This month’s balanced scorecard for EPIC is currently comprised of thirty-four (34) measures split into six areas: clinical quality, growth, pay for performance, financial, operational, and customer service. The analytical/reporting timeframe is the three months from May 1, 2014 to July 31, 2014, except where noted in parentheses. *Downstate@LICH data is indicated in bold italics. Note that there are small numbers to report for LICH during this period, so interpret their performance with caution.*

**CLINICAL QUALITY MEASURES:**

**Improvement opportunity:** Mortality rate (1.96%), Elective admission mortality rate (1.14%), patient falls rate (1.48 per 1,000 Patient Days), patient falls with injuries (4), NYPORTS cases reported (1 - zero @LICH), NYPORTS requiring a RCA (1 - zero @LICH), unexpected deaths/serious injury (1 - zero @LICH).

**GROWTH MEASURES:**

**Improvement opportunity:** Adult ED visit volume (3,968 monthly), Peds ED visit volume (1,311 monthly), average time waiting for bed (203 minutes), admissions from the ED (815 monthly), percent observation patients admitted (Patients originating in the ED) (41.8%), psychiatry admissions (102 total), hospital discharges (1,158), average daily census (228), occupancy rate (60.6%), ALOS (5.63), ambulatory outpatient volume (29,611) visits monthly.

**PAY FOR PERFORMANCE MEASURES:** Core measures composites as of Q4 2013.

**Neutral:** AMI Composite Q4, 2013 (98.6% - 75.0% @LICH), Q4, 2013 HF Composite (98.5% - 81.3% @LICH), PN Composite Q4, 2013 (97% - 60.0% @LICH), SCIP Composite (95.6%), 30 day re-admission rate (related diagnosis) Q1, 2014 (5.59% - 8.17% @LICH), 14 day readmission rate (related diagnosis) Q1, 2014 (3.53% - 4.70% @LICH).

**Improvement opportunity:** HCAHPS Rating May, 2014 (55%), HCAHPS Recommend May, 2014 (62.0%), Decubiti Stage 3 and higher (4 - zero @LICH), HACs (9 – zero @LICH).

**FINANCIAL MEASURES:**

**Improvement opportunity:** CMI - Medicare (1.52), CMI - Non-Medicare (0.98)
OPERATIONAL MEASURES:

Improvement opportunity: Delinquent medical record rate (26.0%) (April 1st – June 30th, 2014 – No July Data Reported)

CUSTOMER SERVICE MEASURES:

Neutral: Inpatient complaint rate 1.38 per 1000 patient days, outpatient complaint rate 0.33 per 1000 patient days/visits, ED complaint rate 0.82 per 1000 visits
UNIVERSITY HOSPITAL OF BROOKLYN
DASHBOARD MEASURES
July 2012 to July 2014
# UNIVERSITY HOSPITAL OF BROOKLYN DASHBOARD MEASURES
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**Mortality Rate**

**Clinical Quality Measures**

- **Mean:** 0.0187
- **Minimum:** 0.0115
- **Control Limits:** Sigma= 2
- **Range:** 0.0186
- **Maximum:** 0.0301

**Definition:** The mean of the number of patient days accumulated by inpatients during the month.

**Numerator:** Number of patients who died during the month

**Denominator:** The total number of discharges

**Data Source:** Pathology Department

**Exclusions:** N/A

**Summary:** During the three months ending July 31st the mortality rate was 1.96% - higher than a year-ago's 1.71%. LICH - no data reported since December 2012.

**Elective Admission Mortality Rate**

- **Mean:** 0.77%
- **Minimum:** 0.22%
- **Control Limits:** Sigma= 2
- **Range:** 1.32%
- **Maximum:** 1.54%

**Definition:** The Rate of patients admitted electively (non-emergent) who died during their hospital stay

**Numerator:** Number of patients admitted electively who died during the month

**Denominator:** Total number of Elective Admissions

**Data Source:**

**Exclusions:** Transfers, newborns

**Summary:** In the three months ending July 31st the elective mortality rate was reported as 1.14% - higher than a year-ago's 0.70%. LICH - no data reported since December 2012.

