

SKMCH&RC - Lahore

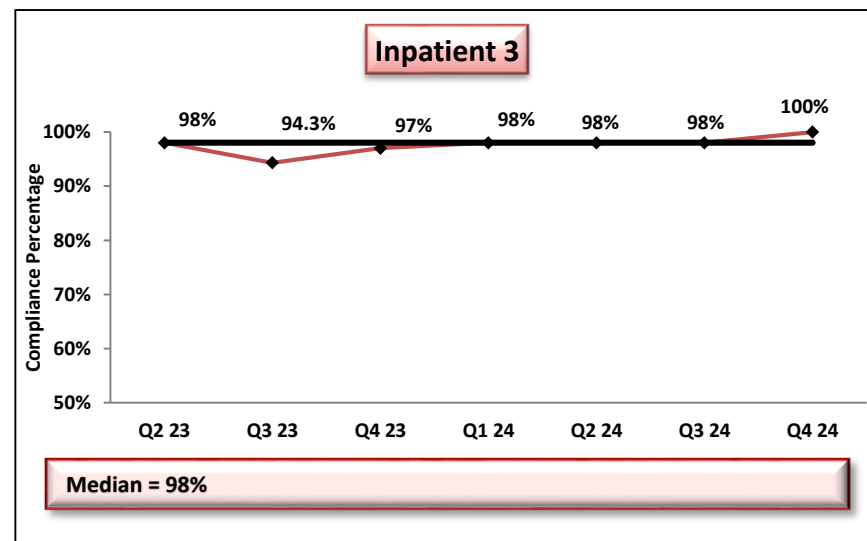
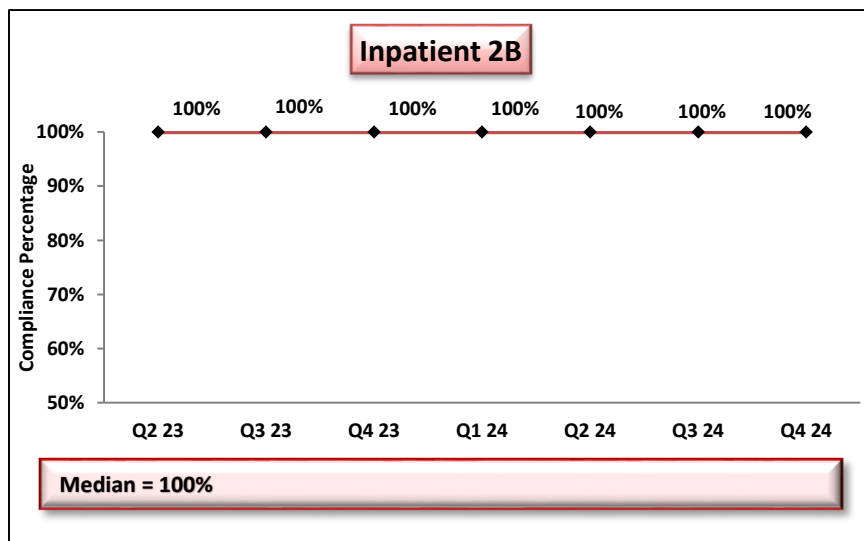
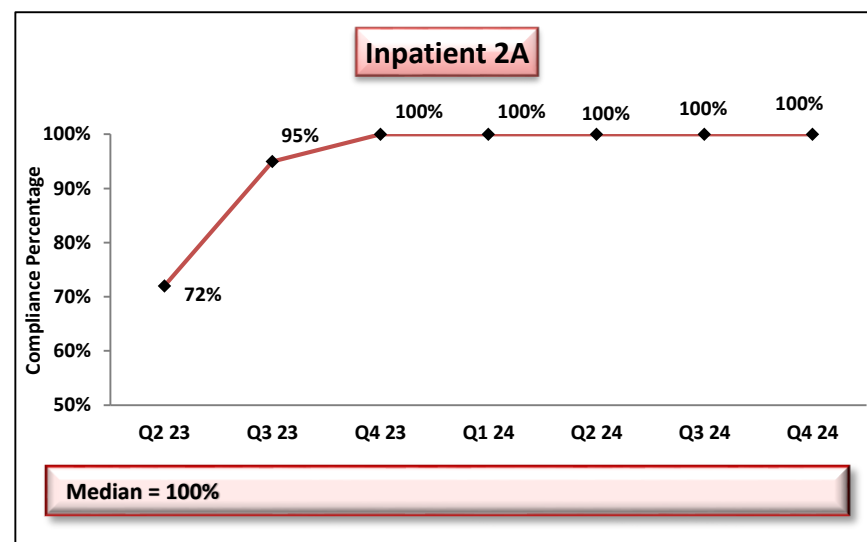
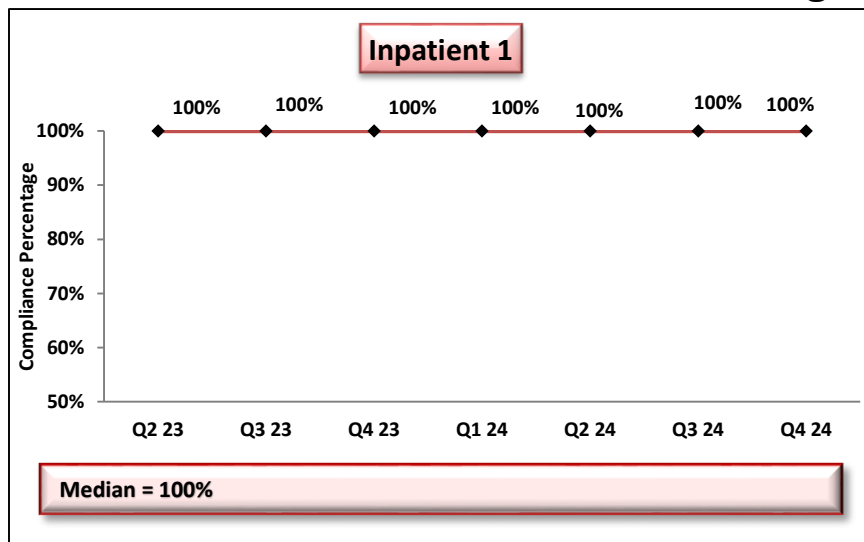
Clinical Performance Dashboard
Quarter 4 2024

Two identifiers are used while providing care – Direct observation

International Patient Safety Goals

Patient Identification Compliance

Target = 100%

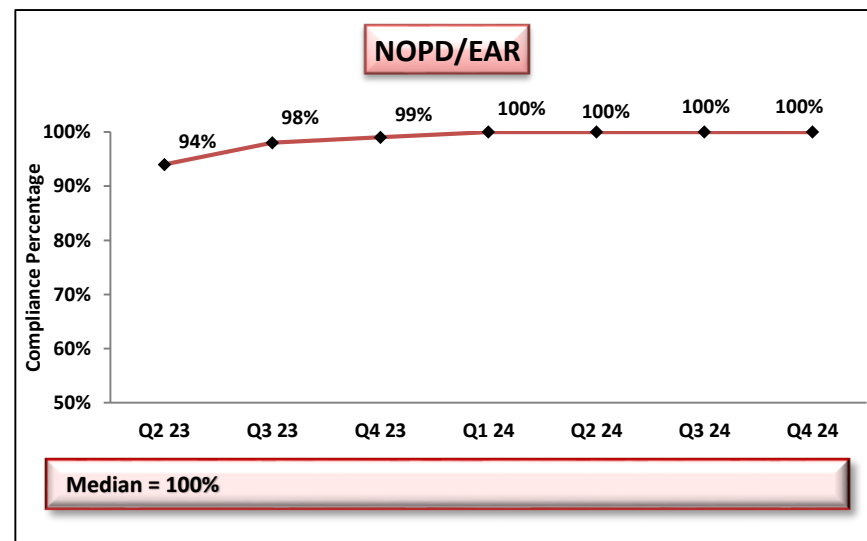
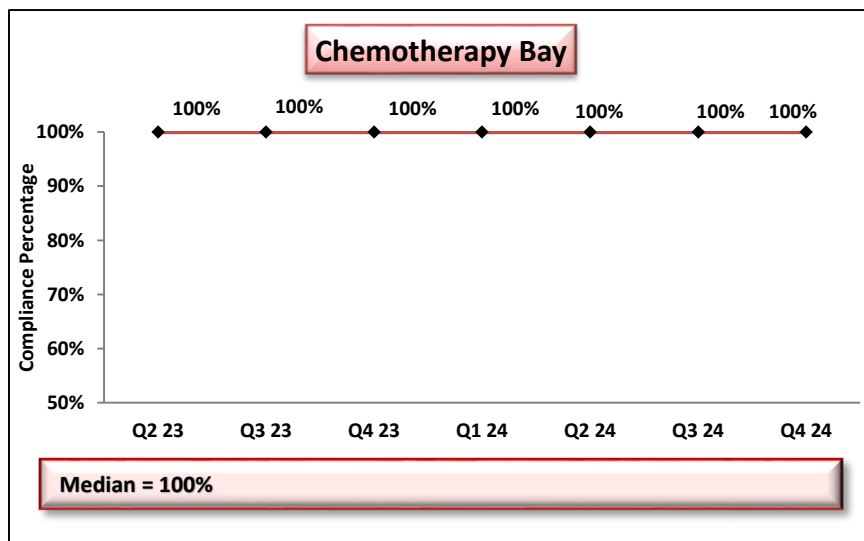
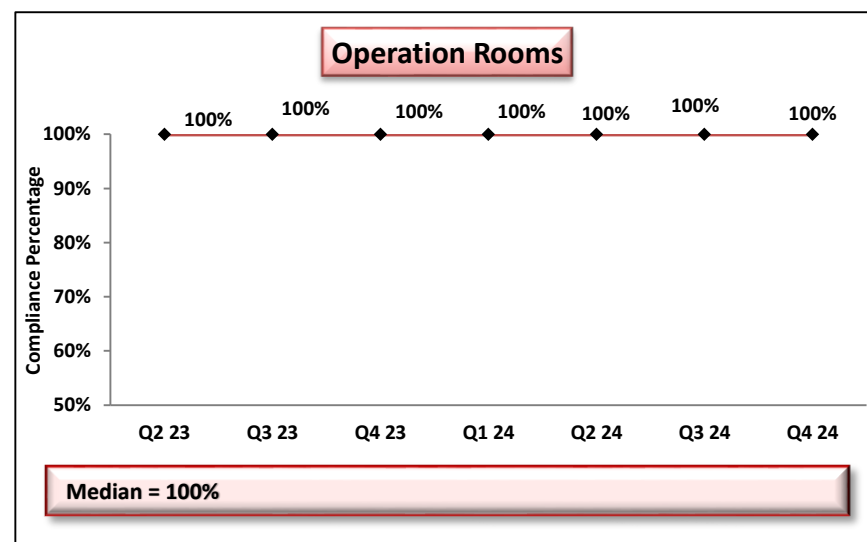
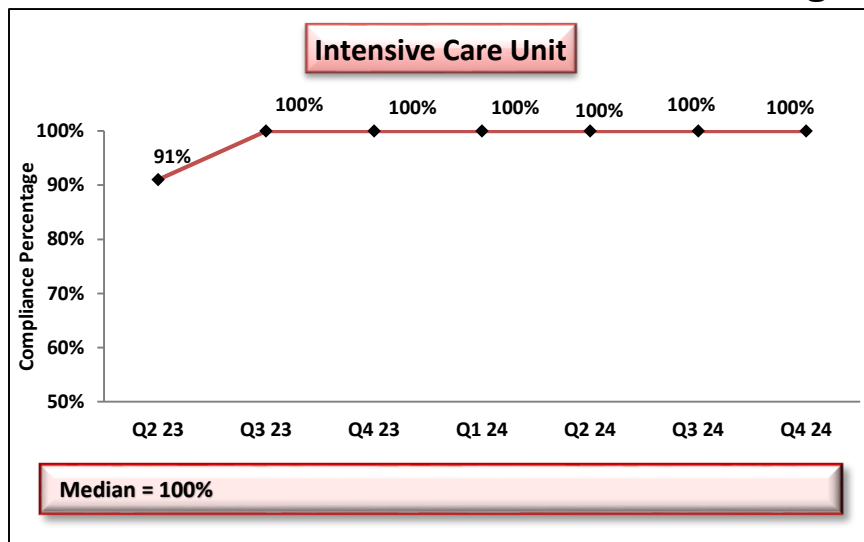


Two identifiers are used while providing care – Direct observation

International Patient Safety Goals

Patient Identification Compliance

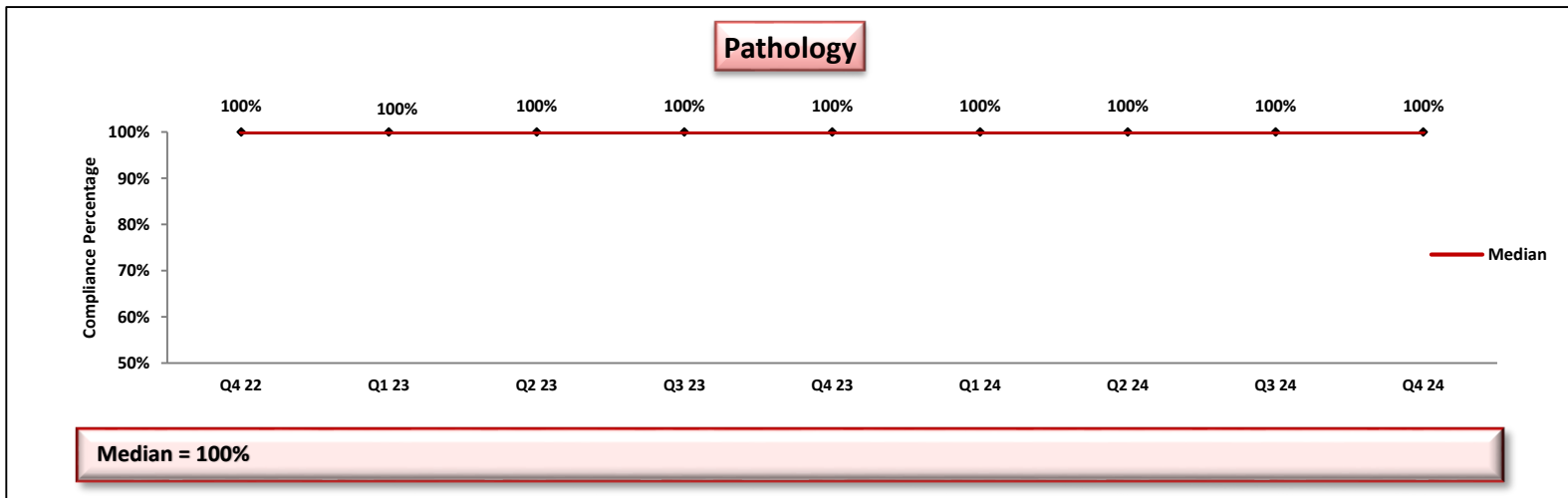
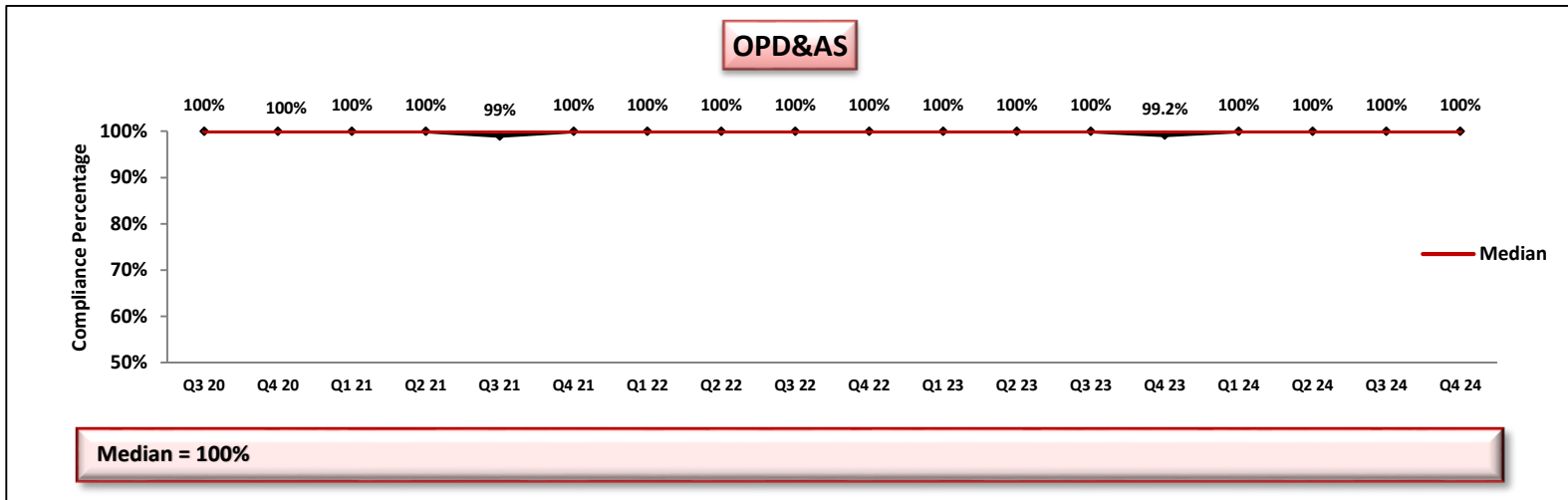
Target = 100%



International Patient Safety Goals

Patient Identification Compliance

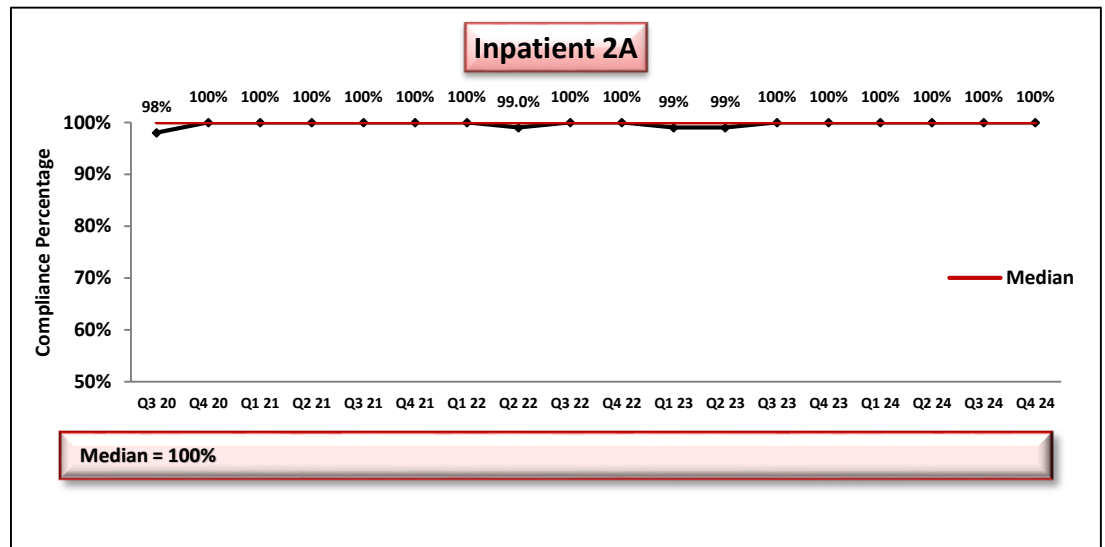
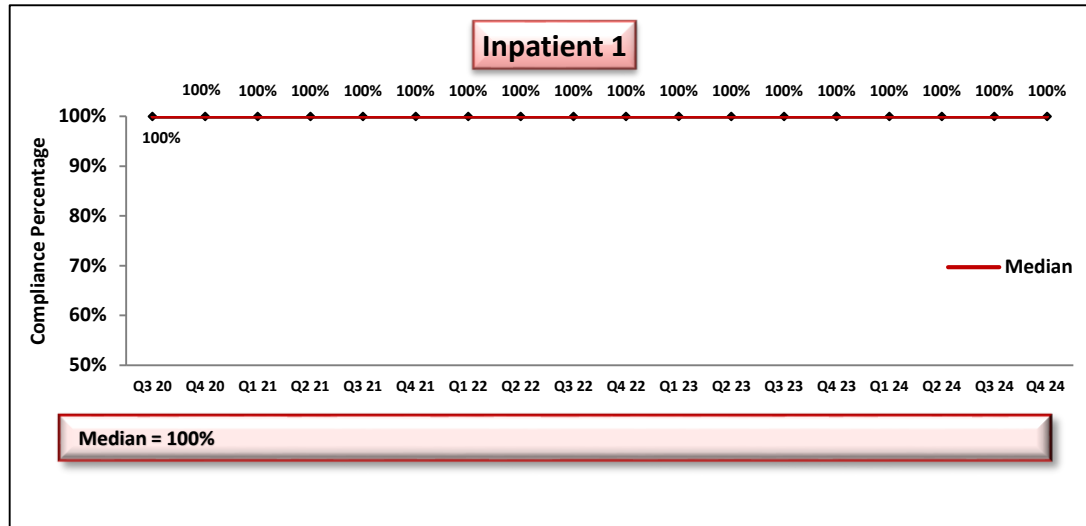
Target = 100%



International Patient Safety Goals

Nursing Handover Completeness

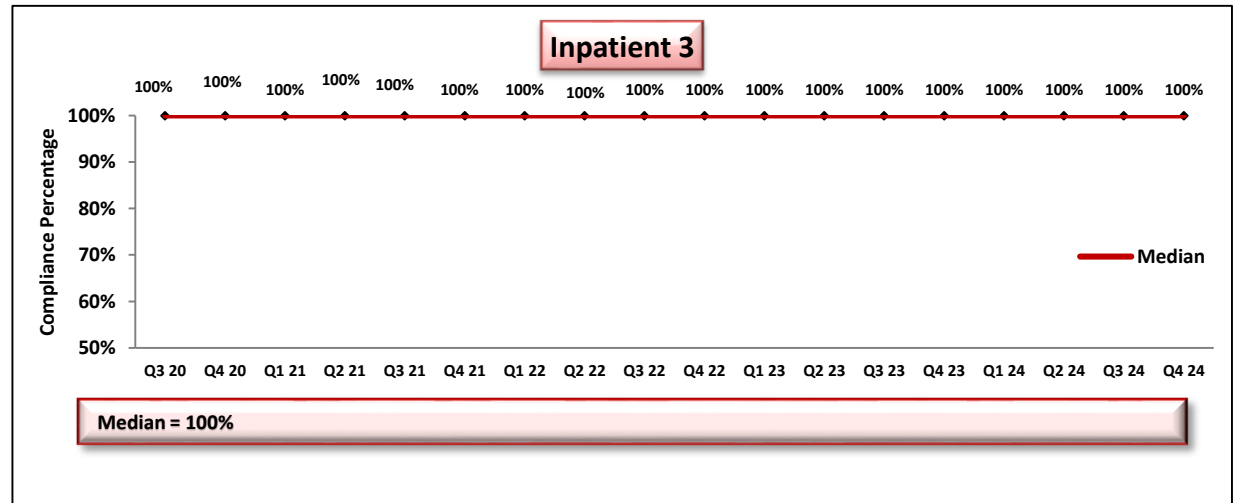
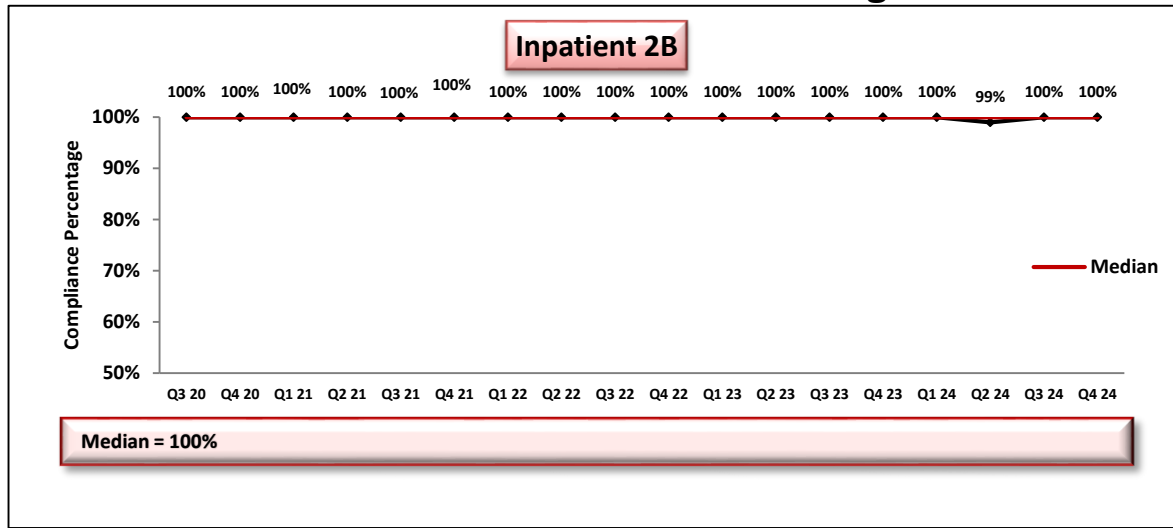
Target = 100%



