

SKMCH&RC - Lahore

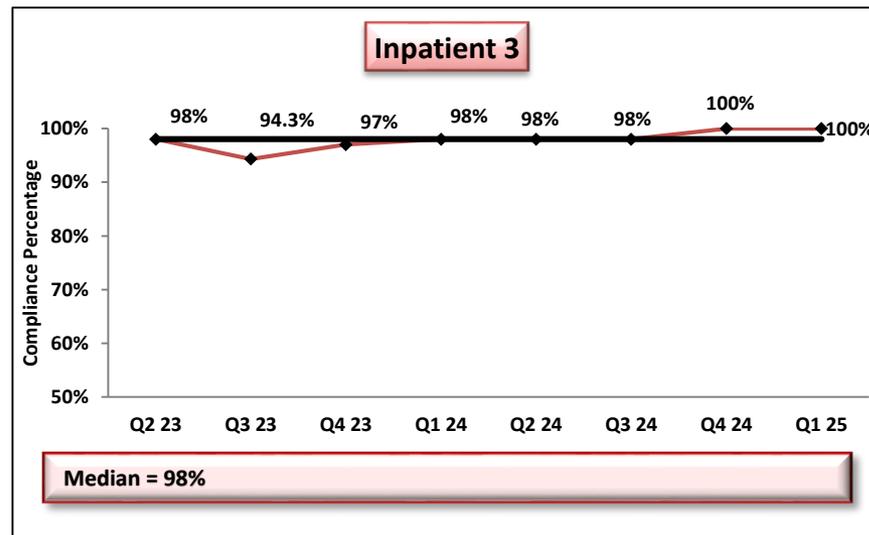
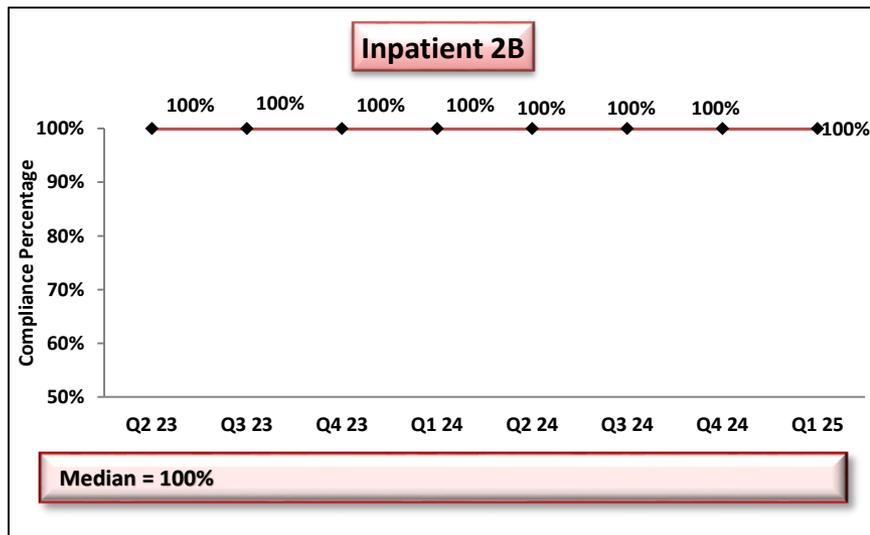
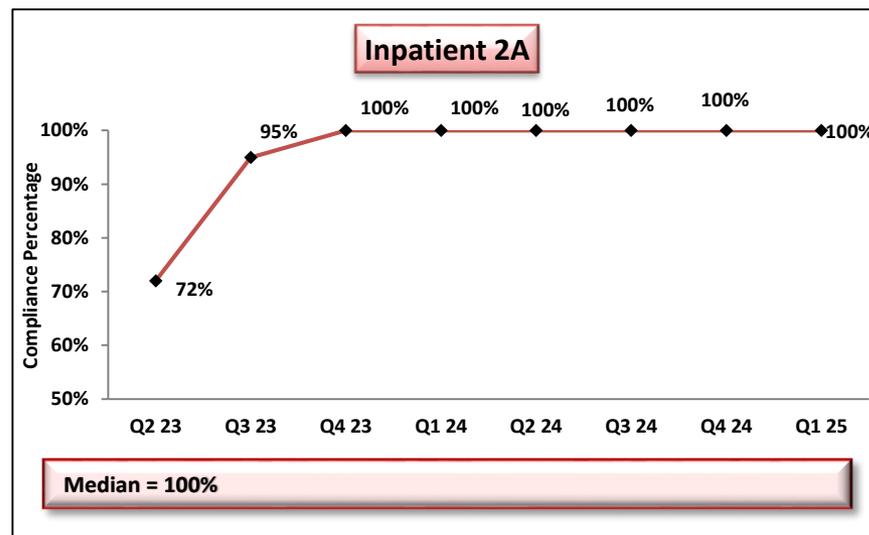
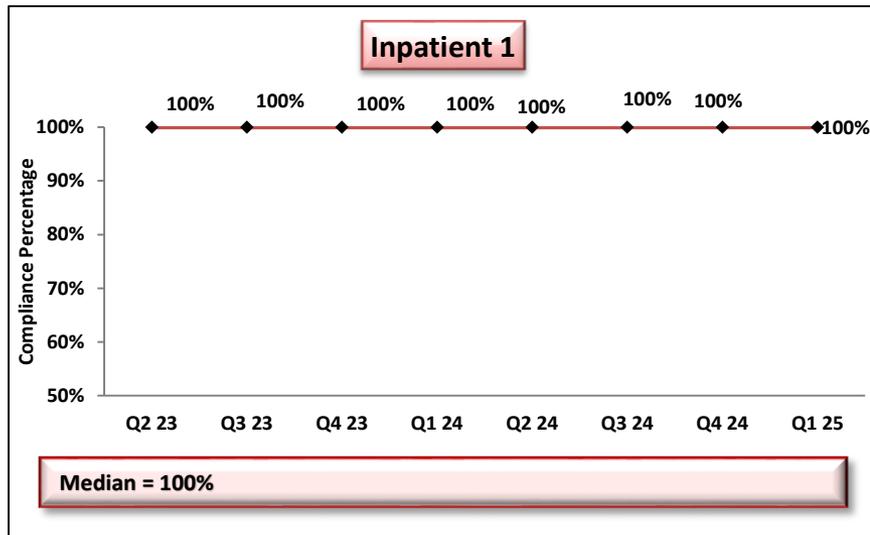
Clinical Performance Dashboard
Quarter 1 2025 (Jan – Feb, 2025)

Two identifiers are used while providing care – Direct observation

International Patient Safety Goals

Patient Identification Compliance

Target = 100%

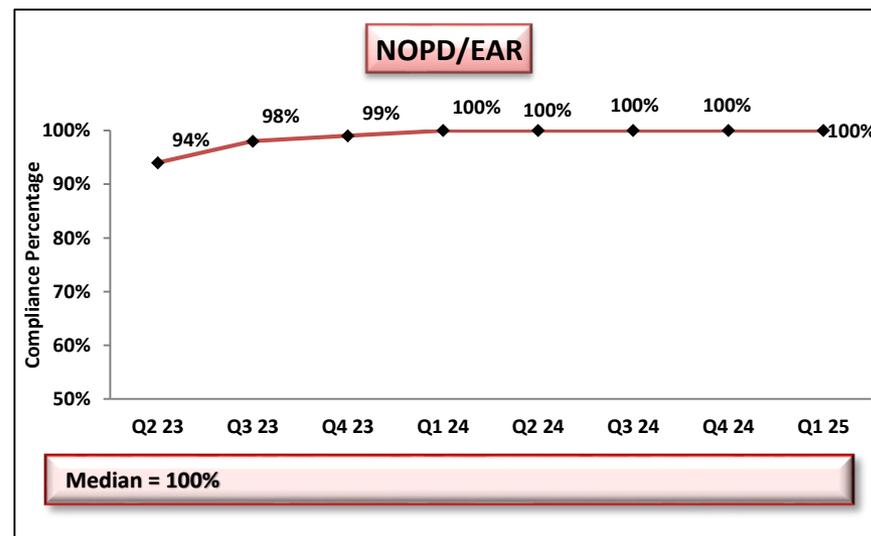
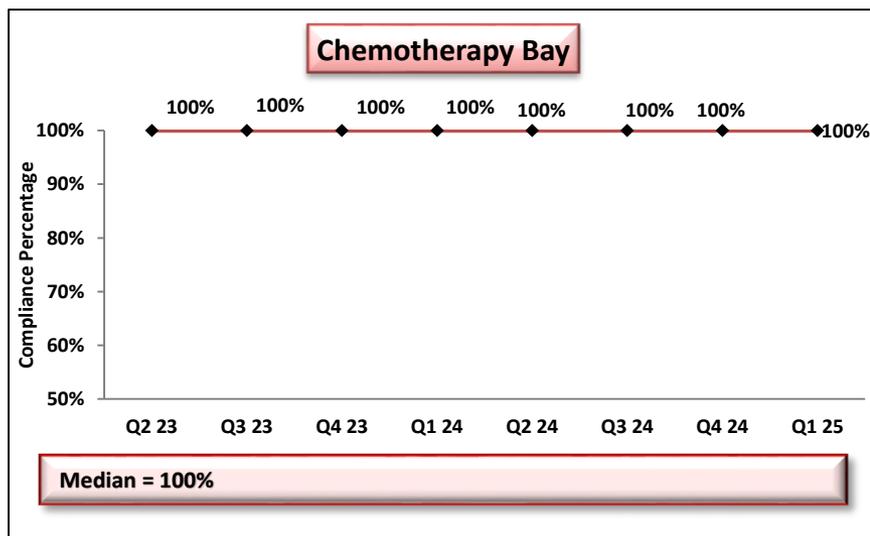
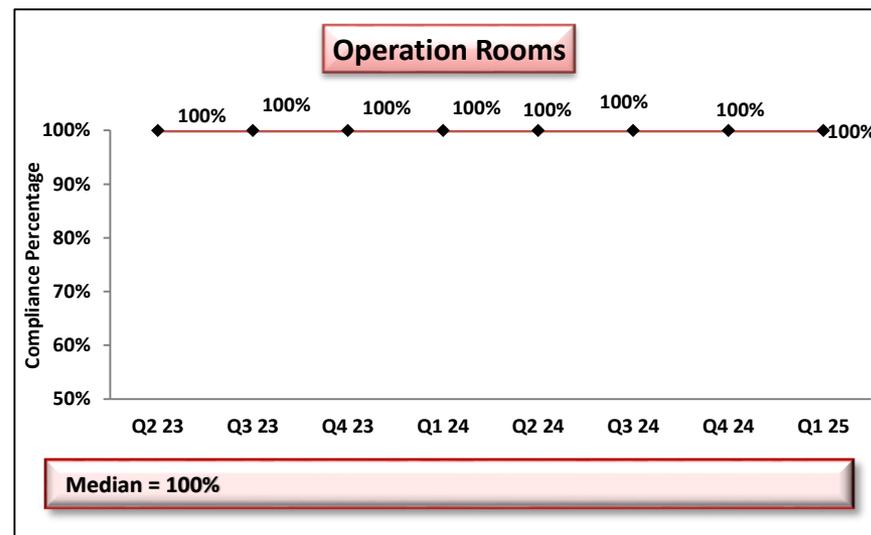
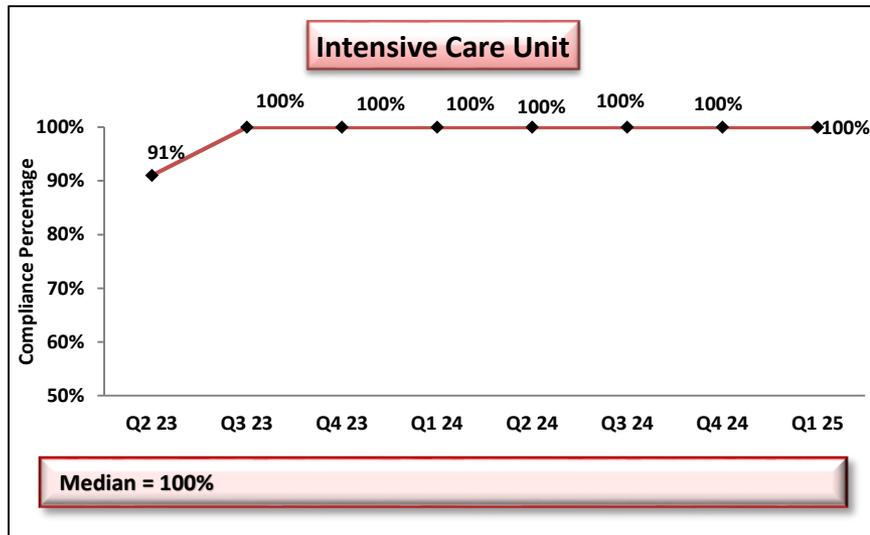


Two identifiers are used while providing care – Direct observation

International Patient Safety Goals

Patient Identification Compliance

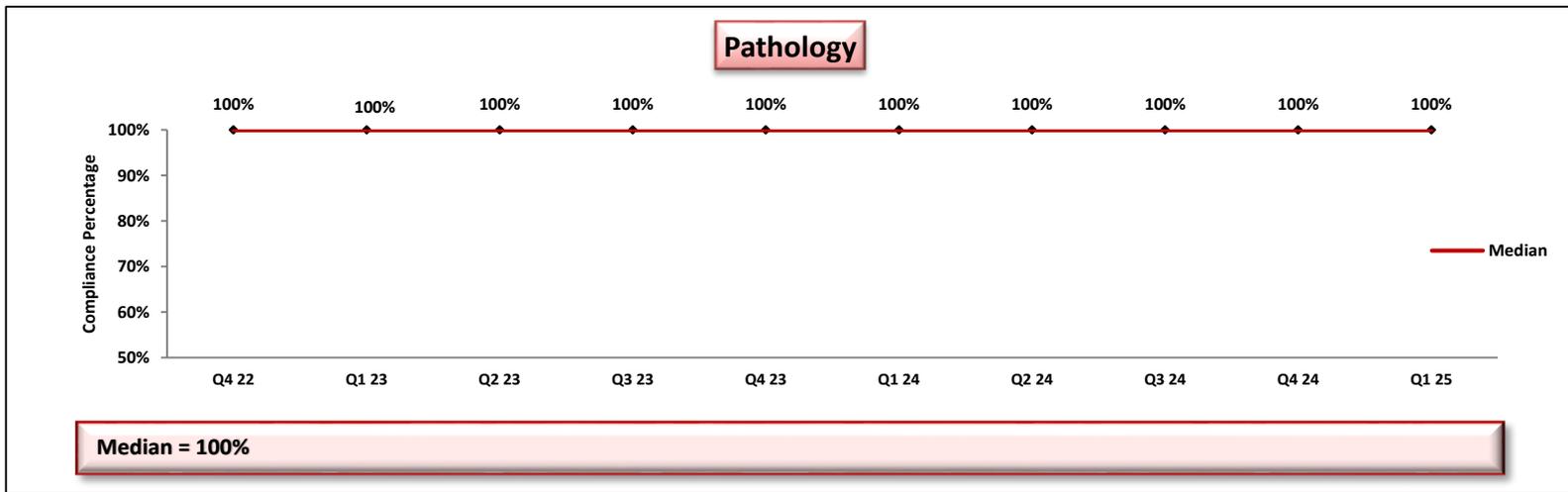
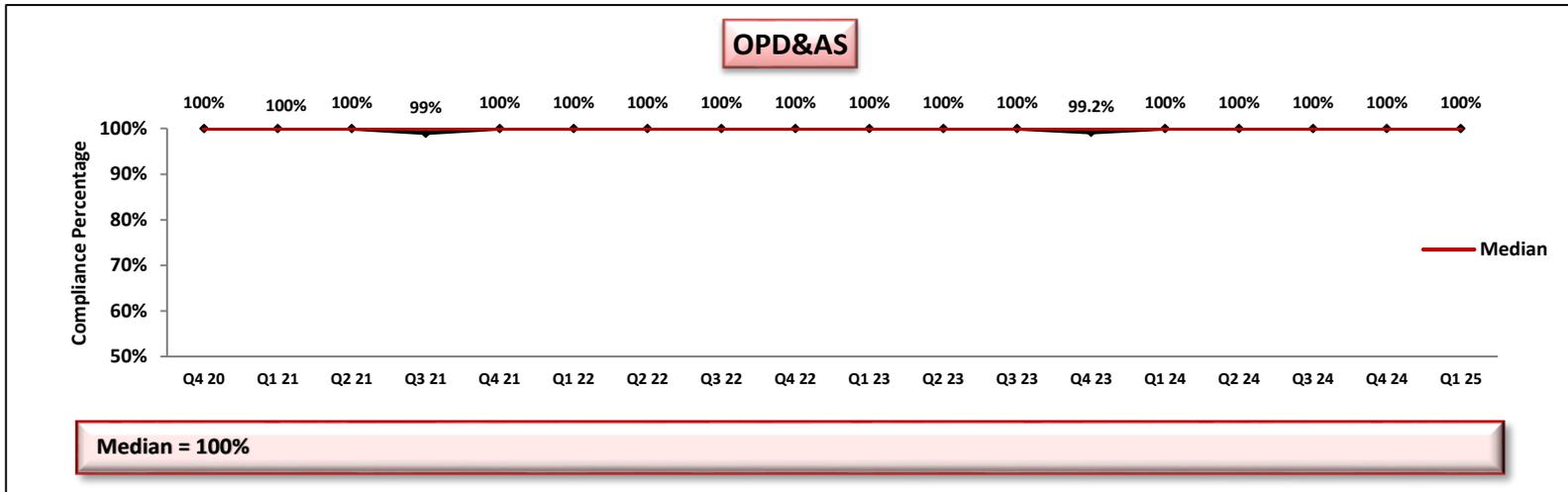
Target = 100%



International Patient Safety Goals

Patient Identification Compliance

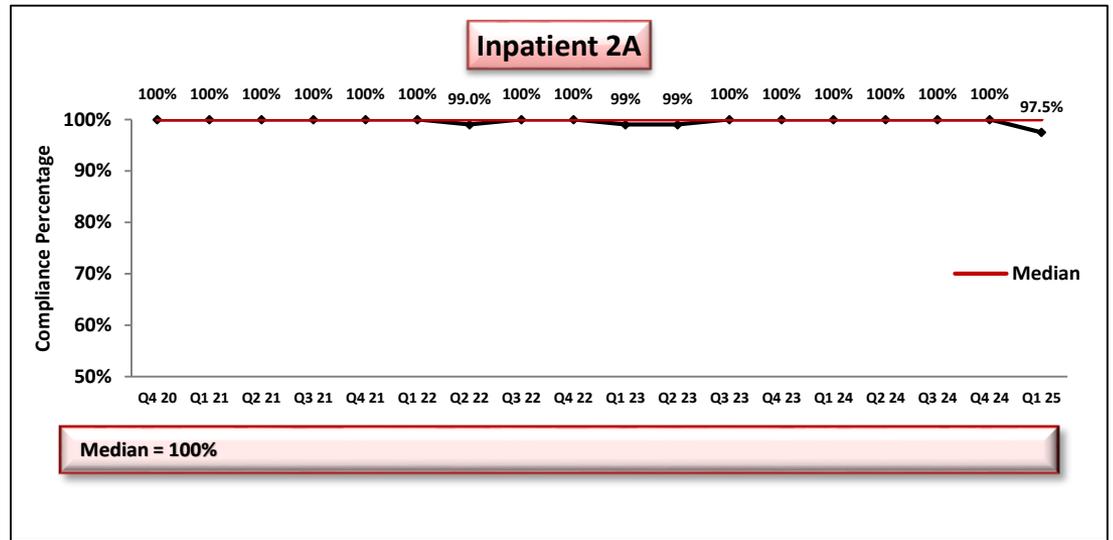
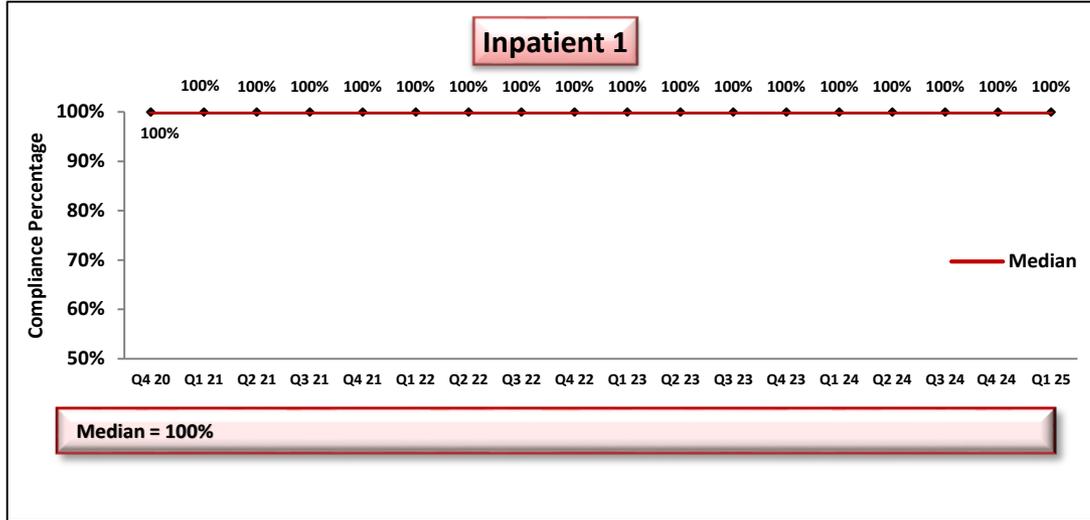
Target = 100%



International Patient Safety Goals

Nursing Handover Completeness

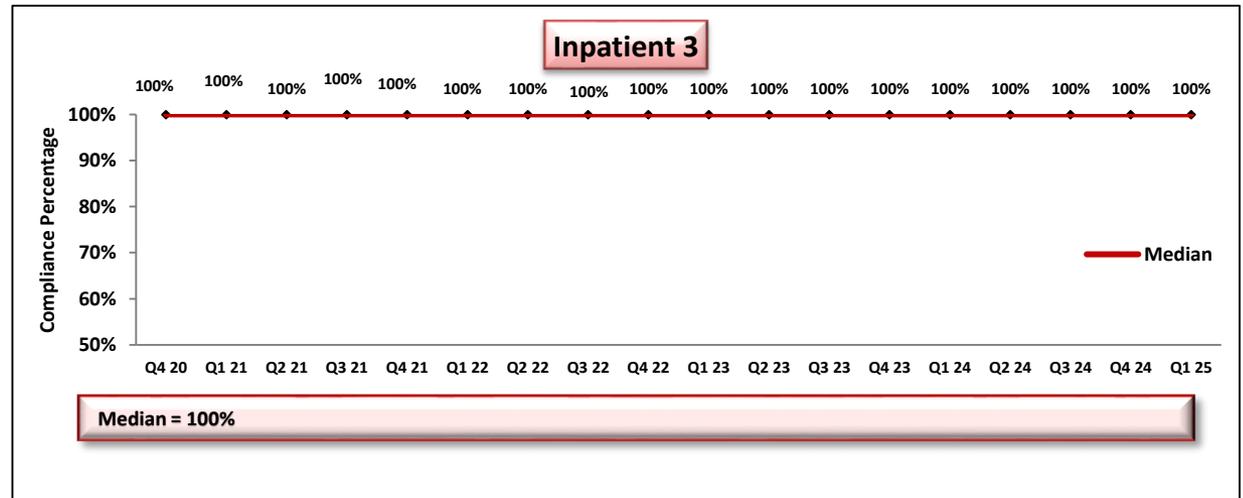
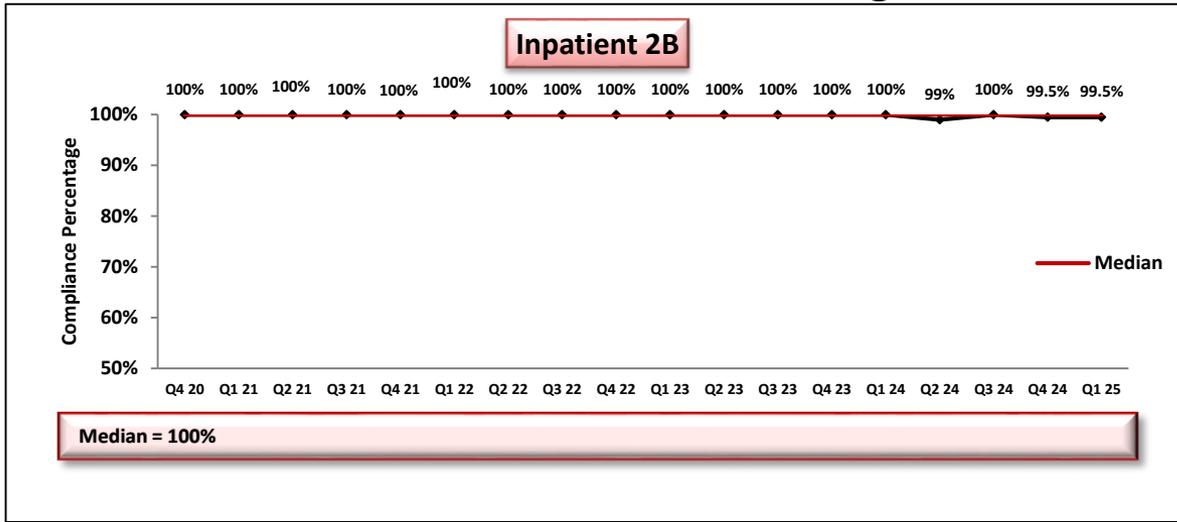
Target = 100%



International Patient Safety Goals

Nursing Handover Completeness

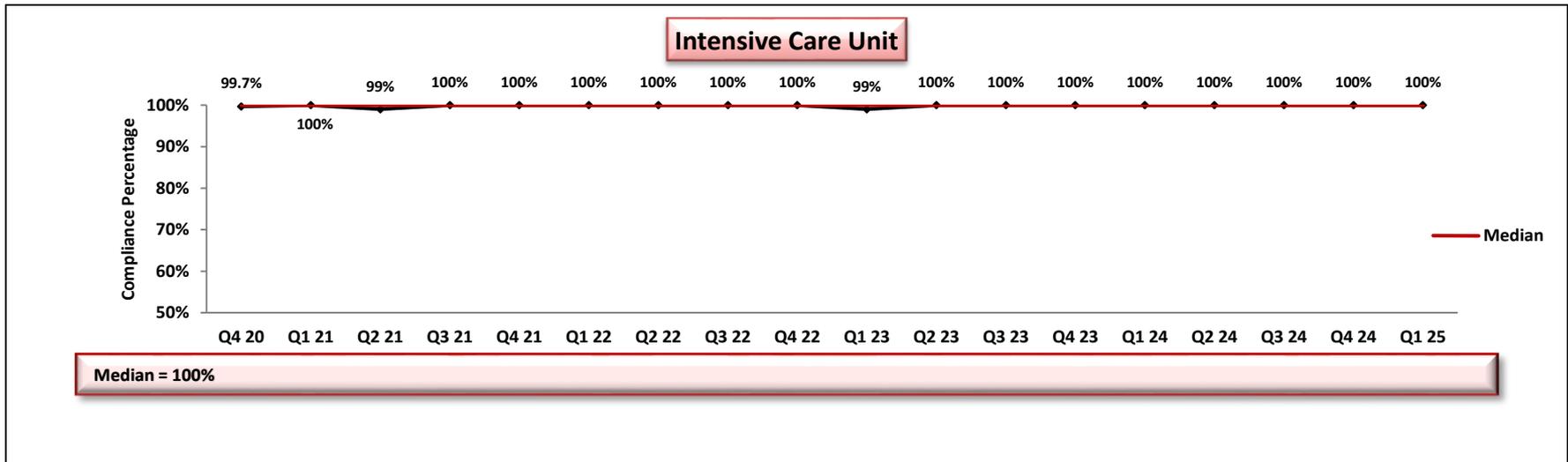
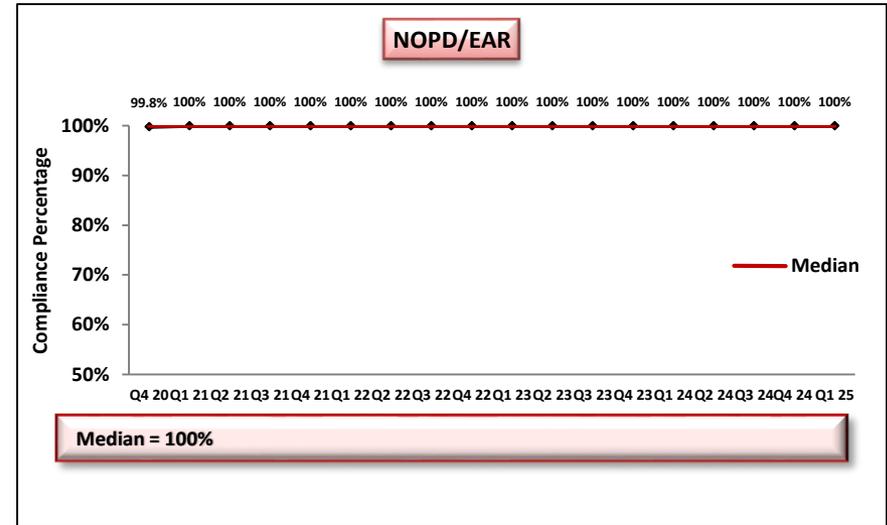
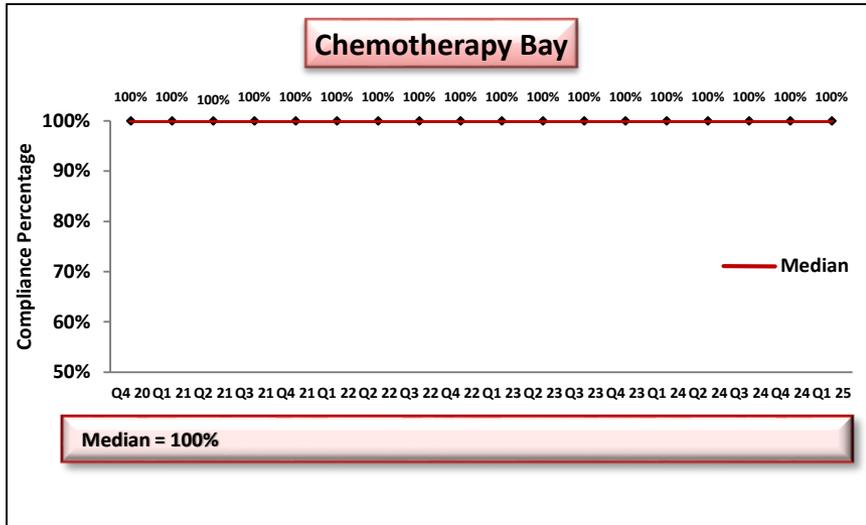
Target = 100%



