KDC&C
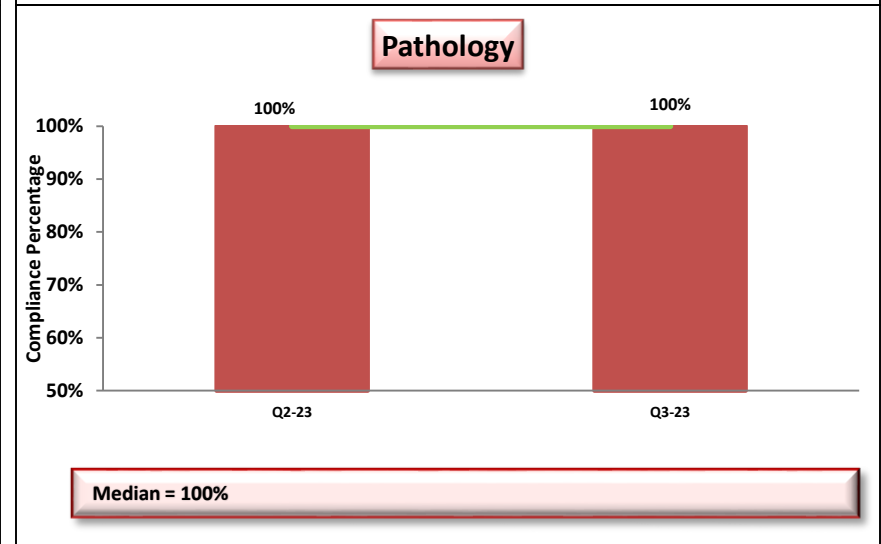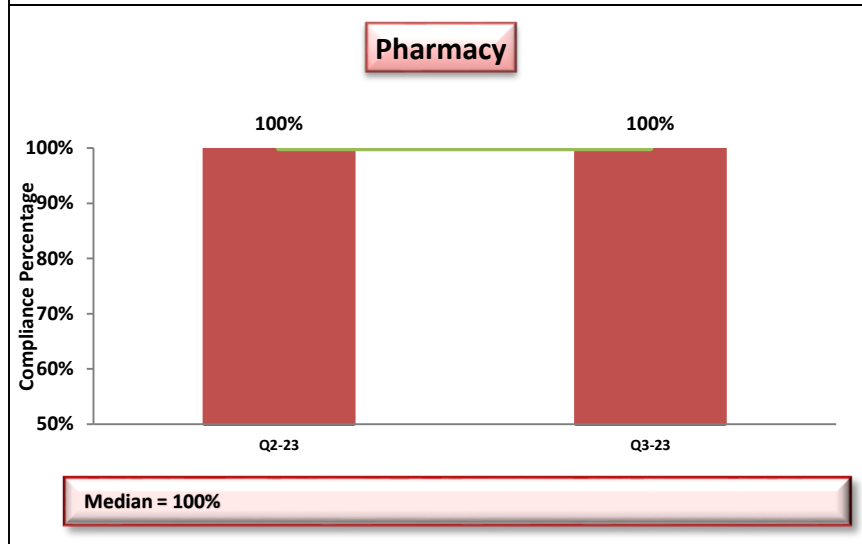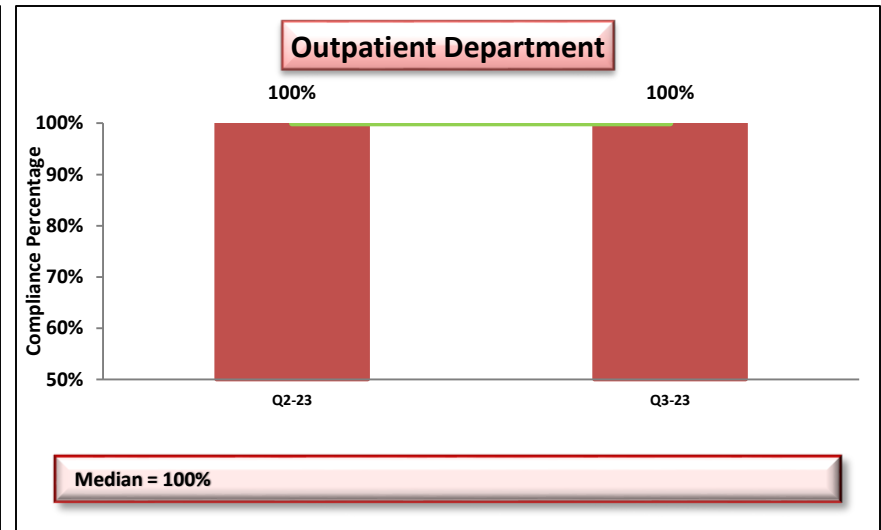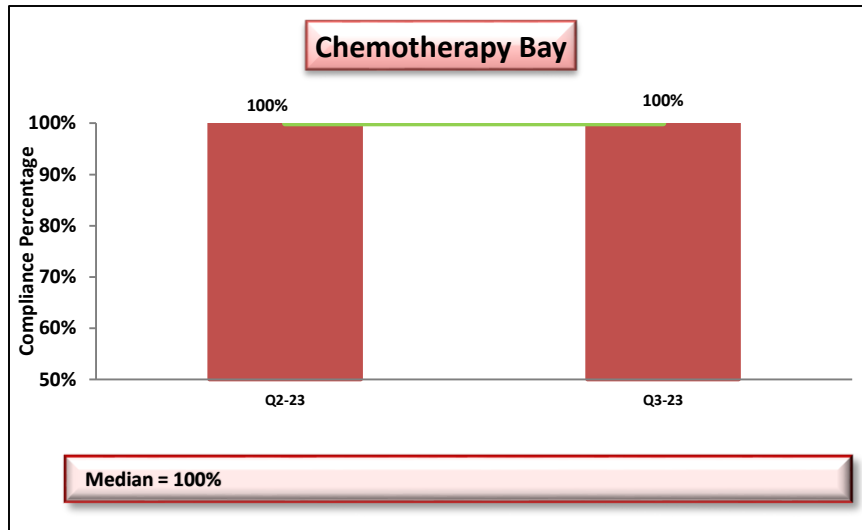
**Clinical Performance Dashboard
3rd Quarter 2023**