International Patient Safety Goals

Nursing Handover Completeness

Target = 100%

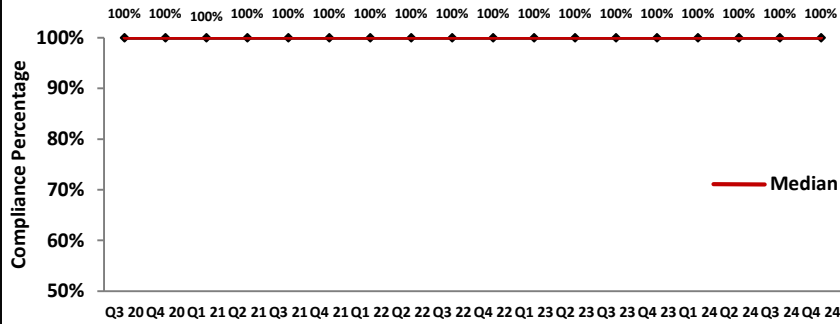


International Patient Safety Goals

Nursing Handover Completeness

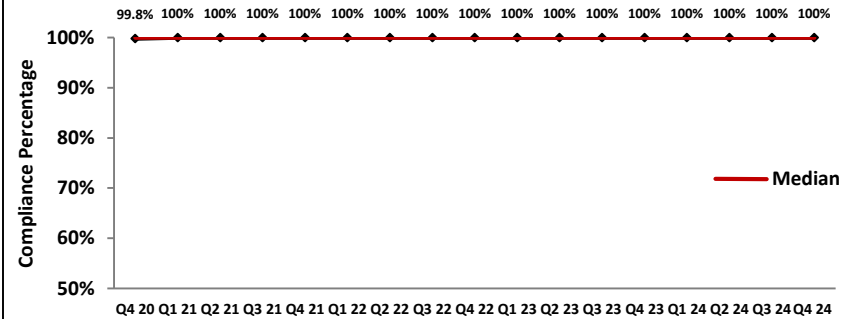
Target = 100%

Chemotherapy Bay



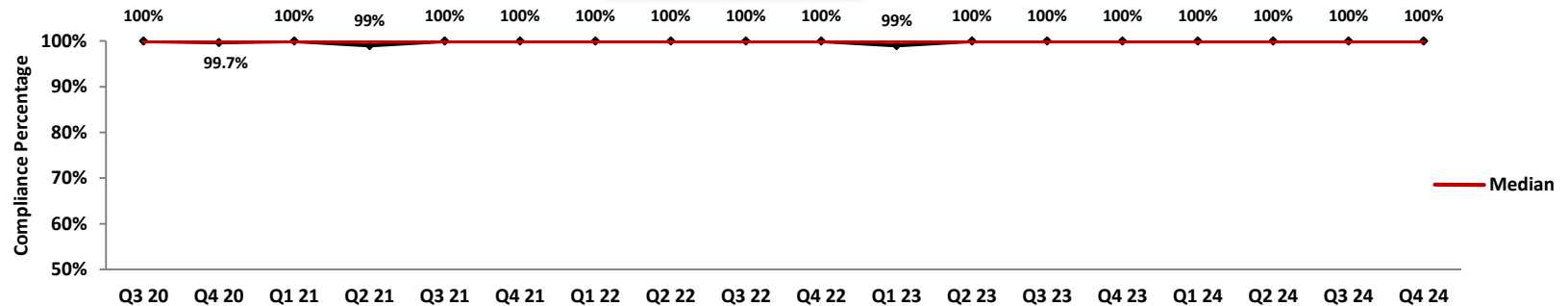
Median = 100%

NOPD/EAR



Median = 100%

Intensive Care Unit

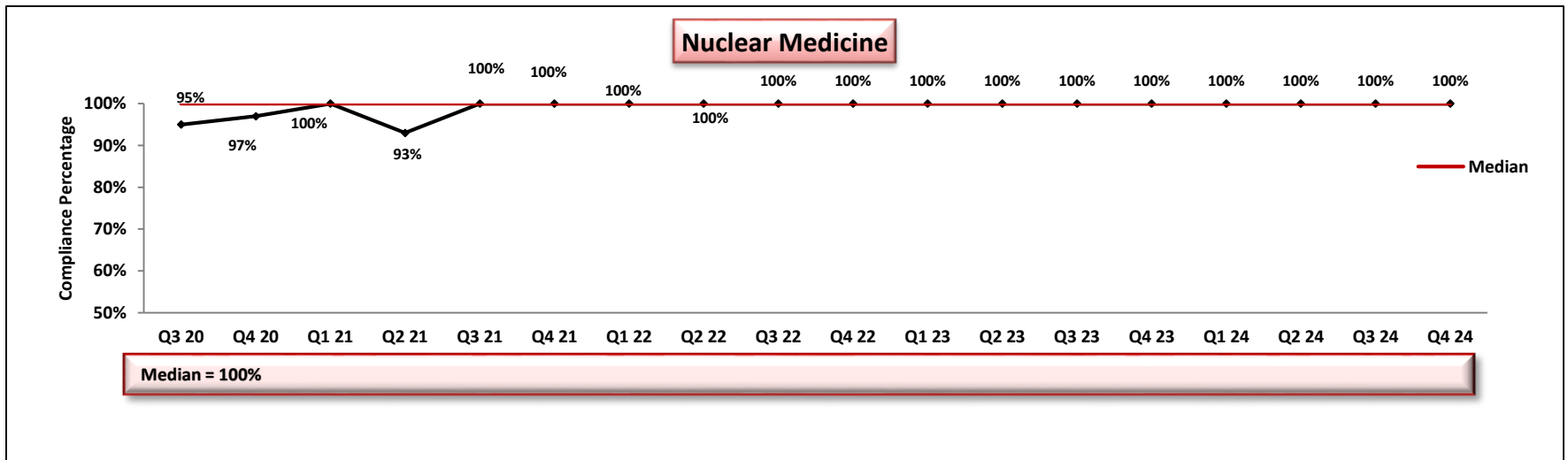
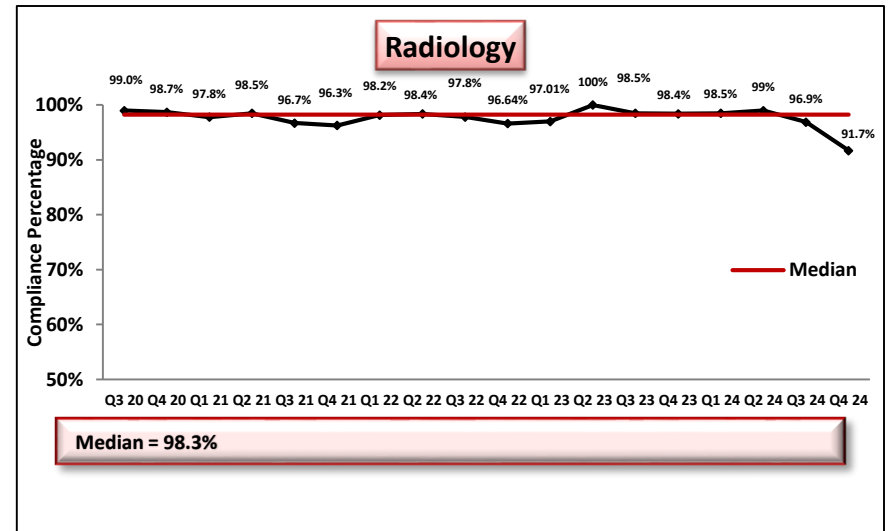
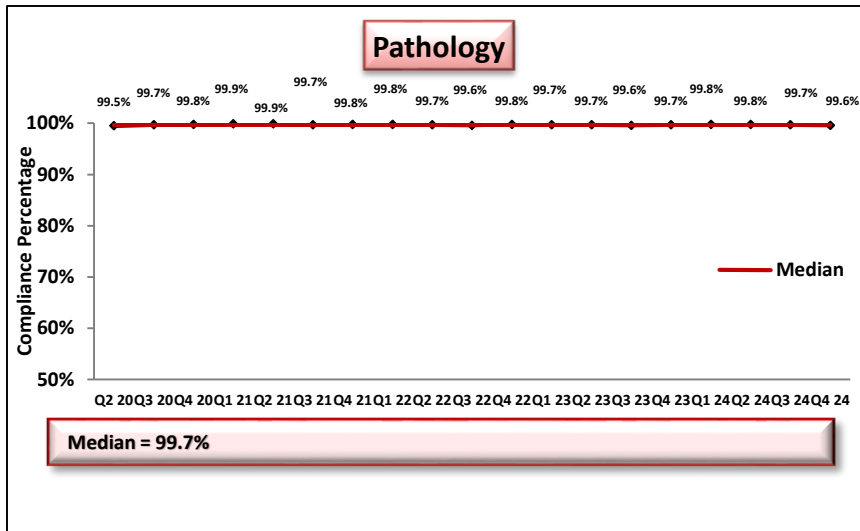


Median = 100%

International Patient Safety Goals

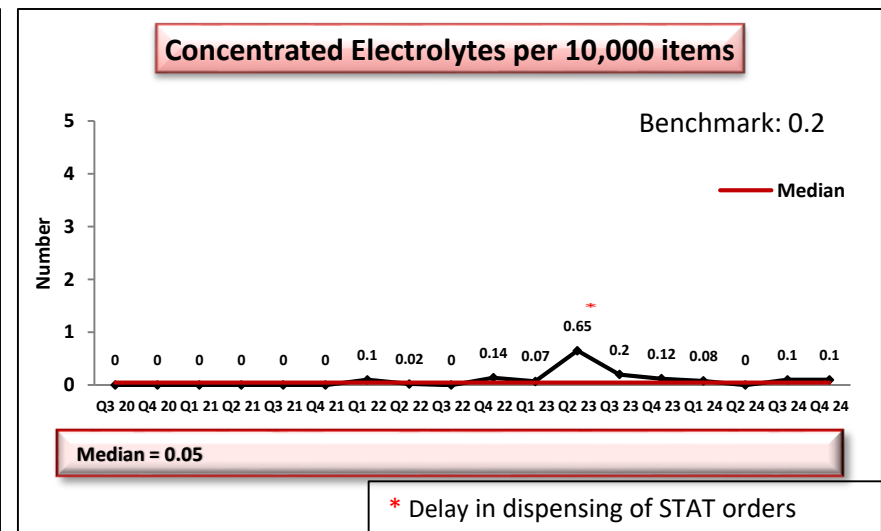
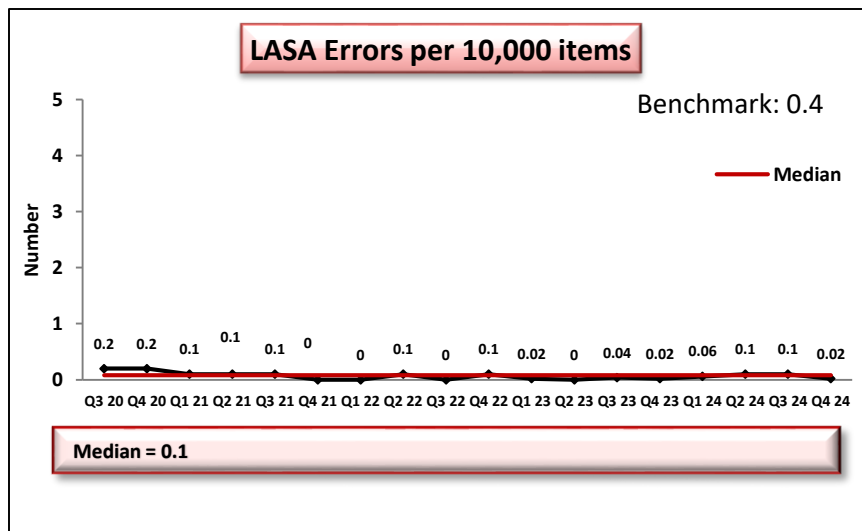
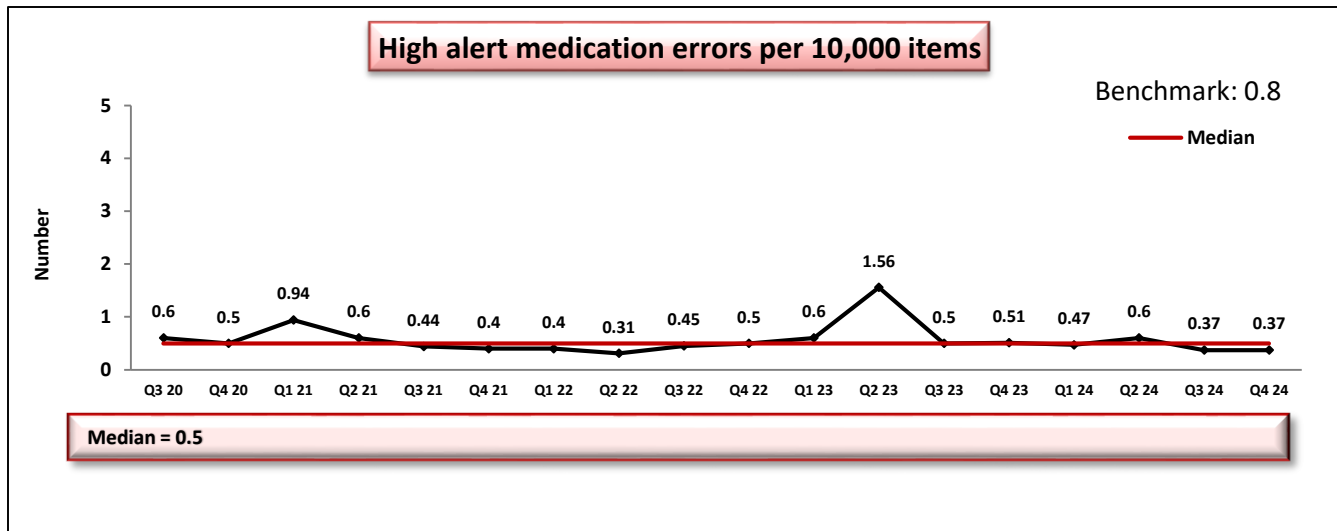
Critical Alert Reporting

Target = 100%



International Patient Safety Goals

Safety of High Alert Medications

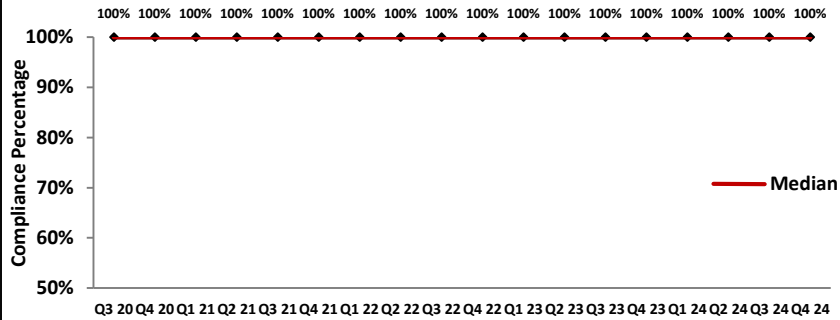


International Patient Safety Goals

Time out Process Compliance

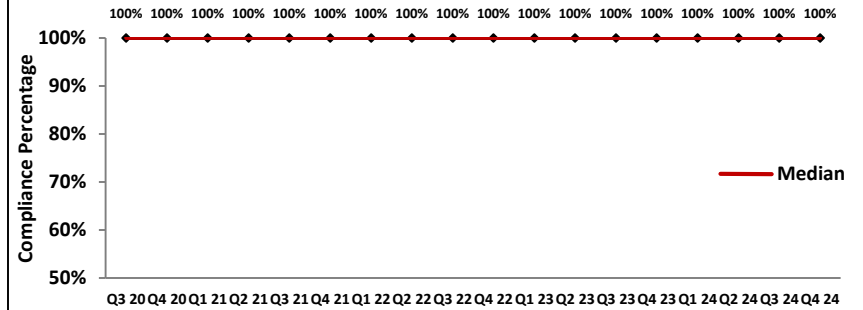
Target = 100%

Operating Rooms



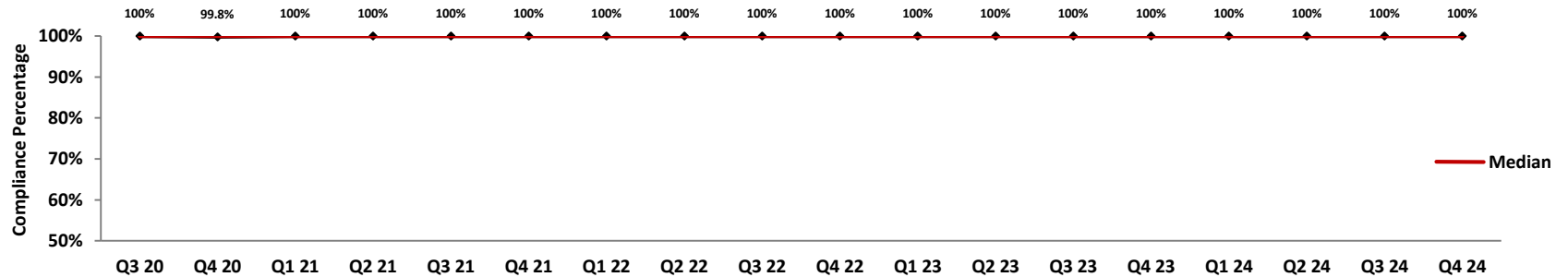
Median = 100%

Endoscopy



Median = 100%

Radiology

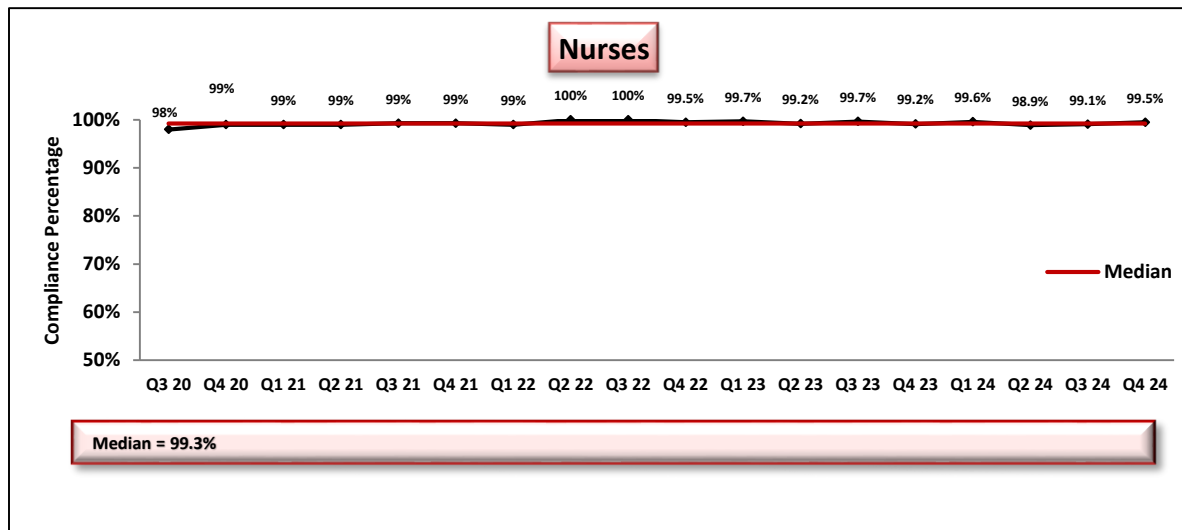
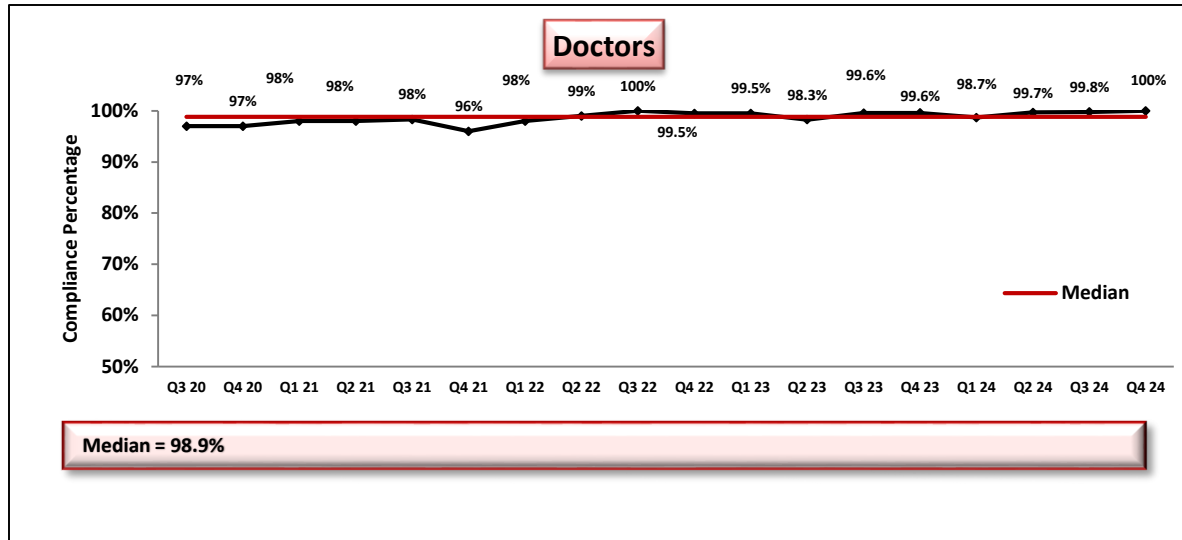


Median = 100%

International Patient Safety Goals

Hand Hygiene Compliance

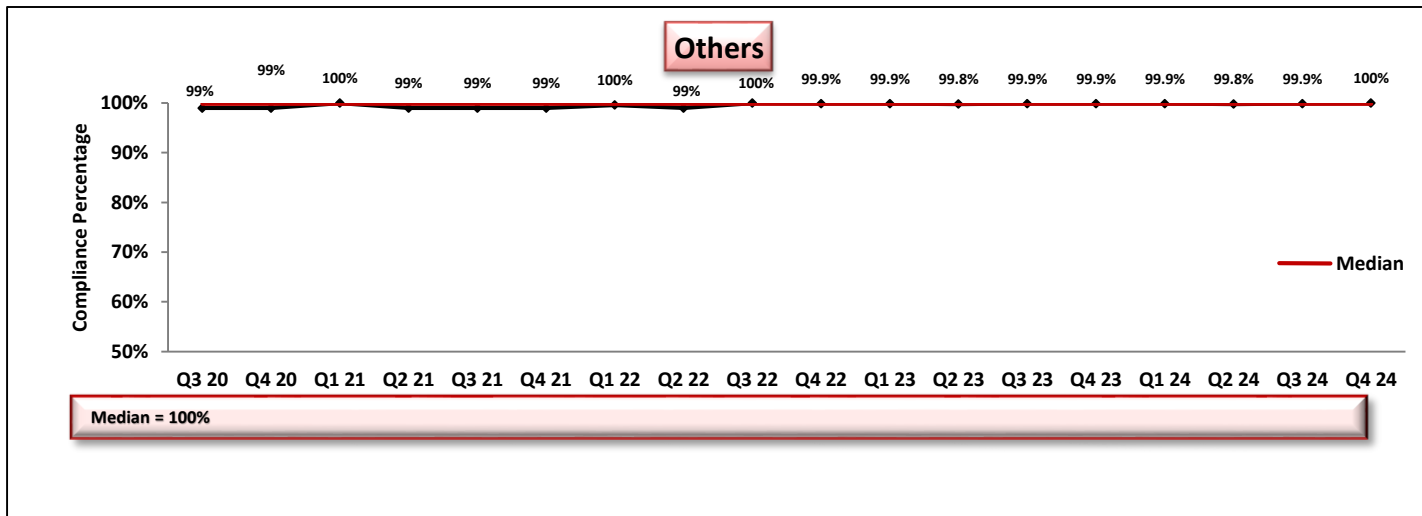
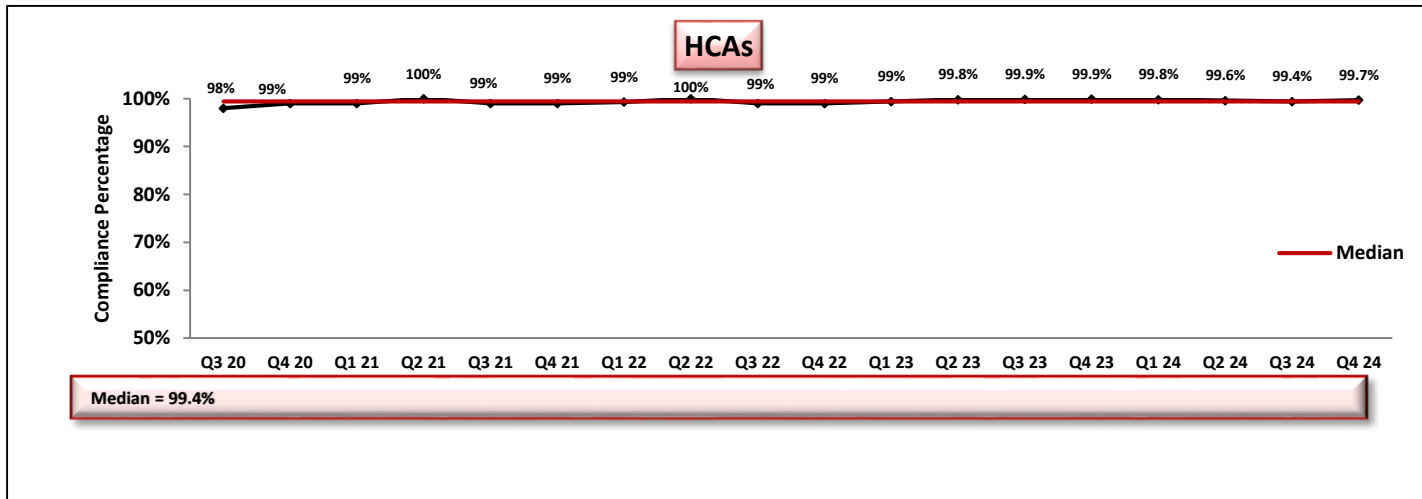
Target = 100%



International Patient Safety Goals

Hand Hygiene Compliance

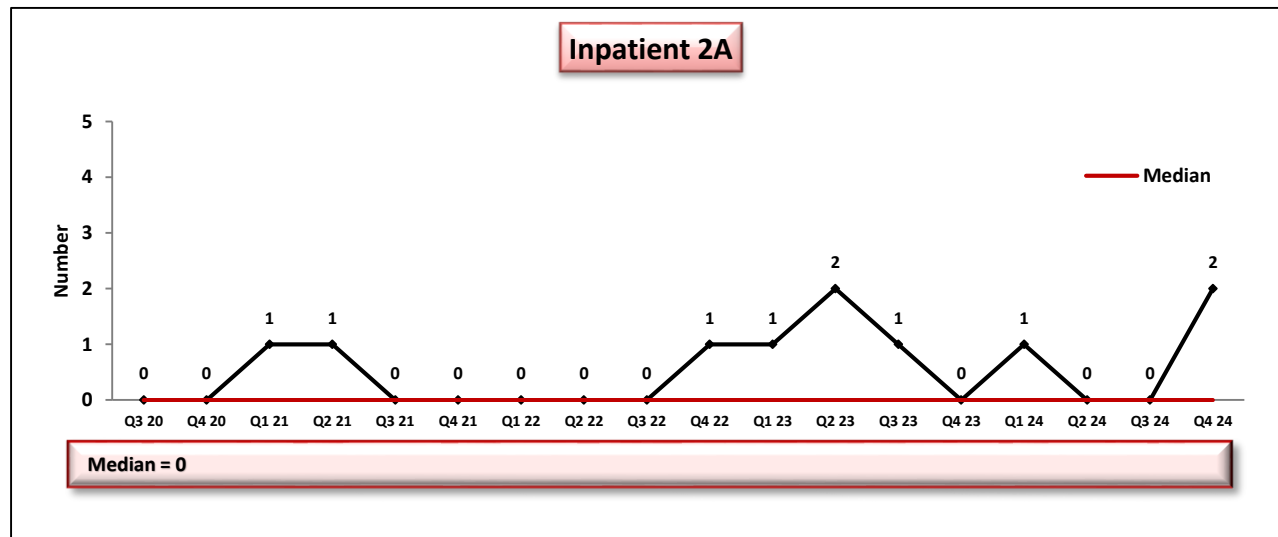
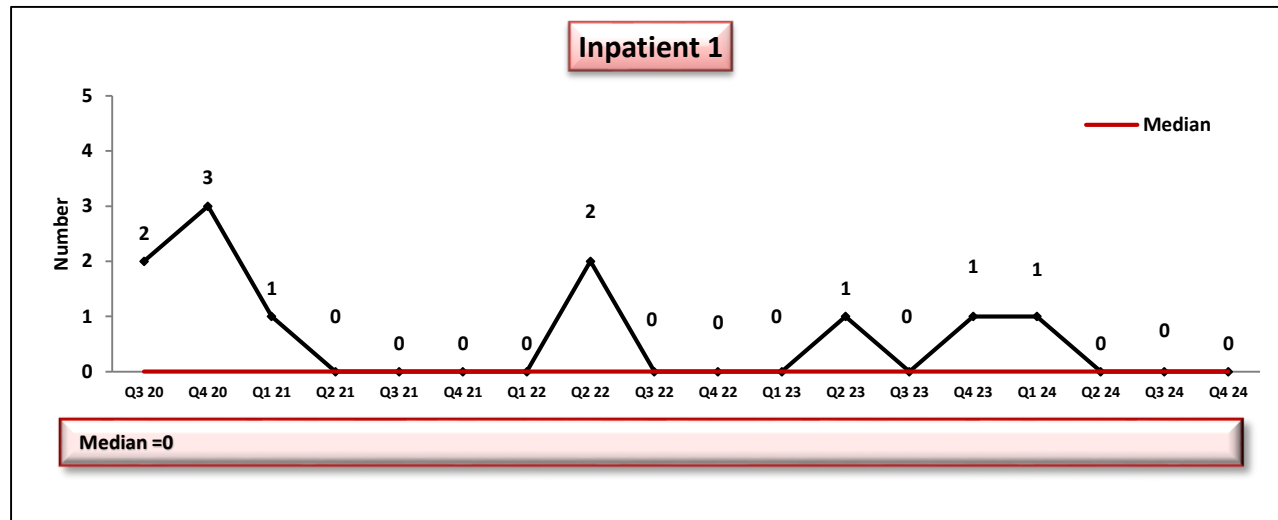
Target = 100%