International Patient Safety Goals

Nursing Handover Completeness

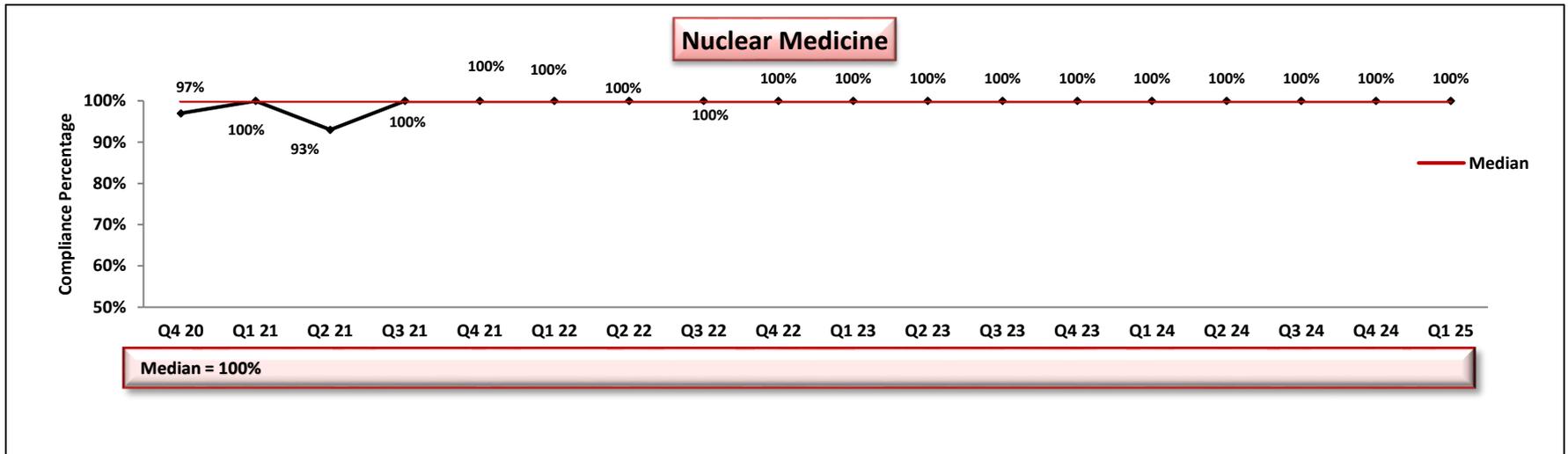
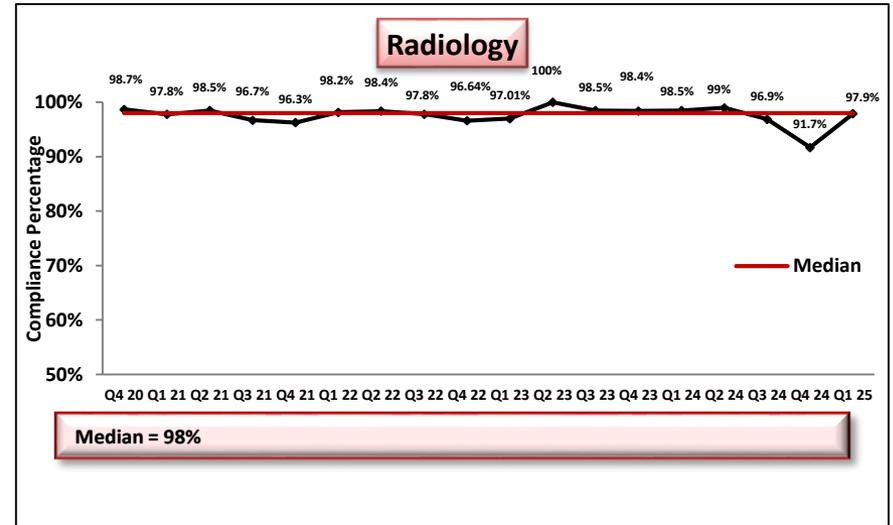
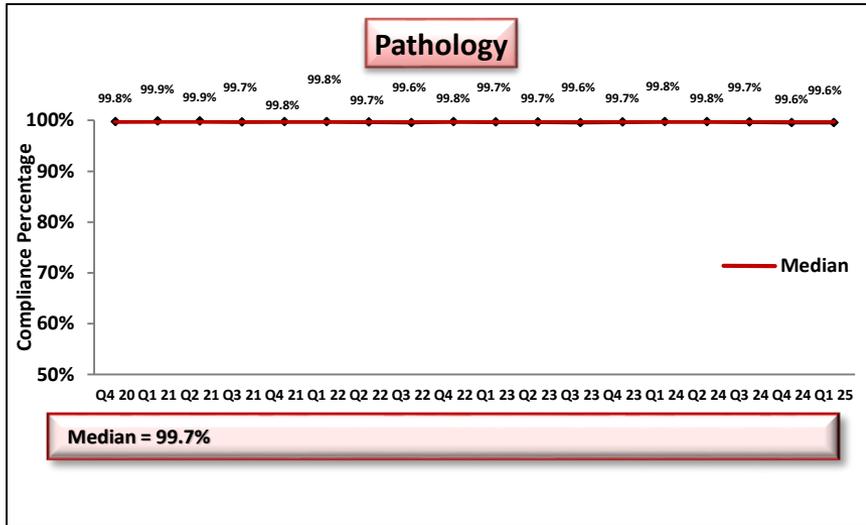
Target = 100%



International Patient Safety Goals

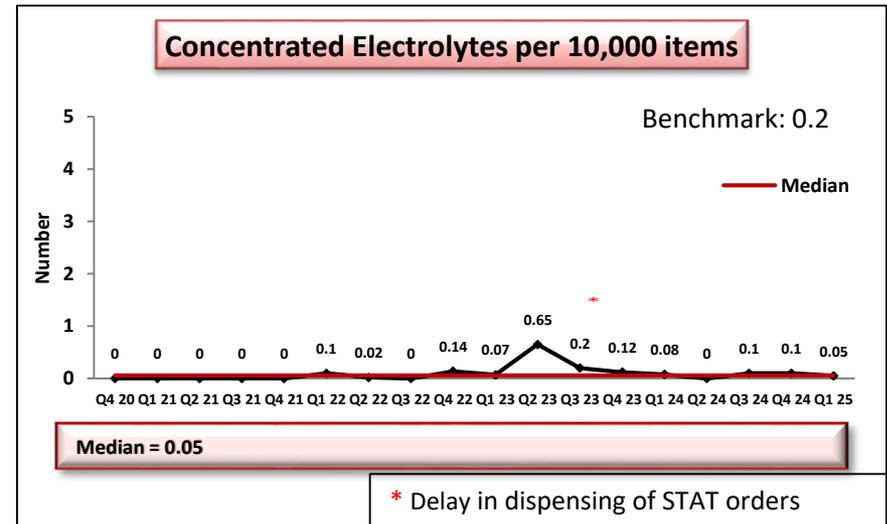
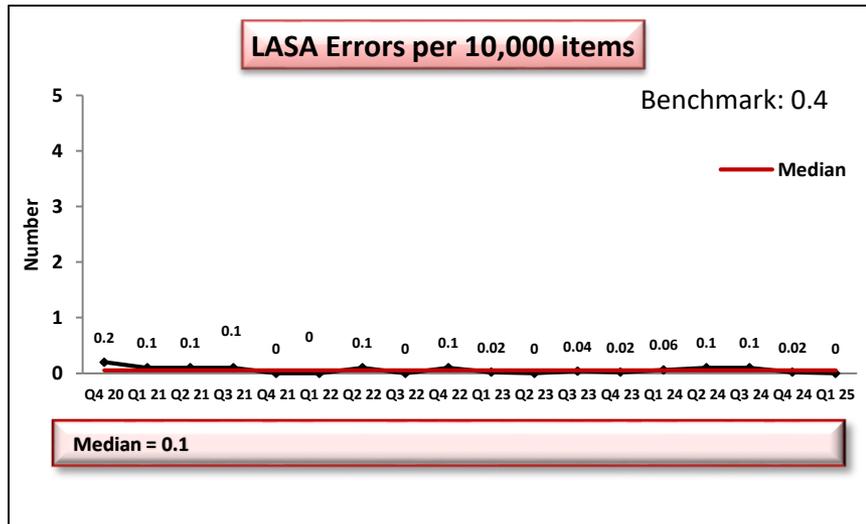
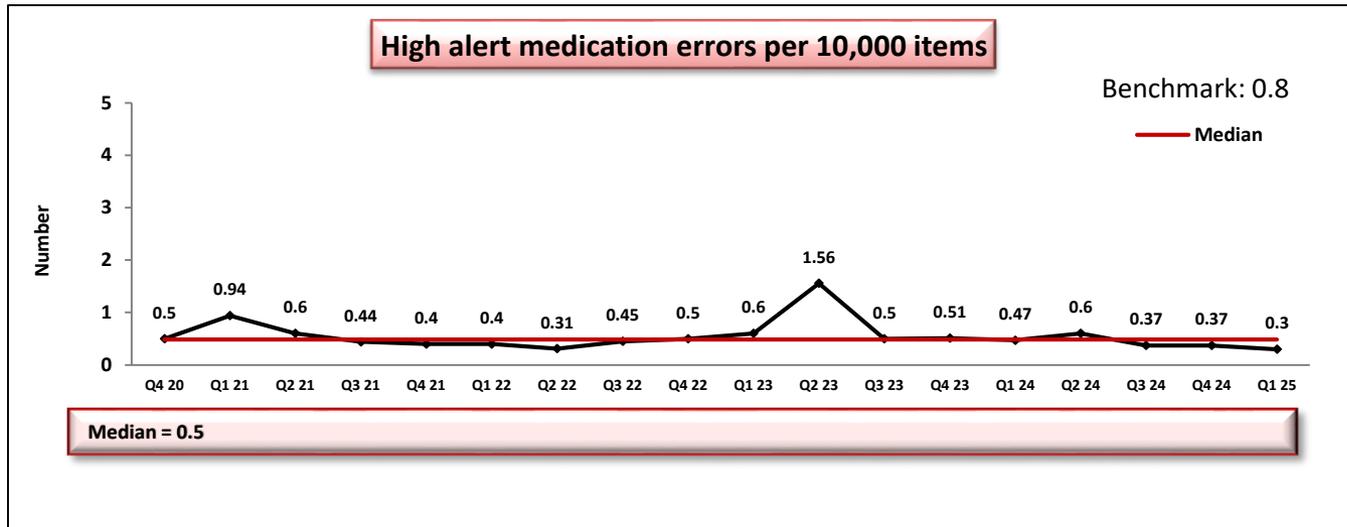
Critical Alert Reporting

Target = 100%



International Patient Safety Goals

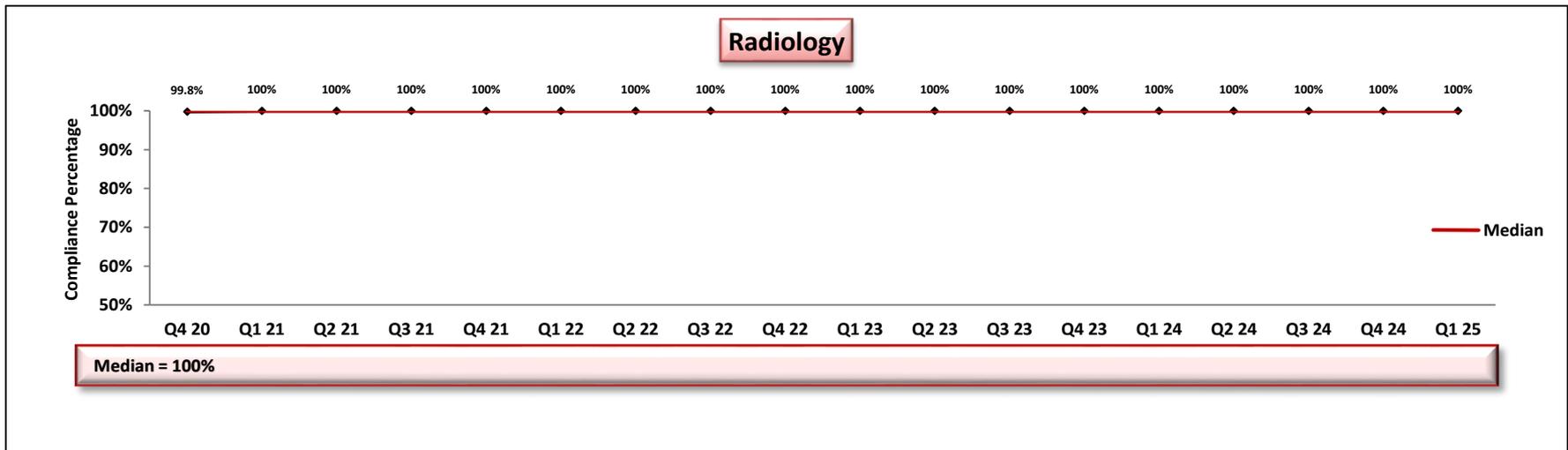
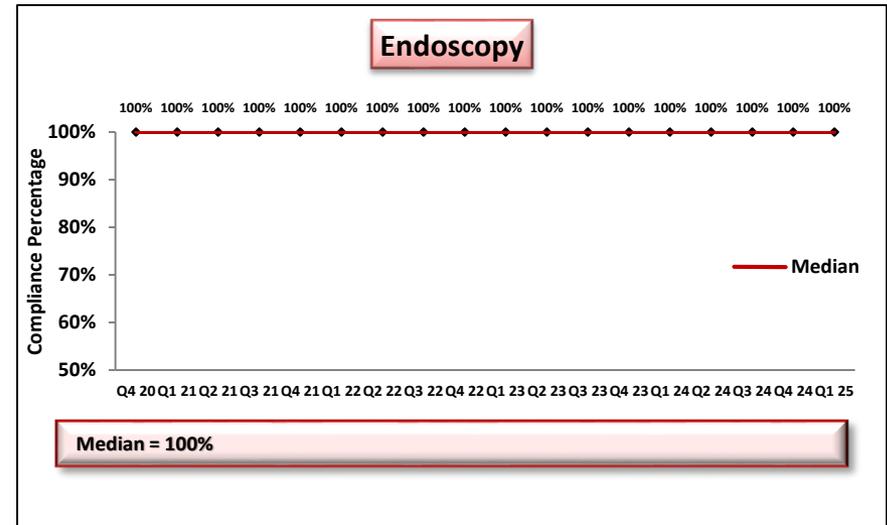
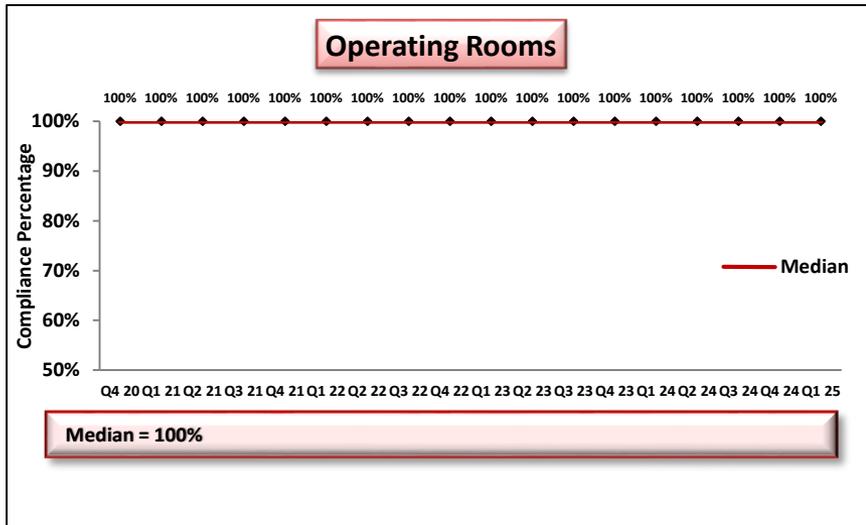
Safety of High Alert Medications



International Patient Safety Goals

Time out Process Compliance

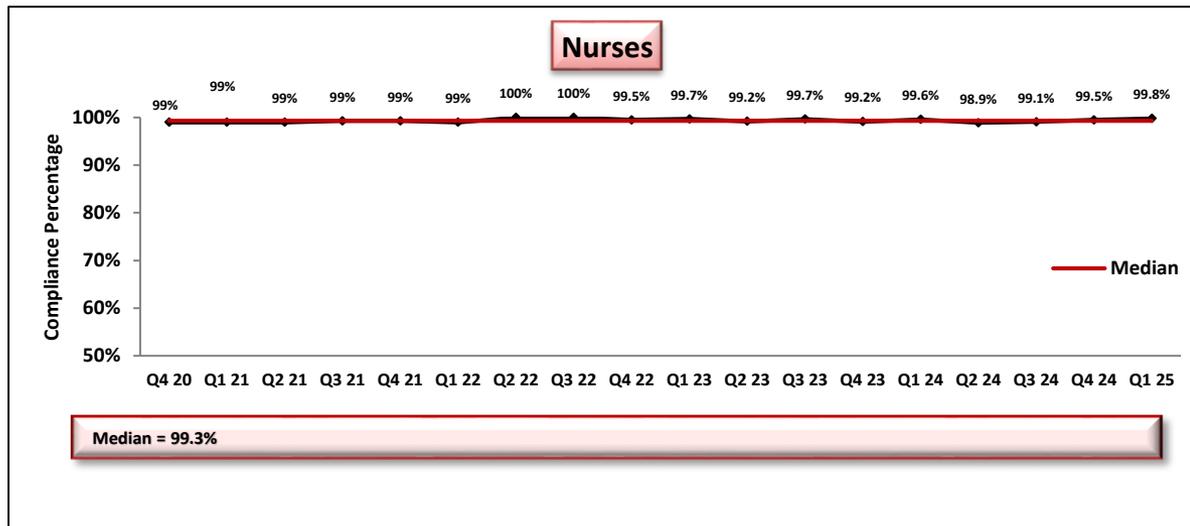
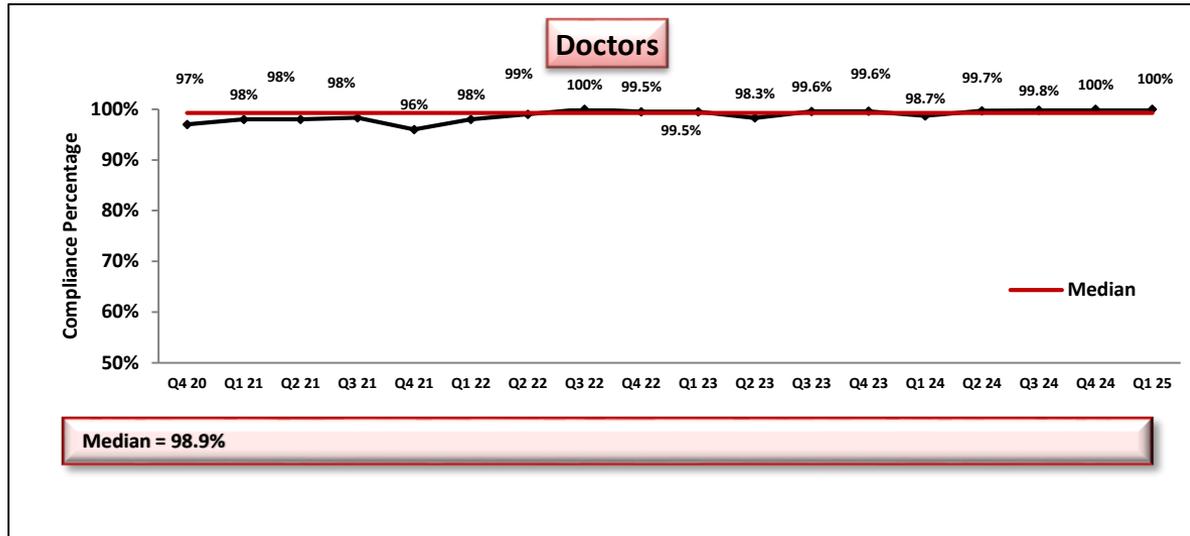
Target = 100%



International Patient Safety Goals

Hand Hygiene Compliance

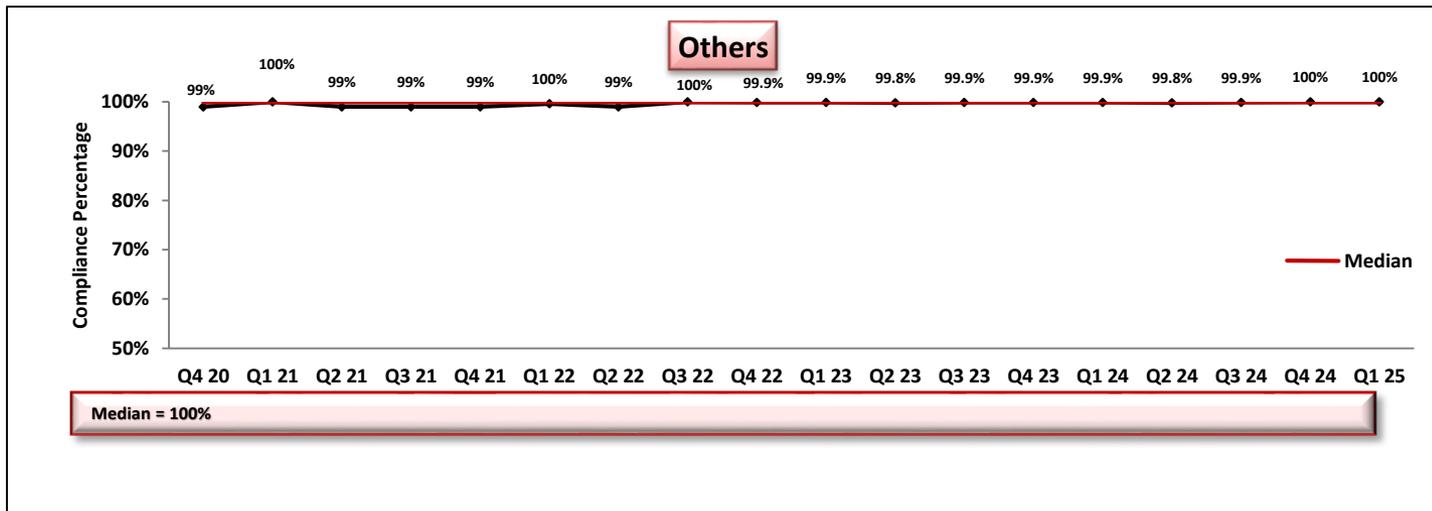
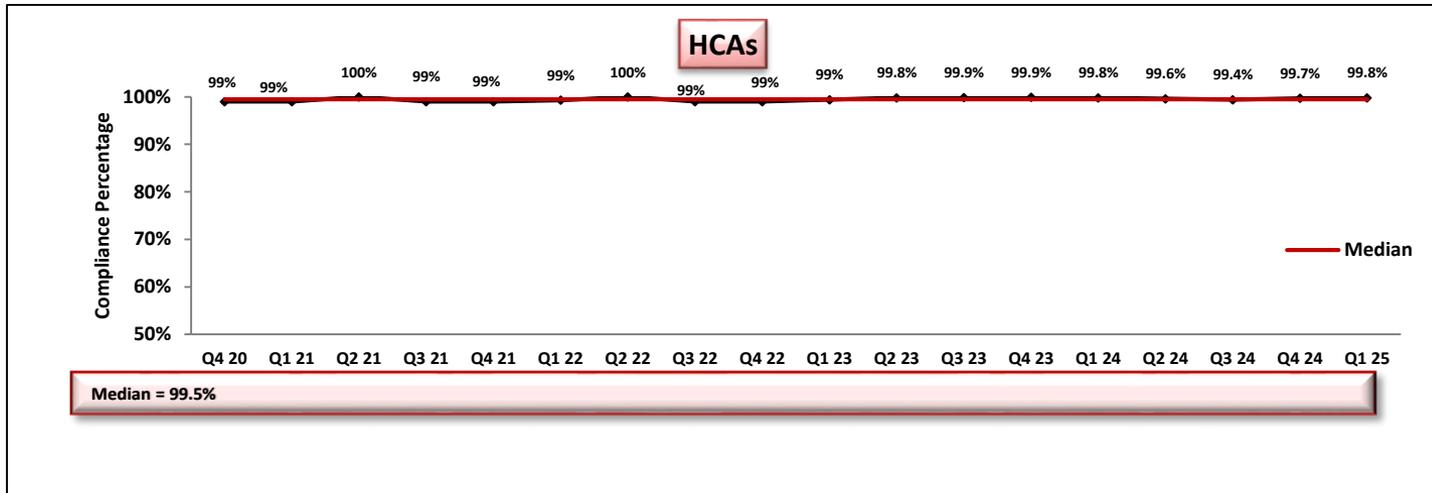
Target = 100%



International Patient Safety Goals

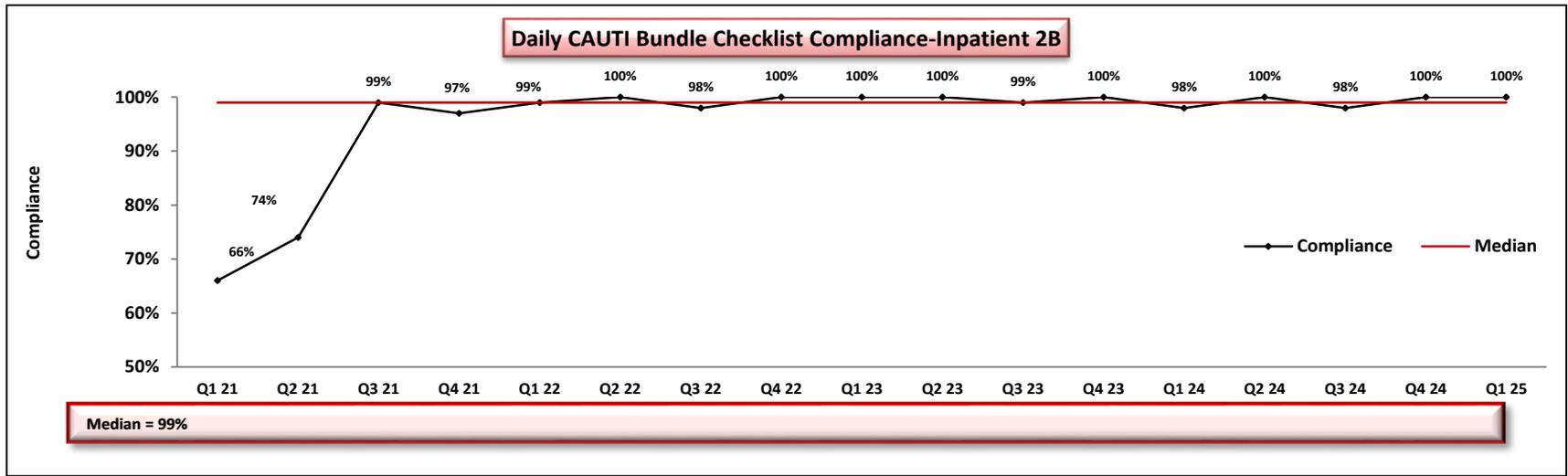
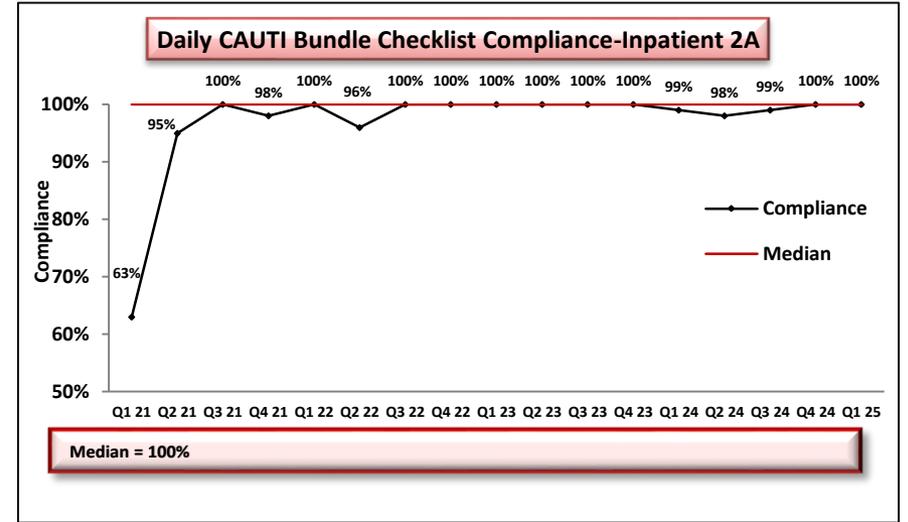
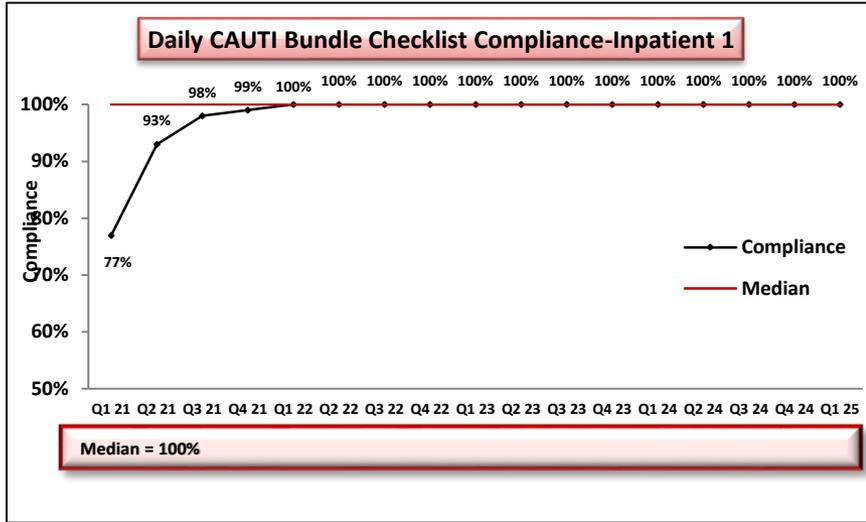
Hand Hygiene Compliance