International Patient Safety Goals
Patient Identification Compliance
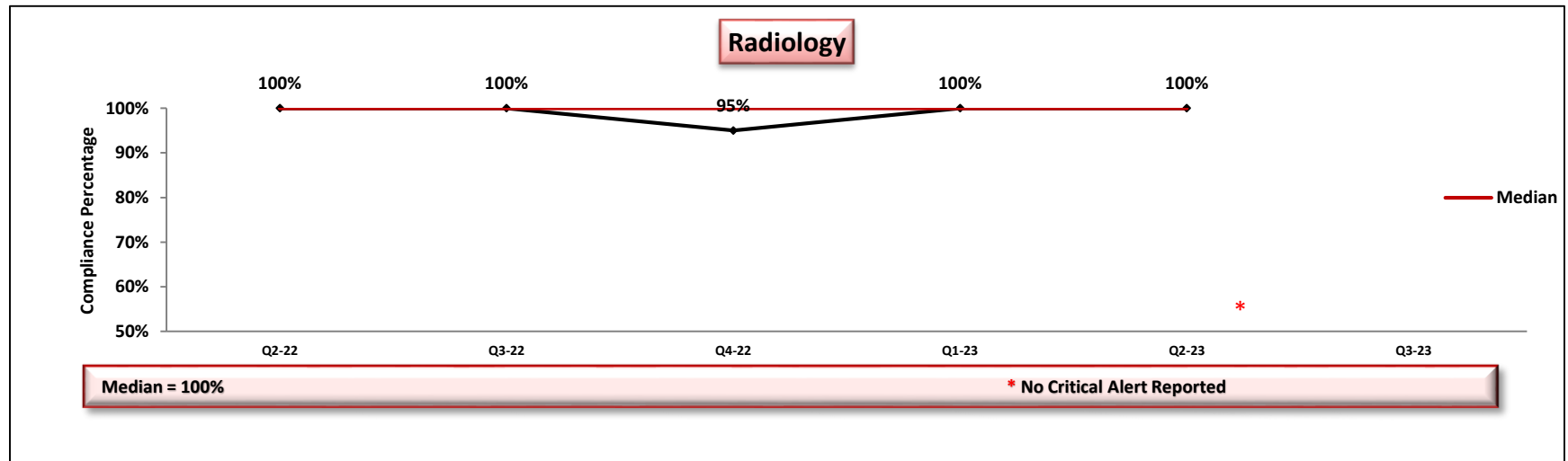### Two identifiers are used while providing care – Direct observation
Target = 100%

Chemotherapy Bay

100% | 100%

Compliance Percentage: 100%, 90%, 80%, 70%, 60%, 50%

Q2-23 | Q3-23

Median = 100%

Outpatient Department

100% | 100%

Compliance Percentage: 100%, 90%, 80%, 70%, 60%, 50%

Q2-23 | Q3-23

Median = 100%

Pharmacy

100% | 100%

Compliance Percentage: 100%, 90%, 80%, 70%, 60%, 50%

Q2-23 | Q3-23

Median = 100%

Pathology

100% | 100%

Compliance Percentage: 100%, 90%, 80%, 70%, 60%, 50%

Q2-23 | Q3-23

Median = 100%

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International Patient Safety Goals
Critical Alert Reporting
Target = 100%

Pathology

Compliance Percentage

96% — Q2-22
97% — Q3-22
95% — Q4-22
100% — Q1-23
100% — Q2-23
100% — Q3-23

— Median

Median = 100%

Radiology

Compliance Percentage

100% — Q2-22
100% — Q3-22
95% — Q4-22
100% — Q1-23
100% — Q2-23

— Median

*

Median = 100%   * No Critical Alert Reported
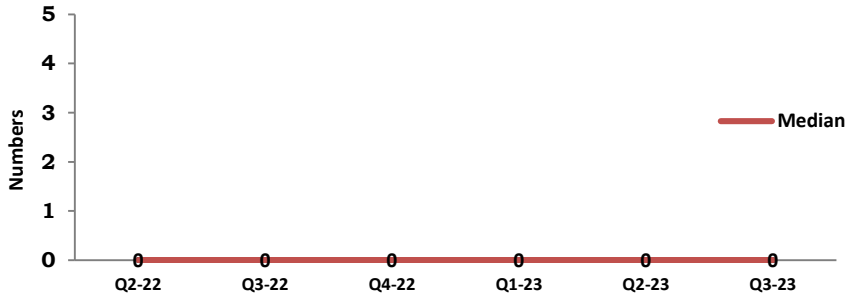
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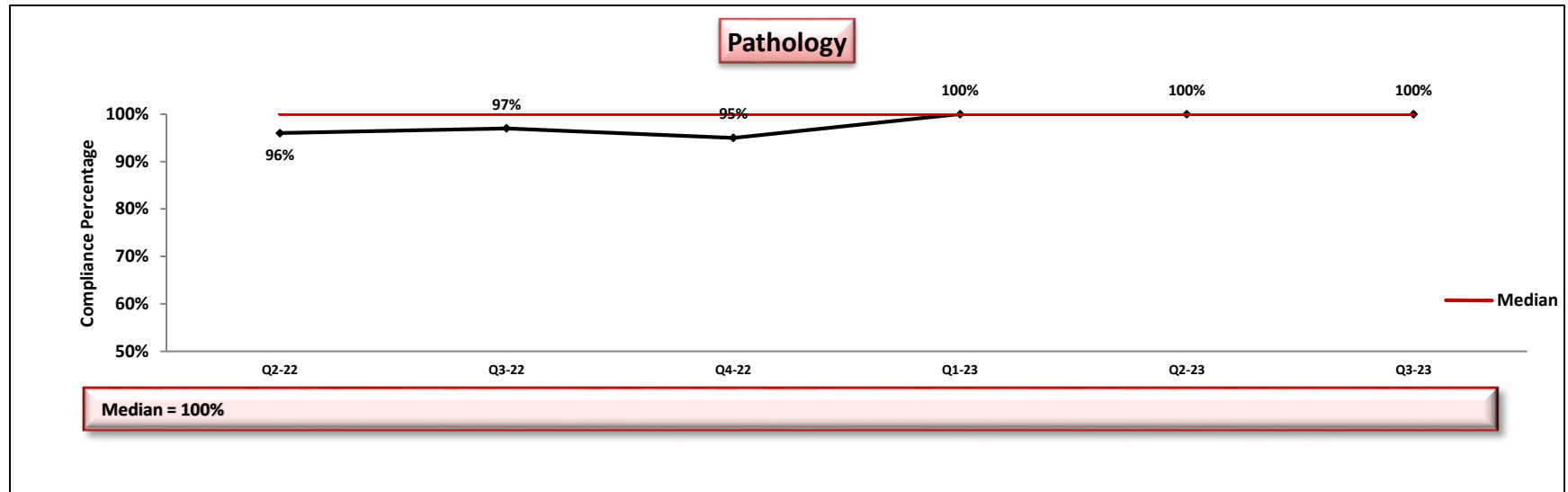
International Patient Safety Goals
Safety of High Alert Medications

