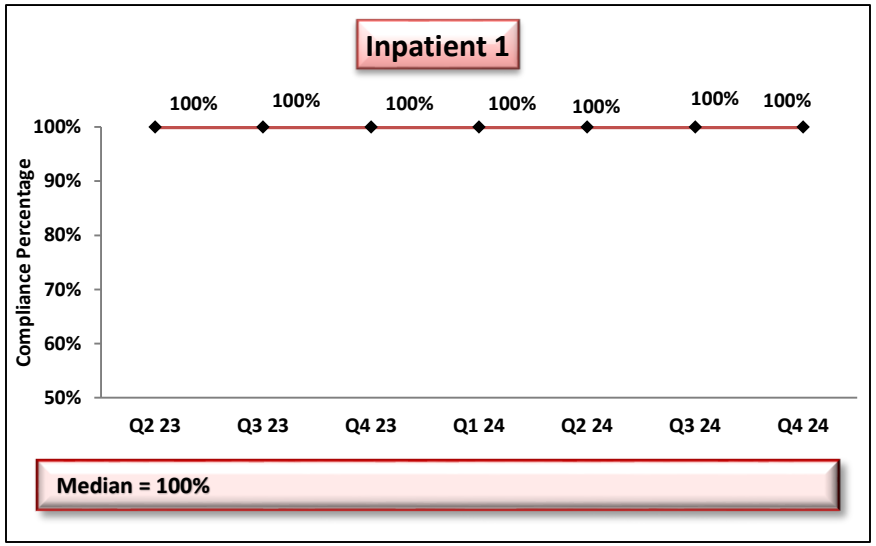
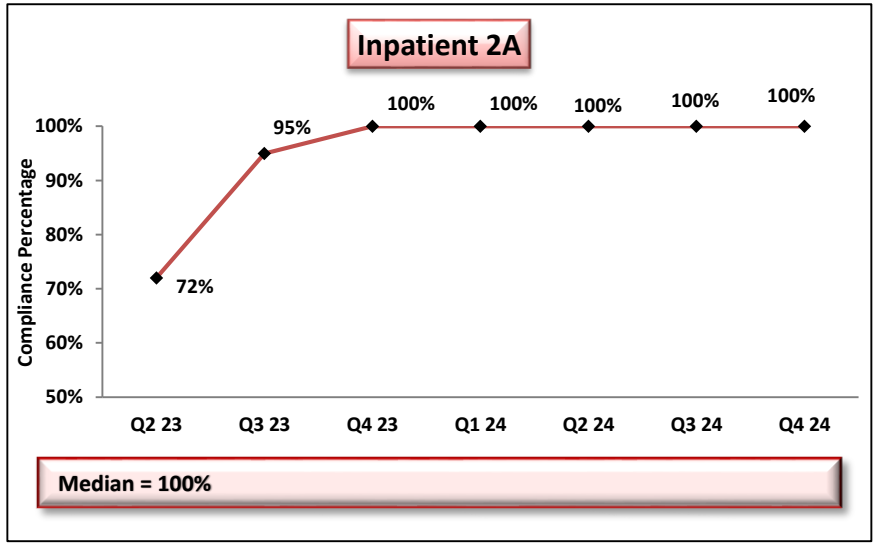
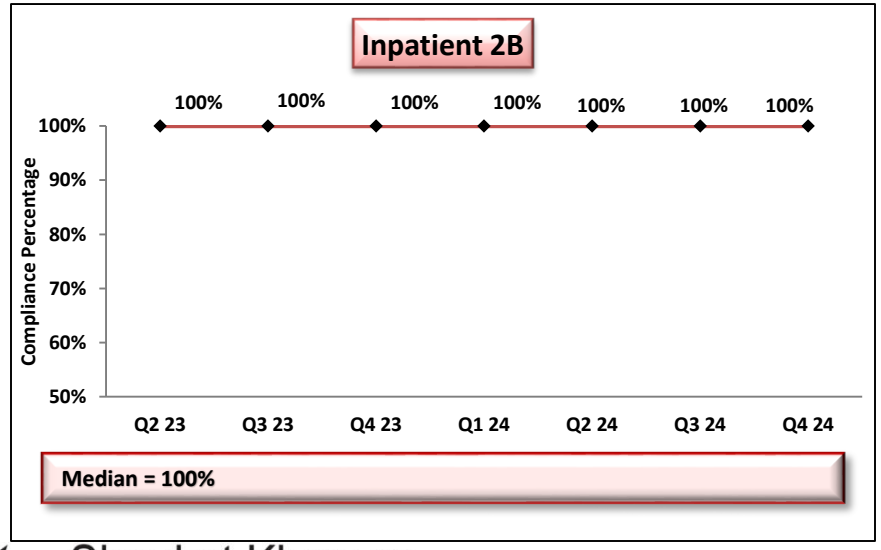
SKMCH&RC - Lahore

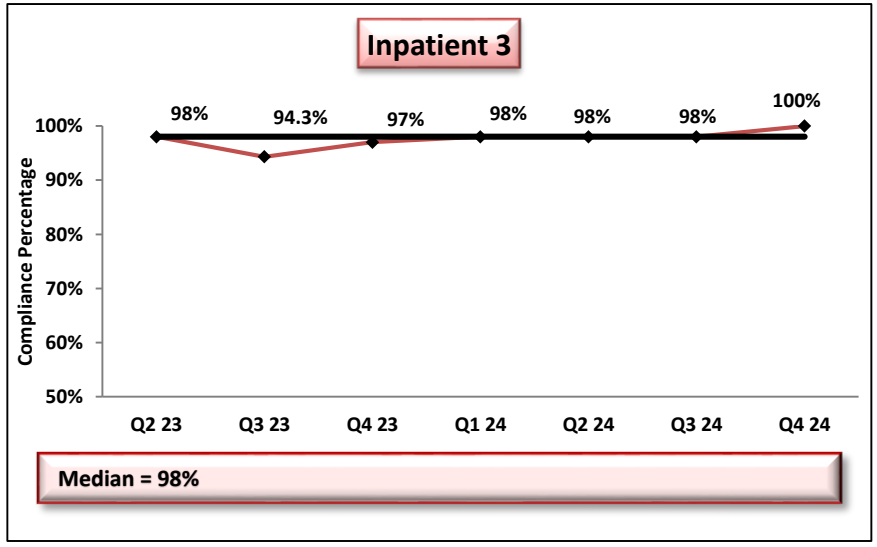
Clinical Performance Dashboard
Quarter 4 2024

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









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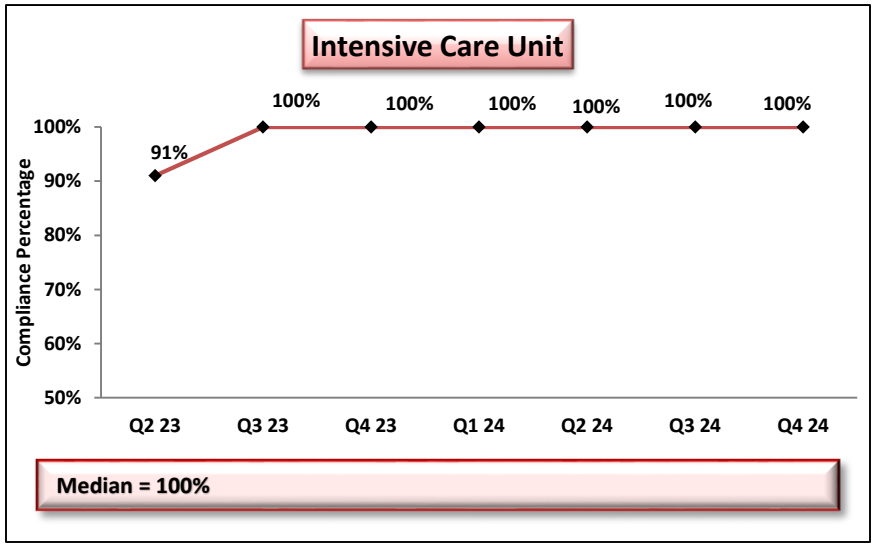
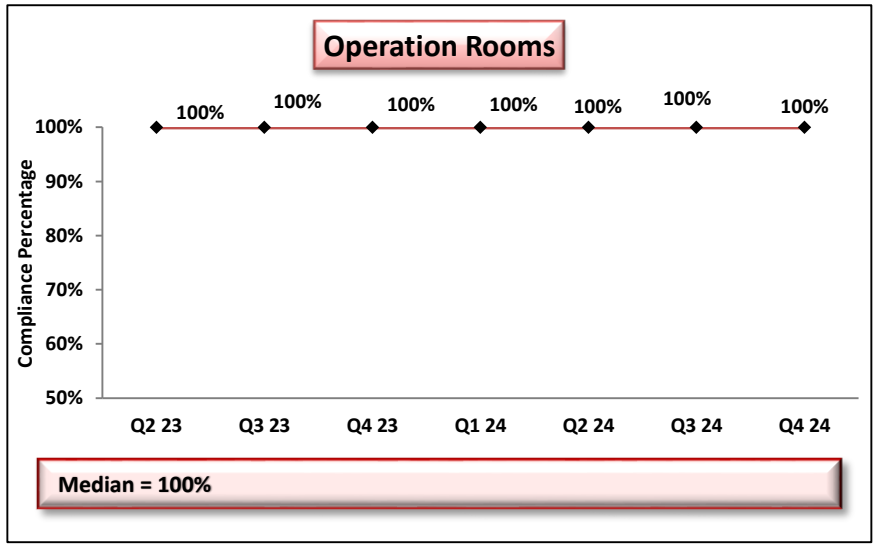
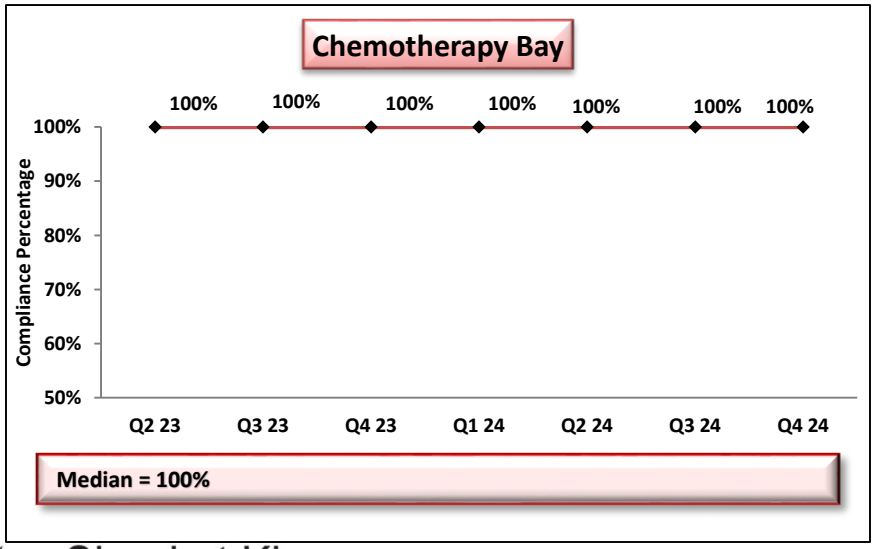
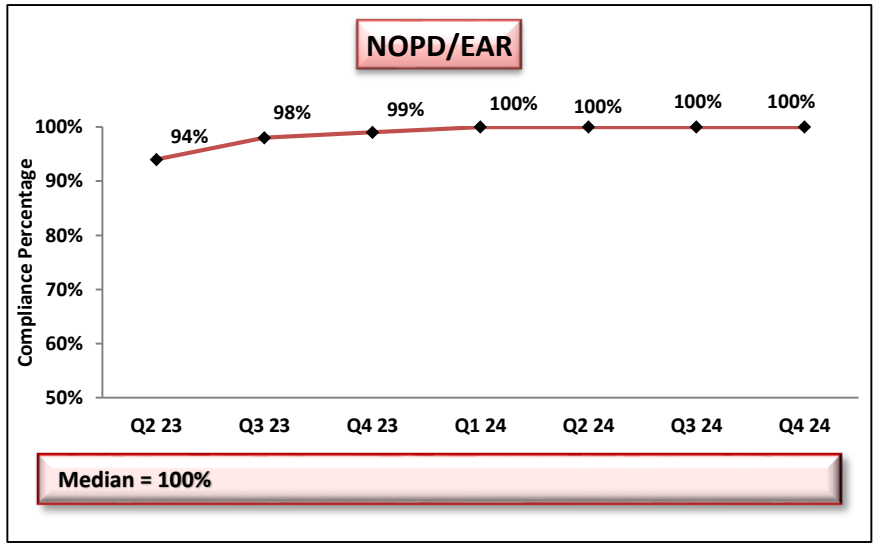
Two identifiers are used while providing care – Direct observation
International Patient Safety Goals
Patient Identification Compliance
Target = 100%









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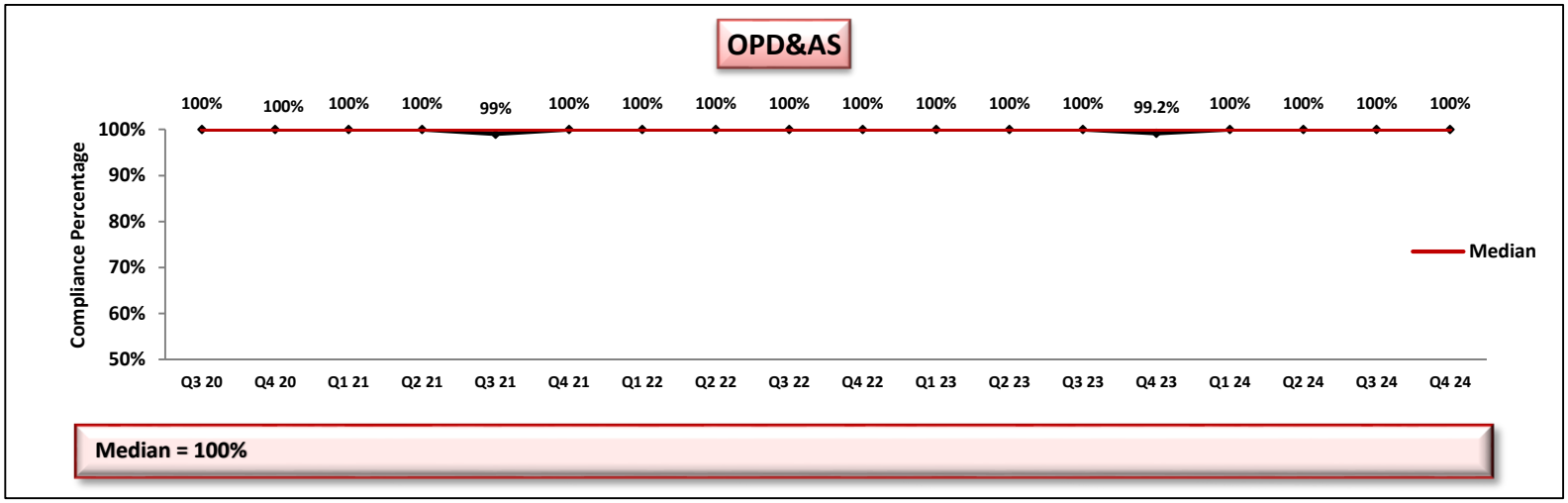
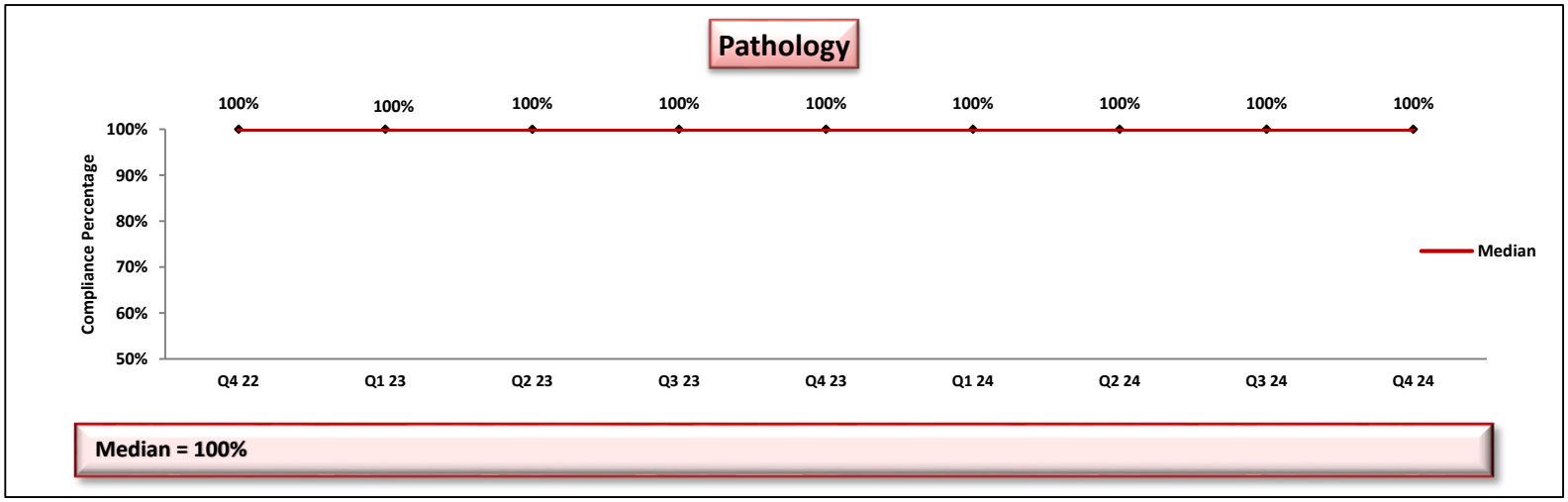
International Patient Safety Goals

Patient Identification Compliance

Target = 100%





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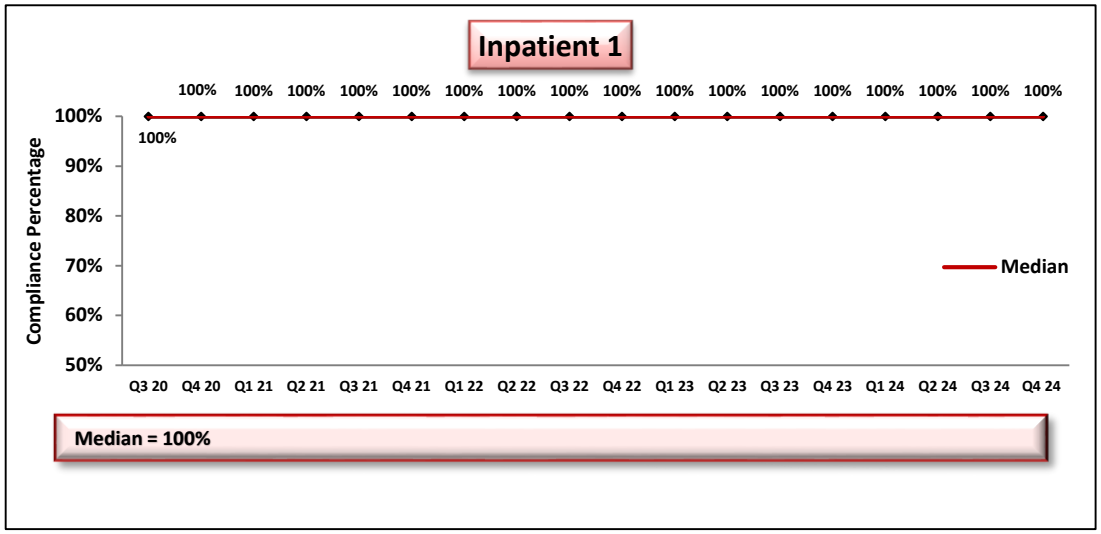
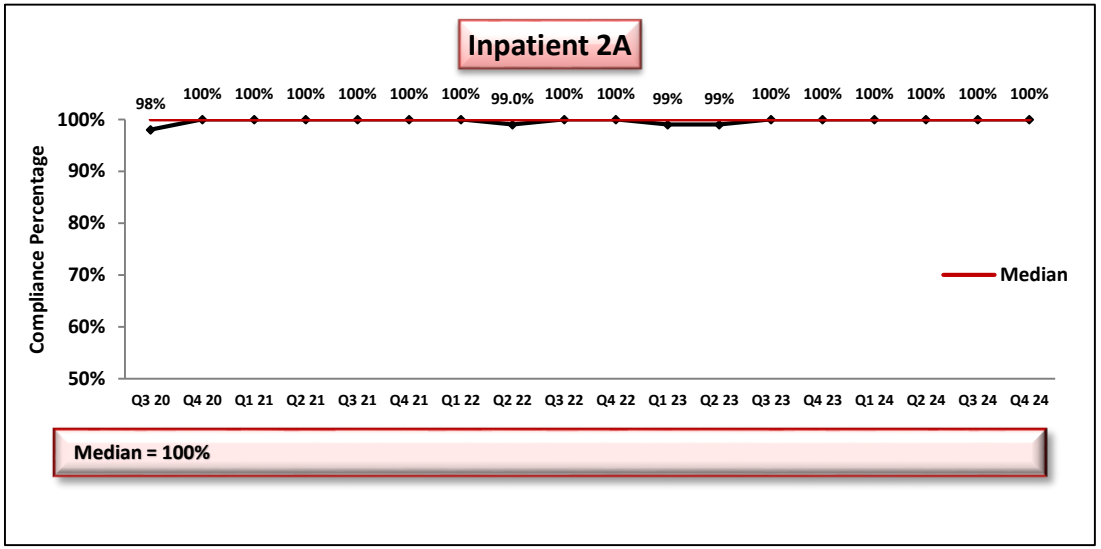
International Patient Safety Goals

Nursing Handover Completeness

Target = 100%





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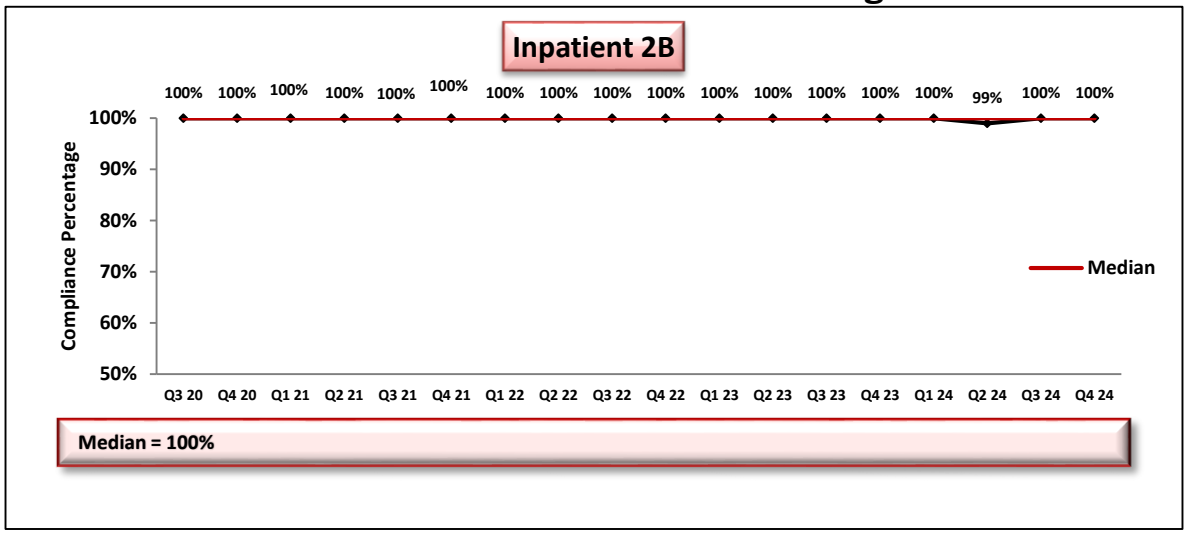
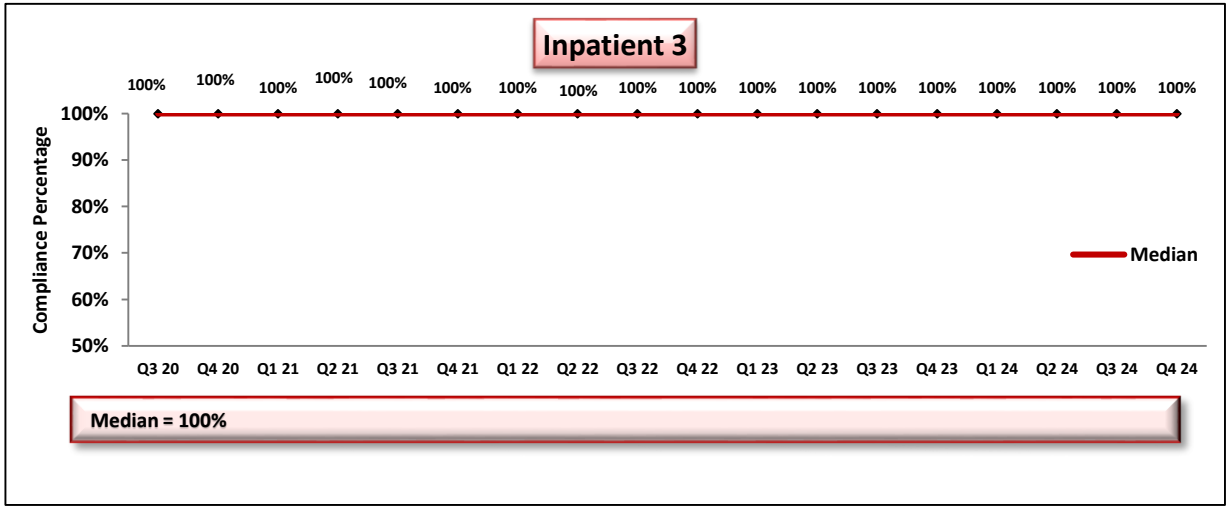
International Patient Safety Goals

Nursing Handover Completeness

Target = 100%





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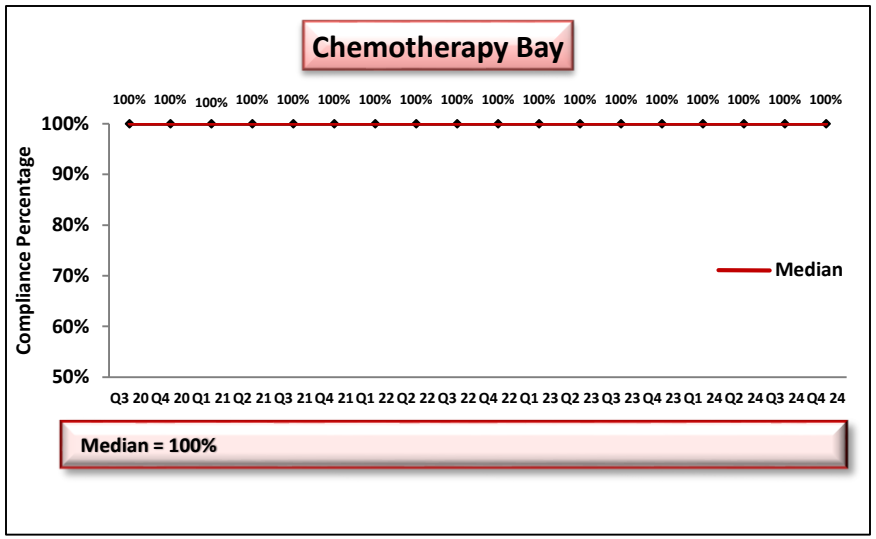
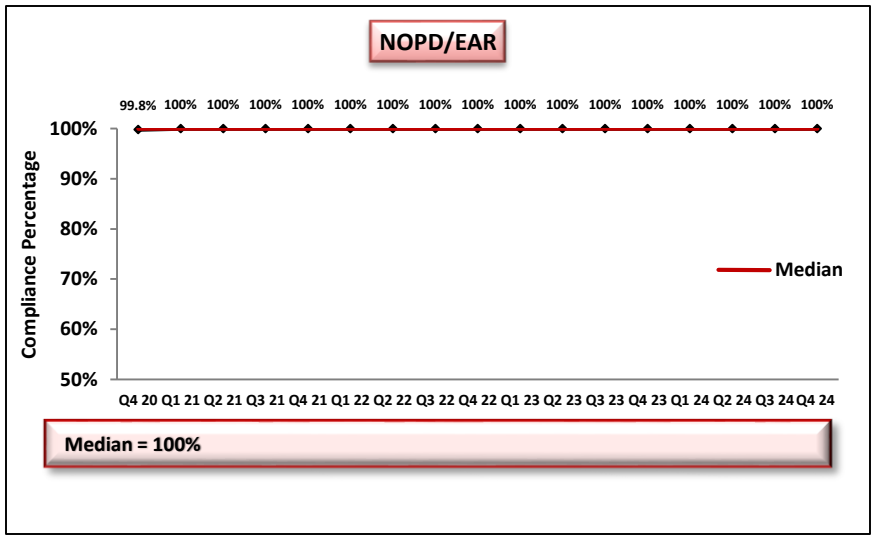
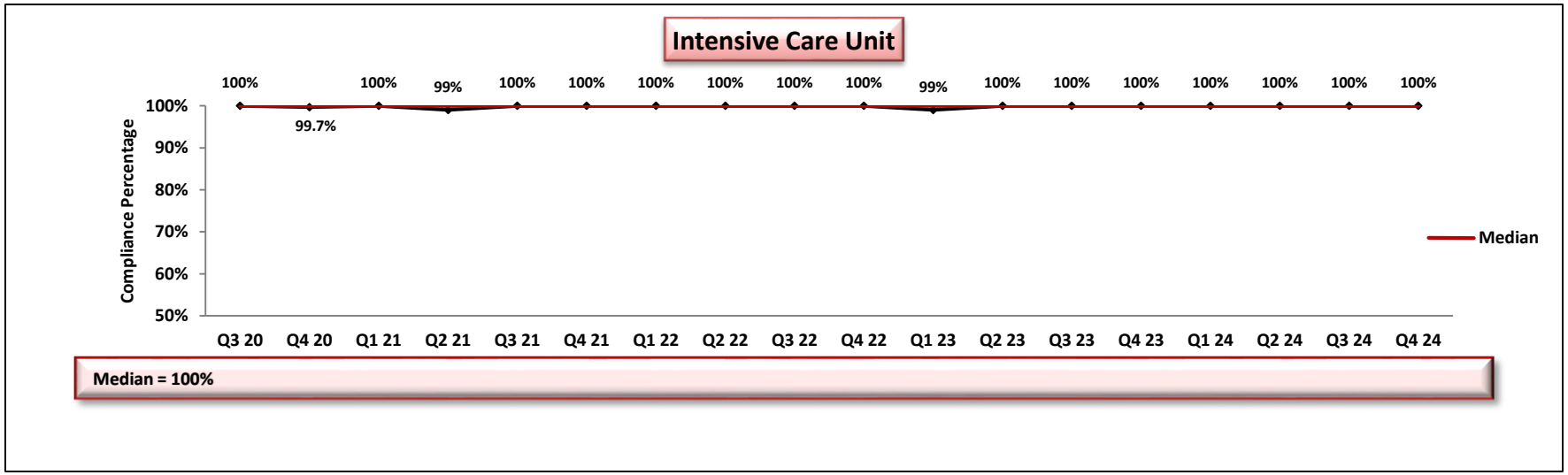
International Patient Safety Goals