Target = 100%



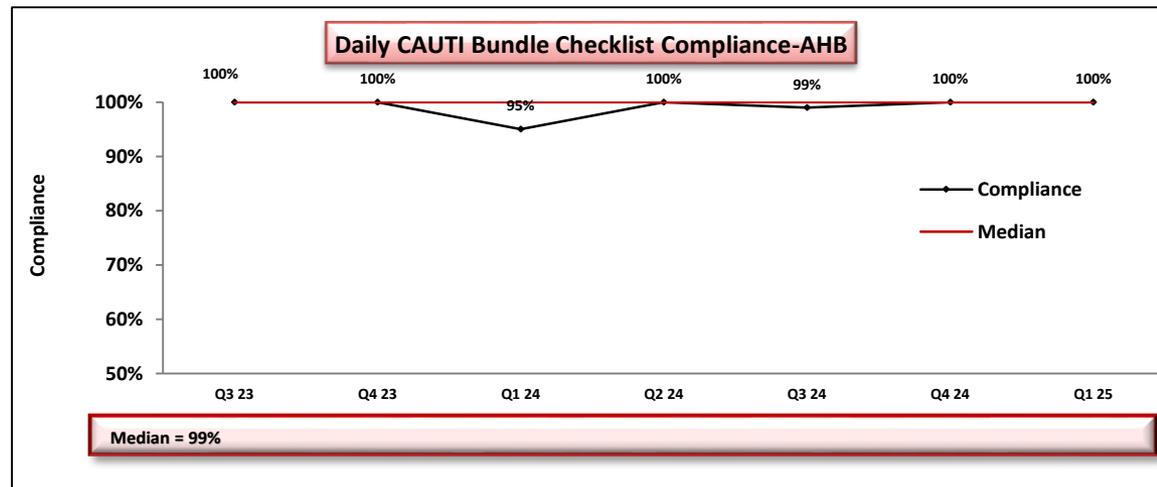
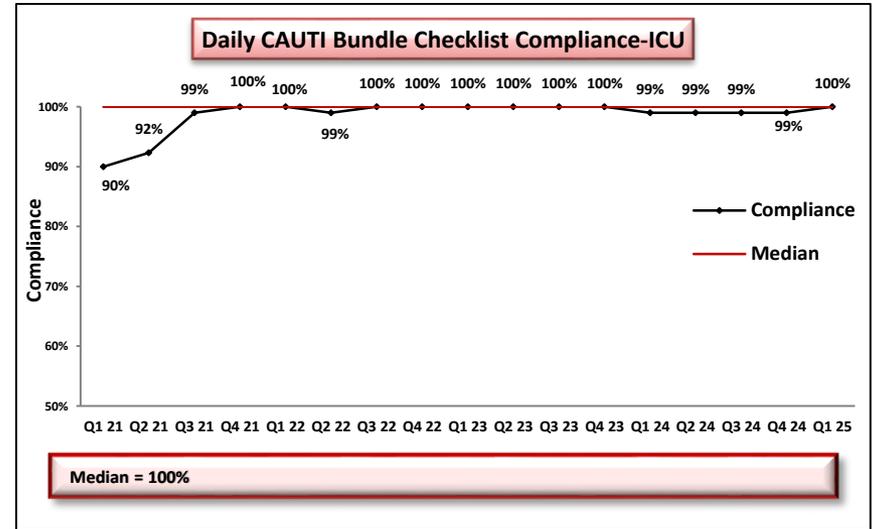
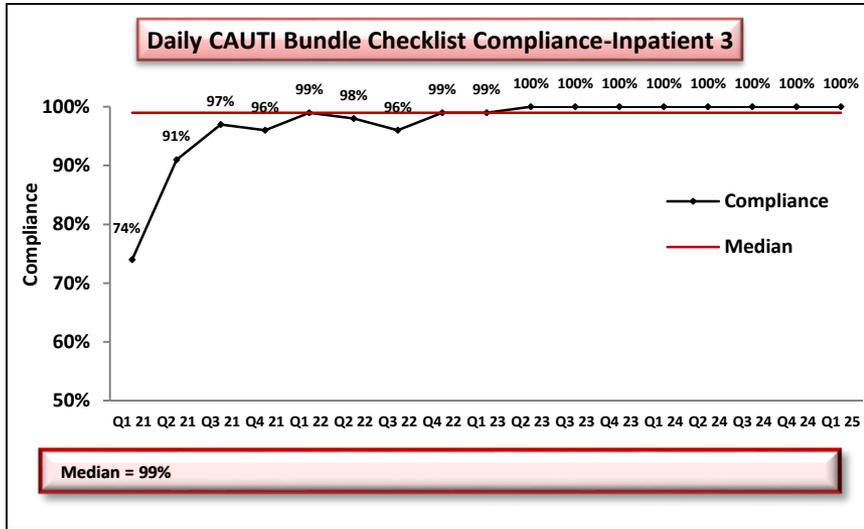
International Patient Safety Goals

Compliance with Care Bundles



International Patient Safety Goals

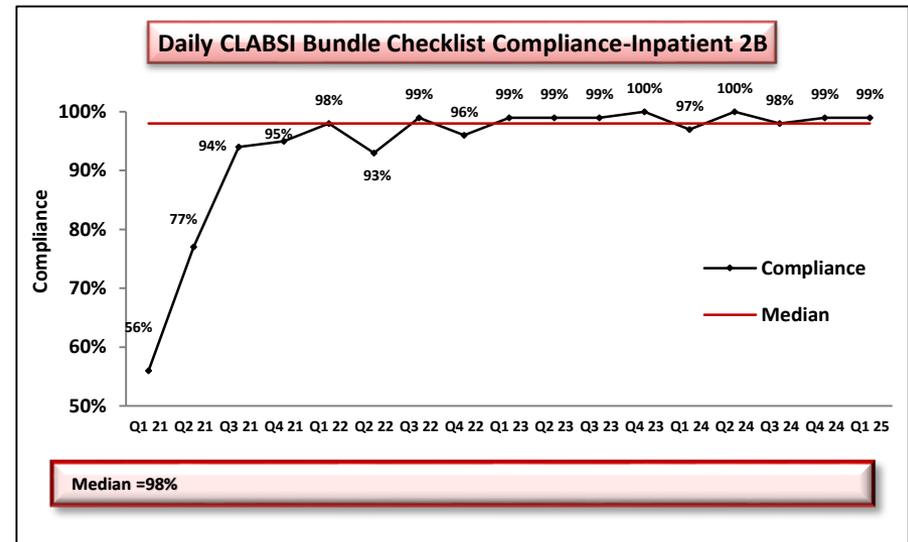
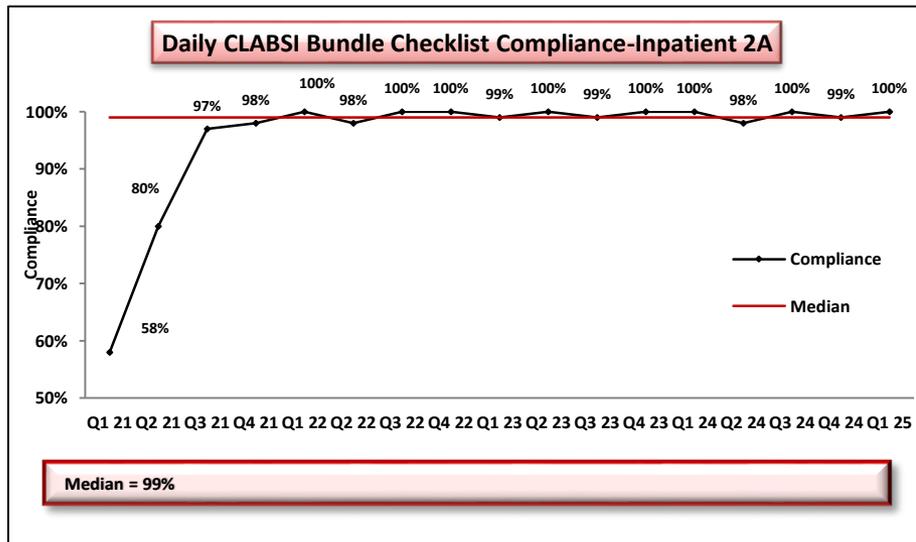
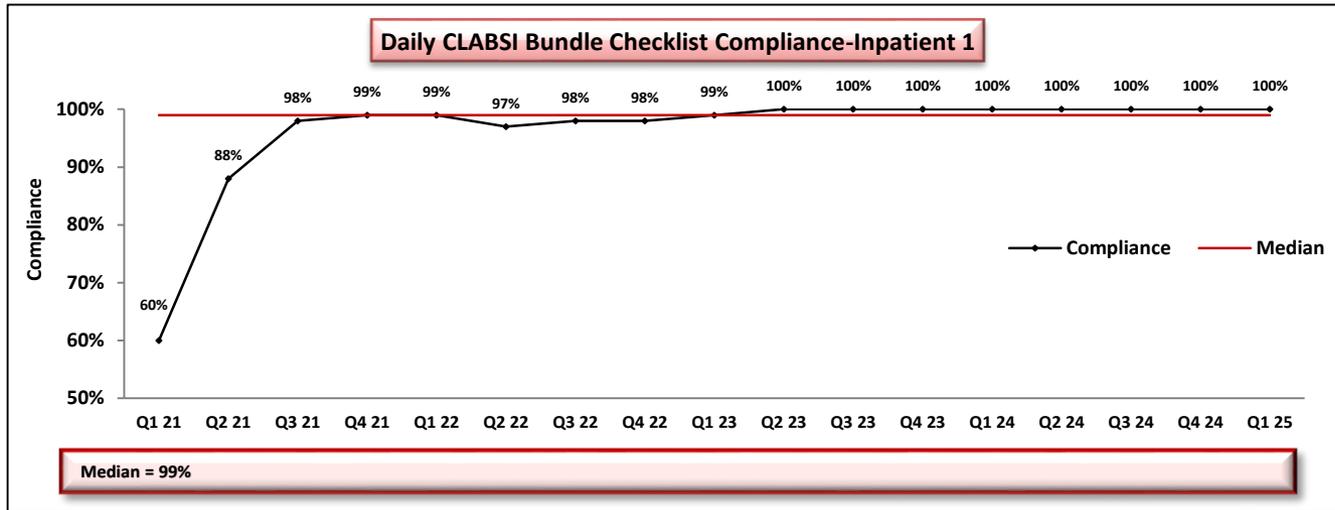
Compliance with Care Bundles



Indicator initiated in AHB from Q3-2023

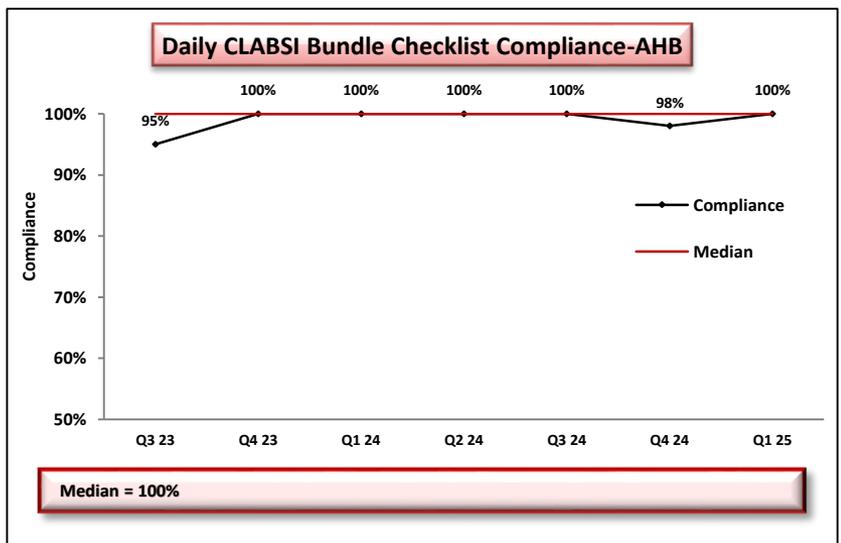
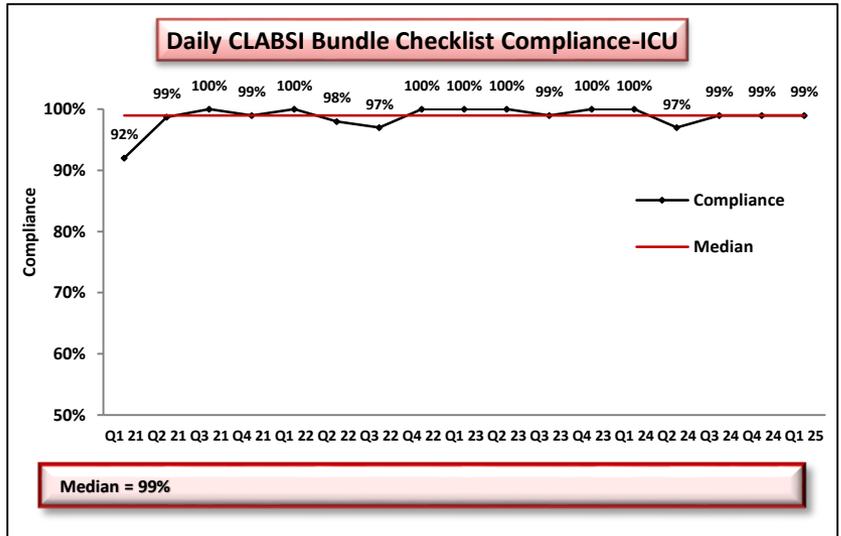
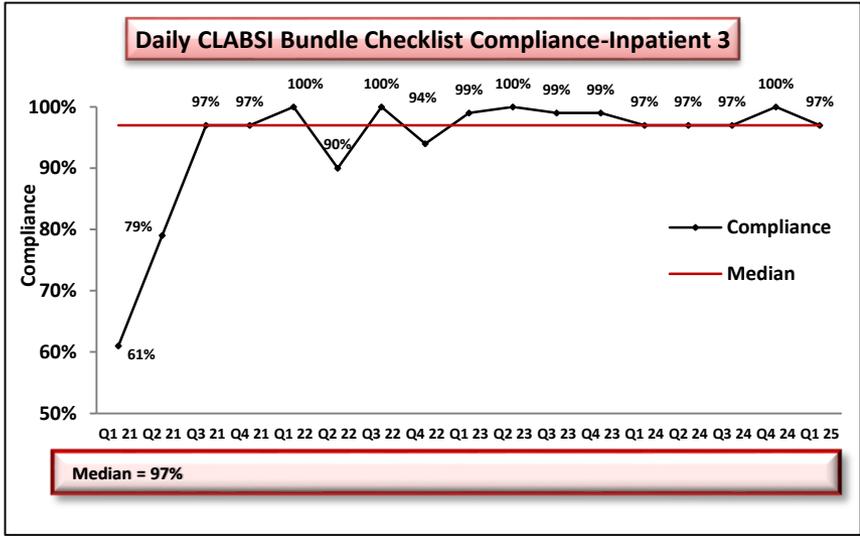
International Patient Safety Goals

Compliance with Care Bundles



International Patient Safety Goals

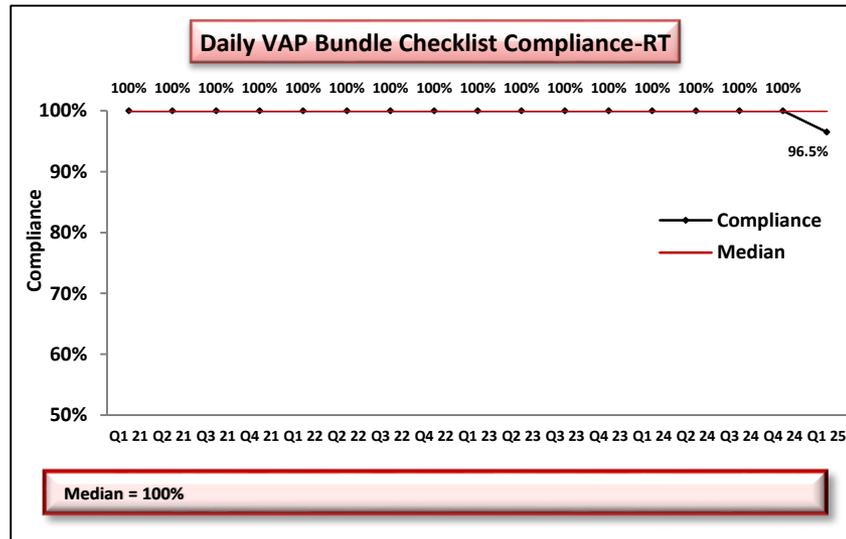
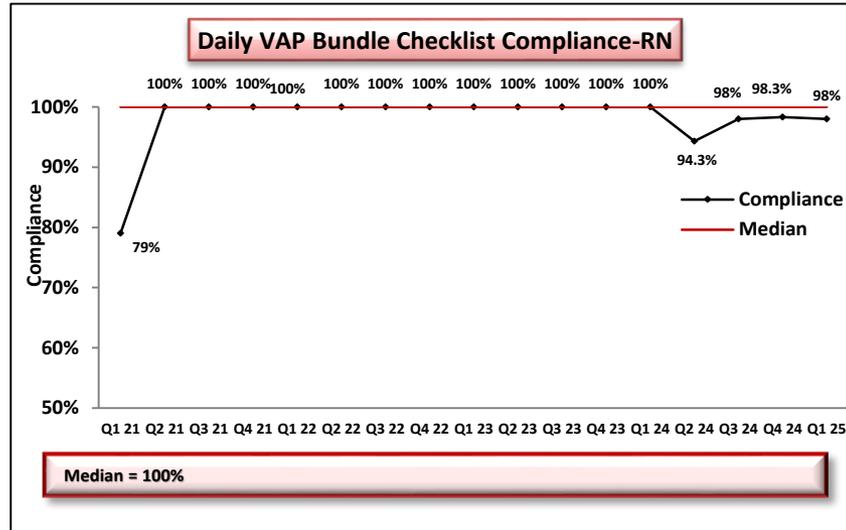
Compliance with Care Bundles



Indicator initiated in AHB from Q3-2023

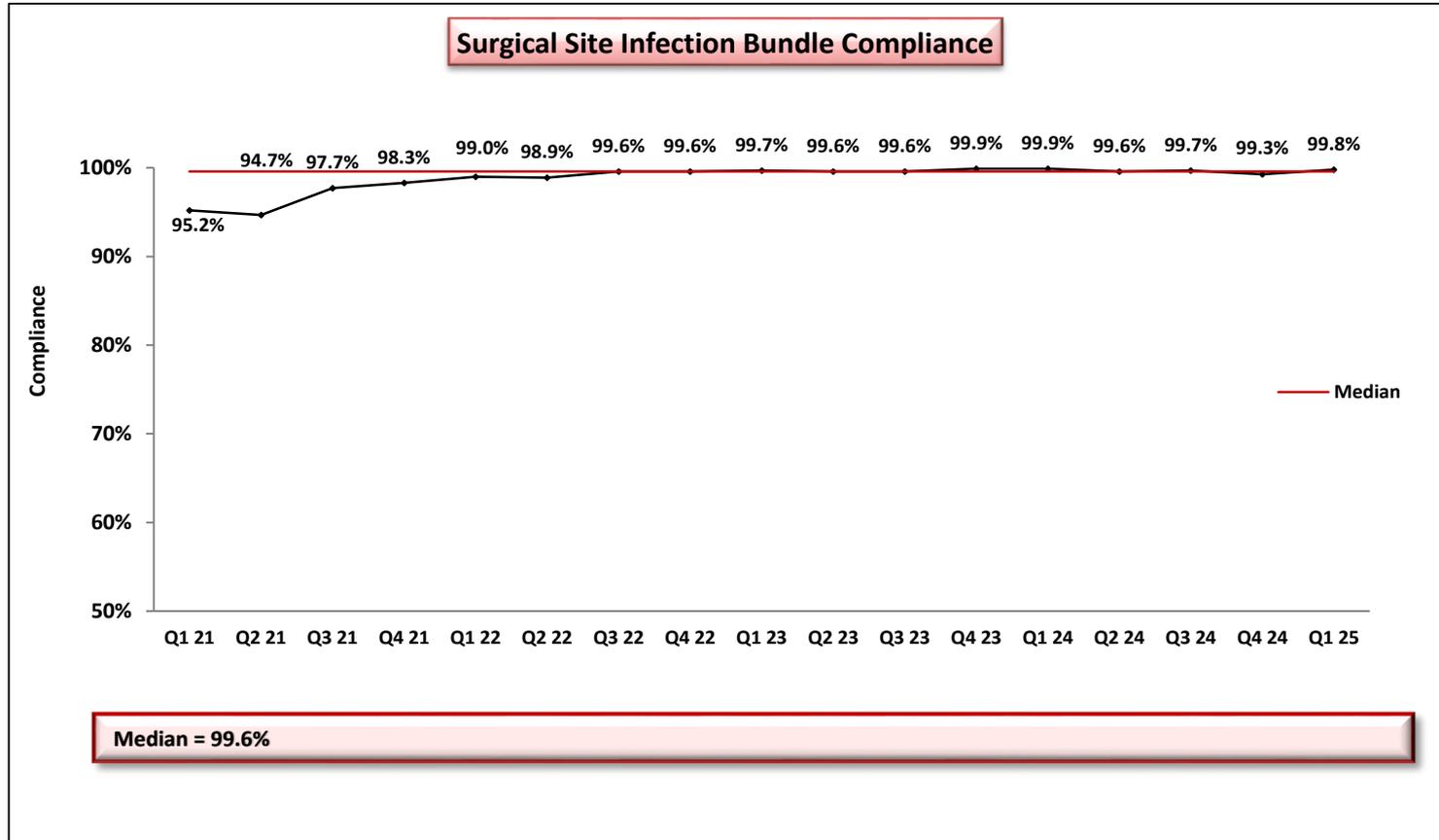
International Patient Safety Goals

Compliance with Care Bundles



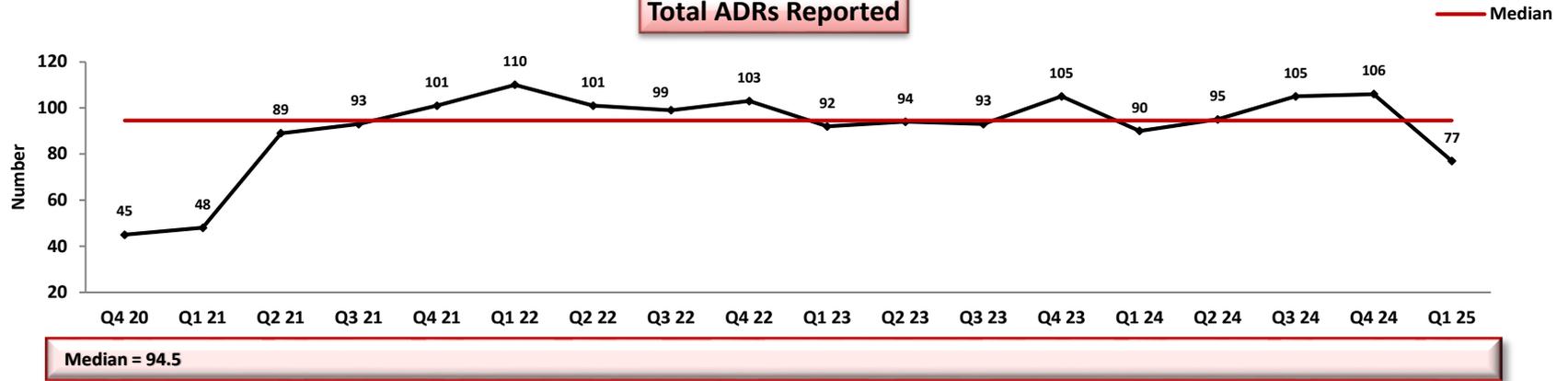
International Patient Safety Goals

Compliance with Care Bundles

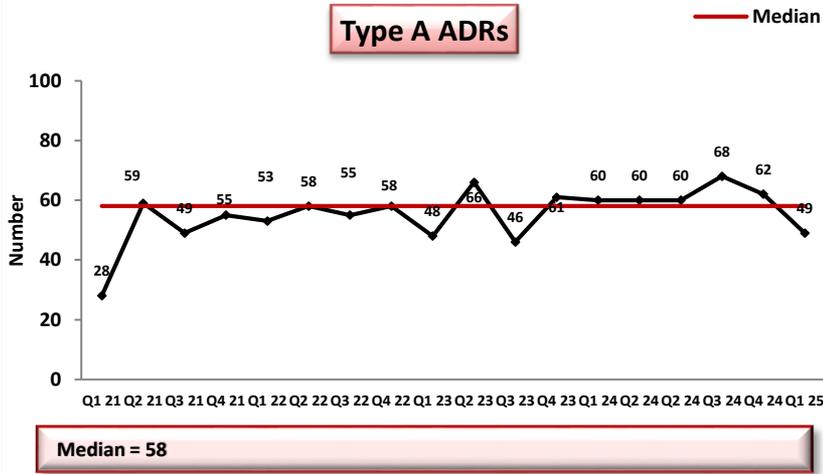


Adverse Drug Reactions (ADRs)-Pharmacy

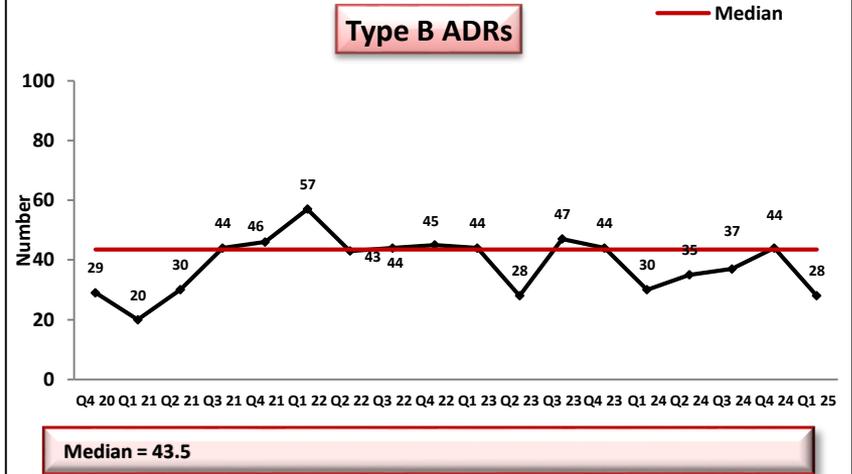
Total ADRs Reported



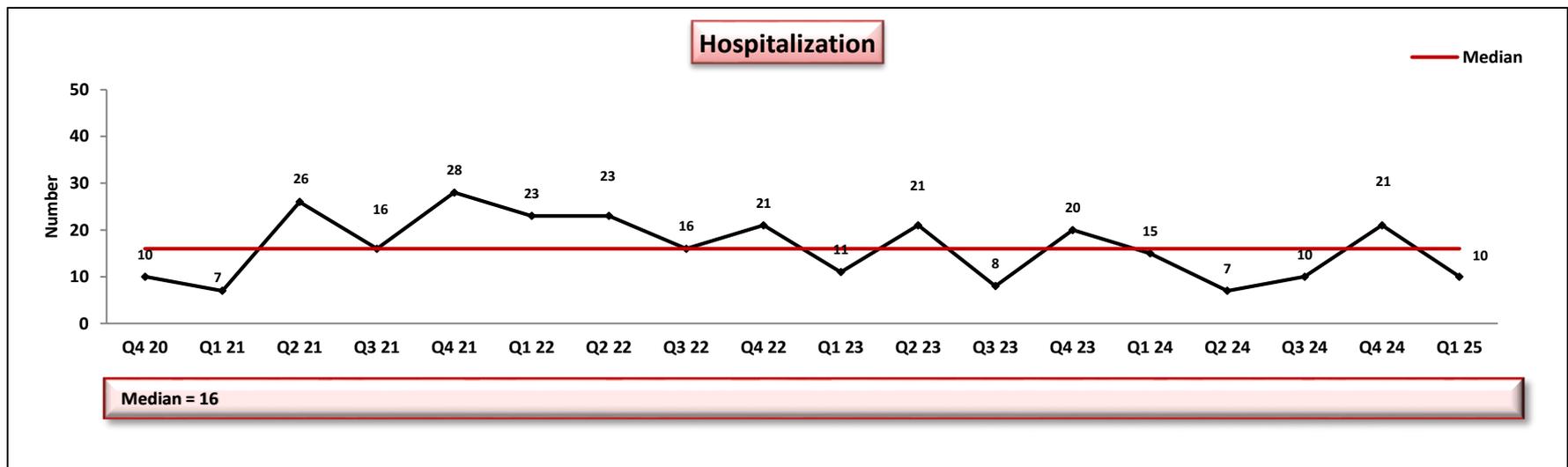
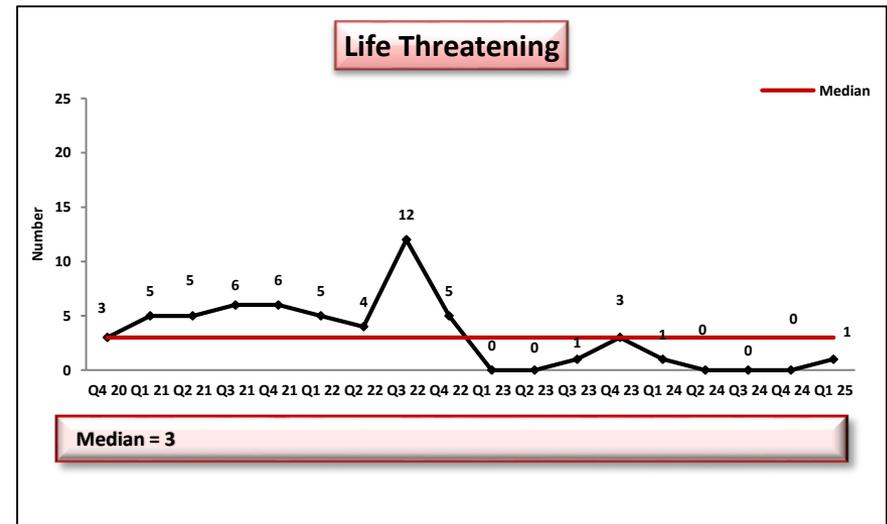
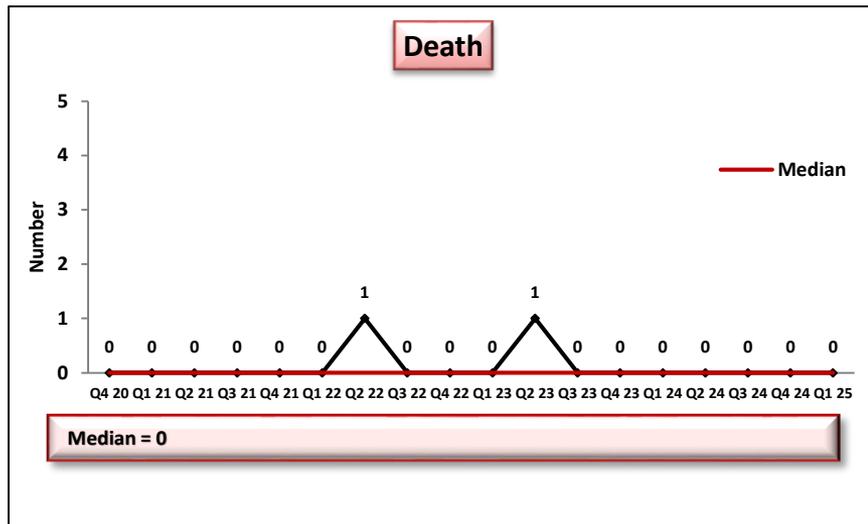
Type A ADRs