Medication errors with harm per 10,000 items

Numbers

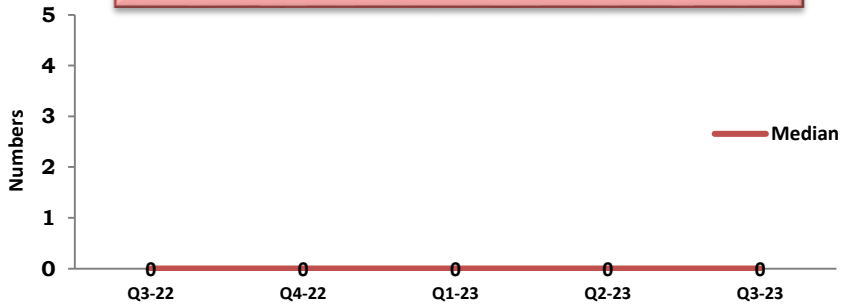|	Q2-22	Q3-22	Q4-22	Q1-23	Q2-23	Q3-23
	0	0	0	0	0	0

— Median

Median = 0

High alert medication errors per 10,000 items

Numbers

	Q2-22	Q3-22	Q4-22	Q1-23	Q2-23	Q3-23
	0	0	0	0	0	0
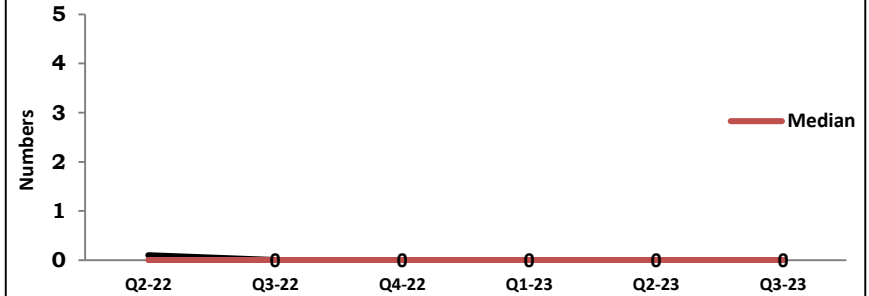
— Median

Median = 0

Look Alike Sound Alike medication errors per 10,000 items

Numbers

	Q3-22	Q4-22	Q1-23	Q2-23	Q3-23
	0	0	0	0	0

— Median

Median = 0

Concentrated Electrolytes per 10,000 items

Numbers

	Q2-22	Q3-22	Q4-22	Q1-23	Q2-23	Q3-23
	0	0	0	0	0	0

— Median

Median = 0

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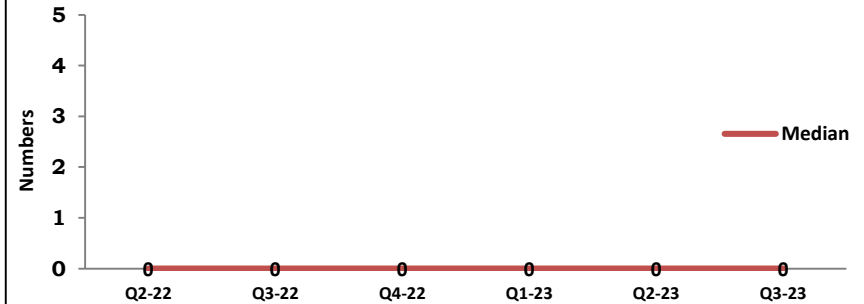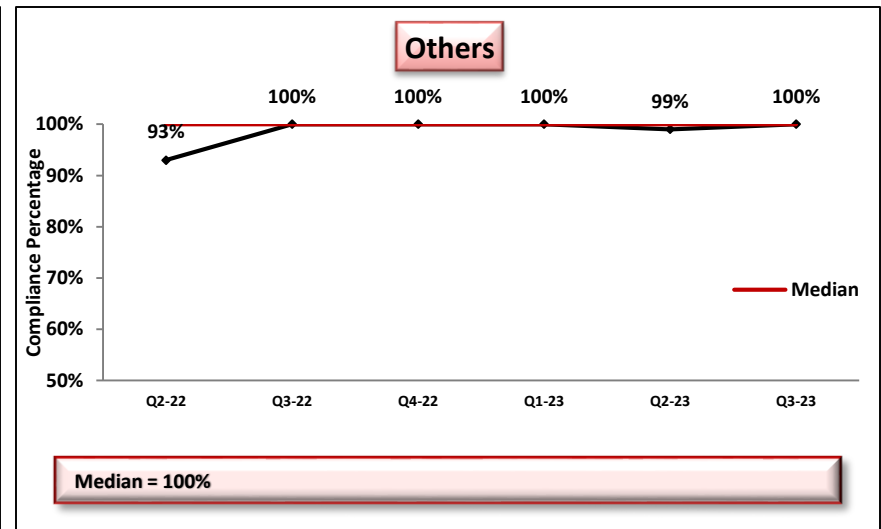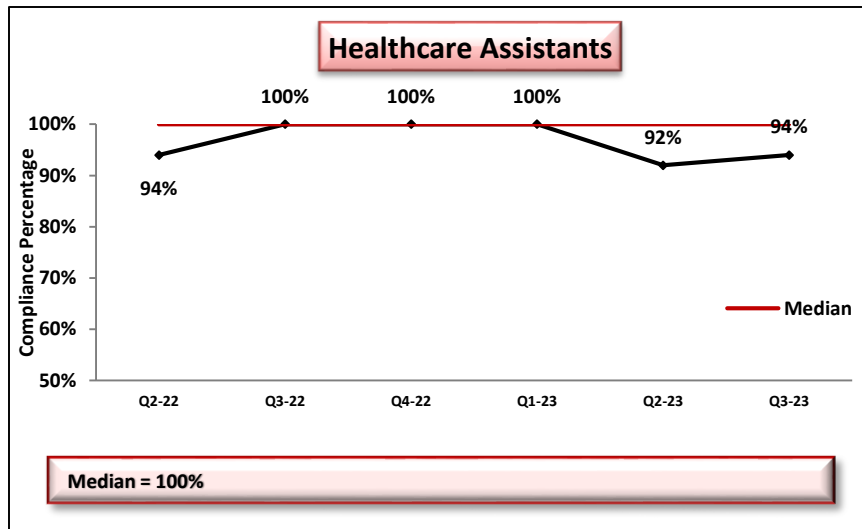
International Patient Safety Goals
Hand Hygiene Compliance
Target = 100%

