

Patient Safety Dashboard CY 2020			CY20 Goal	Stretch Goal	Q1	Q2	Q3	Q4	CY 20 YTD
1	Goal 1 Identify patients correctly	a. Use 2 patient identifiers when providing care, treatment & services. 01.01.01							
		Medication Scan (all departments)	98%	99%	99%	99%	99%	99%	99%
		Specimen Scan (all departments)	97%	99%	97%	97.3%	97.0%	97.5%	97%
		b. Eliminate transfusion errors related to patient misidentification 01.03.01	100%	100%	100%	100.0%	100.0%	100.0%	100%
2	Goal 2 Improve staff communication	a. Report critical results on a timely basis. 02.03.01			89%	85%	89%	86%	87%
		Laboratory: Critical readback notification	98%	99%	100%	100%	100%	100%	99.9%
		Laboratory: Nursing to LIP	80%	90%	78%	71%	77%	72%	75%
		Radiology: Critical results called ≤ 45 min	99%	100%	100%	100%	100%	100%	100%
3	Goal 3 Use medicines safely	a. Label all medications, medication containers & other solutions on & off the sterile field in perioperative & other procedural settings. 03.04.01	100%	100%			100%		100%
		b. Reduce the likelihood of harm associated with anticoagulant therapy-excessive anticoagulation with warfarin for IP- INR > 5. 03.05.01	0.5	0.0	0.0		0.0	0	0.0
		c. Record and pass along correct information about a patient's medicines 03.06.01	99%	100%	99.3%	99.3%	99.4%	99.3%	99.3%
4	Goal 4 Use alarms safely	a. Improve the safety of clinical alarm systems. 06.01.01 (RR by monitor tech)	0	0	0	1	0	0	1
5	Goal 5 Prevent infection	a. Use hand cleaning guidelines from CDC or WHO. Set goals for and improve hand cleaning 07.01.01	90%	95%	89%	92%	97.3%	94.3%	93%
		b. C-diff (use guidelines to prevent infections that are difficult to treat) 07.03.01	2.8	0.0	0.3	2.3	2.8	1.9	1.8
		c. Prevent CLABSI 07.04.01	0.27	0.0	0.0	0.4	1.1	0.0	0.4
		d. Prevent SSI's 07.05.01	1.0	0.0	0.0	0.6	0.0	0.1	0.2
		e. Prevent CAUTI 07.06.01	1.00	0.00	0.0	0.7	0.7	0.0	0.4
6	Goal 6 Identify patient safety risks	a. Find out which patients are most likely to try to commit suicide 15.01.01	100%	100%	100%	100%	100%	100%	100%
7	Goal 7 Prevent mistakes in surgery	a. Conduct preprocedure verification process. UP.01.01.01	100%	100%	100%	~	100%	100%	100%
		b. Mark procedure site. UP.01.02.01	100%	100%	100%	~	100%	100%	100%
		c. A time-out is performed before the procedure. UP.01.03.01	100%	100%	100%	~	100%	100%	100%
		a. Reduce Pressure Ulcer Prevalence ≥ Stage II	4	2	6	2	3	2	13
		b. PSI 13 - Post op sepsis	0.0%	0%	6.1	23.8	0.0	0.0	7.5
		c. Sepsis core measure	75%	80%	79%	~	81.7%	73%	78%