International Patient Safety Goals

Inpatient Falls Reported

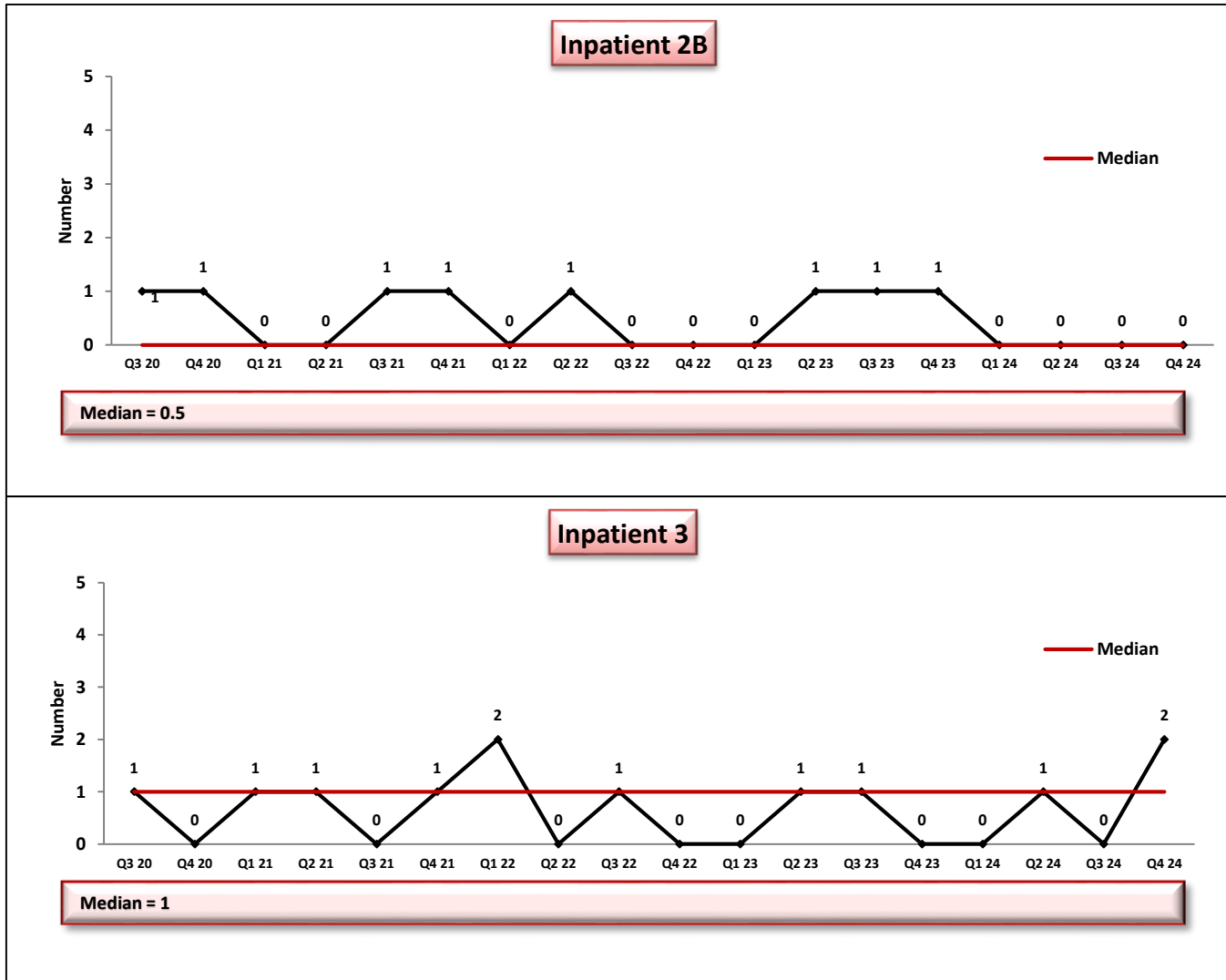
Target = 0



International Patient Safety Goals

Inpatient Falls Reported

Target = 0

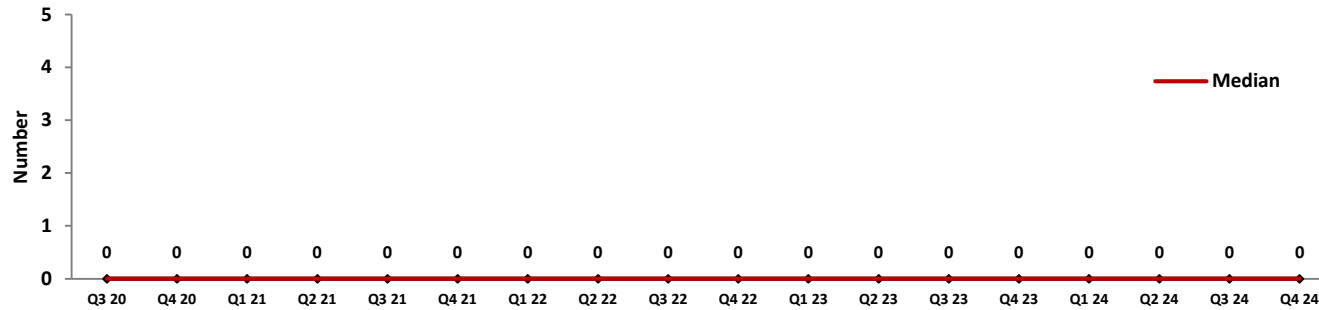


International Patient Safety Goals

Falls Reported

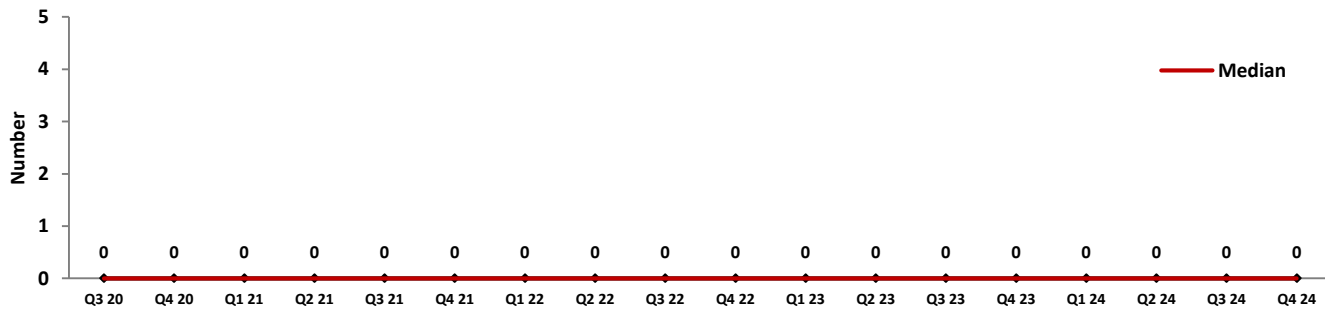
Target = 0

Intensive Care Unit



Median = 0

Operation Rooms

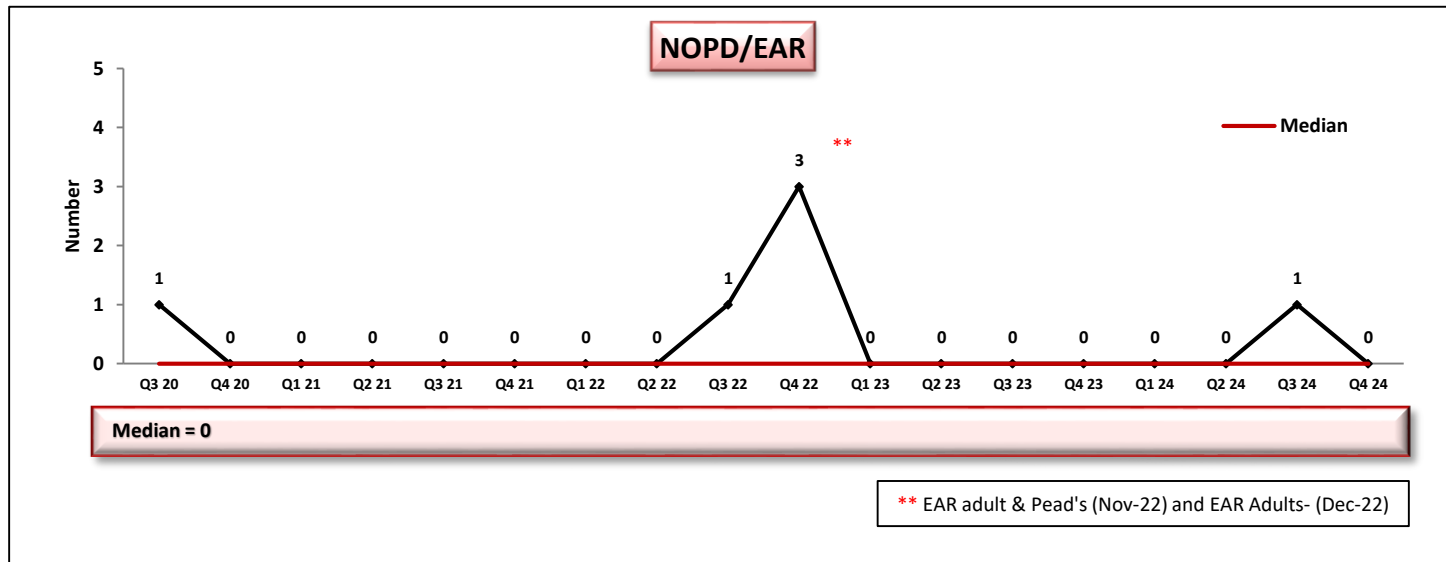
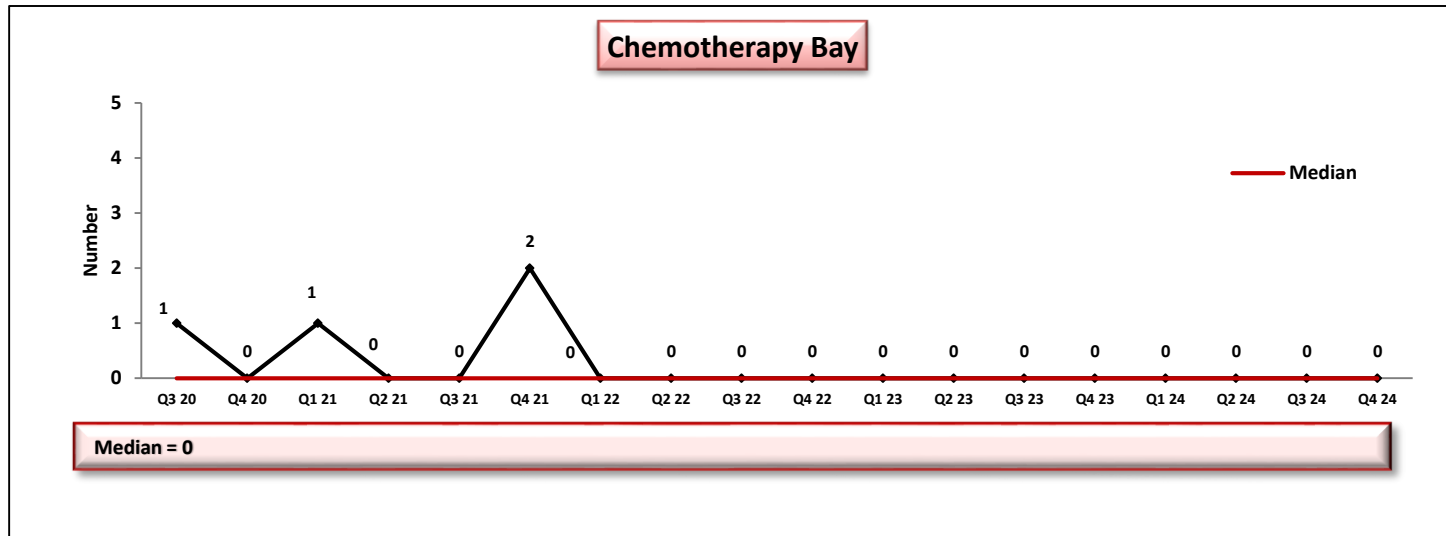


Median = 0

International Patient Safety Goals

Falls Reported

Target = 0

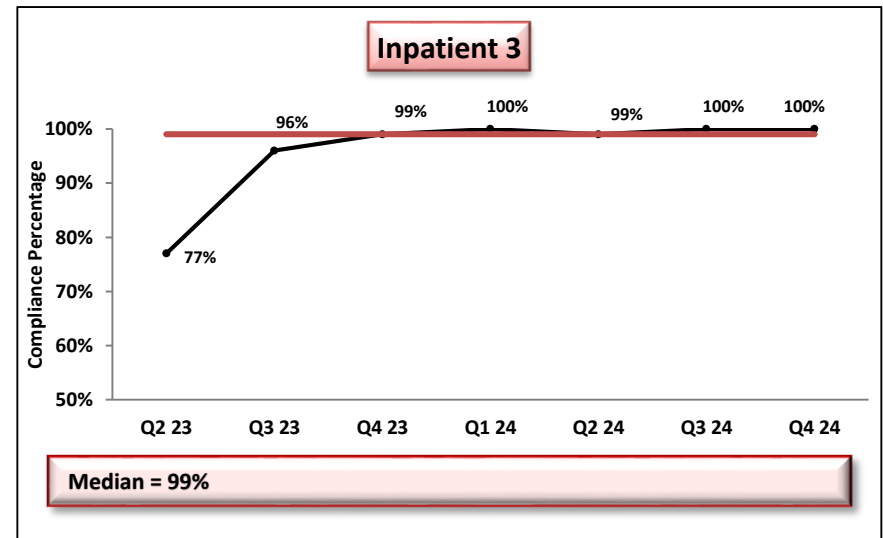
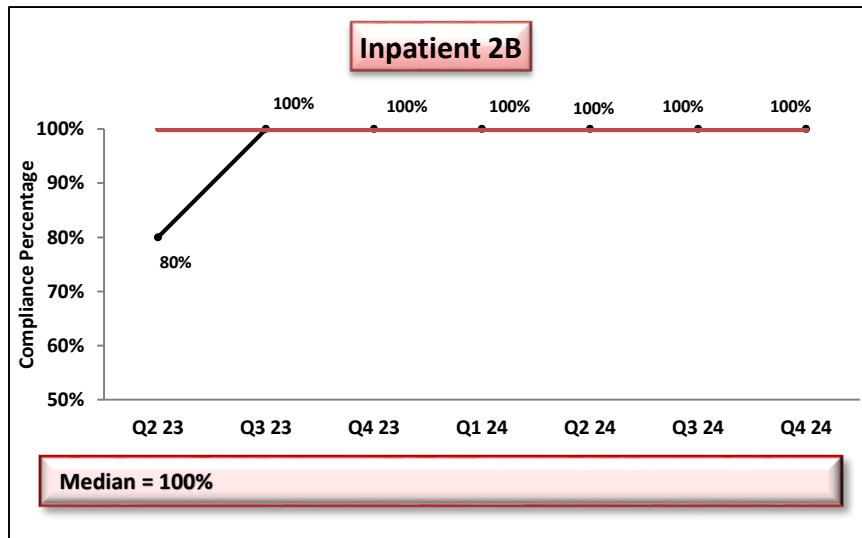
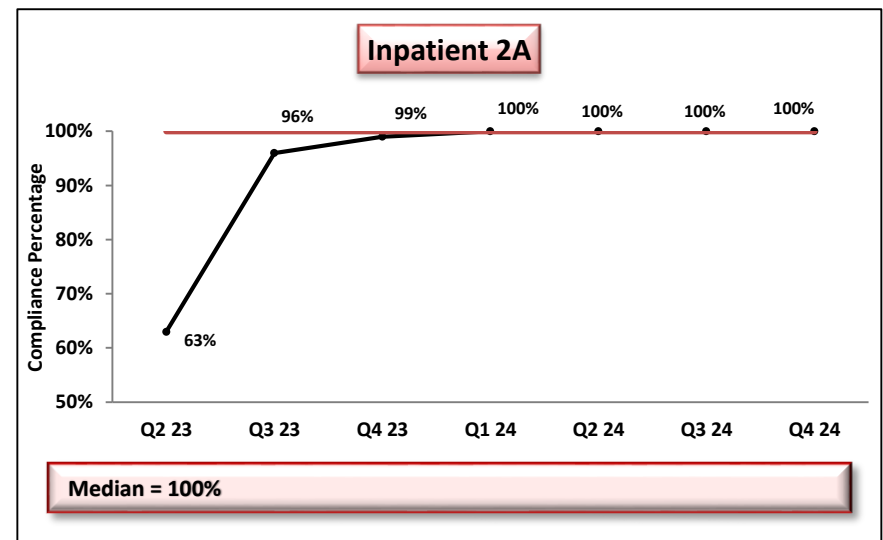
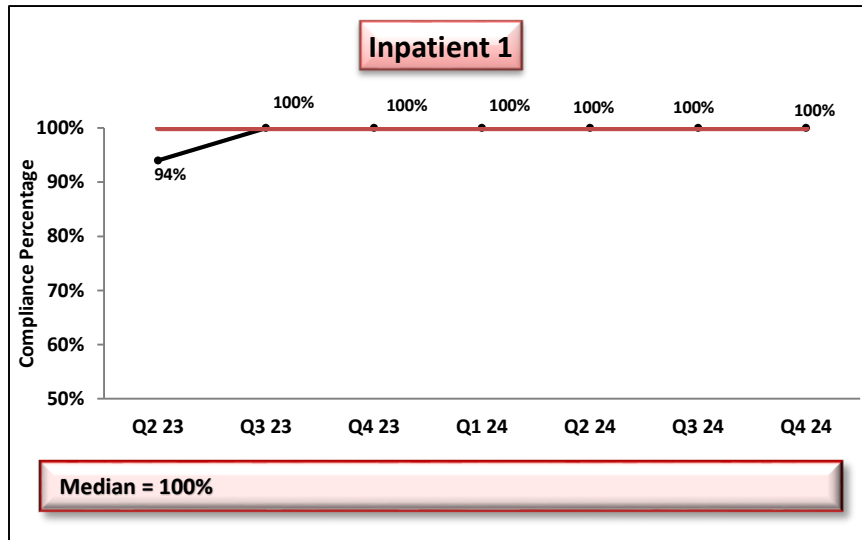