Doctors

91%, 100%, 100%, 100%, 100%, 100%

Median = 100%

Nurses

100%, 100%, 100%, 100%, 100%, 100%

Median = 100%

Healthcare Assistants

94%, 100%, 100%, 100%, 92%, 94%

Median = 100%

Others

93%, 100%, 100%, 100%, 99%, 100%

Median = 100%

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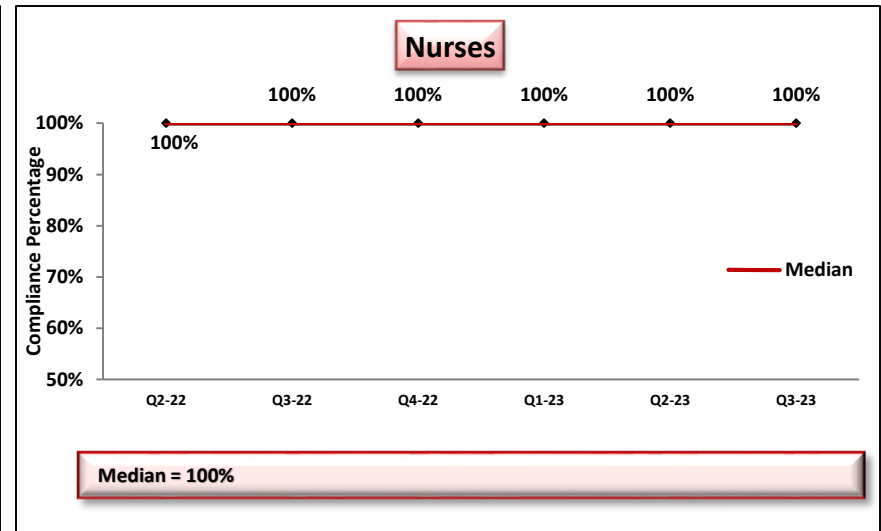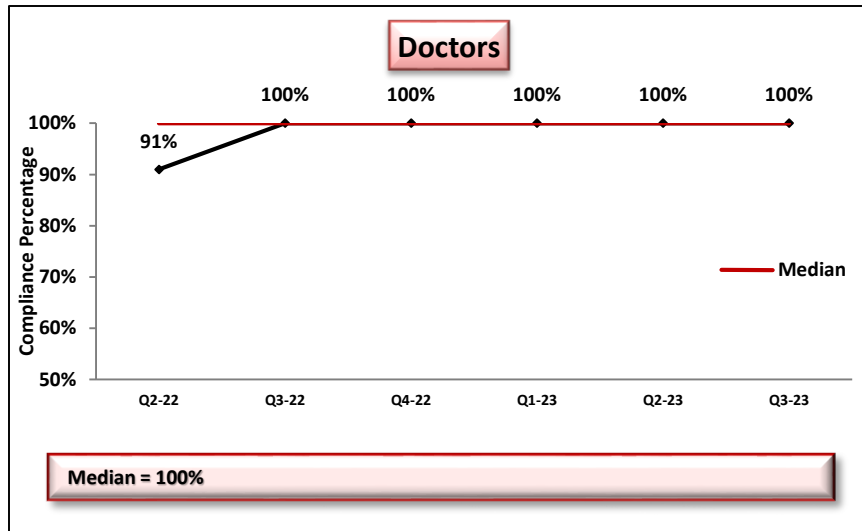
International Patient Safety Goals
Outpatient Falls Reported
Target = 0