Type B ADRs

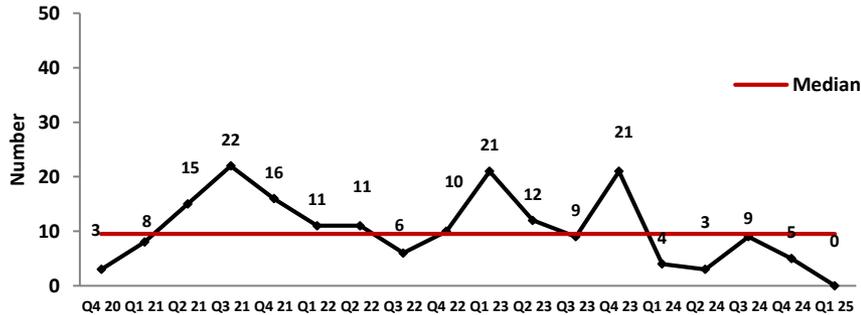


Adverse Drug Reactions-Outcomes



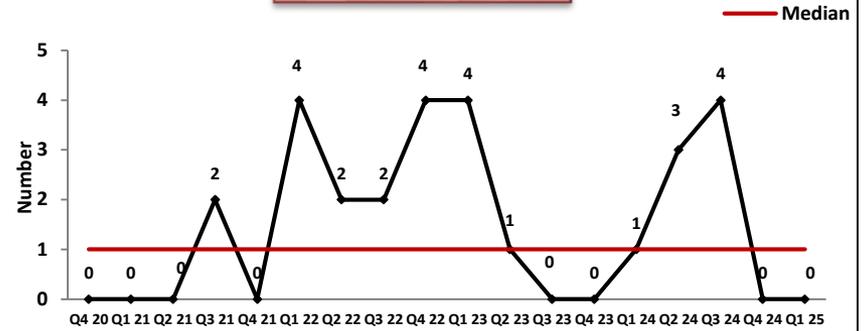
Adverse Drug Reactions-Outcomes

Prolonged Hospitalization



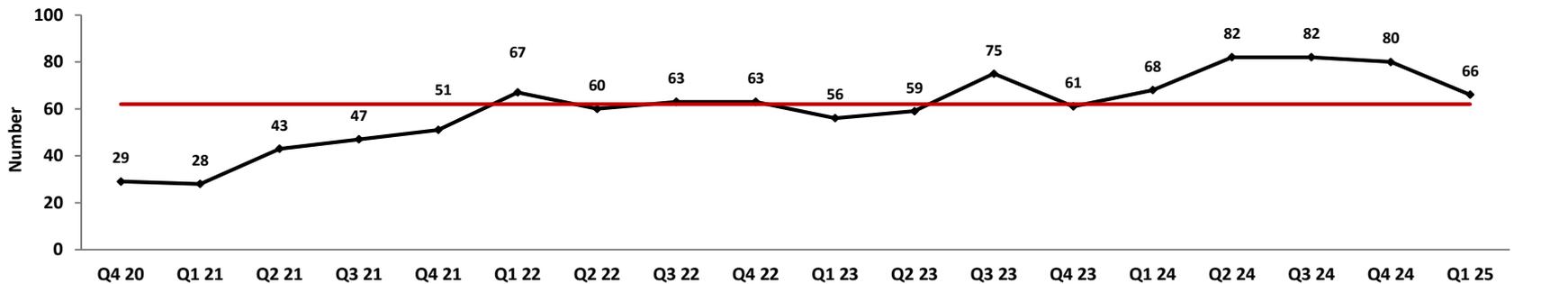
Median = 9.5

Permanent Disability



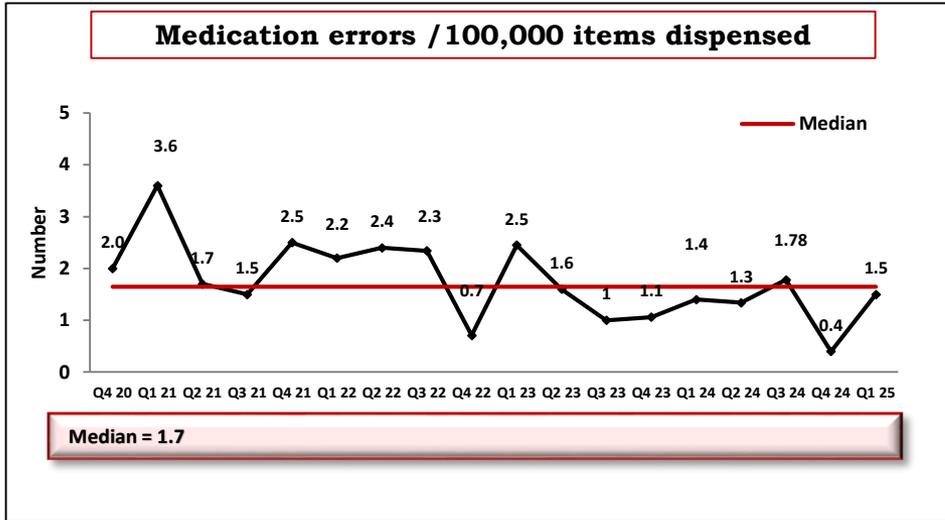
Median = 1

Medically insignificant ADRs

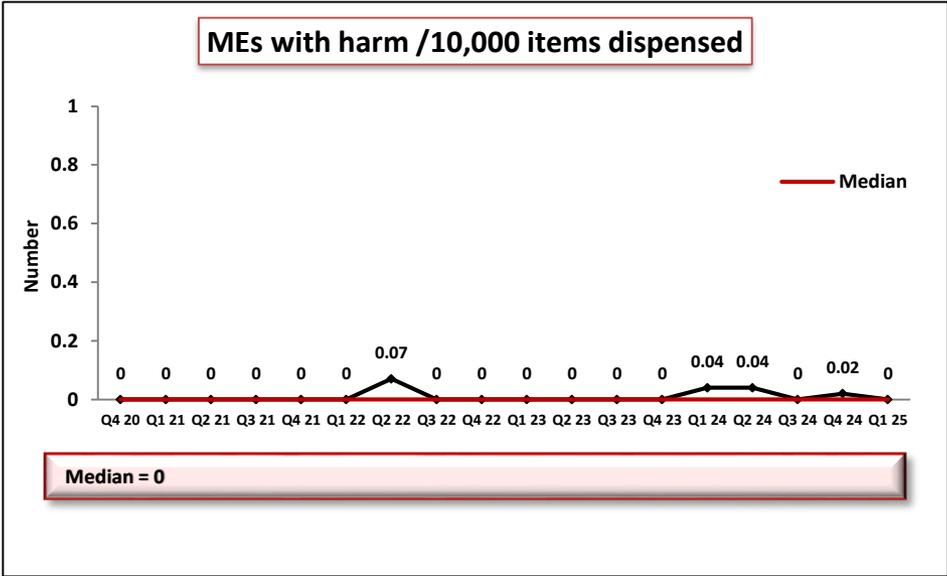


Median = 62

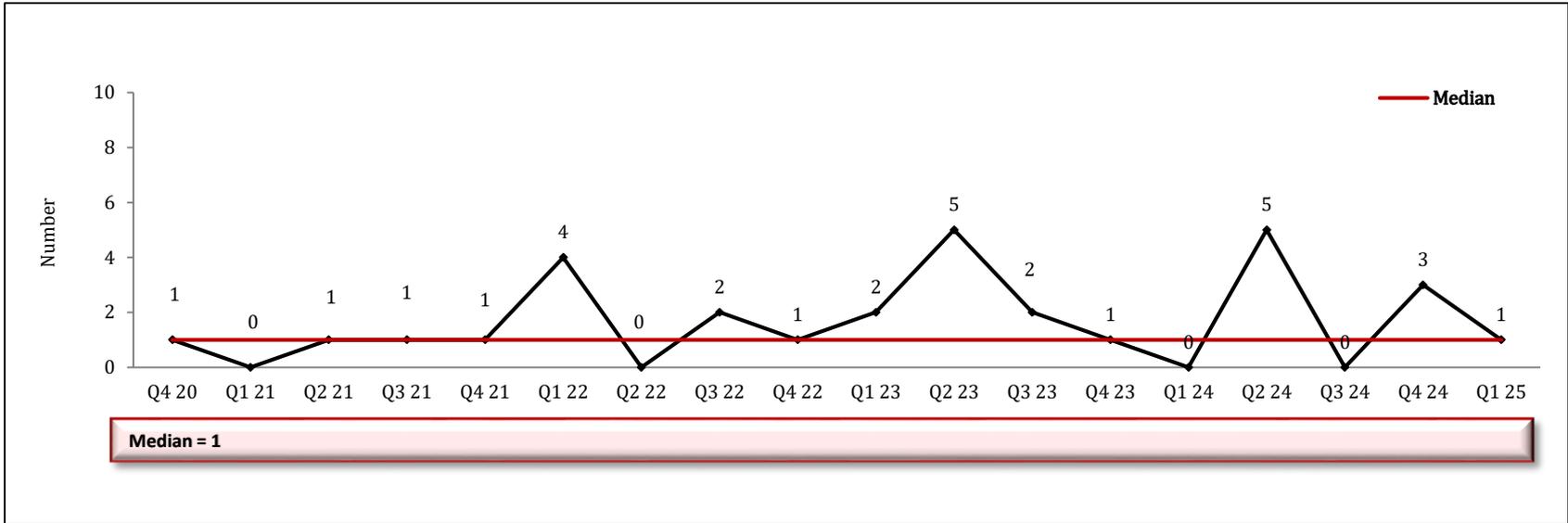
Medication Errors



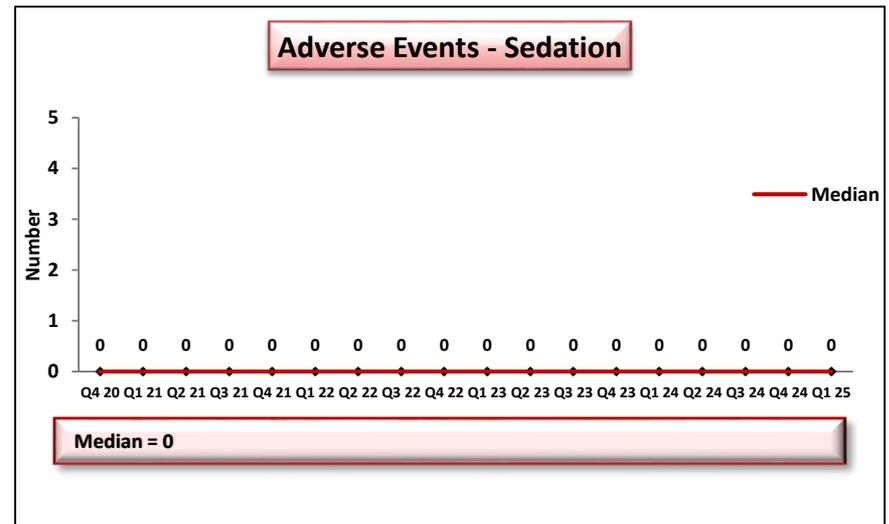
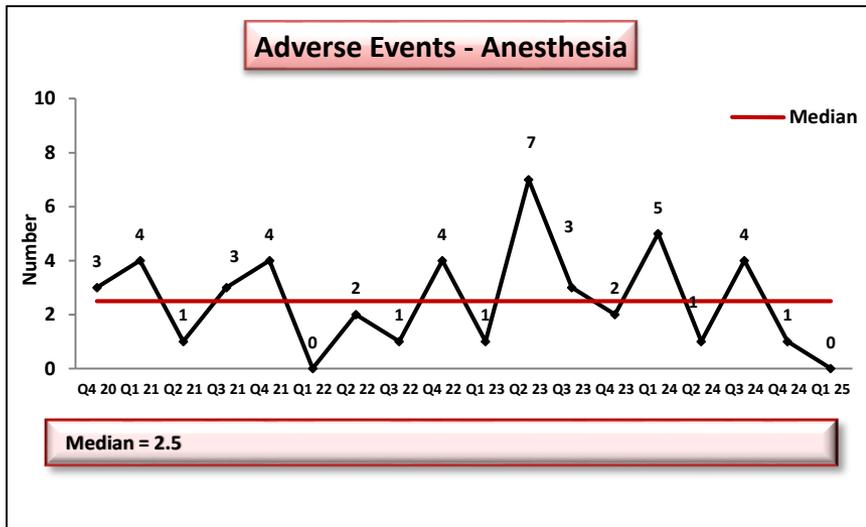
Average Items dispensed per month = 158061



Pre & Post Operative diagnostic discrepancies

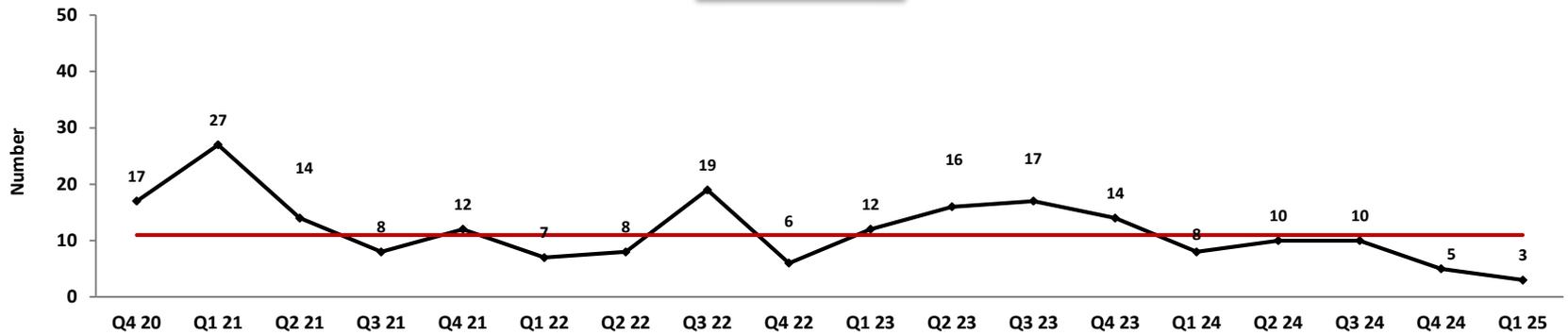


Adverse Events



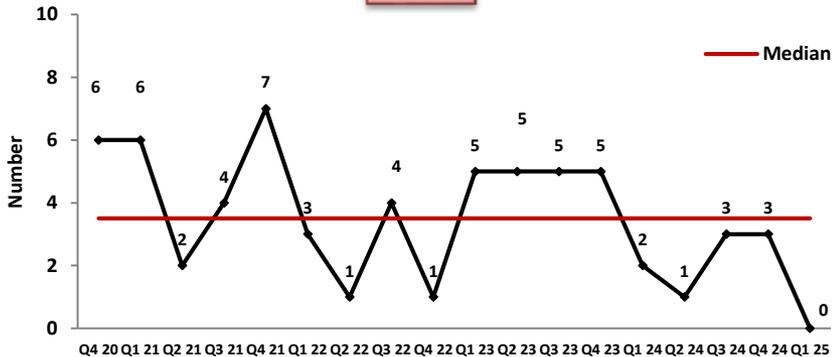
Blood Transfusion Reactions

Total Reactions



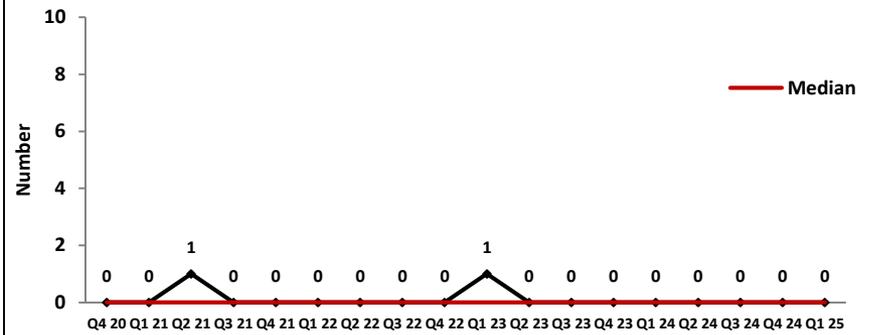
Median = 11

Febrile



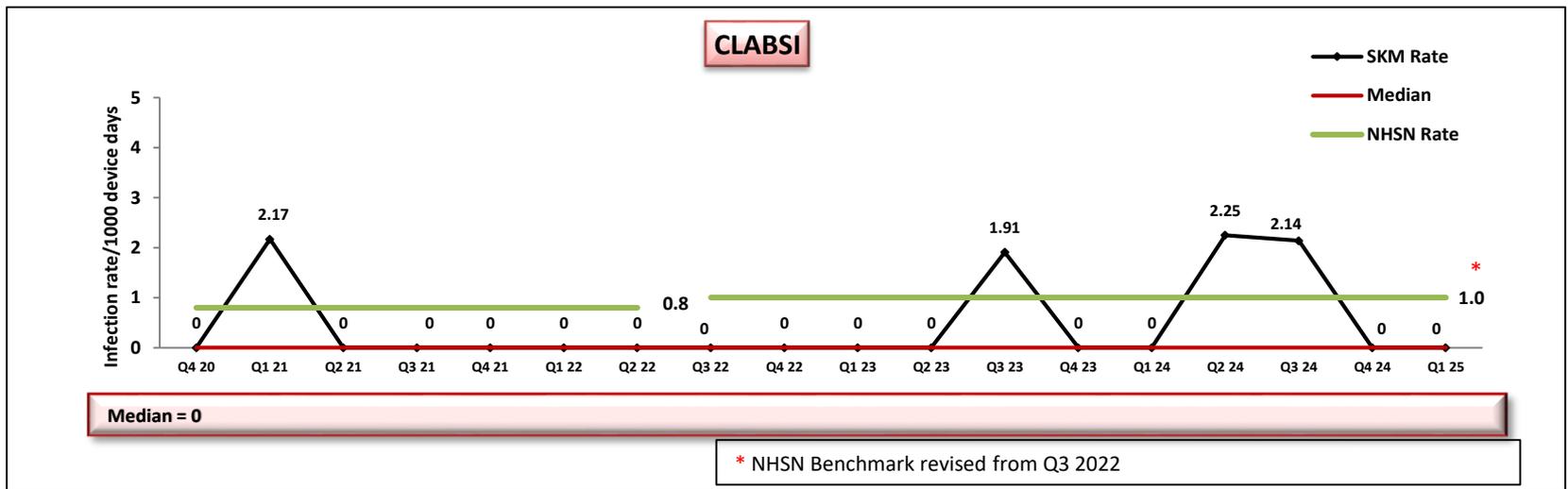
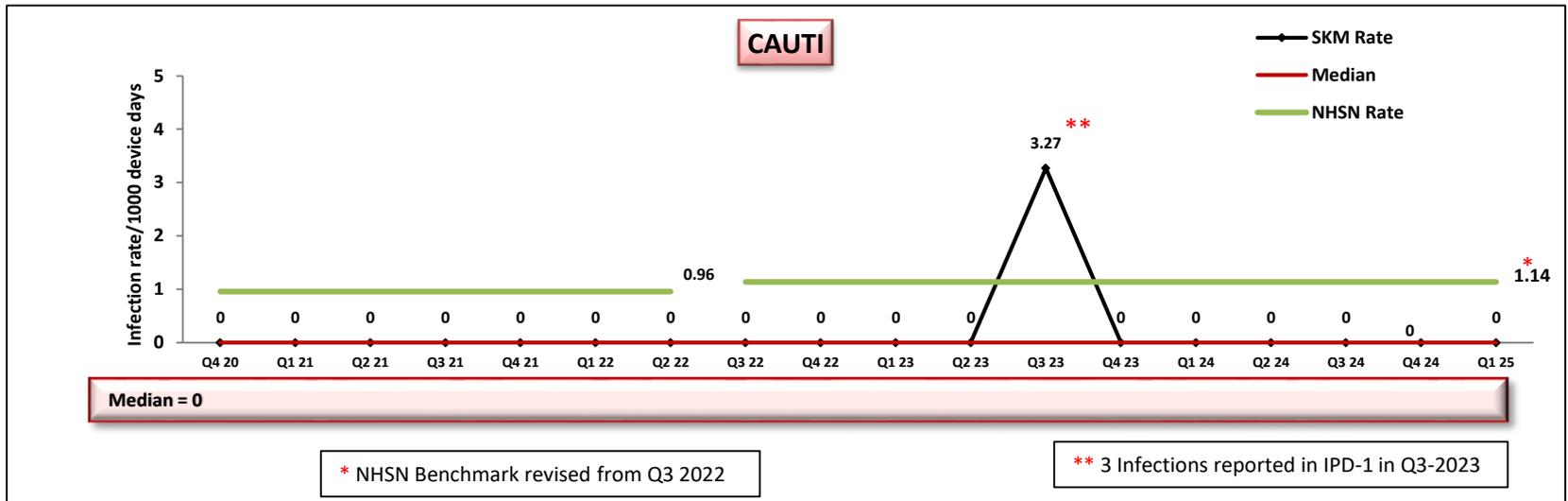
Median = 3.5

TRALI

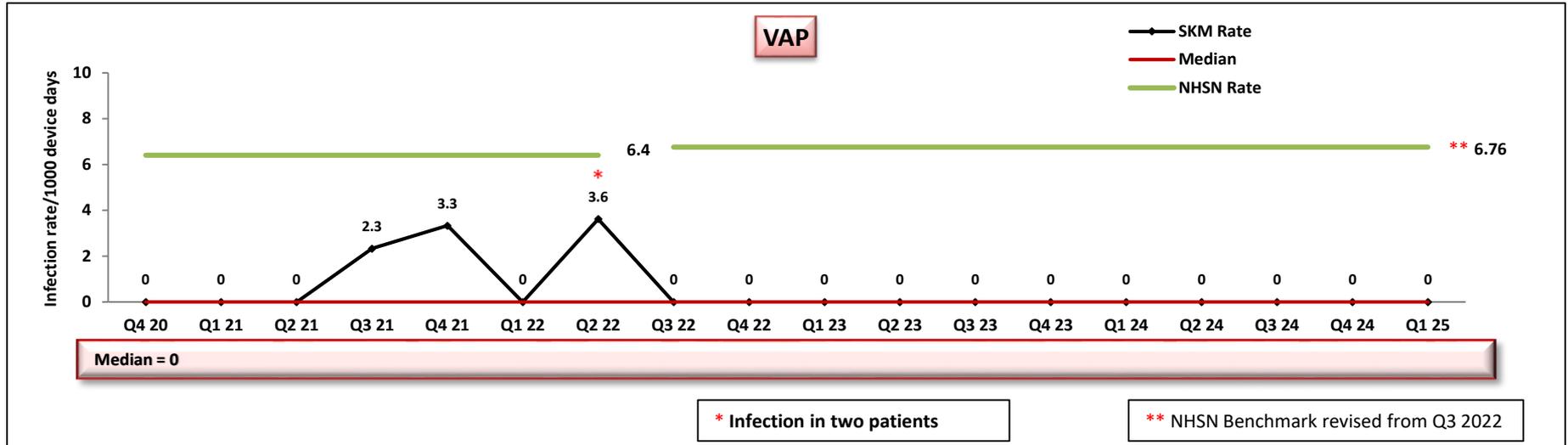


Median = 0

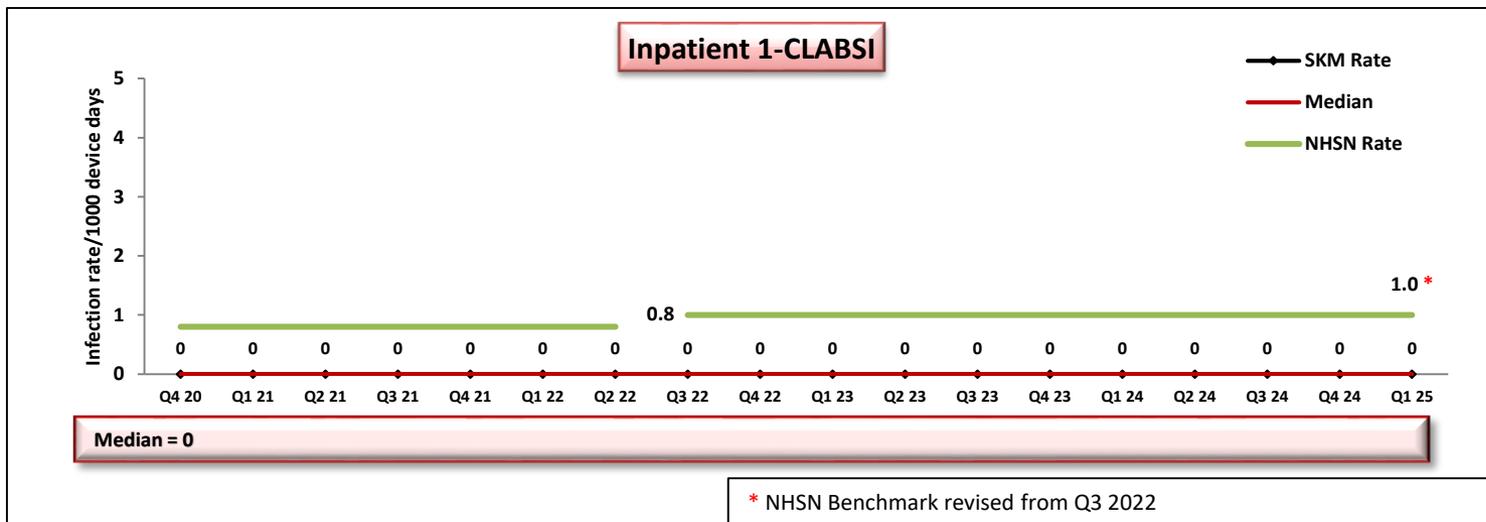
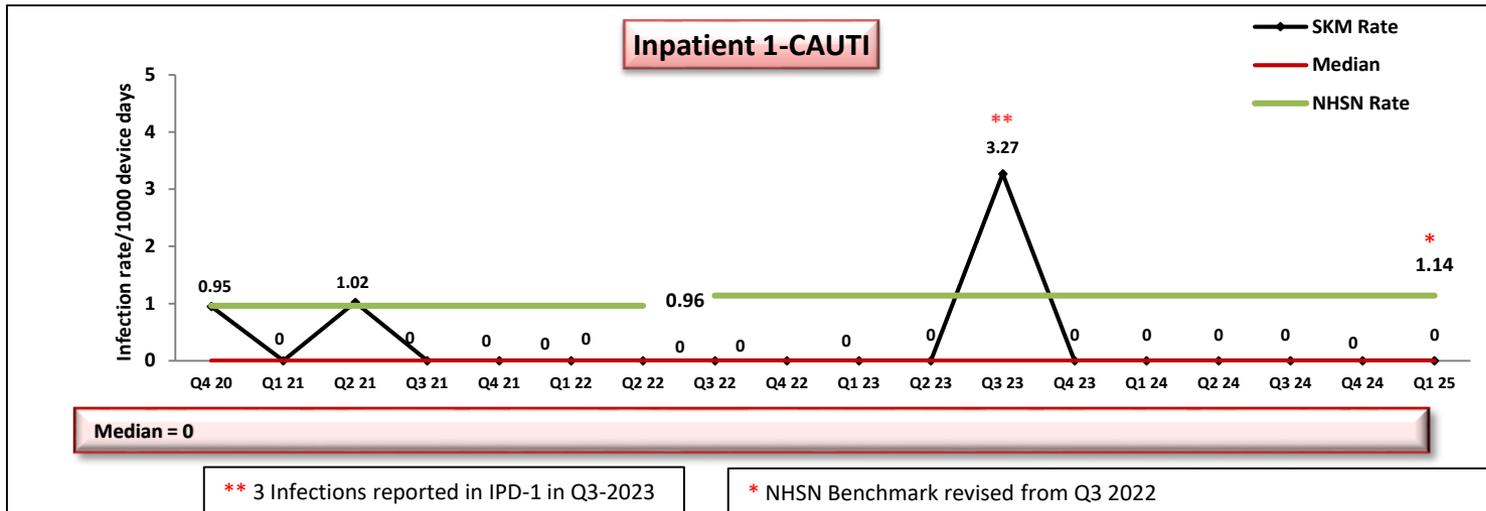
Infection Control Statistics-Intensive Care Unit



