

SOMC Safety Dashboard – FY 20

Patient-Centered Perfection is the Goal

very Good things are happening here
Southern Ohio Medical Center

Indicator	Goal [Average]	HC	?	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD	% Perfection
Patient Safety Indicators (PSI)																	
PSI 90 Composite Score for Patient Safety <i>(Timberlake/Stewart)</i> <i>HAC</i>	0.77 [1.0]		?						0.88							0.88	86
PSI 03 Hospital Acquired Pressure Ulcers <i>(Shope)</i>	0 [0.52]		?						0.08								0.08
PSI 06 Iatrogenic Pneumothorax, Adult <i>(Greene)</i>	0 [0.27]		?						0.19								0.19
PSI 08 In Hospital Fall with Hip Fracture Rate <i>(Shope)</i>	0 [0.11]								0.11								0.11
PSI 09 Perioperative Hemorrhage or Hematoma Rate <i>(Greene)</i>	0 [2.53]								3.77								3.77
PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis Rate <i>(Greene)</i>	0 [1.35]								1.34								1.34
PSI 11 Postoperative Respiratory Failure Rate <i>(Greene)</i>	0 [7.35]								NA								NA
PSI 12 Post-op Pulmonary Embolism/DVT <i>(Greene)</i>	0 [3.85]		?						3.82								3.82
PSI 13 Post-operative Sepsis <i>(Greene)</i>	0 [5.09]								5.00								5.00
PSI 14 Percent of Postoperative Wound Dehiscence <i>(Greene)</i>	0 0.95]		?						0.86								0.86
PSI 15 Accidental Puncture or Laceration <i>(Greene)</i>	0 [1.29]		?						1.47								1.47
PSI 04 Death Among Surgical Inpatients With Serious Treatable Complications <i>(Greene)</i>	0 [163.01]	HC	?						153.87								153.87

Safety

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Goal = Perfection Rate (top percentile, VBP Benchmark
0, 100%, or [Average])

[Average] = National Average, Mean, Median, VBP Threshold

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B.L. = Baseline year

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Mortality Measures																	
CABG 30 day Standardized Mortality Rate <i>(Fraulini/Stewart)</i>	≤2.2% [≤3.1%]								3.4							3.4	45
Acute Myocardial Infarction (AMI) 30 Day Mortality Rate <i>(Bryan/Stewart)</i> <i>HVBP</i>	≤12% [≤12.9%]	HC	?						12.5							12.5	96
Heart Failure (HF) 30 Day Mortality Rate <i>(Bryan/Stewart)</i> <i>HVBP</i>	≤9% [≤11.5%]	HC	?						12.5							12.5	61
Pneumonia (PN) 30 Day Mortality Rate <i>(Bryan/Stewart)</i> <i>HVBP</i>	≤13% [≤15.6%]	HC	?						15.0							15.0	85
COPD 30 Day Mortality Rate <i>(Bryan/Stewart)</i>	[≤8.5%]	HC							8.5							8.5	100
Stroke 30 Day Mortality Rate <i>(Bryan/Stewart)</i>	[≤13.8%]	HC							12.3							12.3	100

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Readmission Rate Indicators																	
Acute Myocardial Infarction (AMI) 30 Day Readmission Rate <i>(Bryan/Stewart)</i> <i>HRRP</i>	[≤15.7%]	HC							17.7							17.7	87
Heart Failure (HF) 30 Day Readmission Rate <i>(Bryan/Stewart)</i> <i>HRRP</i>	[≤21.6%]	HC							24.8							24.8	85
Pneumonia (PN) 30 Day Readmission Rate <i>(Bryan/Stewart)</i> <i>HRRP</i>	[≤16.6%]	HC							16.5							16.5	100
COPD 30 Day Readmission Rate <i>(Bryan/Stewart)</i> <i>HRRP</i>	[≤19.5%]	HC							19.7							19.7	99
Hospital –Wide All –Cause Unplanned Readmission Measure (HWR) <i>(Bryan/Stewart)</i>	[≤15.3%]	HC	?						16.3							16.3	93
Hospital-Level 30-Day All-Cause Risk-Standardized Readmission Rate Following Elective Primary Total Hip Arthroplasty (THA) and/or Total knee Arthroplasty (TKA) <i>(Greene/Stewart)</i> <i>HRRP</i>	[≤4%]	HC	?						4.4							4.4	90
7-Day Hospital Visit Rate After Colonoscopy <i>(Bryan/Stewart)</i>	[≤14.8%]	HC							15.9							15.9	93
CABG 30 day Standardized Readmission Rate - SOMC Internal Report <i>(Fraulini/Stewart)</i> <i>HRRP</i>	[≤12.8%]	HC							12.8							12.8	100

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Outpatient Imaging Efficiency Indicators																	
MRI Lumbar Spine for Low Back Pain <i>(McCarty/Timberlake)</i>	[≤38.7%]	HC	?							38.5						38.5	100
Abdomen CT – Use of Contrast Material <i>(McCarty/Timberlake)</i>	[≤6.9%]	HC	?							6.3						6.3	100
Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac Low-Risk Surgery <i>(McCarty/Timberlake)</i>	[≤4.7%]	HC	?							4.4						4.4	100
Complication Rate																	
Non-Risk Adjusted Complication Rate Following Elective Primary THA and/or TKA within 7, 30, and 90 Days - SOMC Internal Report <i>(Greene/Stewart)</i> <i>HVBP</i>	[≤2.24%]		?	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)							0 (0)	100

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Patient Safety																	
Hospital Acquired Infection Indicators																	
Monthly CAUTI* <i>(Timberlake/Stewart)</i> HVBP/HAC	0 [0.774]			0	0	0	0	3.95 (1)	0							0.53 (1)	83
Monthly CLABSI* <i>(Timberlake/Stewart)</i> HVBP/HAC	0 [0.687]			0	0	0	0	0	0							0	100
Monthly MRSA <i>(Timberlake/Stewart)</i> HVBP/HAC	0 [0.763]			0	0	0	0	0	0							0	100
Monthly C.diff <i>(Ramey/Stewart)</i> HVBP/HAC	0 [0.748]			0	0.34 (1)	1.19 (4)	0.59 (2)	0.34 (1)	0.59 (2)							0.51 (10)	17
Monthly SSI: Colon <i>(Timberlake/Stewart)</i> HVBP/HAC	0 [0.754]			0	0	12.5 (1)	0	0	11.1 (1)							5.88 (2)	67
Monthly SSI: Hysterectomy <i>(Timberlake/Stewart)</i> HVBP/HAC	0 [0.726]			0	0	0	0	0	0							0	100
Hospital Safety Score <i>(Timberlake/Stewart)</i>	100% (3.713) "A"		?							3.3318 (A)						3.3318 (A)	87

YTD Rate of Perfection¹: 78.8%

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¹ YTD ROP is reflective of a percentage adjustment in accordance with the FY 2019 recalculations of a 8.67% difference.

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What **questions** do you have?



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