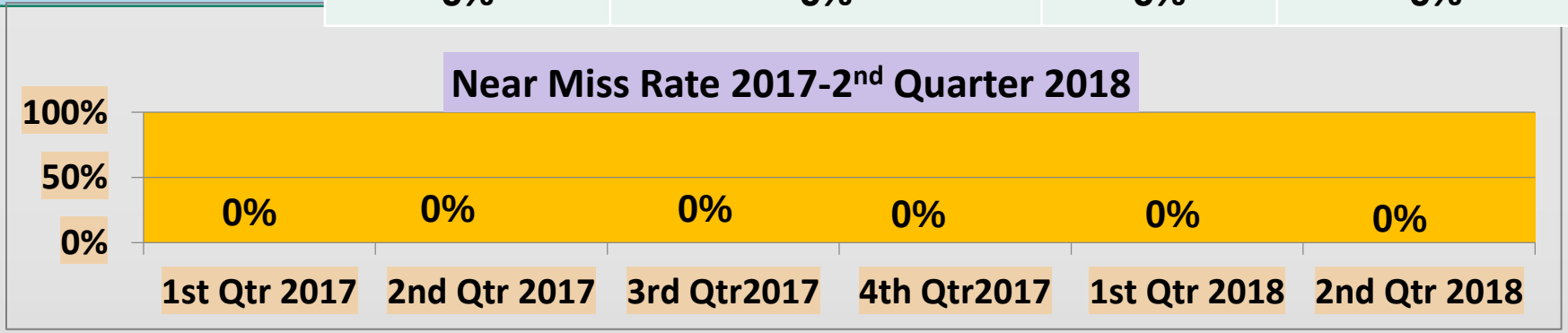
Indicator Name: Near Miss Rate

Area: Medication Use **Frequency:** Quarterly **Type of Measure:** outcome

Numerator: Number of collected Near Miss in a month
Denominator: Total number of dispensed items from the pharmacy in the same month.

Average Results – 2nd Quarter 2018		Average Results - 2017	
Result	Target	Result	Target
0%	0%	0%	0%

Department: Pharmacy Department
Goal: 0%
Dimensions: safety , efficiency, appropriateness



Finding	Action plan	Responsibility	Time frame	Status
There is no near miss medication error reported during the Second Quarter 2018	1)Continue to monitor the task to prevent any near miss	Pharmacy department	1-10-2018	Continuous monitoring

DALLAH HOSPITAL ,RIYADH - PURCHASING DEPARTMENT

Indicator Name: Purchase Time Compliance Rate

Area: Aspect Of Availability Frequency: Monthly Type of Measure: Process

Numerator: Total Number of Purchase request processed within time frame (26 days) in one month.

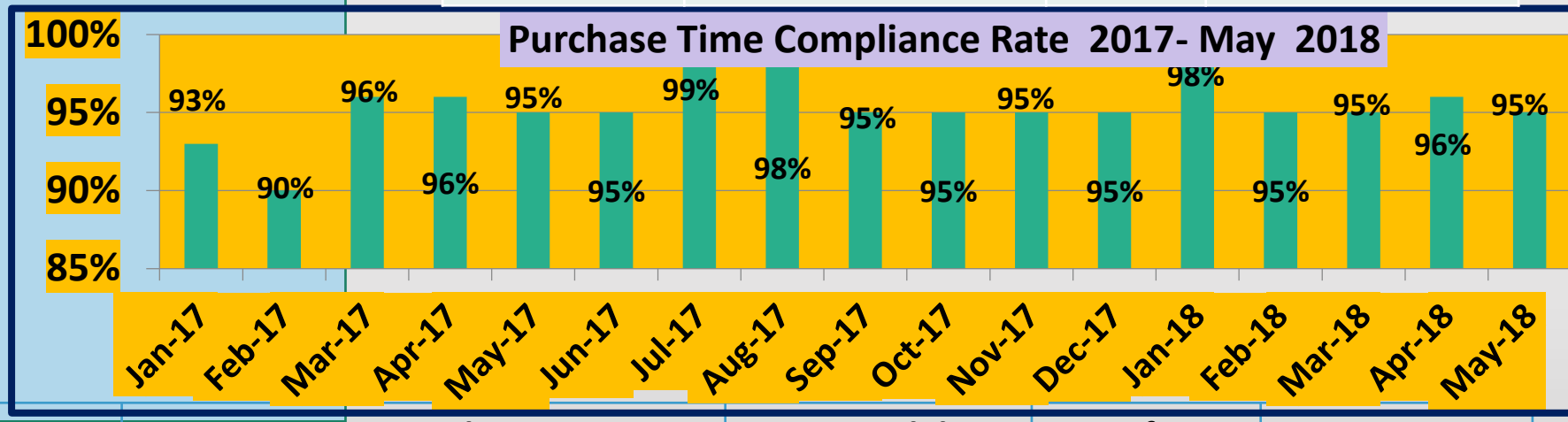
Denominator:
Total number of purchase requests received in the same month.