**Target/Response Threshold:** N/A

**References/Benchmark:** 2.35% The Health Economics and Outcomes Research Institute 2005-2007 2.3% (UHC)
### Rate of Patient Falls

**Clinical Quality Measures**

**Definition:** Patients who fell or were found on the floor during the current month.

**Numerator:** The number of inpatient patient falls

**Denominator:** The number of patient days times 1000

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**Control Limits:** Sigma = 2

Mean = 1.32
Minimum = 0.81
Range = 1.37
Maximum = 2.17

### Inpatient Patient Falls with Injuries (NDNQI)

**Clinical Quality Measures**

**Definition:** Patients who fell or were found on the floor and who sustained a significant injury (Fracture, internal injury, head trauma, laceration that required repair). Falls with injuries meeting the NDNQI criteria. (Based on NDNQI Standards.)

**Numerator:** N/A

**Denominator:** N/A

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**Control Limits:** Sigma = 2

Mean = 0.44
Minimum = 0
Range = 4
Maximum = 4

### Summary

**Rate of Patient Falls**

Mean = 1.32
Minimum = 0.81
Control Limits: Sigma = 2
Mean = 0.44
Minimum = 0
Control Limits: Sigma = 2

**References/Benchmark:**
- 3.6% National data based on study of Health Care facilities for 2nd quarter 2000 by the MHA: The Association of Maryland Hospitals and Health Systems.

**Data Source:** Hospital Incident Reports
**Exclusions:** N/A
**Summary:** The rate for the three months ending July 31st was 1.48 - lower than a year-ago’s 1.22. LICH - no data reported since December 2012.

**Inpatient Patient Falls with Injuries (NDNQI)**

**Data Source:** Department of Nursing (Incident Reports)
**Exclusions:**
**Summary:** There were four falls with injuries reported in the three months ending July 31st - higher than a year-ago’s 1. LICH - no data reported since December 2012.

**Target/Response Threshold:** N/A
**References/Benchmark:** N/A

---

Confidential for QA Purposes PL-2805-J-M
**SUNY DOWNSTATE MEDICAL CENTER**

**Dashboard Measures**

**Clinical Quality Measures**

### NYPORTS Cases Reported

**Definition:** The number of cases meeting NYS DOH criteria that were reported through the NYPORTS system during the month.

**Numerator:** N/A

**Denominator:** N/A

**Data Source:** NYS DOH (via NYPORTS)

**Exclusions:** N/A

**Summary:** There was one NYPORTS case reported in the three months ending July 31st - lower than two a year ago. LICH - No cases reported since June 2013.

**Target/Response Threshold:** N/A

**References/Benchmark:**

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### NYPORTS Cases Requiring a RCA

**Definition:** The number of NYPORTS cases that were reported during the month that met the additional criteria requiring that a Root Cause Analysis be done.

**Numerator:** N/A

**Denominator:** N/A

**Data Source:** NYS DOH (via NYPORTS)

**Exclusions:** N/A

**Summary:** There was one NYPORTS case requiring an RCA in the three months ending July 31st, the same as a year ago. LICH - No cases requiring an RCA reported since June 2013.

**Target/Response Threshold:** N/A

**References/Benchmark:**

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**Unexpected Deaths or Serious Injury (NYPORTS 915)**

**Definition:** The number of NYPORTS cases that were reported during the month that with a 915 code - Unexpected Deaths or Serious Injury. Based on NYPORTS Report Date.

**Numerator:** N/A

**Denominator:** N/A

**Data Source:** NYS DOH (via NYPORTS)

**Exclusions:** N/A

**Summary:** There was one unexpected deaths/serious injury in the three months ending July 31st, the same as a year-ago's one. LICH - No 915 cases reported since June 2013.

