

# 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 (DHHC)

**Goal 1. To operate with a “Culture of Safety,” free from accidents and injuries for all who reside and/or those who rehabilitate at Deer’s Head Hospital Center.**

**Obj. 1.1** During Fiscal Year 2019, DHHC estimates that the patient/resident fall rate will be 2.4 or less falls per 1000 Patient Care Days (PCDs).

**Obj. 1.2** During Fiscal Year 2019, DHHC will maintain a medication error rate of less than 0.02

Performance Measures	2013 Act.	2014 Act.	2015 Act.	2016 Act.	2017 Act.	2018 Est.	2019 Est.
Number of patient care days (PCDs)	22,630	20,611	19,639	16,153	16,793	16,793	16,793
Number of falls	84	74	86	60	41	41	41
Fall rate per 1,000 PCDs	3.71	3.59	4.38	3.71	2.44	2.44	2.44
Number of doses administered	562,659	505,317	458,082	542,283	474,287	474,287	474,287
Number of medication errors	124	174	303	184	116	116	116
Medication error rate per opportunity	0.02%	0.03%	0.07%	0.03%	0.02%	0.02%	0.02%

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

**Obj. 2.1** During Fiscal Year 2019, the nosocomial pressure ulcer rate will 0.2 or less per 1,000 Patient Care Days (PCDs).

Performance Measures	2013 Act.	2014 Act.	2015 Act.	2016 Act.	2017 Act.	2018 Est.	2019 Est.
Number of PCDs	22,630	20,611	19,639	16,153	16,793	16,793	16,793
Number of patients/residents with nosocomial pressure ulcers	20	23	4	6	0	4	4
Nosocomial pressure ulcer rate per 1,000 PCDs	0.88	1.12	0.20	0.37	0.00	0.24	0.24

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

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

Performance Measures	2013 Act.	2014 Act.	2015 Act.	2016 Act.	2017 Act.	2018 Est.	2019 Est.
Number of URR tests done	823	748	680	732	653	653	653
Number of URR test results greater than 65	806	732	670	723	635	635	635
Percent of hemodialysis patients who achieve URR of 65	97.9%	97.9%	98.5%	98.8%	97.2%	97.2%	97.2%

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**Obj. 3.2** The percentage of hemodialysis patients who achieve a Kt/V of 1.2

Performance Measures	2013 Act.	2014 Act.	2015 Act.	2016 Act.	2017 Act.	2018 Est.	2019 Est.
Number of Kt/V tests done	777	731	671	715	658	658	658
Number of Kt/V tests greater than 1.2	769	723	658	710	641	641	641
Hemodialysis patients who achieve Kt/V of 1.2 or greater	99.0%	98.9%	98.1%	99.3%	97.4%	97.4%	97.4%

## 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	2013 Act.	2014 Act.	2015 Act.	2016 Act.	2017 Act.	2018 Est.	2019 Est.
Total number of patients	209	189	139	175	174	343	343
Number of patients with one or more falls with major injury	N/A	1	3	1	0	2	2
Percent of patients with one or more falls with major injury	N/A	0.5%	2.1%	2.0%	0.0%	1.0%	1.0%
Number of doses administered	745,137	746,542	665,012	639,080	655,644	752,425	752,425
Number of medication errors	345	332	112	125	117	335	335
Medication error rate per opportunity	0.05%	0.04%	0.02%	0.02%	0.02%	0.04%	0.04%
Number of Vent Days	4,430	3,886	4,615	2,288	2,396	2,500	2,500
Number of Ventilator Associated Pneumonia (VAPs)	5	5	5	2	5	2	2
Rate of VAP occurrence per 1,000 Vent Days	1.13	1.29	1.08	0.87	2.09	0.80	0.80
Number of patients with pressure ulcers that are new or worsened	N/A	N/A	N/A	14	23	12	12
Percent of patients with pressure ulcers that are new or worsened	N/A	N/A	N/A	1.8%	3.0%	0.0%	0.0%

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

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

Performance Measures	2013 Act.	2014 Act.	2015 Act.	2016 Act.	2017 Act.	2018 Est.	2019 Est.
Annual Customer Satisfaction Score	86.8%	95.8%	87.7%	88.0%	92.8%	91.0%	91.0%

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