Nursing Handover Completeness

Target = 100%







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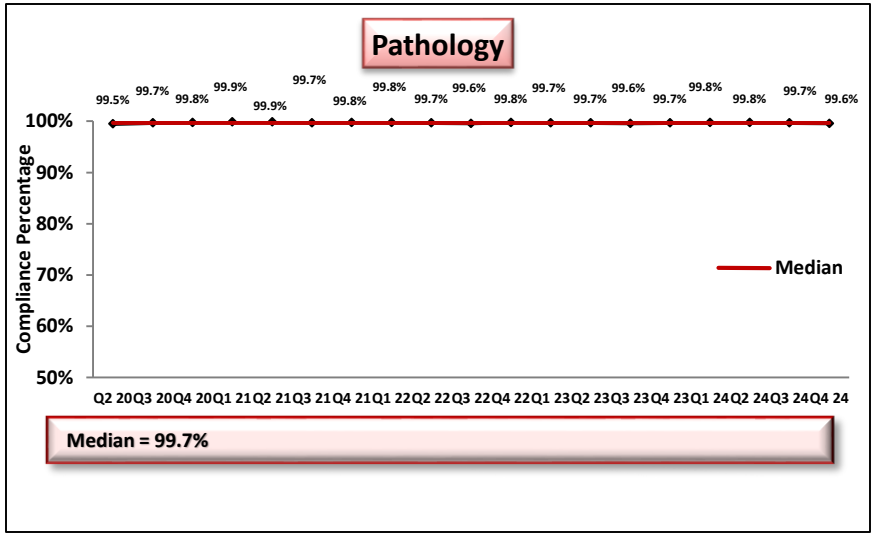
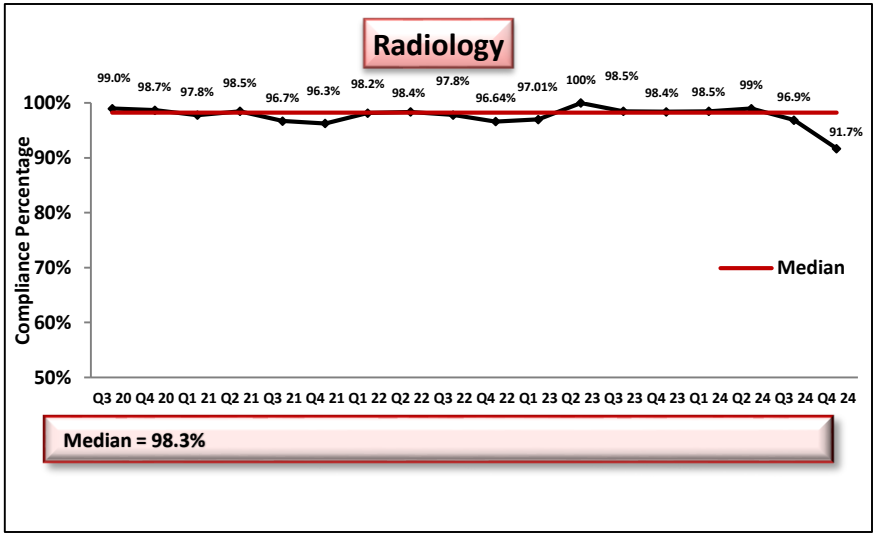
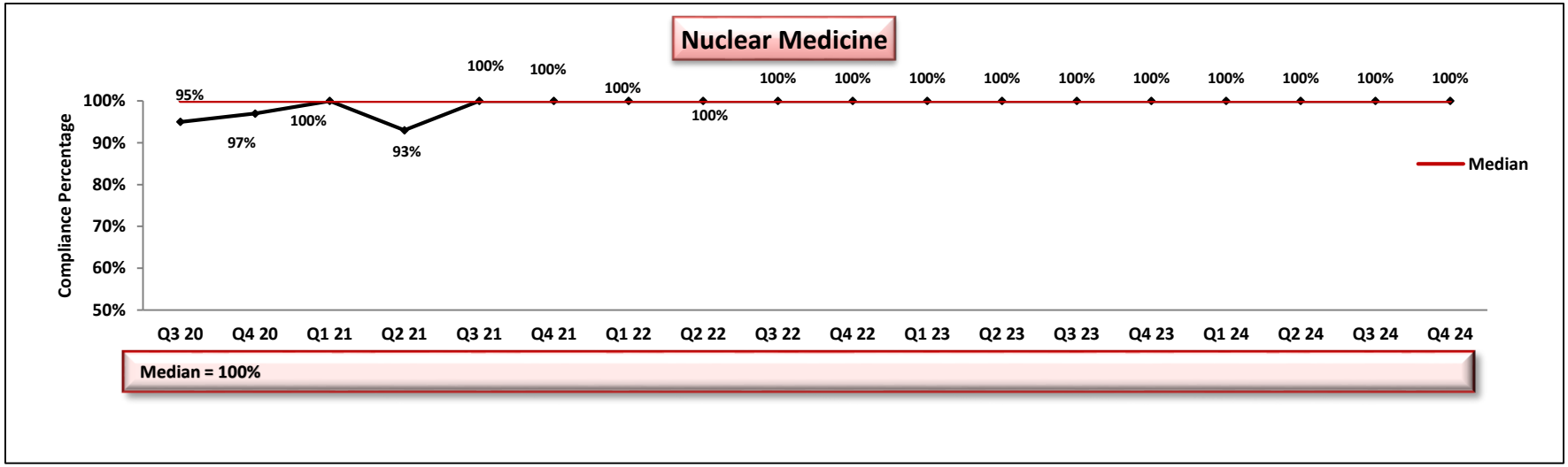
International Patient Safety Goals

Critical Alert Reporting

Target = 100%







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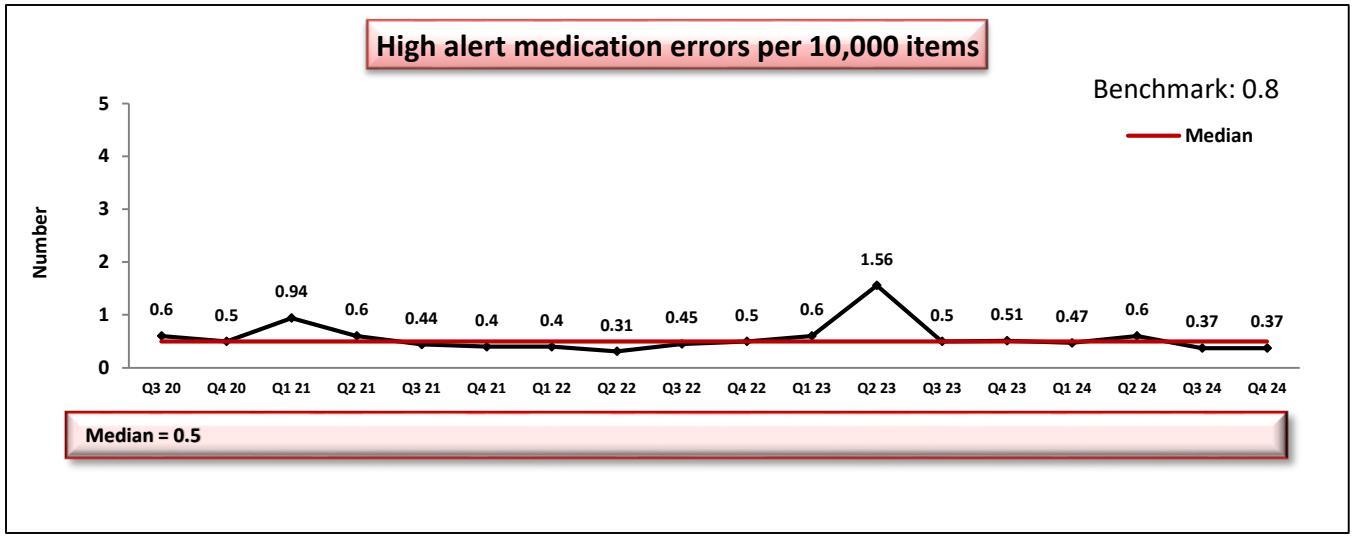
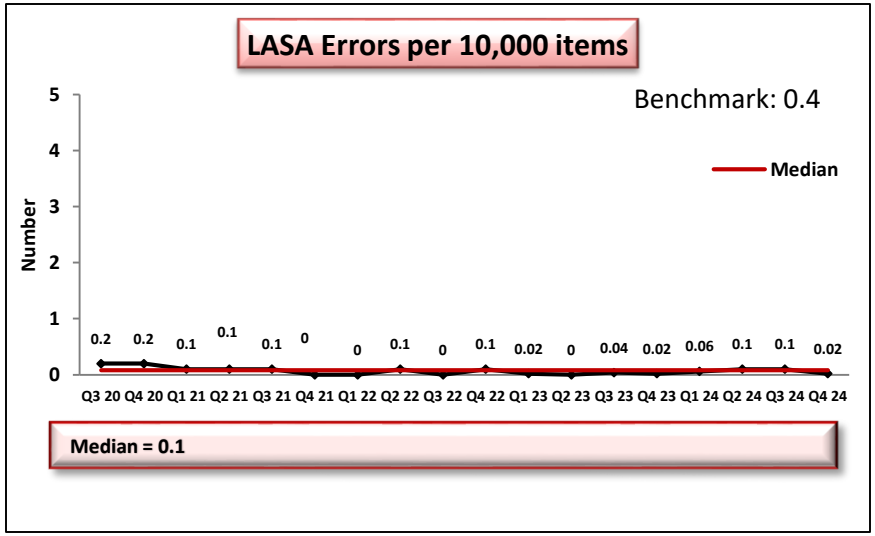
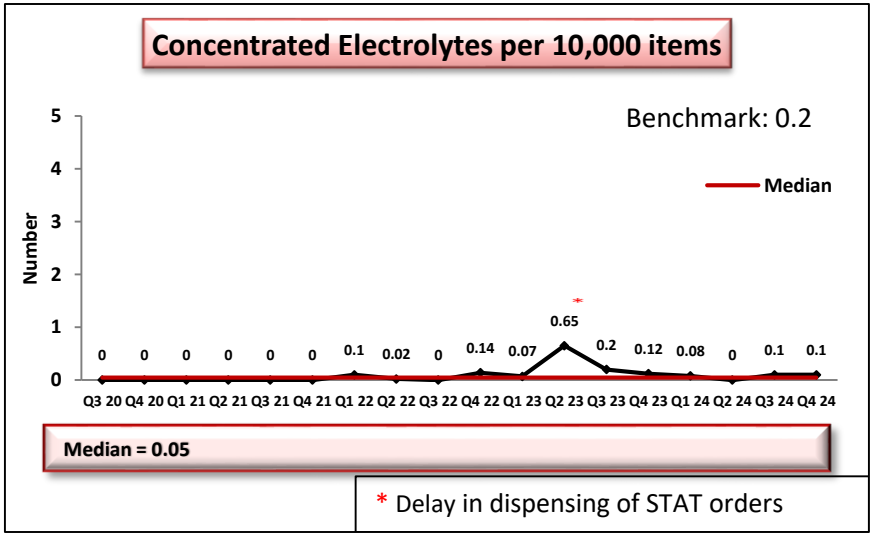
International Patient Safety Goals

Safety of High Alert Medications







* Delay in dispensing of STAT orders

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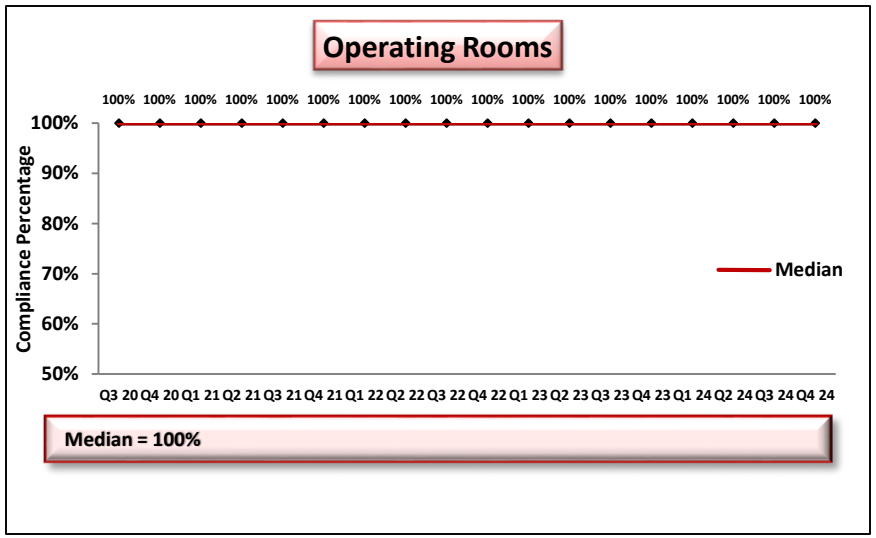
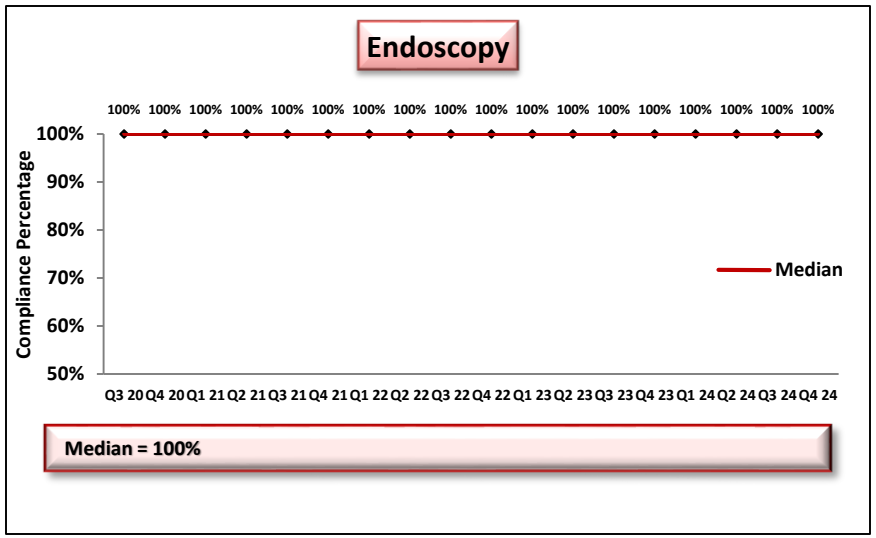
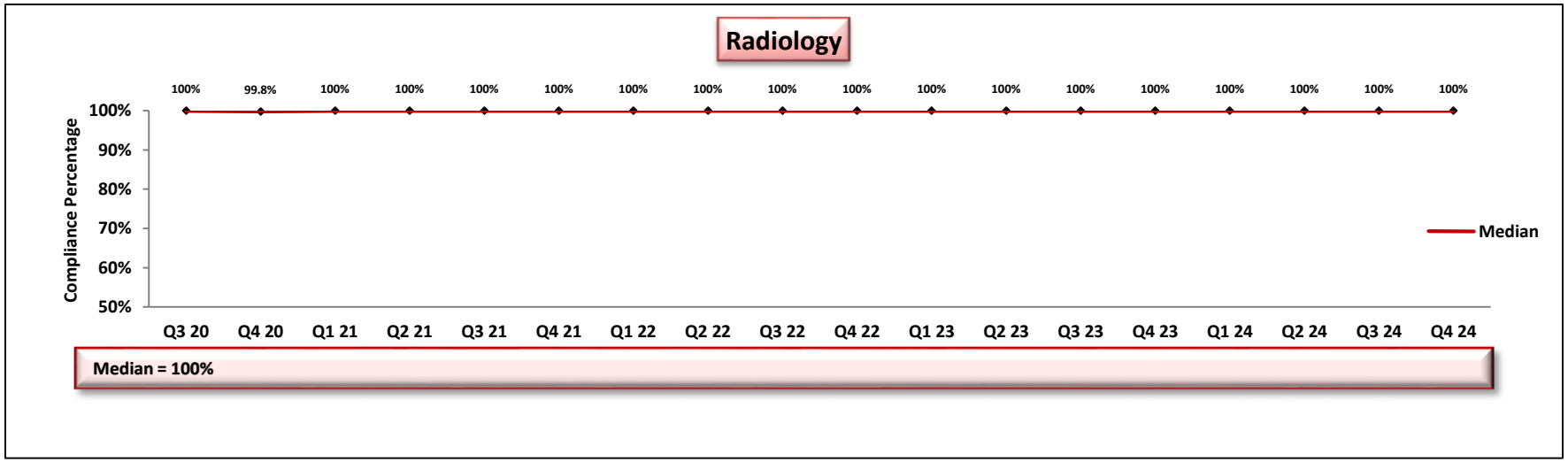
International Patient Safety Goals

Time out Process Compliance

Target = 100%







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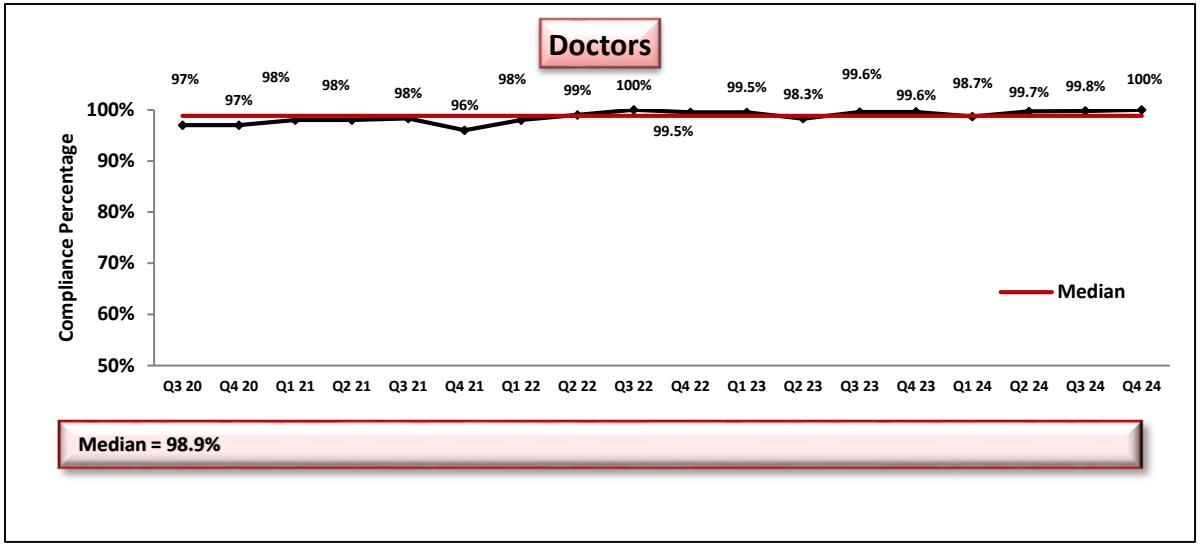
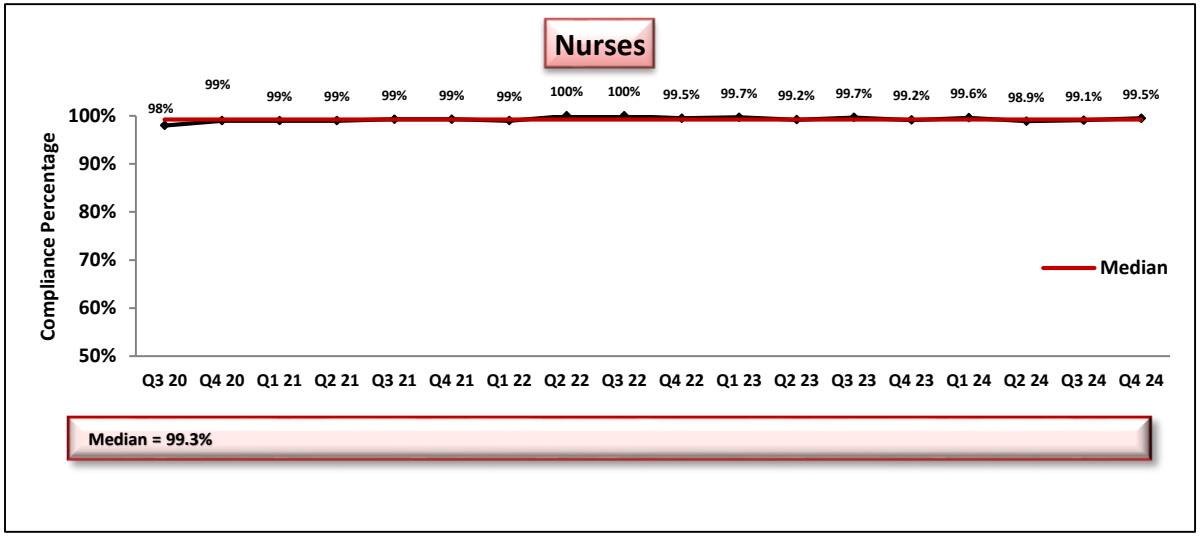
International Patient Safety Goals

Hand Hygiene Compliance

Target = 100%





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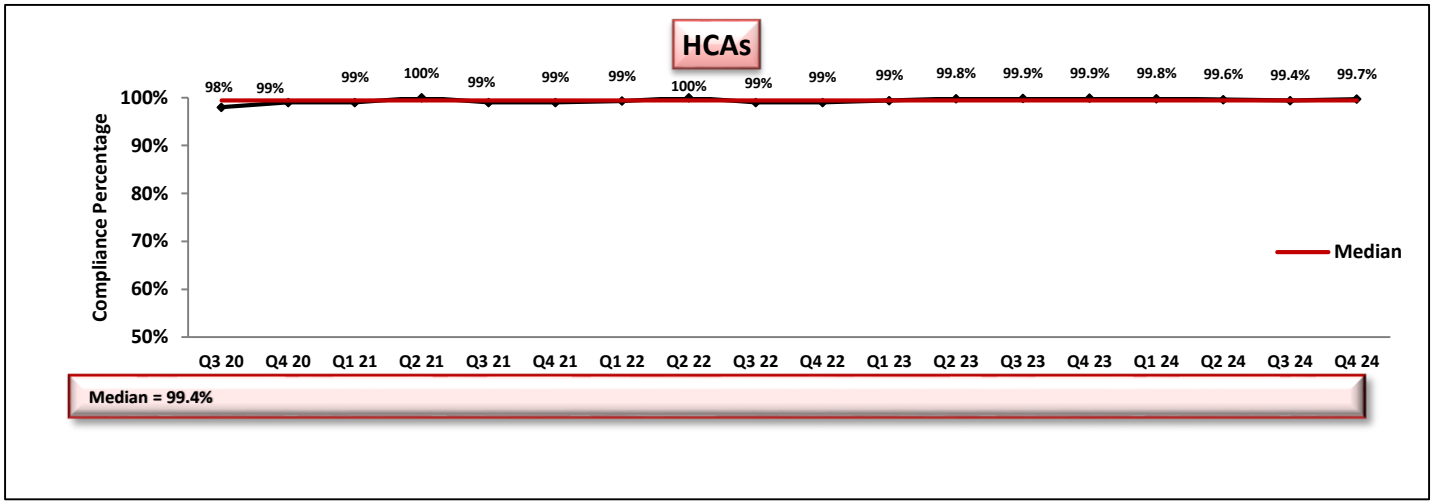
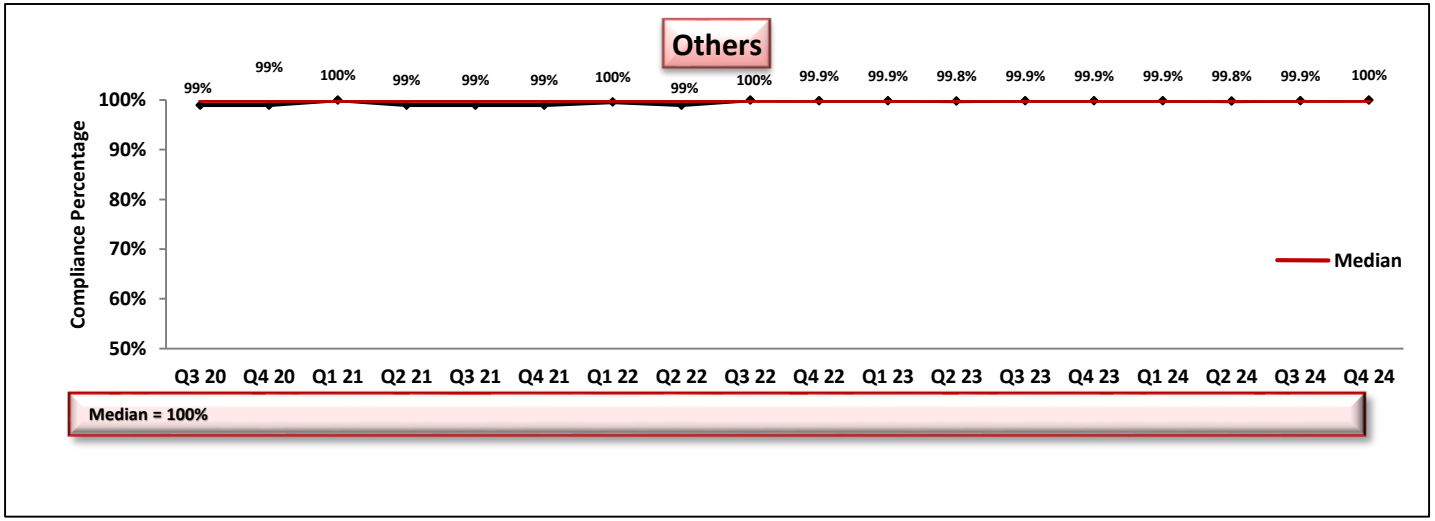
International Patient Safety Goals

Hand Hygiene Compliance

Target = 100%





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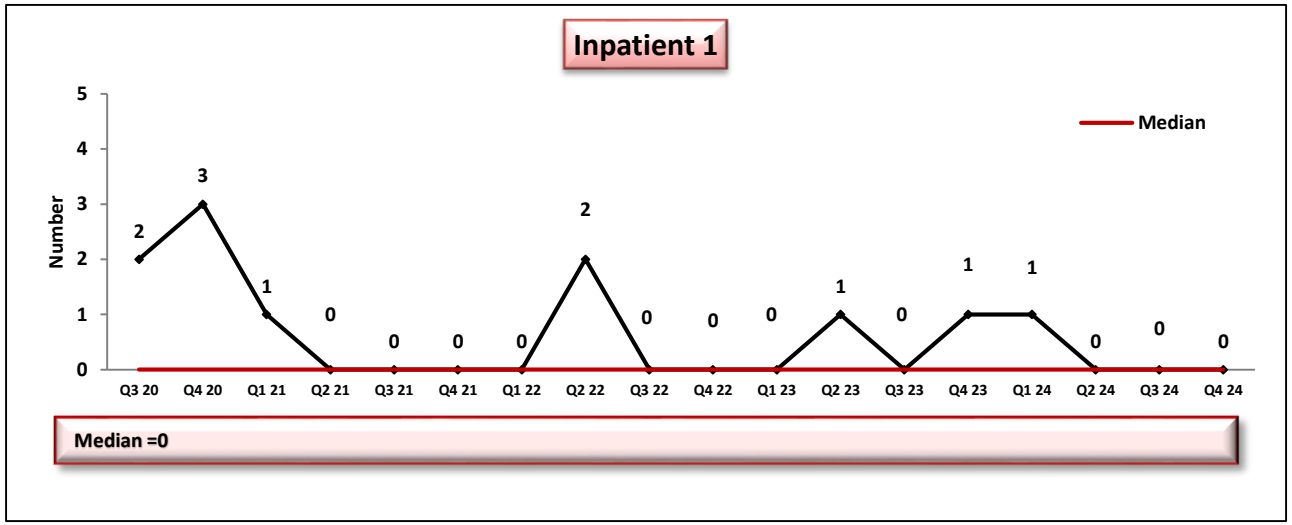
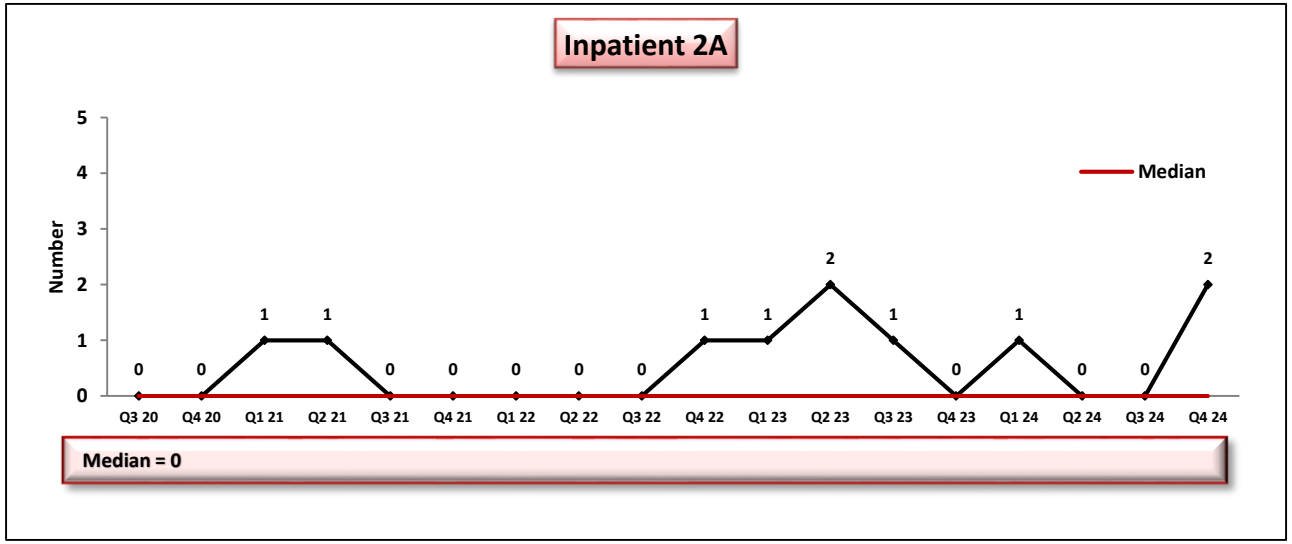
International Patient Safety Goals

Inpatient Falls Reported

Target = 0





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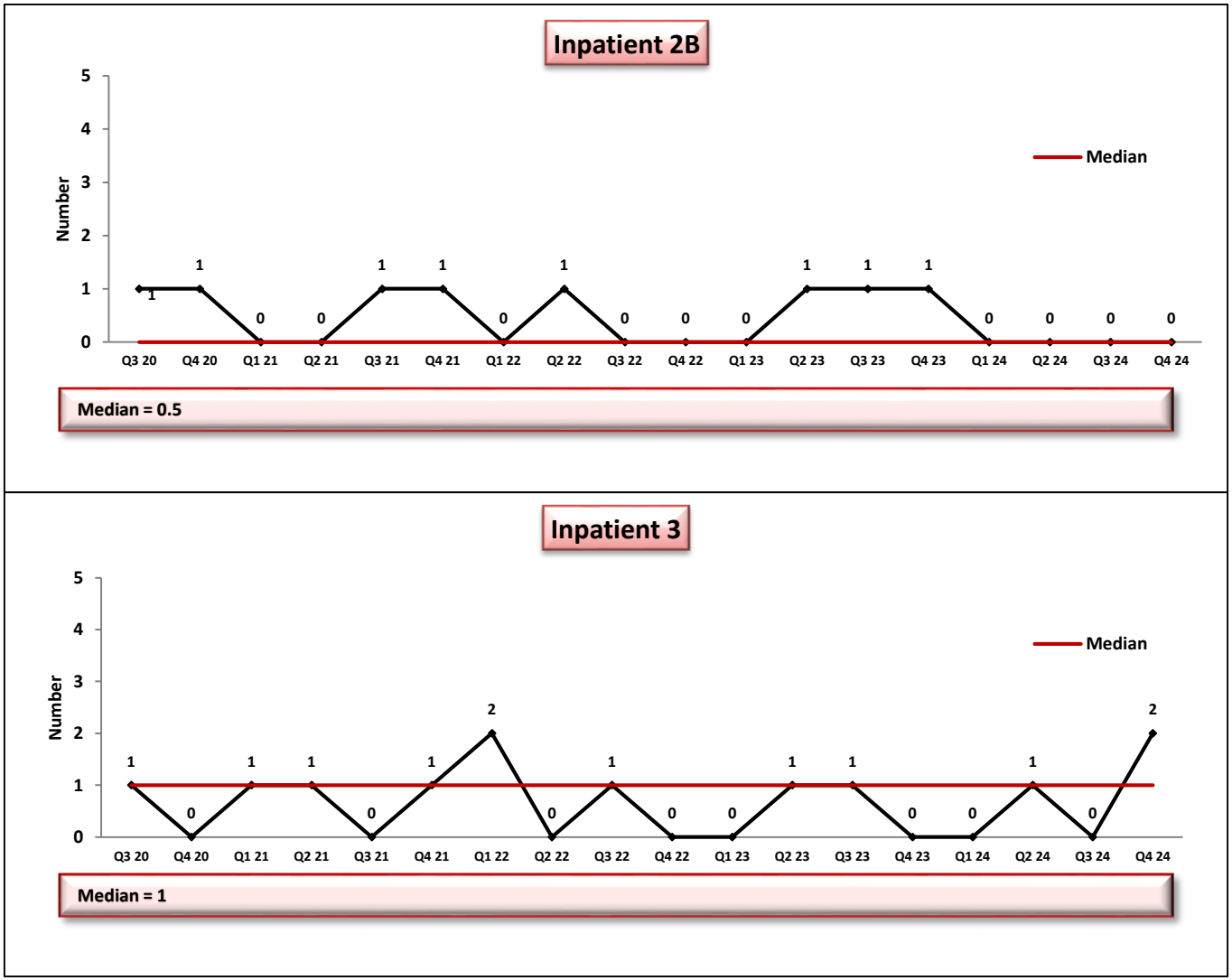
International Patient Safety Goals