Outpatient Department

Median = 0

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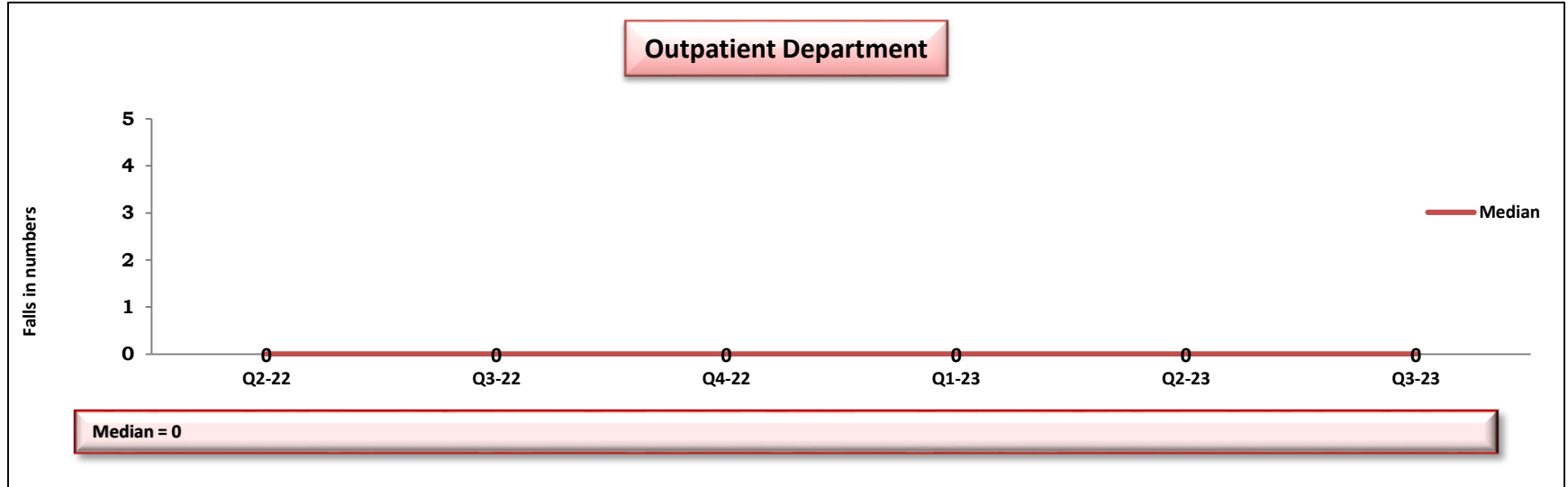
International Patient Safety Goals

Appropriate interventions are in place for inpatients at high risk of fall – Direct observation
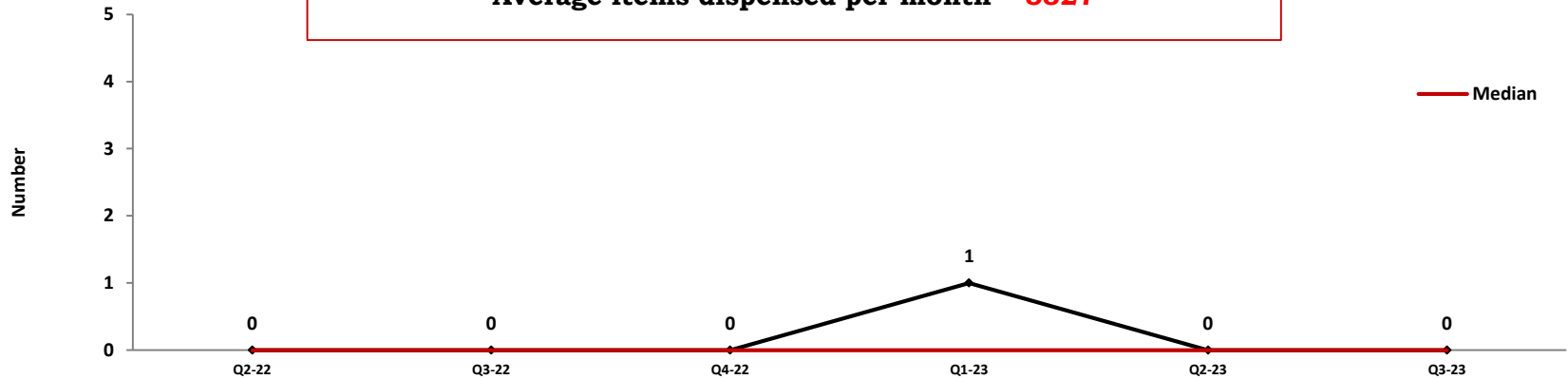### Target = 100%