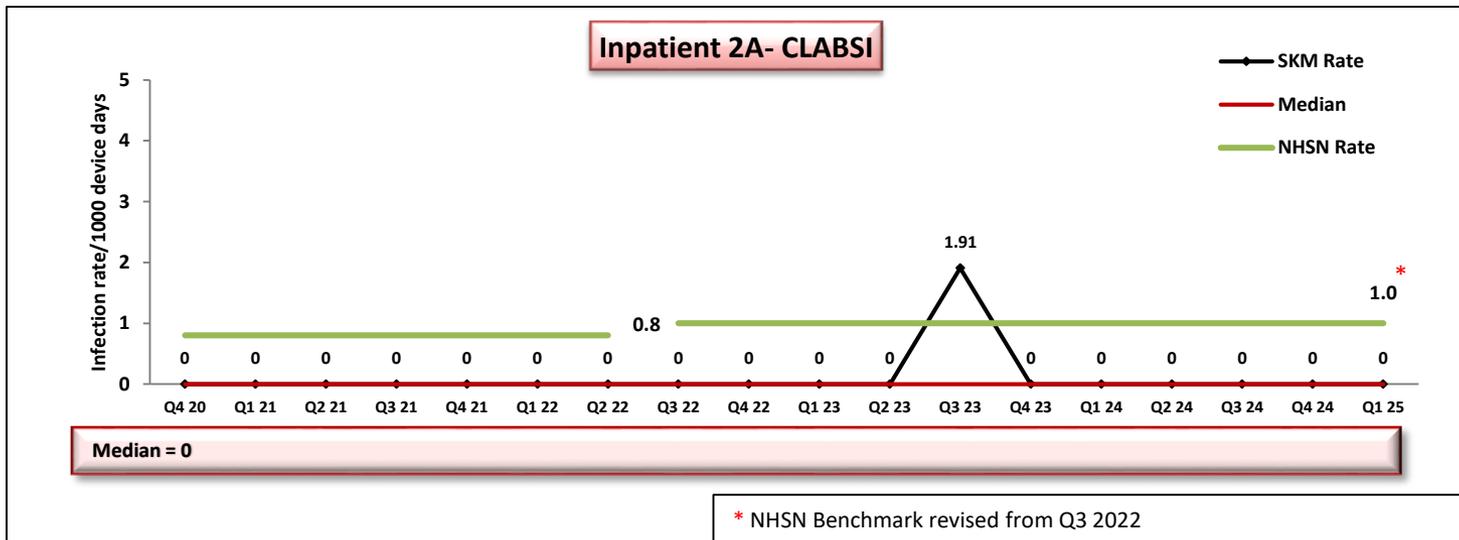
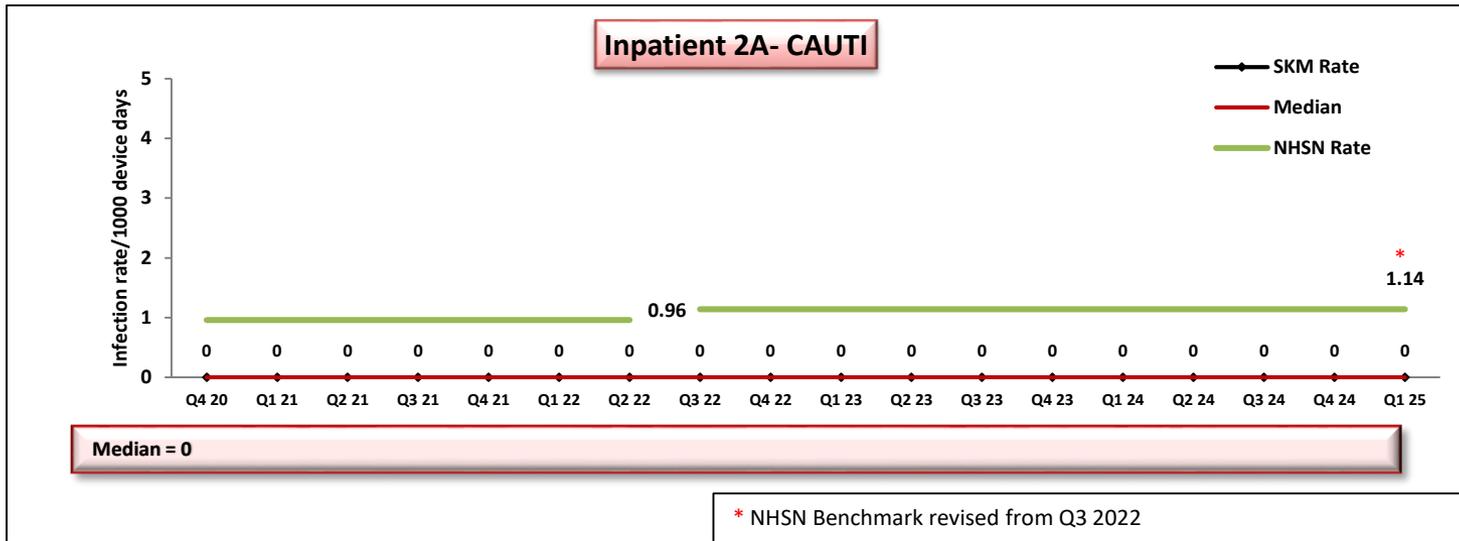
Infection Control Statistics-Intensive Care Unit



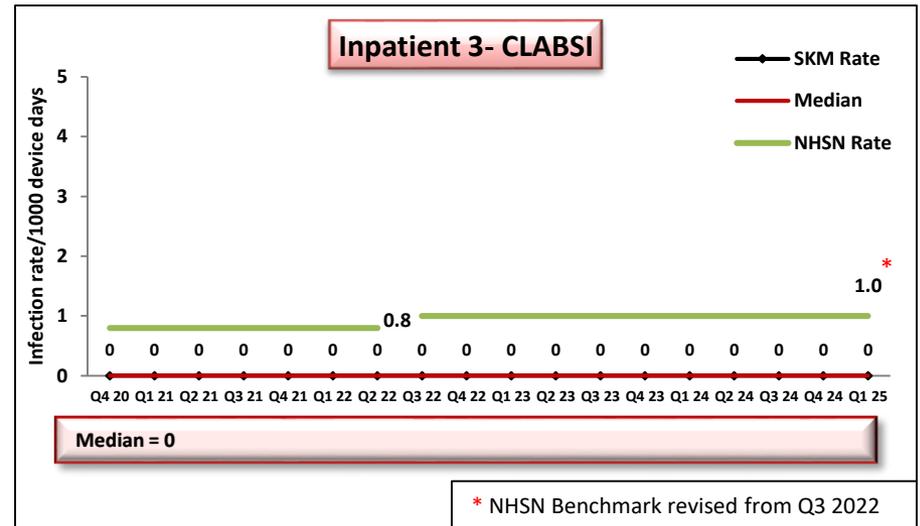
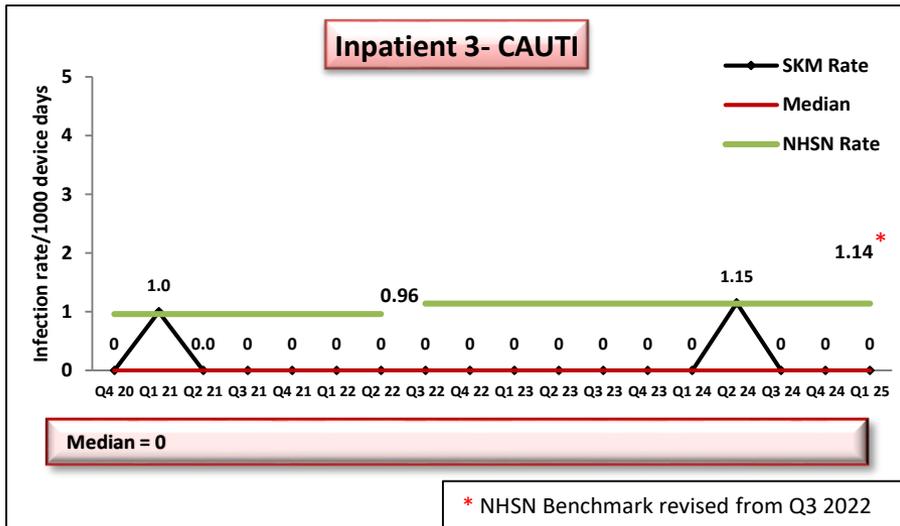
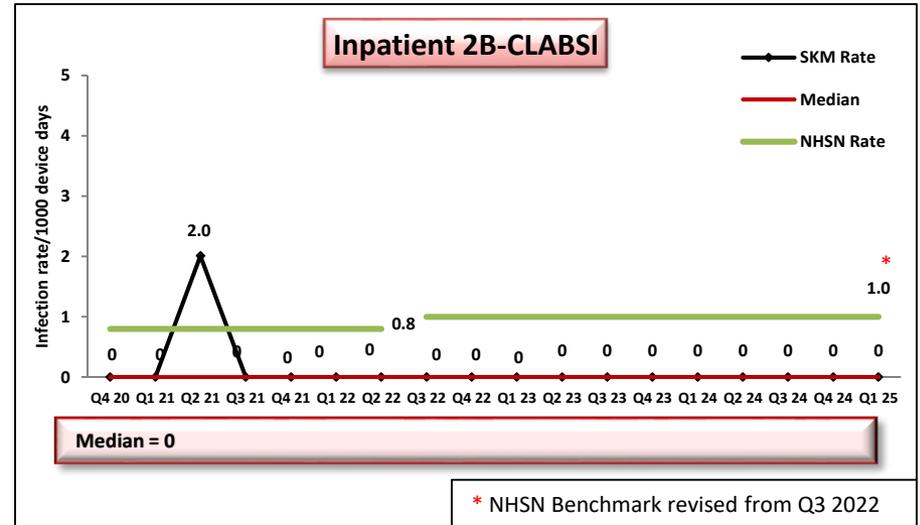
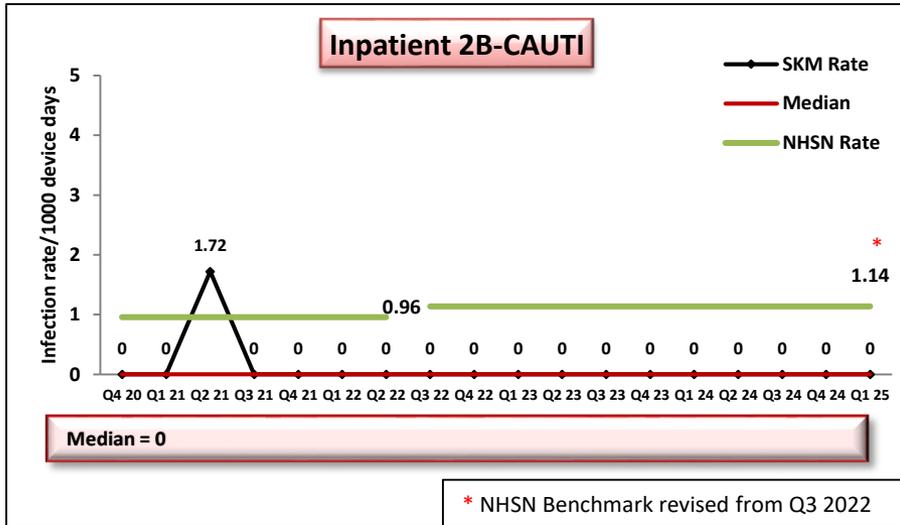
Infection Control Statistics-Inpatient



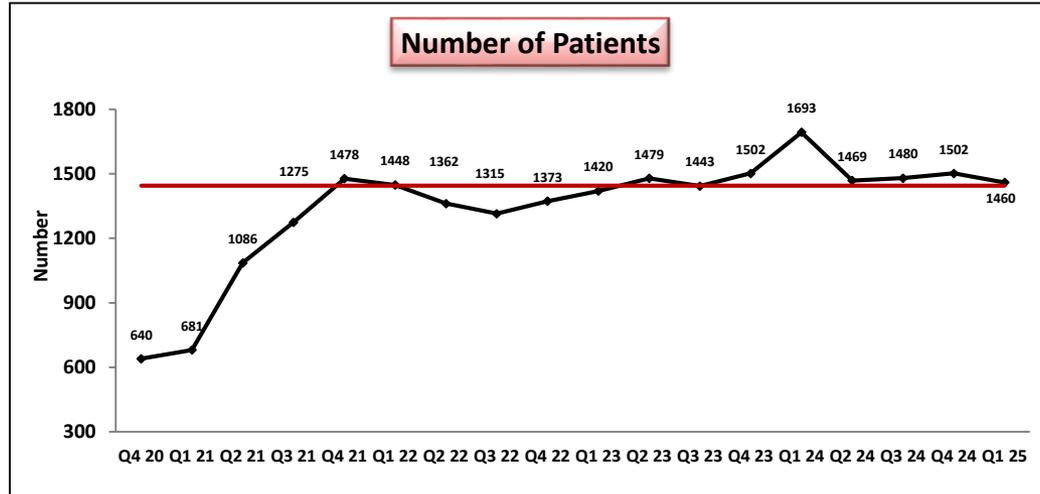
Infection Control Statistics-Inpatient



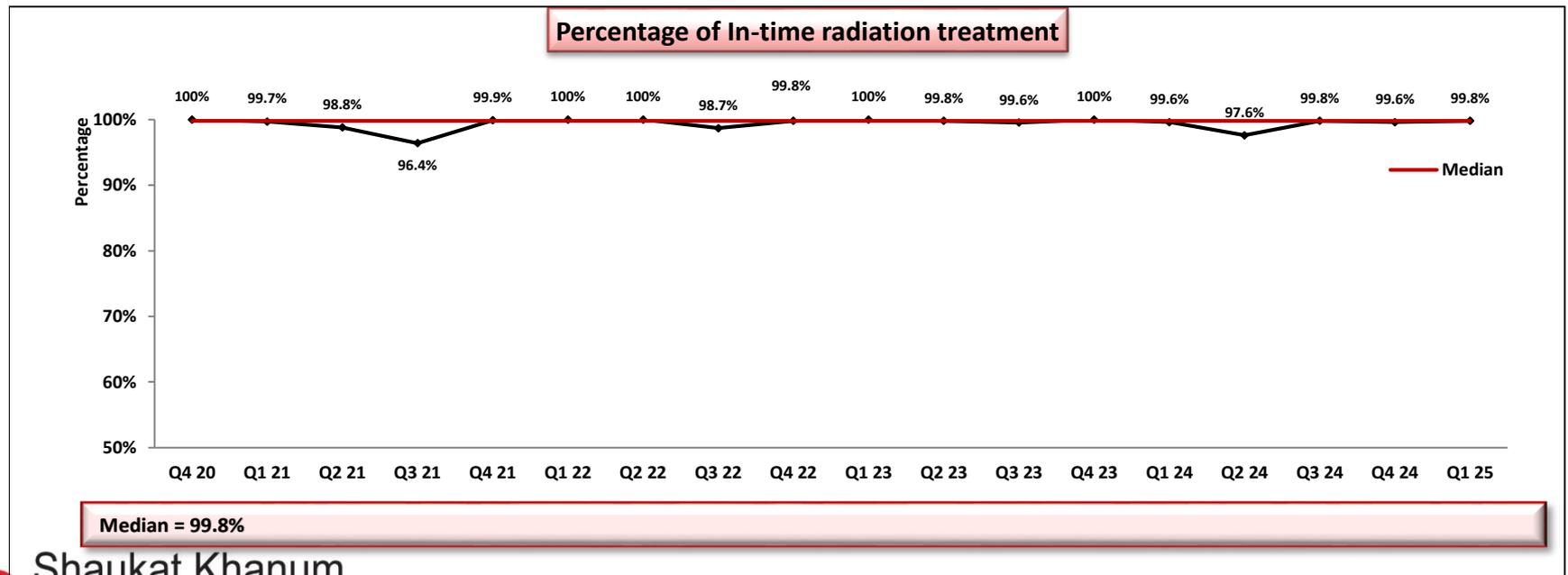
Infection Control Statistics-Inpatient



Radiation Oncology Activity

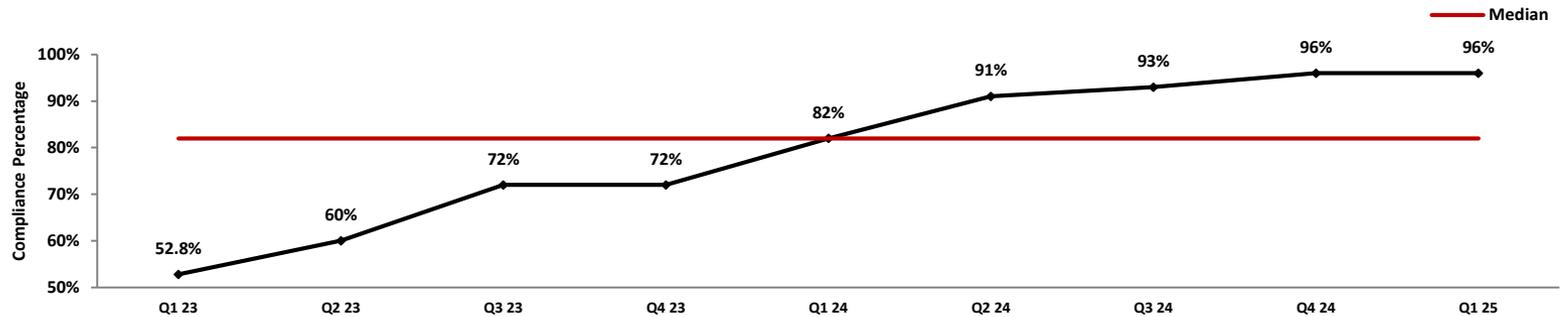


Machine	Down Time
Unique 2	2-days 02 hours 35 minutes
DHX	1 day 06 hours 50 minutes
True Beam 1	0 day 08 hours 52 minutes
True Beam 2	0 day 01 hour 20 minutes
CT 3D	00 days 00 hours 00 minutes
CT 4D	00 day 00 hours 00 minutes
Brachytherapy	00 day 00 hours 00 minutes
Halcyon (* Started from Sep 2023)	2 Days 3 hours 50 minutes



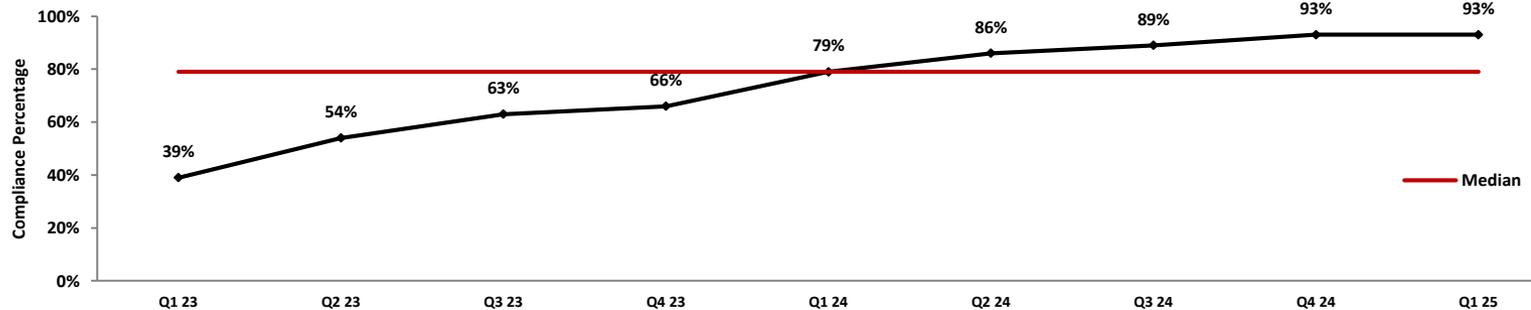
Hospital-wide Indicators-2023

To ensure the timely administration of STAT medication within 30 minutes



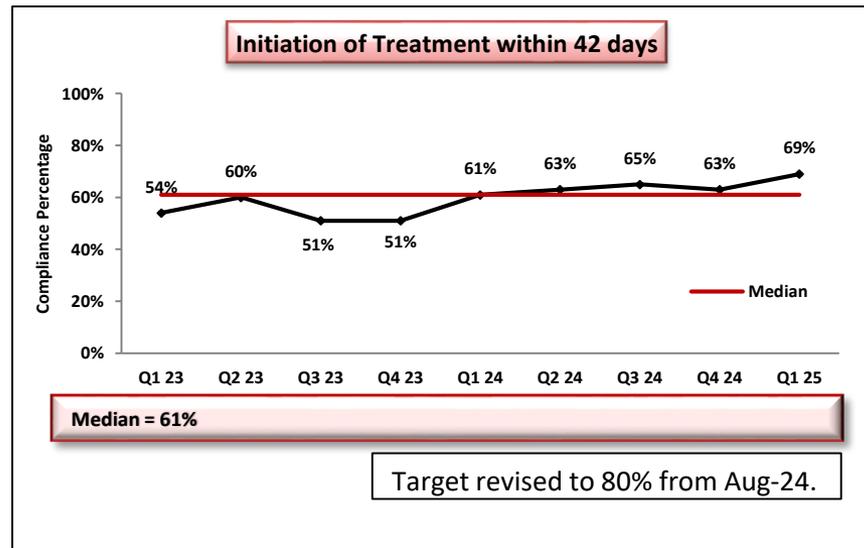
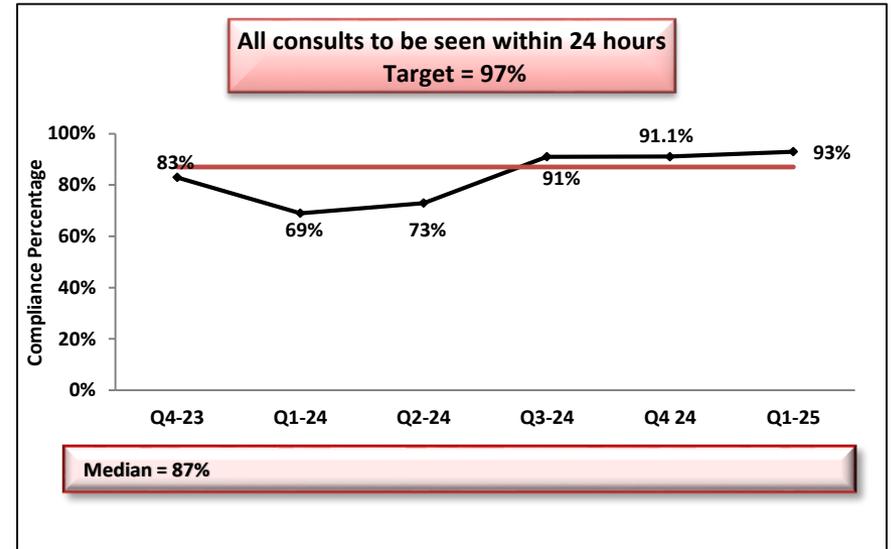
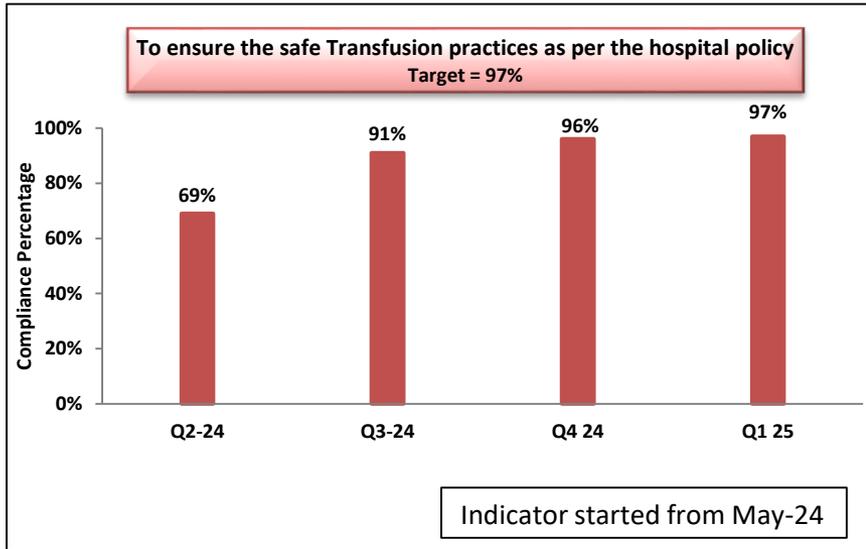
Median = 82%

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



Median = 79%

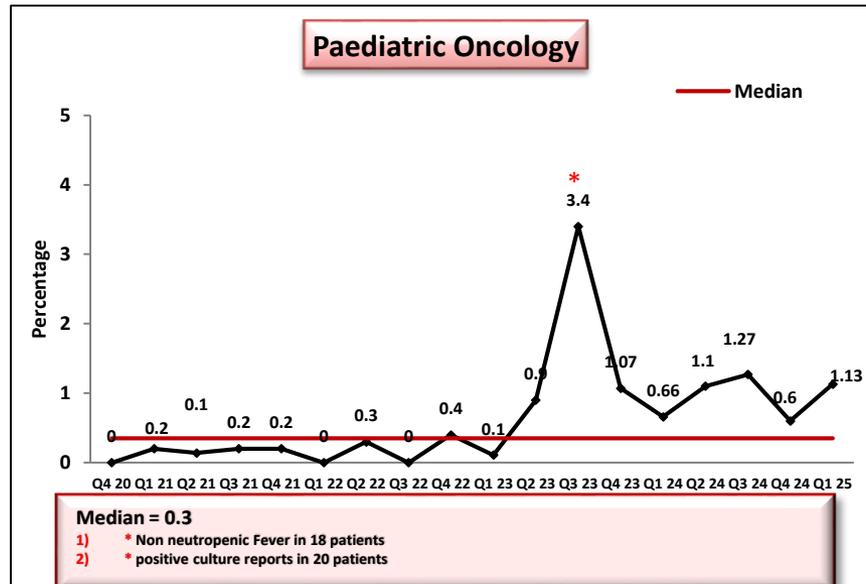
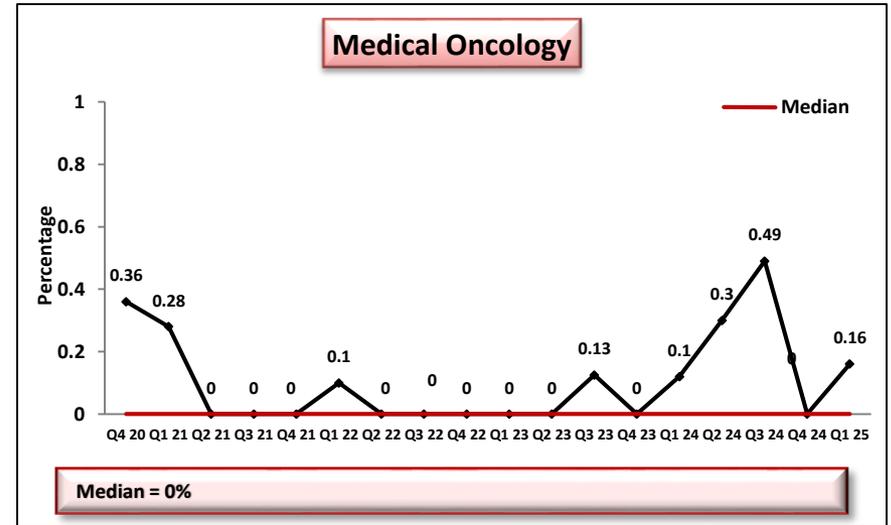
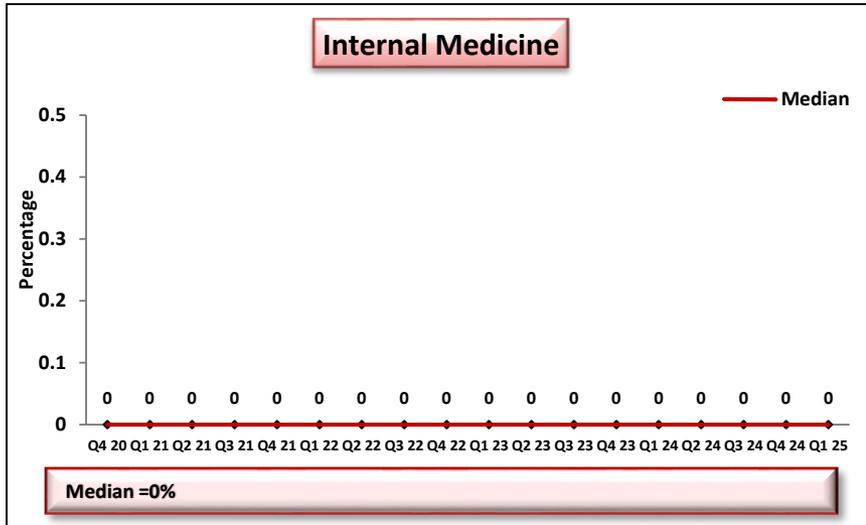
Hospital-wide Indicators-2024