Selection Criteria:
Problem Prone, High Cost

Dimension:
Availability, Appropriateness , Timeliness.

Target: 95%

Average Results – 2nd Quarter 2018		Average Results - 2017	
Result	Target	Result	Target
95%	95%	95%	95%



Finding	Discussion	Action plan	Responsibility	Time frame	Status
The average form Jan –May is 95%. we achieve the target	The reason why we didn't reach 100 % is 1)new items/finding new suppliers 2)Fixed assets/need more specification 3)Need more specification from the end user	1.Sustain improvement to meet the patient needs 2.Find more suppliers 3.Minimize to receive incomplete or without specification request from end-user	Purchasing Department	1-8-2018	Continuous monitoring

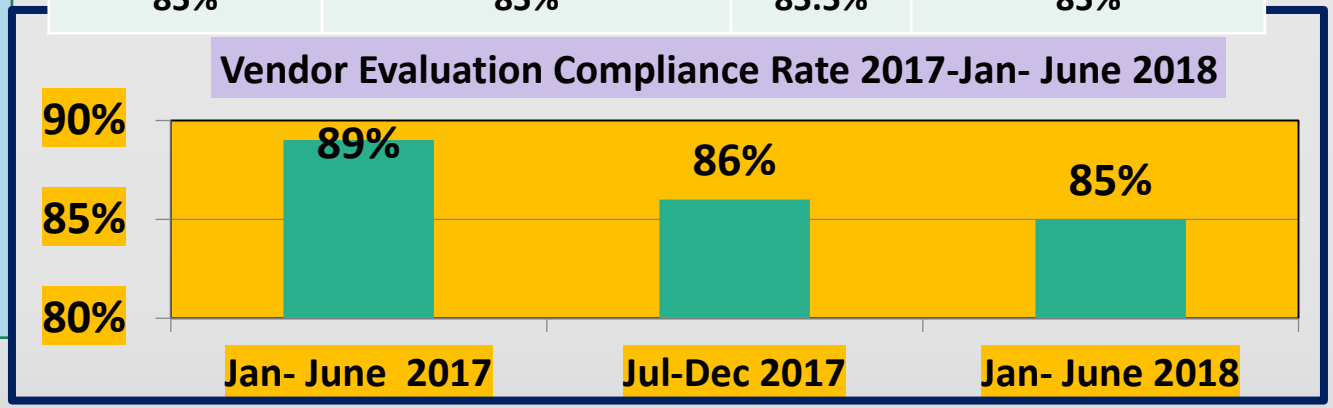
DALLAH HOSPITAL ,RIYADH - PURCHASING DEPARTMENT

Indicator Name: Vendor Evaluation Compliance Rate

Area: Utilization Management Frequency: Semi Annual Type of Measure: Process& out come

Numerator: Total number of the Active Vendors Evaluated
Denominator: Ratings of evaluated vendors' performance based on the criteria.
Dimensions: Safety, Availability, Effectiveness, Appropriateness, Timeliness
Frequency: Semi-Annual
Selection Criteria: Problem, Prone, Quality and high cost
Target: 85 %

Average Results –Jan- June 2018		Average Results - 2017	
Result	Target	Result	Target
85%	85%	85.5%	85%



Finding	Discussion	Action plan	Responsibility	Time frame	Status
Non compliance Due to non-delivering of the items.	Ratings of evaluated vendors performance based on the criteria such as Response time compliance, Delivery Quantity, Quality, Service & Cost.	1. Monitoring the services of active vendors to meet the patients needs. 2. Informing the poor vendors for their low services and apply penalty for the delayed services .	Purchasing Department	1-1-2019	Continuous monitoring

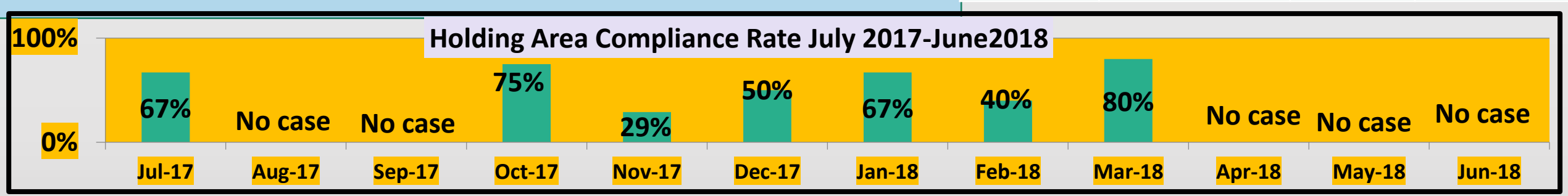
DALLAH HOSPITAL ,RIYADH - ACCIDENTS & EMERGENCY DEPARTMENT

