

MDH - Services and Institutional Operations - Deer's Head Hospital Center and Western Maryland Hospital 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 Hospital Center: A thriving specialized healthcare center delivering medical and rehabilitation services to clinically complex individuals.

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 Hospital Center: Will be known for delivering the highest quality care and rehabilitation through the collaborative engagement of compassionate people and community partnerships.

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 Annually, the percentage of patients/residents with one or more falls will be .01 percent or less.

Obj. 1.2 Annually, DHHC will maintain a medication error rate of less than 0.02.

Performance Measures	2015 Act.	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Est.	2021 Est.
Number of patient care days (PCDs)	19,639	16,153	16,793	15,638	15,898	15,898	15,898
Number of falls	86	60	41	39	N/A	N/A	N/A
Fall rate per 1,000 PCDs	4.38	3.71	2.44	2.49	N/A	N/A	N/A
Number of doses administered	458,082	542,283	474,287	387,169	368,733	368,733	368,733
Number of medication errors	303	184	116	150	303	150	150
Medication error rate per opportunity	0.07%	0.03%	0.02%	0.04%	0.08%	0.04%	0.04%
Number of falls with major injury	N/A	N/A	N/A	N/A	1	1	1
Total number of patients/residents	N/A	N/A	N/A	N/A	120	120	120
Percentage of patients/residents with one or more falls with major injury	N/A	N/A	N/A	N/A	0.83%	0.83%	0.83%

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

Obj. 2.1 The percentage of patients/residents with new pressure injuries will be 2 percent or less annually.

Obj. 2.2 The percentage of patients/residents with worsening pressure injuries will be 2 percent or less annually.

Performance Measures	2015 Act.	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Est.	2021 Est.
Number of PCDs	19,639	16,153	16,793	15,638	15,898	15,898	15,898
Number of patients/residents with nosocomial pressure ulcers	4	6	0	0	N/A	N/A	N/A
Nosocomial pressure ulcer rate per 1,000 PCDs	0.20	0.37	0	0	N/A	N/A	N/A
Number of patients/residents with pressure injuries that are new	N/A	N/A	N/A	N/A	0	0	0
Total number of patients/residents	N/A	N/A	N/A	N/A	0	0	0
Percent of patients with pressure injuries that are new	N/A	N/A	N/A	N/A	0%	0%	0%
Number of patients/residents with pressure injuries that worsen	N/A	N/A	N/A	N/A	2	1	1
Total number of patients/residents	N/A	N/A	N/A	N/A	120	120	120
Percent of patients with pressure injuries that worsen	N/A	N/A	N/A	N/A	1.67%	0.83%	0.83%

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	2015 Act.	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Est.	2021 Est.
Number of URR tests done	680	732	653	716	579	579	579
Number of URR test results of 65 or greater	670	723	635	704	573	573	573
Percent of hemodialysis patients who achieve URR of 65 or greater	98.53%	98.77%	97.24%	98.32%	98.96%	98.96%	98.96%

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	2015 Act.	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Est.	2021 Est.
Number of Kt/V tests done	671	715	658	713	577	577	577
Number of Kt/V tests of 1.2 or greater	658	710	641	697	570	570	570
Hemodialysis patients who achieve Kt/V of 1.2 or greater	98.06%	99.30%	97.42%	97.76%	98.79%	98.79%	98.79%

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WESTERN MARYLAND HOSPITAL CENTER (WMHC)

Goal 1. To operate with a “Culture of Safety,” free from accidents, injuries and medication errors for all who reside and/or those who receive treatment at Western Maryland Hospital Center.

Obj. 1.1 Annually, the percentage of patients/residents with one or more falls with major injury will be .01 percent or less.

Obj. 1.2 Annually, WMHC will maintain a medication error rate of less than 0.02.

Performance Measures	2015 Act.	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Est.	2021 Est.
Total number of patients/residents	139	175	174	136	106	121	121
Number of patients with one or more falls with major injury	3	1	0	0	1	0	0
Percent of patients with one or more falls with major injury	2.2%	0.6%	0.0%	0.0%	0.9%	0.0%	0.0%
Number of doses administered	665,012	639,080	655,644	469,251	442,380	455,816	455,816
Number of medication errors	112	125	117	107	153	93	93
Medication error rate per opportunity	0.02%	0.02%	0.02%	0.02%	0.04%	0.02%	0.02%

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

Obj. 2.1 Annually, the percentage of patients/residents with new pressure injuries will be 2 percent or less.

Obj. 2.2 Annually, the percentage of patients/residents with worsening pressure injuries will be 2 percent or less.

Performance Measures	2015 Act.	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Est.	2021 Est.
Total number of patients/residents	139	175	174	136	106	121	121
Number of patients/residents with pressure injuries that are new	N/A	N/A	N/A	N/A	8	4	4
Percent of pressure injuries that are new	N/A	N/A	N/A	N/A	0.67%	3.31%	3.31%
Number of patients/residents with pressure injuries that worsen	N/A	N/A	N/A	N/A	1	0	0
Percent of pressure injuries that are worsening	N/A	N/A	N/A	N/A	0.33%	0.00%	0.00%

Goal 3. Provide the highest quality of care in a safe environment free from hospital acquired complications.

Obj. 3.1 Annually, the patient/resident Ventilator Associated Pneumonia (VAP) rate will be 1.55 or lower.

Performance Measures	2015 Act.	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Est.	2021 Est.
Number of vent days	4,615	2,288	2,396	2,656	2,645	2,651	2,651
Number of Ventilator Associated Pneumonia (VAPs)	5	2	5	7	16	7	7
Rate of VAP occurrence per 1,000 vent days	1.08	0.87	2.09	2.64	6.05	2.64	2.64

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Goal 4. Provide an exceptional experience for all patients and families.

Obj. 4.1 Annually increase the customer satisfaction score.

Performance Measures	2015 Act.	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Est.	2021 Est.
Annual customer satisfaction score	87.7%	88.0%	92.8%	94.0%	92.9%	92.0%	92.0%