Clinical Performance Indicators

Re-admission within 7 days of discharge

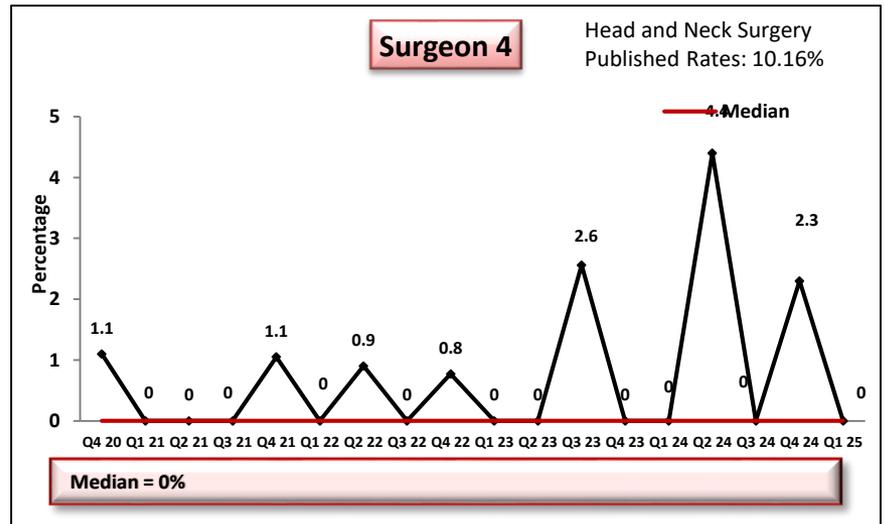
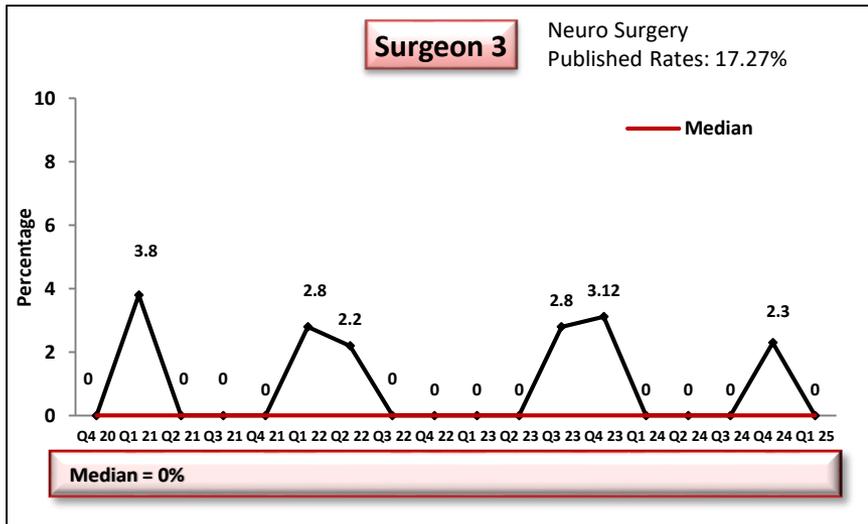
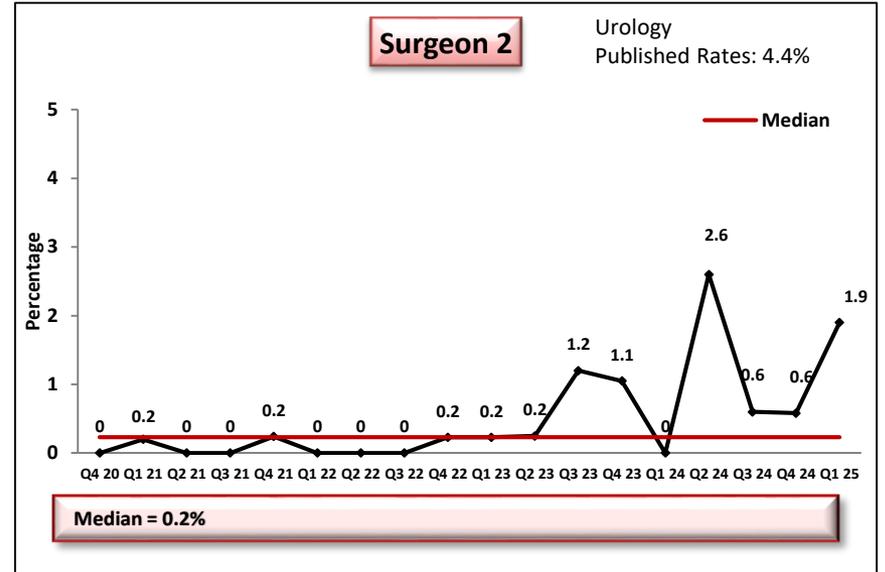
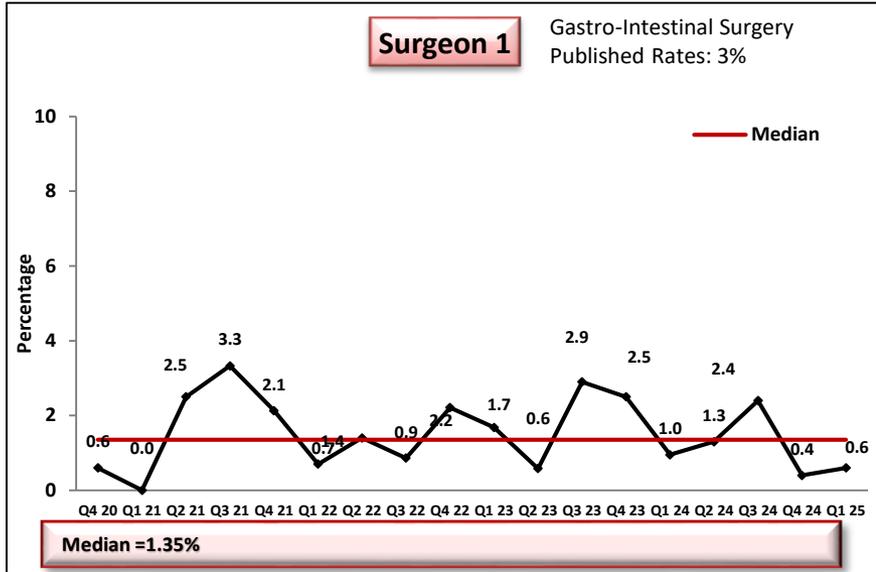
Specialty wise



Clinical Performance Indicators

Re-admission within 30 days of discharge

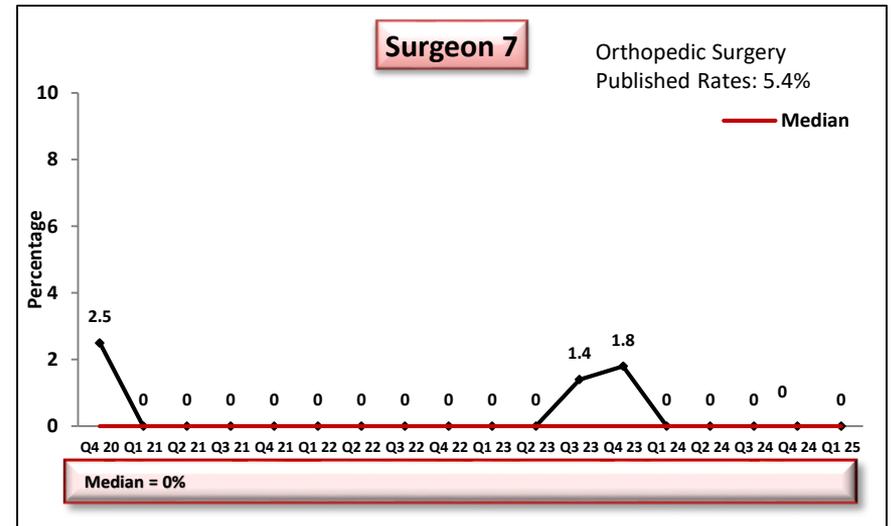
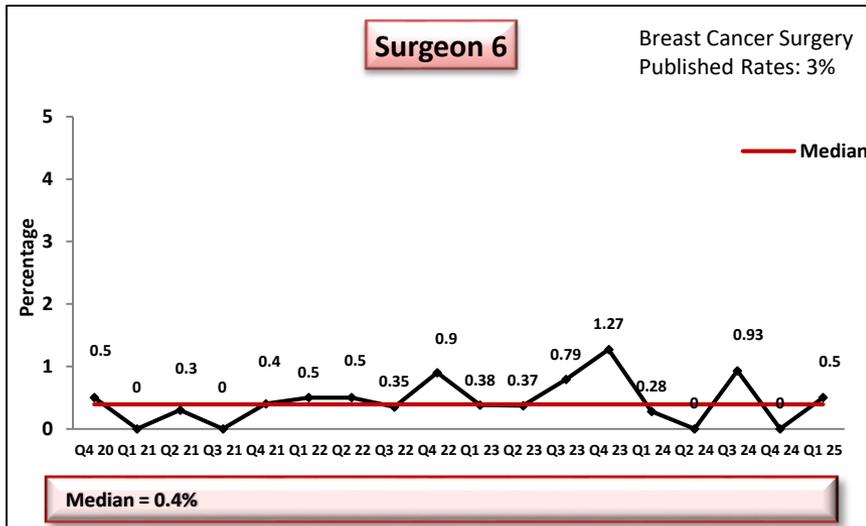
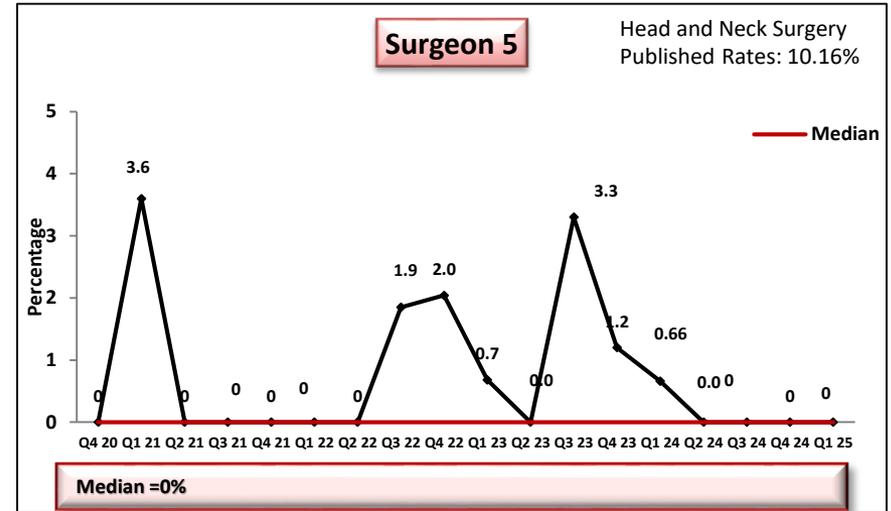
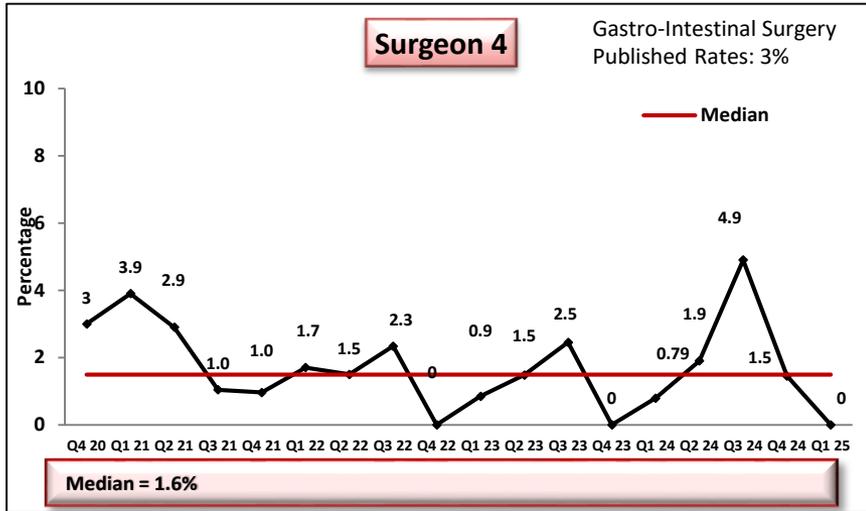
Surgical Oncology



Clinical Performance Indicators

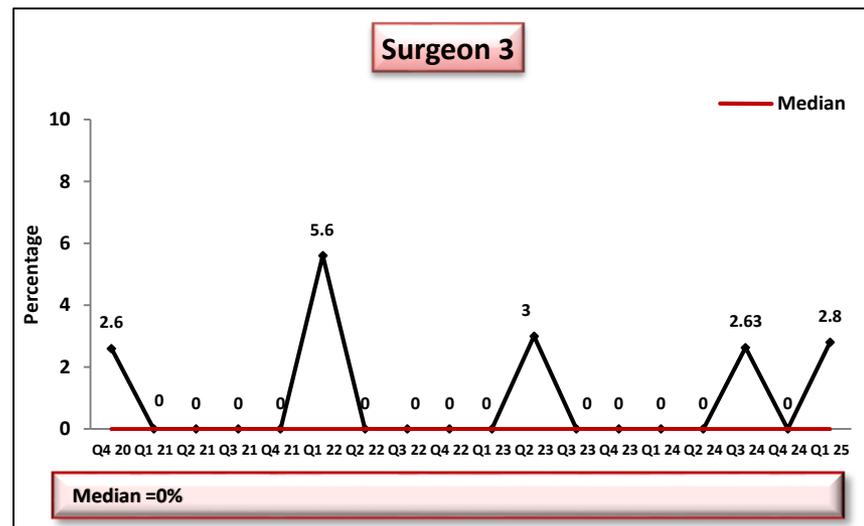
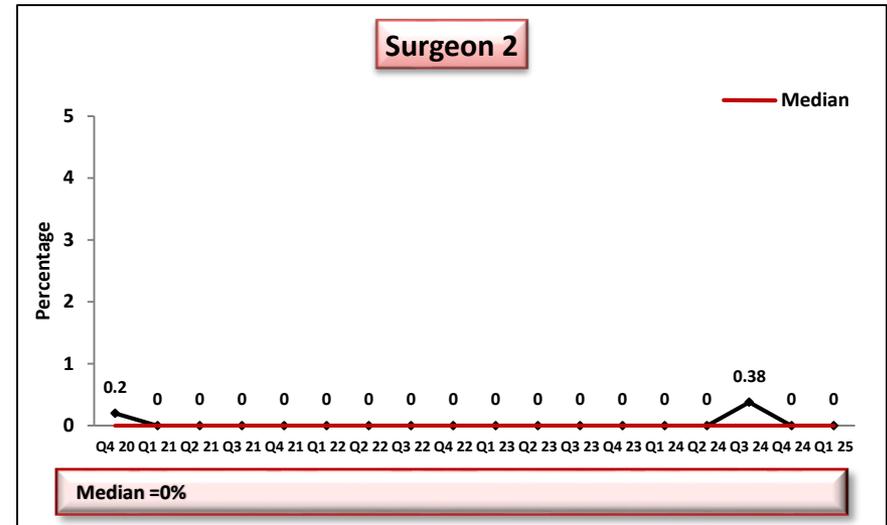
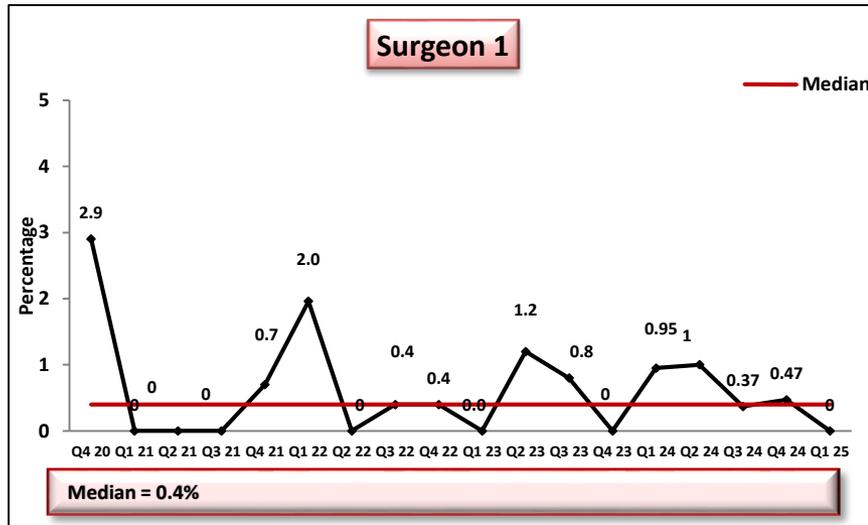
Re-admission within 30 days of discharge

Surgical Oncology



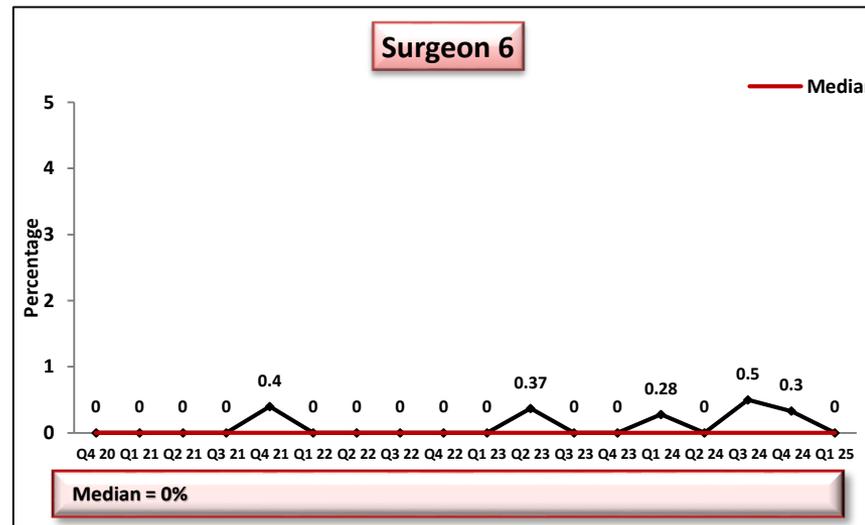
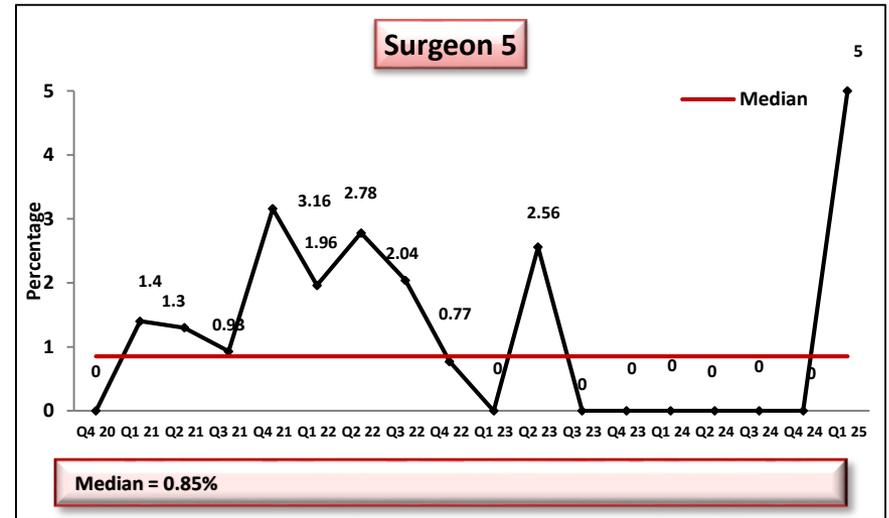
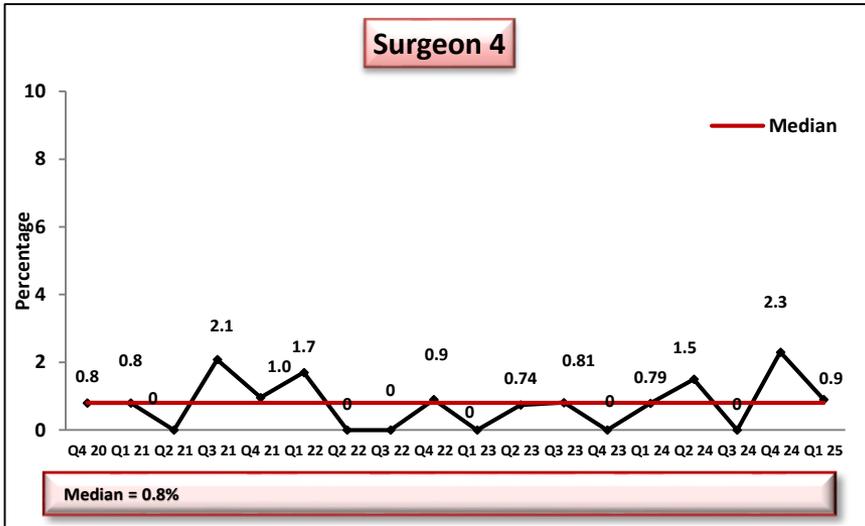
Clinical Performance Indicators

Reoperation within the same hospital admission



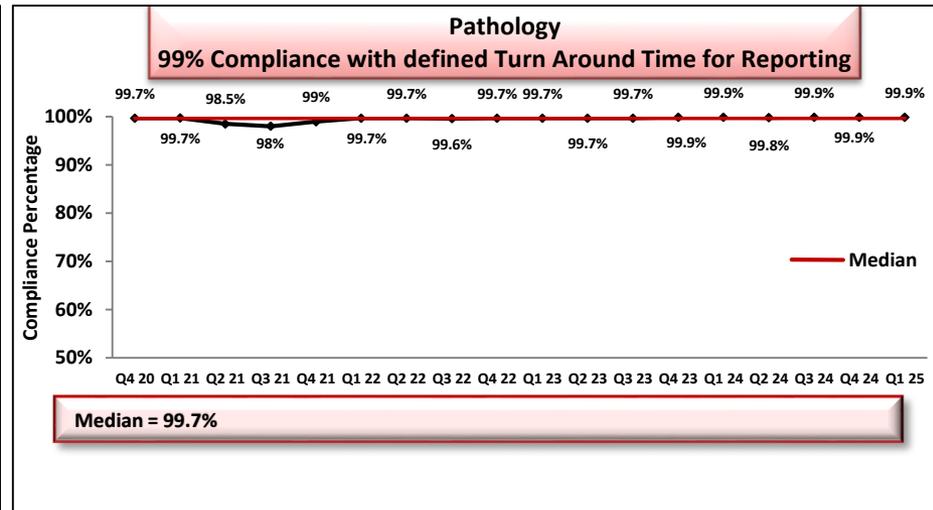
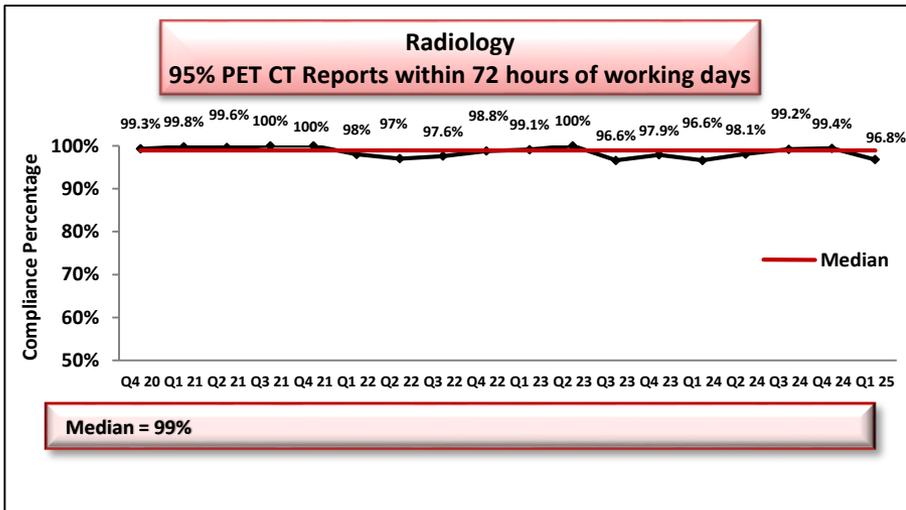
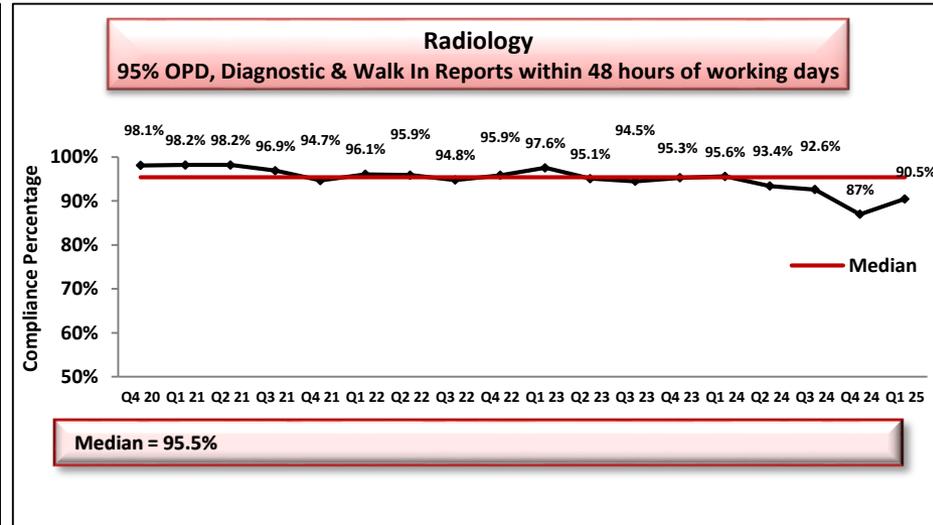
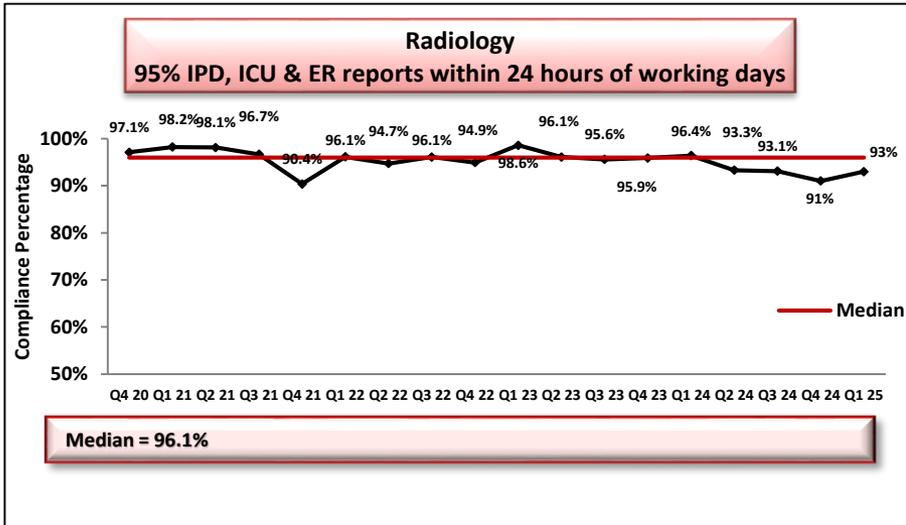
Clinical Performance Indicators

Reoperation within the same hospital admission

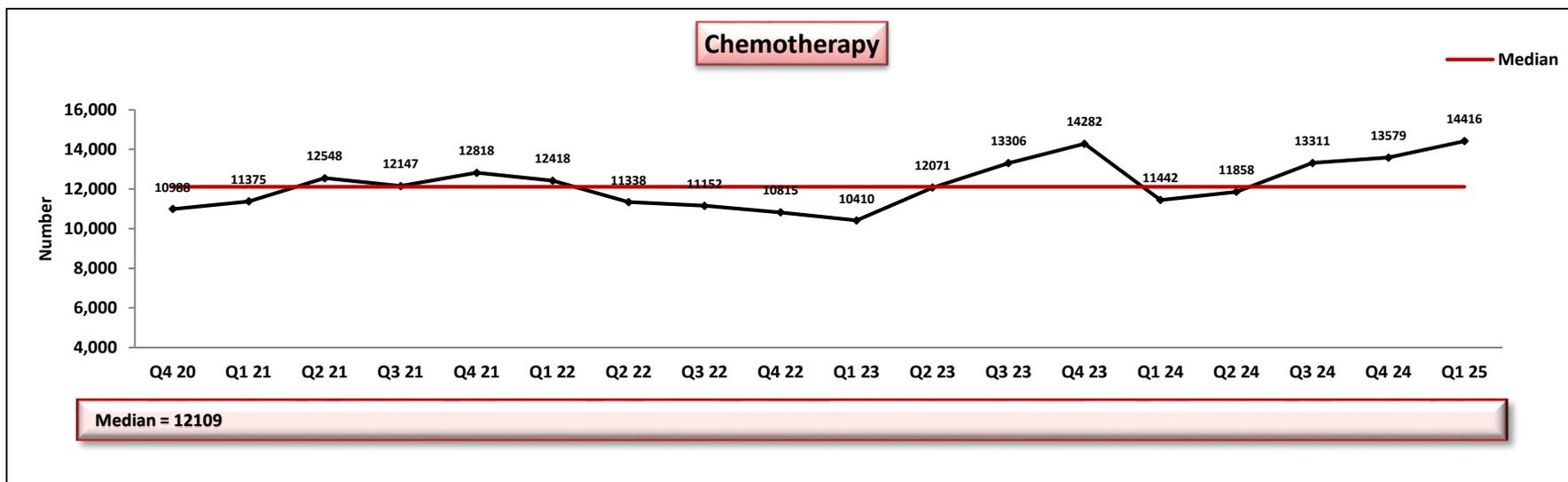
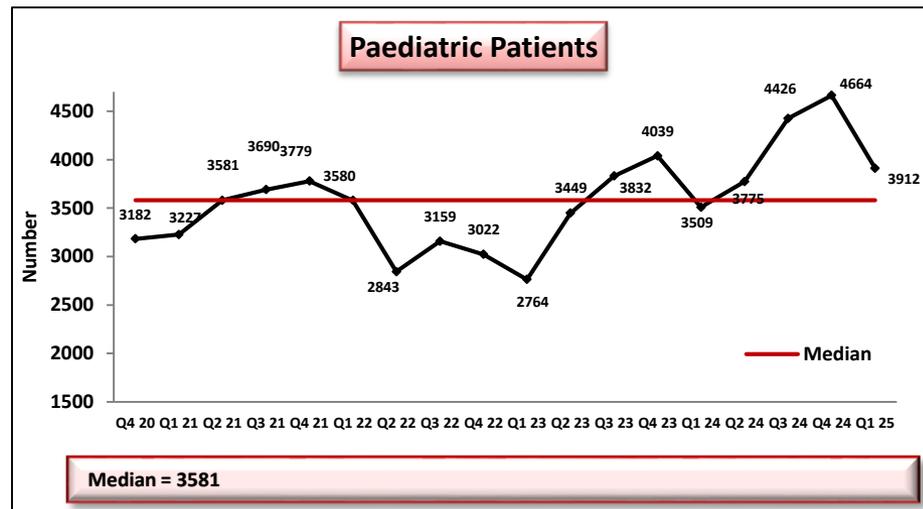
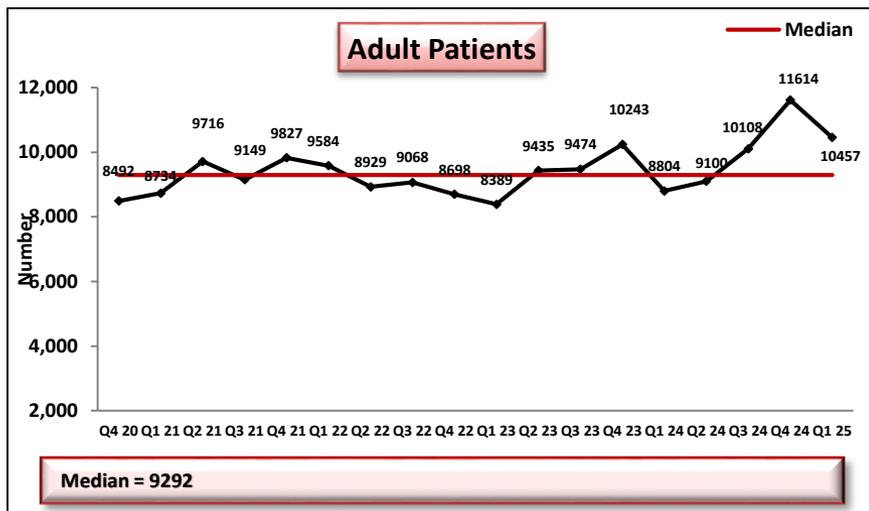


