

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	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Est.	2022 Est.
Number of patient care days (PCDs)	16,153	16,793	15,638	15,898	15,155	15,155	15,155
Number of doses administered	542,283	474,287	387,169	368,733	365,893	365,893	365,893
Number of medication errors	184	116	150	303	320	182	182
Medication error rate per opportunity	0.03%	0.02%	0.04%	0.08%	0.09%	0.05%	0.05%
Number of falls with major injury	N/A	N/A	N/A	1	1	1	1
Total number of patients/residents	N/A	N/A	N/A	120	122	122	122
Percentage of patients/residents with one or more falls with major injury	N/A	N/A	N/A	0.83%	0.82%	0.82%	0.82%

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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	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Est.	2022 Est.
Number of PCDs	16,153	16,793	15,638	15,898	15,155	15,155	15,155
Number of patients/residents with pressure injuries that are new	N/A	N/A	N/A	0	0	0	0
Total number of patients/residents	N/A	N/A	N/A	120	122	122	122
Percent of patients with pressure injuries that are new	N/A	N/A	N/A	0%	0%	0%	0%
Number of patients/residents with pressure injuries that worsen	N/A	N/A	N/A	2.00	0.00	0.00	0.00
Total number of patients/residents	N/A	N/A	N/A	120.00	122.00	122.00	122.00
Percent of patients with pressure injuries that worsen	N/A	N/A	N/A	1.7%	0.0%	0.0%	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	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Est.	2022 Est.
Number of URR tests done	732	653	716	579	525	525	525
Number of URR test results of 65 or greater	723	635	704	573	521	521	521
Percent of hemodialysis patients who achieve URR of 65 or greater	98.77%	97.24%	98.32%	98.96%	99.24%	99.24%	99.24%

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	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Est.	2022 Est.
Number of Kt/V tests done	715	658	713	577	523	523	523
Number of Kt/V tests of 1.2 or greater	710	641	697	570	513	513	513
Hemodialysis patients who achieve Kt/V of 1.2 or greater	99.30%	97.42%	97.76%	98.79%	98.09%	98.09%	98.09%

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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	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Est.	2022 Est.
Total number of patients/residents	175	174	136	106	79	100	100
Number of patients with one or more falls with major injury	1	0	0	1	0	0	0
Percent of patients with one or more falls with major injury	0.6%	0.0%	0.0%	0.9%	0.0%	0.0%	0.0%
Number of doses administered	639,080	655,644	469,251	442,380	452,252	455,816	455,816
Number of medication errors	125	117	107	153	48	93	93
Medication error rate per opportunity	0.02%	0.02%	0.02%	0.03%	0.01%	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	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Est.	2022 Est.
Total number of patients/residents	175	174	136	106	79	100	100
Number of patients/residents with pressure injuries that are new	N/A	N/A	N/A	8	7	2	2
Percent of pressure injuries that are new	N/A	N/A	N/A	0.67%	8.86%	2.00%	2.00%
Number of patients/residents with pressure injuries that worsen	N/A	N/A	N/A	1	1	0	0
Percent of pressure injuries that are worsening	N/A	N/A	N/A	0.33%	1.27%	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	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Est.	2022 Est.
Number of vent days	2,288	2,396	2,656	2,645	1,987	2,651	2,651
Number of Ventilator Associated Pneumonia (VAPs)	2	5	7	16	4	7	7
Rate of VAP occurrence per 1,000 vent days	0.87	2.09	2.64	6.05	2.01	2.64	2.64

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Obj. 3.2 Annually, the patient/resident ventilator associated event (VAE) rate will be 1.55 or less.

Obj. 3.3 Annually, the patient/resident Catheter Associated Urinary Tract Infections (Cauti) rate will be 1.6 or less.

Obj. 3.4 Annually, the patient/resident Multi-drug Resistant Organisms (MDRO) rate will be 0.63 or less.

Performance Measures	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Est.	2022 Est.
Patient/resident ventilator associated event (VAE) rate	N/A	N/A	N/A	N/A	N/A	N/A	0.00
Patient/resident Catheter Associated Urinary Tract Infections (Cauti) rate	N/A	N/A	N/A	N/A	N/A	N/A	1.60
Patient/resident Multi-drug Resistant Organisms (MDRO) rate	N/A	N/A	N/A	N/A	N/A	N/A	0.63

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

Obj. 4.1 Annually increase the customer satisfaction score.

Performance Measures	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Est.	2022 Est.
Annual customer satisfaction score	88.0%	92.8%	94.0%	92.9%	88.6%	92.0%	92.0%