Indicator Name: Holding Area Compliance Rate

Area: Patient Care Frequency: Quarterly Type of Measure: Process & Outcome

Numerator: Total number of patients admitted within 6 hours in a month .
Denominator : Total number of patients being held on holding area in the same month .
Selection Criteria: High risk, Problem prone,
Dimension: Safety, Availability , Continuity, Respect & Care, Effectiveness
Target: 100 %

Average Results – 2nd Quarter 2018		Average Results - 2017	
Result	**Target**	**Result**	**Target**
No case	**100%**	**40%**	**100%**



Finding	Action plan	Responsibility	Time frame	Status
In the 2nd Quarter, there was no case of patient held in the holding area .	1. Coordinating with nursing supervisors, admission officers, and public relation personal to arrange for bed availability for boarding patient. 2. Regular re-assessment of patient by attending Physician/ ICU Doctor/ Resident on duty , for possible transfer to Level. 3. Process for external transfer. 4. Expedite admission and discharge process.	ER Department	1-10-2018	Monthly monitoring

DALLAH HOSPITAL ,RIYADH - ACCIDENTS & EMERGENCY DEPARTMENT

Indicator Name: Time to ECG in chest Pain patient .

Area: Patient Assessment Frequency: monthly Type of Measure: Outcome

Numerator:
Total number of patients for which ECG achieved within 5 minutes.

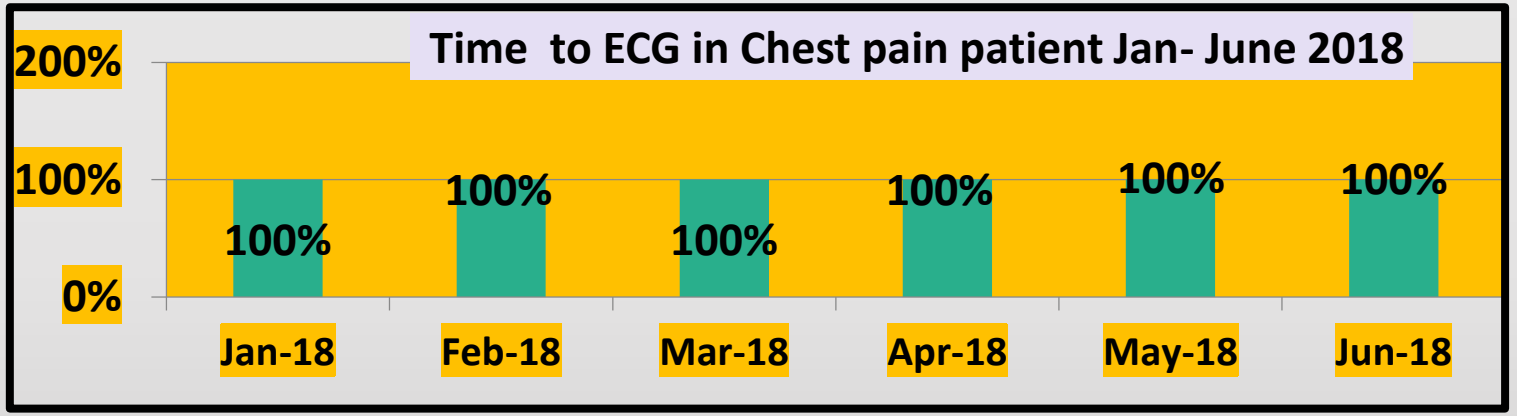
Denominator:
Total number of cardiac patients .

Dimension:
Safety, Respect & care, Timeliness,

Selection Criteria:
Problem prone, High risk.

Target:
100% compliance (within 10 minutes)

Average Results – 2nd Quarter 2018	
Result	**Target**
100%	**100%**



Finding	Action plan	Responsibility	Time frame	Status
In the 2nd Quarter, the compliance is 100 % .	1. Continuous Monitoring of average time of chest pain patient.	ER Department	1-10-2018	On-going

