

# DHMH - Services and Institutional Operations - Deer's Head Hospital Center and Western Maryland Center

## MISSION

Provide patient-centered, comprehensive healthcare and rehabilitation services for the clinically complex patient and resident.

## VISION

Our exceptional people and healing environment will provide high quality care and comfort in mind, body, and spirit to those whose lives we touch.

## KEY GOALS, OBJECTIVES, AND PERFORMANCE MEASURES

### DEER'S HEAD HOSPITAL CENTER

**Goal 1. To operate with a "Culture of Safety," free from accidents, injuries, and medication errors for all who reside and/or those who rehabilitate at DHHC.**

**Obj. 1.1** DHHC patient /resident fall rate will continue to improve from fiscal 2015 levels.

**Obj. 1.2** DHHC patient/resident medication error rate will continue to be within acceptable levels.

Performance Measures	2012 Act.	2013 Act.	2014 Act.	2015 Act.	2016 Act.	2017 Est.	2018 Est.
Number of patient care days (PCDs)	24,078	22,630	20,611	19,639	16,153	16,153	16,153
Number of falls	99	84	74	86	60	60	60
Fall rate per 1,000 PCDs	4.11	3.71	3.59	4.38	3.71	3.71	3.71
Number of doses administered	584,632	562,659	505,317	458,082	542,283	542,283	542,283
Number of medication errors	120	124	174	303	184	184	184
Medication error rate per opportunity	0.02%	0.02%	0.03%	0.07%	0.03%	0.03%	0.03%

**Goal 2. To ensure quality of care for all patients.**

**Obj. 2.1** During fiscal year 2016, the nosocomial pressure ulcer rate will be less than 0.9.

Performance Measures	2012 Act.	2013 Act.	2014 Act.	2015 Act.	2016 Act.	2017 Est.	2018 Est.
Number of PCDs	24,078	22,630	20,611	19,639	16,153	16,153	16,153
Number of patients/residents with nosocomial pressure ulcers	30	20	23	4	6	6	6
Nosocomial pressure ulcer rate per 1,000 PCDs	1.25	0.88	1.12	0.20	0.37	0.37	0.37

**Goal 3. Improve quality and accessibility to a consistently increasing end stage renal disease population.**

**Obj. 3.1** The percentage of hemodialysis patients who achieve a URR (urea reduction rate, measuring adequacy of dialysis) of 65 will be equal to or greater than the Mid Atlantic Renal Coalition goal of 96 percent.

Performance Measures	2012 Act.	2013 Act.	2014 Act.	2015 Act.	2016 Act.	2017 Est.	2018 Est.
Number of URR tests done	826	823	748	680	732	732	732
Number of URR test results greater than 65	784	806	732	670	723	723	723
Percent of hemodialysis patients who achieve URR of 65	94.9%	97.9%	97.9%	98.5%	99.0%	99.0%	99.0%

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<http://dhmh.maryland.gov/deershead/> | <http://www.wmhc.us/>

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**Obj. 3.2** The percentage of hemodialysis patients who achieve a Kt/V of 1.2 or greater will be equal to or greater than the Mid Atlantic Renal Coalition goal of 90 percent.

Performance Measures	2012 Act.	2013 Act.	2014 Act.	2015 Act.	2016 Act.	2017 Est.	2018 Est.
Number of Kt/V tests done	786	777	731	671	715	715	715
Number of Kt/V tests greater than 1.2	754	769	723	658	710	710	710
Hemodialysis patients who achieve Kt/V of 1.2 or greater	95.9%	99.0%	98.9%	98.1%	99.0%	99.0%	99.0%

### WESTERN MARYLAND CENTER

**Goal 1. Provide the highest quality of care in a safe environment free from Hospital Acquired Complications, injuries, and medication errors.**

**Obj. 1.1** The Western Maryland Hospital Center (WMHC) patient/resident fall rate will improve annually.

**Obj. 1.2** The WMHC patient/resident medication error rate will continue to be within acceptable levels.

**Obj. 1.3** The WMHC patient/resident Ventilator Associated Pneumonia (VAP) rate will be based on Vent days with a goal of 1.55 or fewer occurrences per 1000 Vent Days.

**Obj. 1.4** The WMHC percent of patients with pressure ulcers that are new or worsened will improve annually.

Performance Measures	2012 Act.	2013 Act.	2014 Act.	2015 Act.	2016 Act.	2017 Est.	2018 Est.
Total number of patients	N/A	209	189	139	175	343	343
Number of patients with one or more falls with major injury	N/A	N/A	1	3	1	2	2
Percent of patients with one or more falls with major injury	N/A	N/A	0.5%	2.1%	2.0%	1.0%	1.0%
Number of doses administered	709,367	745,137	746,542	665,012	639,080	865,770	752,425
Number of medication errors	789	345	332	112	125	345	335
Medication error rate per opportunity	0.11%	0.05%	0.04%	0.02%	0.01%	0.04%	0.04%
Number of Vent Days	5,101	4,430	3,886	4,615	2,288	6,008	2,500
Number of Ventilator Associated Pneumonia (VAPs)	10	5	5	5	2	5	2
Rate of VAP occurrence per 1,000 Vent Days	1.96	1.13	1.29	1.08	0.87	0.83	0.80
Number of patients with pressure ulcers that are new or worsened	N/A	N/A	N/A	N/A	14	8	12
Percent of patients with pressure ulcers that are new or worsened	N/A	N/A	N/A	N/A	1.8%	2.0%	2.0%

**Goal 2. Provide an exceptional experience for all patients and families.**

**Obj. 2.1** Annually increase the Customer Satisfaction Score.

Performance Measures	2012 Act.	2013 Act.	2014 Act.	2015 Act.	2016 Act.	2017 Est.	2018 Est.
Annual Customer Satisfaction Score	N/A	86.8%	95.8%	87.7%	88.0%	91.0%	91.0%