Clinical Performance Indicators

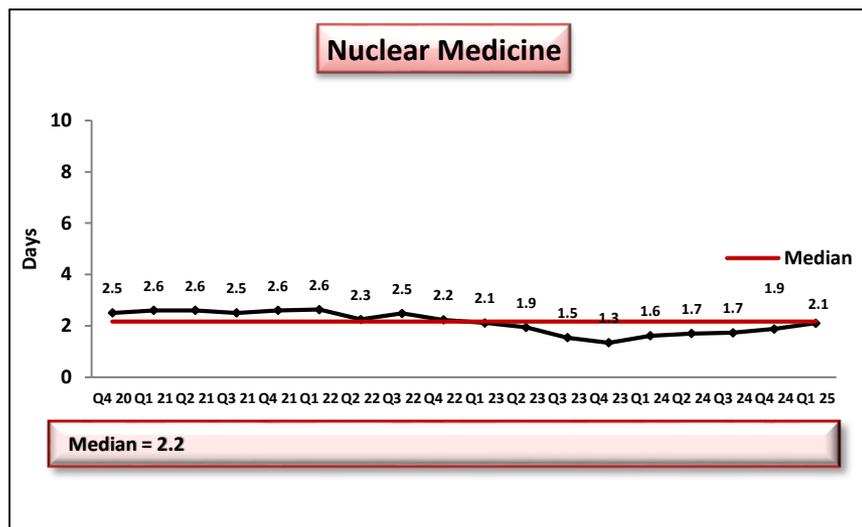
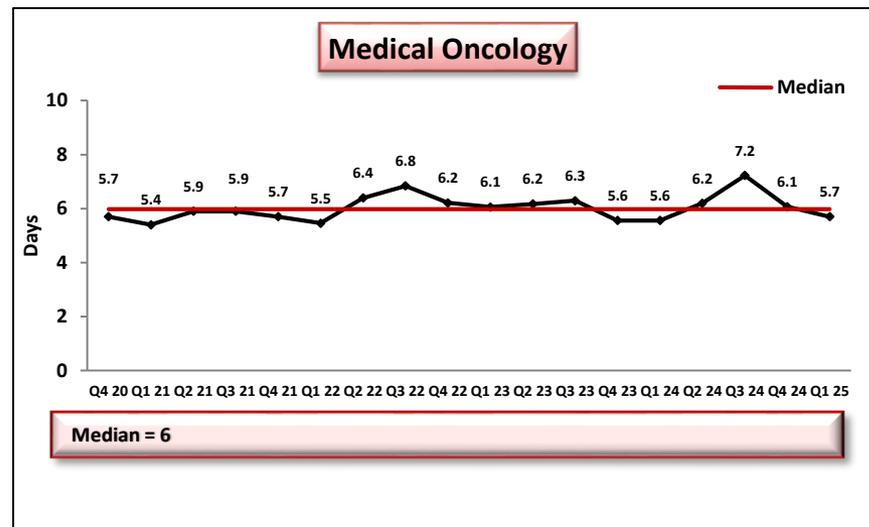
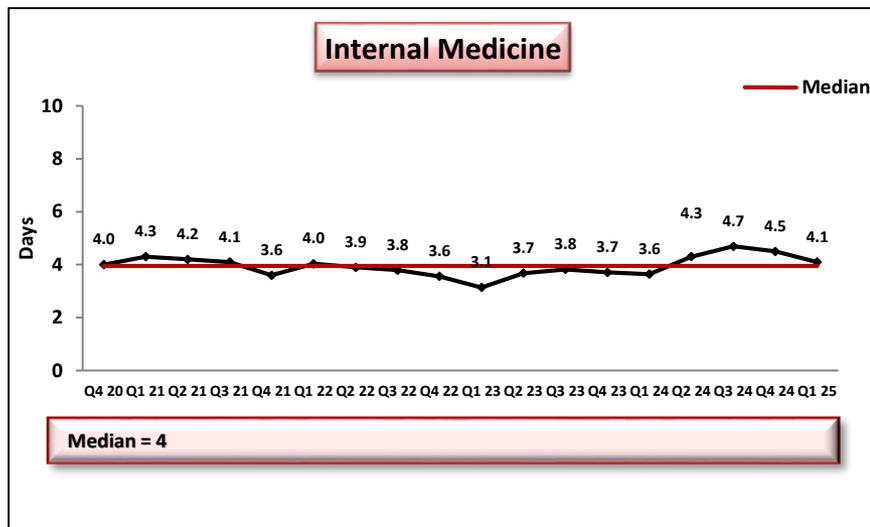
Compliance with defined Turnaround Time for Reporting



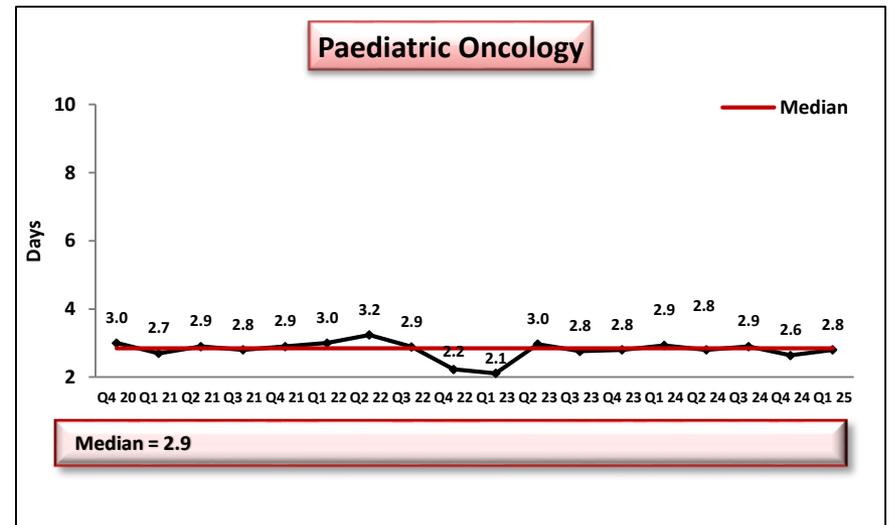
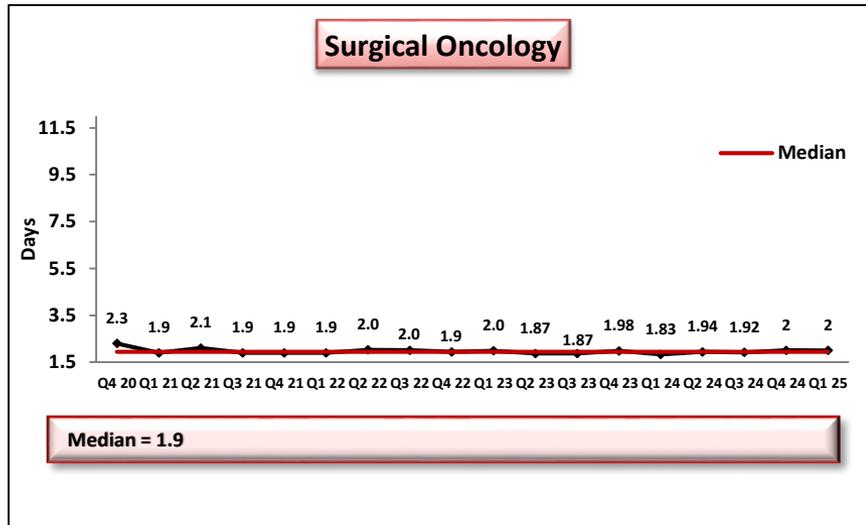
Chemotherapy Activity Break-up



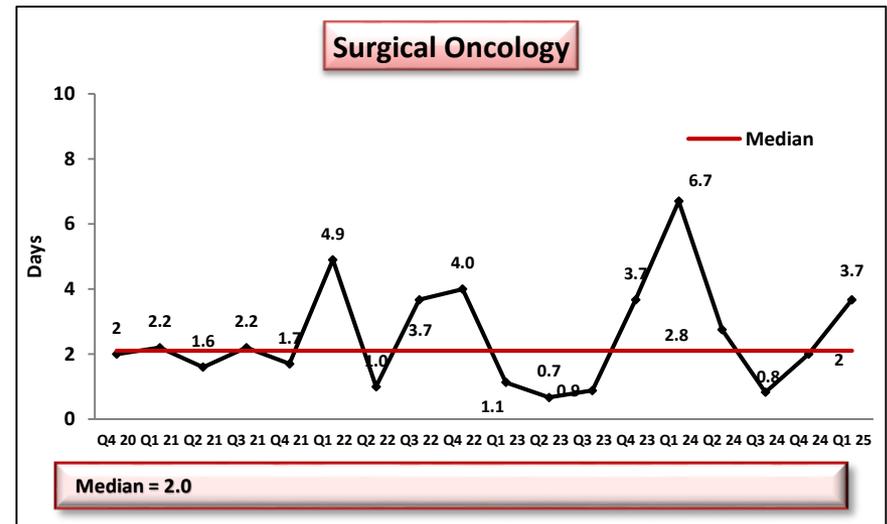
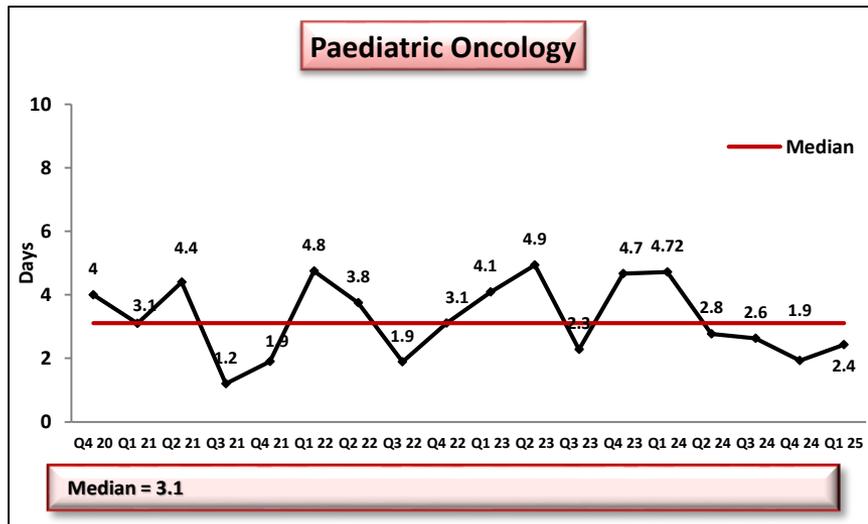
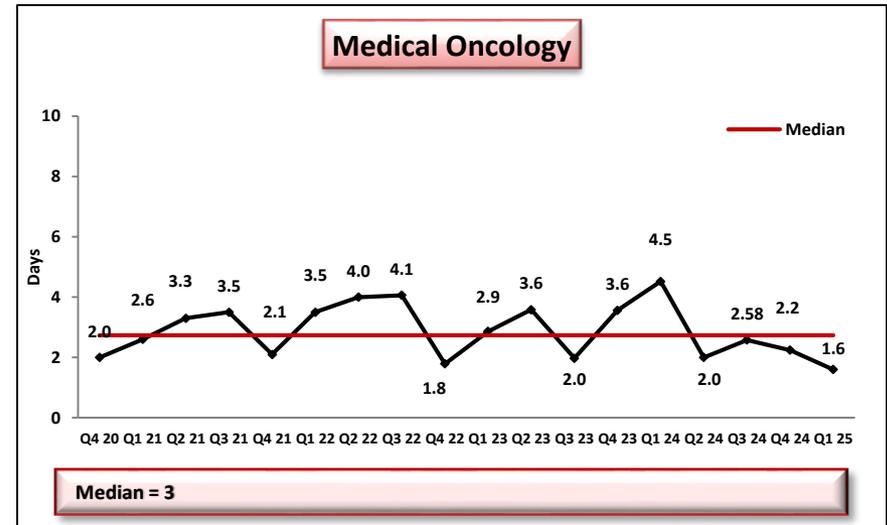
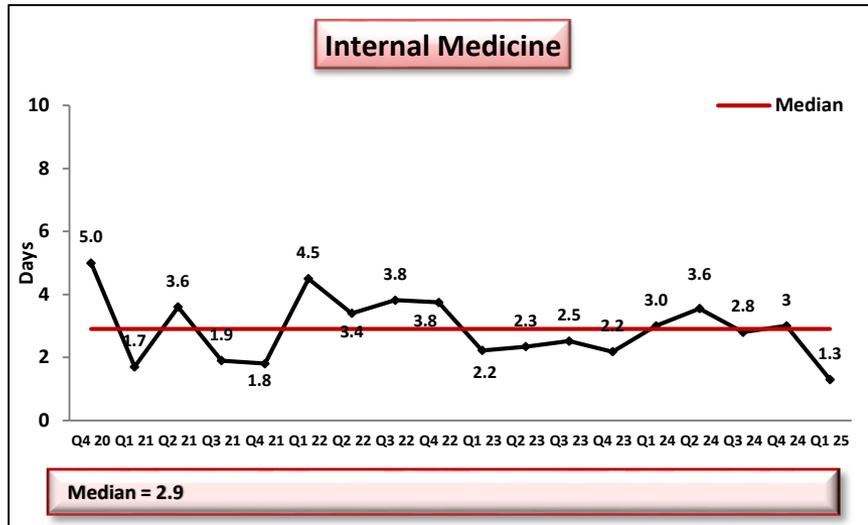
Average Length of Stay-Inpatients



Average Length of Stay–Inpatients

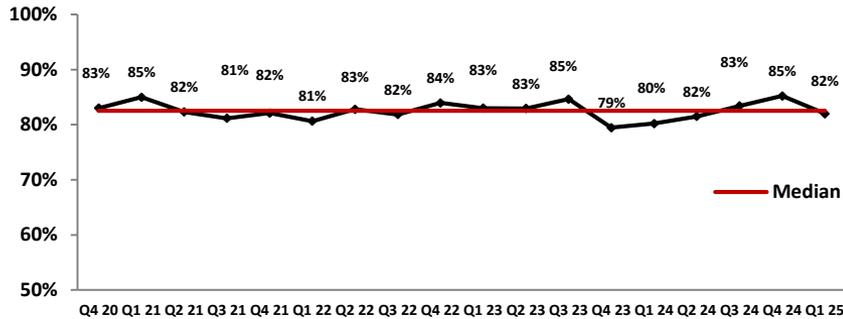


Average Length of stay- Ventilated Patients



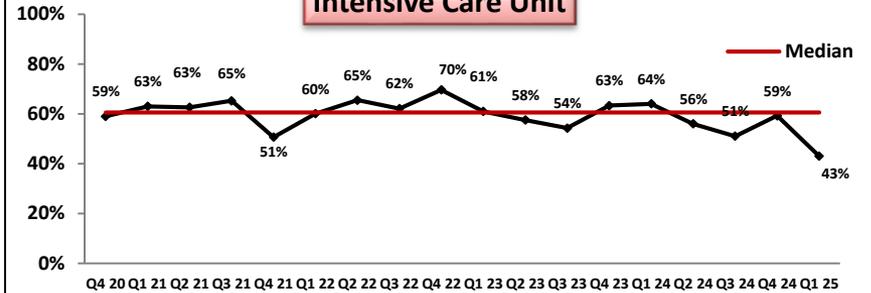
Bed Occupancy Rate

Inpatients



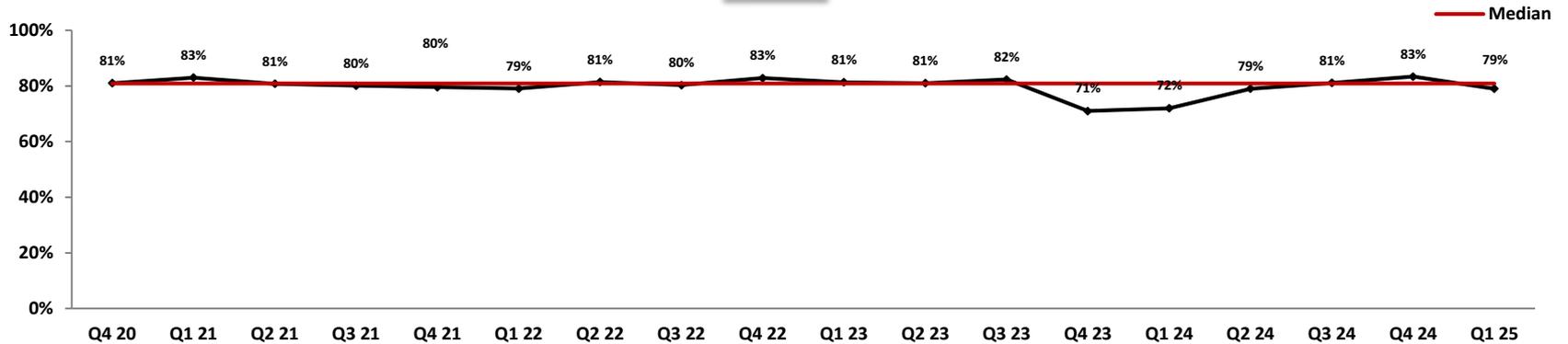
Median = 82.5%

Intensive Care Unit



Median = 60.5%

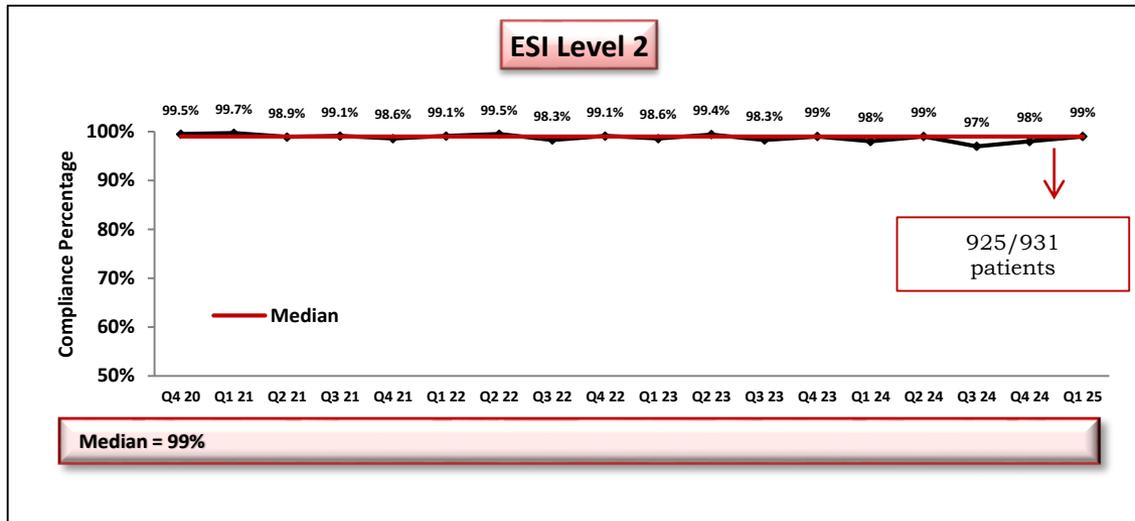
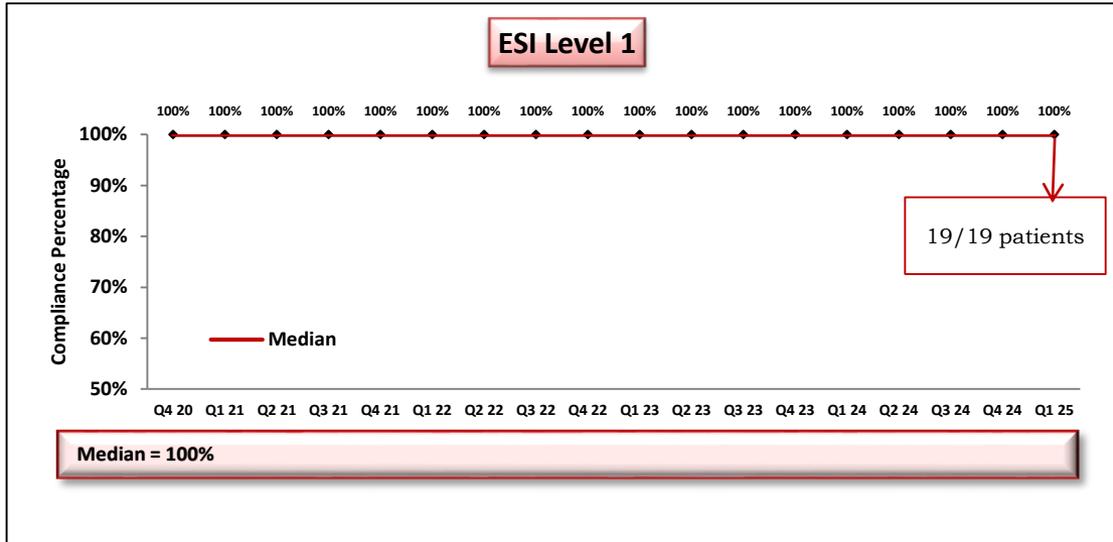
Overall



Median = 80.9%

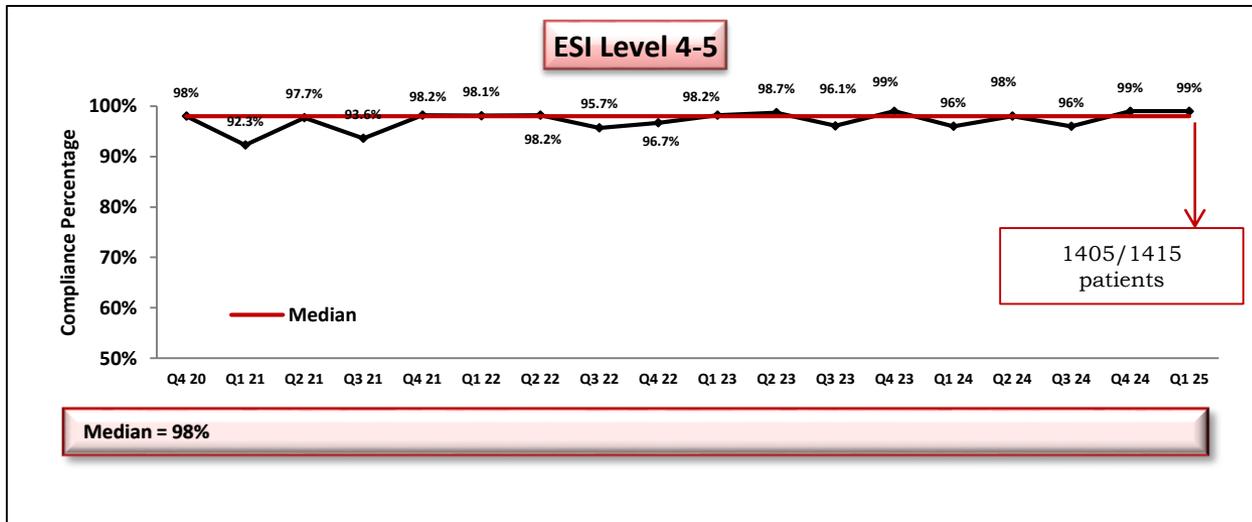
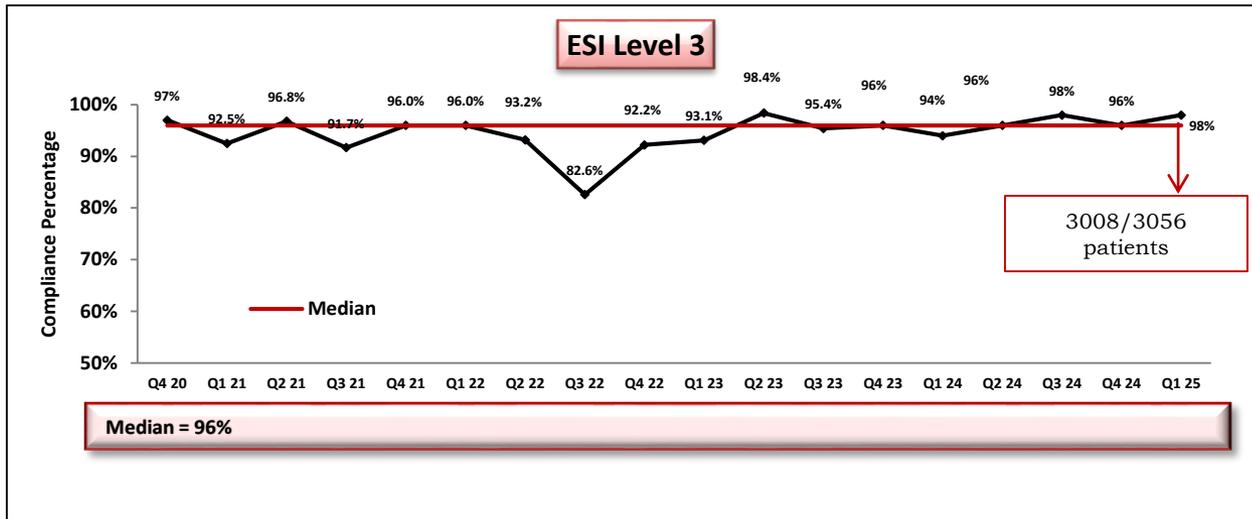
Emergency Assessment Room Statistics

Patients Seen within Defined Waiting Times – ADULTS



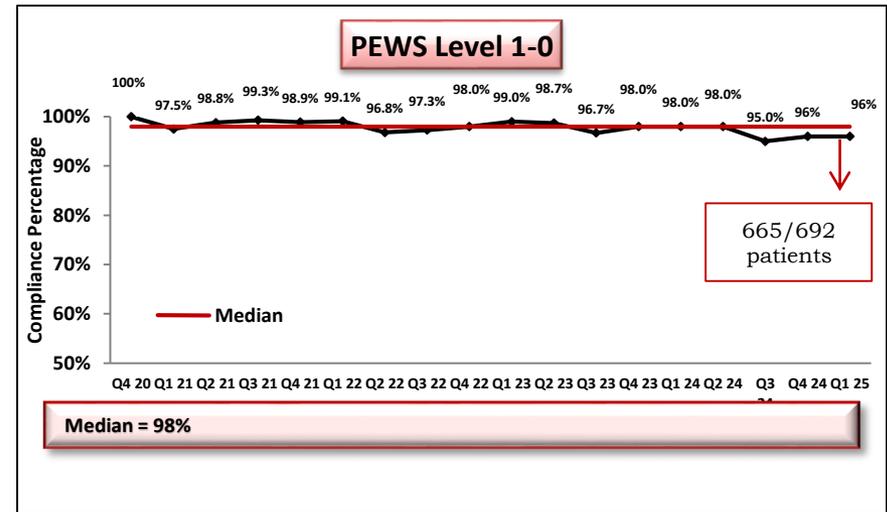
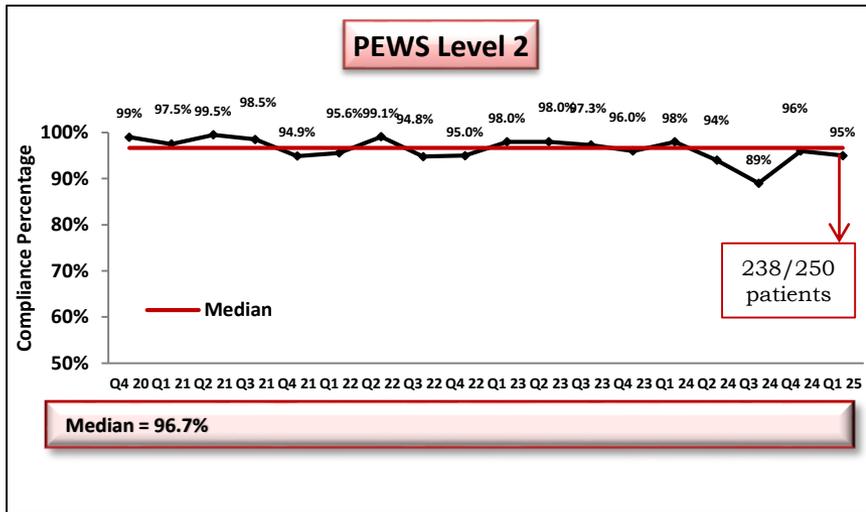
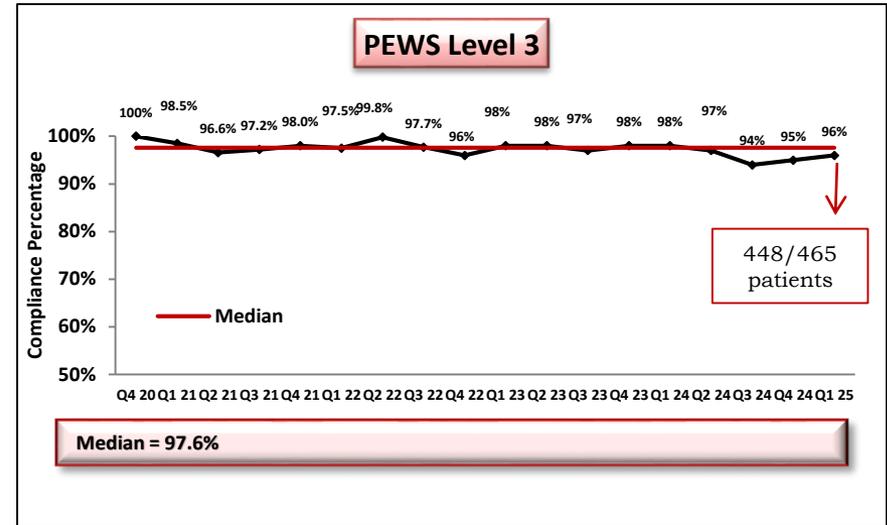
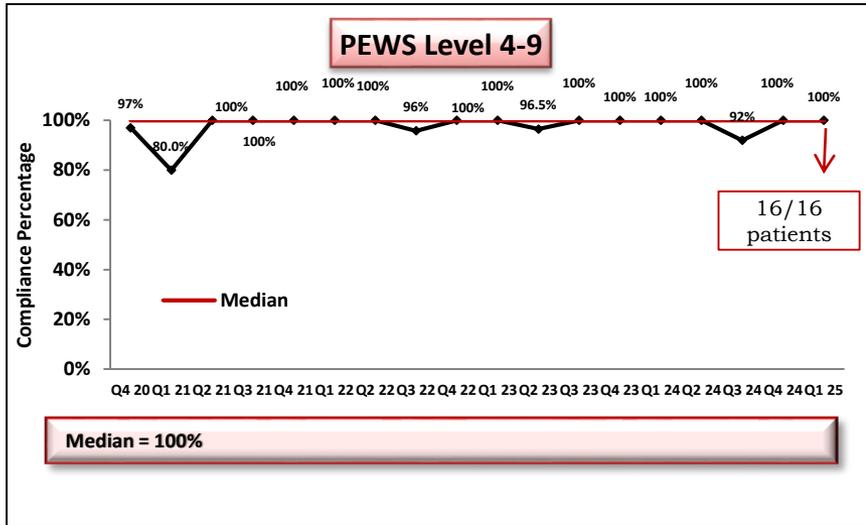
Emergency Assessment Room Statistics