**Target/Response Threshold:** N/A

**References/Benchmark:** N/A

* As of November 2013 "Unexpected Deaths or Serious Injury" has been recategorized as "Death or Serious Injury".

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* Mean= 0.44 Minimum= 0 Control Limits: Sigma= 2

* Range= 2 Maximum= 2

* Monthly number may differ due to differences of Report Date and Occurrence Date.
**SUNY DOWNSTATE MEDICAL CENTER**

**Dashboard Measures**

**Growth Measures**

### Adult ED Visit Volume

- **Mean:** 3982.08
- **Minimum:** 3512
- **Control Limits:** Sigma = 2
  - Lower Control Limit (LCL): N/A
  - Upper Control Limit (UCL): N/A

**Definition:** The number of patients age 18 and over who presented to the ED for treatment.

**Numerator:** N/A

**Denominator:** N/A

**Data Source:** ED Management

**Exclusions:** N/A

**Summary:** In the three months ending July 31st, the average monthly adult ED volume was 3,968 - 3.3% lower than a year-ago's 4,105. LICH - no data reported since December 2012.

**Target/Response Threshold:** N/A

**References/Benchmark:** N/A

### Pediatric ED Visit Volume

- **Mean:** 1373.56
- **Minimum:** 1027
- **Control Limits:** Sigma = 2
  - Lower Control Limit (LCL): N/A
  - Upper Control Limit (UCL): N/A

**Definition:** The number of patients under age 18 who presented to the ED for treatment.

**Numerator:** N/A

**Denominator:** N/A

**Data Source:** ED Management

**Exclusions:** N/A

**Summary:** In the three months ending July 31st, the average monthly Pediatric ED volume was 1,311 - 3% lower than a year-ago's 1,360. LICH - no data reported since December 2012.

**Target/Response Threshold:** N/A

**References/Benchmark:** N/A
SUNY DOWNSTATE MEDICAL CENTER
Dashboard Measures

Average Time Waiting for Bed (UHB)

Mean = 274.19
Minimum = 195
Control Limits: Sigma = 2
Range = 237.06
Maximum = 432.06

*NaviCare system implemented May 2007

Definition: Interval in minutes between request for bed assignment and disposition.

Numerator: N/A
Denominator: N/A

Data Source: ED Management
Summary: The average time waiting for a bed in the three months ending July 31st was 203 minutes (3.4 hours), better than a year-ago's 260 minutes. LICH - no data reported since December 2012.

Target/Response Threshold: N/A
References/Benchmark: 30 Minutes SUNY Downstate Internal Benchmark

Admissions from the ED

Mean = 927.56
Minimum = 641
Control Limits: Sigma = 2
Range = 519
Maximum = 1160

Definition: Number of Patient admitted to the inpatient service from the ER.

Numerator: N/A
Denominator: N/A

Data Source: ED Management
Summary: In the three months ending July 31st the average was 815 - 12.6% lower than a year-ago's 933. LICH - no data reported since December 2012.

Target/Response Threshold: N/A
References/Benchmark: N/A

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**Dashboard Measures**

**Growth Measures**

**Percent Observation Patients Admitted (Patients originating in the ED)**

- **Mean:** 38.8%
- **Minimum:** 19.3%
- **Control Limits:** Sigma= 2
- **Range:** 33.3%
- **Maximum:** 52.6%

**Definition:** Percent of observation patients that were admitted to an inpatient unit.

**Numerator:** Number of Admitted Observation patients that originated in the ED.

**Denominator:** Number of Observation patients that originated in the ED.

**Data Source:** ED Management

**Exclusions:** Non-Emergency Department observation patients

**Summary:** In the three months ending July 31st the average was 41.8% - similar to a year-ago's 39.6%.

**Target/Response Threshold:** N/A

**References/Benchmark:** N/A

**Psychiatry Admissions**

- **Mean:** 41.16
- **Minimum:** 28
- **Control Limits:** Sigma= 2
- **Range:** 31
- **Maximum:** 59

**Definition:** Number of admissions to the Psychiatry department during the month.

**Numerator:**

**Denominator:**

**Data Source:**

**Exclusions:**

**Summary:** There were a total of 102 psychiatry admissions in the three months ending July 31st - 21.5% lower than a year-ago's 130. LICH - no data reported since December 2012.