Inpatient Falls Reported

Target = 0



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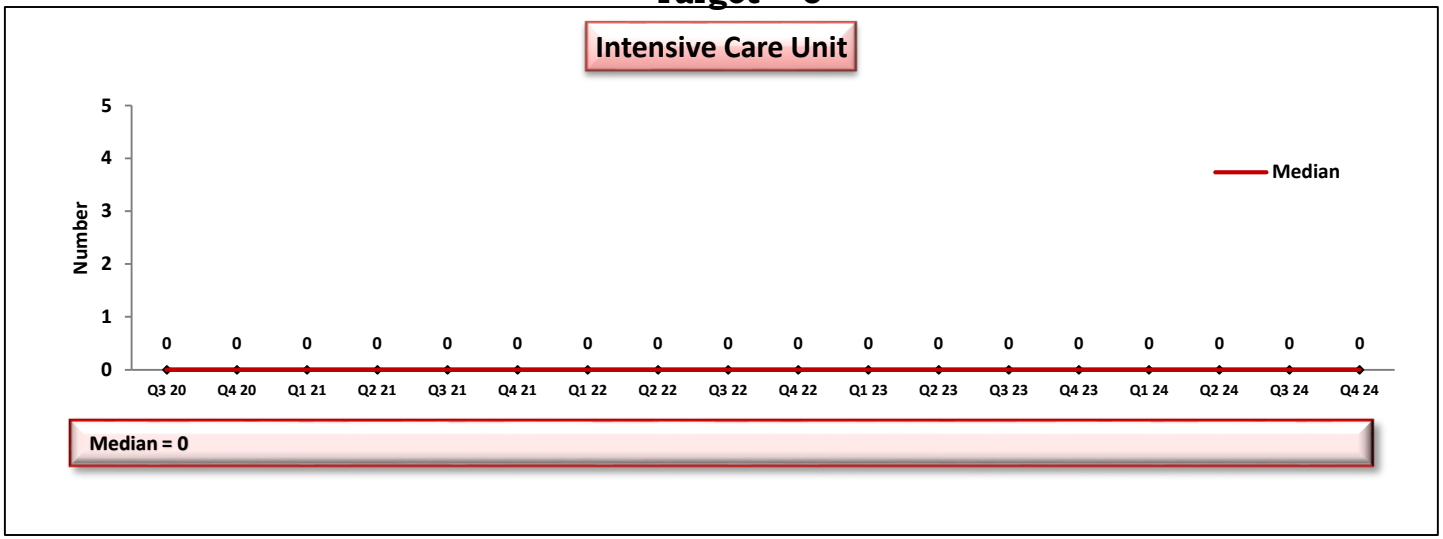
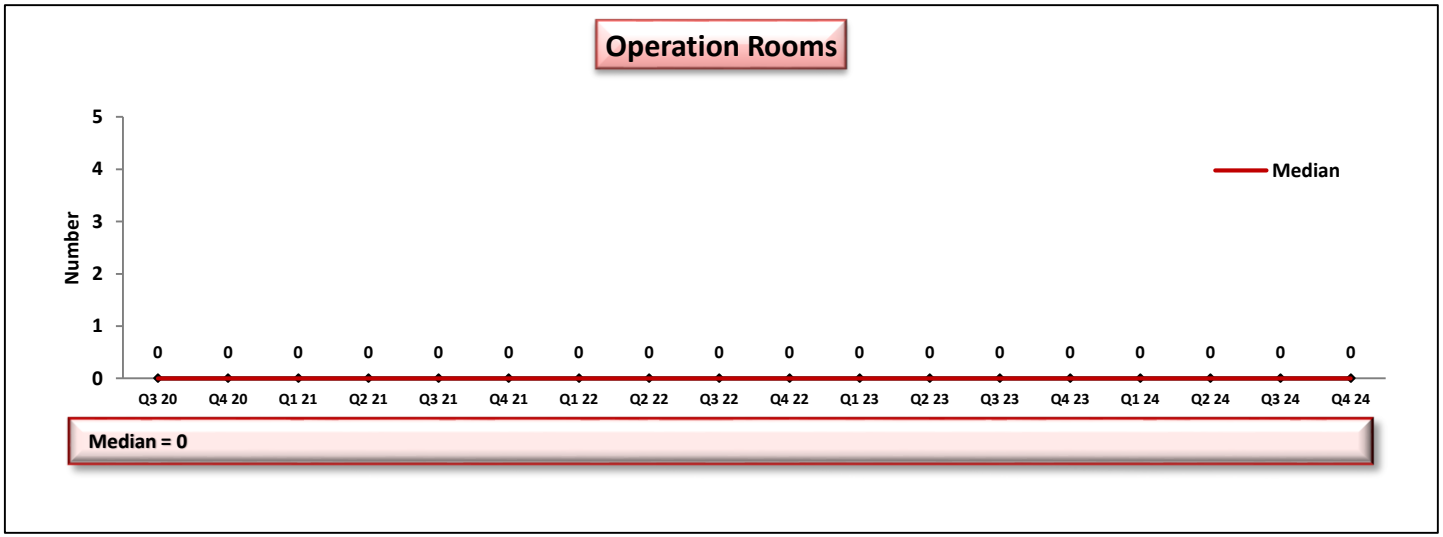
International Patient Safety Goals

Falls Reported

Target = 0





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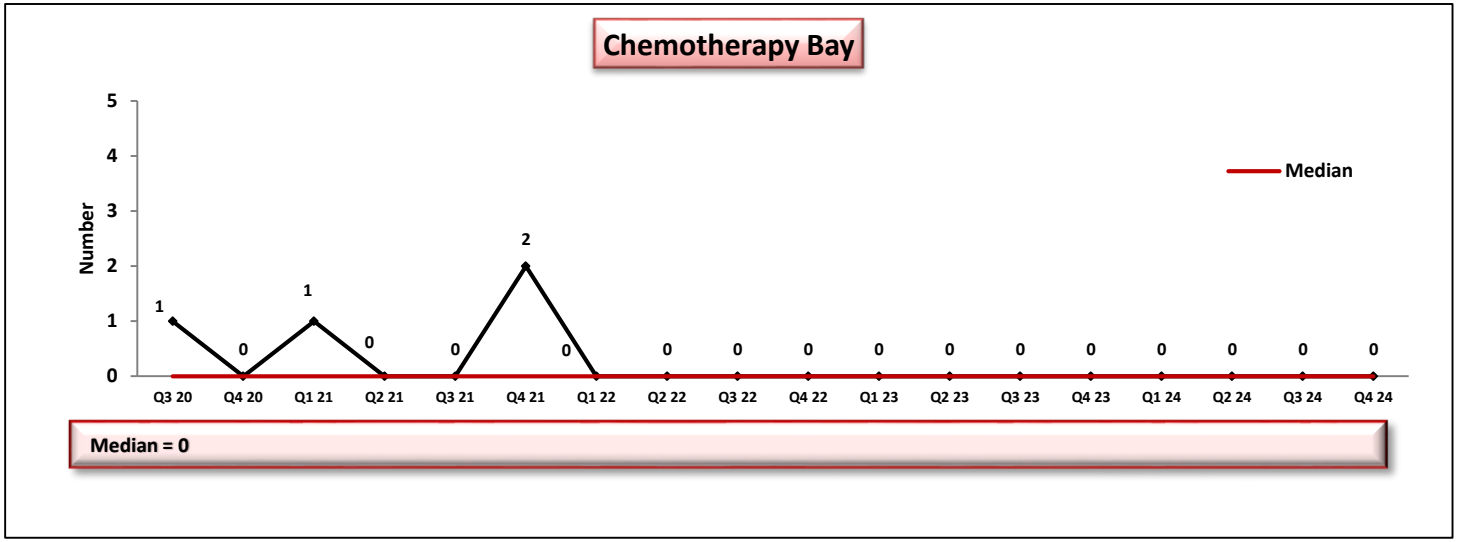
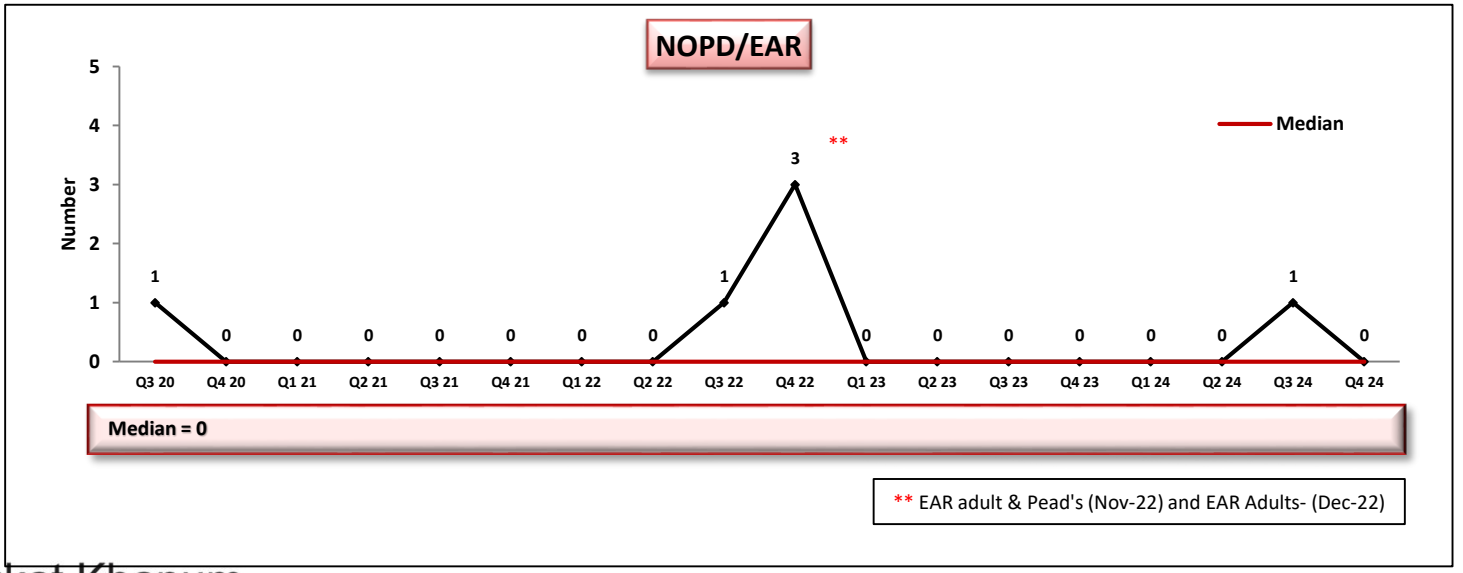
International Patient Safety Goals

Falls Reported

Target = 0





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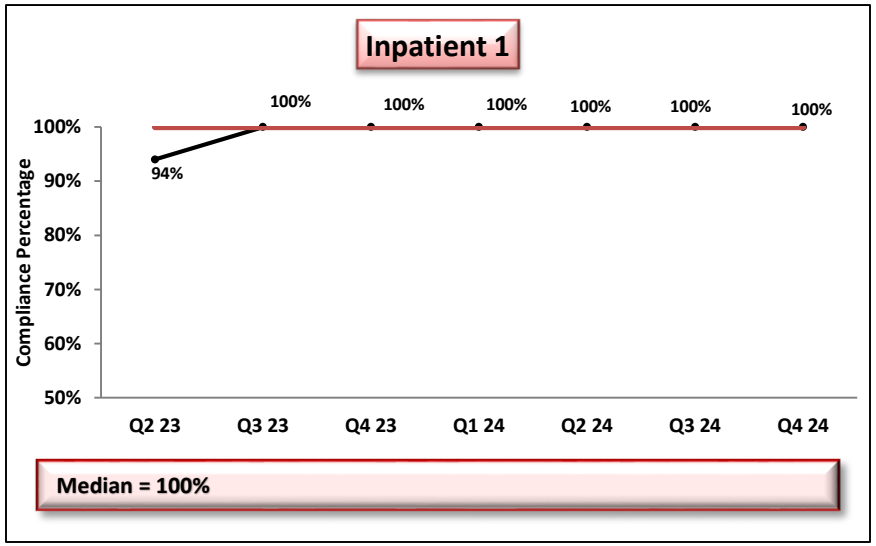
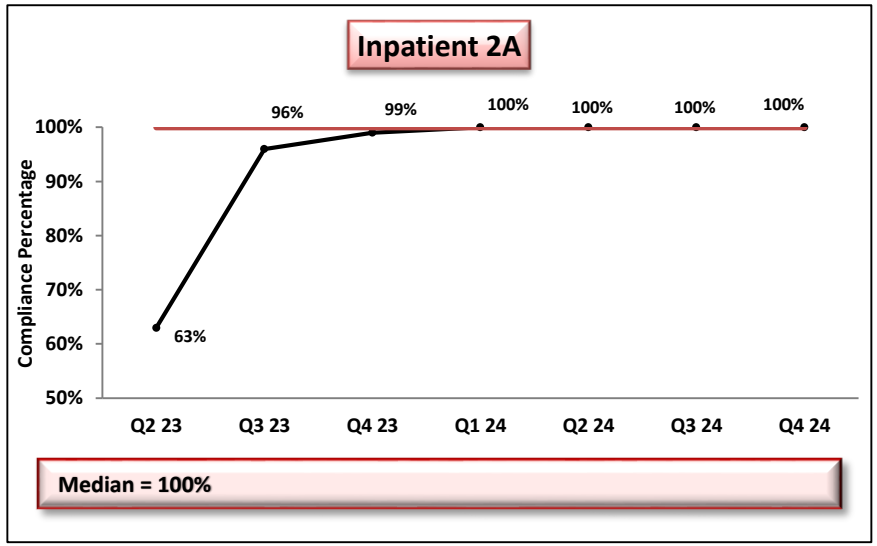
International Patient Safety Goals

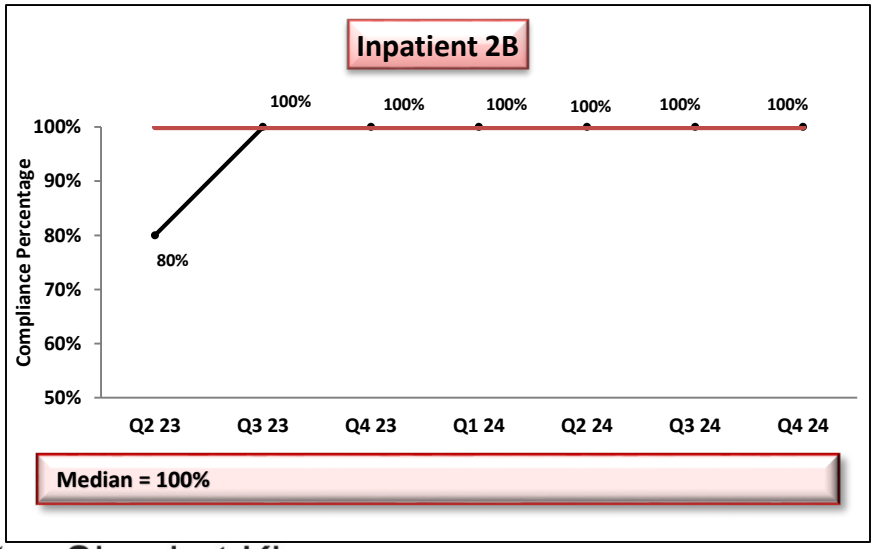
Fall Risk Assessment

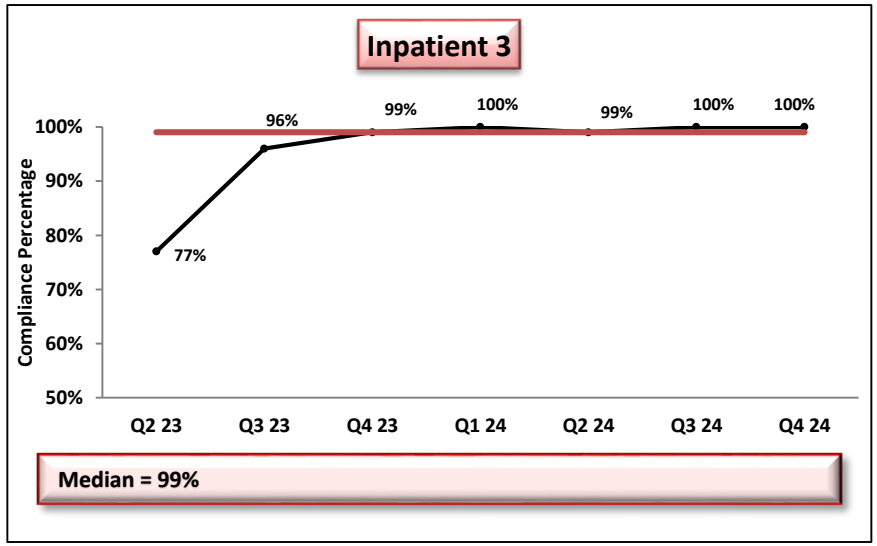
Appropriate interventions are in place for inpatients at high risk of fall – Direct observation

Target = 100%









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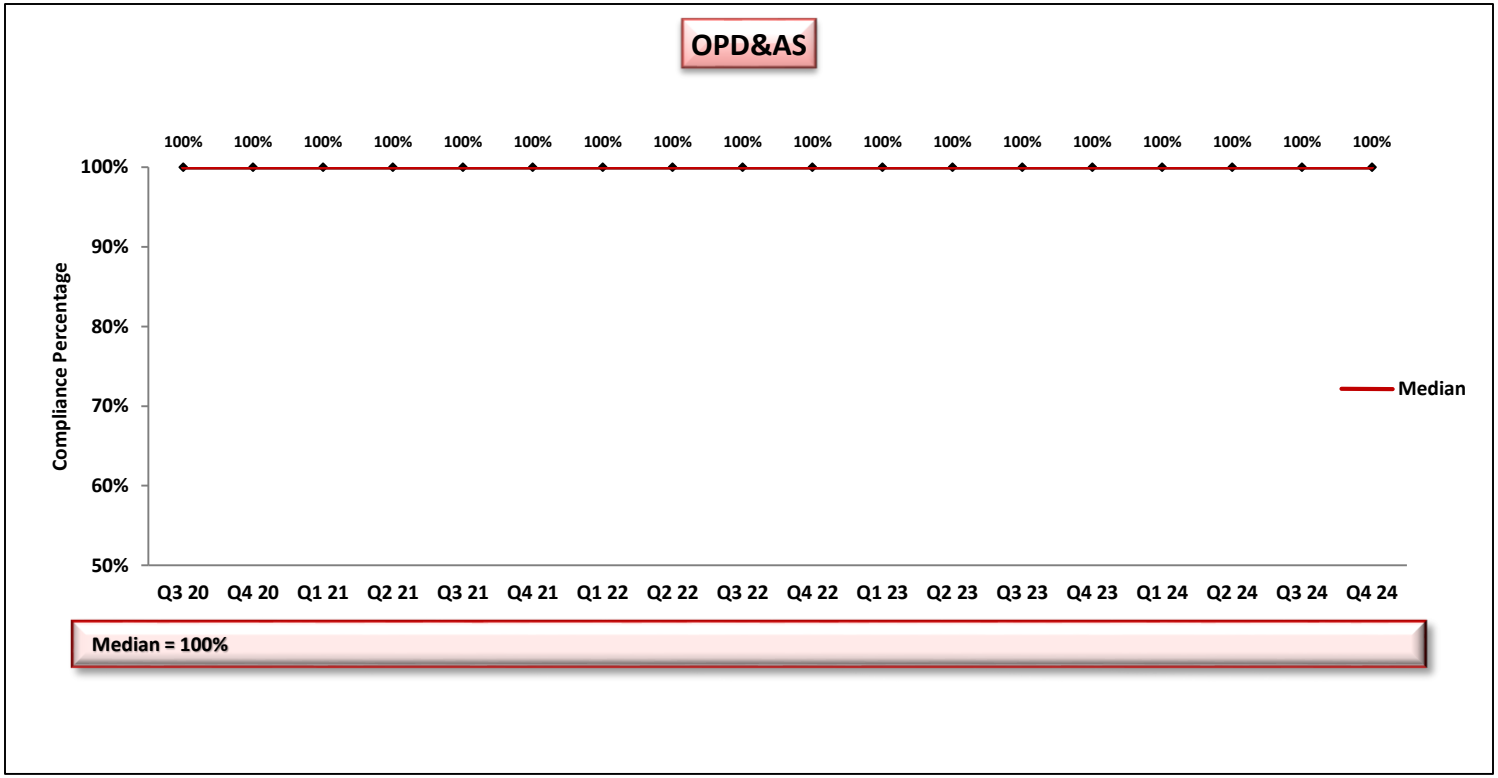
International Patient Safety Goals

Falls Risk Assessment

Target = 100%



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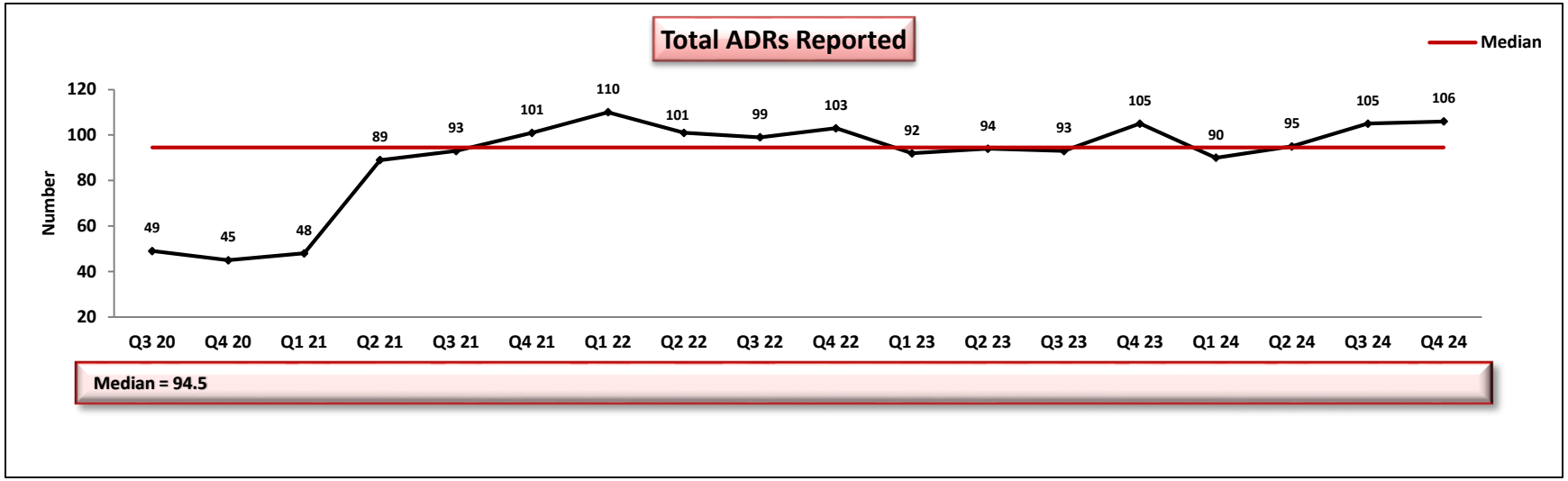
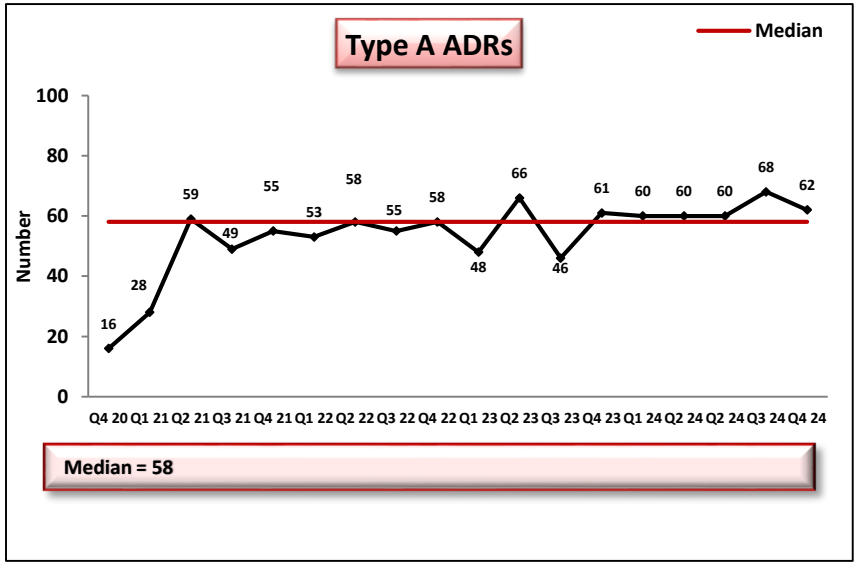
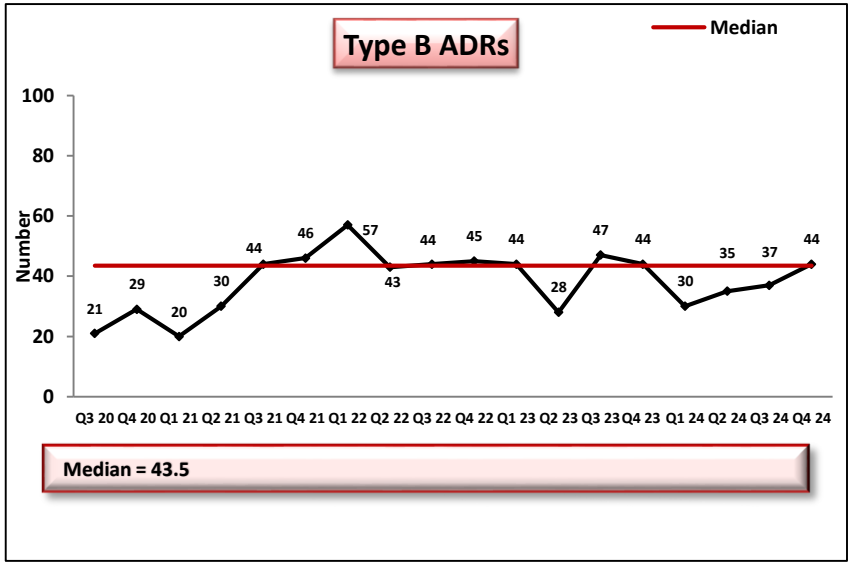
Adverse Drug Reactions (ADRs)-Pharmacy







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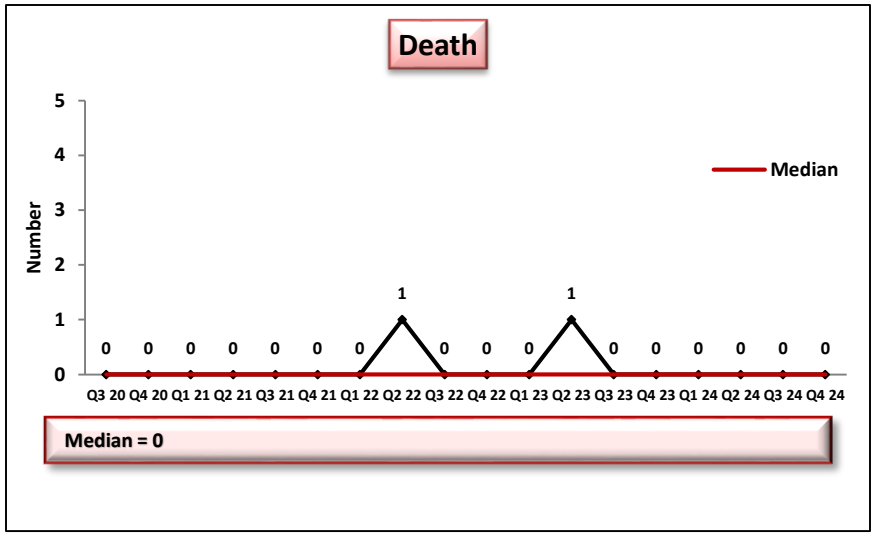
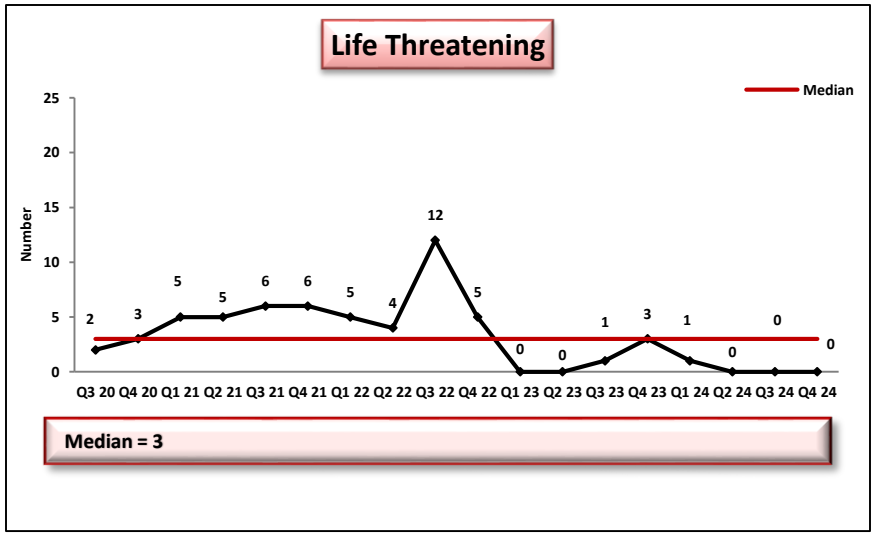
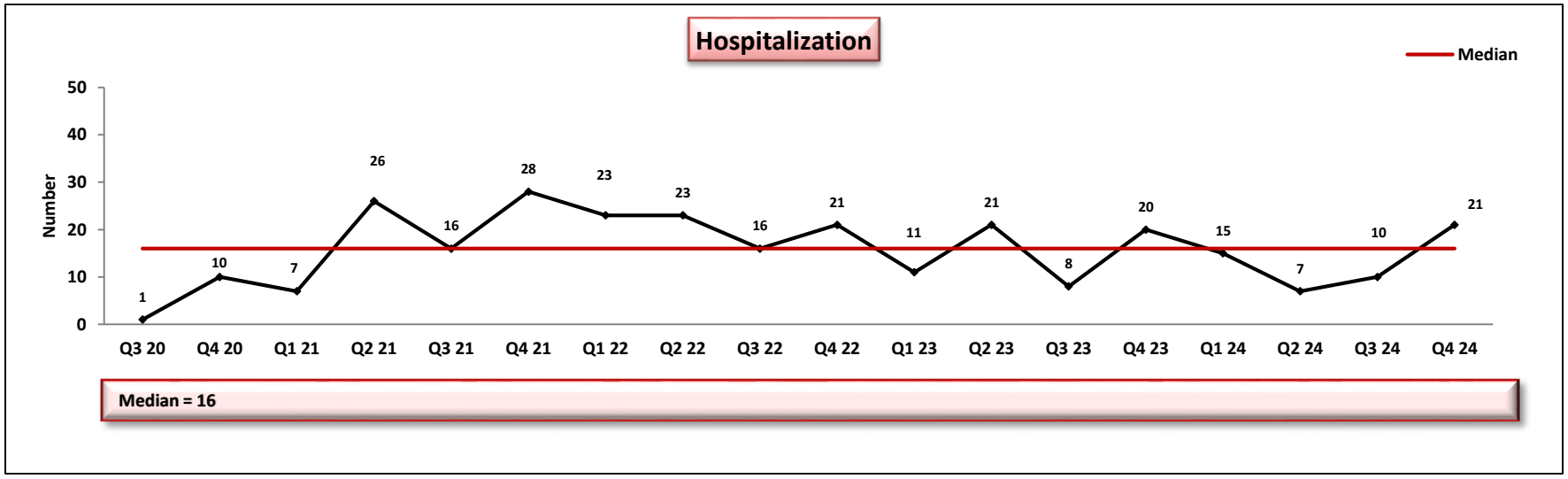
Adverse Drug Reactions-Outcomes







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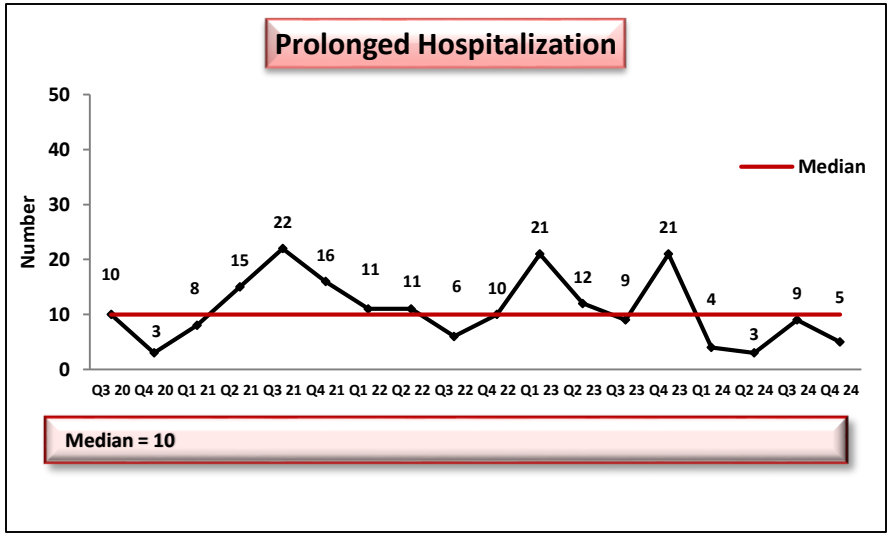
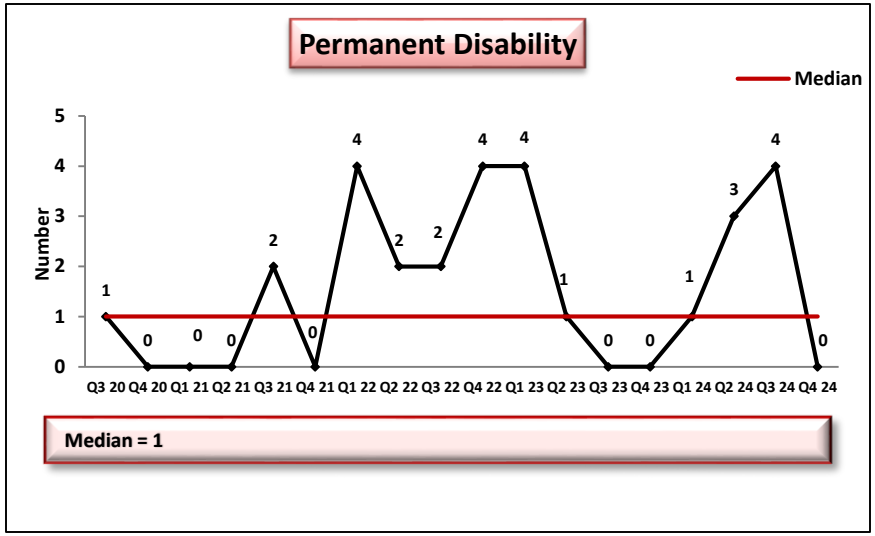
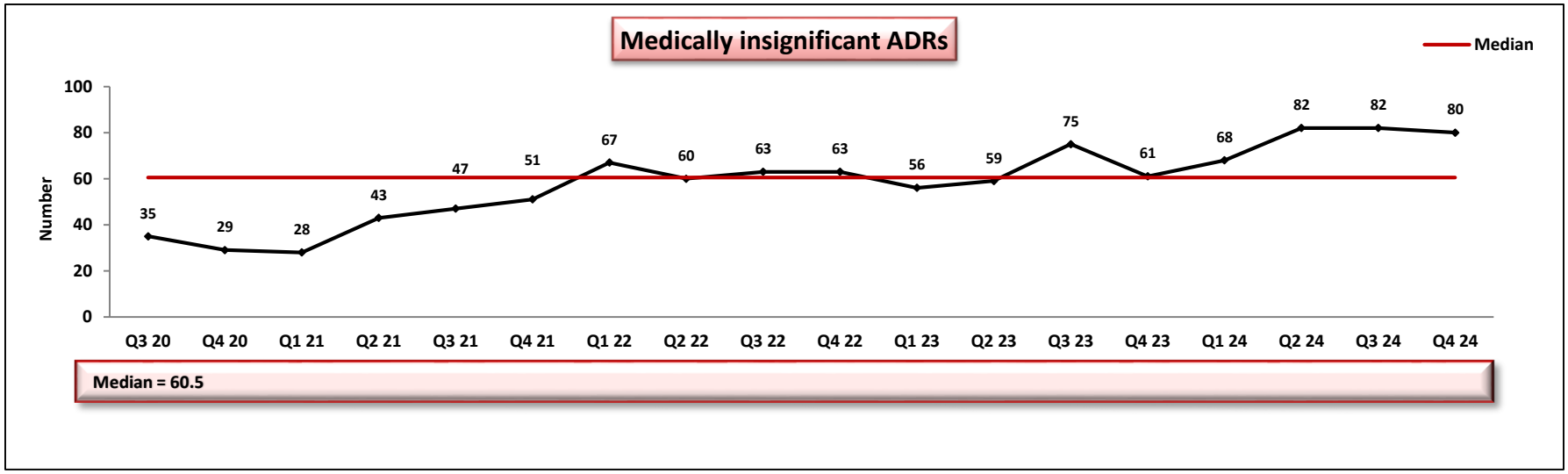
Adverse Drug Reactions-Outcomes