Outpatient Department

Compliance Percentage

100% · 100%

Target

Median = 100%

Shaukat Khanum
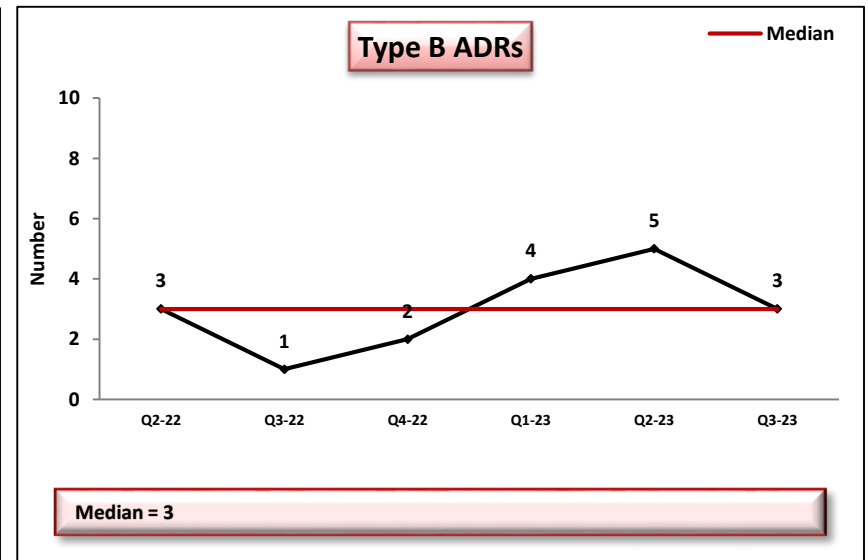Memorial Cancer Hospital
and Research Centre
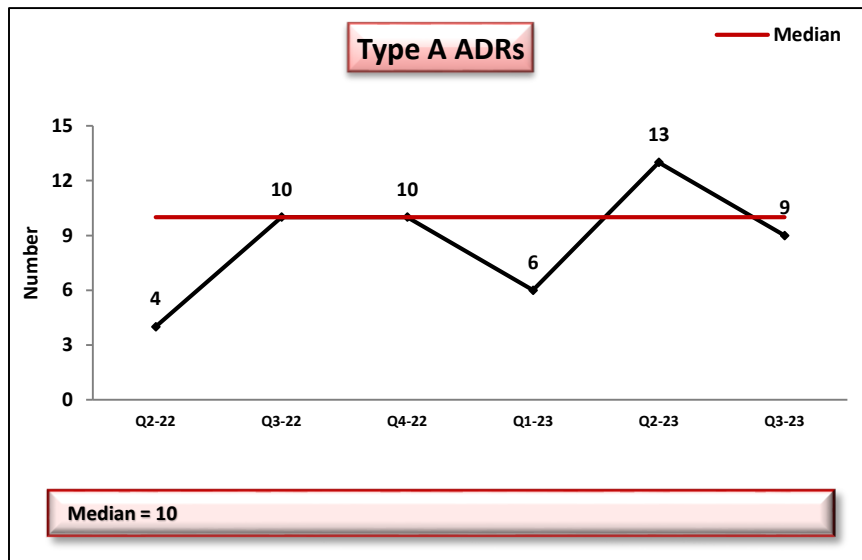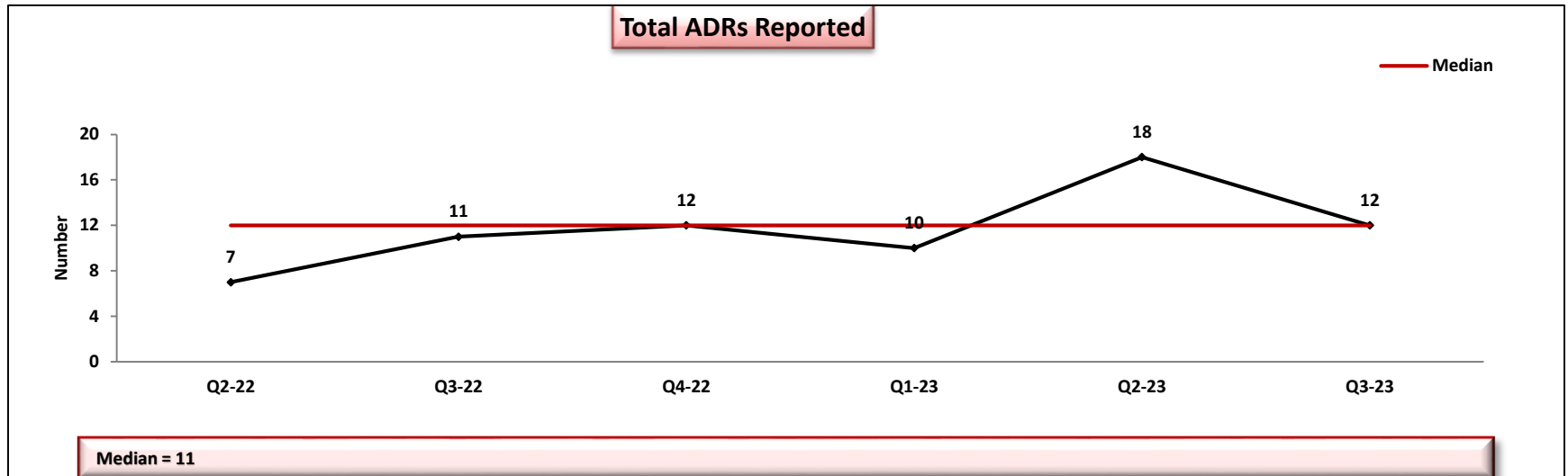
Medication Errors

Number of items/100,000 items dispensed
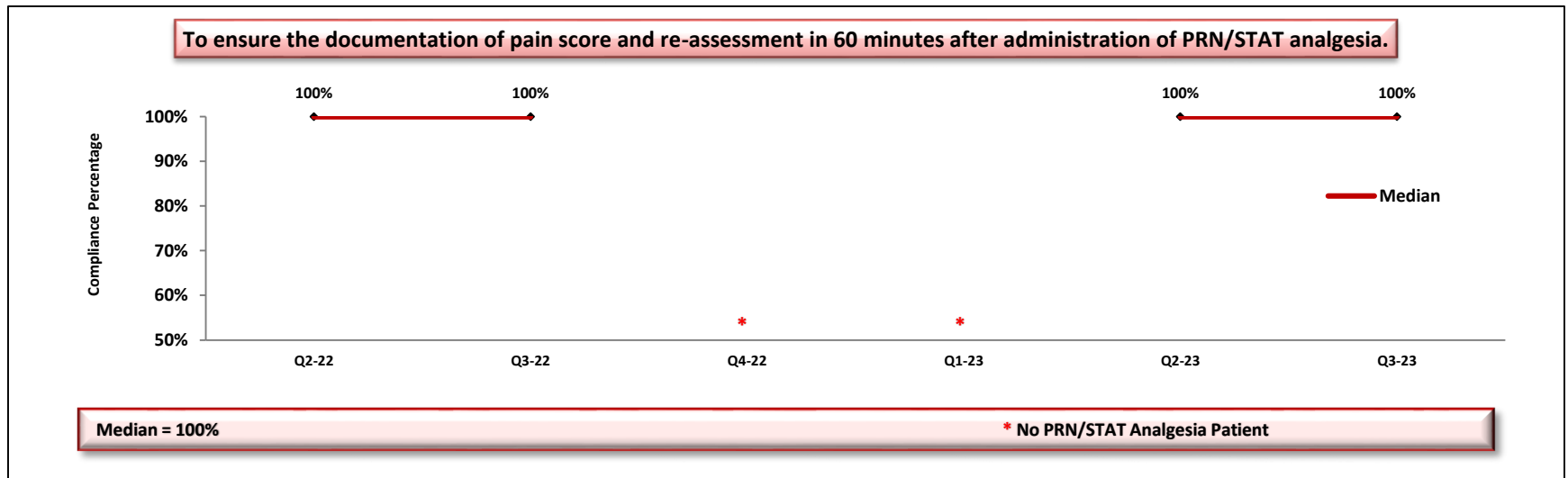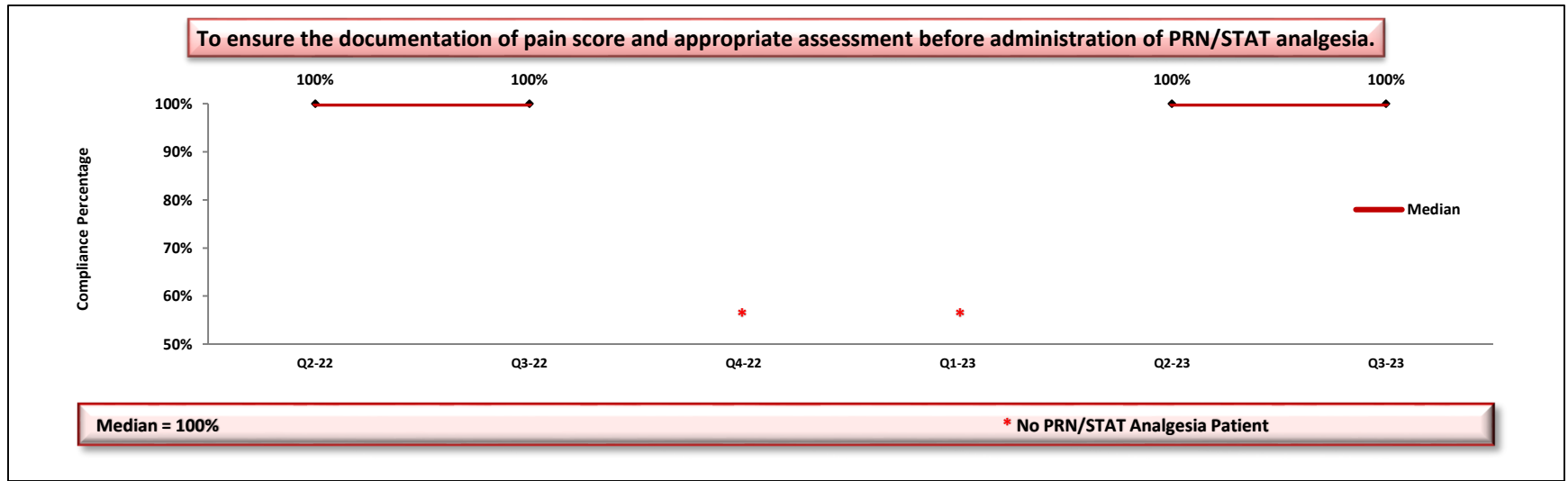**Average items dispensed per month = 3327**