**Target/Response Threshold:** N/A

**References/Benchmark:**
**SUNY DOWNSTATE MEDICAL CENTER**

**Dashboard Measures**

**Growth Measures**

### Hospital Discharges

- **Mean:** 1,380.44
- **Minimum:** 1,032
- **Control Limits:** Sigma = 2
  - Minimum: 216.03
  - Maximum: 312.1

**Definition:** The mean of the number of patient days accumulated by inpatients during the month.

**Numerator:** N/A

**Denominator:** N/A

**Data Source:** Admitting Department

**Exclusions:** Nursery, Psych and Rehab discharges

**Summary:** There were 1,158 discharges per month in the three months ending July 31st - 15.3% lower than a year-ago's 1,367. LICH - no data reported since December 2012.

**Target/Response Threshold:** N/A

**References/Benchmark:** 1225 Monthly Average of CDB Hospitals with the same bed size range as SUNY (UHC).

### Average Daily Census

- **Mean:** 264.6
- **Minimum:** 216.03
- **Control Limits:** Sigma = 2
  - Minimum: 96.07
  - Maximum: 312.1

**Definition:** Average Daily Census.

**Numerator:** Number of patient days per month

**Denominator:** Days in the month

**Data Source:** Admitting Department

**Exclusions:** N/A

**Summary:** The average daily census for three months ending July 31st was 228 - 12.9% lower than a year-ago's 262. LICH - no data reported since December 2012.

**Target/Response Threshold:** N/A

**References/Benchmark:**
**SUNY DOWNSTATE MEDICAL CENTER**

**Dashboard Measures**

**Occupancy Rate**

**Definition:** The occupancy rate is the rate at which inpatient beds are occupied during the given month.

**Numerator:** Patient Days

**Denominator:** Operational Beds * Days In The Month

**Data Source:** Admitting Department

**Exclusions:** Psych, Rehab and normal newborns

**Summary:** The occupancy rate for three months ending July 31st was 60.6%, lower than a year-ago’s 77.4%. LICH - no data reported since December 2012.

**Target/Response Threshold:** N/A

**References/Benchmark:** 5.8 NYC (SPARCS 2010)

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**Average Length of Stay**

**Definition:** The mean of the number of patient days accumulated by inpatients during the month.

**Numerator:** Number of patient days

**Denominator:** The number of hospitalized patients

**Data Source:** Admitting Department

**Exclusions:** Psych, Rehab and normal newborns

**Summary:** The ALOS for the three months ending July 31st was 5.63, higher than a year-ago's 5.38. LICH - no data reported since December 2012.

**Target/Response Threshold:** N/A

**References/Benchmark:** 5.8 NYC (SPARCS 2010)
**Suny Downstate Medical Center**

**Dashboard Measures**

**Growth Measures**

**30-day Re-admission Rate (Related Diagnosis)**

- **Mean**: 6.18%
- **Minimum**: 5.54%
- **Control Limits**: Sigma= 2
- **Range**: 1.23%
- **Maximum**: 6.77%

**Definition**: The 30 day readmission rate for all related inpatient discharges.

**Numerator**: Number of 30 day readmissions

**Denominator**: Total number of discharges.

**Data Source**: UHC (University HealthSystem Consortium)

**Exclusions**: N/A

**Summary**: The Q1 2014 readmission rate was 5.59% - better than a year-ago 6.44%. LICH - readmission rate was 8.17% - worse than a year-ago's 4.57%.