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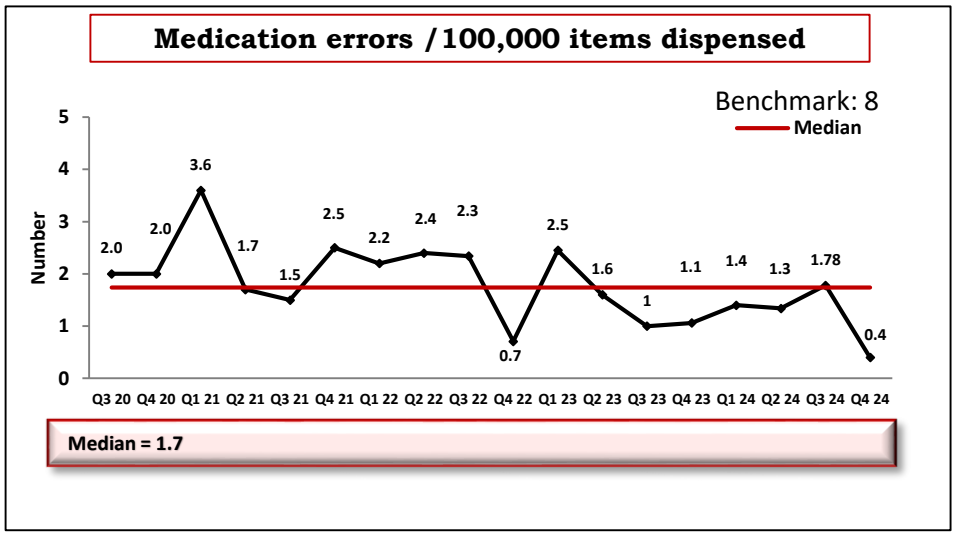
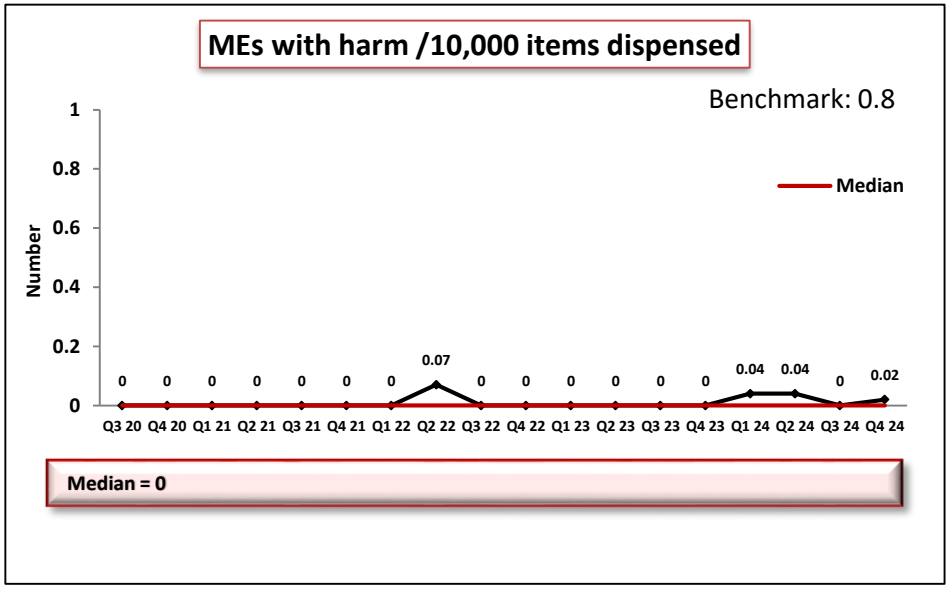
Medication Errors



Average Items dispensed per month = 150822



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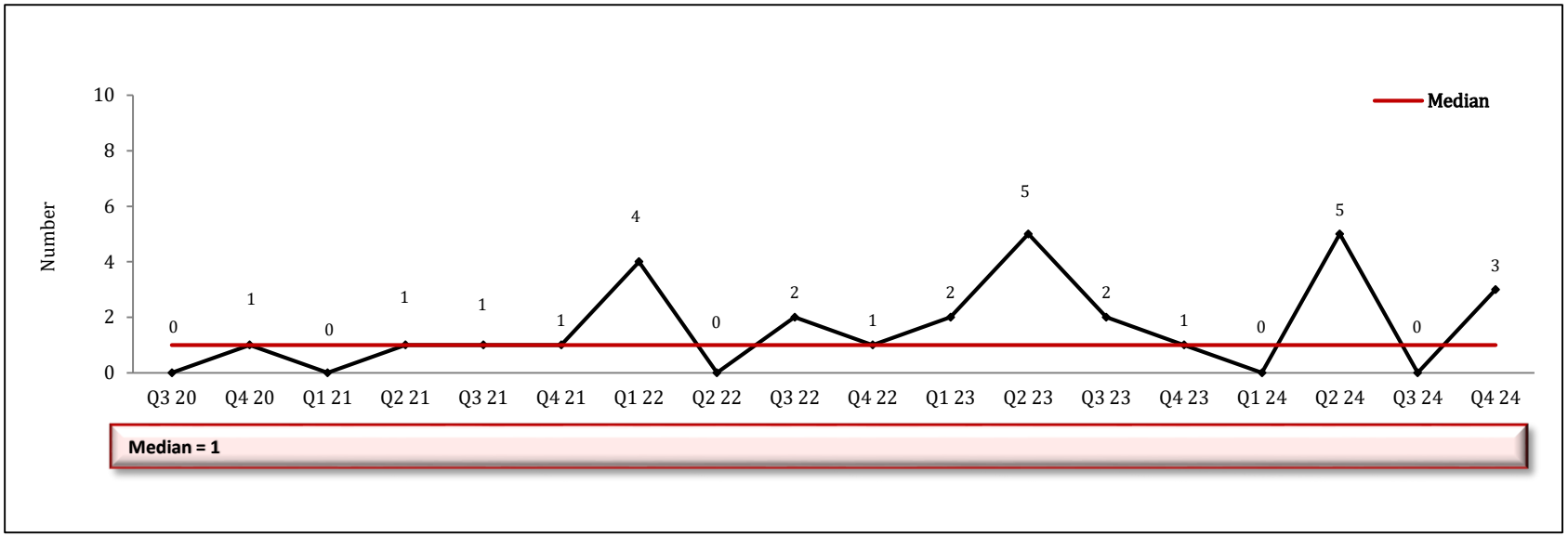
Pre & Post Operative diagnostic discrepancies



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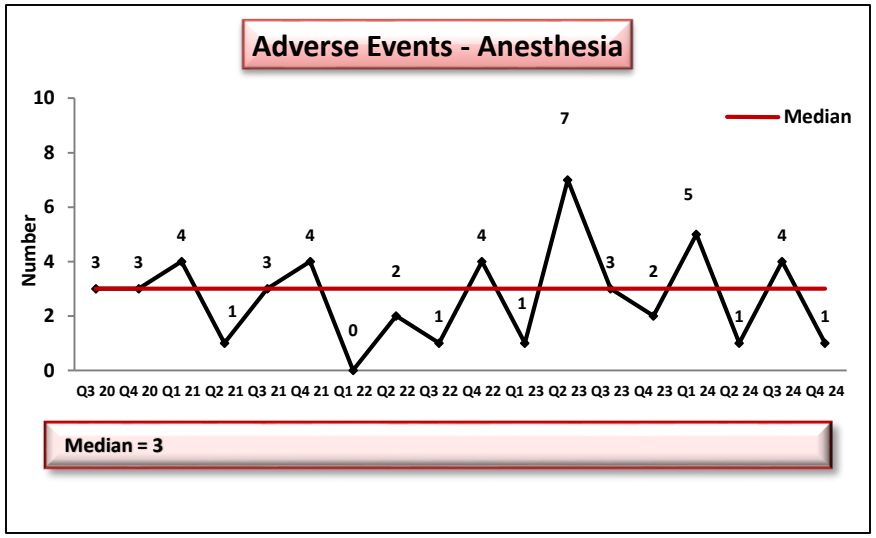
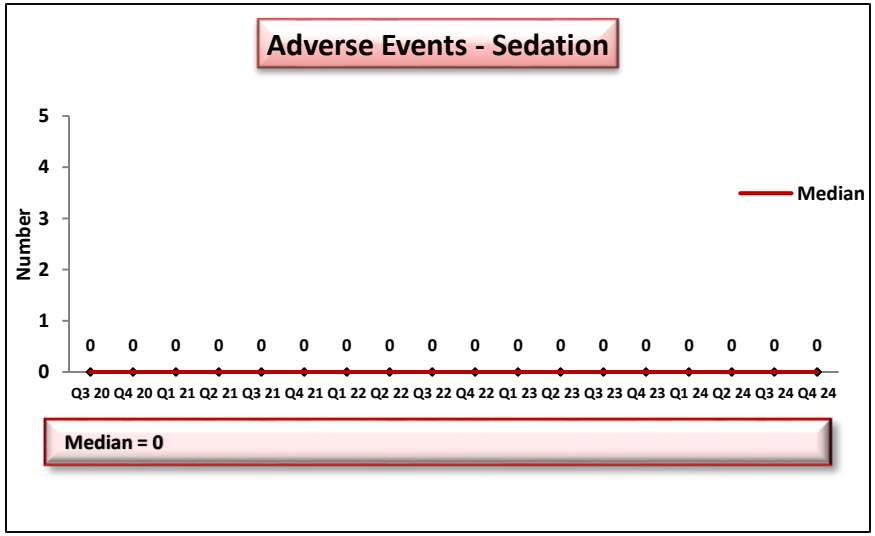
Adverse Events





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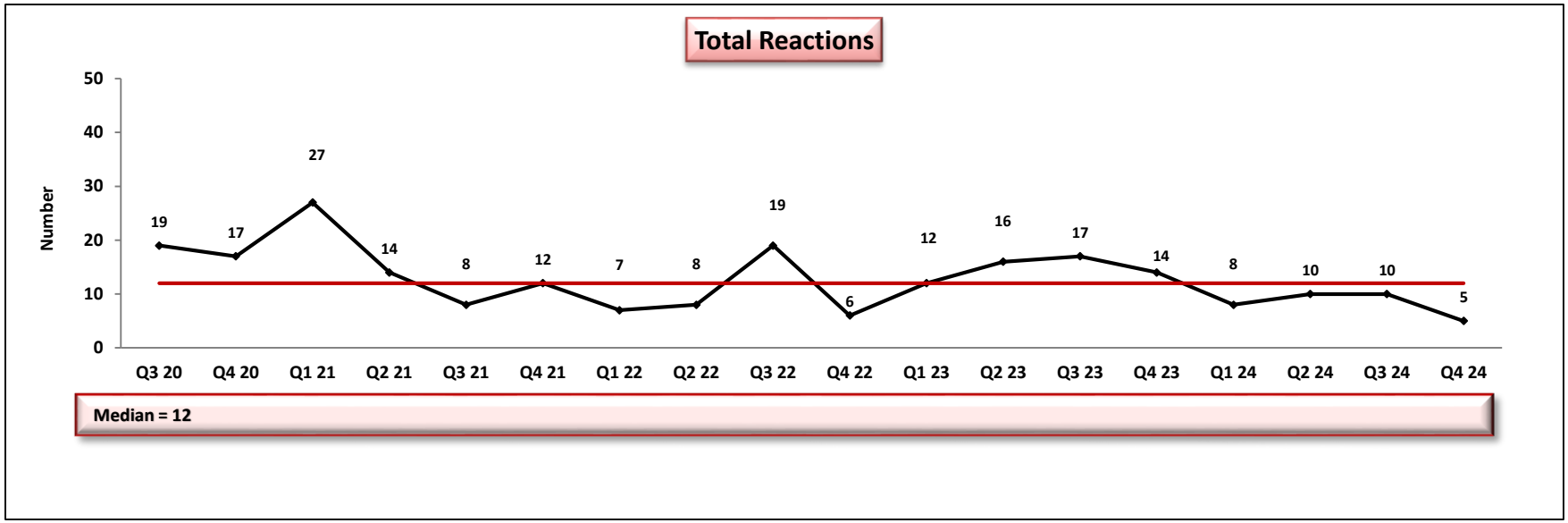
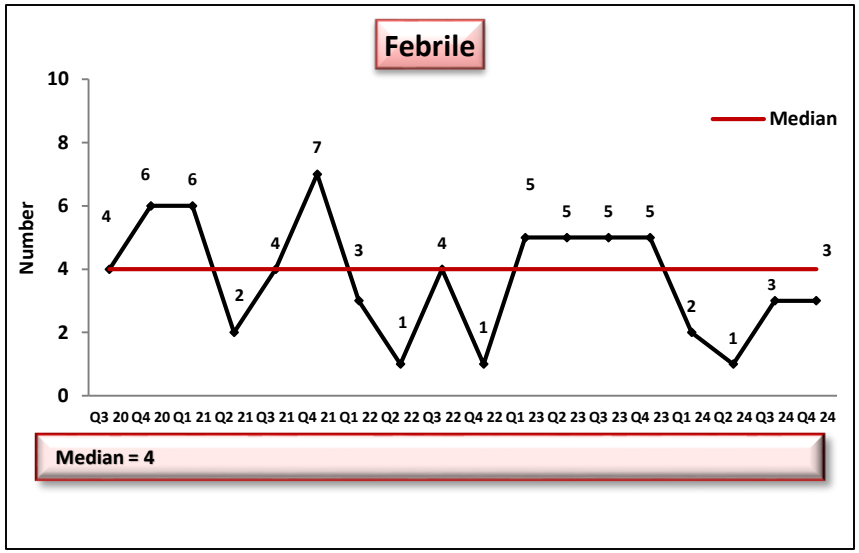
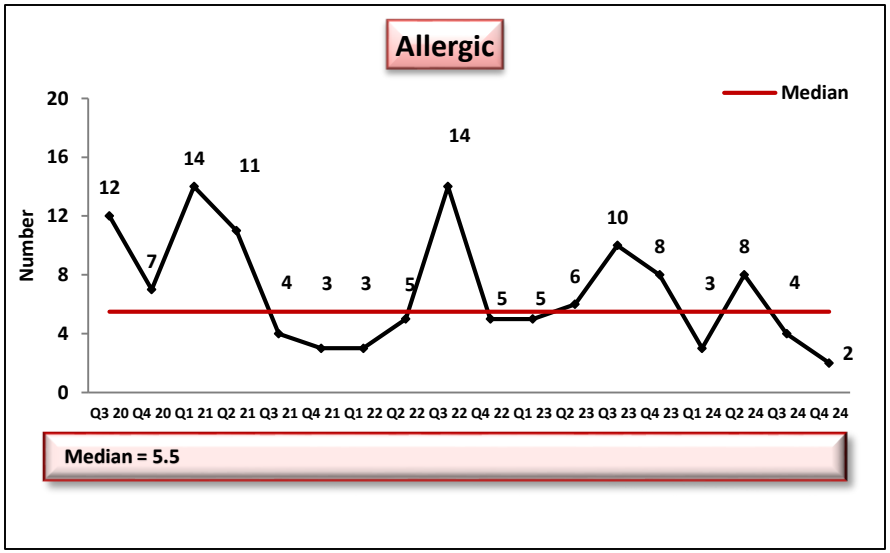
Blood Transfusion Reactions







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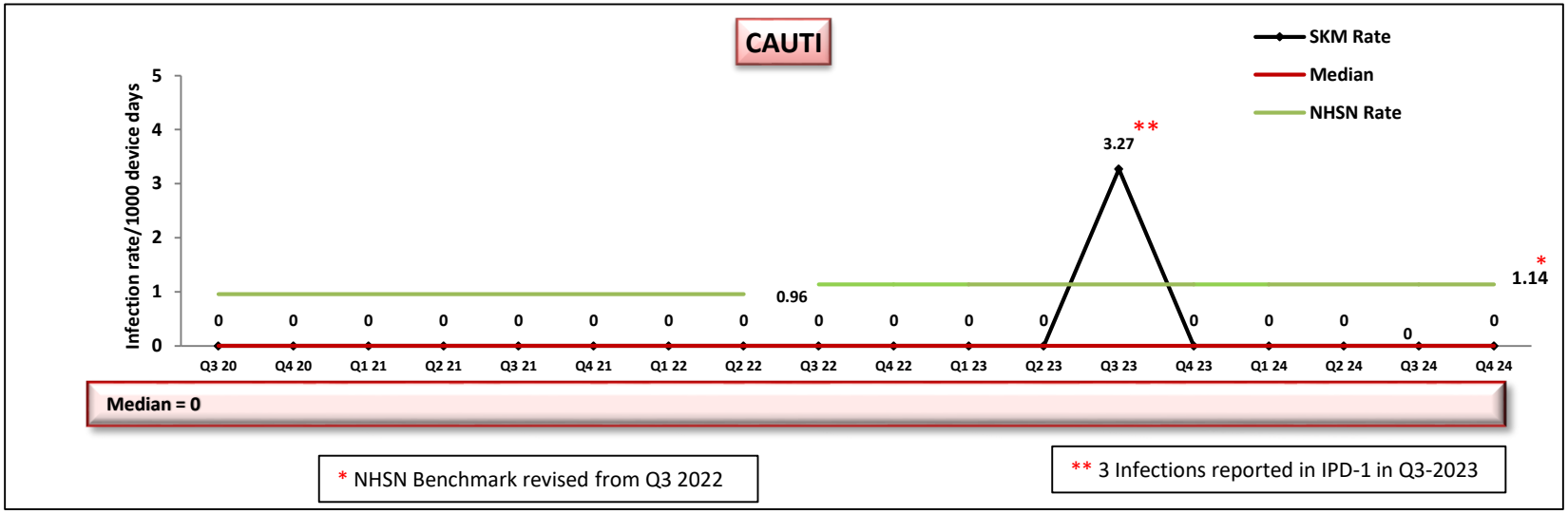
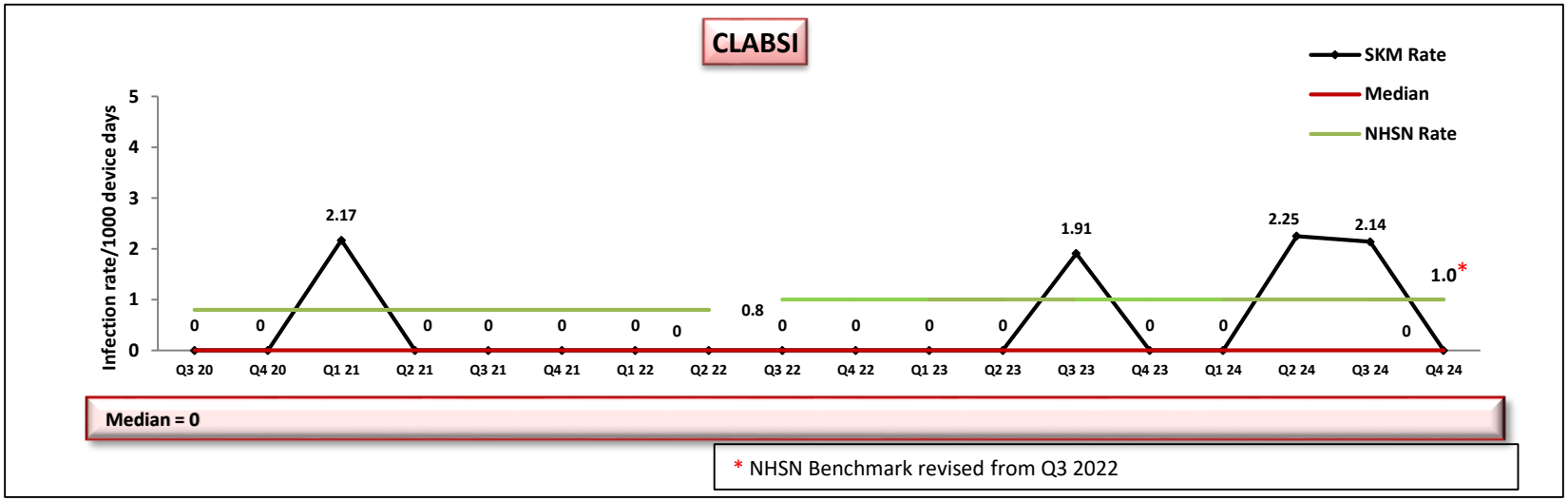
Infection Control Statistics-Intensive Care Unit





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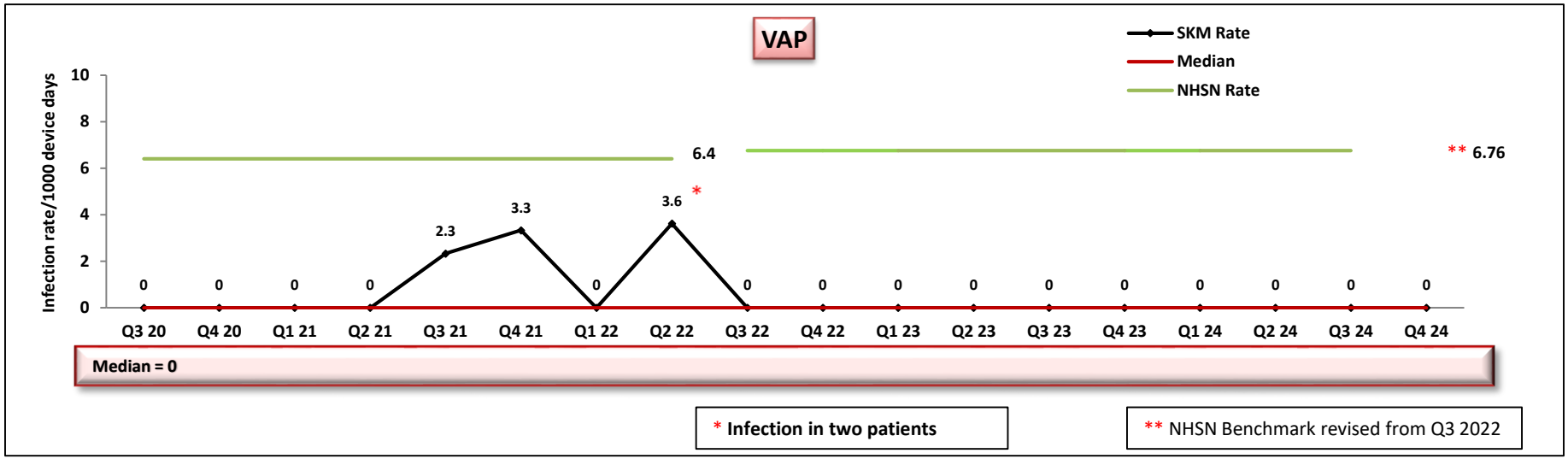
CAUTI – Catheter Associated Urinary Tract Infection, **CLABSI** – Central Line Associated Blood Stream Infection
VAP – Ventilator Associated Pneumonia, **NHSN** – National Healthcare Safety Network

Infection Control Statistics-Intensive Care Unit



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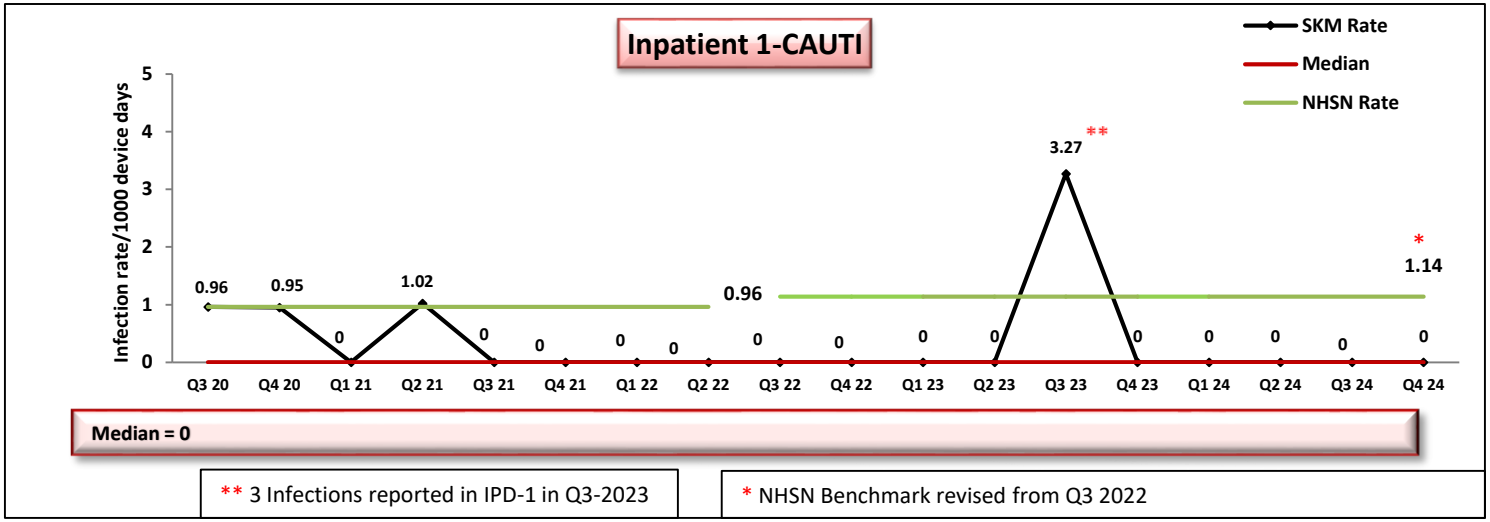
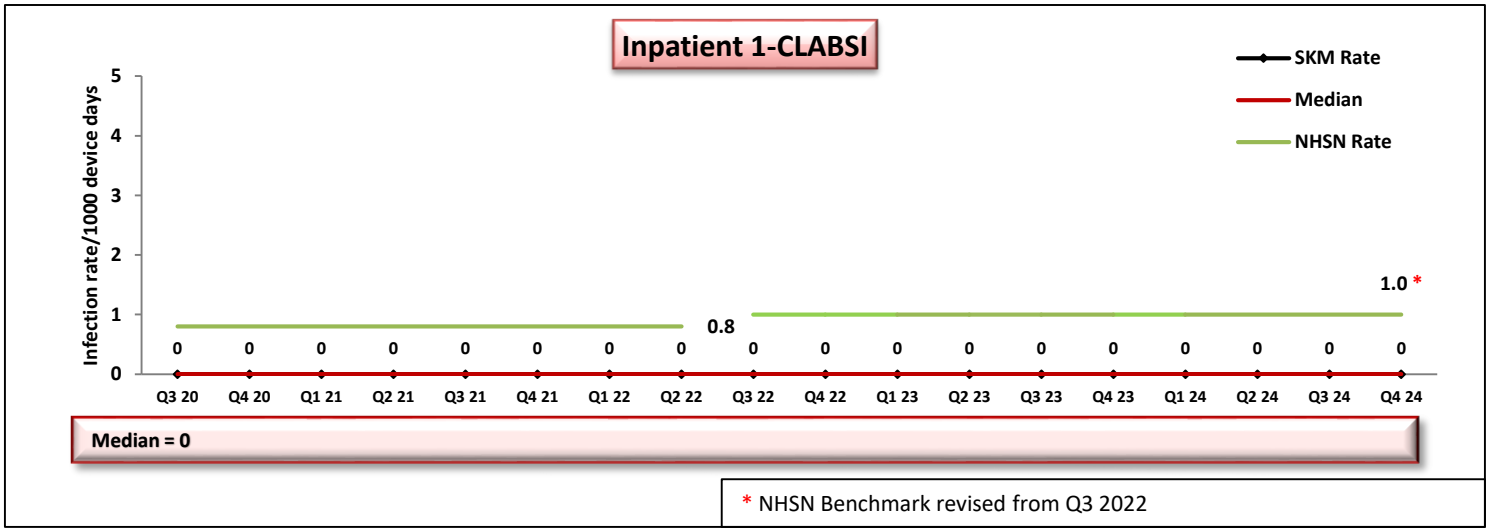
CAUTI – Catheter Associated Urinary Tract Infection, **CLABSI** – Central Line Associated Blood Stream Infection
VAP – Ventilator Associated Pneumonia, **NHSN** – National Healthcare Safety Network

Infection Control Statistics-Inpatient





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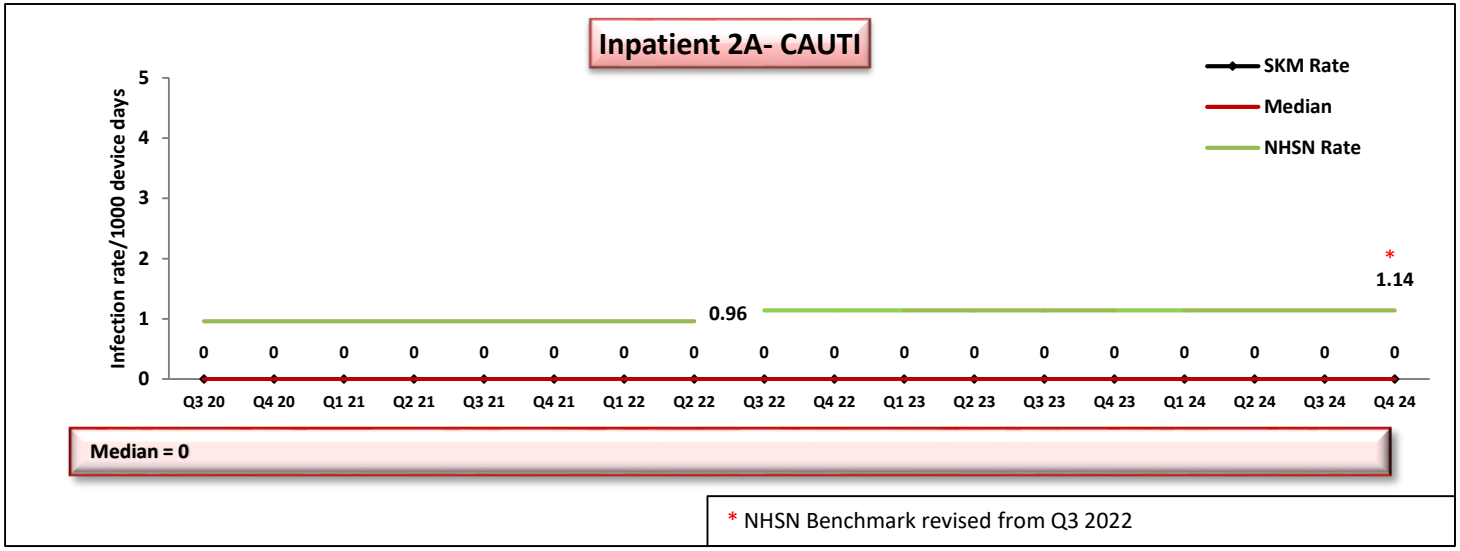
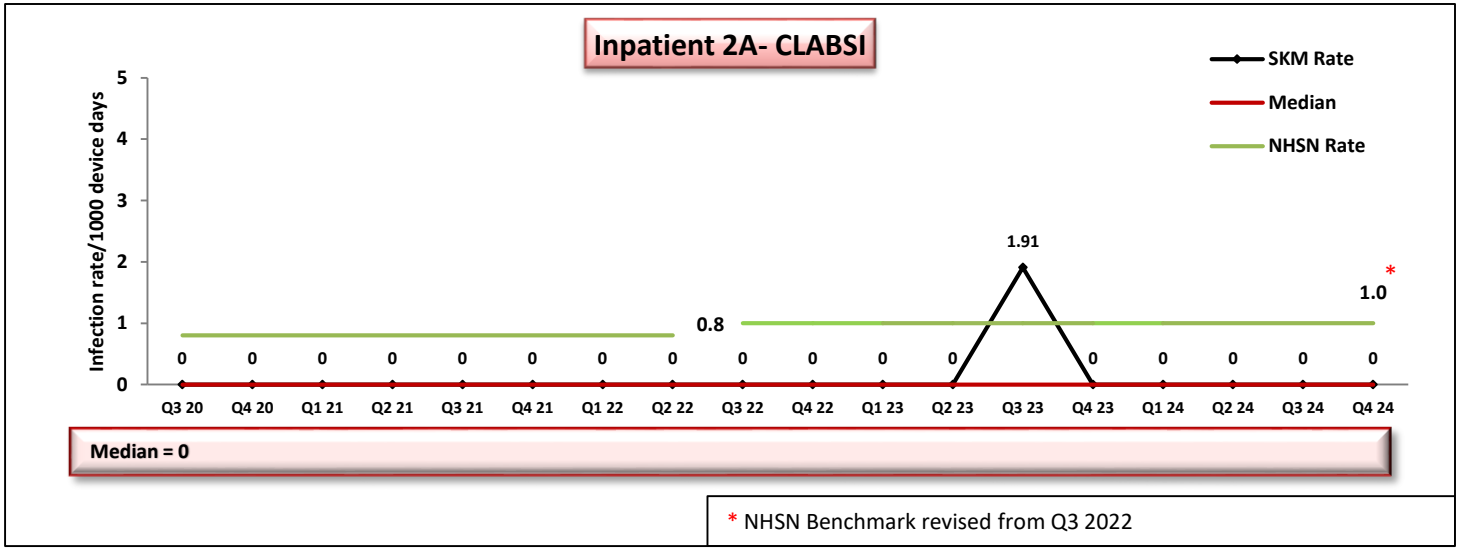
Infection Control Statistics-Inpatient