International Patient Safety Goals

Fall Risk Assessment

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

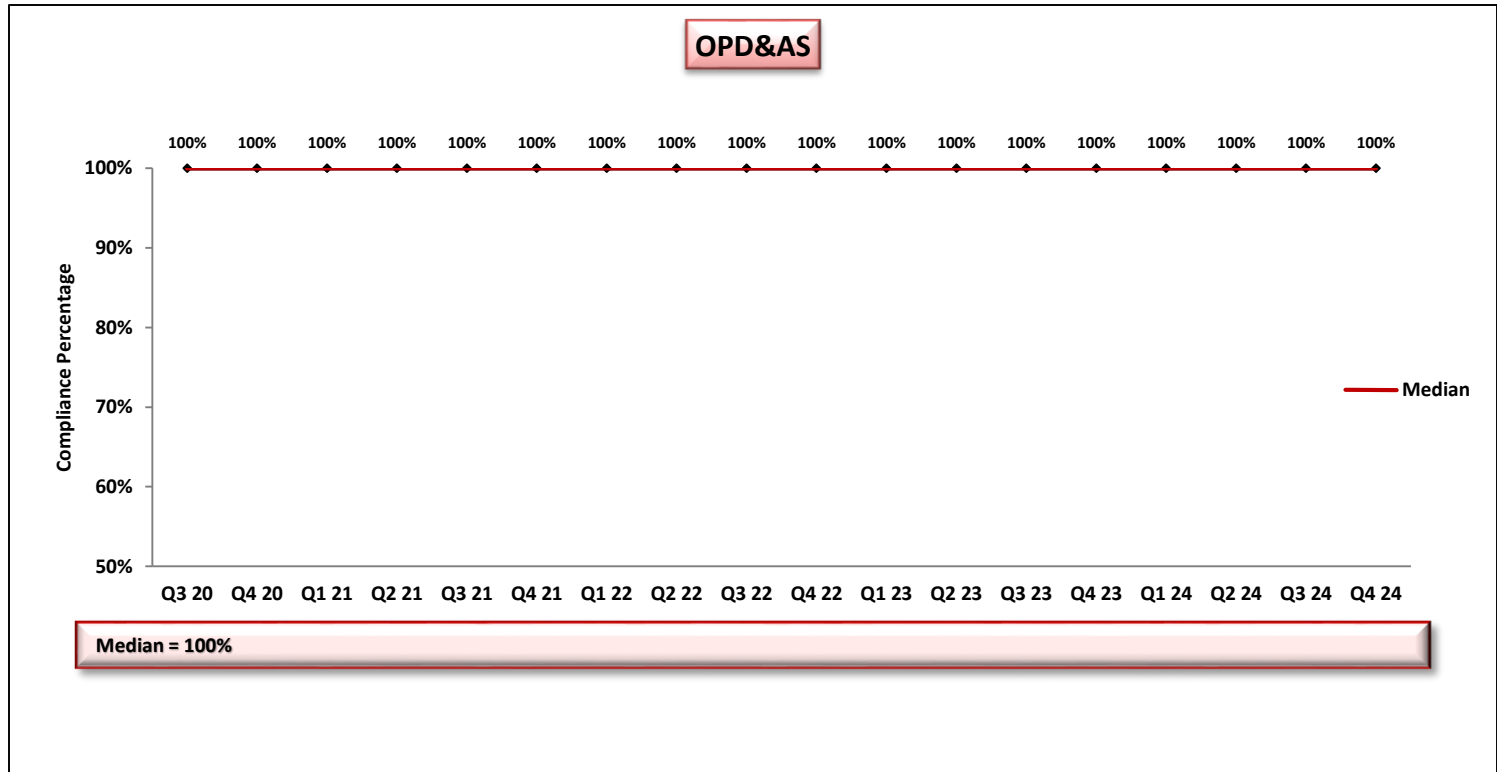
Target = 100%



International Patient Safety Goals

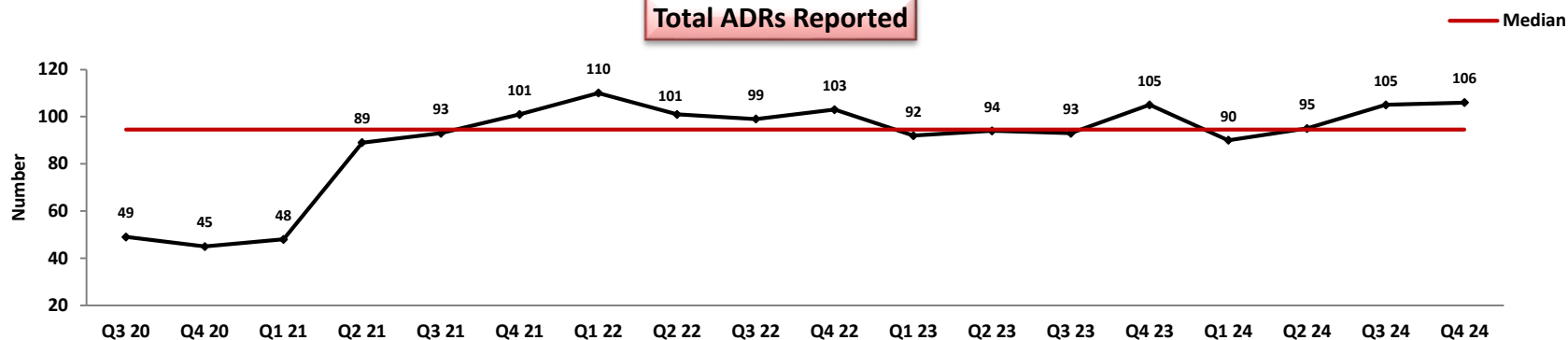
Falls Risk Assessment

Target = 100%



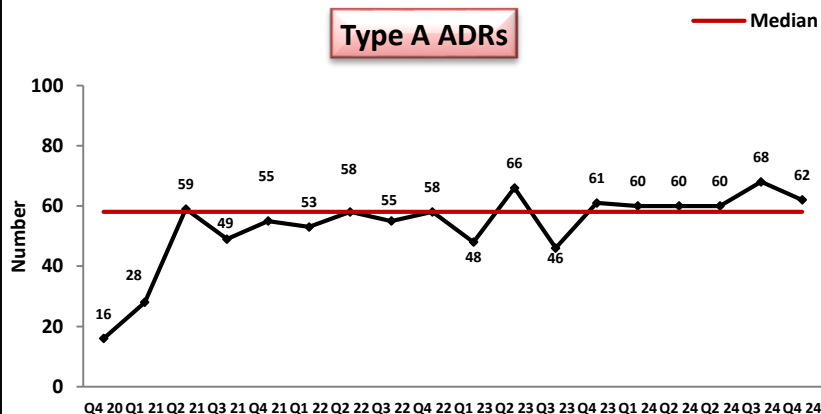
Adverse Drug Reactions (ADRs)-Pharmacy

Total ADRs Reported



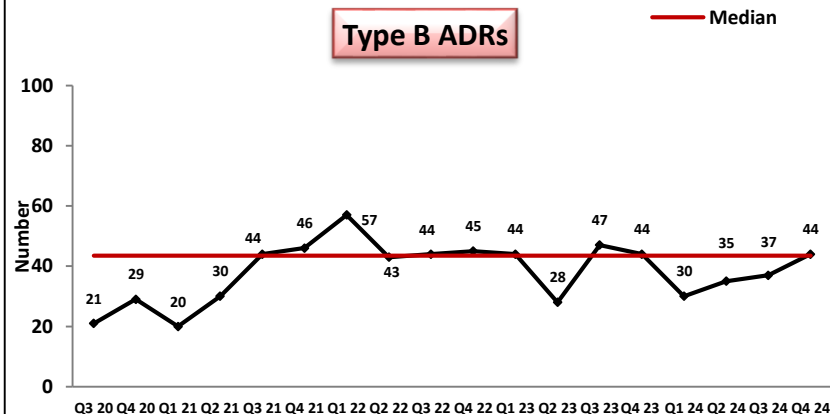
Median = 94.5

Type A ADRs



Median = 58

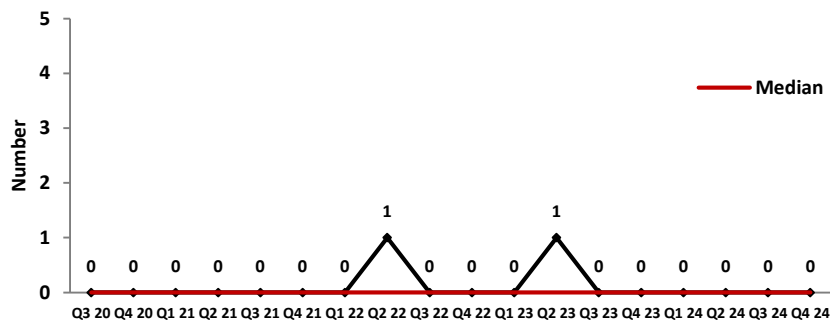
Type B ADRs



Median = 43.5

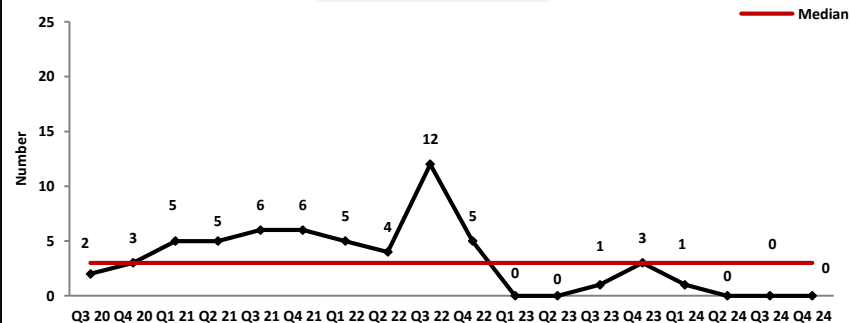
Adverse Drug Reactions-Outcomes

Death



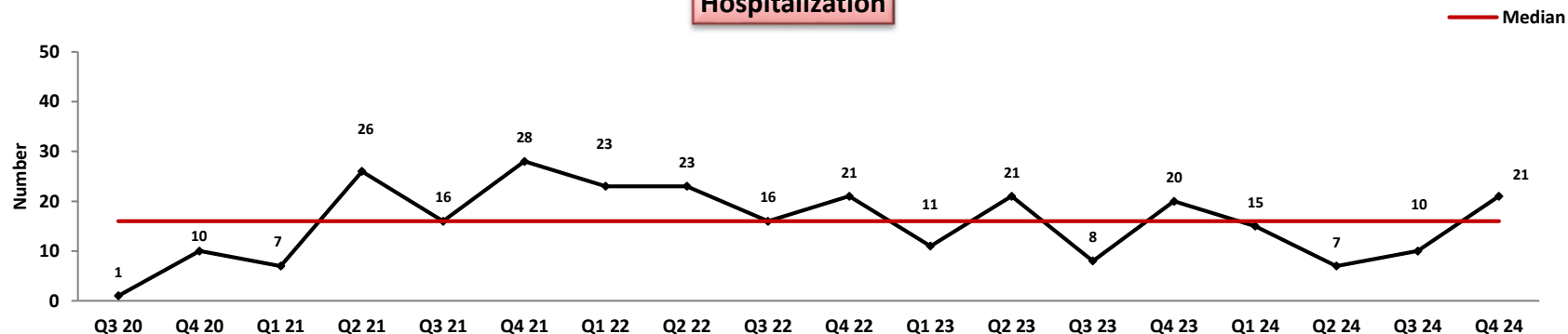
Median = 0

Life Threatening



Median = 3

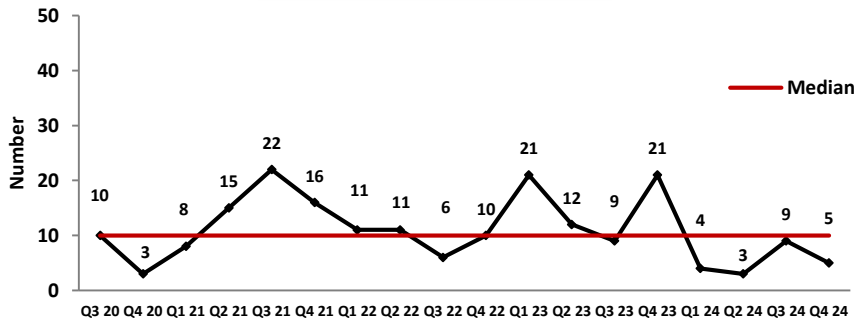
Hospitalization



Median = 16

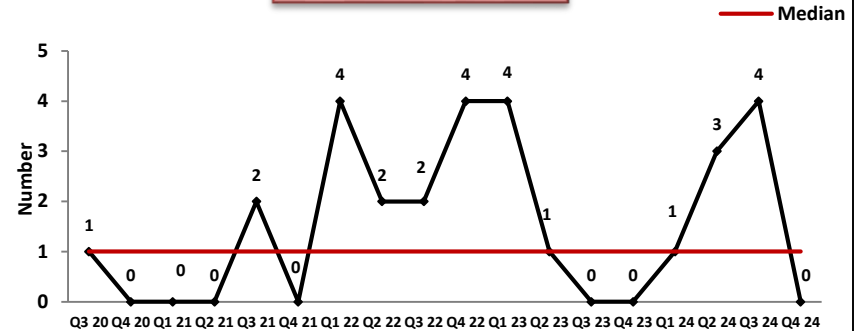
Adverse Drug Reactions-Outcomes

Prolonged Hospitalization



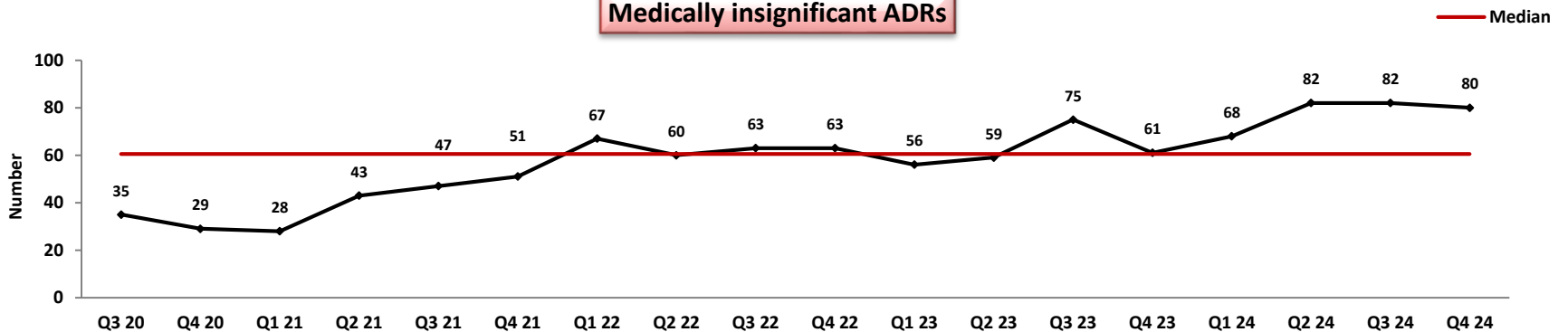
Median = 10

Permanent Disability



Median = 1

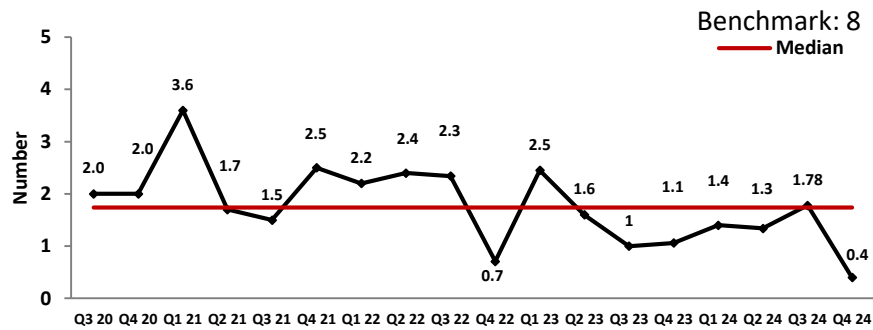
Medically insignificant ADRs



Median = 60.5

Medication Errors

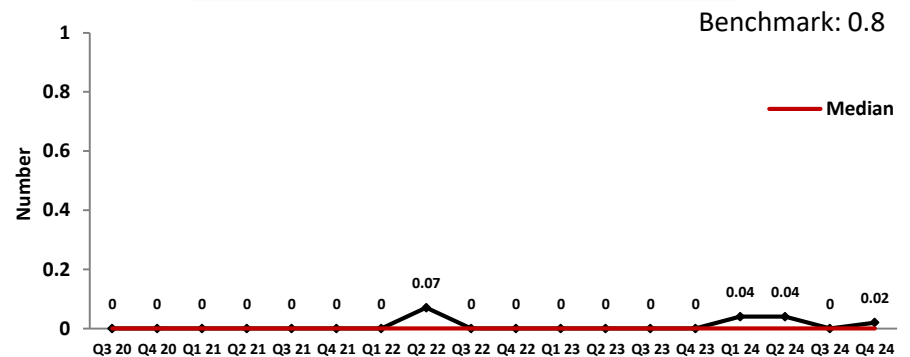
Medication errors / 100,000 items dispensed



Median = 1.7

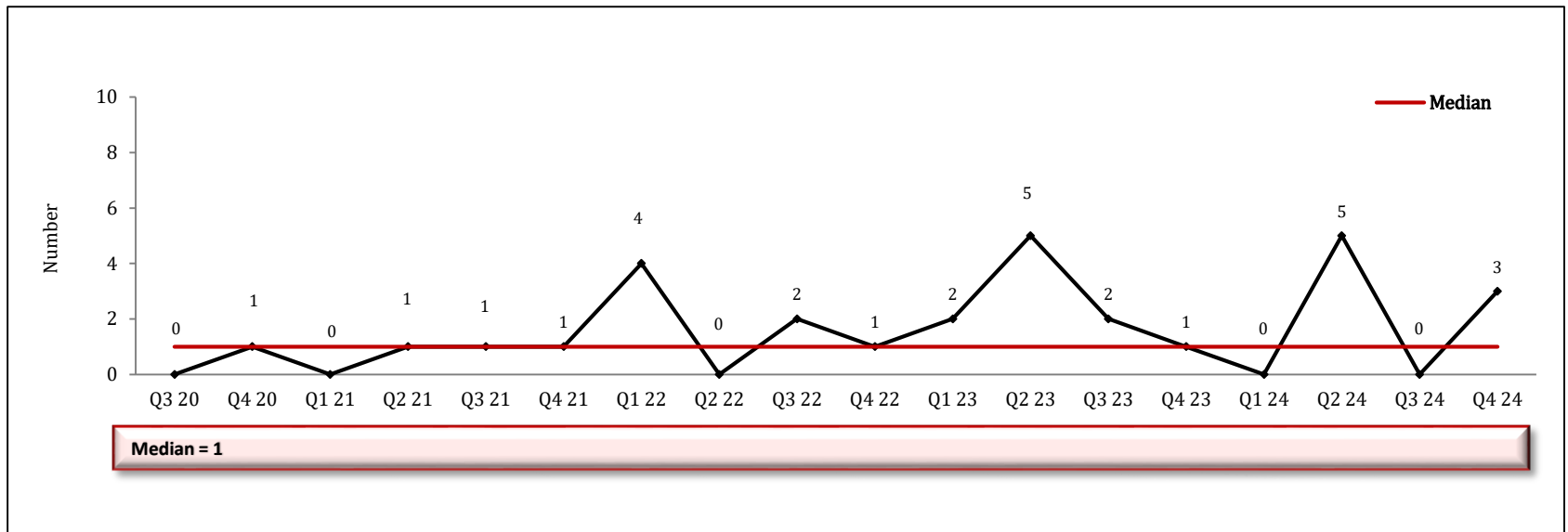
Average Items dispensed per month = 150822

MEs with harm / 10,000 items dispensed

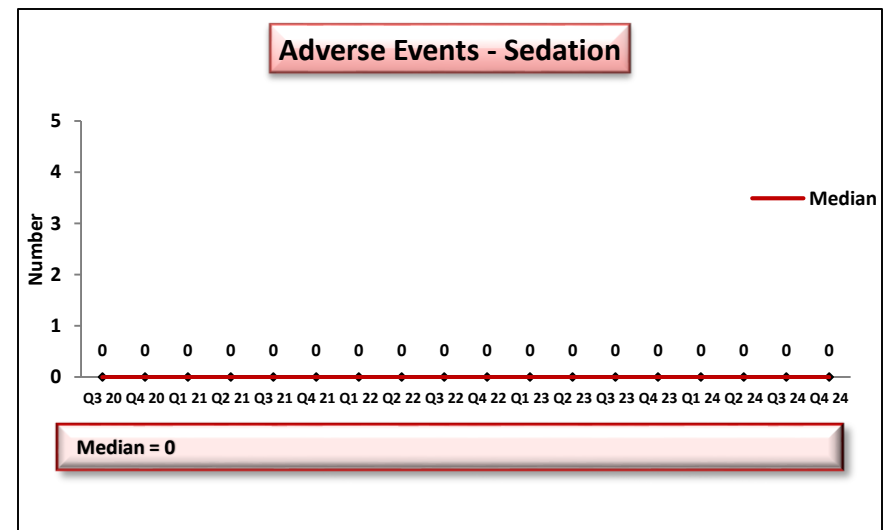
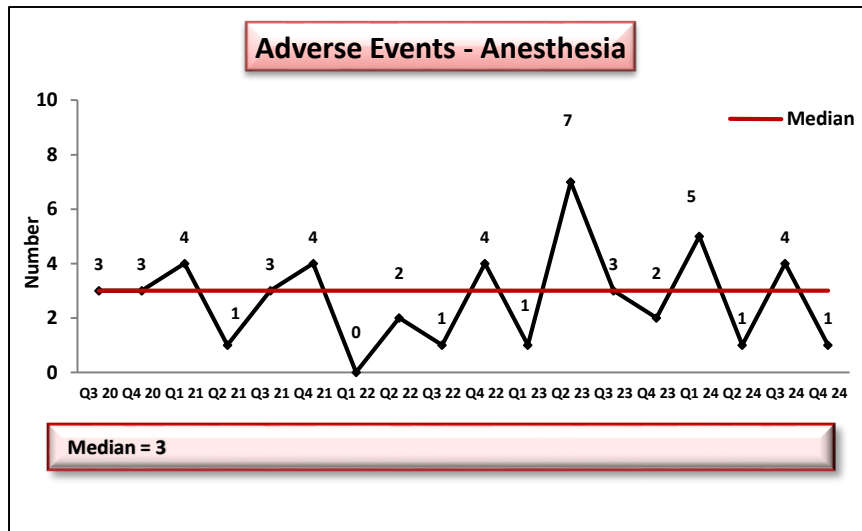


Median = 0

Pre & Post Operative diagnostic discrepancies

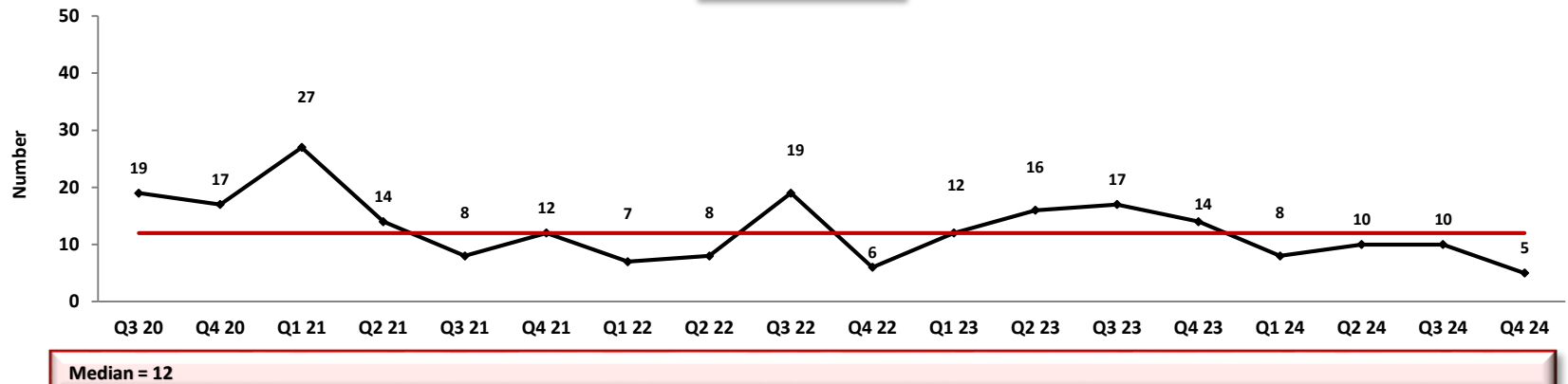


Adverse Events

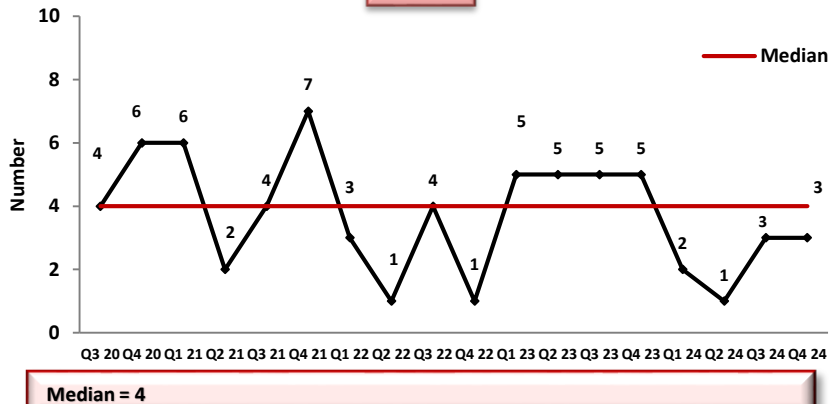


Blood Transfusion Reactions

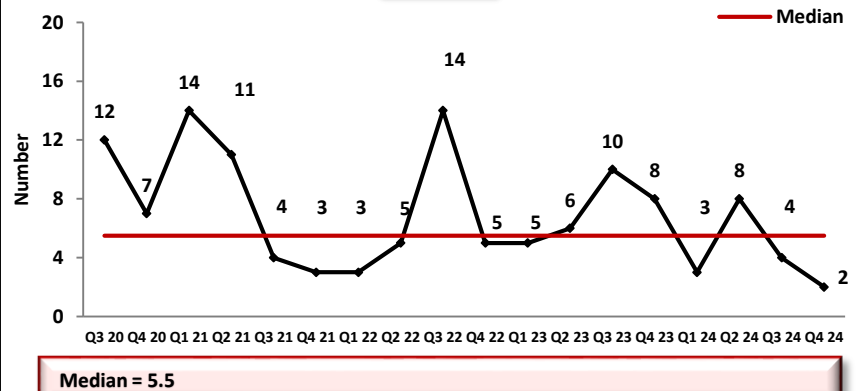
Total Reactions



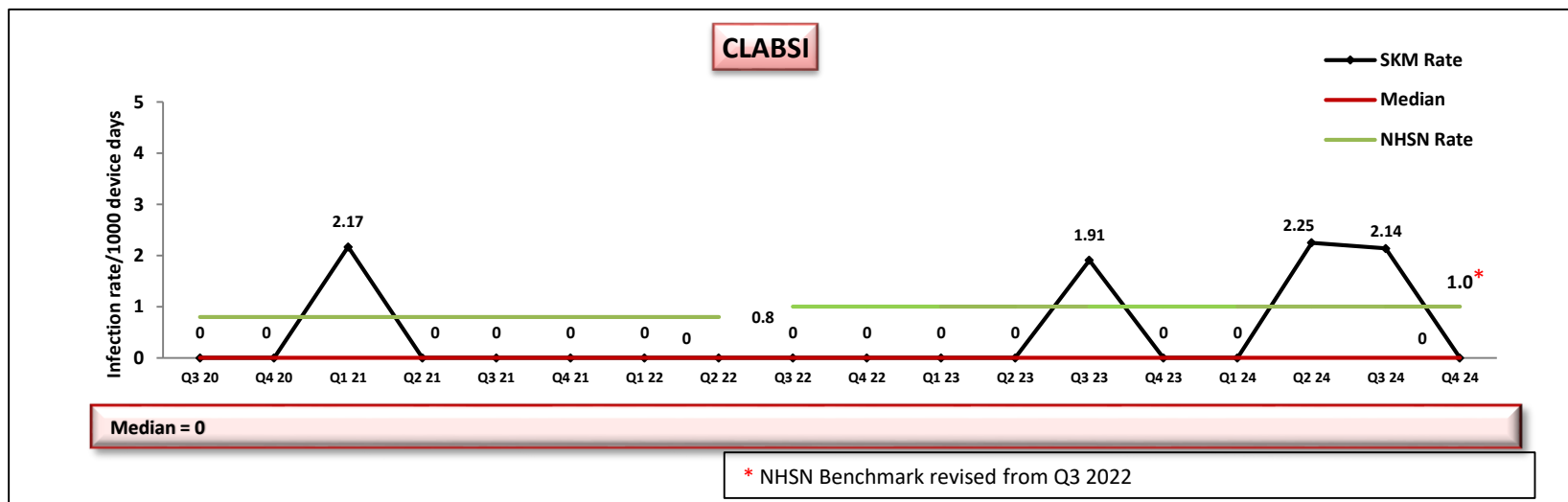
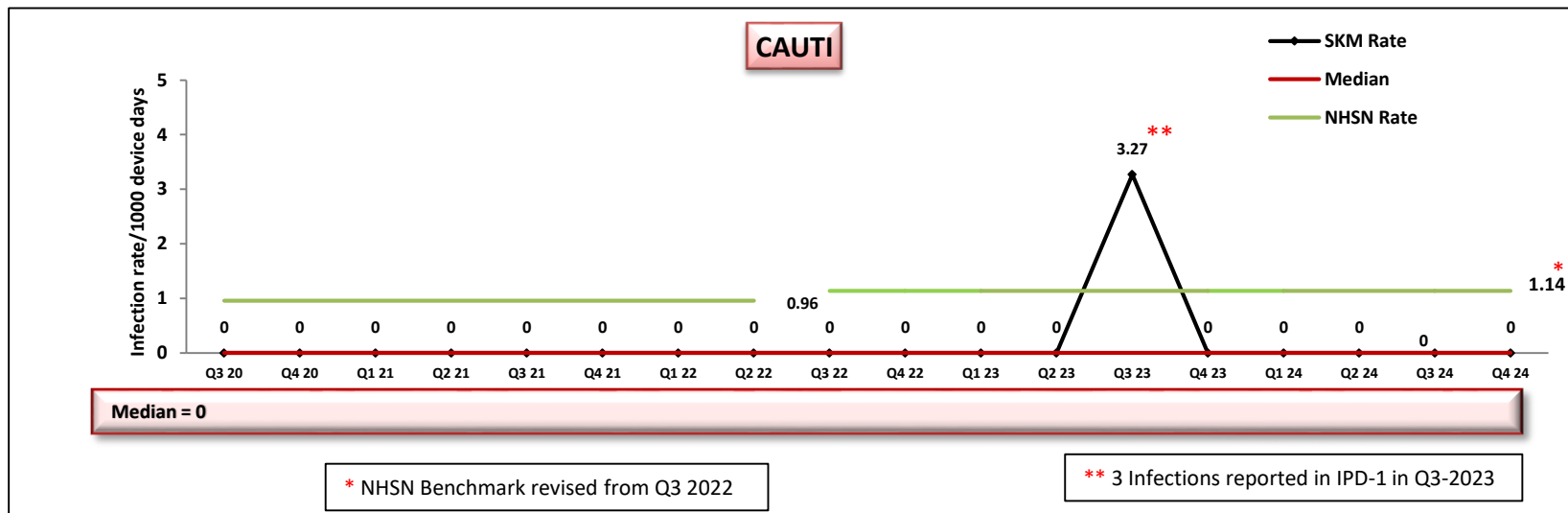
Febrile



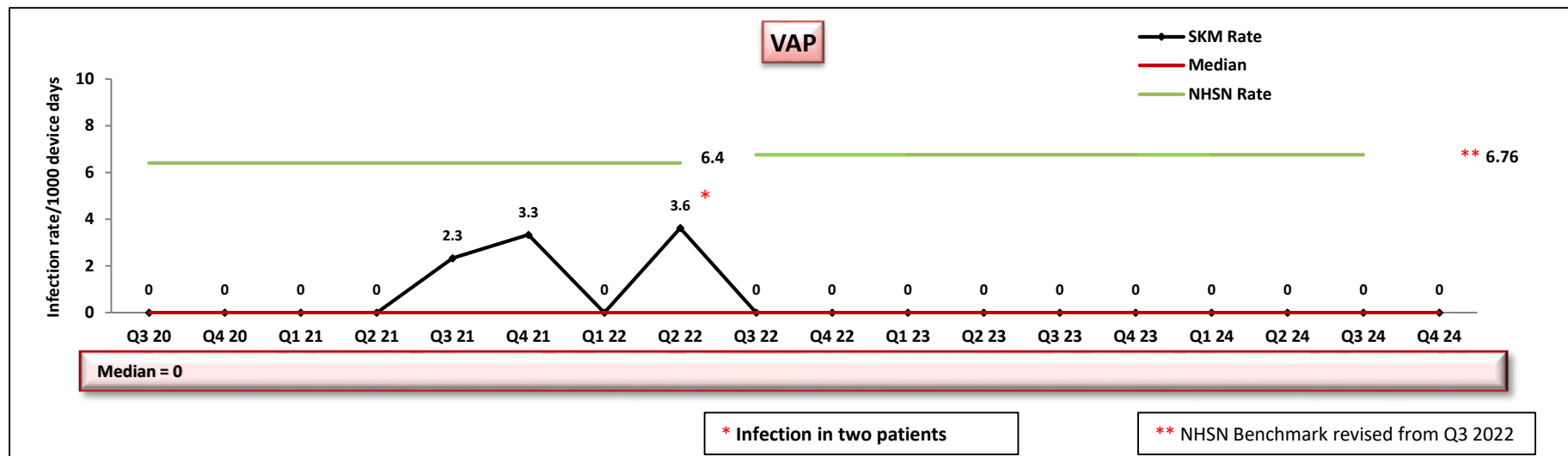
Allergic



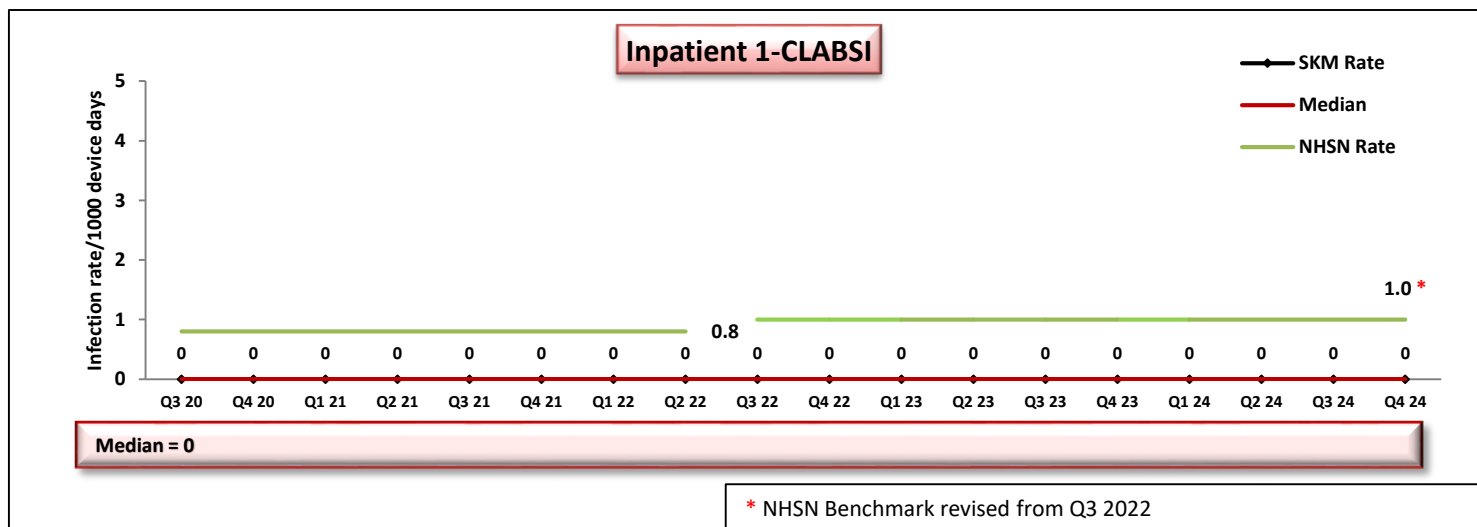
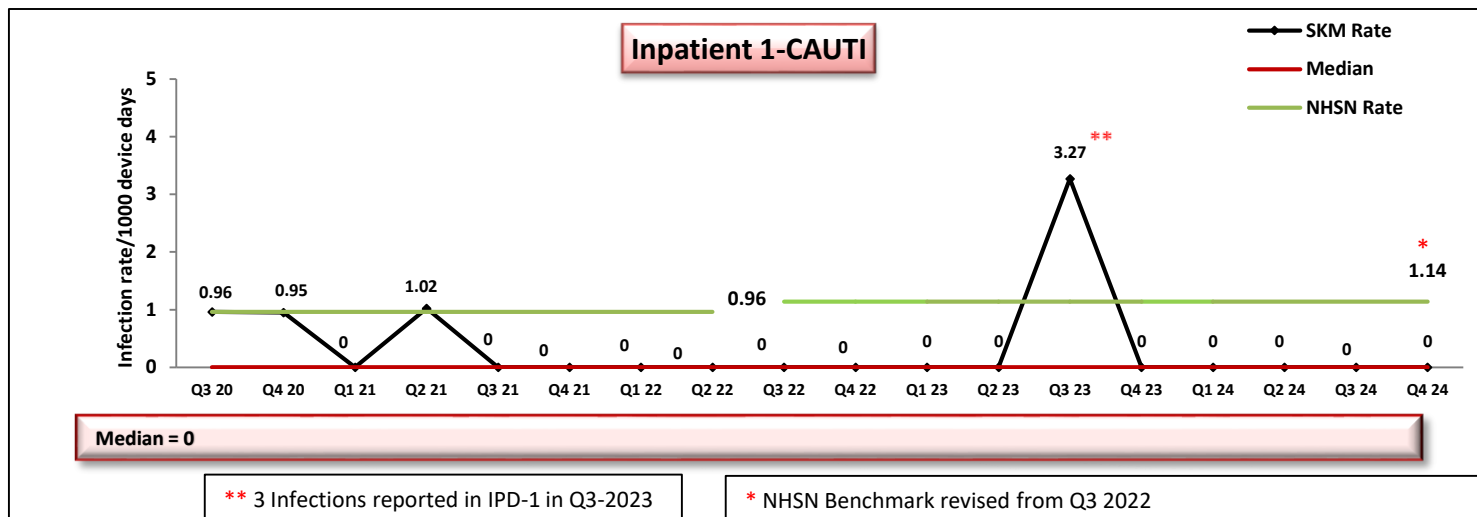
Infection Control Statistics-Intensive Care Unit