**Target/Response Threshold**: N/A

**References/Benchmark**: N/A

**14-day Re-admission Rate (Related Diagnosis)**

- **Mean**: 3.92%
- **Minimum**: 3.3%
- **Control Limits**: Sigma= 2
- **Range**: 1.29%
- **Maximum**: 4.59%

**Definition**: The 14 day readmission rate for all related inpatient discharges.

**Numerator**: Number of 14 day readmissions

**Denominator**: Total number of discharges.

**Data Source**: UHC (University HealthSystem Consortium)

**Exclusions**: N/A

**Summary**: The Q1 2014 readmission rate was 3.59% - better than a year-ago's 6.44%. LICH - readmission rate was 8.17% - worse than a year-ago's 4.57%.

**Target/Response Threshold**: N/A

**References/Benchmark**: N/A
SUNY DOWNSTATE MEDICAL CENTER
Dashboard Measures
Growth Measures

Number of Ambulatory Out-Patient Visits

Mean = 29,600.32
Minimum = 24,307
Control Limits: Sigma = 2
Range = 7,378
Maximum = 31,685

Definition: Number of out-patients visiting Ambulatory Services

Numerator: N/A
Denominator: N/A

Data Source: Admitting Department
Exclusions: N/A
Summary: The average for the three months ending July 31st was 29,611 per month - 4% lower than a year ago's 30,946.

Target/Response Threshold: N/A
References/Benchmark: N/A

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**AMI Composite**

**Pay For Performance Measures**

- **Data Source:** UHC (University HealthSystem Consortium)
- **Exclusions:** N/A
- **Summary:** The Q4 2013, AMI Composite rate was 98.6%. LICH was 75.0%.

**Definition:** The index illness of acute myocardial infarction (AMI) is commonly known as heart attack. The AMI composite measures the number of times that patients met all of the recommended care for AMI.

**Numerator:** Number of criteria met  
**Denominator:** Number of AMI core measures patients

- Mean = 95%  
- Minimum = 93%  
- Control Limits: Sigma = 2
- Range = 6%  
- Maximum = 99%

**Target/Response Threshold:** N/A  
**References/Benchmark:** 90% UHC

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**HF Composite**

**Pay For Performance Measures**

- **Data Source:** UHC (University HealthSystem Consortium)
- **Exclusions:** N/A
- **Summary:** The Q4 2013, HF Composite rate was 98.5%. LICH was 81.3%.

**Definition:** The index illness of Heart Failure (HF). The HF composite measures the number of times that patients met all of the recommended care for HF.

**Numerator:** Number of criteria met  
**Denominator:** Number of HF core measures patients

- Mean = 84%  
- Minimum = 43%  
- Control Limits: Sigma = 2
- Range = 57%  
- Maximum = 100%

**Target/Response Threshold:** N/A  
**References/Benchmark:** 90% UHC
**SUNY DOWNSTATE MEDICAL CENTER**

**Dashboard Measures**

**Pay For Performance Measures**

**PN Composite SCIP Composite**

- **Mean**: 93%  
  - Minimum: 87%  
  - Control Limits: Sigma= 2  
  - Range: 13%  
  - Maximum: 100%

- **Mean**: 94%  
  - Minimum: 91%  
  - Control Limits: Sigma= 2  
  - Range: 5%  
  - Maximum: 97%

**Definition**: The index of Pneumonia (PN). The PN composite measures the number of times that patients met all of the recommended care for PN.

**Numerator**: Number of criteria met  
**Denominator**: Number of PN core measures patients

**Data Source**: UHC (University HealthSystem Consortium)  
**Exclusions**: N/A  
**Summary**: The Q4 2013, PN Composite rate was 97%. LICH was 60.0%.

**Target/Response Threshold**: N/A  
**References/Benchmark**: 90% UHC

**Definition**: The index of Surgical Care Improvement Project (SCIP). The SCIP composite measures the number of times that patients met all of the recommended care for SCIP.

