

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

MISSION

Deer's Head Hospital Center: Be a thriving, person centered healthcare organization, providing individualized care for the community through a multidisciplinary team approach.

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

VISION

Deer's Head Hospital Center: To be an innovative community full of vitality in which all are welcomed and empowered to contribute their ideas and talents. DHHC envisions a collaborative healing environment where each of us is known, respected, valued, and has purpose: a place where patients, residents, families, volunteers and employees want to be.

Western Maryland Center: 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 2020, DHHC estimates that the percentage of patients/residents with one or more falls will be .01 percent.

Obj. 1.2 During Fiscal Year 2020, DHHC will maintain a medication error rate of less than 0.02.

| Performance Measures | 2014 Act. | 2015 Act. | 2016 Act. | 2017 Act. | 2018 Act. | 2019 Est. | 2020 Est. |
|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Number of patient care days (PCDs) | 20,611 | 19,639 | 16,153 | 16,793 | 15,638 | 16,000 | 16,000 |
| Number of falls | 74 | 86 | 60 | 41 | 39 | N/A | N/A |
| Fall rate per 1,000 PCDs | 3.59 | 4.38 | 3.71 | 2.44 | 2.49 | N/A | N/A |
| Number of doses administered | 505,317 | 458,082 | 542,283 | 474,287 | 387,169 | 498,500 | 498,500 |
| Number of medication errors | 174 | 303 | 184 | 116 | 150 | 130 | 130 |
| Medication error rate per opportunity | 0.03% | 0.07% | 0.03% | 0.02% | 0.04% | 0.03% | 0.03% |
| Number of Falls with Major Injury | N/A | N/A | N/A | N/A | N/A | 1 | 1 |
| Total number of patients/residents | N/A | N/A | N/A | N/A | N/A | 155.00 | 155.00 |
| Percentage of patients/residents with one or more falls with major injury | N/A | N/A | N/A | N/A | N/A | 0.6% | 0.6% |

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

Obj. 2.1 During Fiscal Year 2020, the percentage of patients/residents with new pressure injuries will be 2 percent or less annually.

Obj. 2.2 During Fiscal Year 2020, the percentage of patients/residents with worsening pressure injuries will be 2 percent or less annually.

| Performance Measures | 2014 Act. | 2015 Act. | 2016 Act. | 2017 Act. | 2018 Act. | 2019 Est. | 2020 Est. |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Number of PCDs | 20,611 | 19,639 | 16,153 | 16,793 | 15,638 | 16,000 | 16,000 |
| Number of patients/residents with nosocomial pressure ulcers | 23 | 4 | 6 | 0 | 0 | N/A | N/A |
| Nosocomial pressure ulcer rate per 1,000 PCDs | 1.12 | 0.20 | 0.37 | 0.00 | 0.00 | N/A | N/A |
| Number of Patients/residents with pressure injuries that are new | N/A | N/A | N/A | N/A | N/A | 2 | 2 |
| Total number of Patients/residents | N/A | N/A | N/A | N/A | N/A | 155 | 155 |
| Percent of Patients with pressure injuries that are new | N/A | N/A | N/A | N/A | N/A | 1.3% | 1.3% |
| Number of Patients/residents with pressure injuries that worsen | N/A | N/A | N/A | N/A | N/A | 0 | 0 |
| Total number of Patients/residents | N/A | N/A | N/A | N/A | N/A | 155 | 155 |
| Percent of Patients with pressure injuries that worsen | N/A | N/A | N/A | N/A | N/A | 0% | 0% |

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 | 2014 Act. | 2015 Act. | 2016 Act. | 2017 Act. | 2018 Act. | 2019 Est. | 2020 Est. |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Number of URR tests done | 748 | 680 | 732 | 653 | 716 | 720 | 720 |
| Number of URR test results greater than 65 | 732 | 670 | 723 | 635 | 704 | 698 | 698 |
| Percent of hemodialysis patients who achieve URR of 65 | 97.9% | 98.5% | 98.8% | 97.2% | 98.0% | 97.0% | 97.0% |

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 | 2014 Act. | 2015 Act. | 2016 Act. | 2017 Act. | 2018 Act. | 2019 Est. | 2020 Est. |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Number of Kt/V tests done | 731 | 671 | 715 | 658 | 713 | 720 | 720 |
| Number of Kt/V tests greater than 1.2 | 723 | 658 | 710 | 641 | 697 | 698 | 698 |
| Hemodialysis patients who achieve Kt/V of 1.2 or greater | 98.9% | 98.1% | 99.3% | 97.4% | 98.0% | 97.0% | 97.0% |

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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 | 2014 Act. | 2015 Act. | 2016 Act. | 2017 Act. | 2018 Act. | 2019 Est. | 2020 Est. |
|---|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| Total number of patients | 189 | 139 | 175 | 174 | 136 | 182 | 182 |
| Number of patients with one or more falls with major injury | 1 | 3 | 1 | 0 | 0 | 1 | 1 |
| Percent of patients with one or more falls with major injury | 0.50% | 2.10% | 2.00% | 0.00% | 0.00% | 0.01% | 0.01% |
| Number of doses administered | 746,542 | 665,012 | 639,080 | 655,644 | 469,251 | 670,425 | 670,425 |
| Number of medication errors | 332 | 112 | 125 | 117 | 107 | 125 | 125 |
| Medication error rate per opportunity | 0.04% | 0.02% | 0.02% | 0.02% | 0.02% | 0.02% | 0.02% |
| Number of Vent Days | 3,886 | 4,615 | 2,288 | 2,396 | 2,656 | 2,500 | 2,500 |
| Number of Ventilator Associated Pneumonia (VAPs) | 5 | 5 | 2 | 5 | 7 | 4 | 4 |
| Rate of VAP occurrence per 1,000 Vent Days | 1.29 | 1.08 | 0.87 | 2.09 | 2.64 | 1.60 | 1.60 |
| Number of patients with pressure ulcers that are new or worsened | N/A | N/A | 14 | 23 | 16 | N/A | N/A |
| Percent of patients with pressure ulcers that are new or worsened | N/A | N/A | 1.8% | 3.0% | 2.0% | N/A | N/A |
| Number of Patients/residents with pressure injuries that are new | N/A | N/A | N/A | N/A | N/A | 5 | 5 |
| Total number of Patients/residents | N/A | N/A | N/A | N/A | N/A | 182 | 182 |
| Percent of Patients with pressure injuries that are new | N/A | N/A | N/A | N/A | N/A | 2.8% | 2.8% |
| Number of Patients/residents with pressure injuries that worsen | N/A | N/A | N/A | N/A | N/A | 1 | 1 |
| Total number of Patients/residents | N/A | N/A | N/A | N/A | N/A | 182 | 182 |
| Percent of Patients with pressure injuries that are worsening | N/A | N/A | N/A | N/A | N/A | 0.5% | 0.5% |

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

Obj. 2.1 Annually increase the Customer Satisfaction Score.

| Performance Measures | 2014 Act. | 2015 Act. | 2016 Act. | 2017 Act. | 2018 Act. | 2019 Est. | 2020 Est. |
|------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Annual Customer Satisfaction Score | 95.8% | 87.7% | 88.0% | 92.8% | 94.0% | 91.0% | 91.0% |