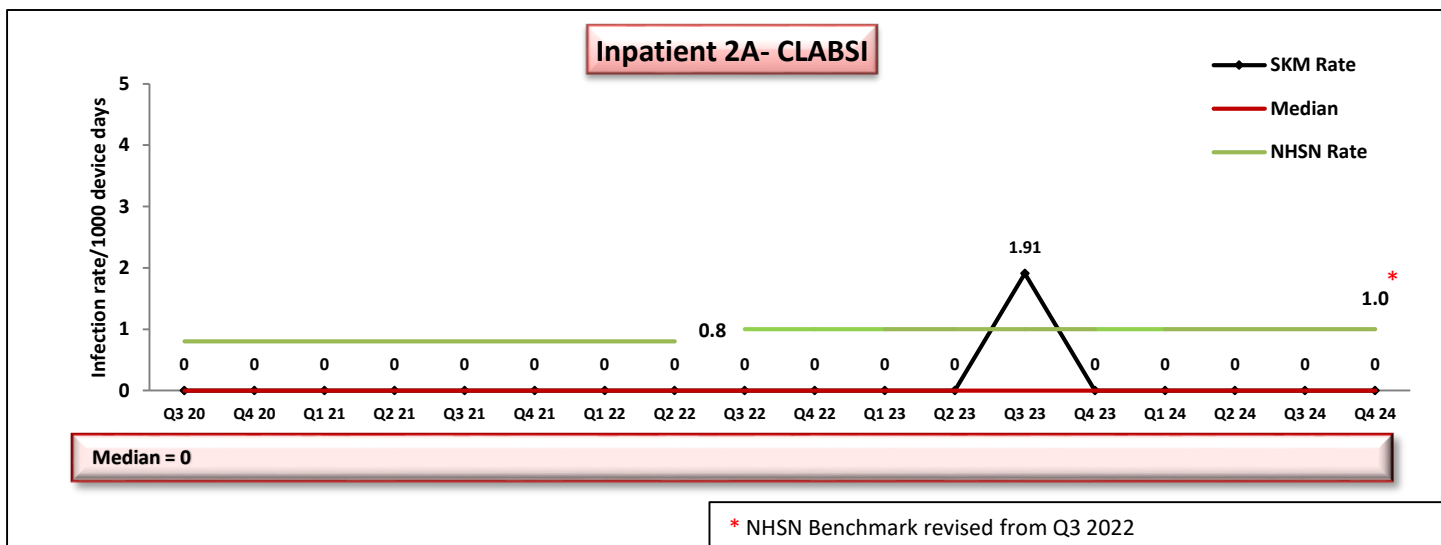
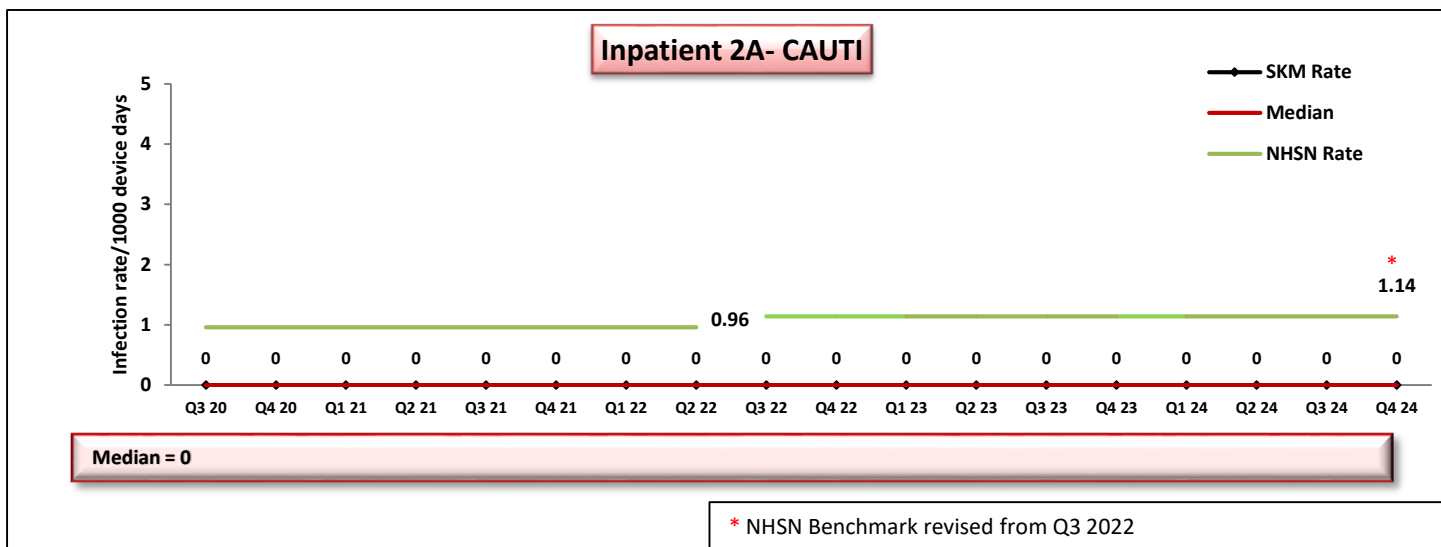
Infection Control Statistics-Intensive Care Unit



Infection Control Statistics-Inpatient

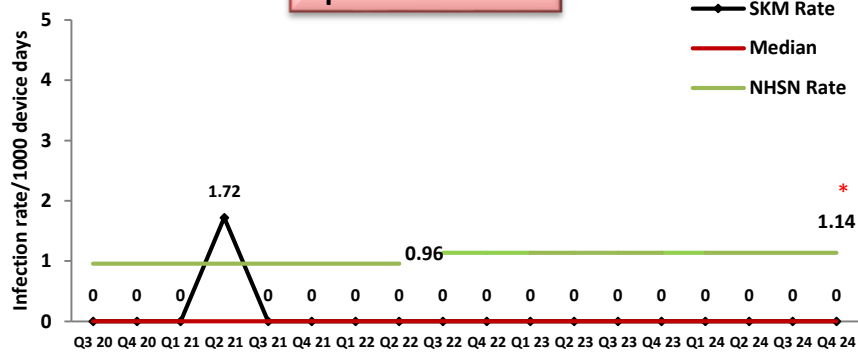


Infection Control Statistics-Inpatient



Infection Control Statistics-Inpatient

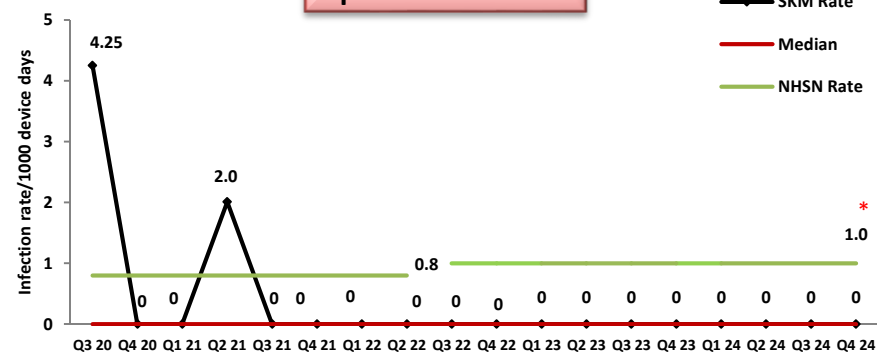
Inpatient 2B-CAUTI



Median = 0

* NHSN Benchmark revised from Q3 2022

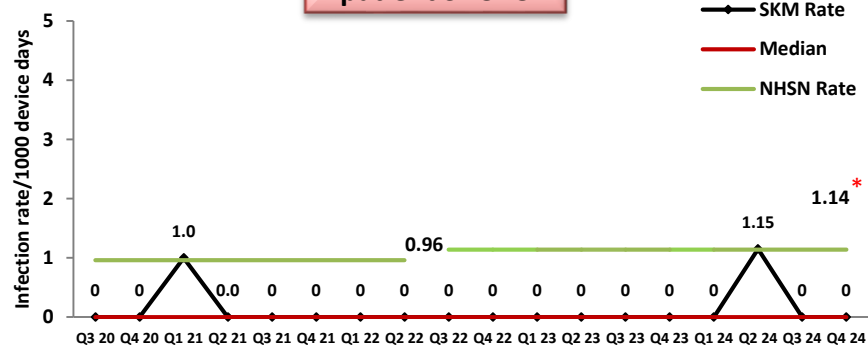
Inpatient 2B-CLABSI



Median = 0

* NHSN Benchmark revised from Q3 2022

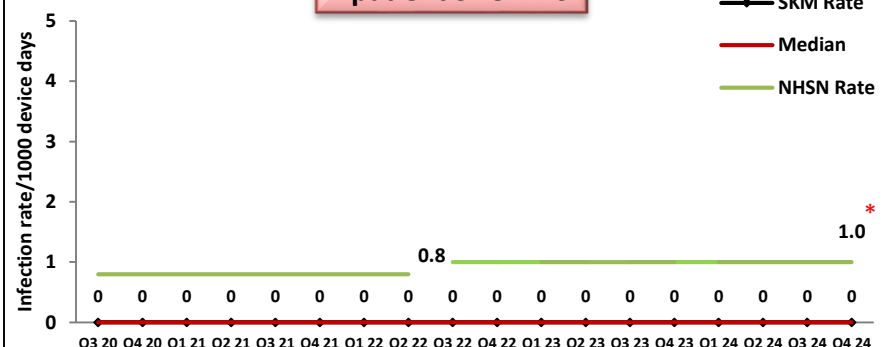
Inpatient 3- CAUTI



Median = 0

* NHSN Benchmark revised from Q3 2022

Inpatient 3- CLABSI

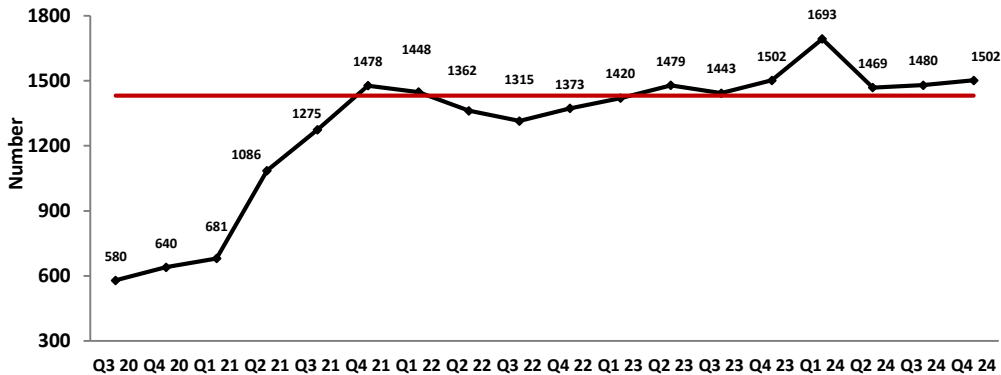


Median = 0

* NHSN Benchmark revised from Q3 2022

Radiation Oncology Activity

Number of Patients



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

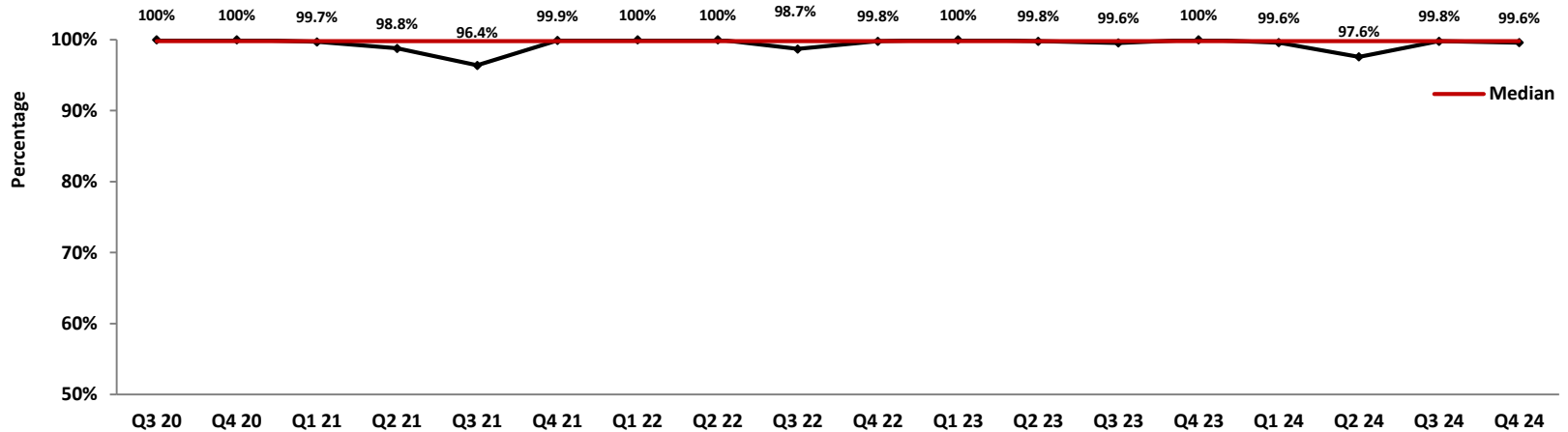
Brachytherapy

None

Halcyon (* Started from Sep 2023)

1 Day 9 hours

Percentage of In-time radiation treatment



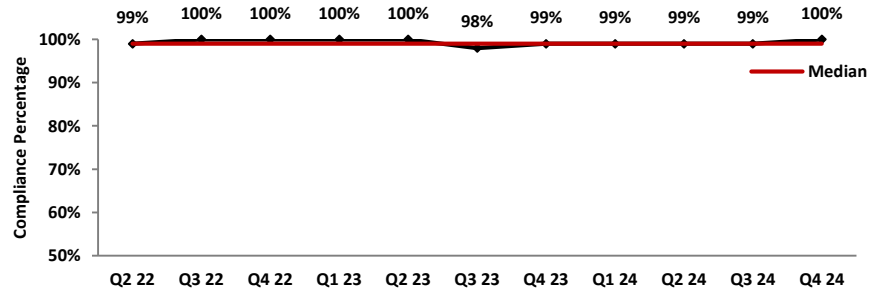
Median = 99.8%



Shaukat Khanum
Memorial Cancer Hospital
and Research Centre

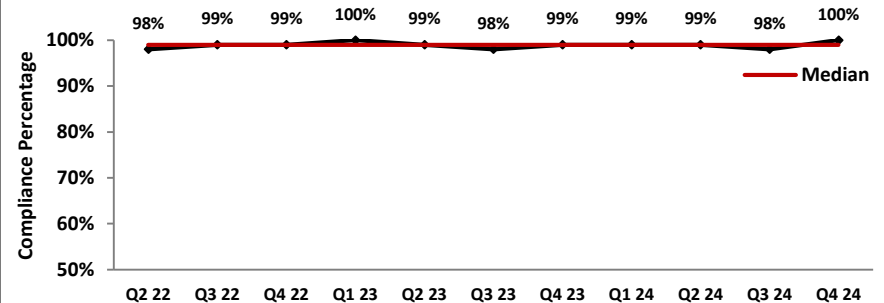
Hospital-wide Indicators-2022

To ensure the documentation of pain score and appropriate assessment at the time of administration of PRN/STAT analgesia



Median = 99%

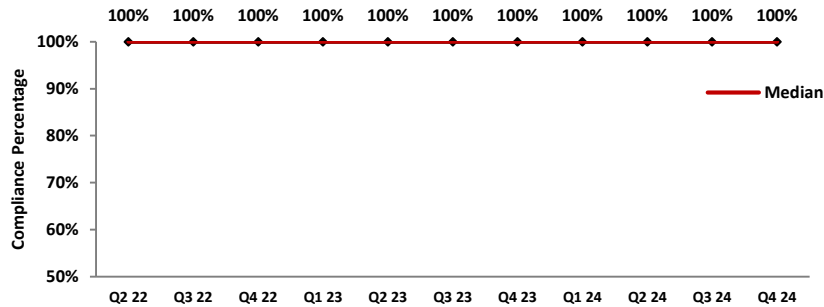
To ensure the documentation of pain score and re-assessment in 60 mins after administration of PRN/STAT analgesia



Median = 99%

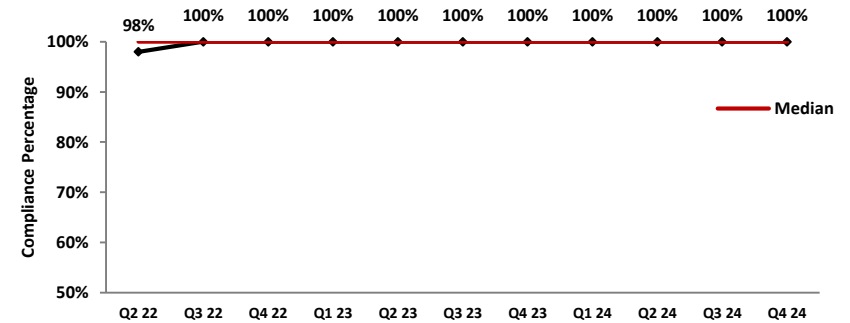
Hospital-wide Indicators-2022

Monitoring & Safekeeping of Medical equipment



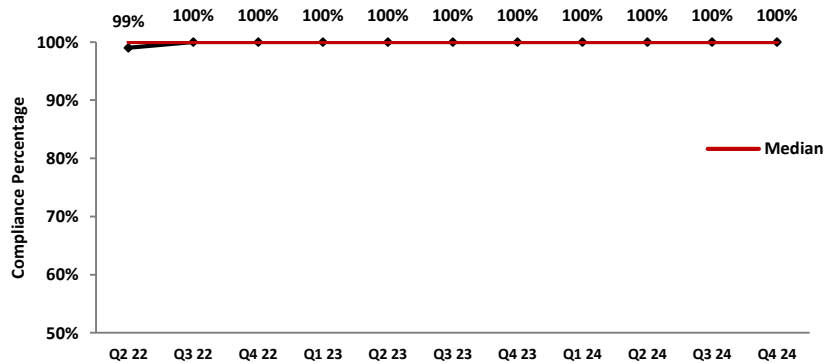
Median = 100%

Awareness of the staff on hazardous materials



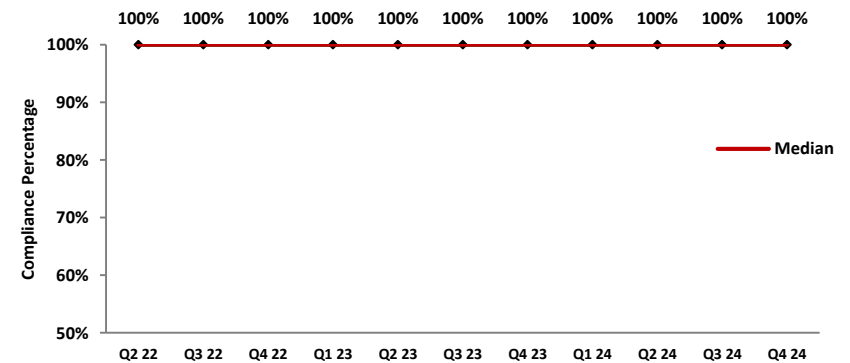
Median = 100%

Accuracy of Hazardous Material Inventory



Median = 100%

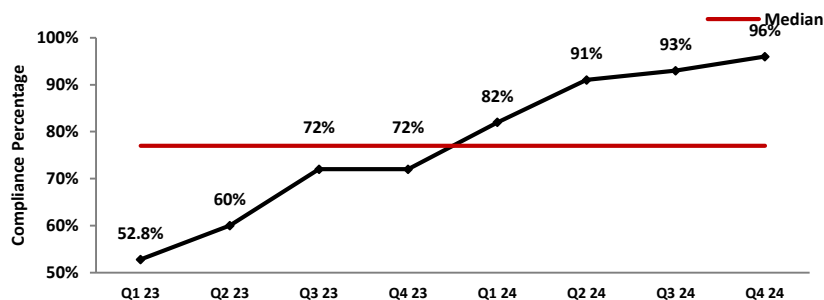
Correct labelling of hazardous material



Median = 100%

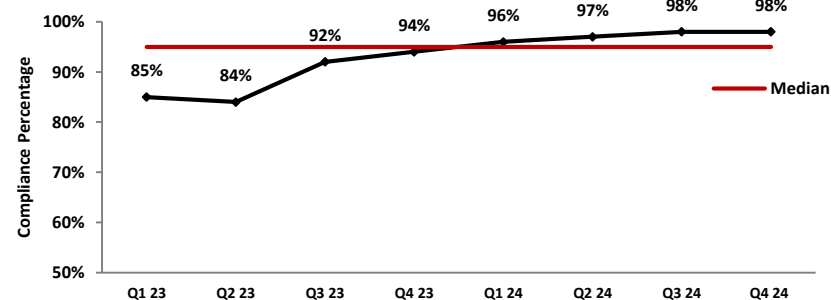
Hospital-wide Indicators-2023

To ensure the timely administration of STAT medication within 30 minutes



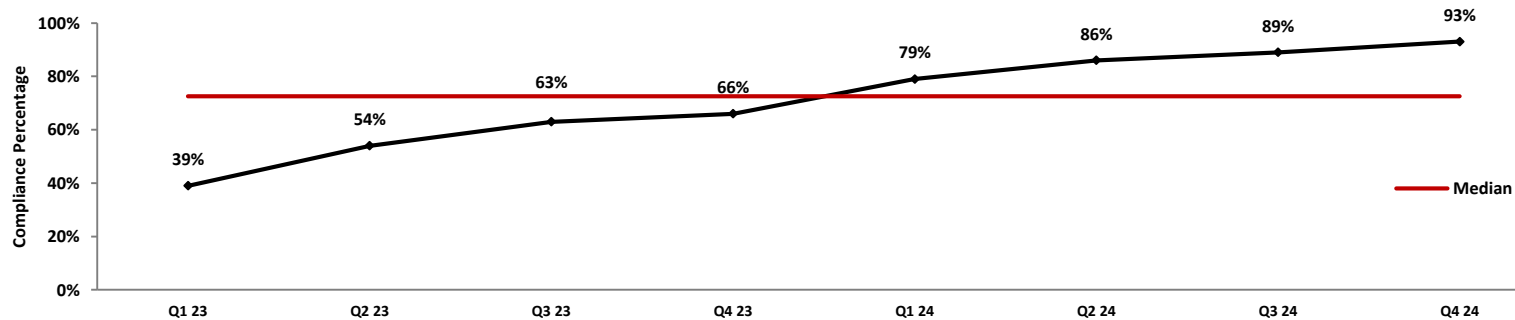
Median = 77%

To ensure the timely administration of Routine medication within 02 hours



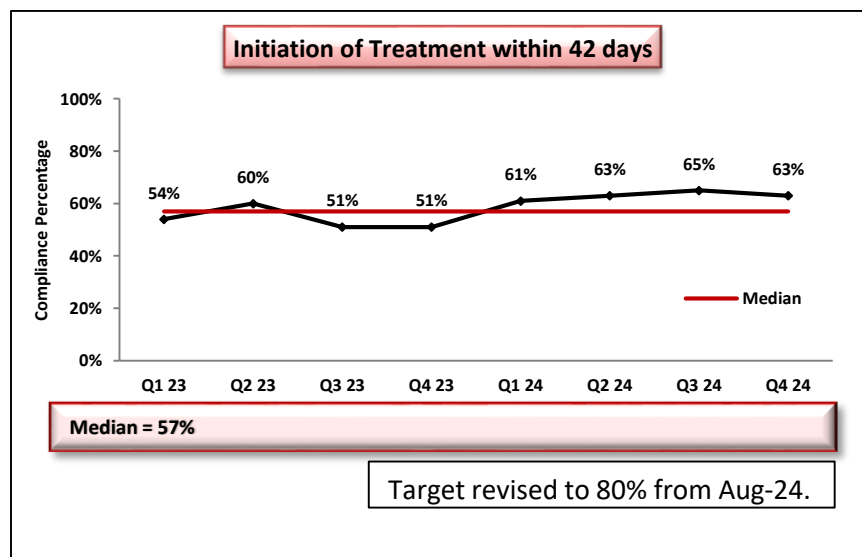
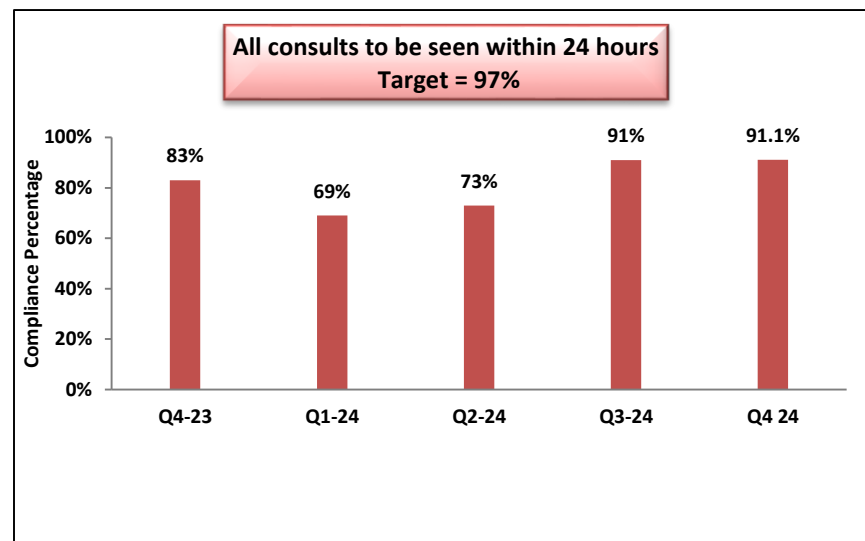
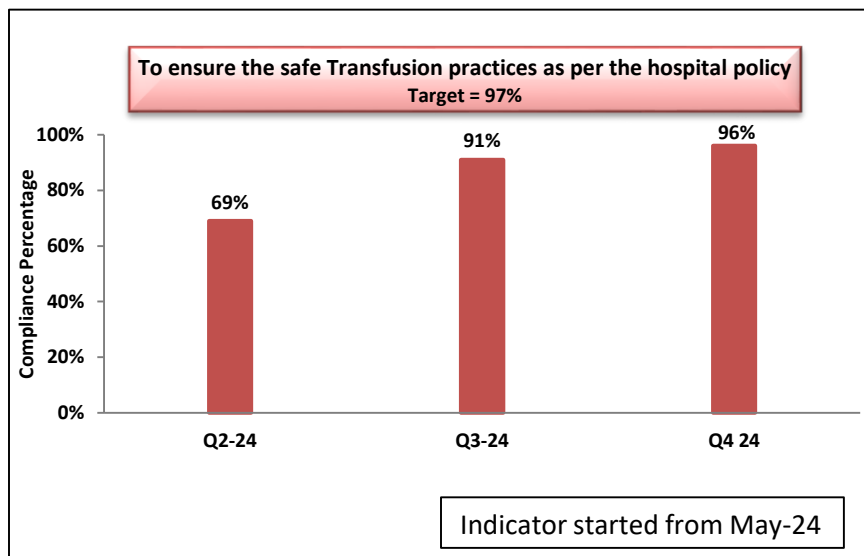
Median = 95%