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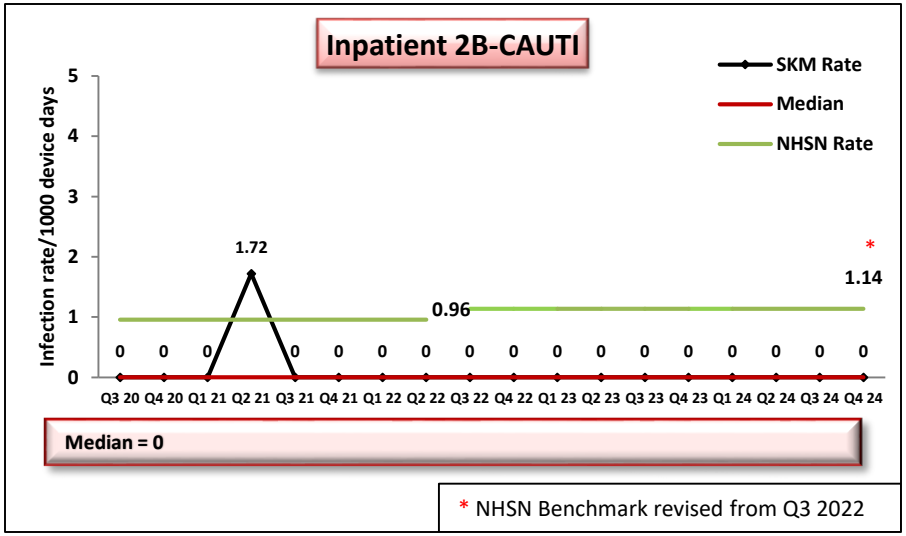
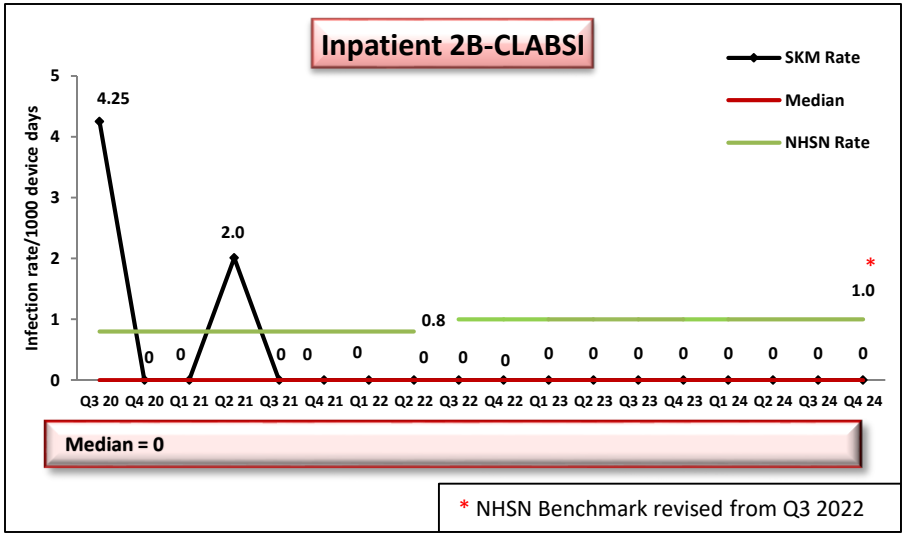
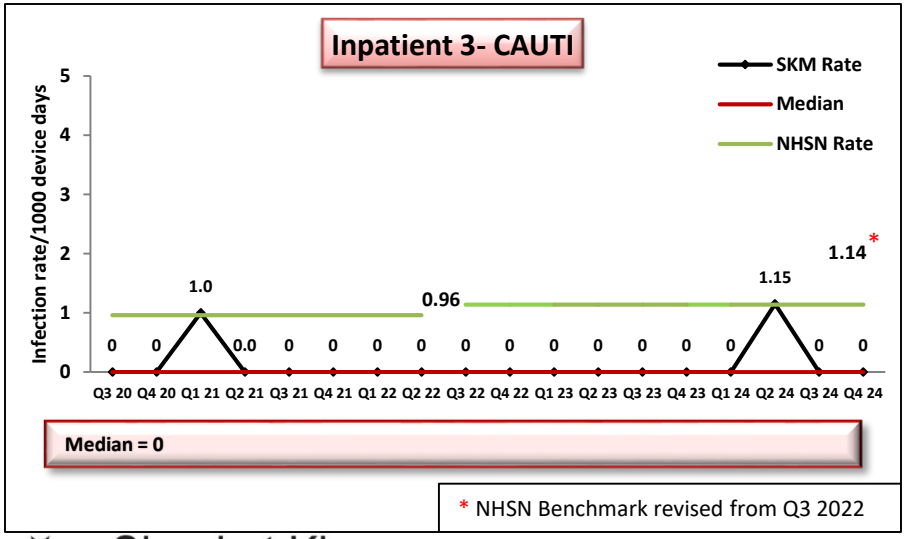
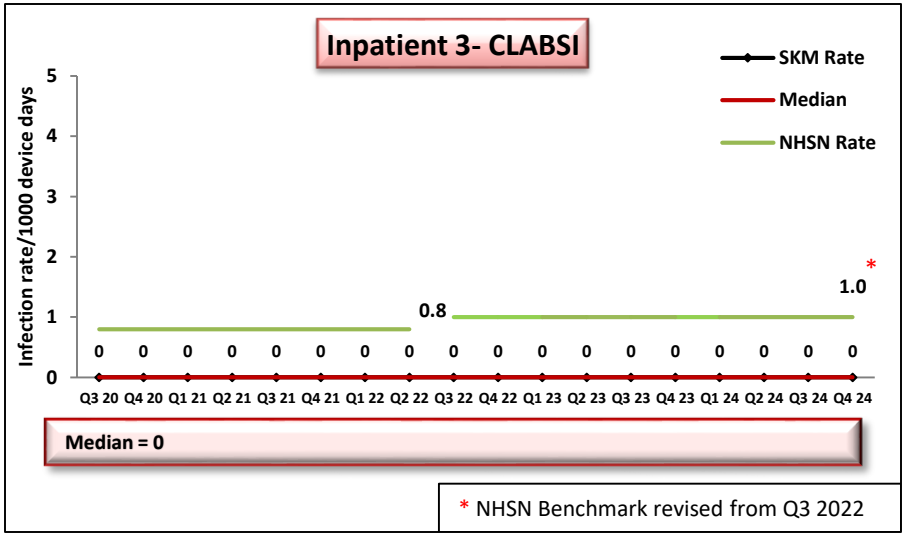
Infection Control Statistics-Inpatient









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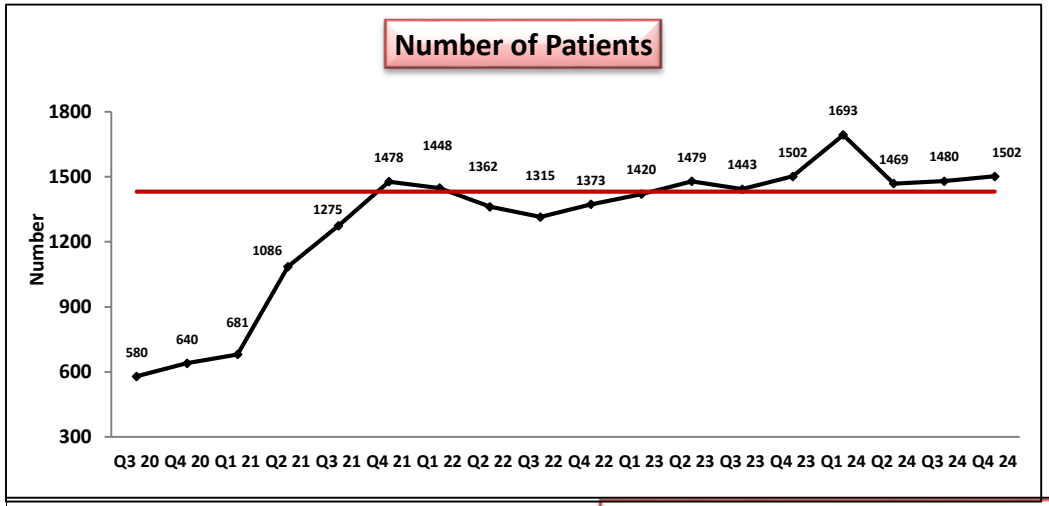
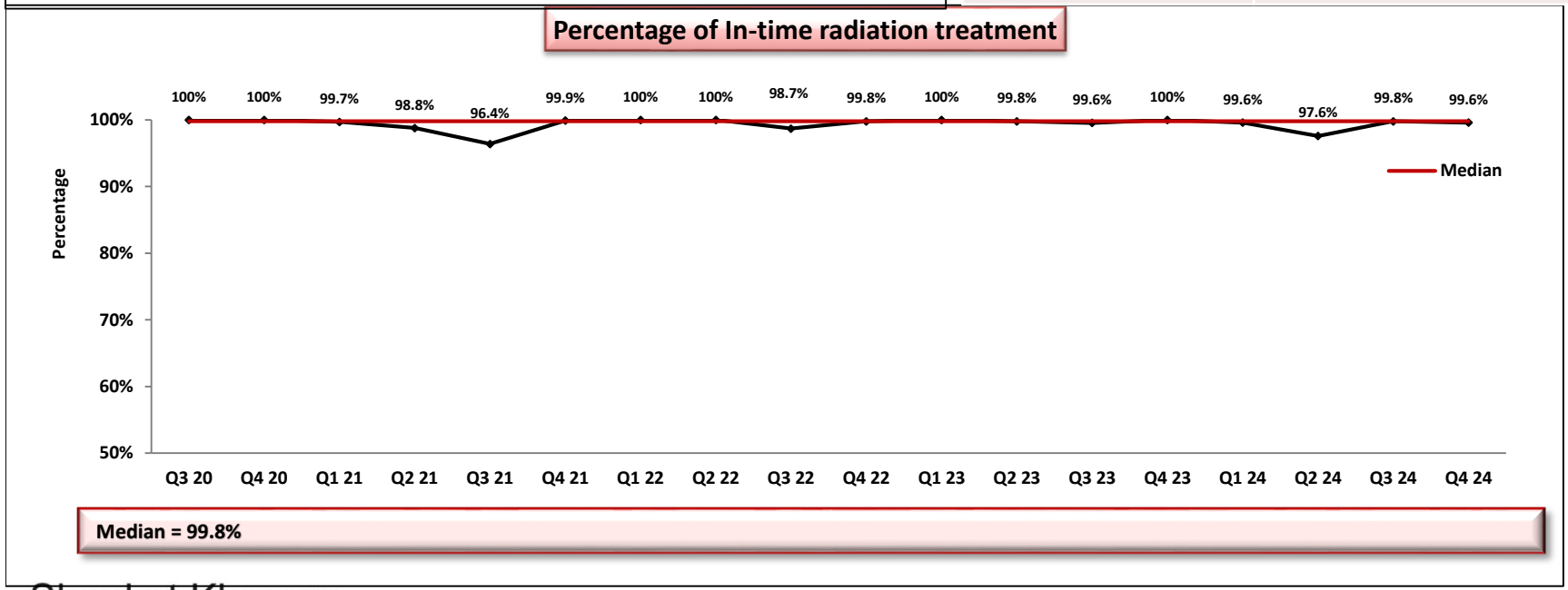
Radiation Oncology Activity



Machine	Down Time
Unique 2	4-day 01 hour
DHX	1 days 06 hour
True Beam 1	15.5 days 04 hours
True Beam 2	1 day 05 hours
CT 3D	None
CT 4D	None
Brachytherapy	None
Halcyon (* Started from Sep 2023)	1 Day 9 hours



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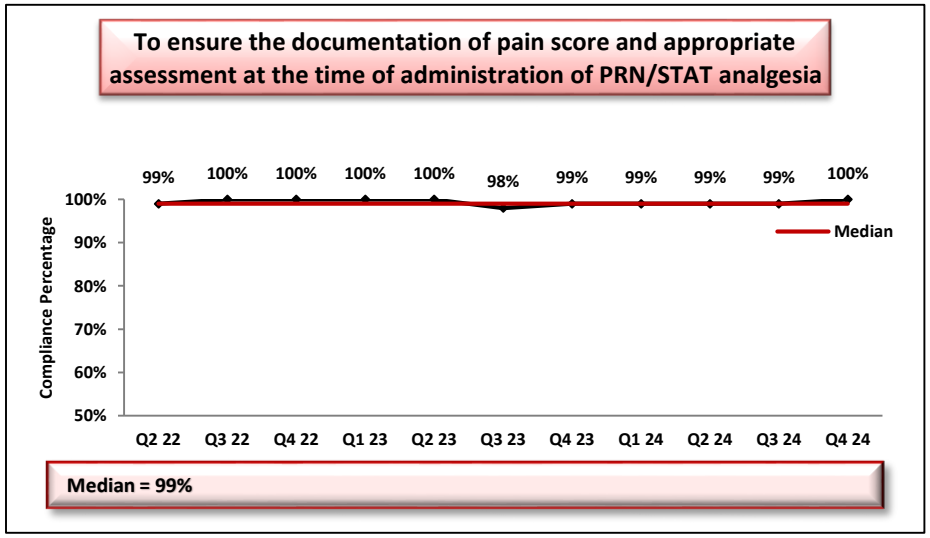
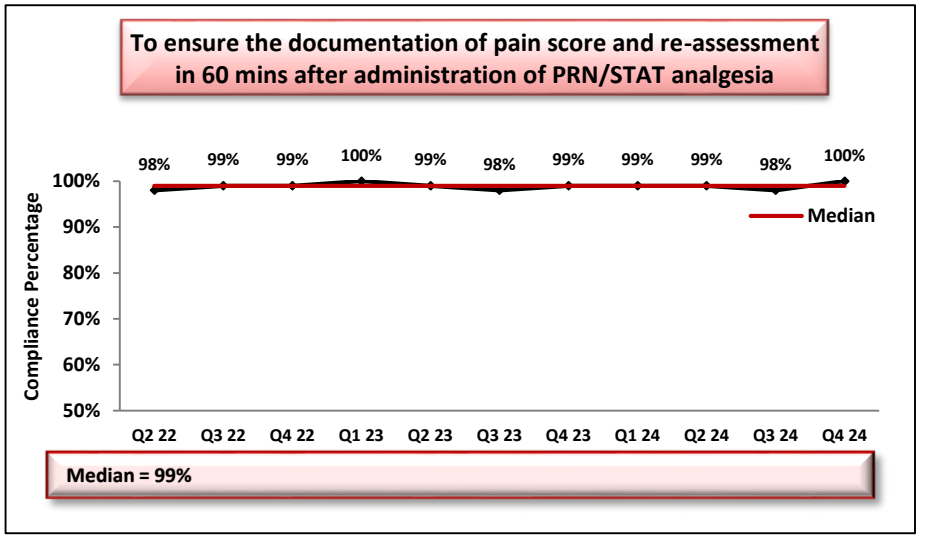
Hospital-wide Indicators-2022





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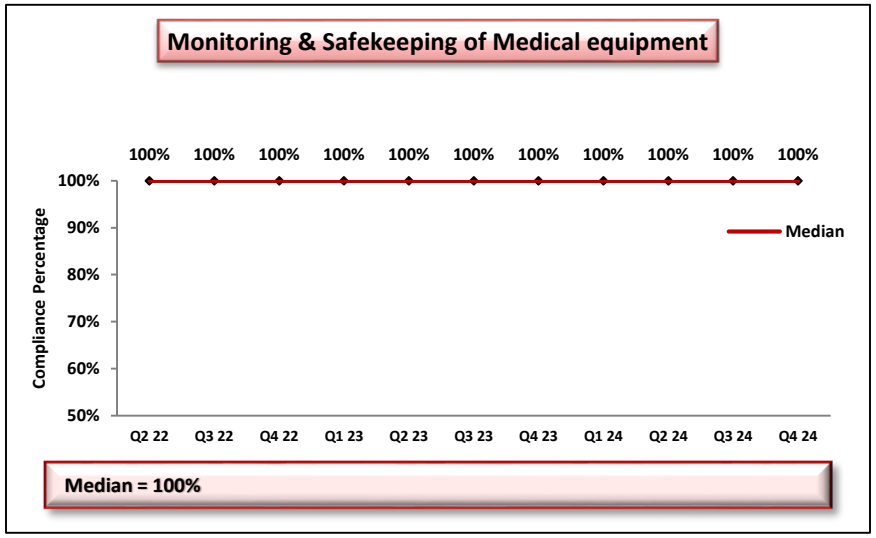
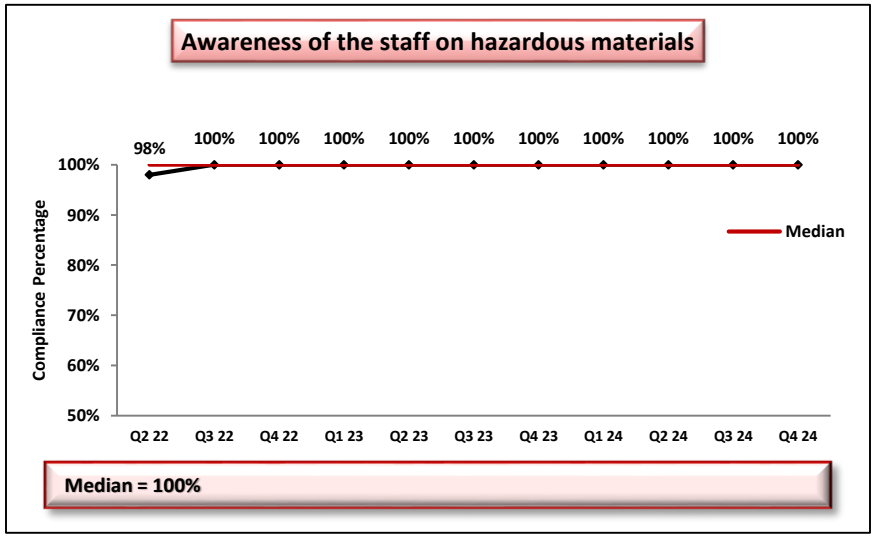
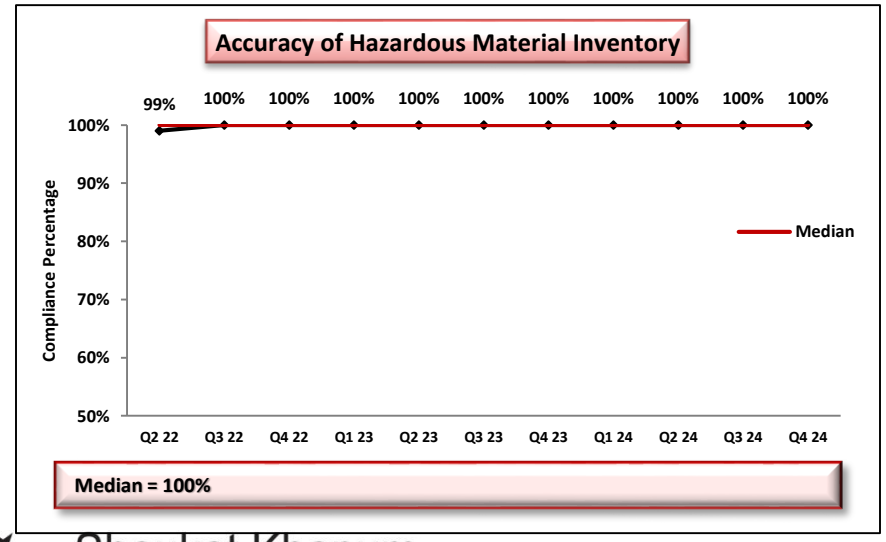
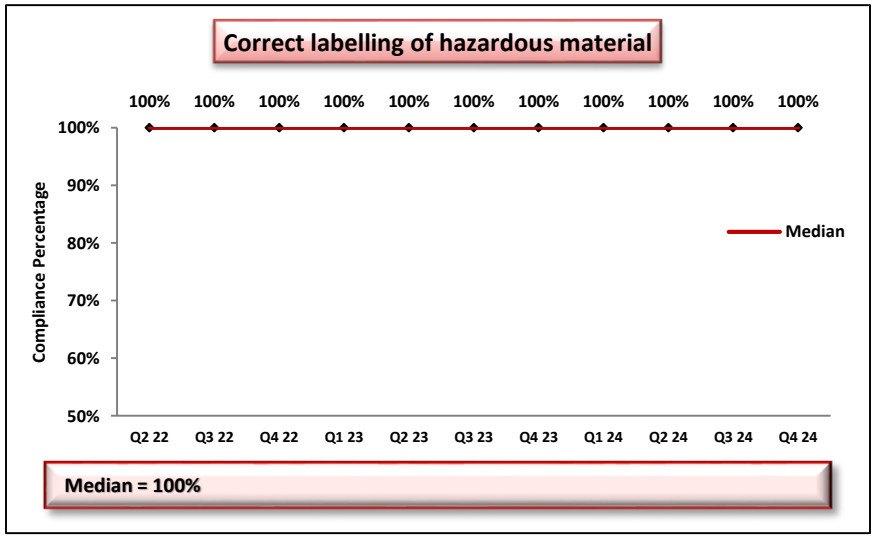
Hospital-wide Indicators-2022









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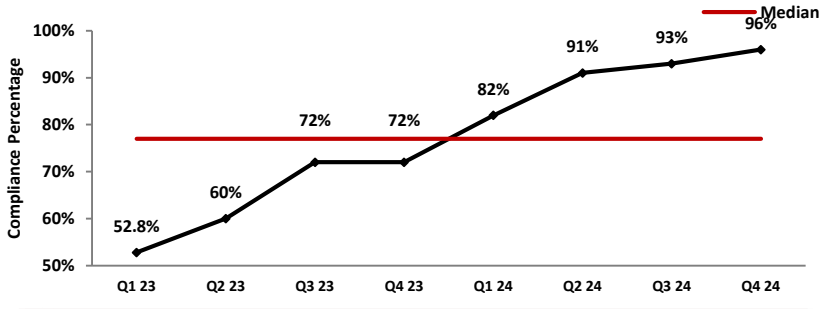
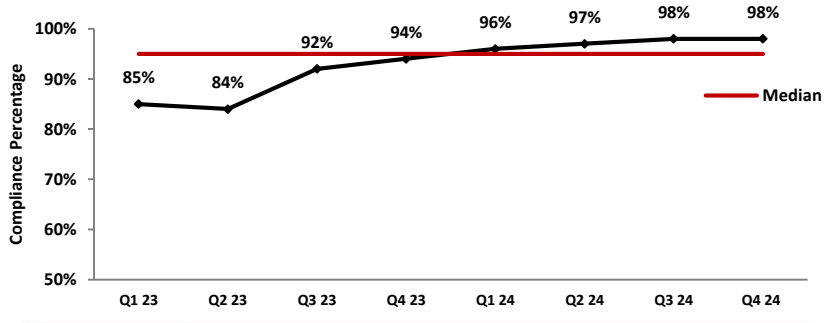
Hospital-wide Indicators-2023

To ensure the timely administration of STAT medication within 30mintues



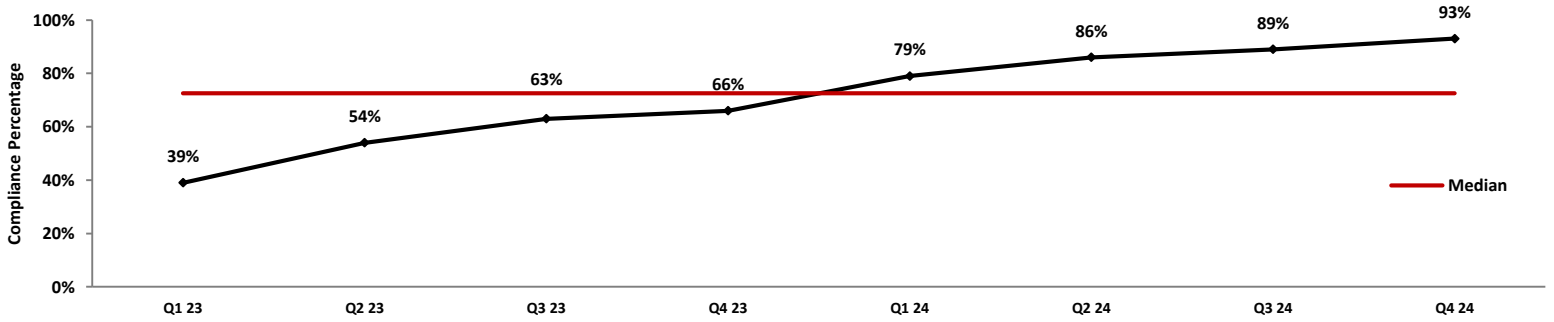
Median = 77%

To ensure the timely administration of Routine medication within 02hours



Median = 95%

Compliance with the reassessment of patients between 30 and 50 minutes; those undergoing infusion therapies lasting 60 minutes or more



Median = 72.5%

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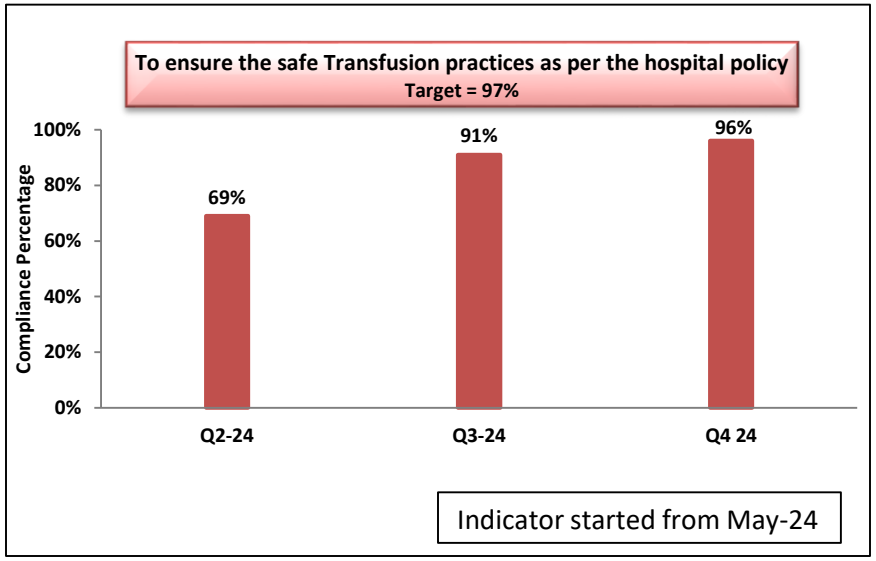
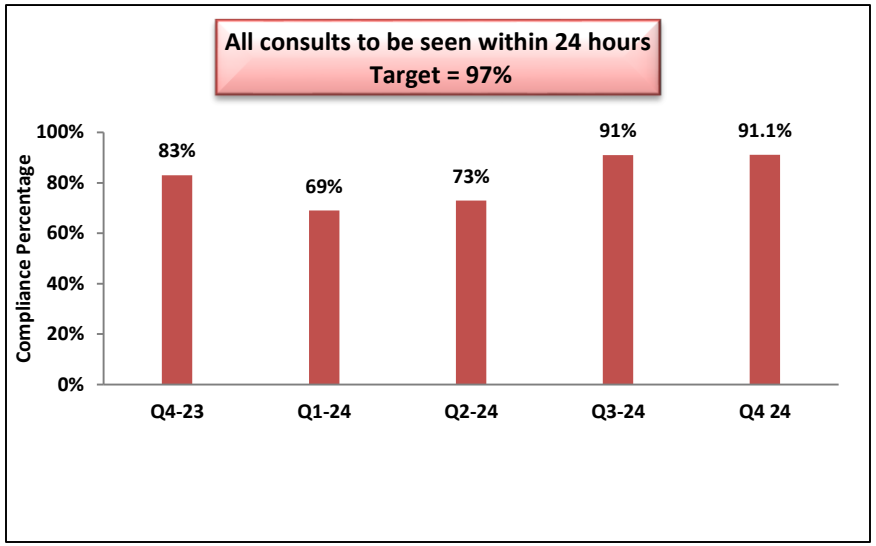
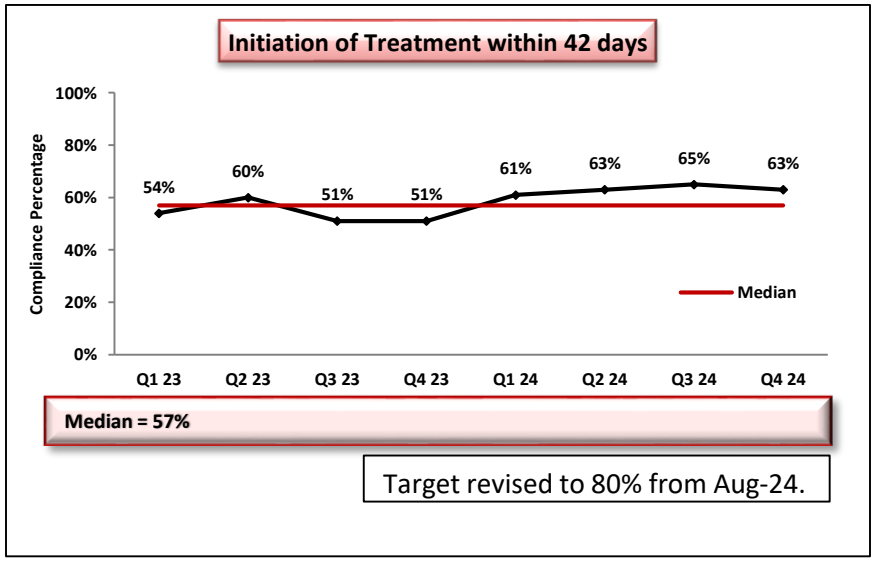
Hospital-wide Indicators-2024







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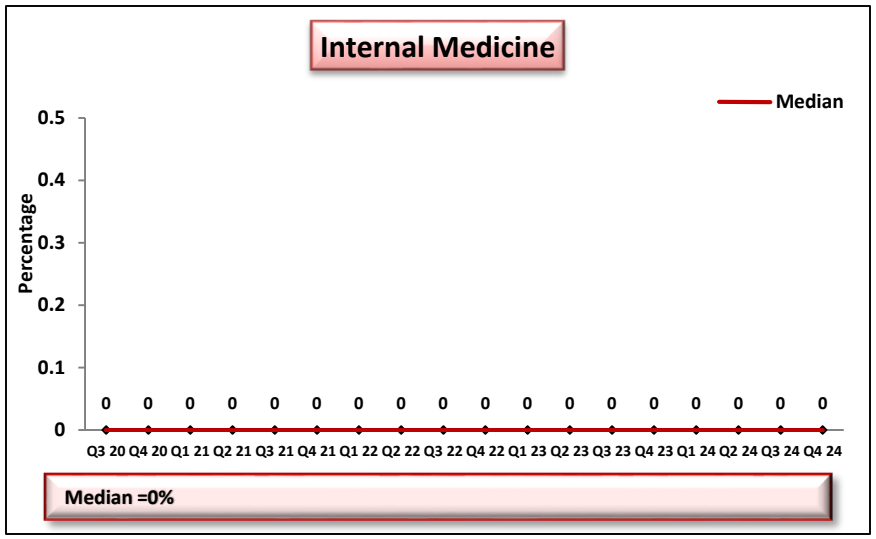
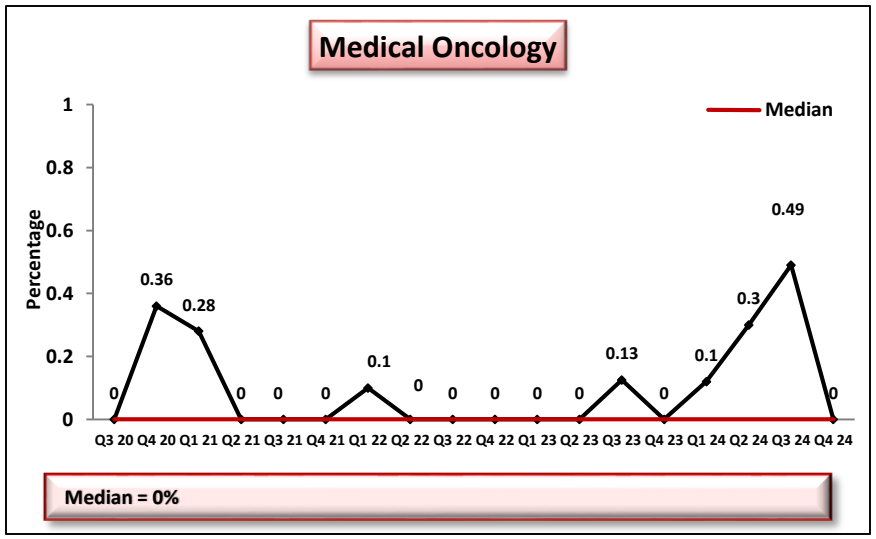
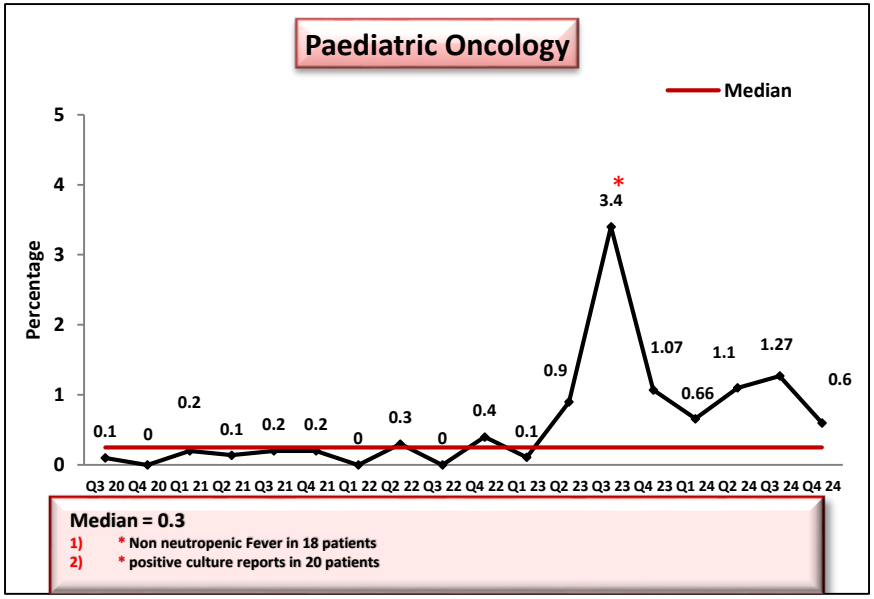
Clinical Performance Indicators