DALLAH HOSPITAL ,RIYADH - NURSING DEPARTMENT

Indicator Name: Waiting Time for Triaged Patient in ER

Area: Utilization Management Frequency: Monthly Type of Measure: process

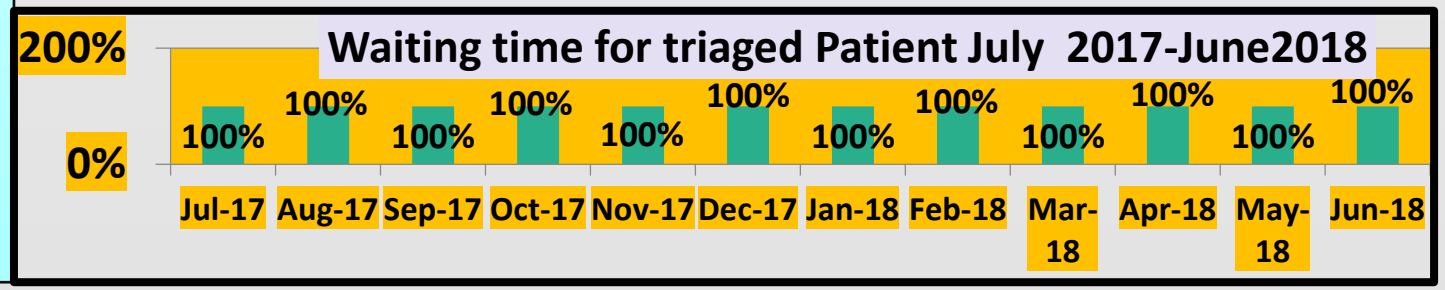
Numerator: Total number of Patients waited according to Triage category time

Denominator: Total patient triaged checked

Dimensions: respect & caring , Availability, safety, efficiency.

Target : 100 % no delay Adult & pediatric (triage 1=0 minute, triage 2=0-10 minutes, triage 3=30-60 minutes, triage 4=60-120 minutes, triage 5=up to 240 minutes) . 100% no delay Ob0GYne (Triage 1=0-15 minute, triage 2=< 60 minutes, triage 3=< 120 minutes).

Average Results – 2nd Quarter 2018		Average Results - 2017	
Result	Target	Result	Target
100%	100%	100%	100%



Finding	Action plan	Responsibility	Time frame	Status
The data shows that 2nd Quarter , the patients are triaged and seen by the physicians without delay. The waiting times are within the acceptable range of time	1. Our action plans and recommendations is proper utilization of ER beds as well as using of ER extension and fast track to avoid overcrowding of patients.	Nursing Department	1-10-2018	On-Going

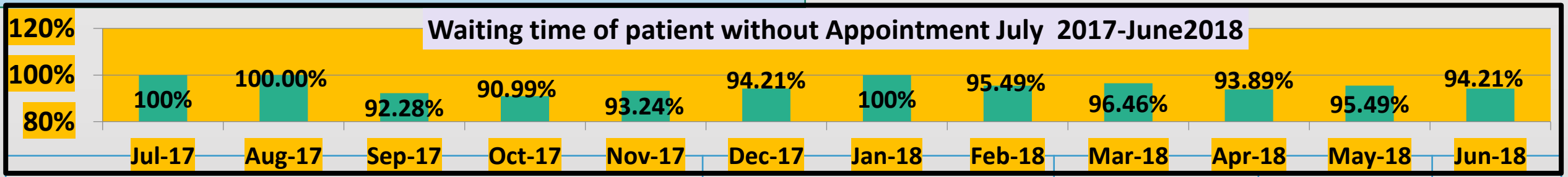
DALLAH HOSPITAL ,RIYADH- NURSING DEPARTMENT

Indicator Name: Waiting Time of Patient without Appointment OSC-North Clinic

Area: Utilization Management Frequency: Monthly Type of Measure: process & Outcome

Numerator: Total number of patients seen within 30 minutes
Denominator: Total number of patient registered in OSC.
Selection Criteria: Problem prone, high Volume.
Dimension: Continuity, Timeliness, Respect & Care .
Target: 100 % no delay .
Findings: In the 2nd Quarter , we didn't reach the target .

Average Results – 2nd Quarter 2018		Average Results - 2017	
Result	Target	Result	Target
94.53%	100%	97%	100%



Discussion	Action plan	Responsibility	Time frame	Status
1.Internal Medicine patient coming back with laboratory result & medicine.(26.31%)2. Ortho patient coming back with X-ray , laboratory result and patients need to be admitted. (21.05%)3 . Derma patient with procedure (15.78%) 4. ENT patient coming back with hearing test result (10.25%)5. Ob Gyne patient coming back with ultrasound , lab and patient need to be admitted . Patient with queries about their pregnancy (5.26%.) 6. Optha patient with procedure (10.52%7. Urology patient with procedure (5.26 %)8. General Surgery patient need to do the procedure, patient coming back with laboratory and ultrasound or X-ray result and patient need to be admitted.(5.26%)	1. Procedure which is not emergency need to be schedule. 2. Continuous monitoring of patient Average Waiting Time Without Appointment.	Nursing Department	1-10-2018	On-Going

THANK YOU