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



Median = 72.5%

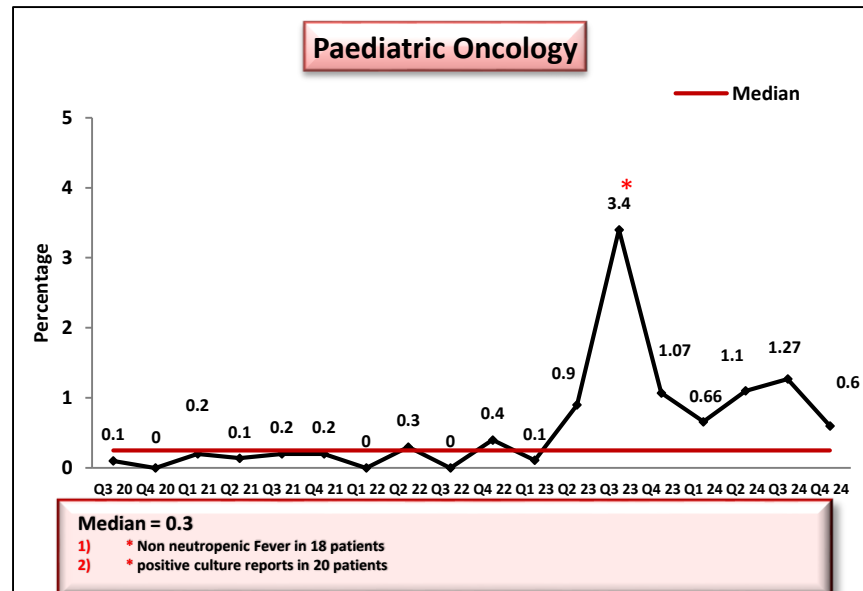
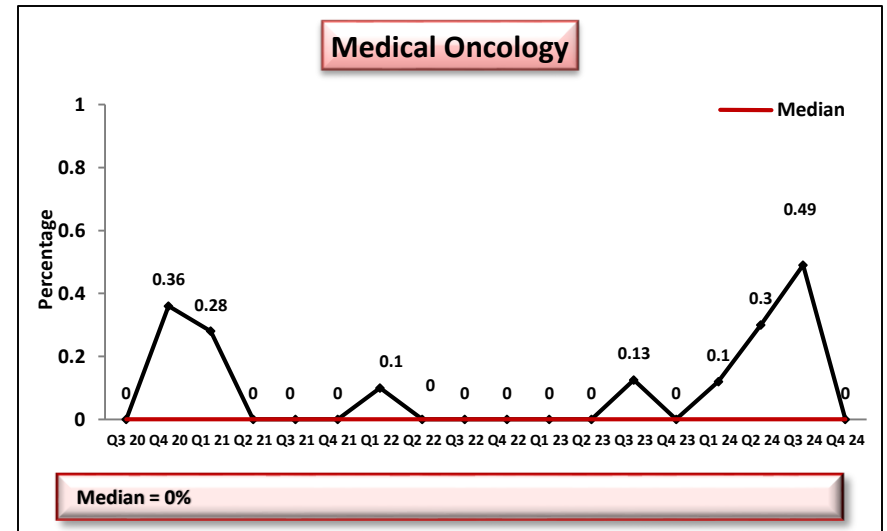
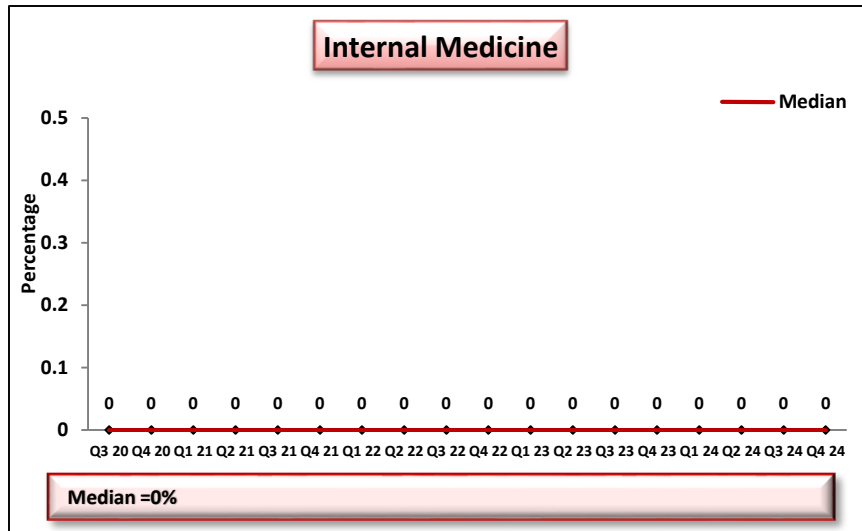
Hospital-wide Indicators-2024



Clinical Performance Indicators

Re-admission within 7 days of discharge

Specialty wise



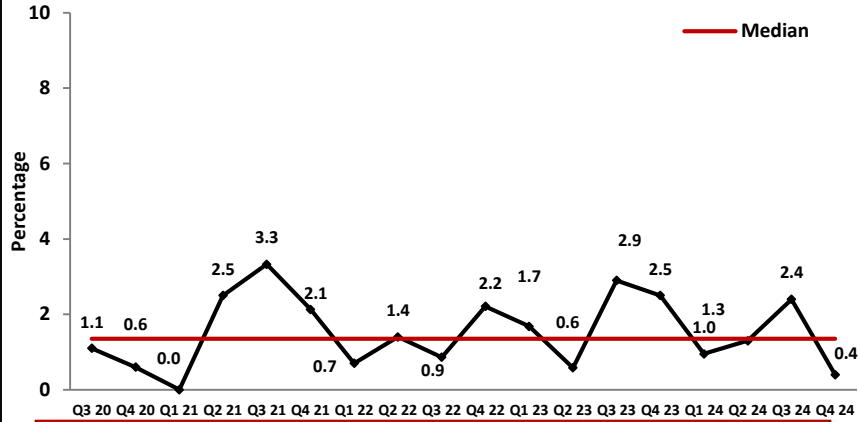
Clinical Performance Indicators

Re-admission within 30 days of discharge

Surgical Oncology

Surgeon 1

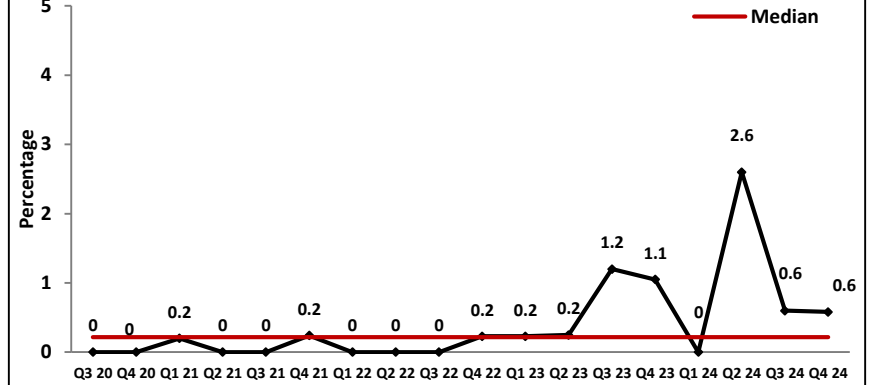
Gastro-Intestinal Surgery
Published Rates: 3%



Median = 1.35%

Surgeon 2

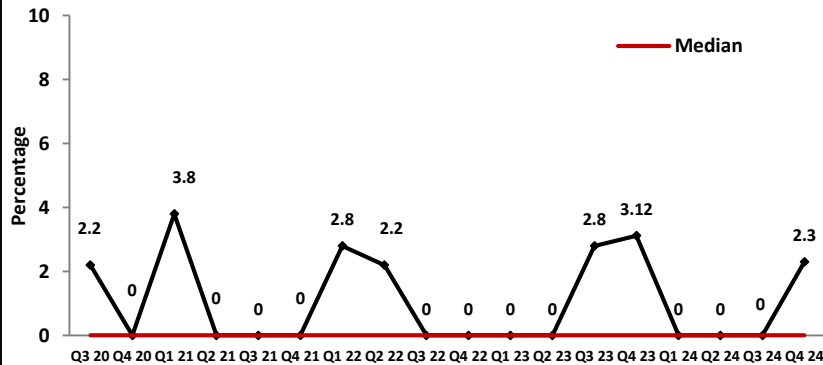
Urology
Published Rates: 4.4%



Median = 0.2%

Surgeon 3

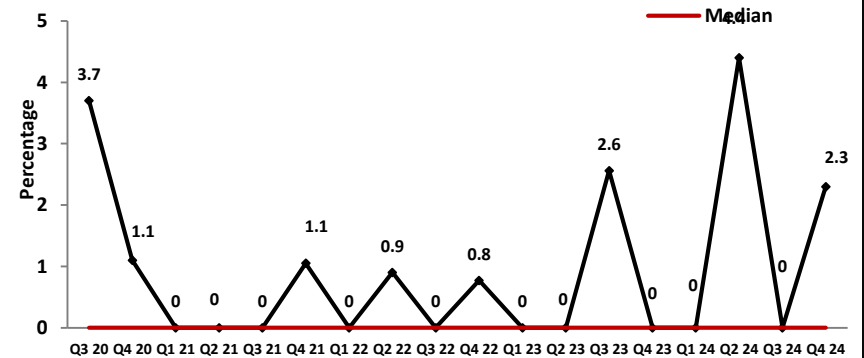
Neuro Surgery
Published Rates: 17.27%



Median = 0%

Surgeon 4

Head and Neck Surgery
Published Rates: 10.16%

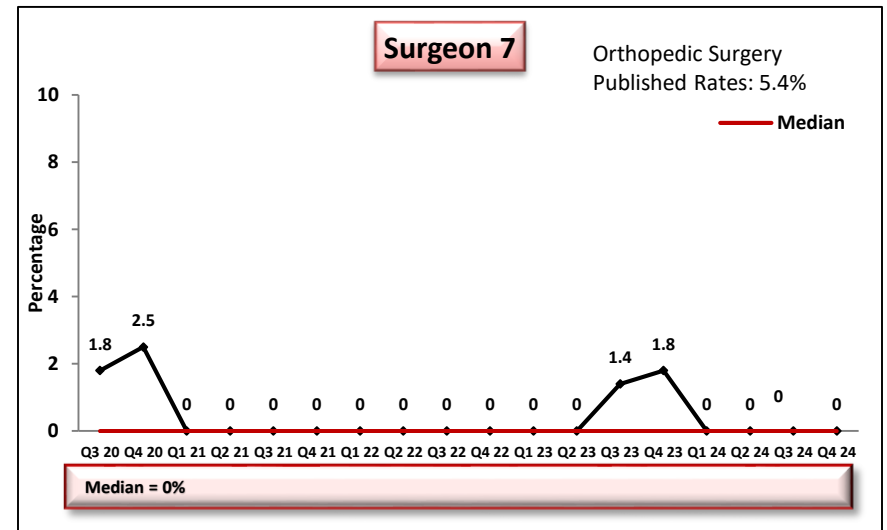
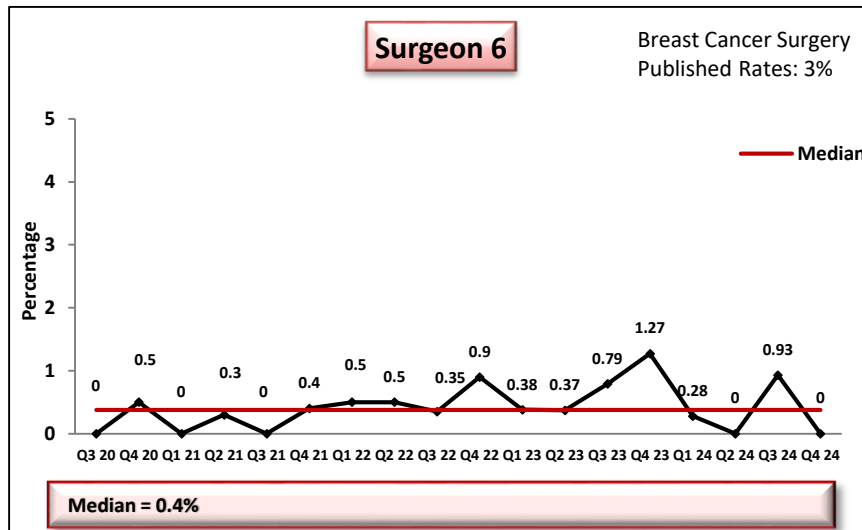
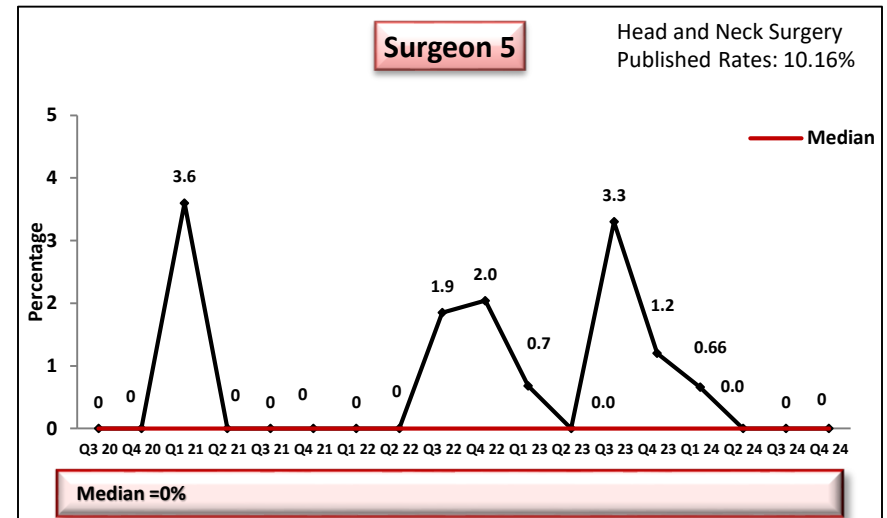
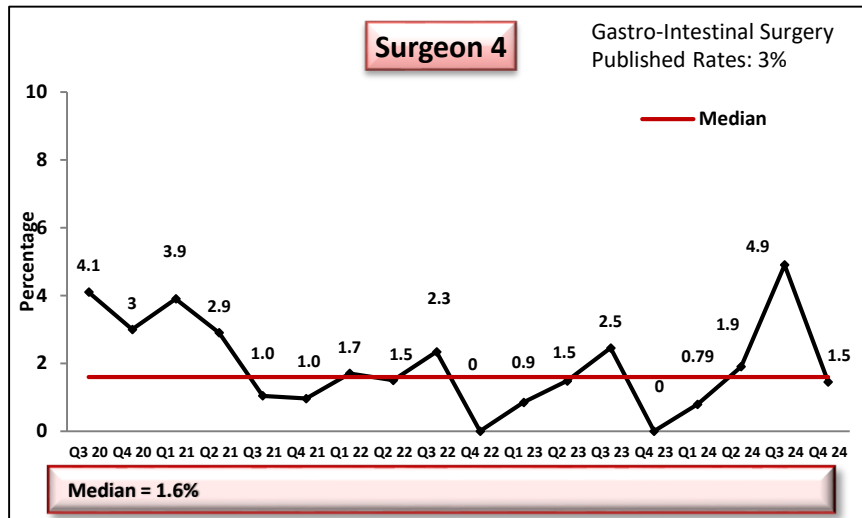


Median = 0%

Clinical Performance Indicators

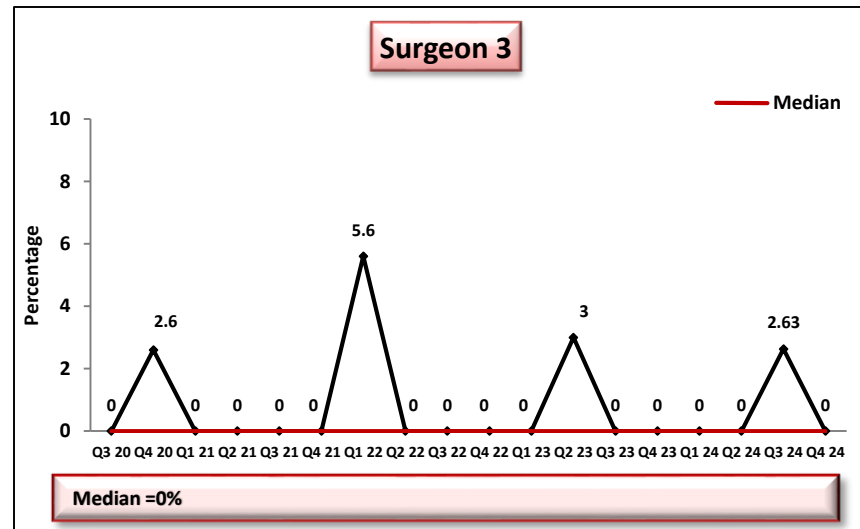
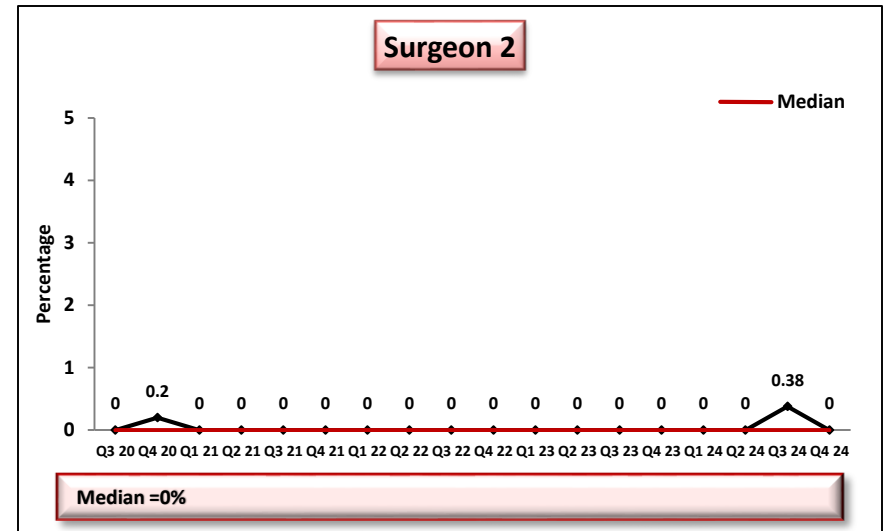
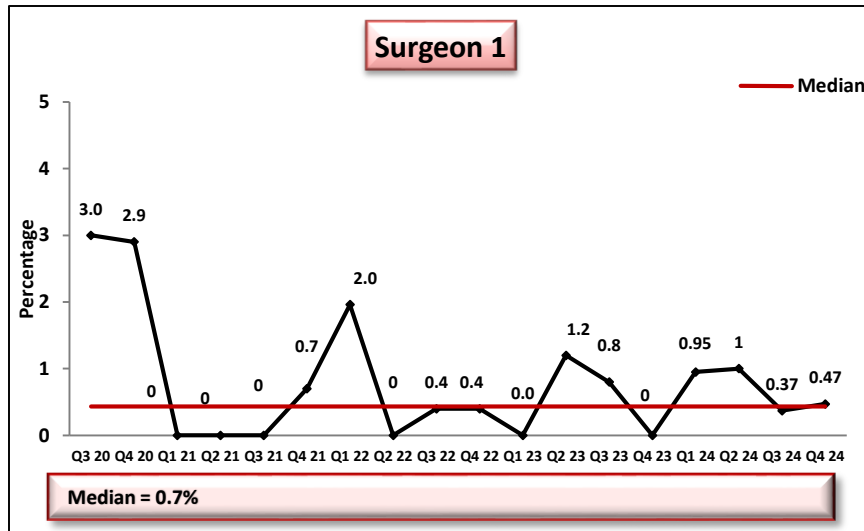
Re-admission within 30 days of discharge

Surgical Oncology



Clinical Performance Indicators

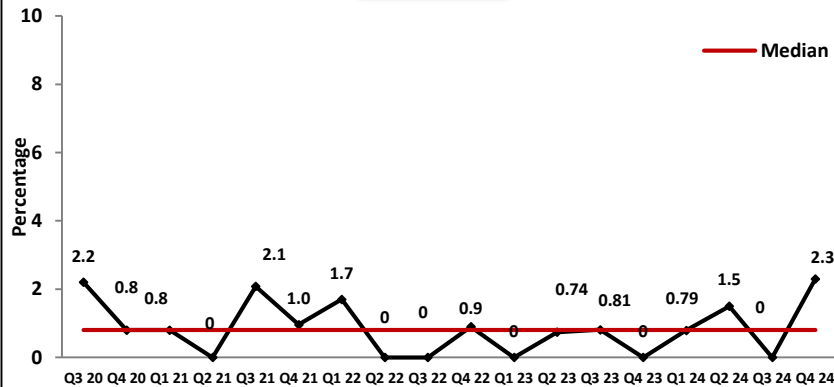
Reoperation within the same hospital admission



Clinical Performance Indicators

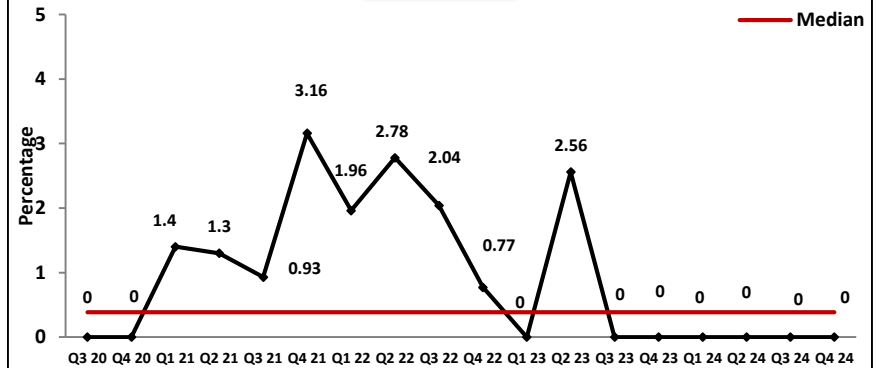
Reoperation within the same hospital admission

Surgeon 4



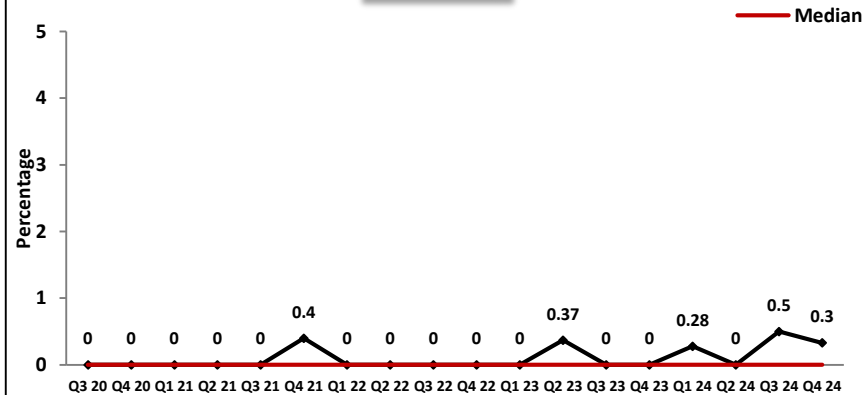
Median = 0.8%

Surgeon 5



Median = 0.39%

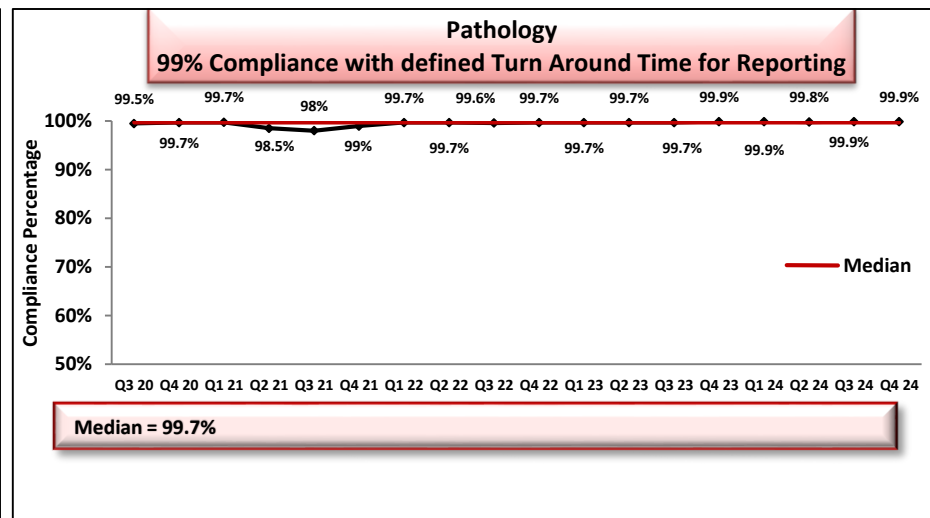
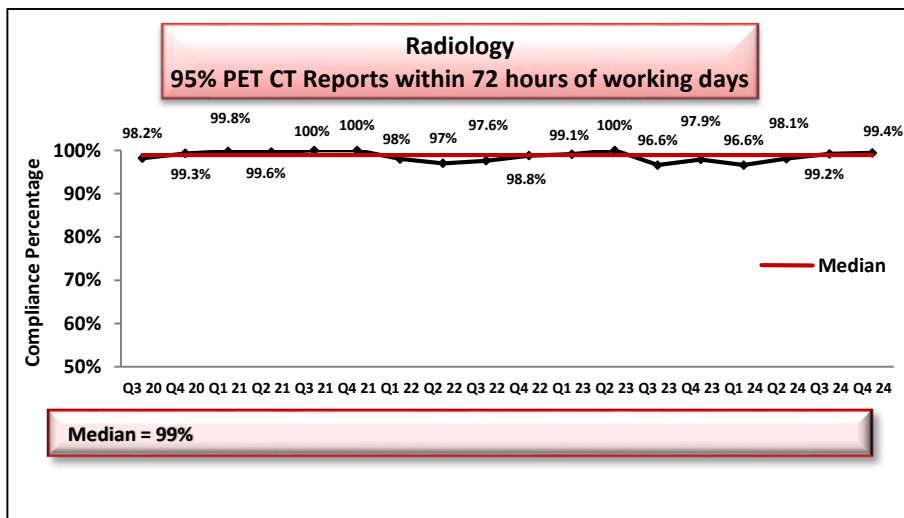
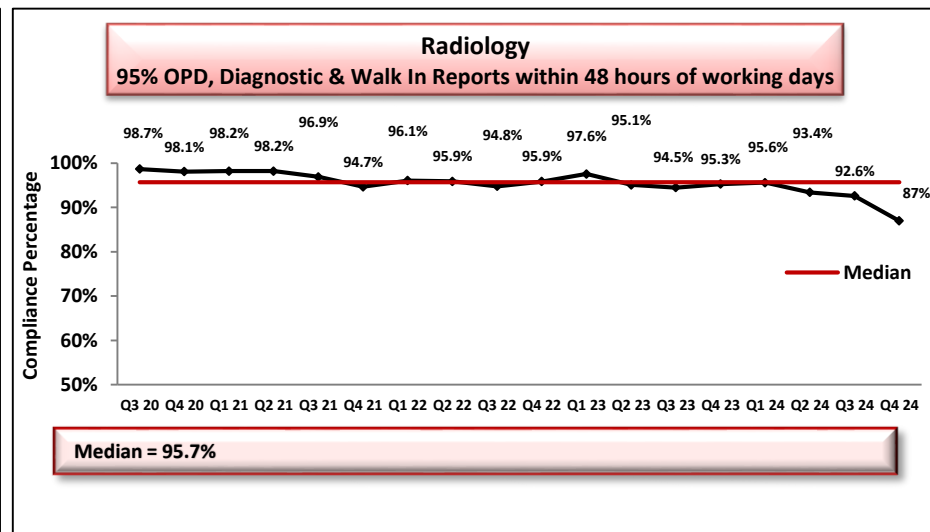
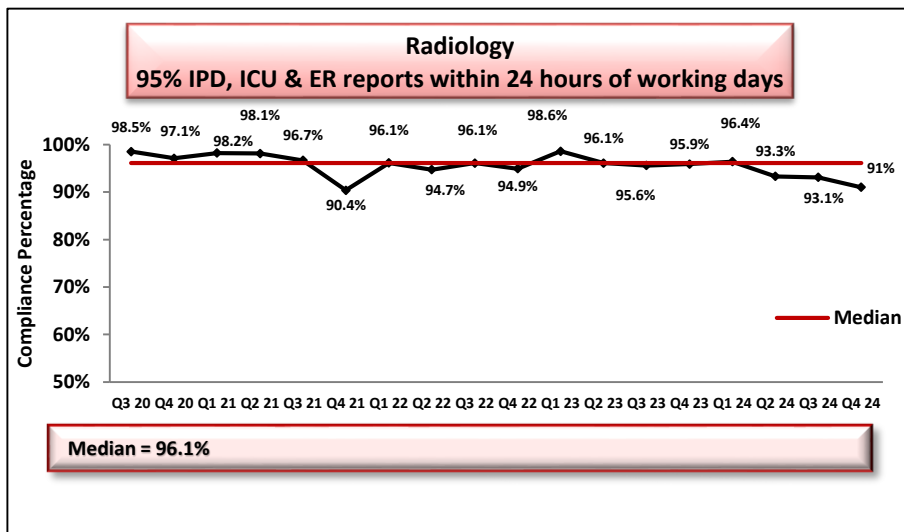
Surgeon 6