Re-admission within 7 days of discharge

Specialty wise







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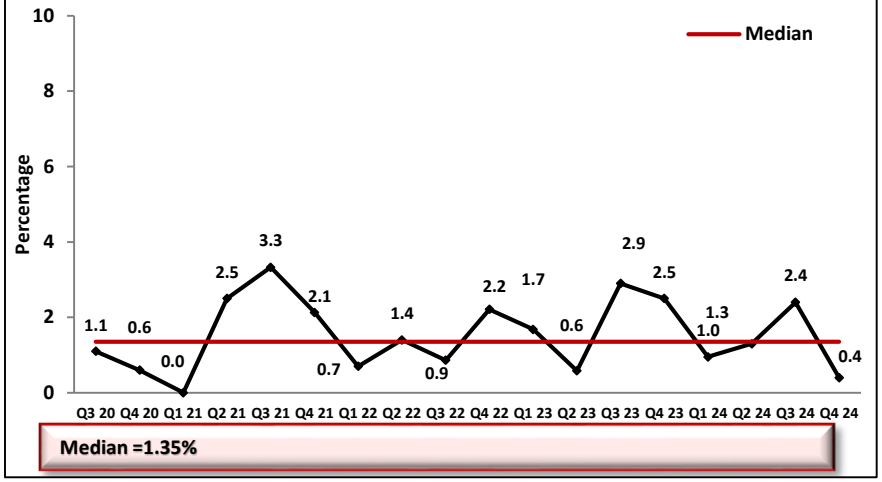
Clinical Performance Indicators

Re-admission within 30 days of discharge

Surgical Oncology

Surgeon 1

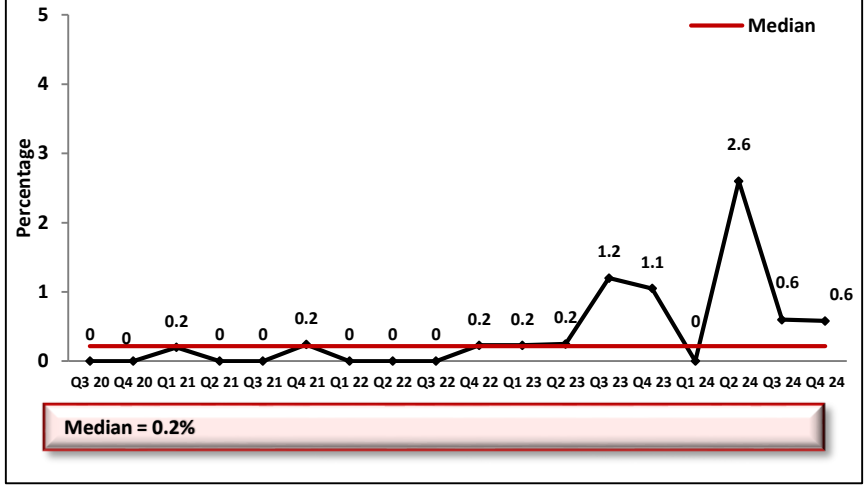
Gastro-Intestinal Surgery
Published Rates: 3%



Median =1.35%

Surgeon 2

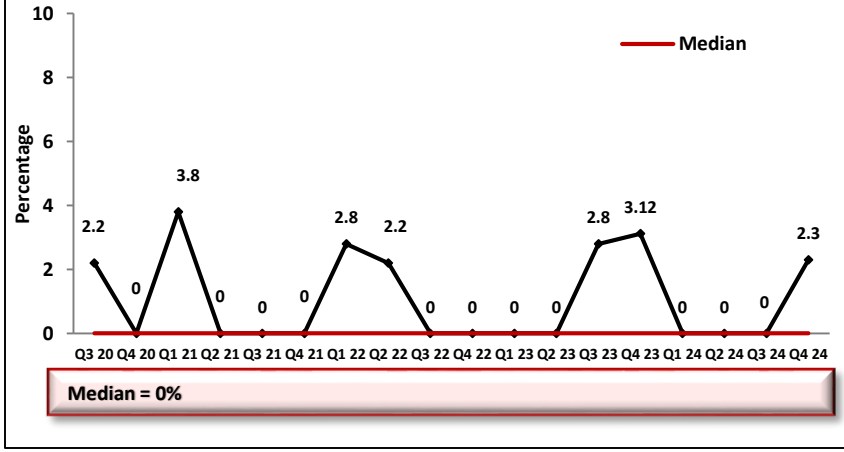
Urology
Published Rates: 4.4%



Median = 0.2%

Surgeon 3

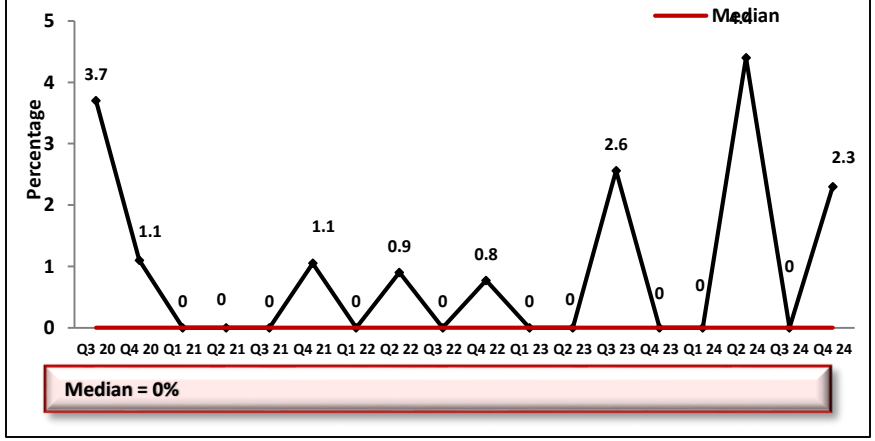
Neuro Surgery
Published Rates: 17.27%



Median = 0%

Surgeon 4

Head and Neck Surgery
Published Rates: 10.16%



Median = 0%

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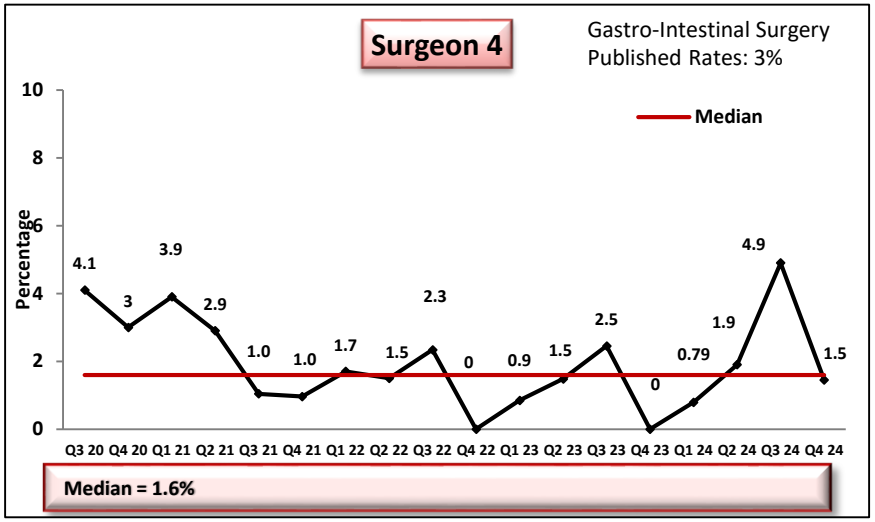
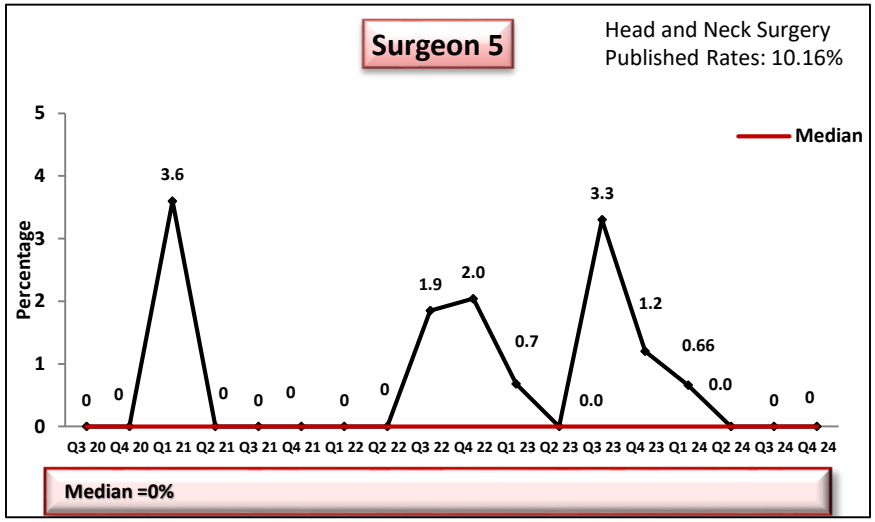
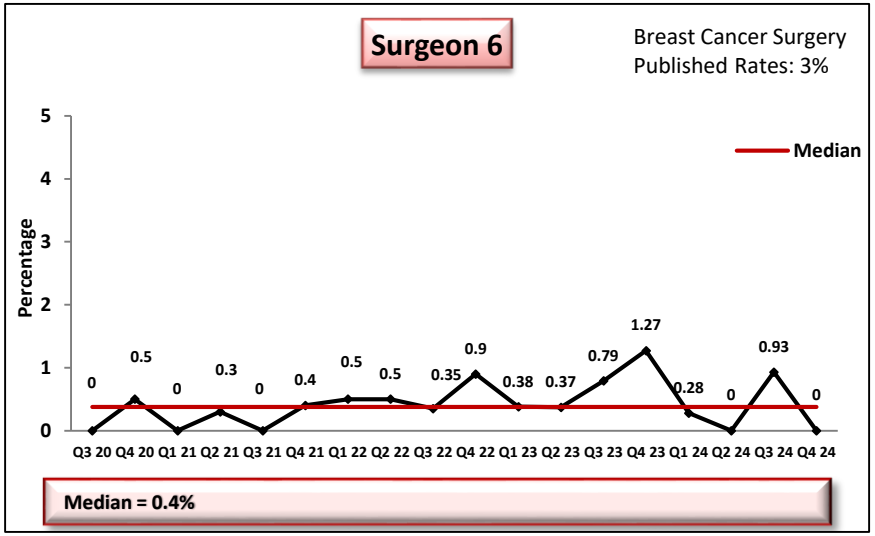
Clinical Performance Indicators

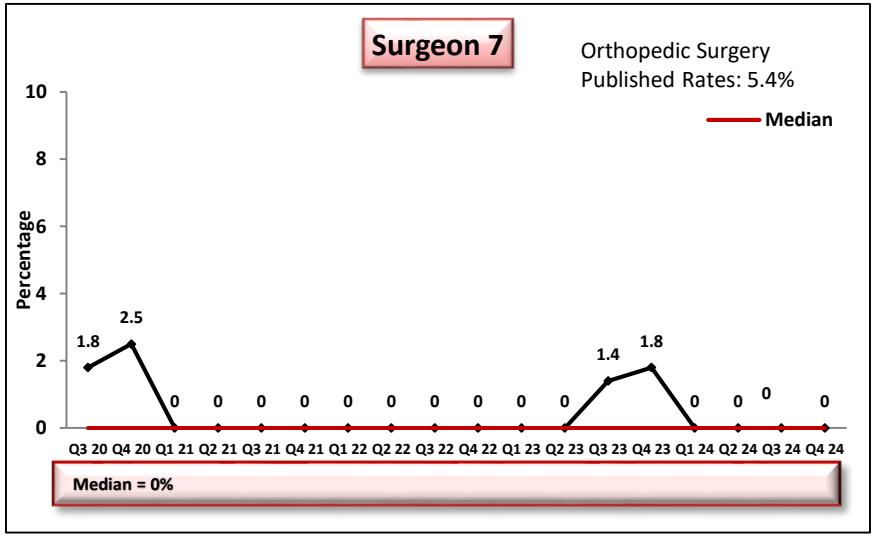
Re-admission within 30 days of discharge

Surgical Oncology









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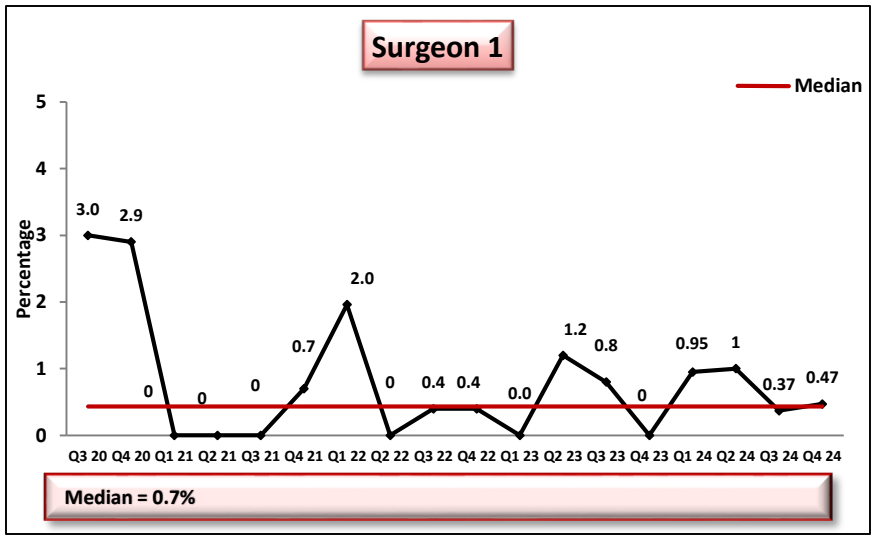
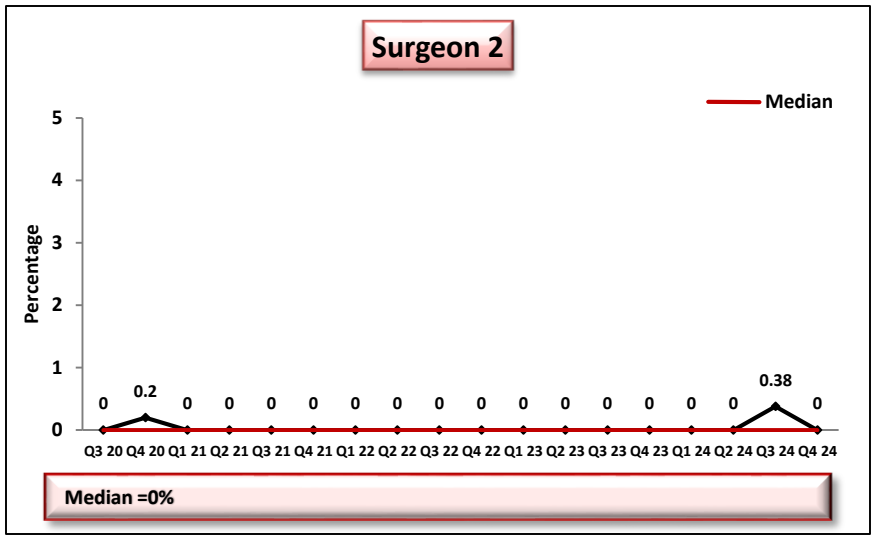
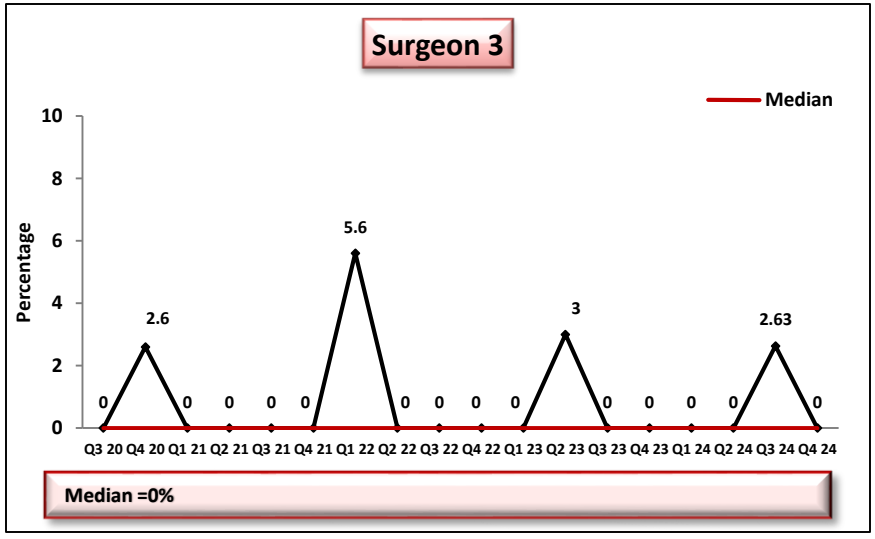
Clinical Performance Indicators

Reoperation within the same hospital admission







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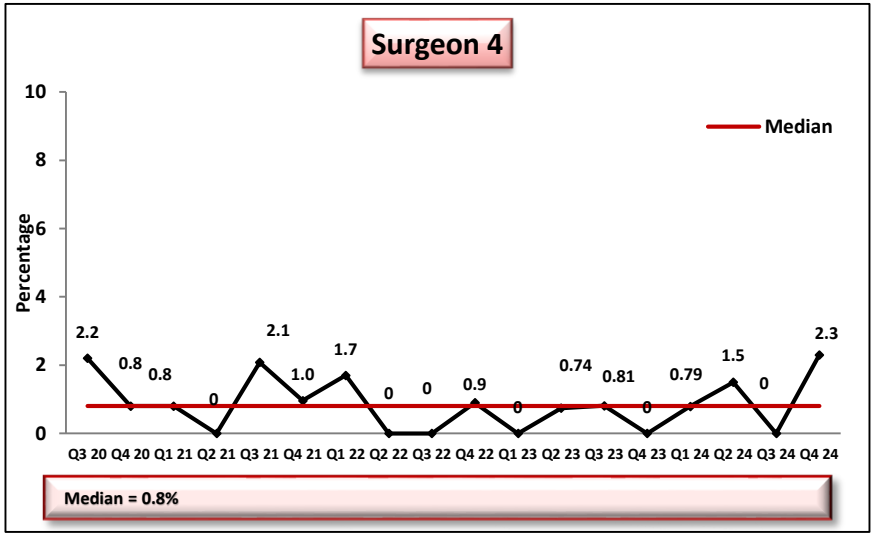
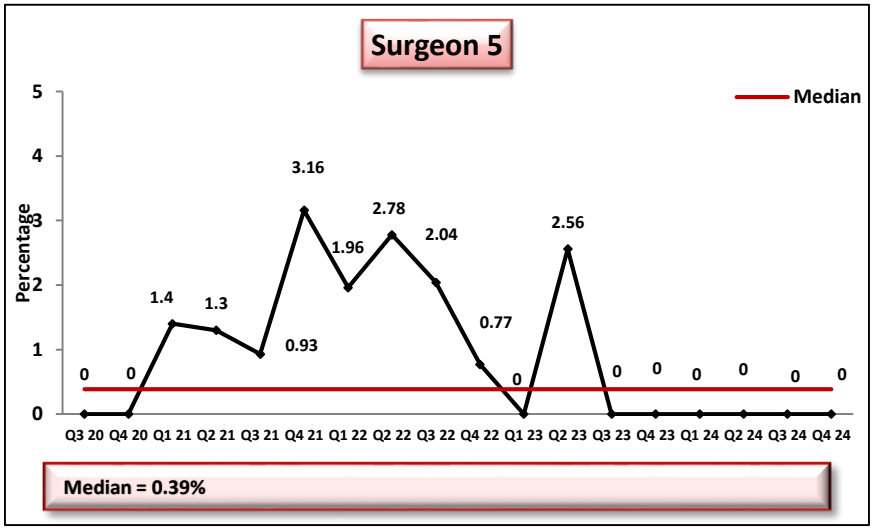
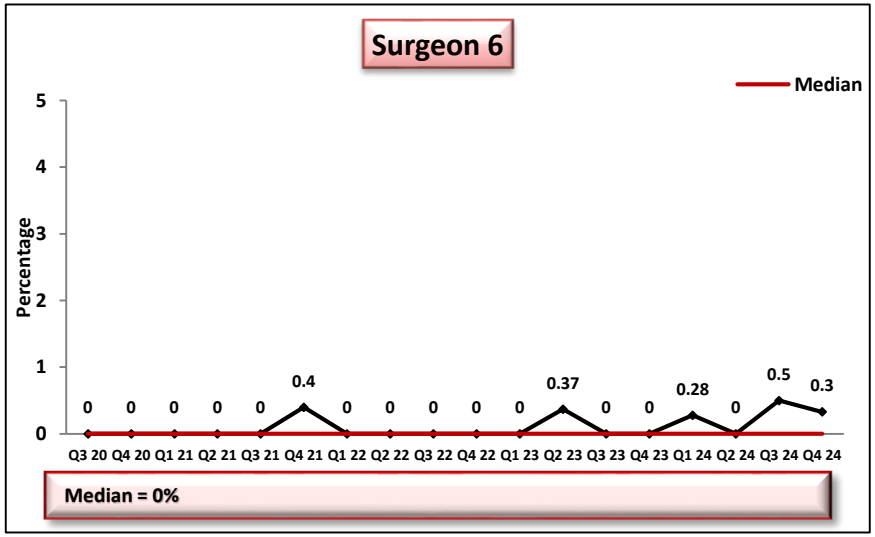
Clinical Performance Indicators

Reoperation within the same hospital admission







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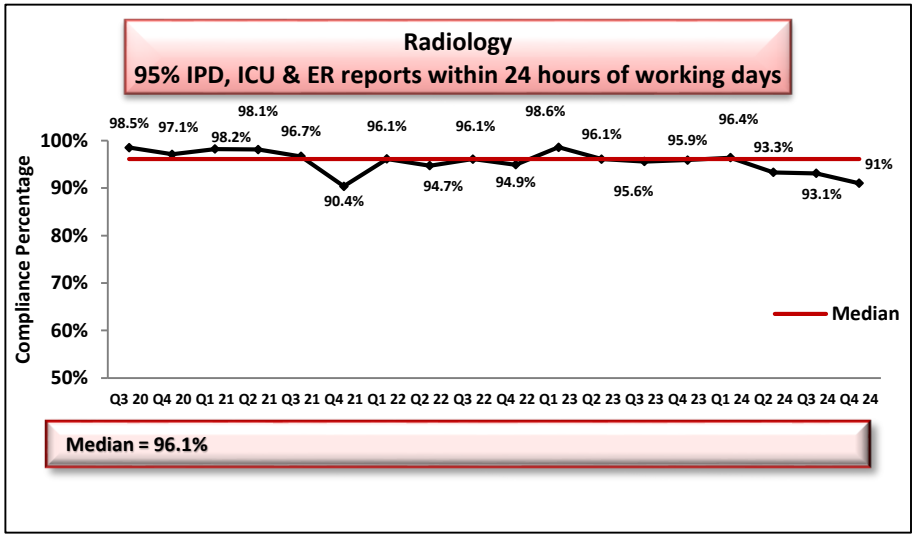
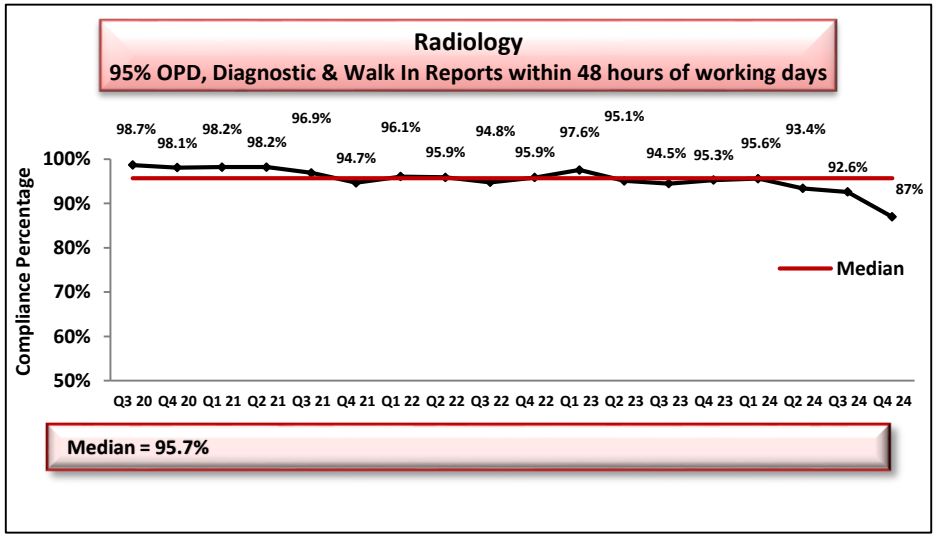
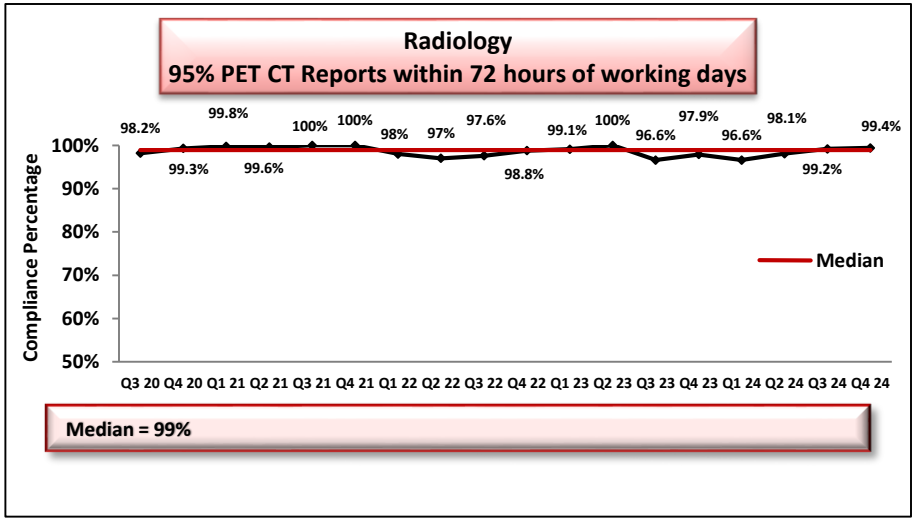
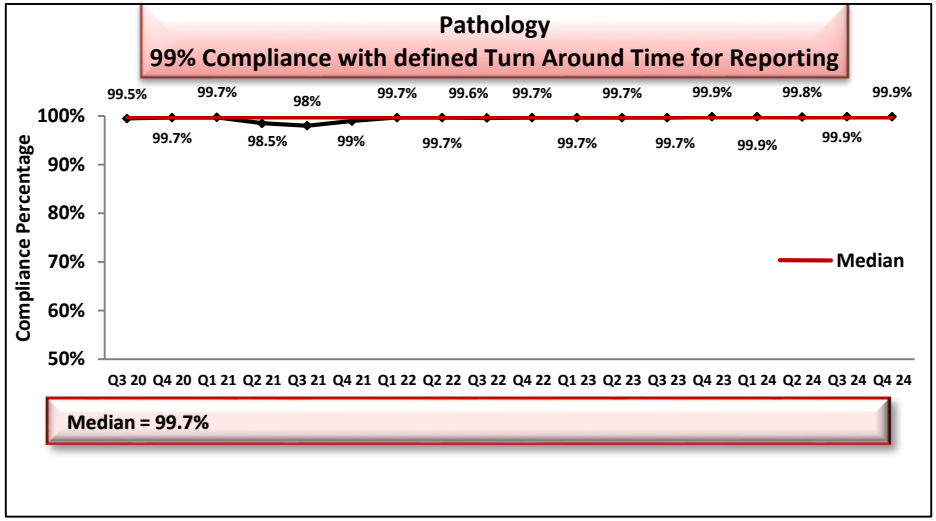
Clinical Performance Indicators

Compliance with defined Turnaround Time for Reporting









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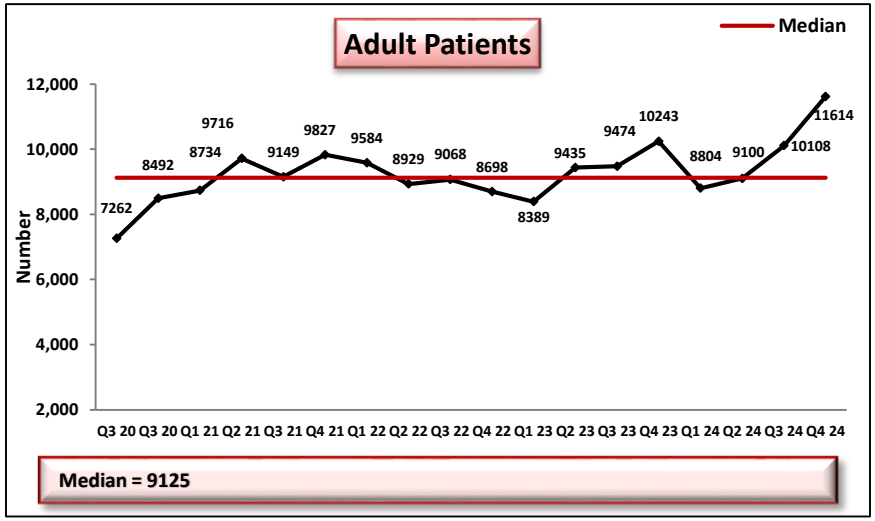
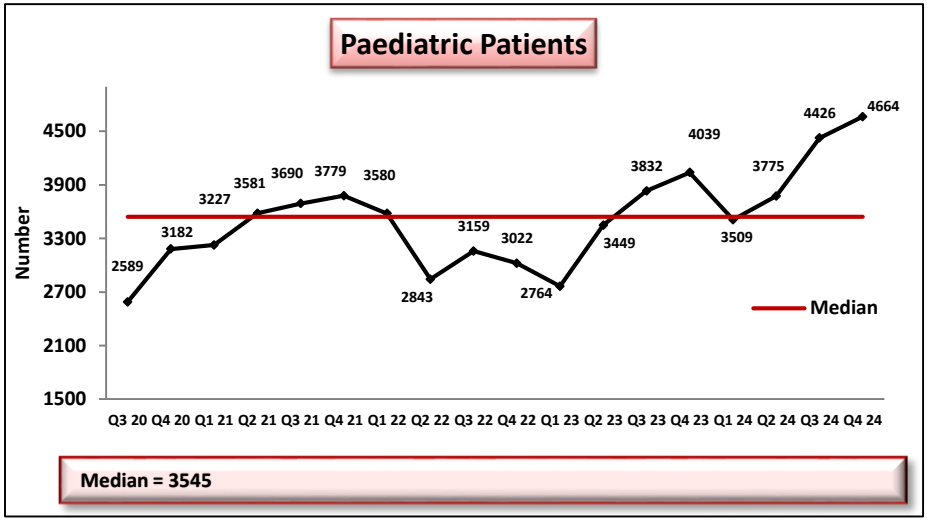
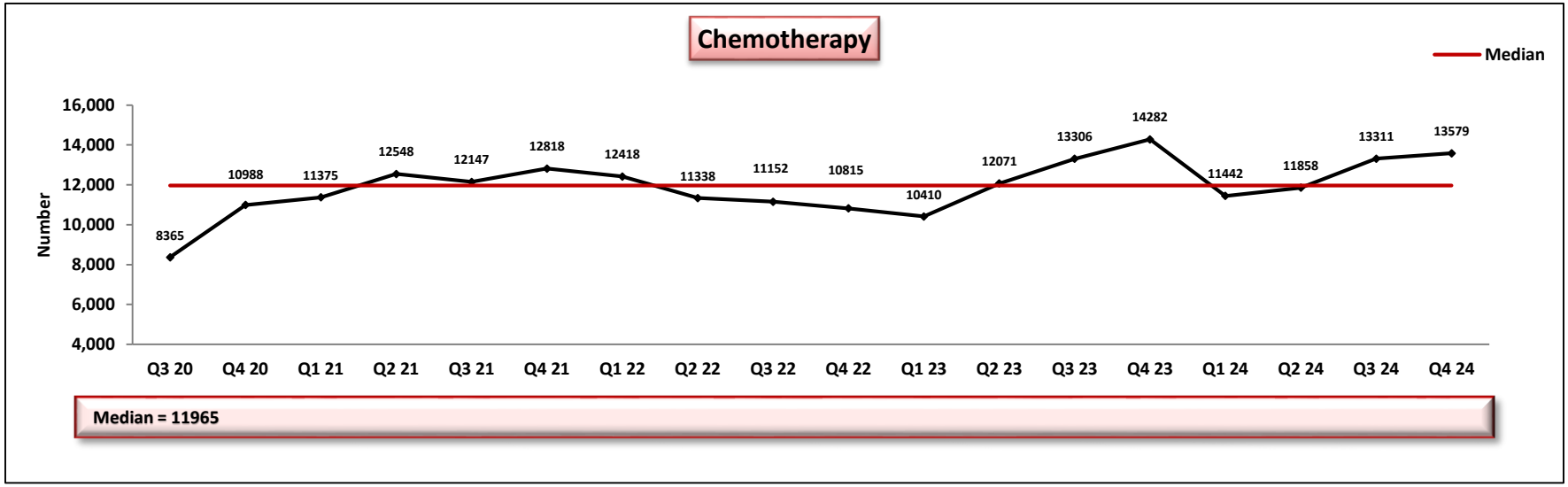
Chemotherapy Activity Break-up