**Numerator**: Number of criteria met  
**Denominator**: Number of SCIP core measures patients

**Data Source**: UHC (University HealthSystem Consortium)  
**Exclusions**: N/A  
**Summary**: The Q4 2013, SCIP Composite rate was 95.6%. LICH - No data reported since Q2 2013.

**Target/Response Threshold**: N/A  
**References/Benchmark**: 90% UHC

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**SUNY DOWNSTATE MEDICAL CENTER**

**Dashboard Measures**

**Pay For Performance Measures**

**Number of Hospital Acquired Pressure Ulcers (Stage 3 and above)**

- **Mean:** 3.2
- **Minimum:** 1
- **Control Limits:** Sigma= 2
- **Range:** 5

**Presentation:**
- **Numerator:** N/A
- **Denominator:** N/A

**Definition:** The number of Hospital Acquired Pressure Ulcers (Stage 3 and above)

**Exclusions:** N/A

**Data Source:** NDNQI

**Target/Response Threshold:** N/A

**References/Benchmark:**

**Number of Hospital Acquired Conditions (Publicly Posted Measures)**

- **Mean:** 7.8
- **Minimum:** 5
- **Control Limits:** Sigma= 2
- **Range:** 5

**Presentation:**
- **Numerator:** N/A
- **Denominator:** N/A

**Definition:** The number of publicly posted hospital acquired conditions per quarter (These include: stage iii & iv pressure ulcers, Vascular catheter-associated infections, DVT/PE after knee or hip replacement, Falls and trauma, Manifestations of poor glycemic control)

**Exclusions:** N/A

**Data Source:** UHC (University HealthSystem Consortium)

**Target/Response Threshold:** N/A

**References/Benchmark:** UHC Median 18
**SUNY DOWNSTATE MEDICAL CENTER**

**Dashboard Measures**

**Pay For Performance Measures**

### HCAHPS - Rate Hospital 9 or 10 - 10 (UHB)

- **Mean:** 55.044
- **Minimum:** 43.1
- **Control Limits:** Sigma= 2
  - Mean: 63.696
  - Minimum: 55.2
  - Range: 21
  - Maximum: 76.2

**Numerator:** Number of respondents who rated UHB a 9 or 10 on a 10 point scale

**Denominator:** Number of respondents - smoothed over previous three months.

- **Data Source:** Press Ganey - Patient Survey Results
- **Summary:** The rate for three months ending July 31st was 55% - lower than a year-ago's 58.0%. LICH - no data reported for May 2014.

### HCAHPS - Recommend This Hospital (UHB)

- **Mean:** 63.696
- **Minimum:** 55.2
- **Control Limits:** Sigma= 2
  - Range: 21
  - Maximum: 76.2

**Numerator:** (Sum of respondents scores where an excellent = 5, Poor = 1) x 100

**Denominator:** Number of respondents x 5 - smoothed over previous three months.

- **Data Source:** Press Ganey - Patient Survey Results
- **Summary:** The rate for three months ending July 31st was 62.0% - lower than a year-ago's 70.3%. LICH - no data reported for May 2014.
**Dashboard Measures**

**Financial Measures**

**Monthly Year to Date Case Mix Index - Medicare**

- **Mean:** 1.45
- **Minimum:** 1.39
- **Control Limits:** Sigma = 2, Range = 0.14, Maximum = 1.54

**Definition:** The mean of the number of patient days accumulated by inpatients during the month.

**Numerator:** N/A

**Denominator:** N/A

**Data Source:** Finance Department

**Exclusions:** Psych and Rehab discharges

**Summary:** In July, the year-to-date case mix index was 1.52, compared to a year-ago's 1.45. LICH - no data reported since December 2012.