Median = 0%

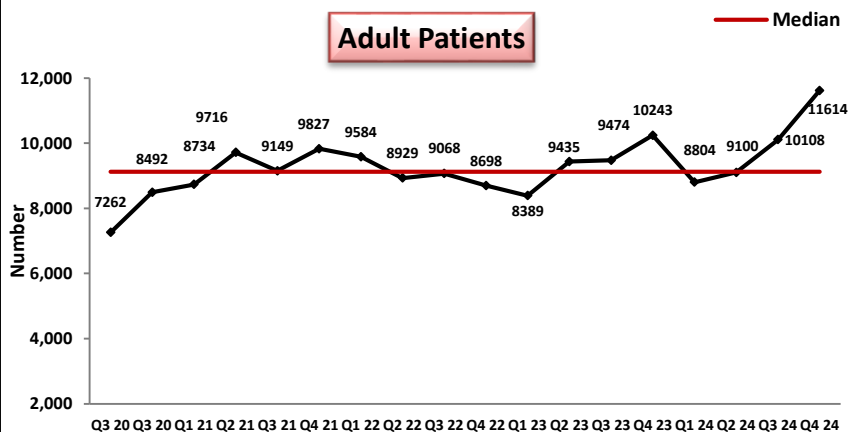
Clinical Performance Indicators

Compliance with defined Turnaround Time for Reporting



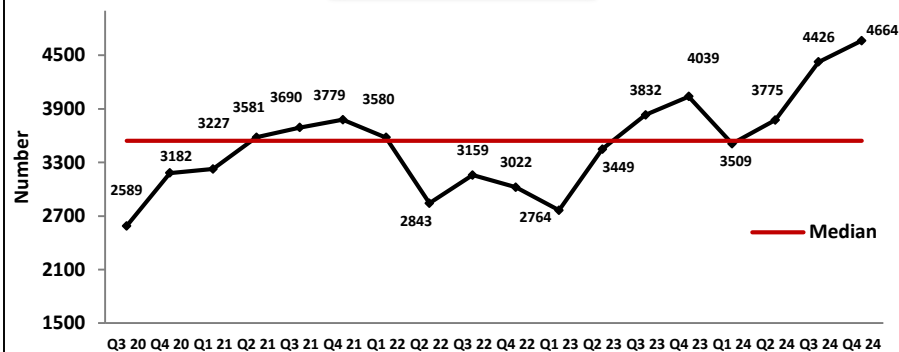
Chemotherapy Activity Break-up

Adult Patients



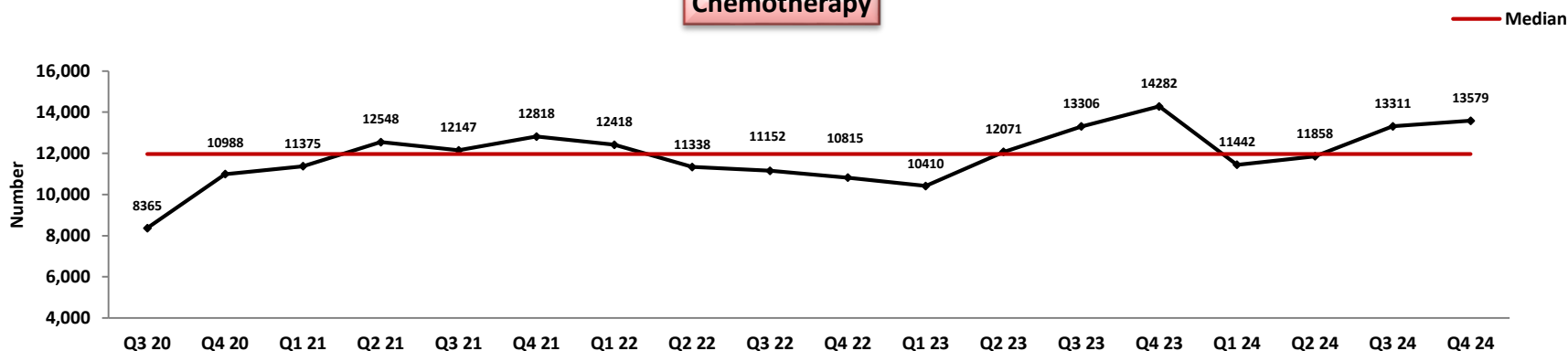
Median = 9125

Paediatric Patients



Median = 3545

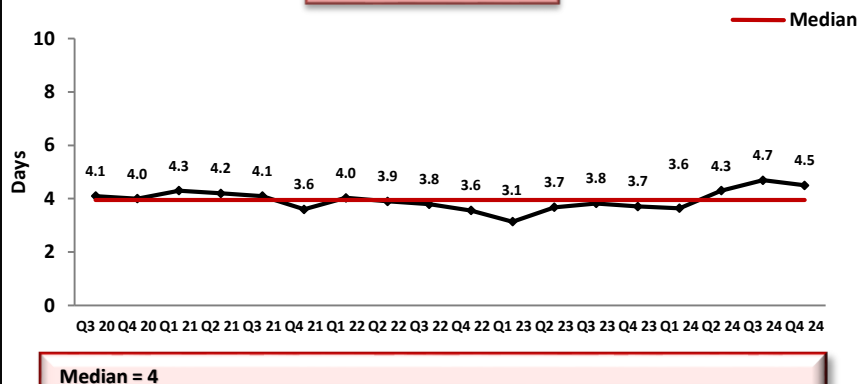
Chemotherapy



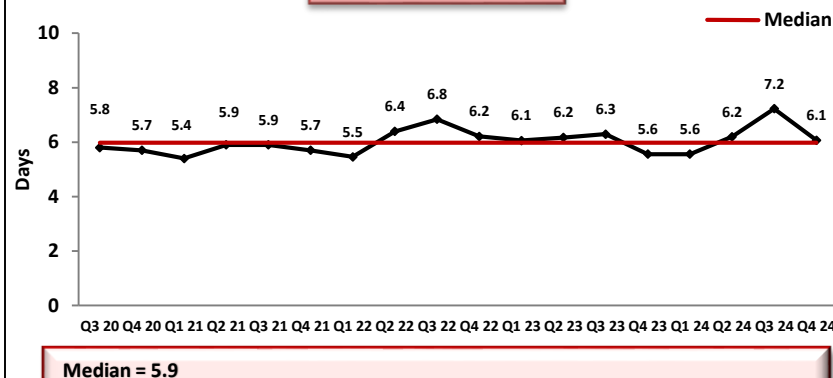
Median = 11965

Average Length of Stay-Inpatients

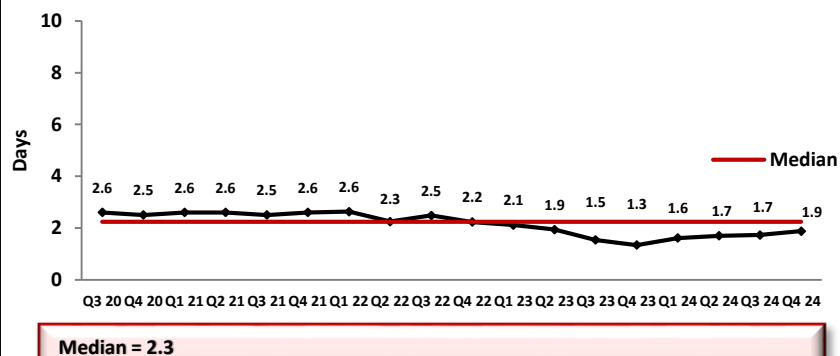
Internal Medicine



Medical Oncology

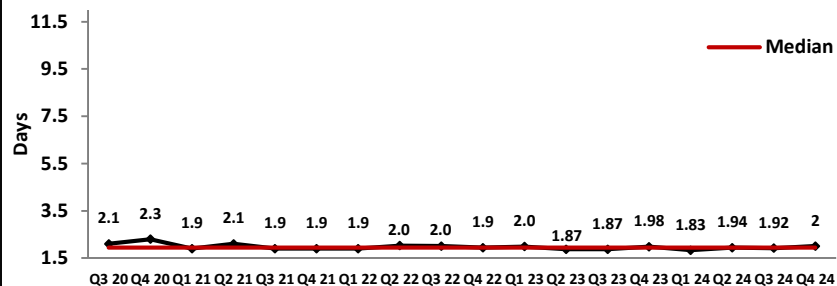


Nuclear Medicine



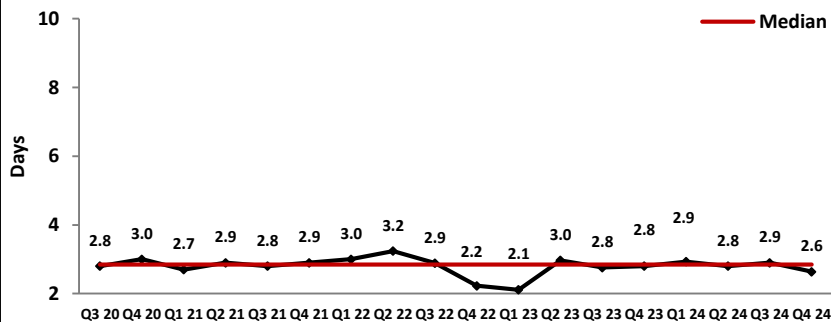
Average Length of Stay-Inpatients

Surgical Oncology



Median = 1.9

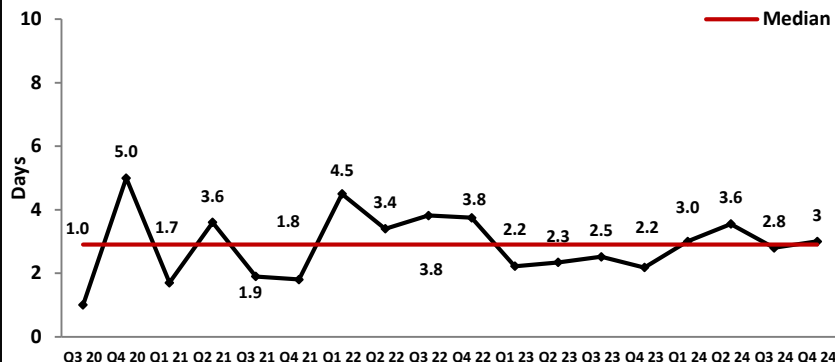
Paediatric Oncology



Median = 2.9

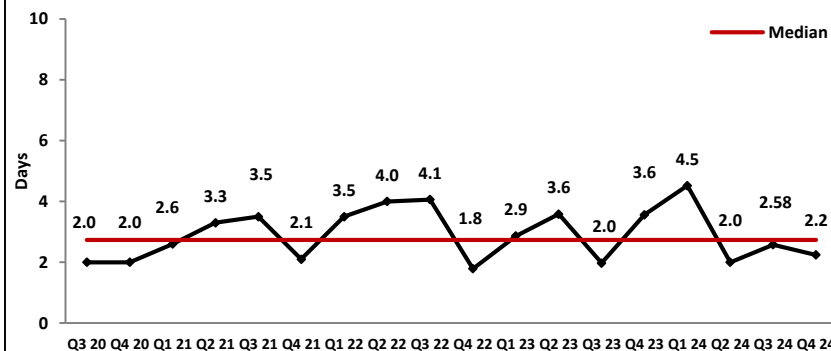
Average Length of stay- Ventilated Patients

Internal Medicine



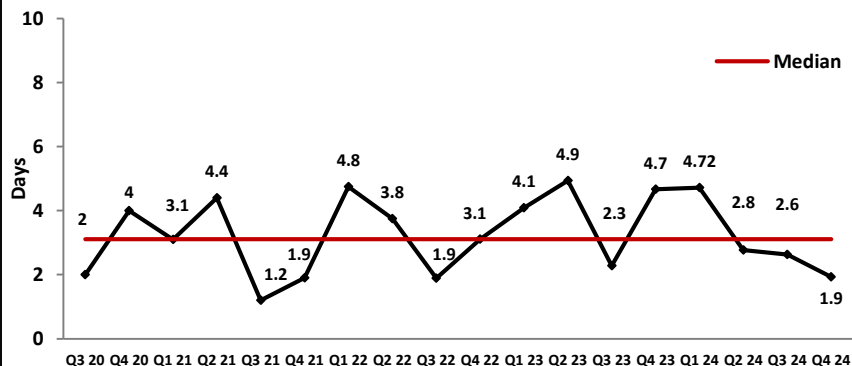
Median = 2.9

Medical Oncology



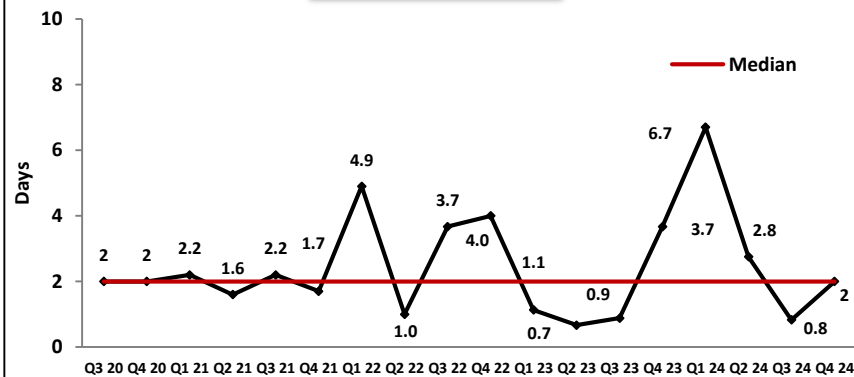
Median = 3

Paediatric Oncology



Median = 3.1

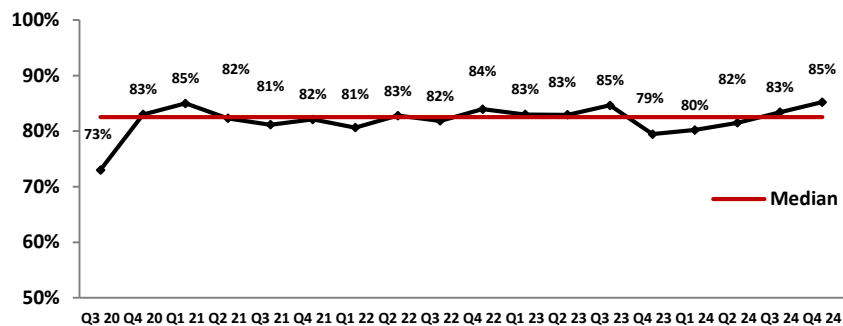
Surgical Oncology



Median = 2.0

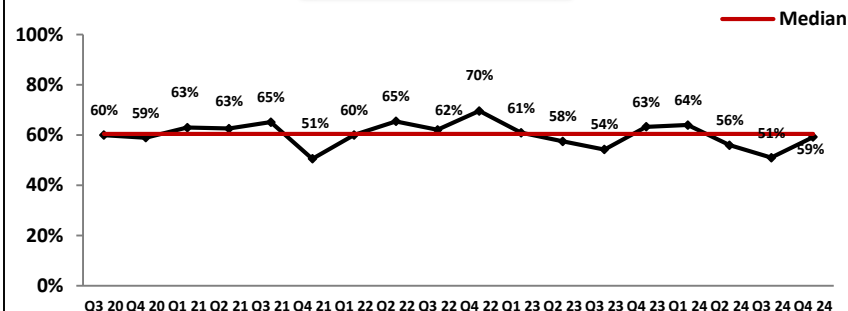
Bed Occupancy Rate

Inpatients



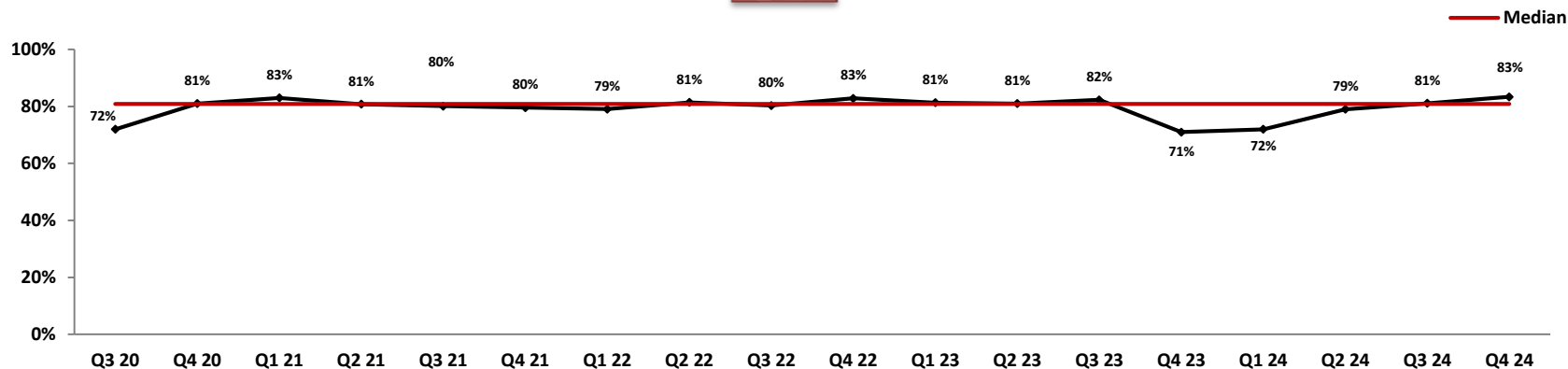
Median = 82.5%

Intensive Care Unit



Median = 60.5%

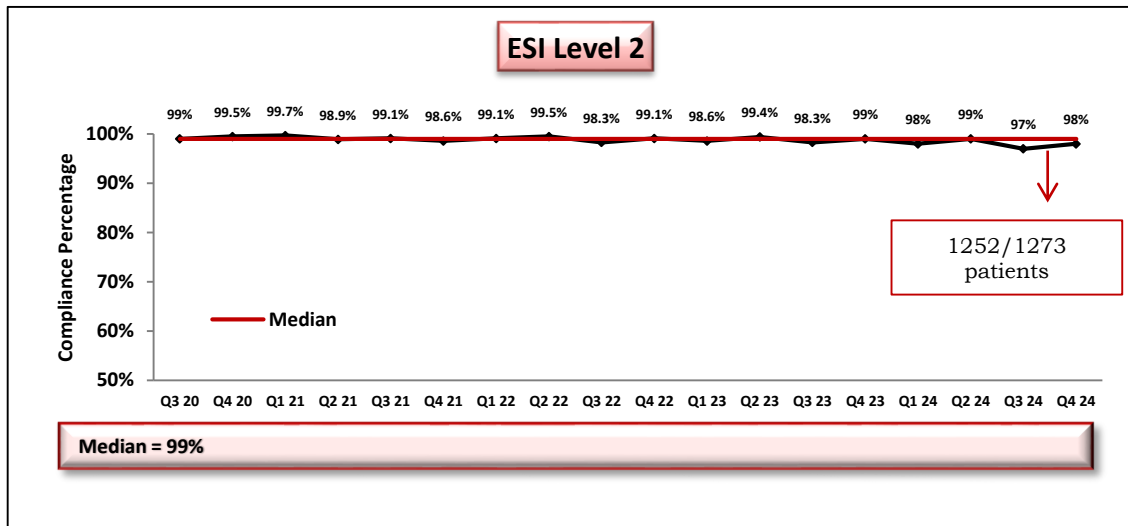
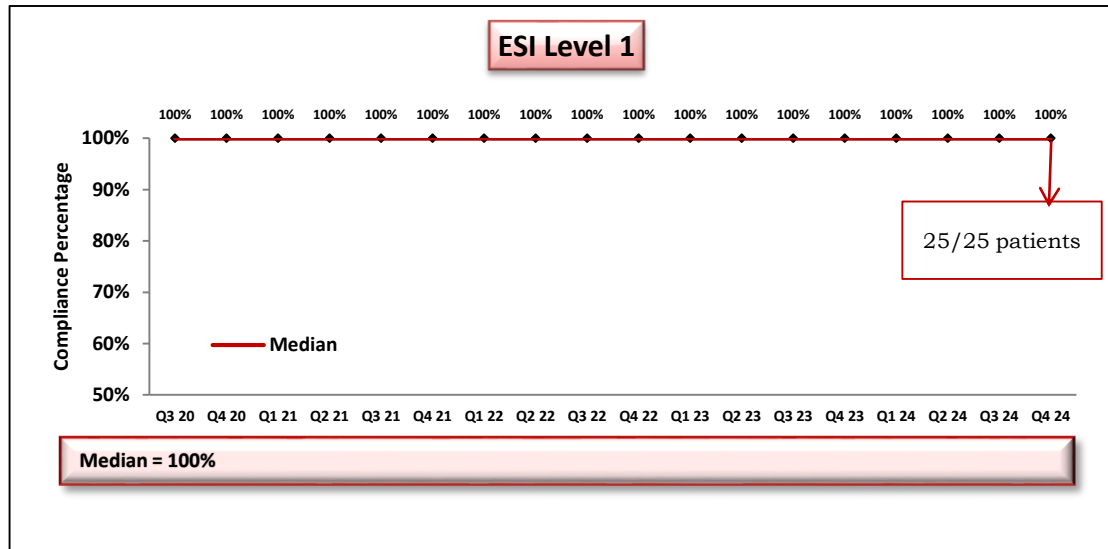
Overall



Median = 80.9%

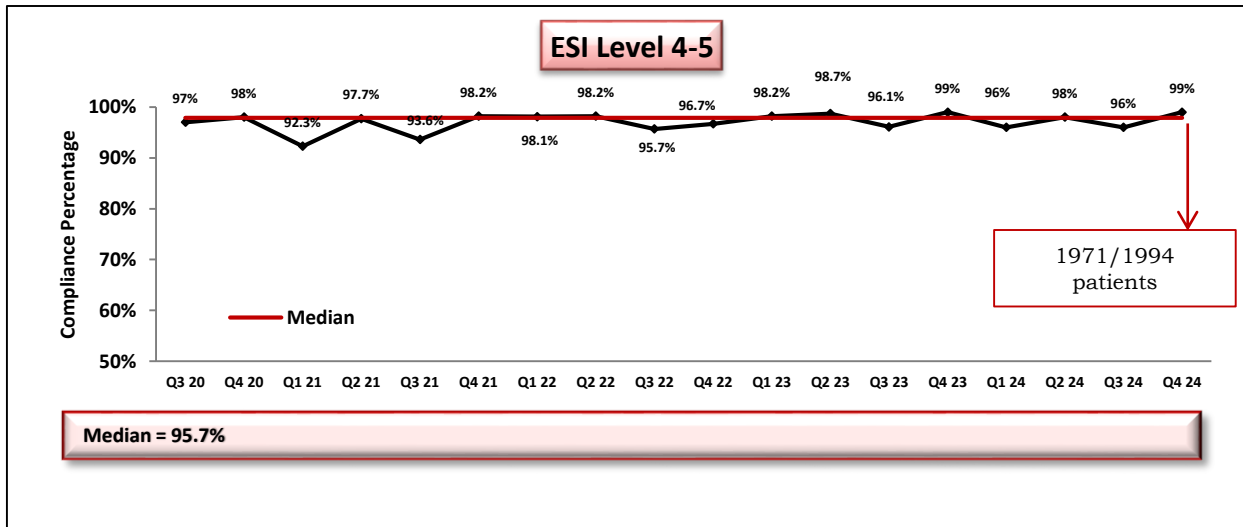
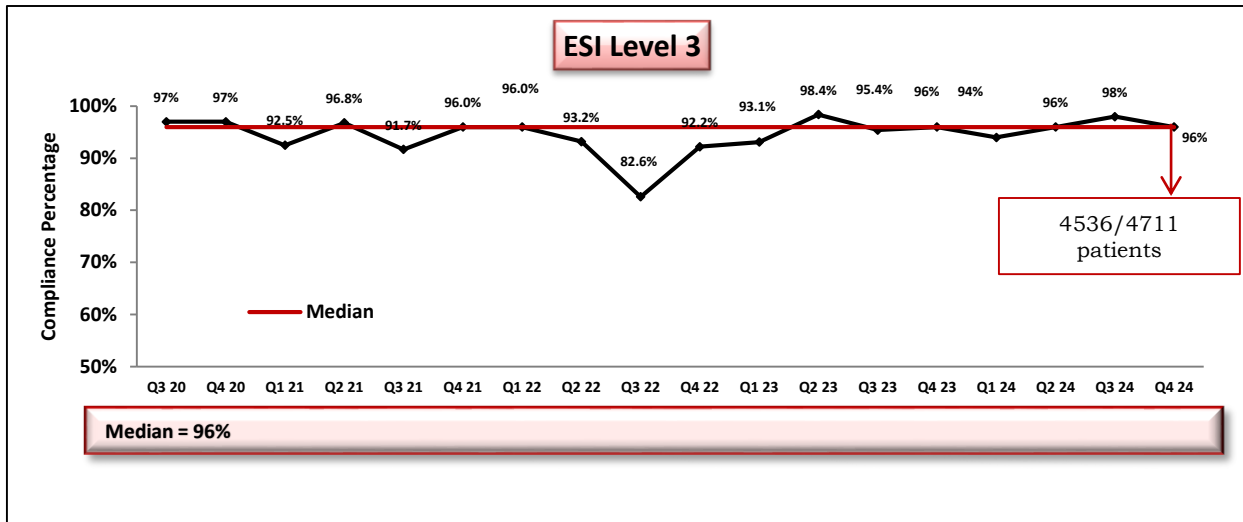
Emergency Assessment Room Statistics

Patients Seen within Defined Waiting Times – Adults



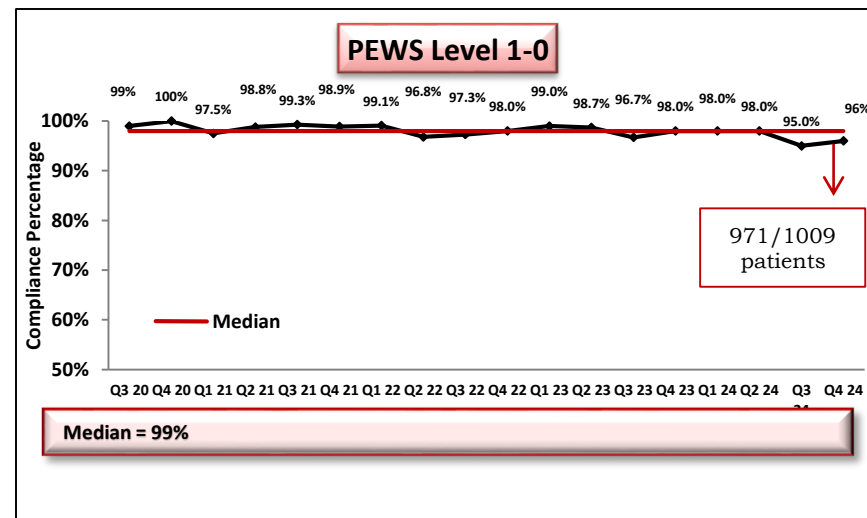
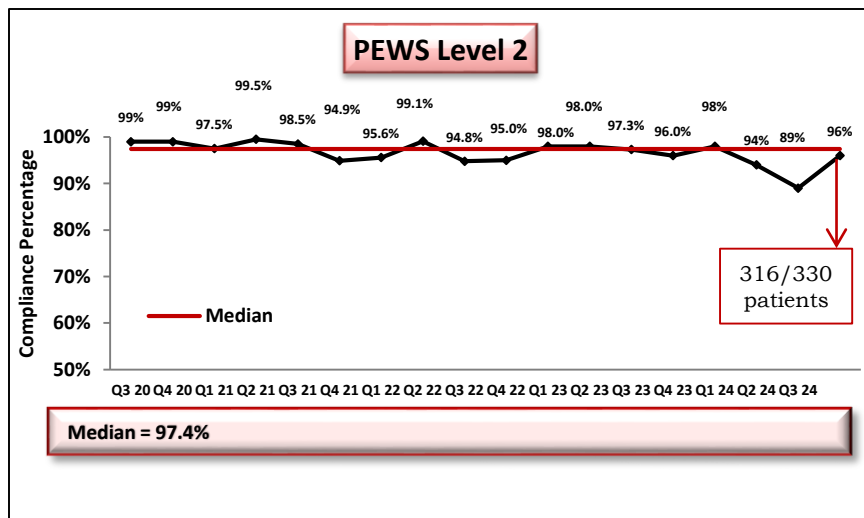
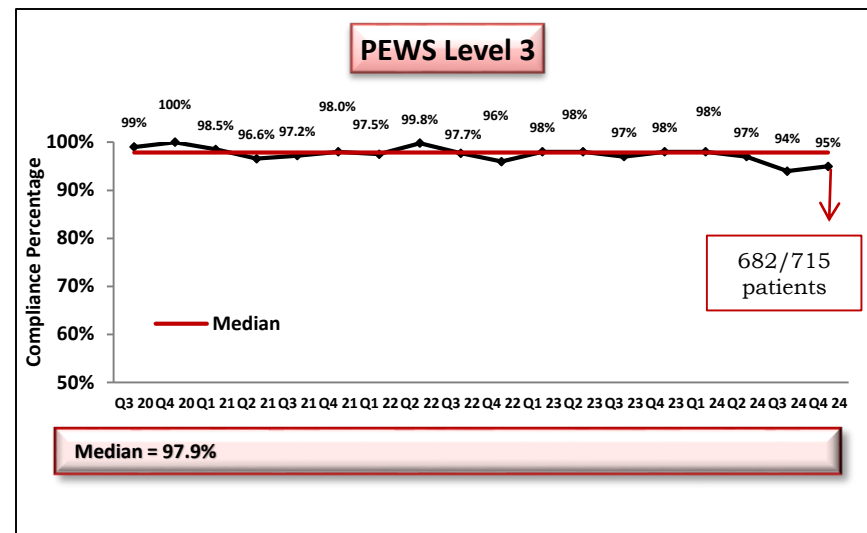
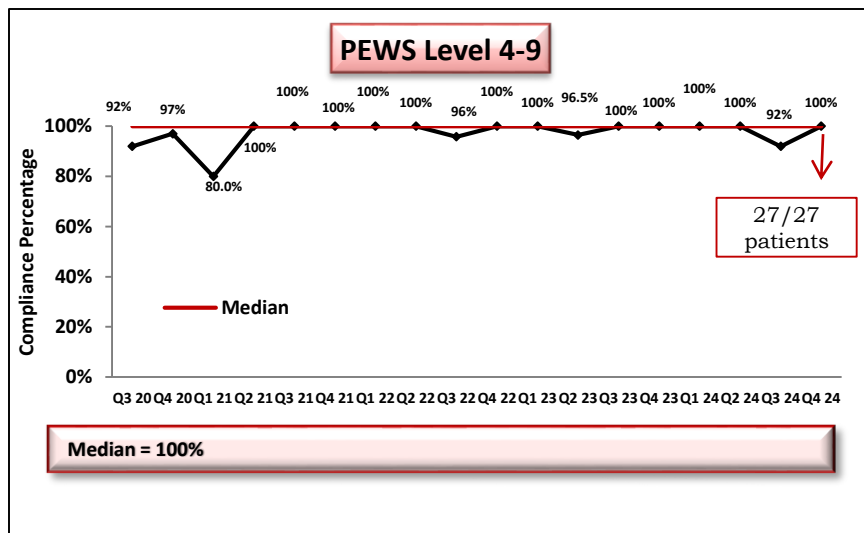
Emergency Assessment Room Statistics