Median = 0

Adverse Drug Events-Pharmacy

Total ADRs Reported

Median = 11

Type A ADRs — Median = 10

Type B ADRs — Median = 3

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ADRs – Adverse Drug Reactions

Hospital-wide Indicators

To ensure the documentation of pain score and appropriate assessment before administration of PRN/STAT analgesia.

Median = 100%   * No PRN/STAT Analgesia Patient

To ensure the documentation of pain score and re-assessment in 60 minutes after administration of PRN/STAT analgesia.

Median = 100%   * No PRN/STAT Analgesia Patient

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Hospital-wide Indicators

Awareness of the staff on hazardous materials — Compliance Percentage by quarter (Q2-22 through Q3-23): 87%, 99%, 100%, 98%, 100%, 100%. Median = 100%.
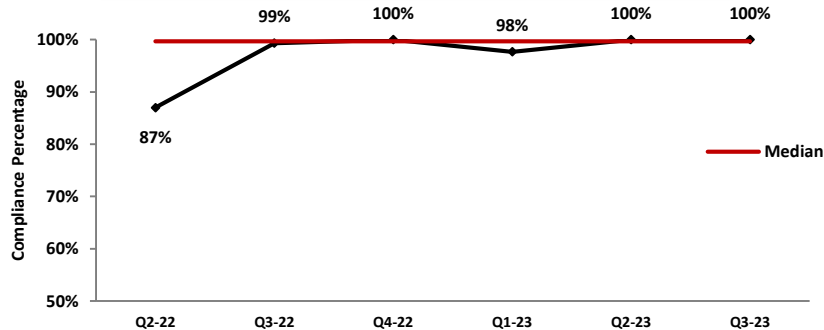
Accuracy of hazardous material inventory — Compliance Percentage by quarter (Q2-22 through Q3-23): 100%, 100%, 100%, 100%, 100%, 100%. Median = 100%.
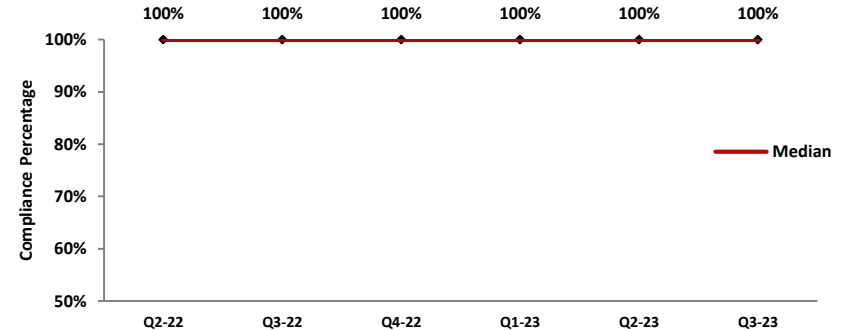
Correct labelling of hazardous material — Compliance Percentage by quarter (Q2-22 through Q3-23): 100%, 100%, 100%, 100%, 100%, 100%. Median = 100%.
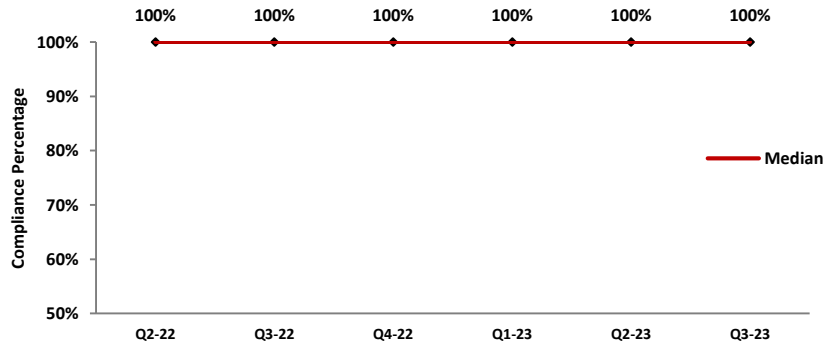
Monitoring & Safe Keeping of Medical Equipment — Compliance Percentage by quarter (Q2-22 through Q3-23): 100%, 100%, 100%, 100%, 100%, 100%. Median = 100%.
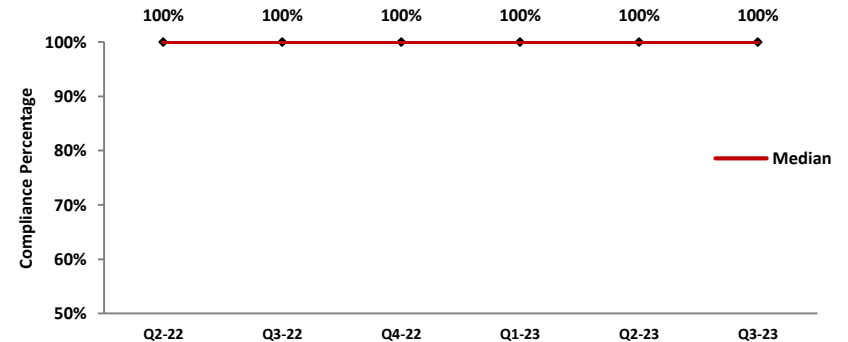
Clinical Performance Indicators
Compliance with defined Turnaround Time for Reporting