**Target/Response Threshold:** N/A

**References/Benchmark:** 1.7262 Average of NY Hospitals, University Health System Consortium (UHC) 2002, 1.78 (All UHC Hospitals)

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**Monthly Year to Date Case Mix Index - Non-Medicare**

- **Mean:** 1.01
- **Minimum:** 0.9
- **Control Limits:** Sigma = 2, Range = 0.15, Maximum = 1.05

**Definition:** Mean SIW for Non-Medicare DRG cases discharged during the month.

**Numerator:** N/A

**Denominator:** N/A

**Data Source:** Finance Department

**Exclusions:** Psych and Rehab discharges

**Summary:** In July, the year-to-date case mix index was 0.98, compared to a year-ago's 0.99. LICH - no data reported since December 2012.

**Target/Response Threshold:** N/A

**References/Benchmark:** 1.3191 Average of NY Hospitals, University Health System Consortium (UHC) 2002, 1.38 (All UHC Hospitals)
Dashboard Measures

Operational Measures

**Delinquent Medical Record Rate**

- **Mean:** 31.27%
- **Minimum:** 17.13%
- **Control Limits:** Sigma = 2

**Definition:** The ratio of medical records incomplete 30 days or more following discharge to the number of monthly discharges.

**Numerator:** Number of incomplete medical records within criteria

**Denominator:** The number of monthly discharges, including Ambulatory Surgeries.

**Data Source:** Admitting Department

**Exclusions:** Medical records not completed by physicians who have left the hospital.

**Summary:** In the three months ending June 30th the delinquent medical record rate was 26.0%. LICH - no data reported since December 2012.

**Target/Response Threshold:** N/A

**References/Benchmark:** JCAHO R.C. 01.04.01EP 3 states that delinquencies cannot exceed 50% of your monthly discharged.
**Dashboard Measures**

**Customer Service Measures**

### In-Patient Complaints

- **Mean:** 1.96
- **Minimum:** 0.82
- **Control Limits:** Sigma: 2
- **Range:** 2.98
- **Maximum:** 3.8

**Definition:** The mean of the number of patient days accumulated by inpatients during the month.

**Numerator:** Number of complaints about in-patient care * 1000

**Denominator:** Number of Patient days

**Data Source:** Patient Relations Department

**Summary:** In the three months ending July 31st the rate was 1.38, better than a year ago's 1.41. LICH - no data reported since December 2012.

**Target/Response Threshold:** N/A

**References/Benchmark:** N/A

### Out-Patient Complaints

- **Mean:** 0.32
- **Minimum:** 0.16
- **Control Limits:** Sigma: 2
- **Range:** 0.38
- **Maximum:** 0.54

**Definition:** Complaints registered with the Patient Relations Department by OPD patients or their families.

**Numerator:** Number of complaints about out-patient care * 1000

**Denominator:** Number of Patient days

**Data Source:** Patient Relations Department

**Summary:** In the three months ending July 31st the rate was 0.33, lower than a year ago's 0.39. LICH - no data reported since December 2012.

**Target/Response Threshold:** N/A

**References/Benchmark:** N/A
Emergency Department Complaints

**Definition:** Complaints registered with the Patient Relations Department by Emergency Department patients or their families.

**Numerator:** Number of complaints about emergency care * 1000

**Denominator:** Number of ED visits

**Data Source:** Patient Relations Department

**Summary:** In the three months ending July 31st the rate was 0.82, better than a year-ago's 0.91. LICH - no data reported since December 2012.

**Target/Response Threshold:** N/A

**References/Benchmark:** N/A

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Customer Service Measures

**Mean** = 0.91  
**Minimum** = 0.37  
**Control Limits:** Sigma= 2

**Mean** =  
**Minimum** =  
**Control Limits:**

**Numerator:**  
**Denominator:**

**Exclusions:** N/A

**Data Source:** Patient Relations Department

**Summary:**

**Target/Response Threshold:** N/A

**References/Benchmark:** N/A

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