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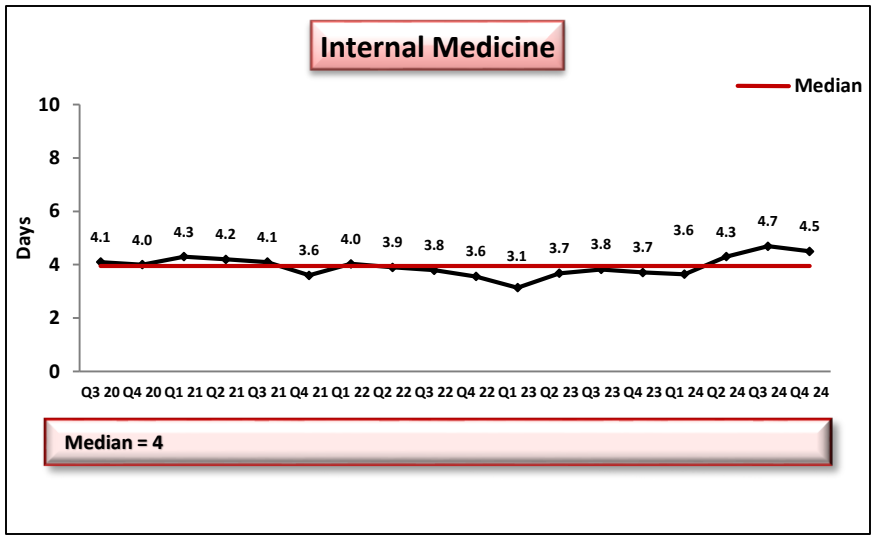
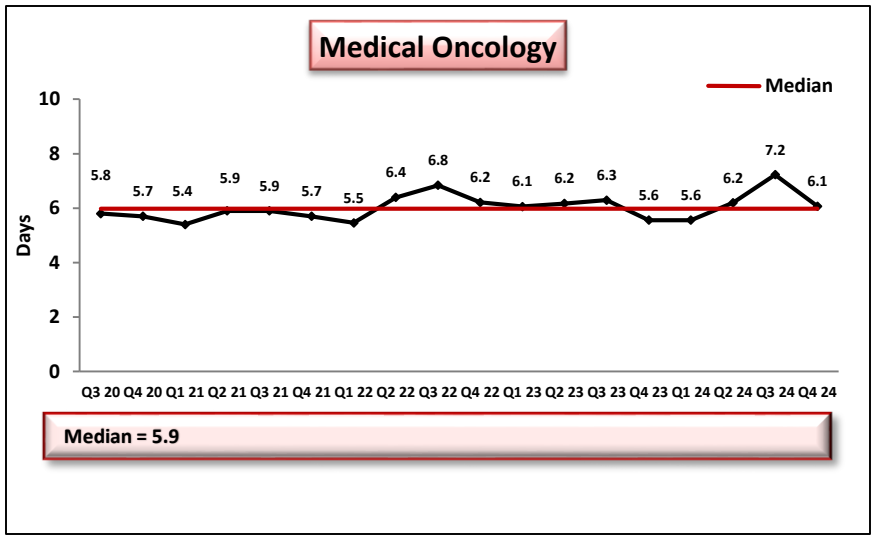
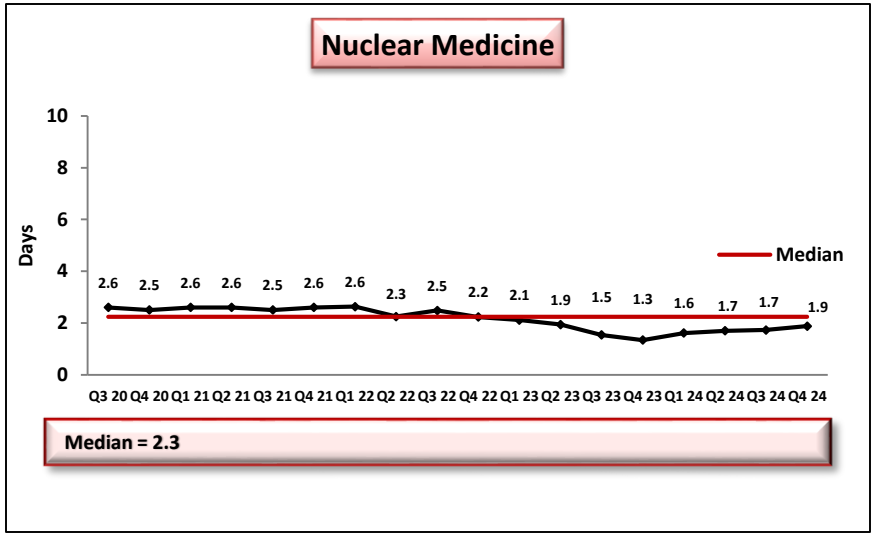
Average Length of Stay–Inpatients







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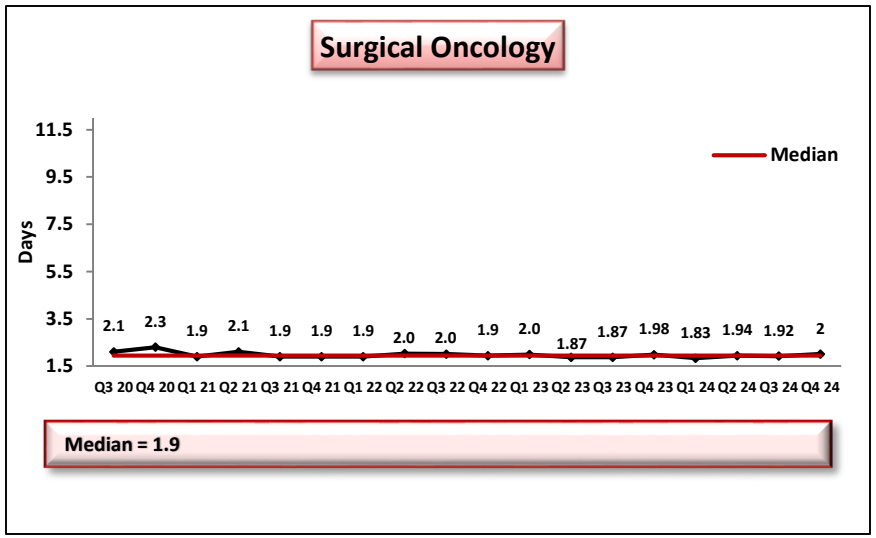
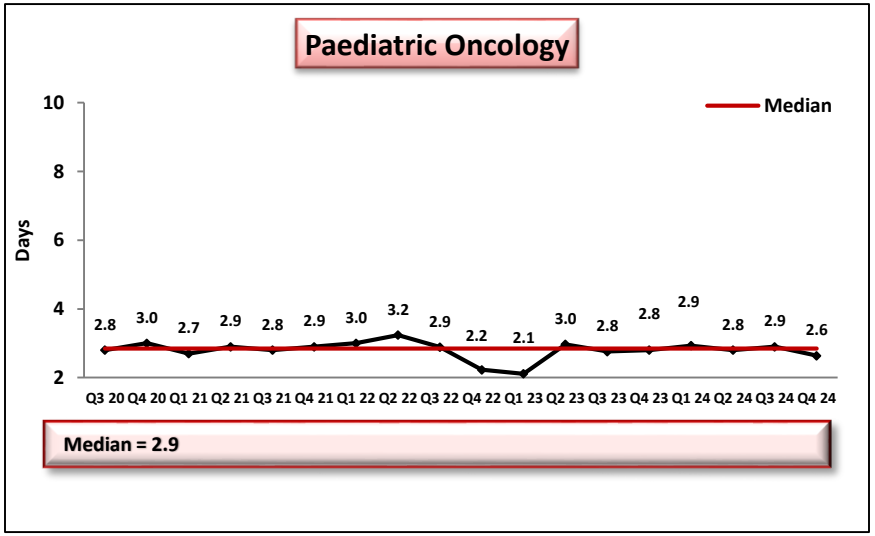
Average Length of Stay–Inpatients





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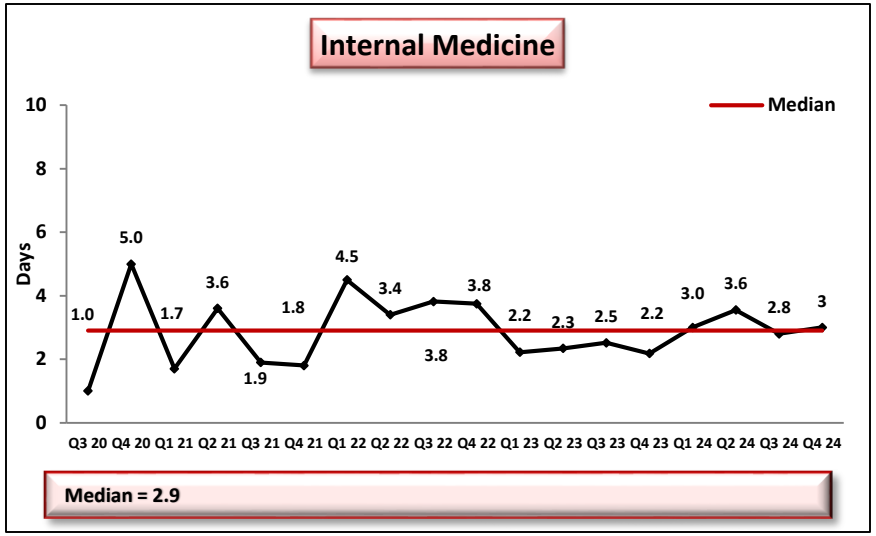
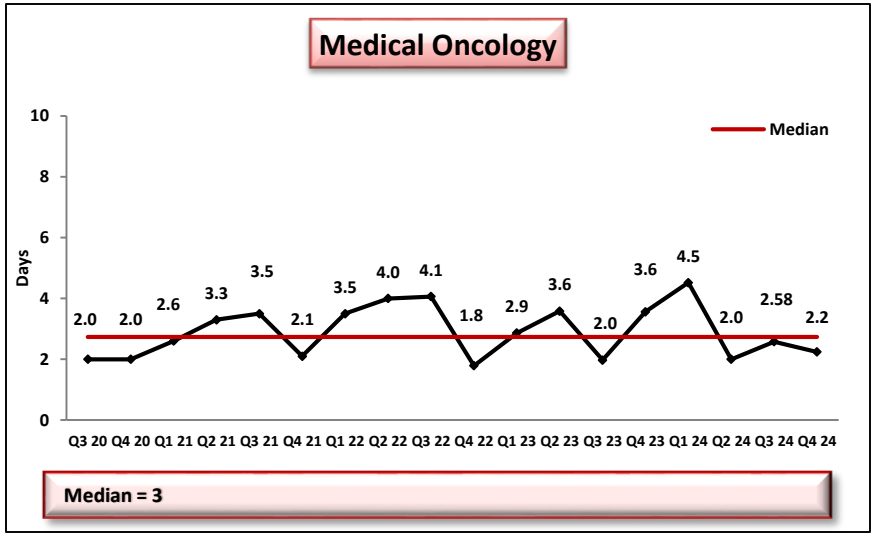
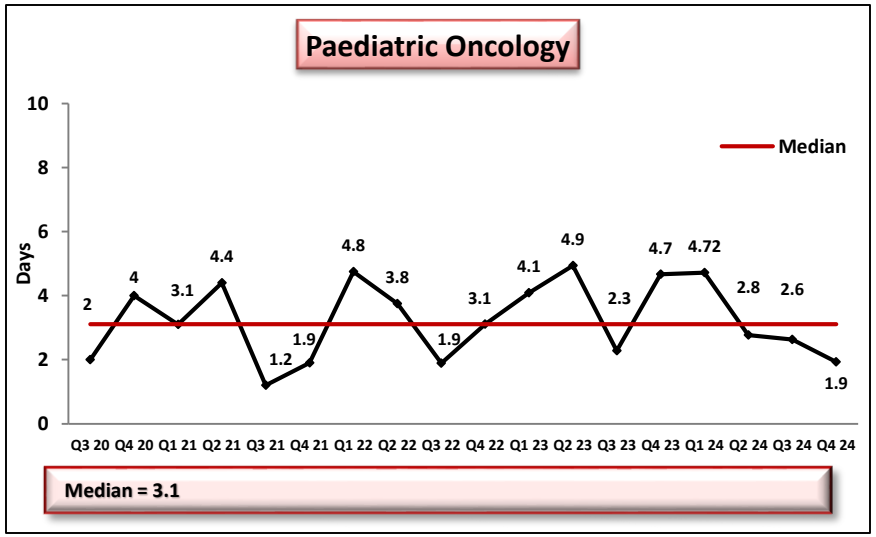
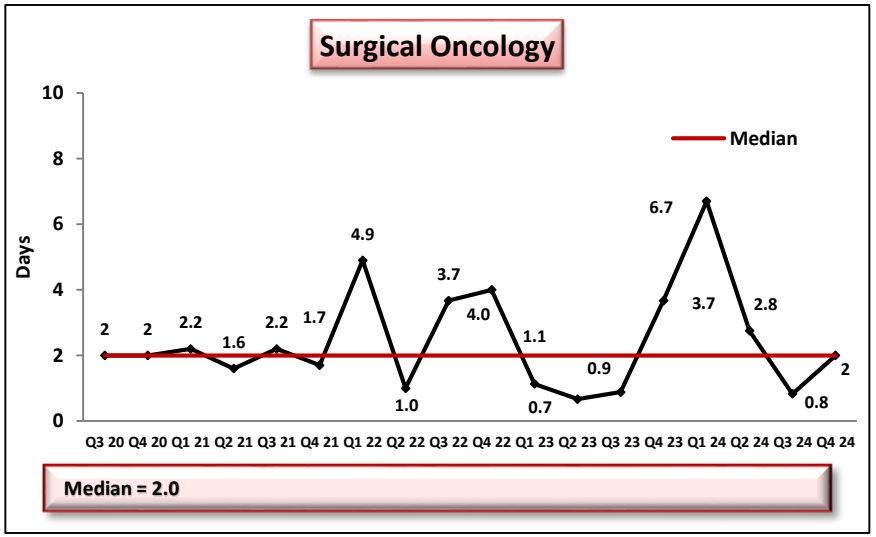
Average Length of stay- Ventilated Patients









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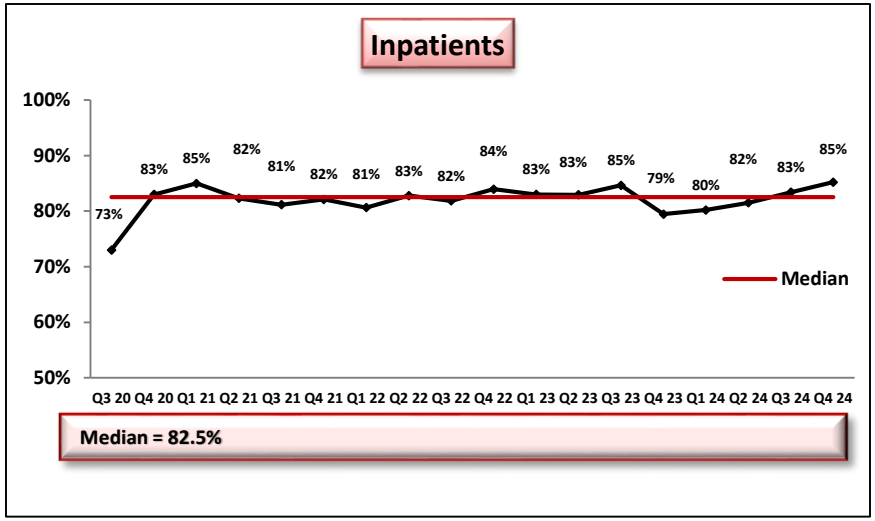
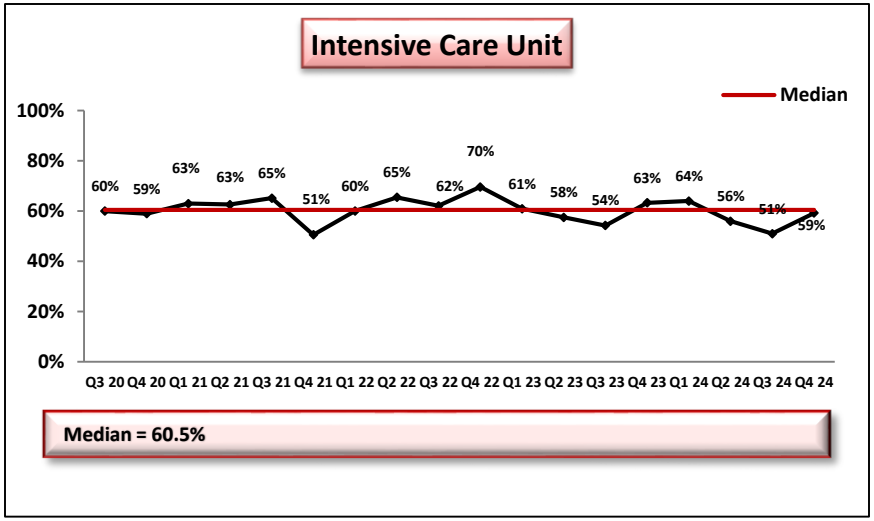
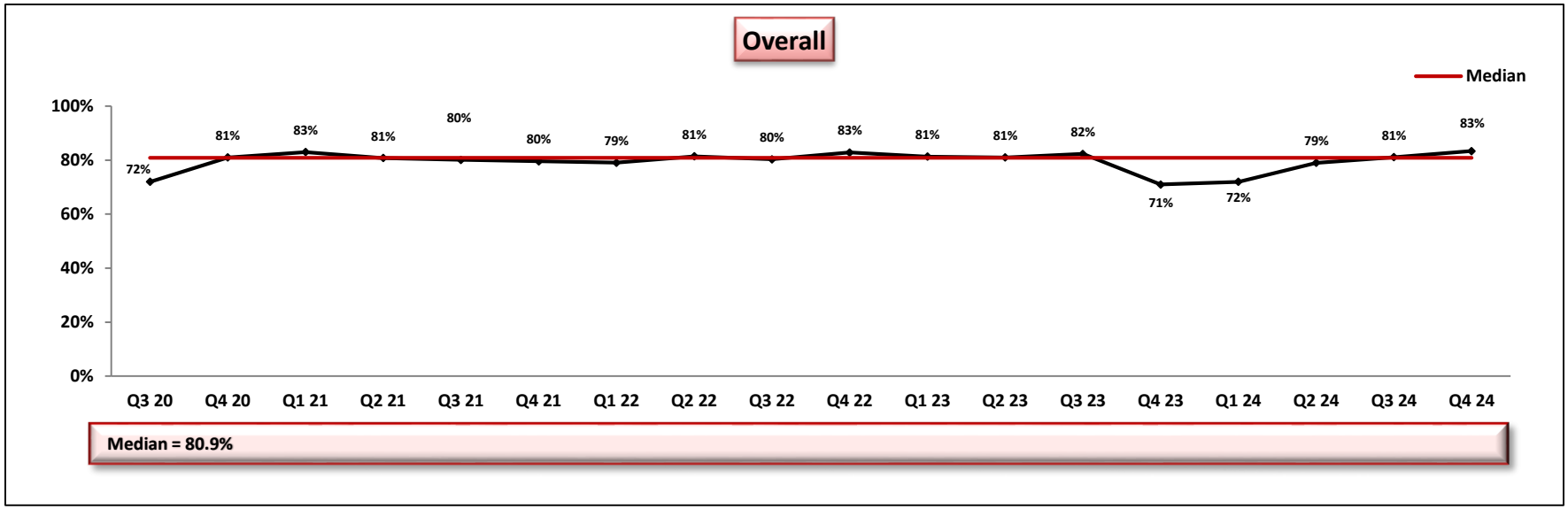
Bed Occupancy Rate







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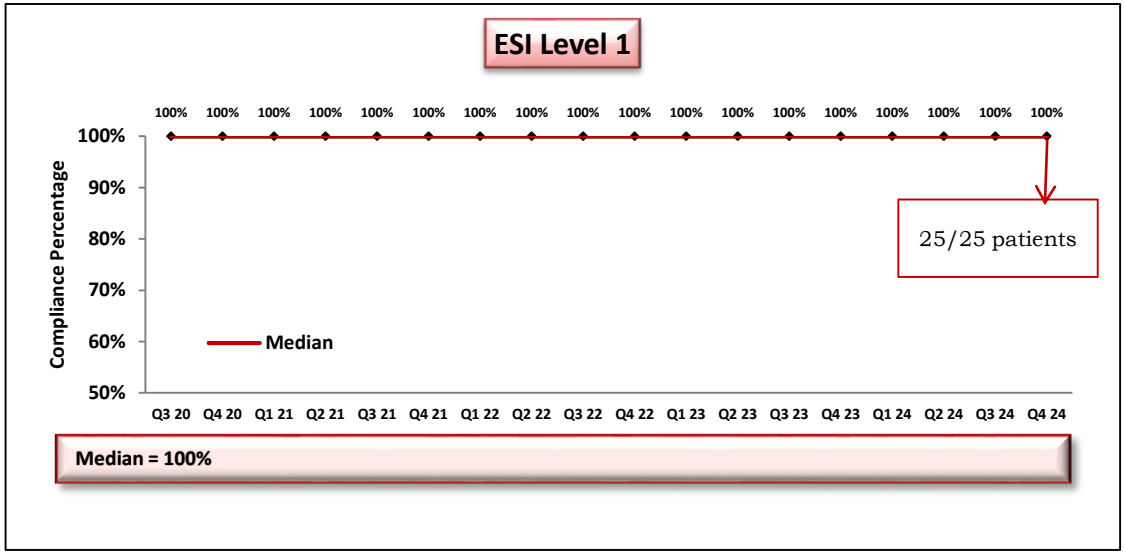
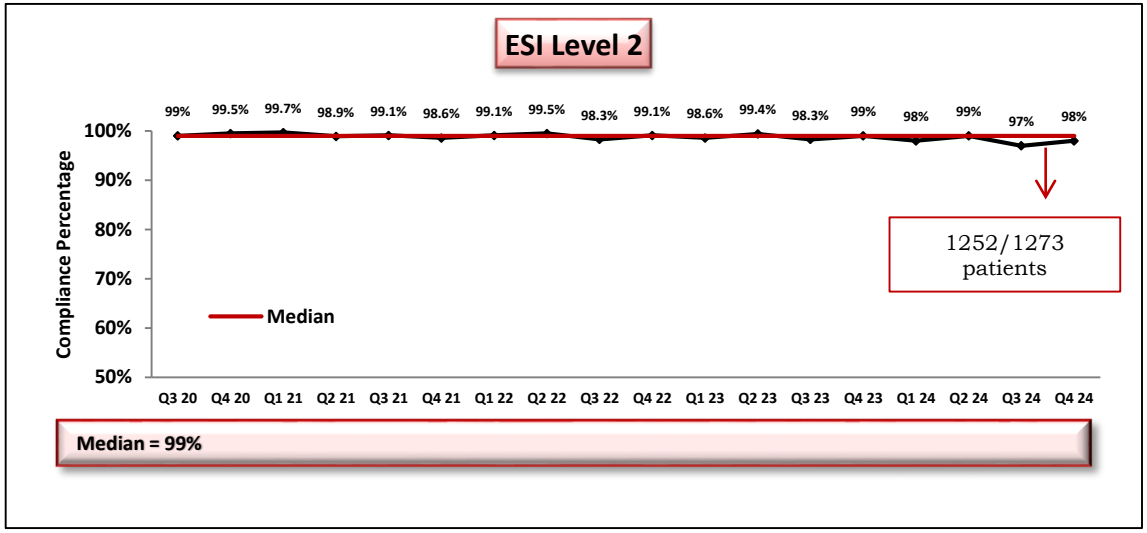
Emergency Assessment Room Statistics

Patients Seen within Defined Waiting Times – Adults





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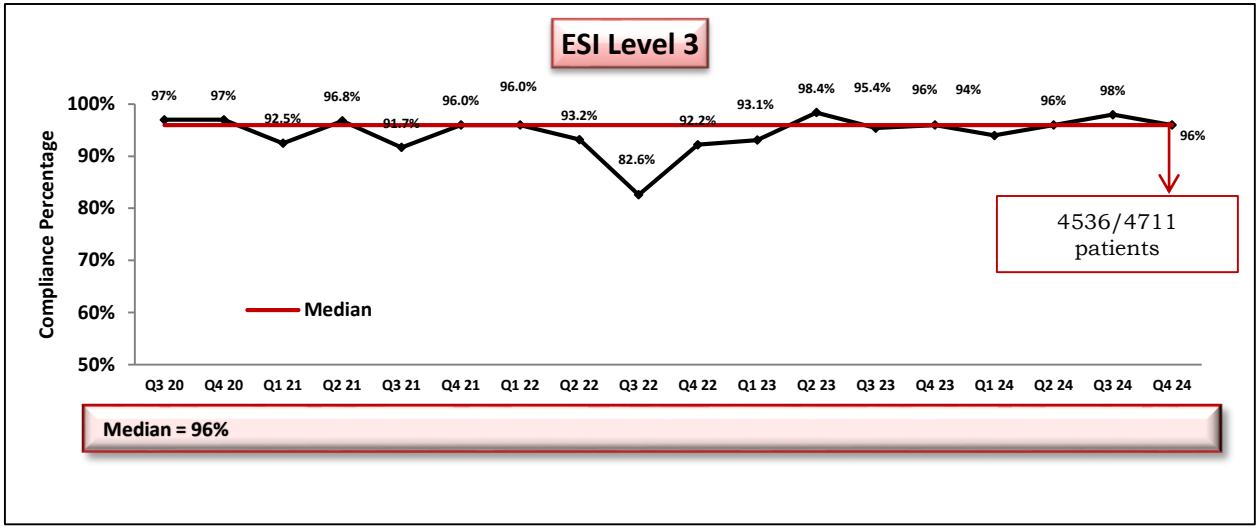
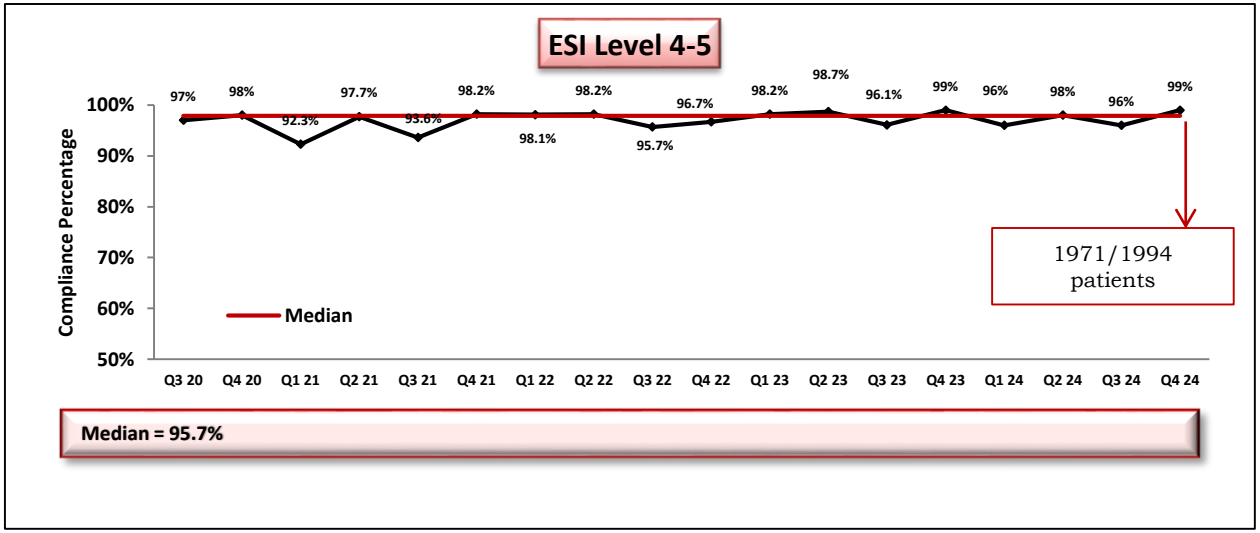
Emergency Assessment Room Statistics

Patients Seen within Defined Waiting Times – Adults





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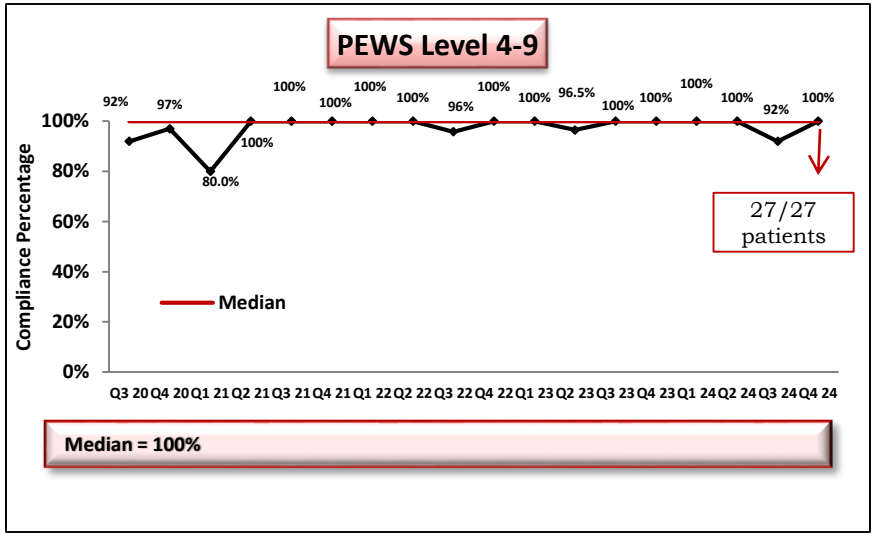
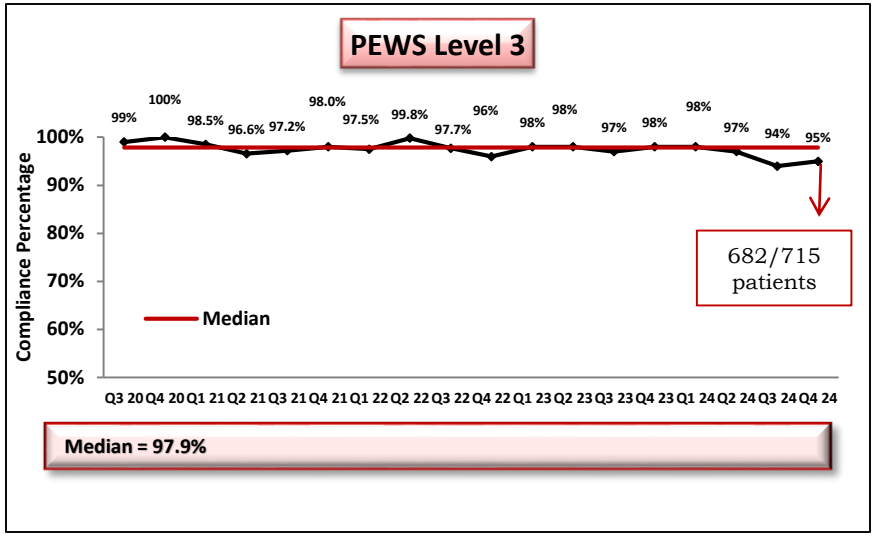
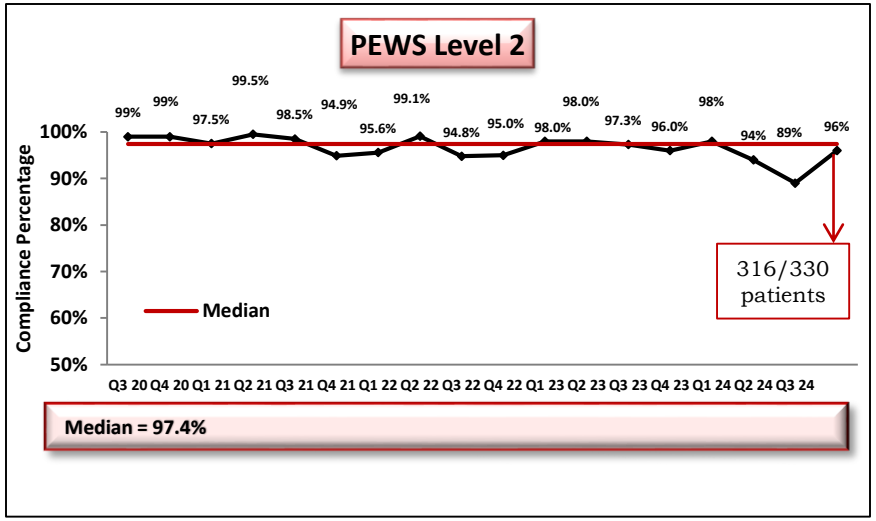
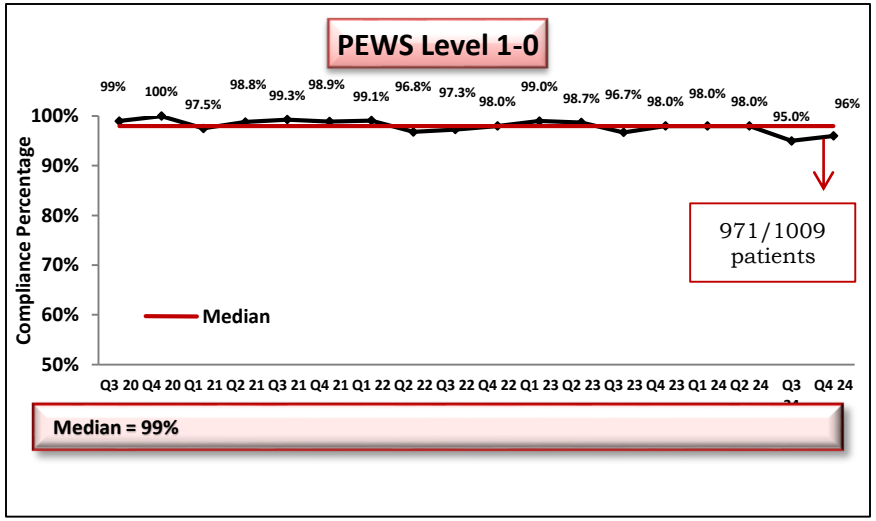
Emergency Assessment Room Statistics