Pathology

Compliance Percentage

100%
90%
80% — Median
70%
60%
50%

Q2-22　　Q3-22　　Q4-22　　Q1-23　　Q2-23　　Q3-23

Median = 99.6%

Radiology

100%　　100%　　99%　　99%　　100%　　100%

Compliance Percentage

100%
90%
80% — Median
70%
60%
50%

Q2-22　　Q3-22　　Q4-22　　Q1-23　　Q2-23　　Q3-23

Median = 100%

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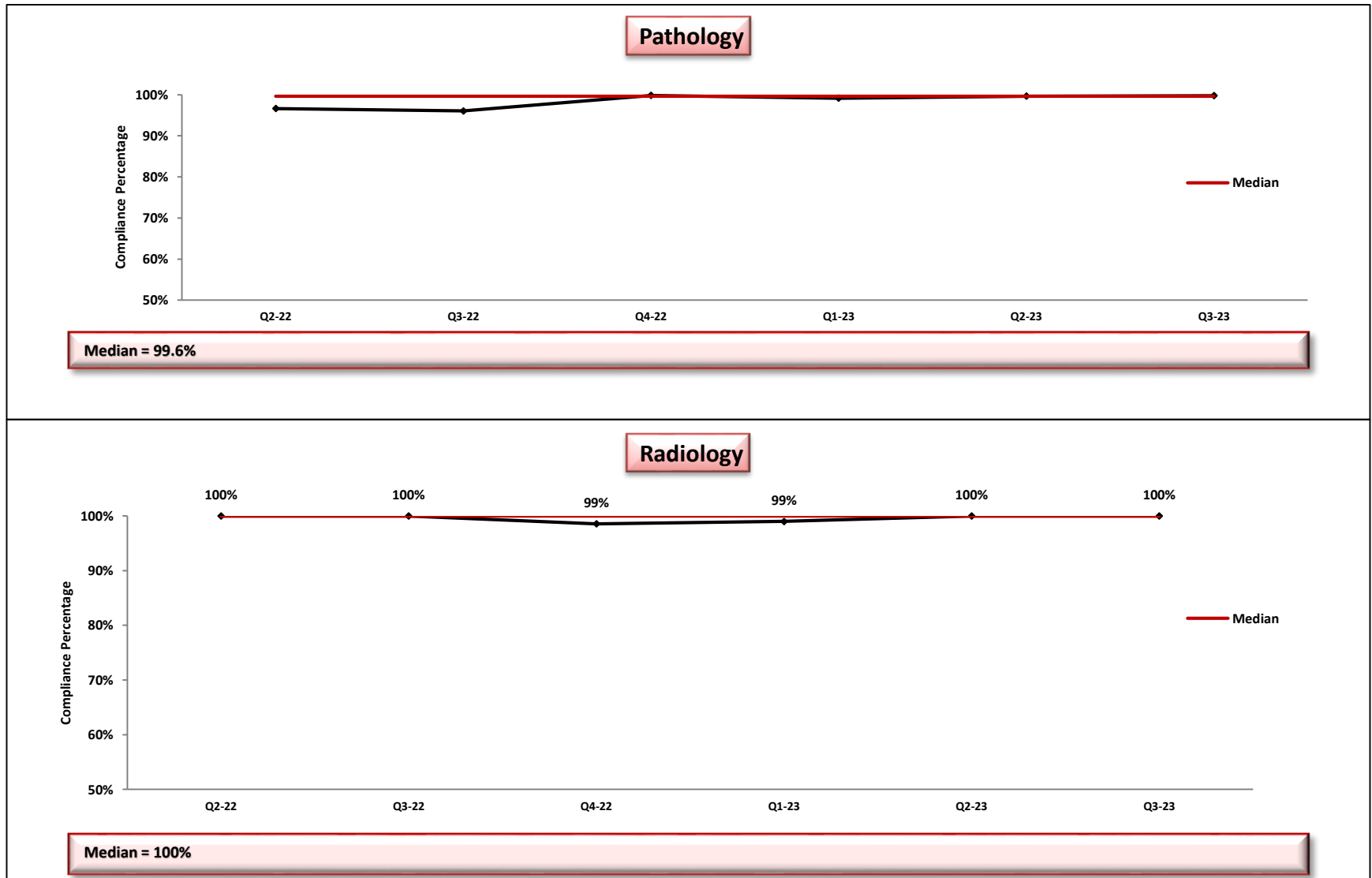
Complaints–Clinical Departments