Patients Seen within Defined Waiting Times – Adults

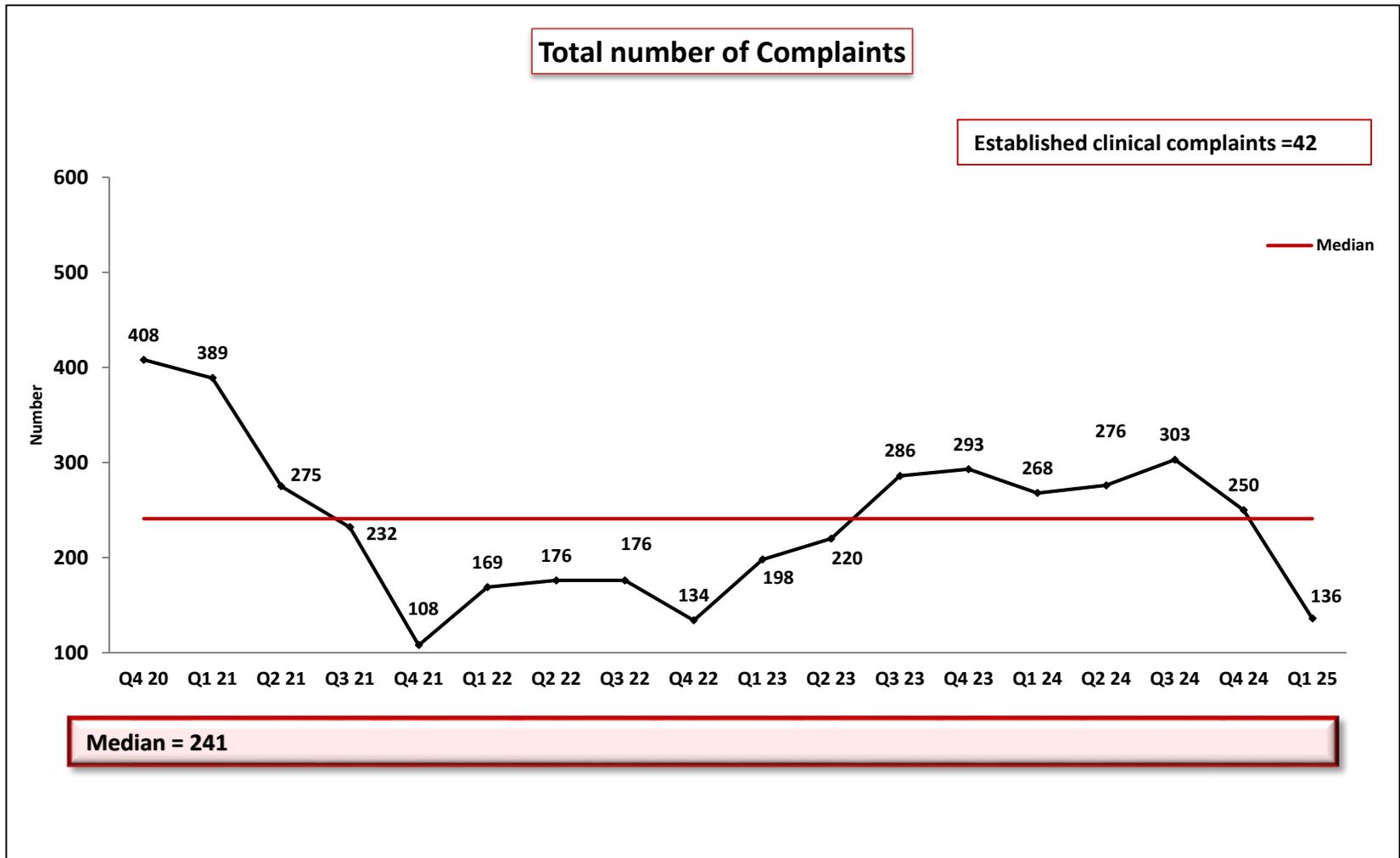


Emergency Assessment Room Statistics

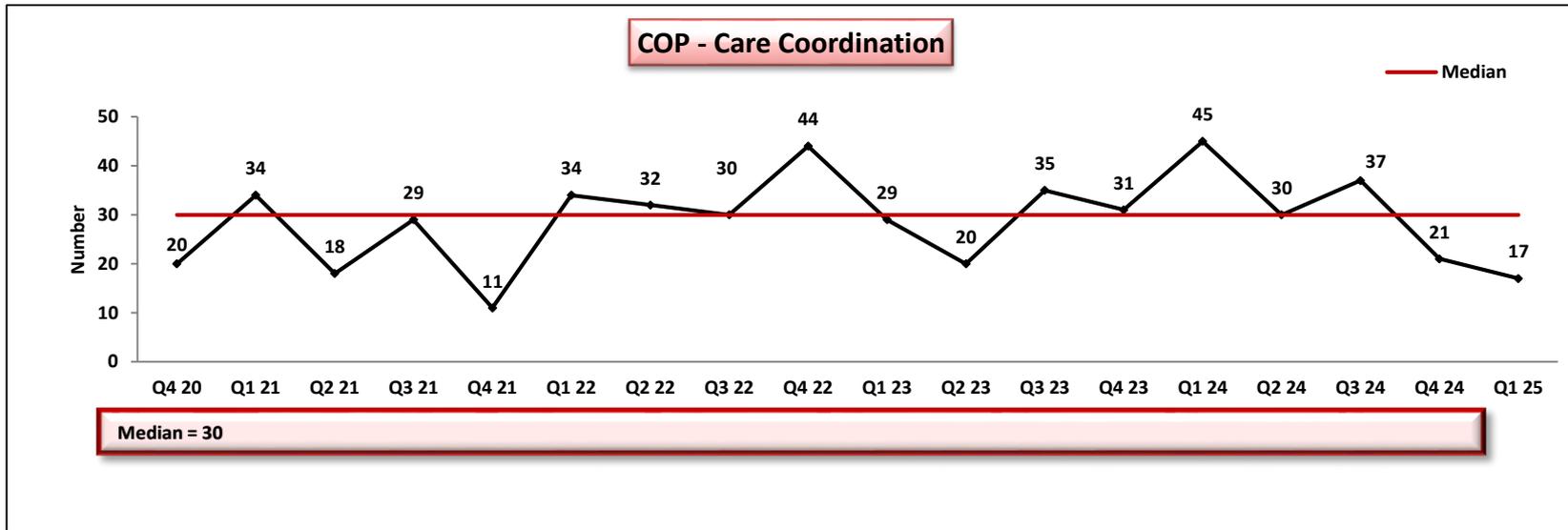
Patients Seen within Defined Waiting Times – Paediatrics



Complaints–Clinical Departments



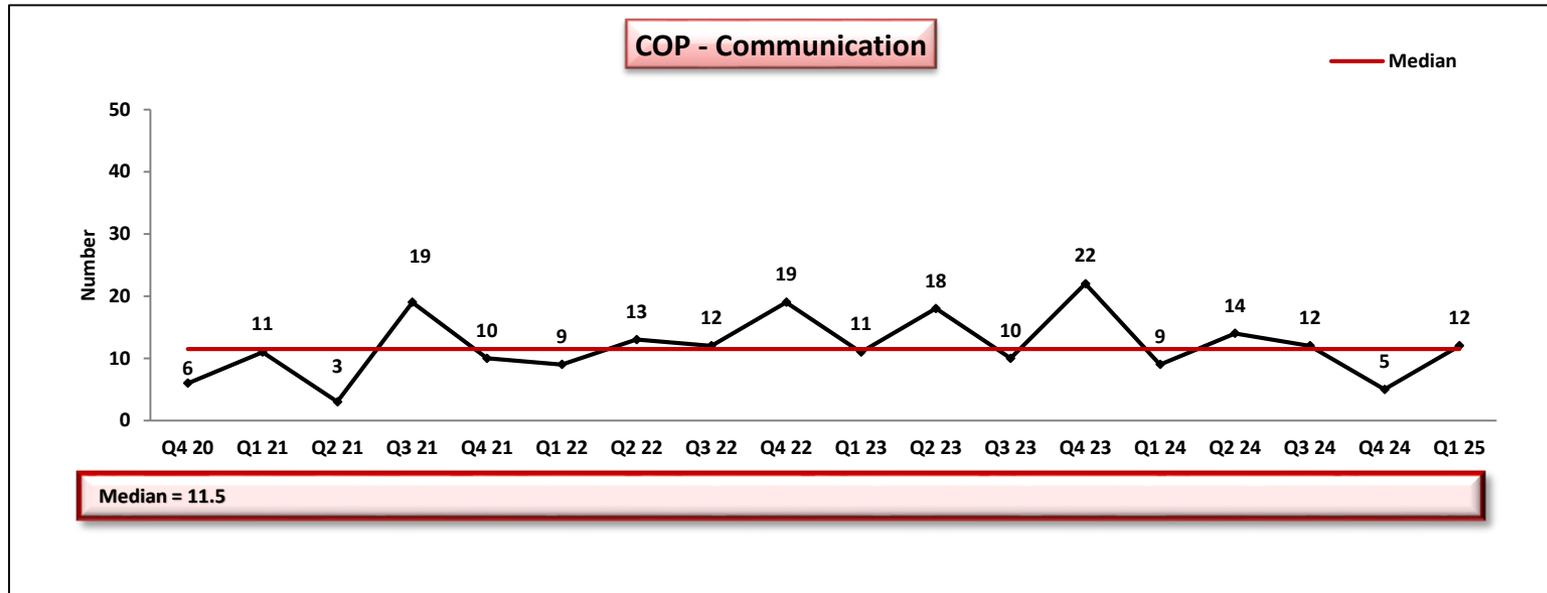
Established Clinical Complaints by Category Top 5



COP – Care Coordination:

- Delay in Service
- Delay in appointment
- Deviation From Standard Operating Procedure
- Lack of response

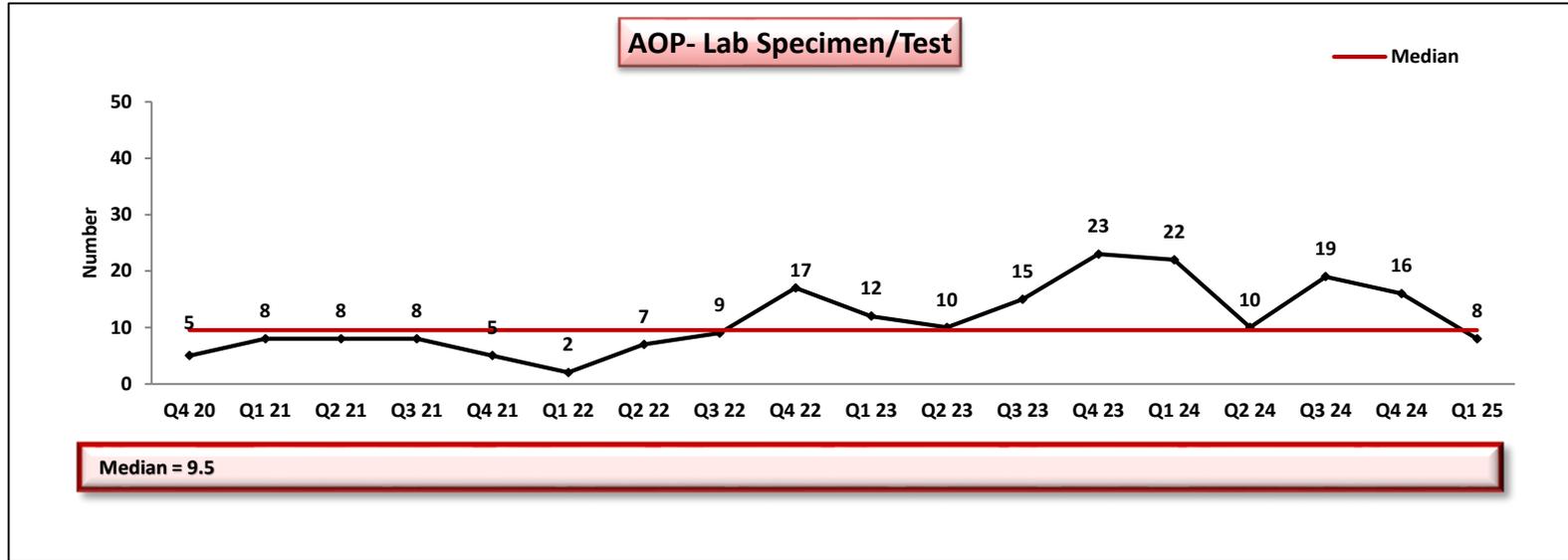
Established Clinical Complaints by Category Top 5



COP - Communication:

- No/ Wrong information given to the patient
- Miscommunication about appointment
- Inadequate education such as about medications/ procedure/surgery

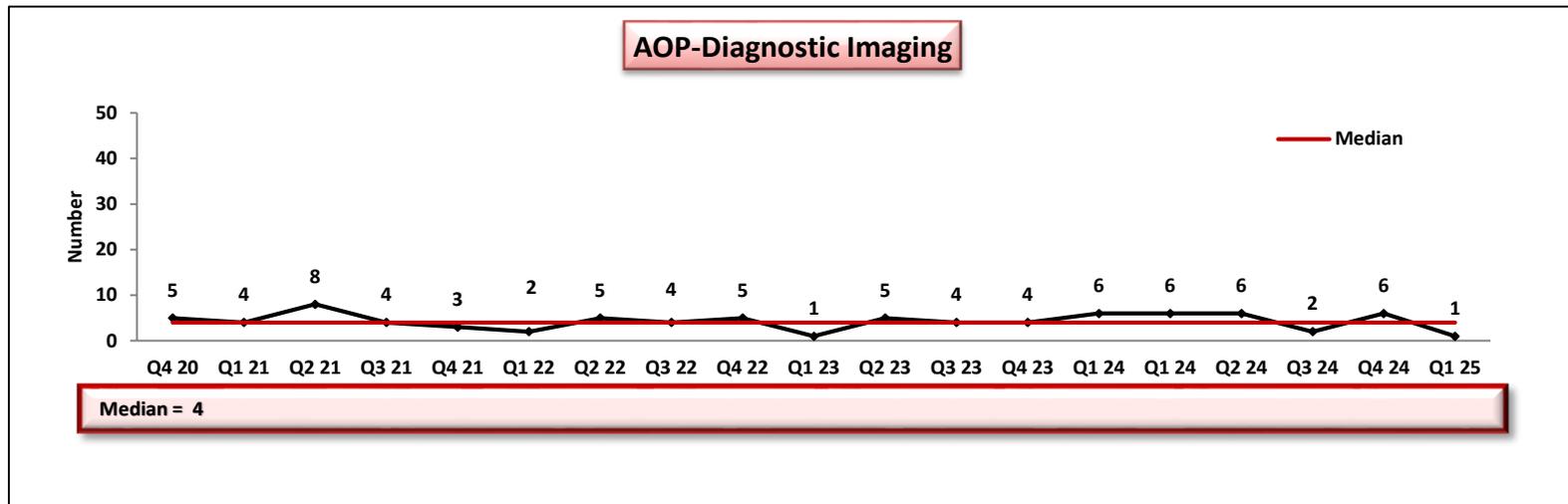
Established Clinical Complaints by Category Top 5



AOP-Lab Specimen/Test:

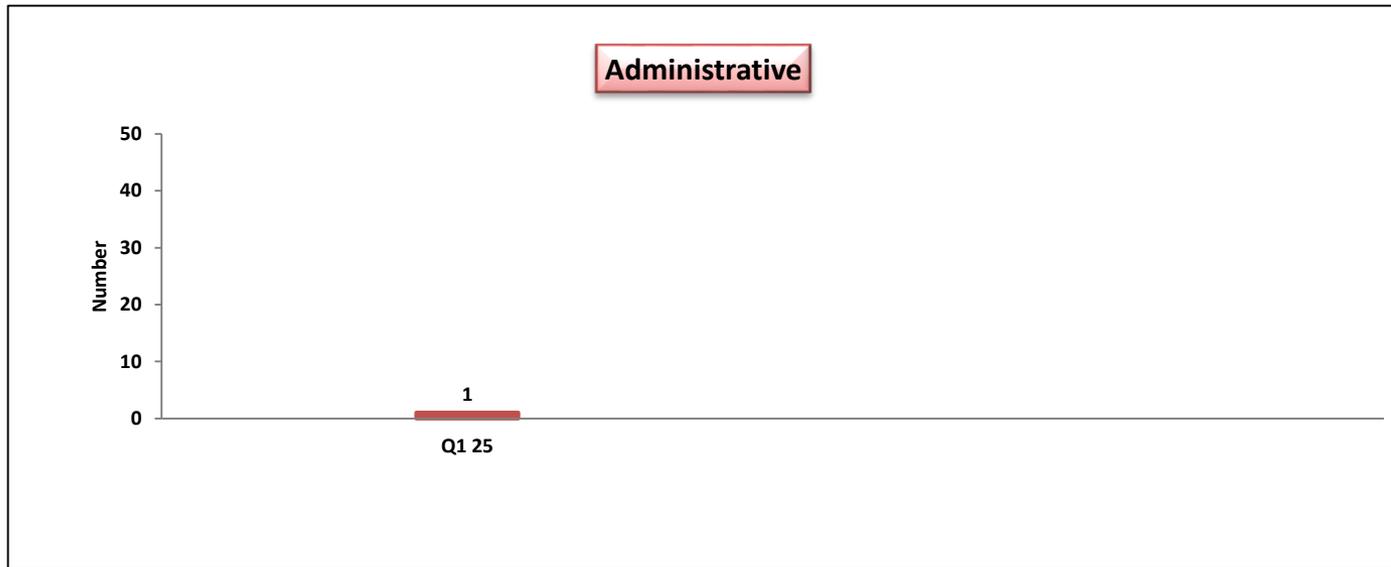
- Deviation from Standard Operation Procedure
- Delayed Normal Result
- Specimen hemolysis
- Delay in transportation

Established Clinical Complaints by Category Top 5



AOP-Diagnostic Imaging:
• Results- Delayed

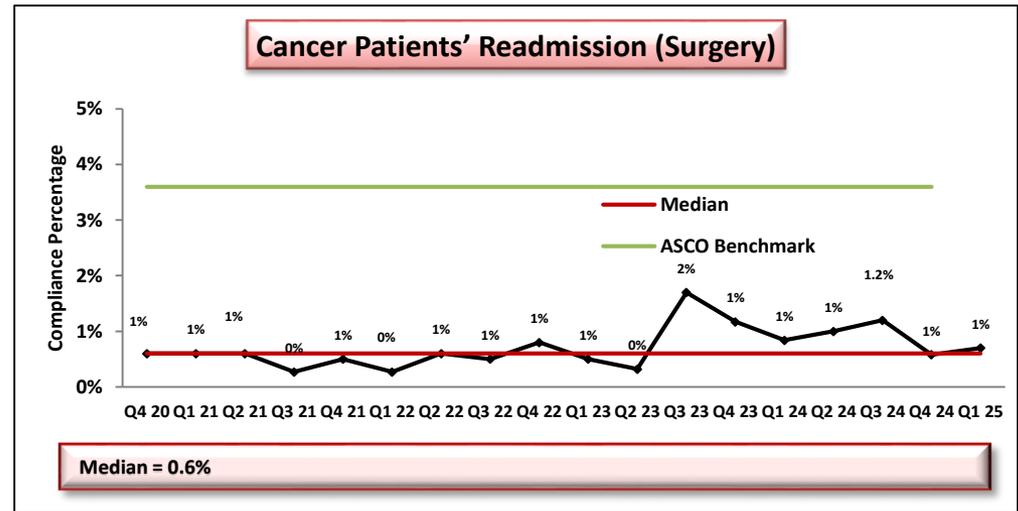
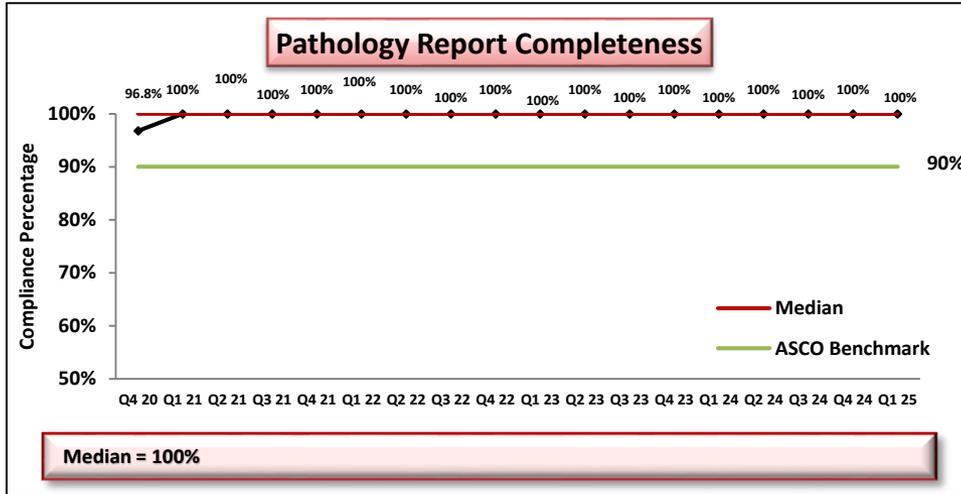
Established Clinical Complaints by Category Top 5



Administrative:

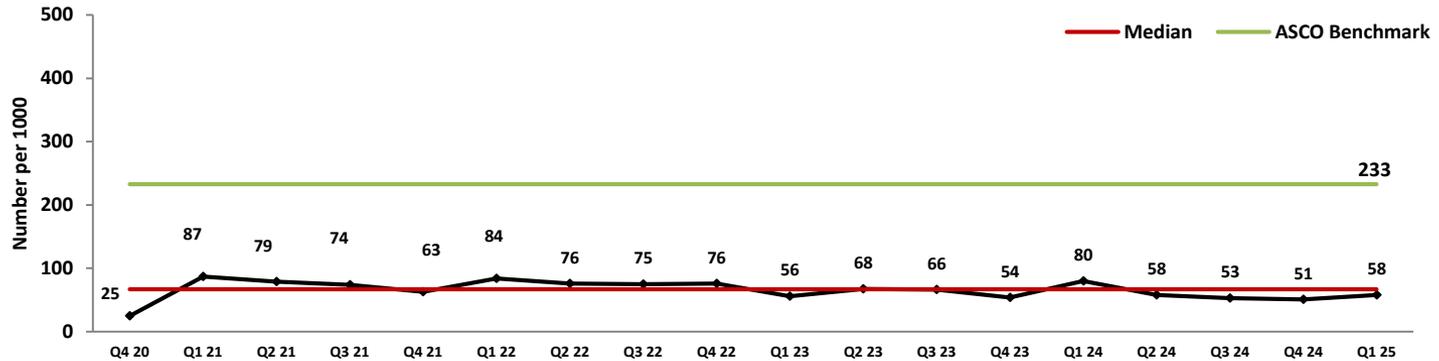
- Billing related issue

ASCO (QOPI) Indicators



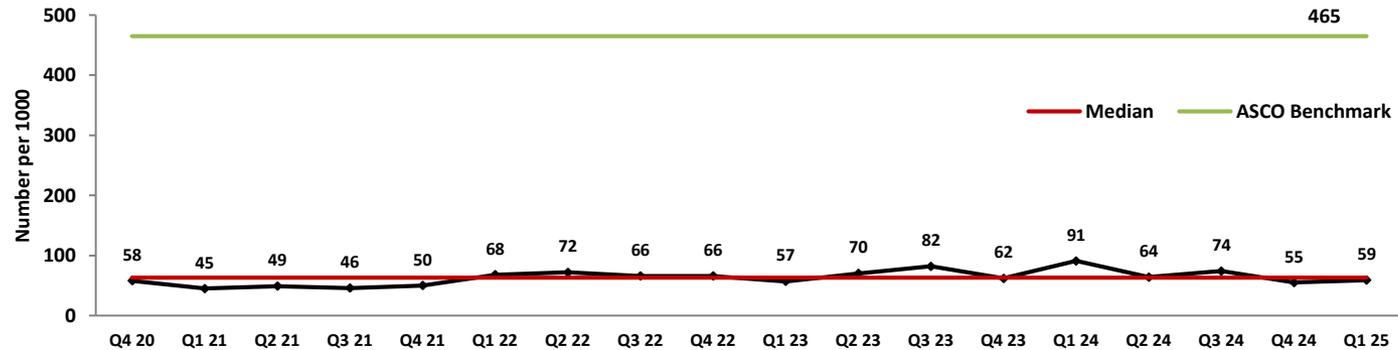
ASCO (QOPI) Indicators

Chemotherapy Patients' Inpatient Admissions



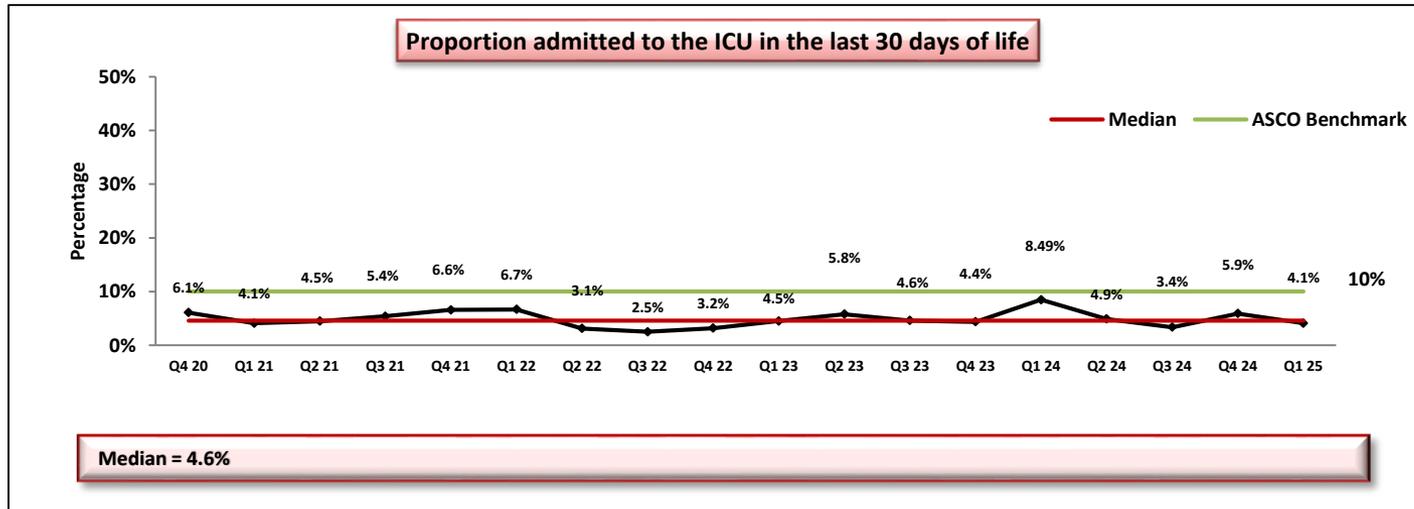
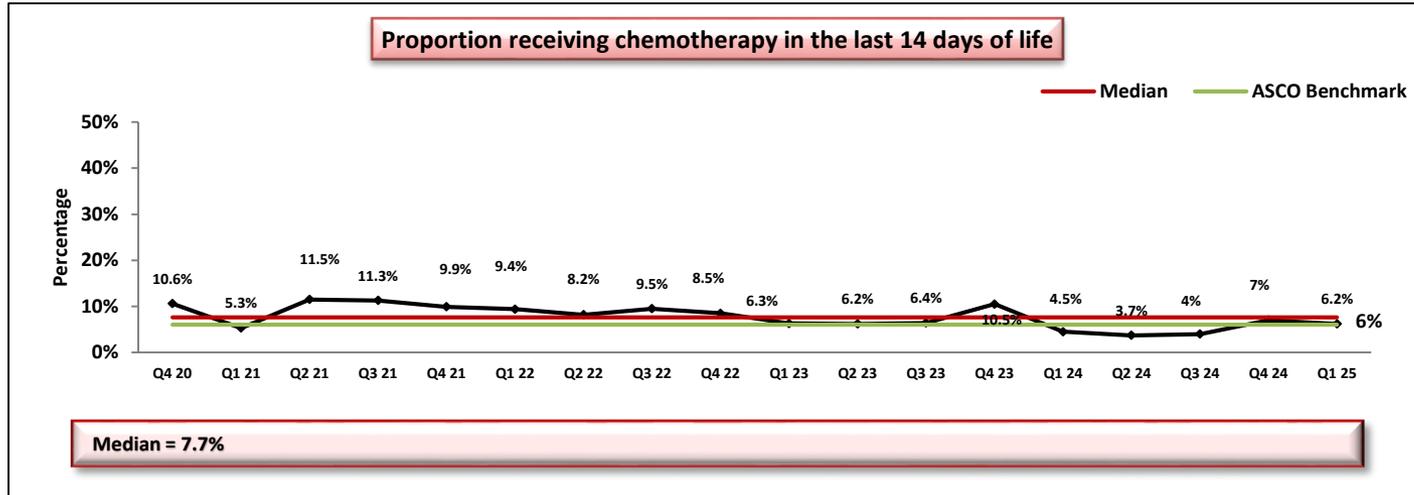
Median = 67.1

Chemotherapy Patients' ER Admissions



Median = 65

ASCO (QOPI) Indicators



Thank you