Patients Seen within Defined Waiting Times – Paediatrics









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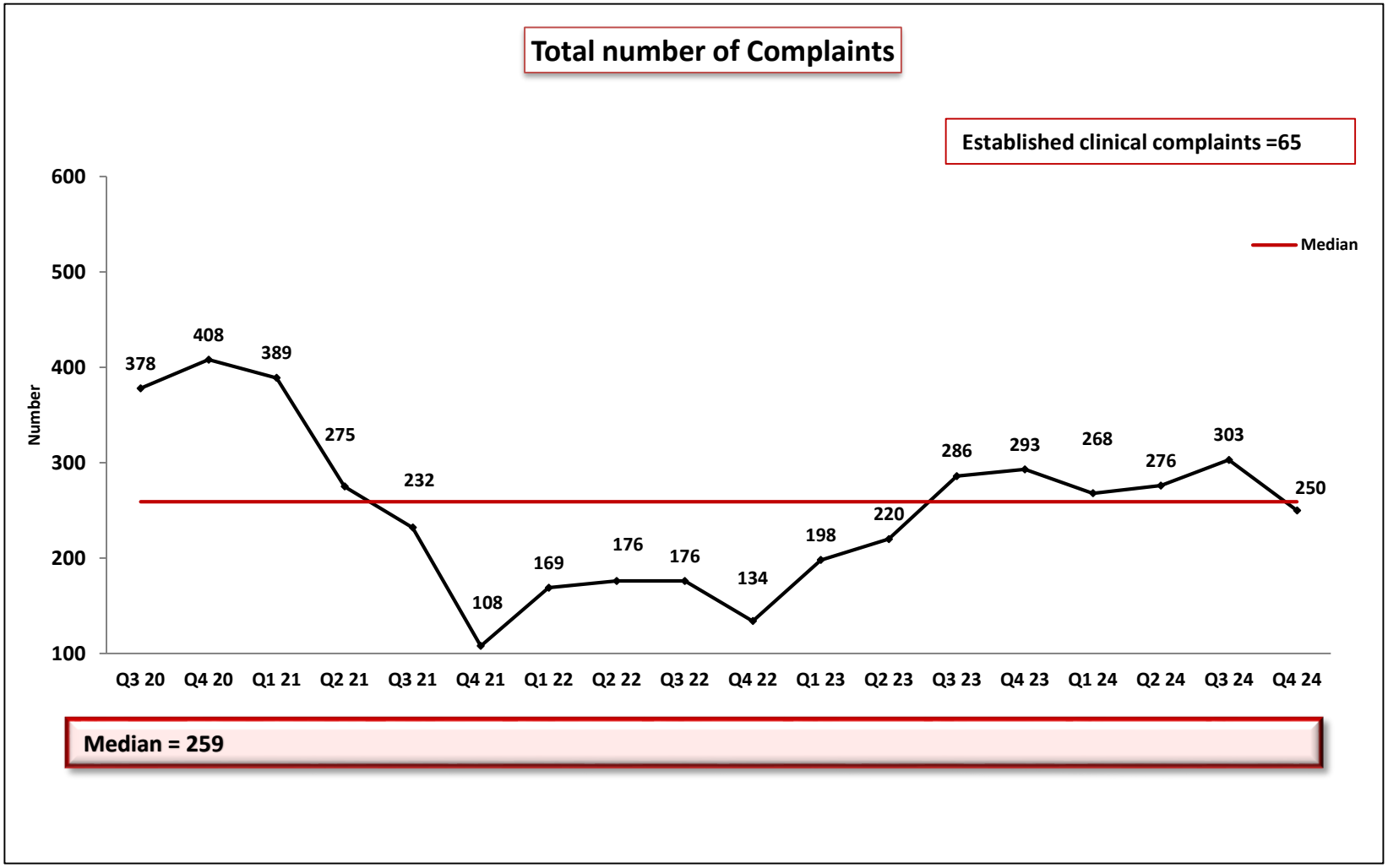
Complaints–Clinical Departments



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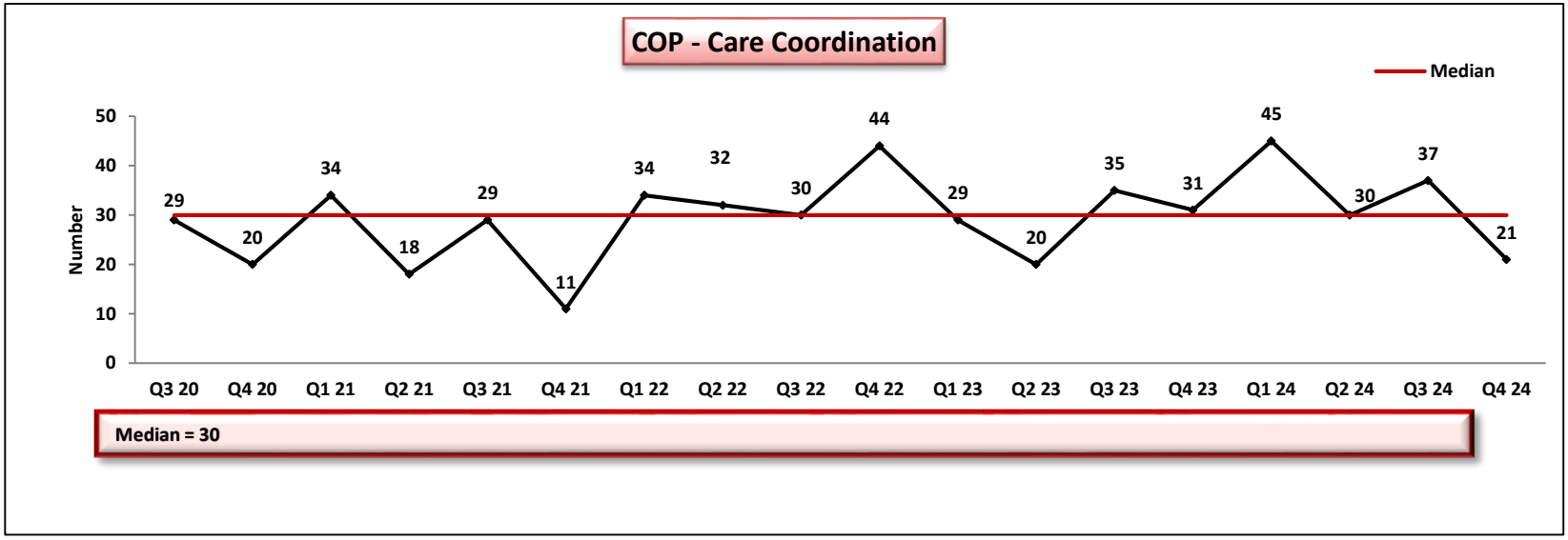
Established Clinical Complaints by Category
Top 5



COP – Care Coordination:

- Delay in Service
- Delay in appointment
- Deviation From Standard Operating Procedure

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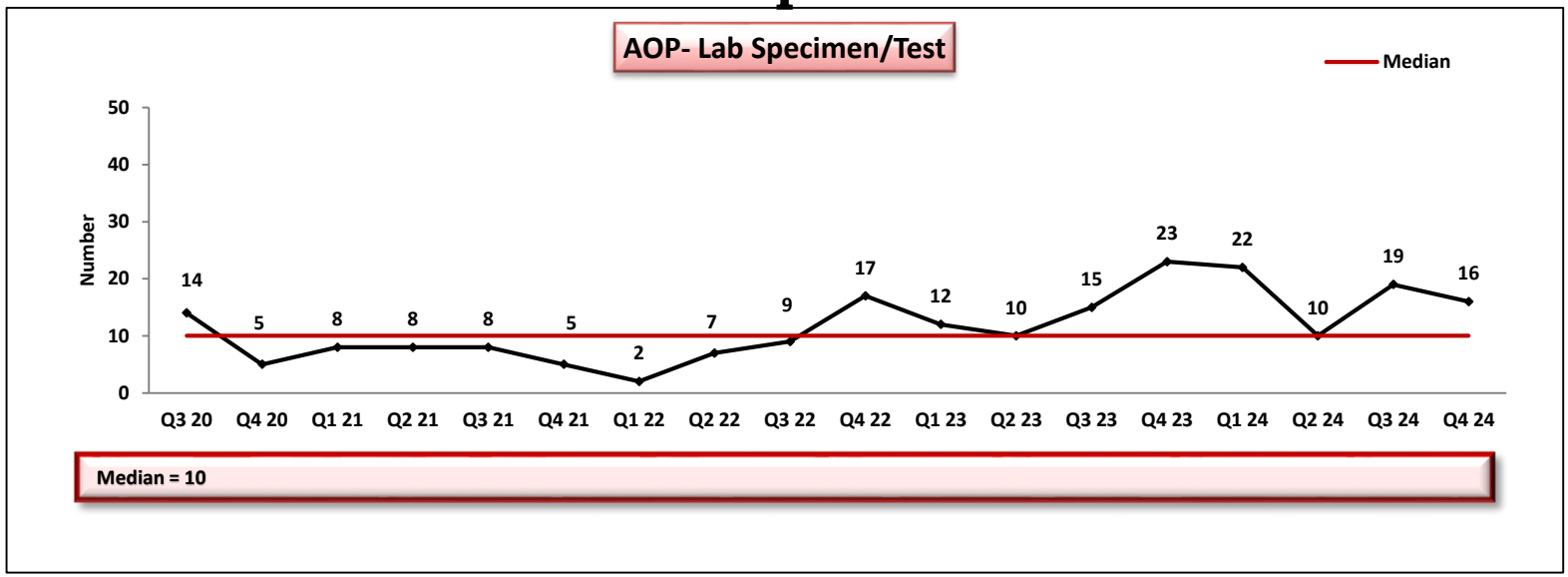
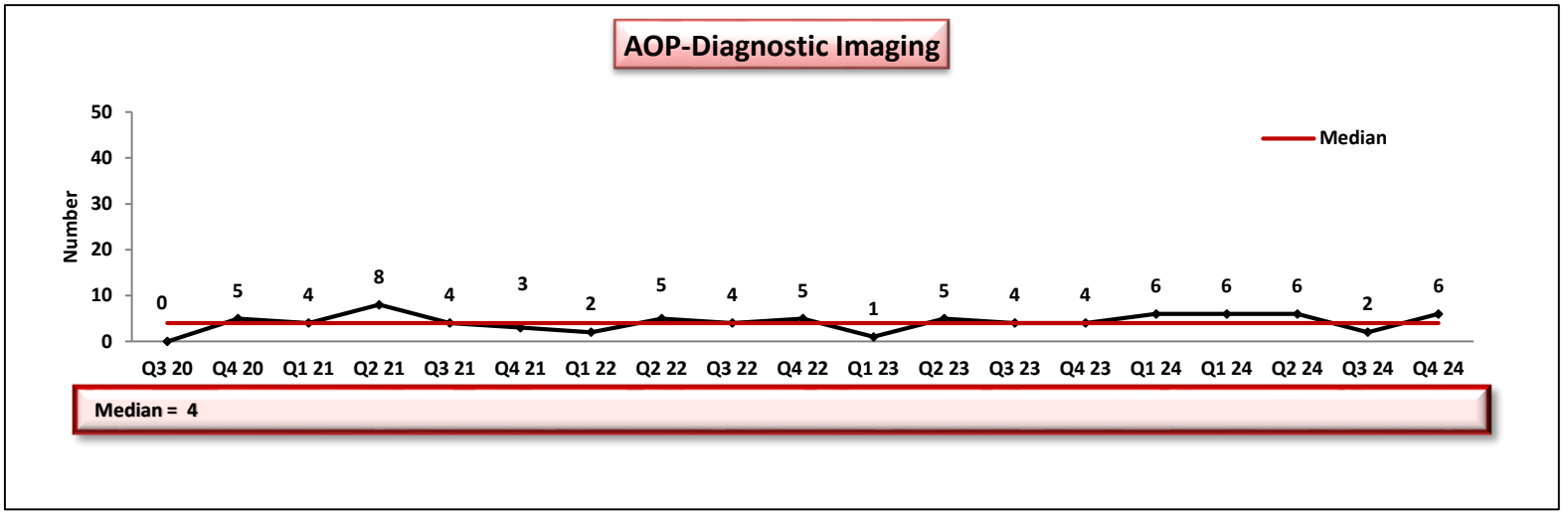
Established Clinical Complaints by Category Top 5



AOP-Lab Specimen/Test:

- Deviation from Standard Operation Procedure
- Delayed Normal Result
- Incorrect Results

Established Clinical Complaints by Category
Top 5



AOP-Diagnostic Imaging:

- **Results- Delayed**
- **Deviation from standard operating procedure**
- **Delayed Critical Result**

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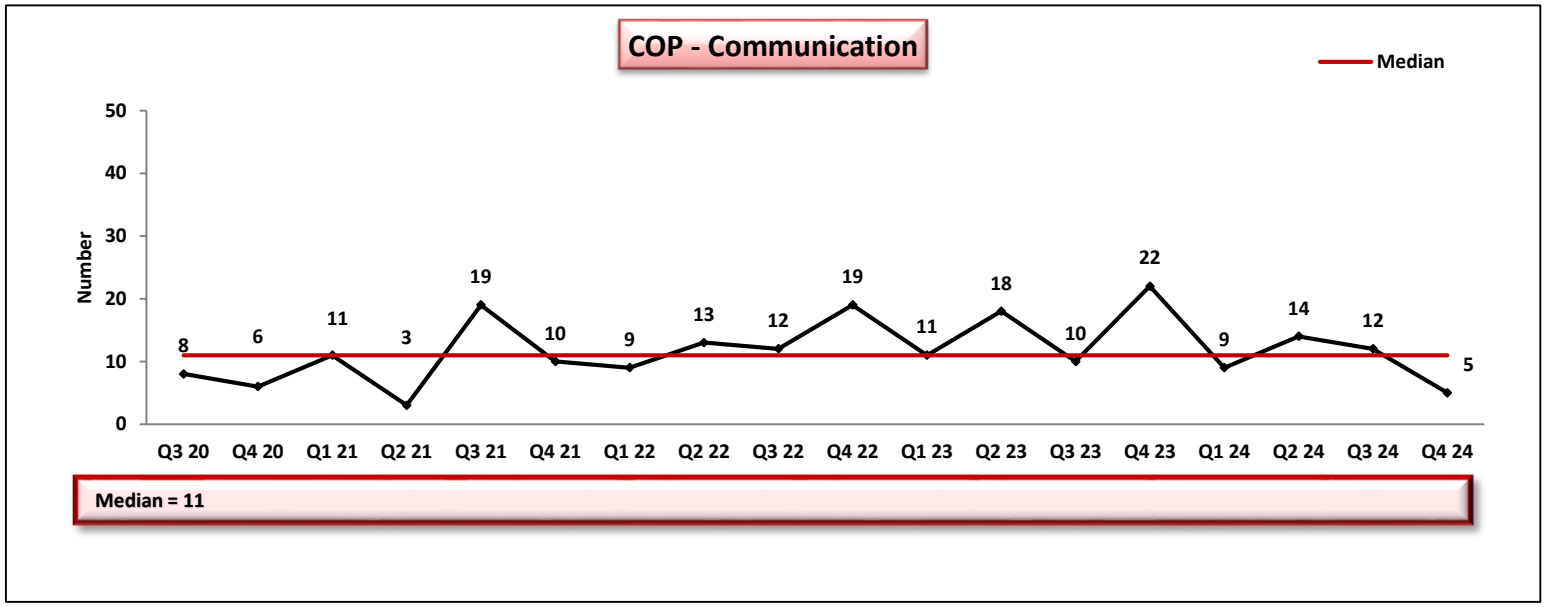
Established Clinical Complaints by Category
Top 5



COP - Communication:

- No/ Wrong information given to the patient
- Miscommunication about appointment

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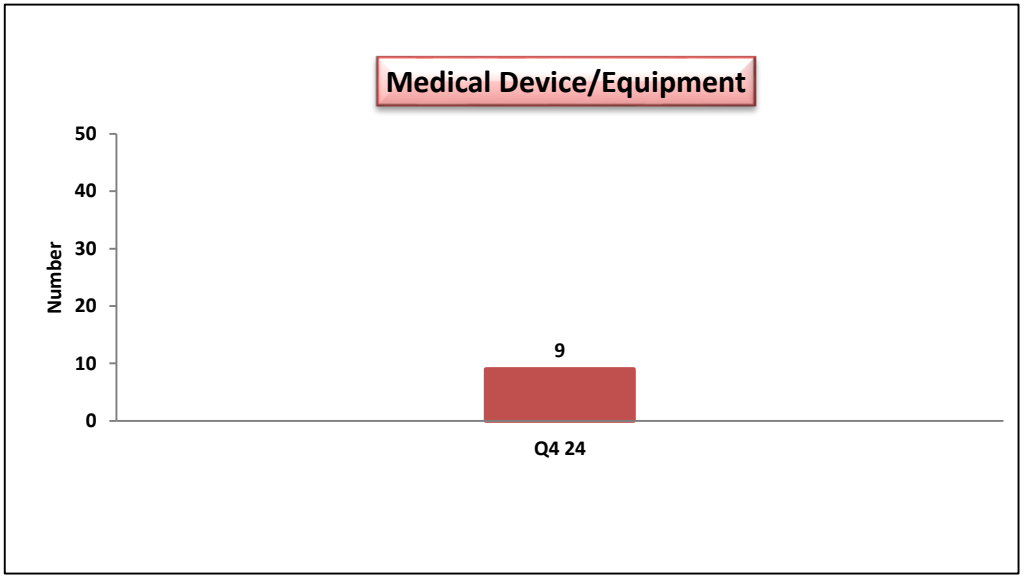
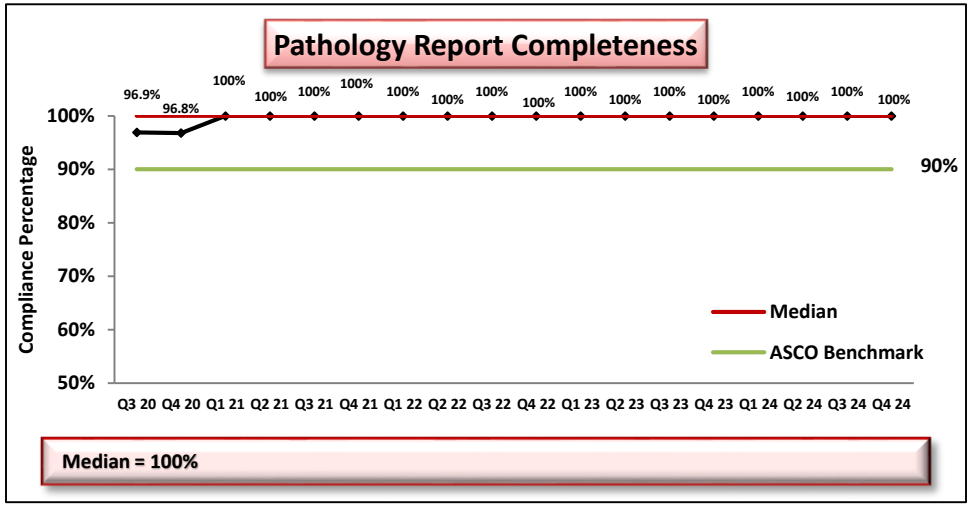
Established Clinical Complaints by Category
Top 5

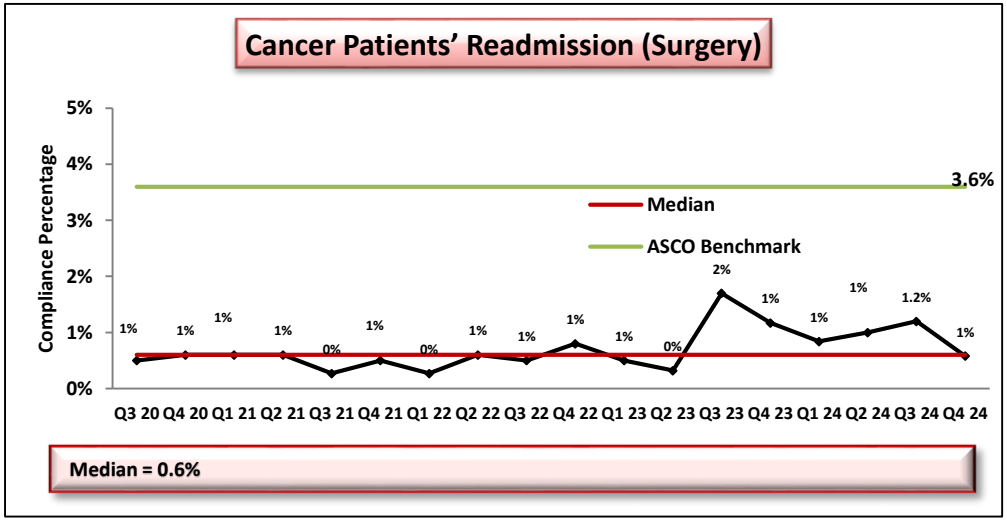


Medical Device/Equipment - :

- Equipment Malfunction

ASCO (QOPI) Indicators





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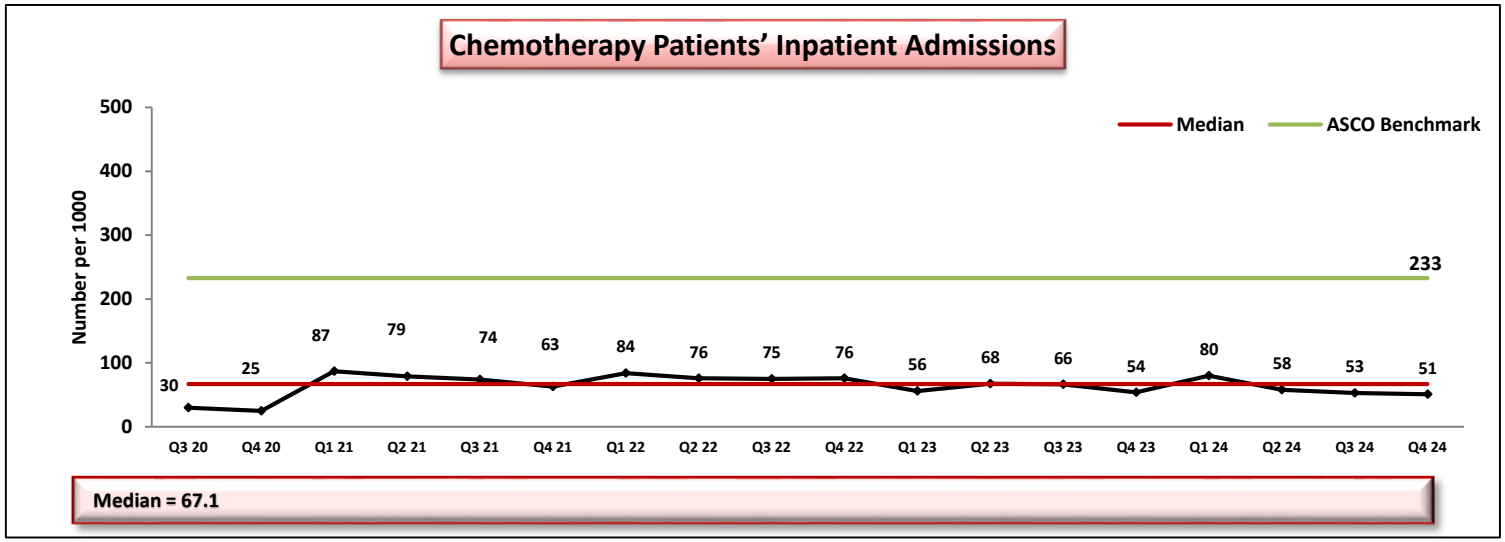
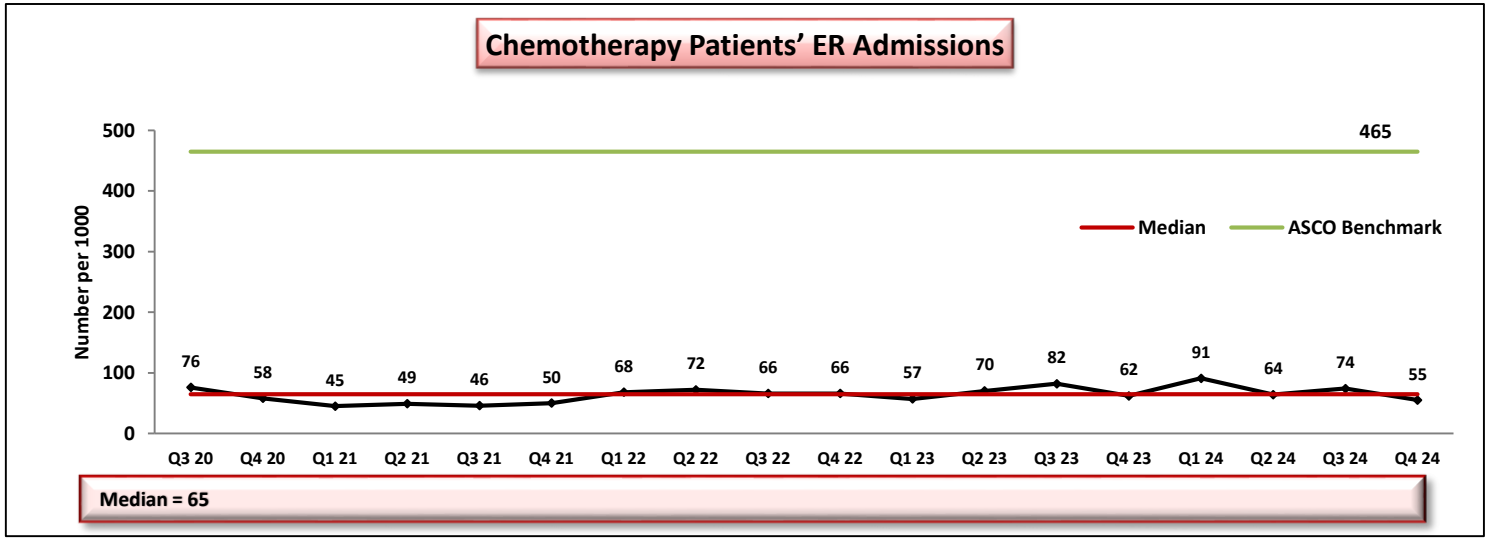
ASCO (QOPI) Indicators





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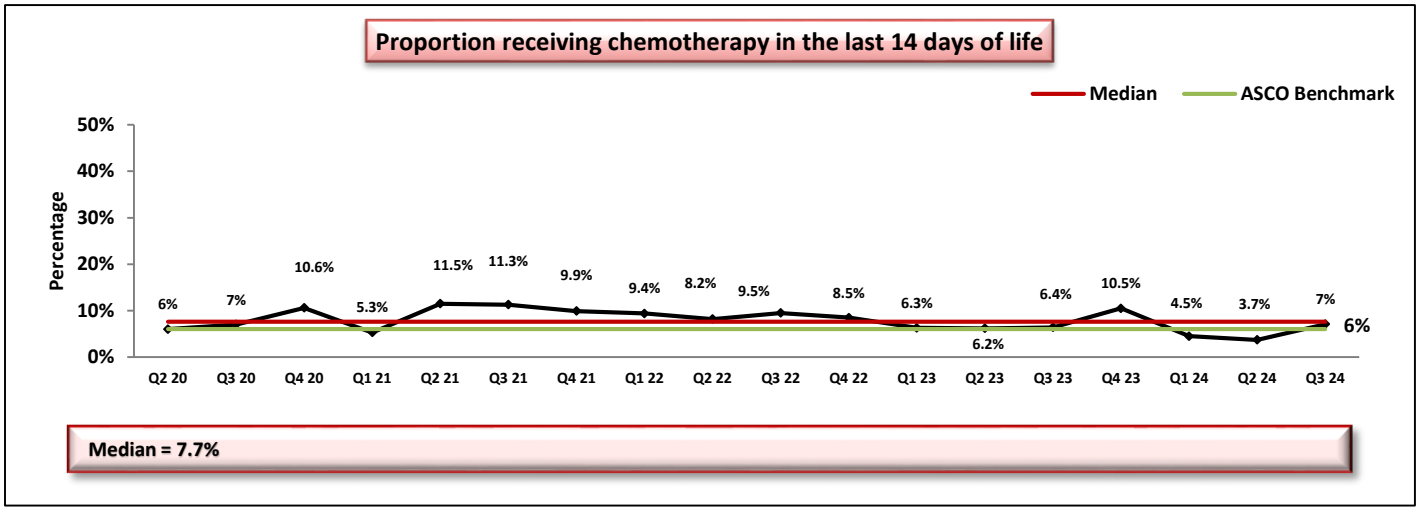
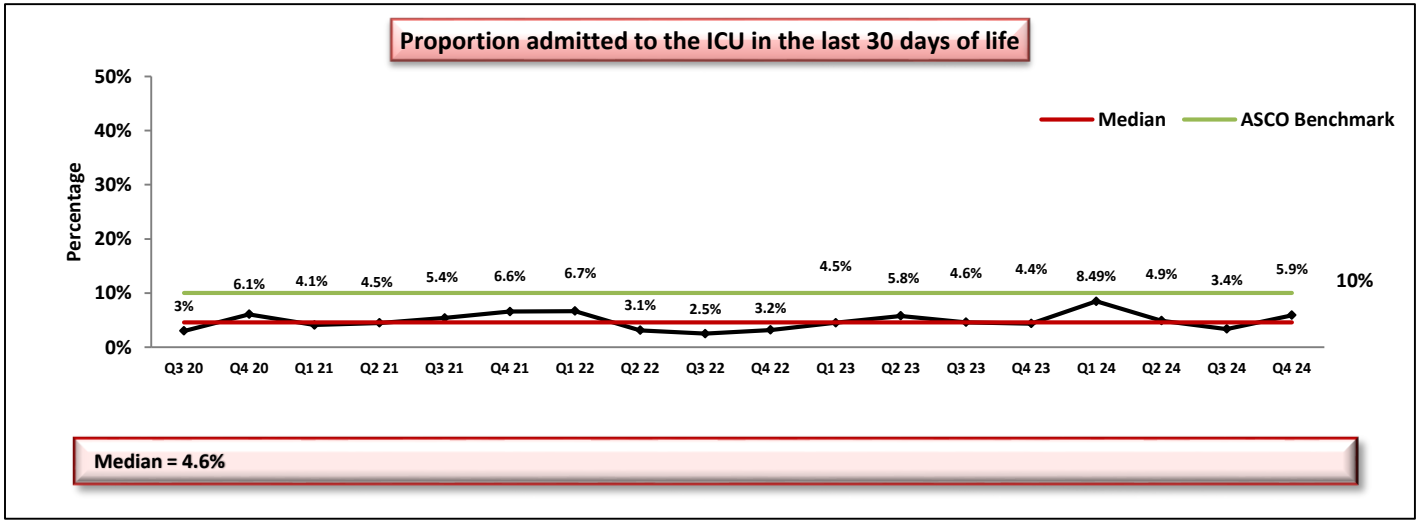
ASCO (QOPI) Indicators





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Thank you