Patients Seen within Defined Waiting Times – Adults

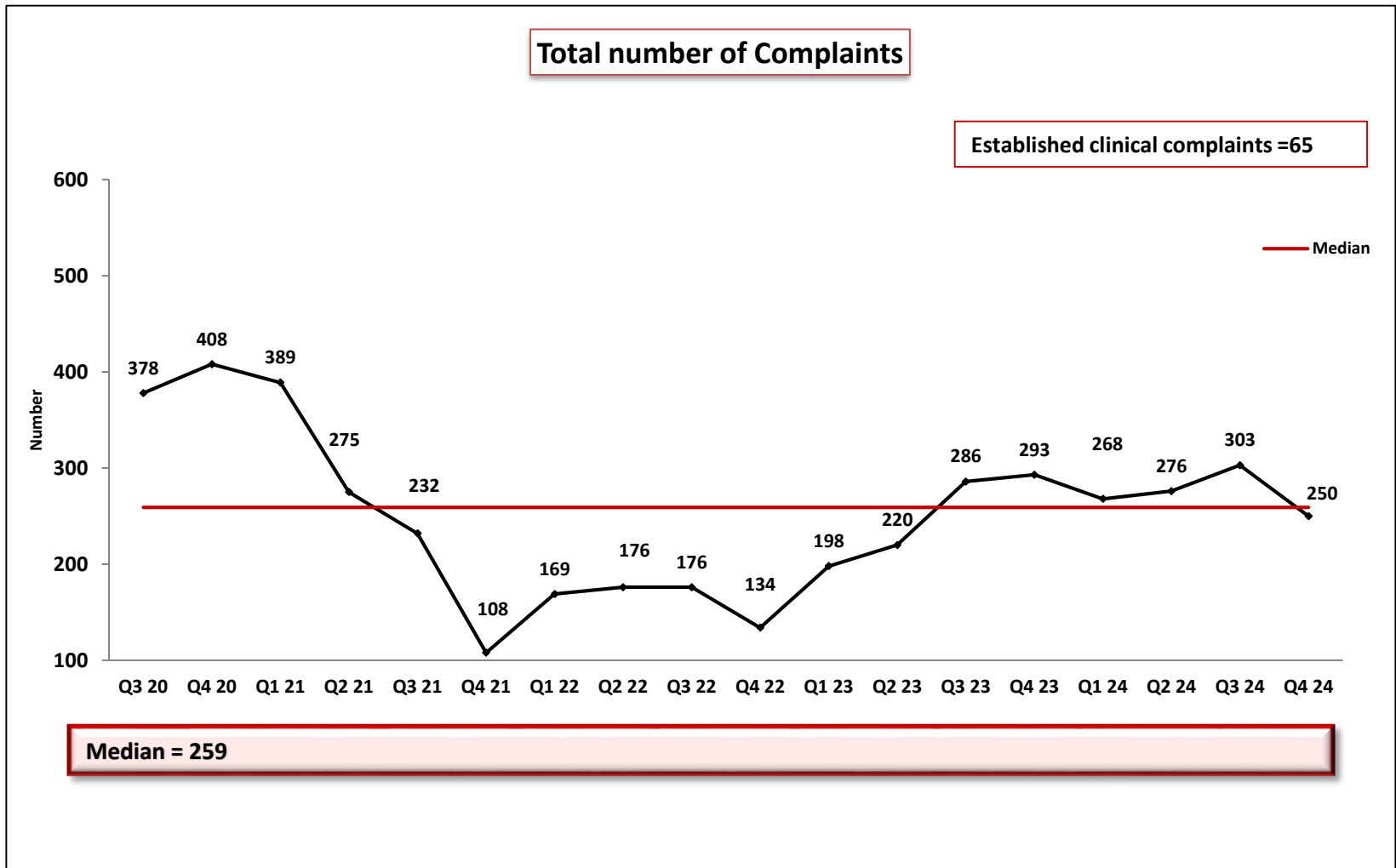


Emergency Assessment Room Statistics

Patients Seen within Defined Waiting Times – Paediatrics

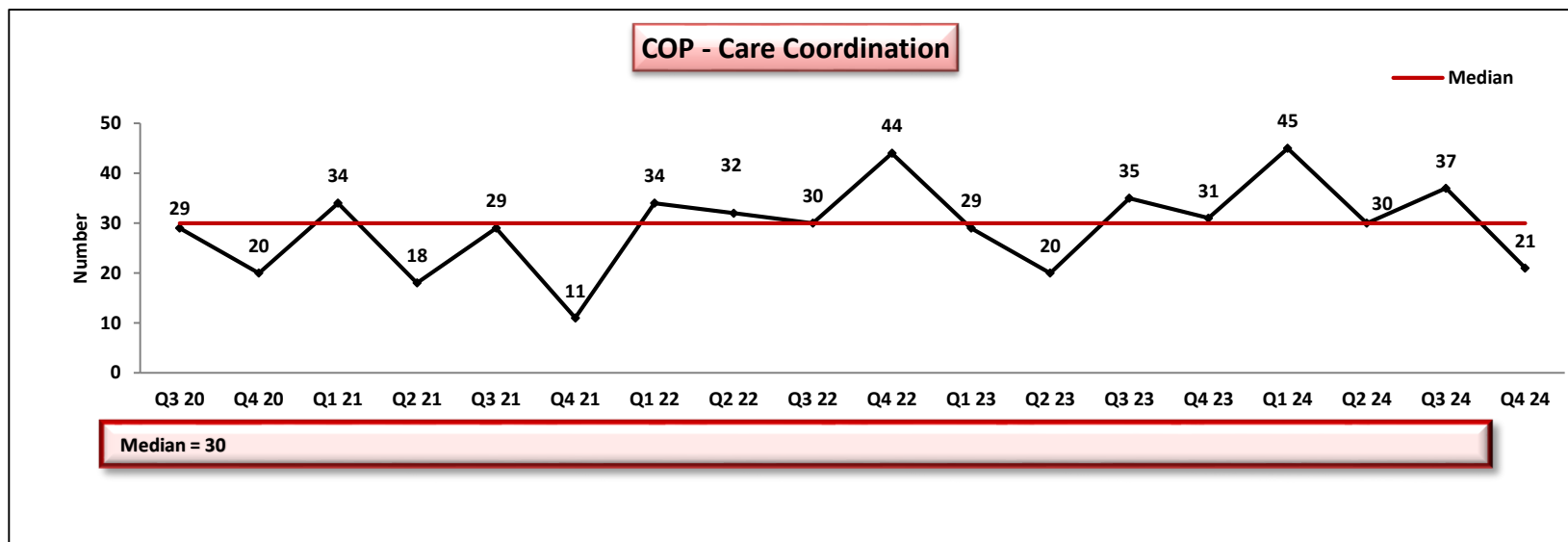


Complaints–Clinical Departments



Established Clinical Complaints by Category

Top 5

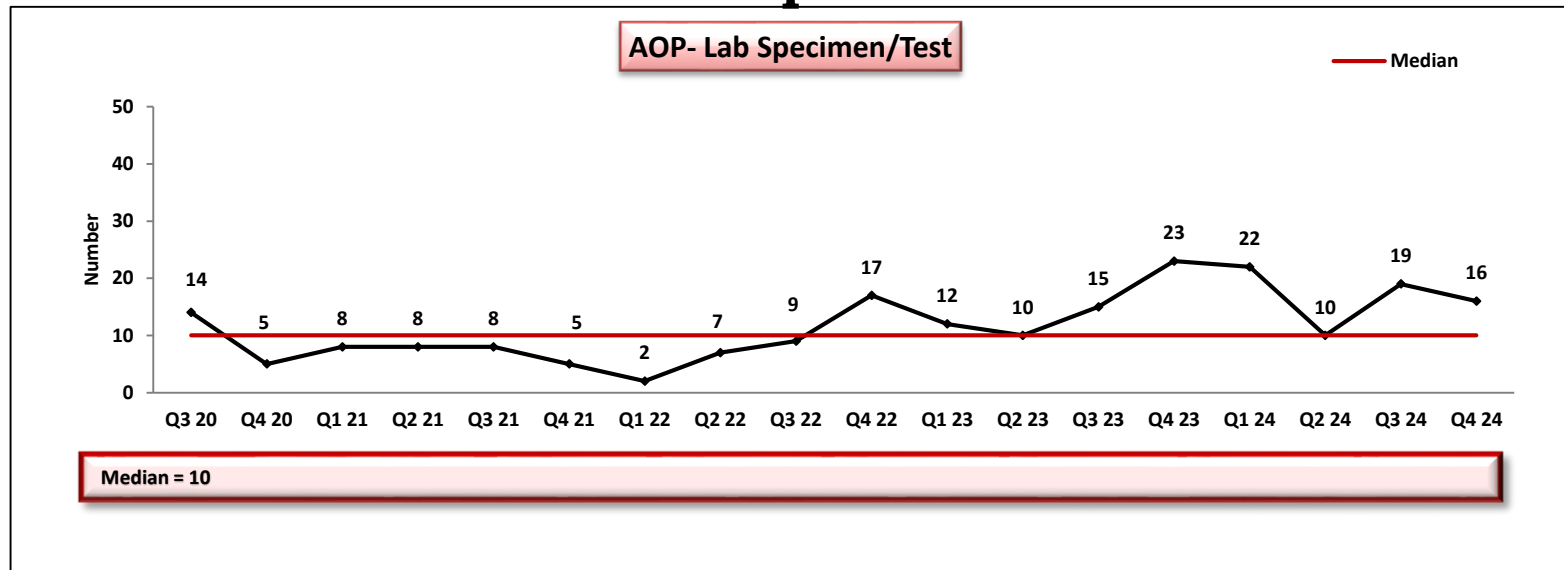


COP – Care Coordination:

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

Established Clinical Complaints by Category

Top 5

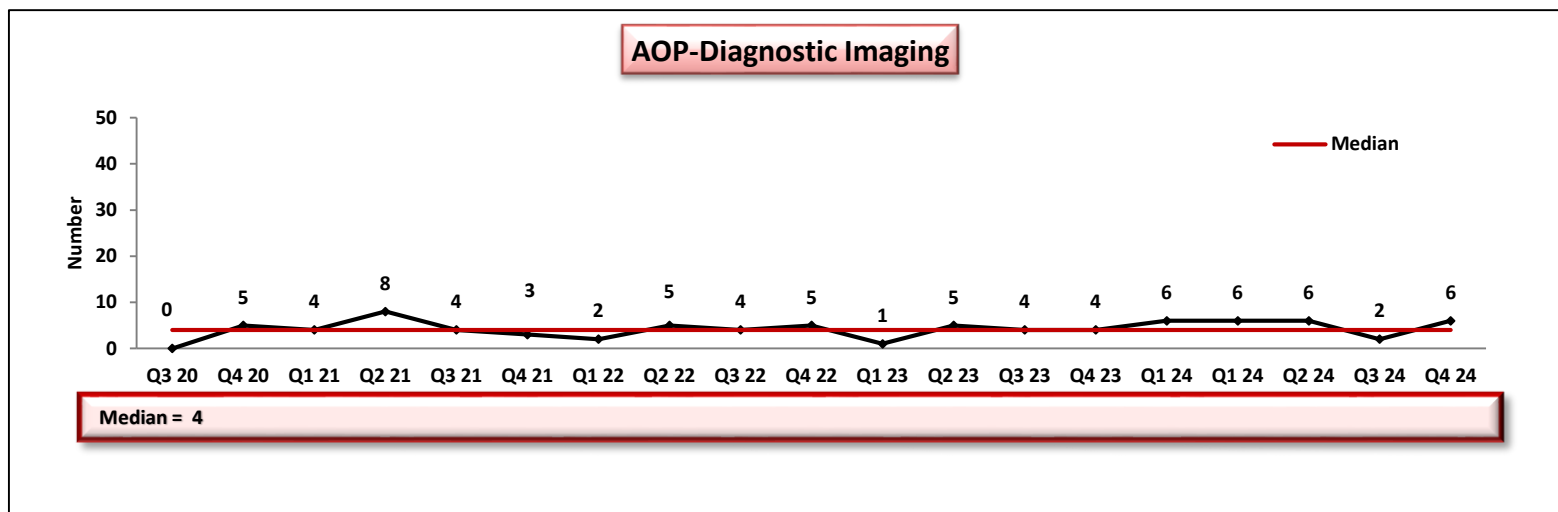


AOP-Lab Specimen/Test:

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

Established Clinical Complaints by Category

Top 5

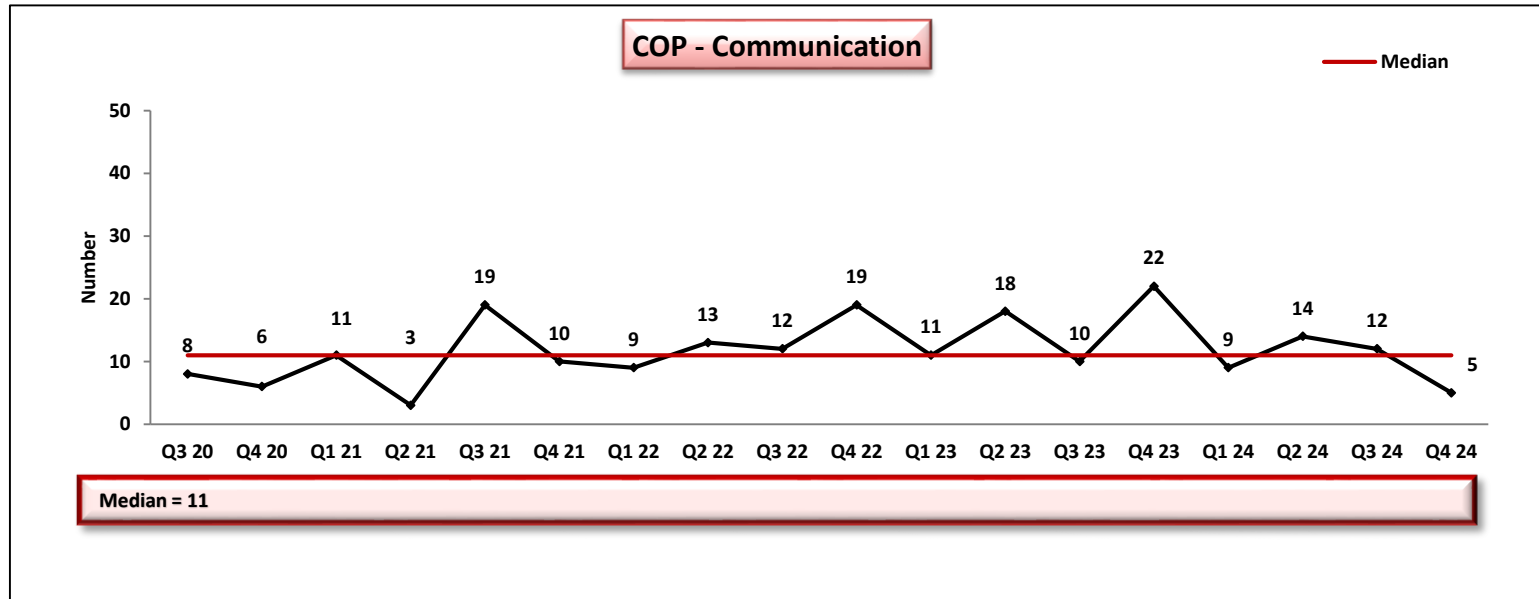


AOP-Diagnostic Imaging:

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

Established Clinical Complaints by Category

Top 5

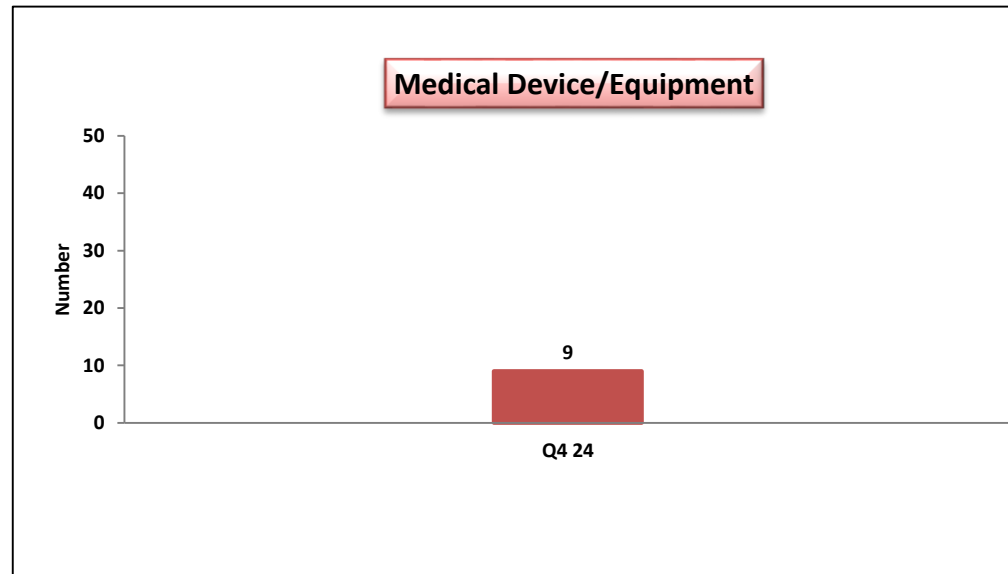


COP - Communication:

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

Established Clinical Complaints by Category

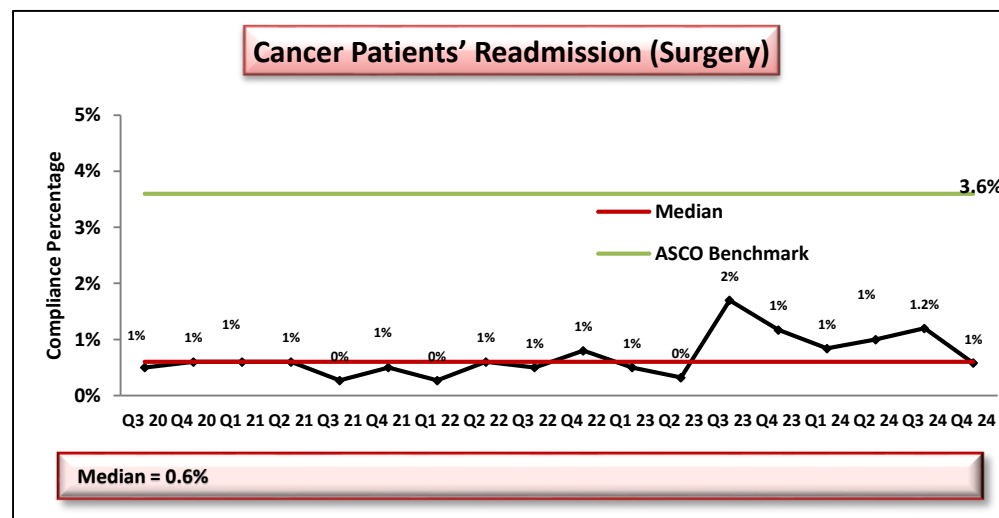
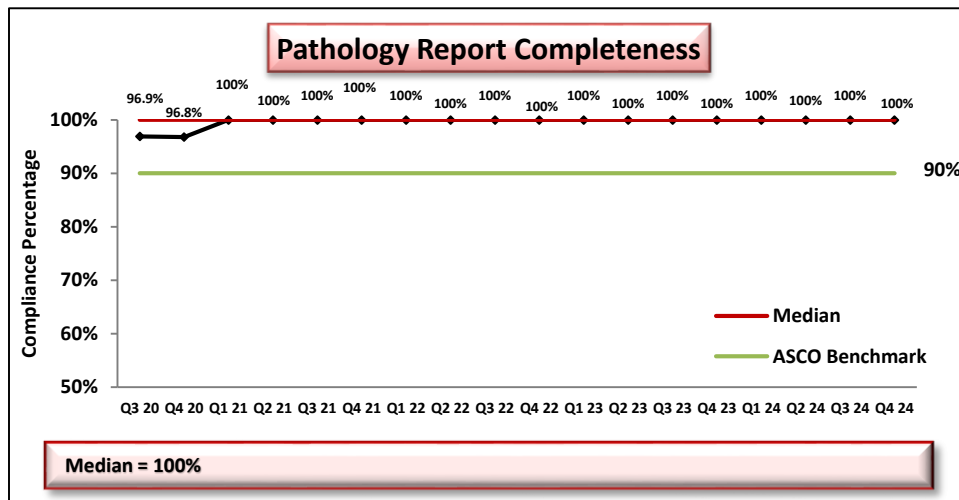
Top 5



Medical Device/Equipment - :

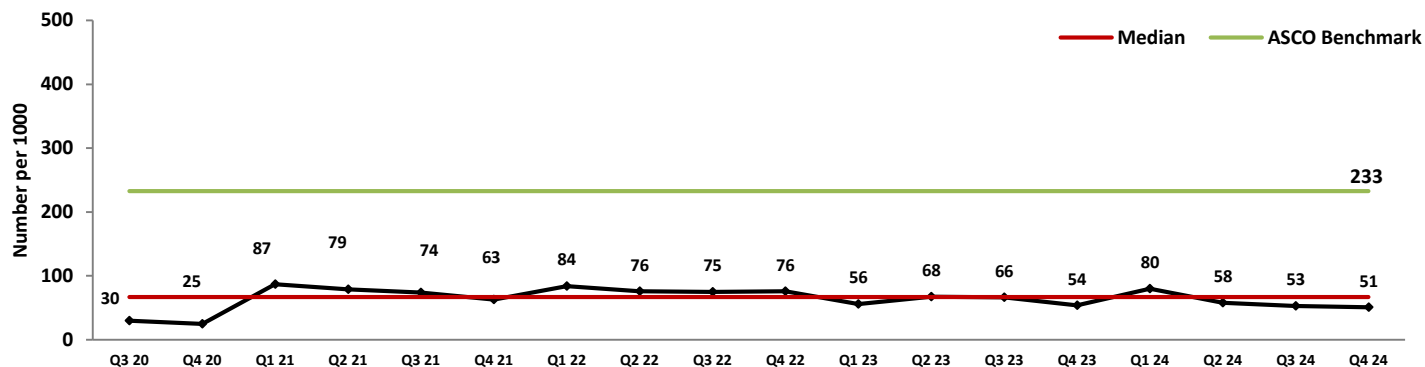
- Equipment Malfunction

ASCO (QOPI) Indicators



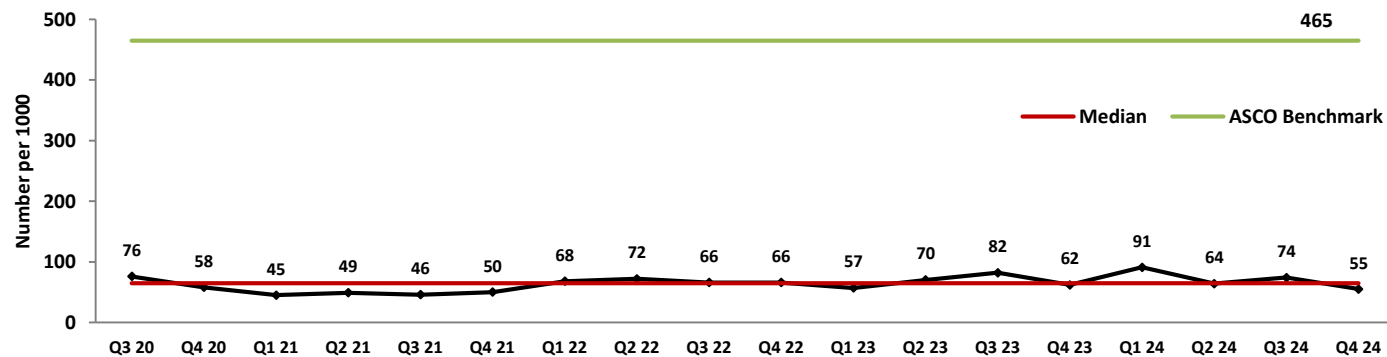
ASCO (QOPI) Indicators

Chemotherapy Patients' Inpatient Admissions



Median = 67.1

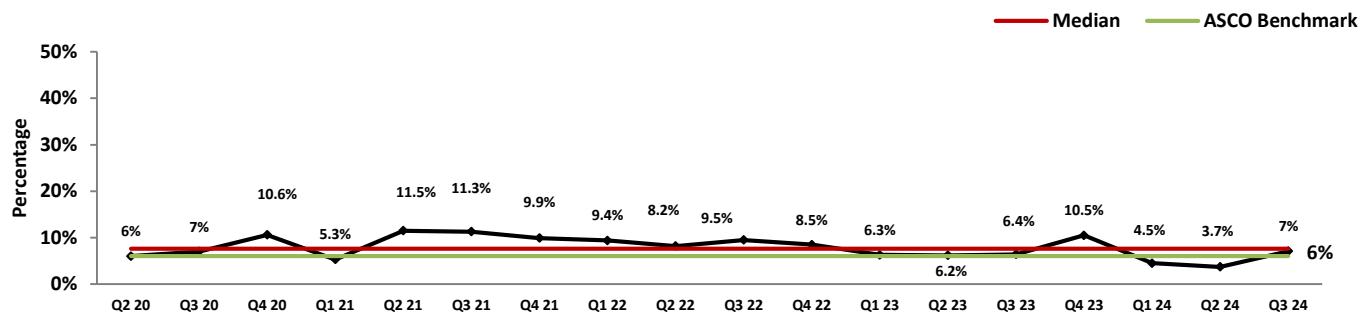
Chemotherapy Patients' ER Admissions



Median = 65

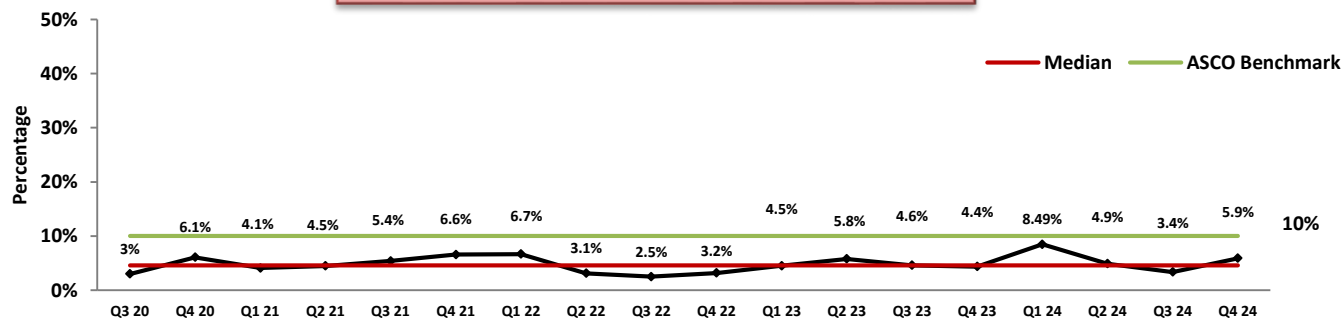
ASCO (QOPI) Indicators

Proportion receiving chemotherapy in the last 14 days of life



Median = 7.7%

Proportion admitted to the ICU in the last 30 days of life



Median = 4.6%

Thank you