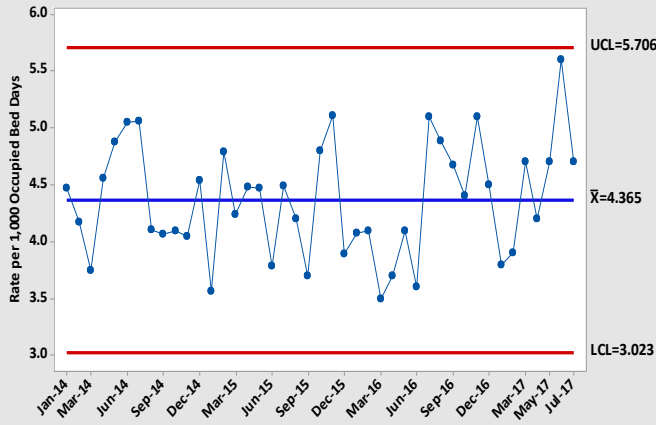


Falls per 1,000 Occupied Bed Days
Jan 2014 - Jul 2017

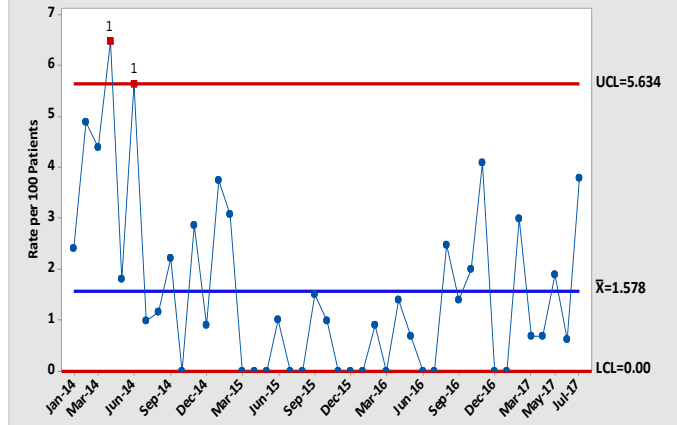


Hospital Diagnosis Standardised Mortality Ratio (HDxSMR)
(12 months (Apr 2016 –Mar 2017))

Orion's (NSH + WTH) HDxSMR = 98 Episodes = 100,507
 Deaths = 807
 Expected deaths = 8,214
 Combined HRT HDxSMR = 88
 NZ HDxSMR = 105
 Network HDxSMR = N/A

Using the legacy HRT HSMR Methodology Orion's HSMR would have been 90 compared to a combined HRT HSMR of 76

Patients with Pressure Injuries per 100 Patients
Jan 2014 - Jul 2017



Fall – Definition

A fall is defined as “inadvertently coming to rest on the ground, floor or other lower level, excluding intentional change of position to rest in furniture, wall or other objects”. (World Health Organisation, 2007: WHO global report on falls prevention in older age) Outcome data is based on the rate of falls with major harm (SAC 1 and 2) or with harm (SAC 1-3) per 1,000 bed days

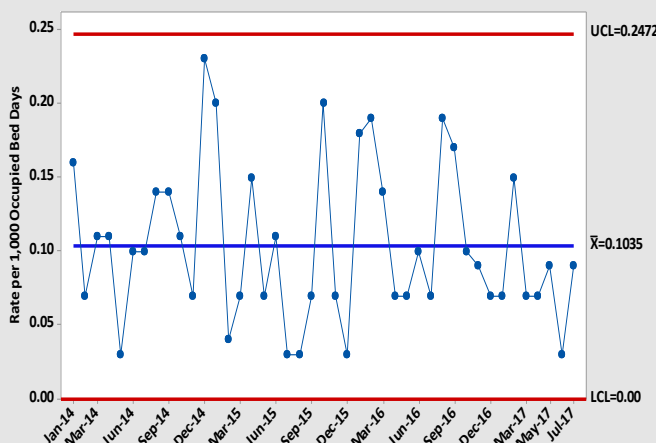
Hospital Diagnosis Standardised Mortality Ratio (HDxSMR)

The HDxSMR is expressed as a ratio and seeks to compare actual deaths occurring in hospital (or in hospital and following hospital admission), with a predicted number of deaths based on the types of patients admitted to the hospital. The HDxSMR is a new HRT mortality methodology introduced in November 2016 (see Key Quality Indicator ‘Mortality’ below for further description of the new HRT mortality methodology)

Pressure Injury – Definition

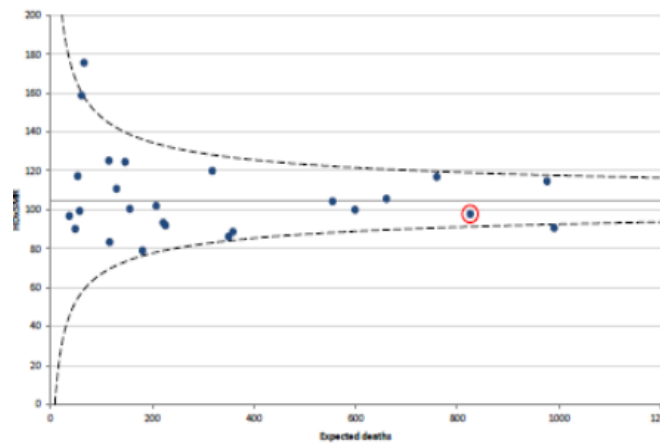
A pressure injury is “a localised injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear and/or friction”. (National Pressure Ulcer Advisory Panel, 2007). Outcome data is based on the rate of pressure injuries Grade 3 and 4 + ungradeables or total, per 100 patients

Falls with Major Harm per 1,000 Occupied Bed Days
Jan 2014 - Jul 2017



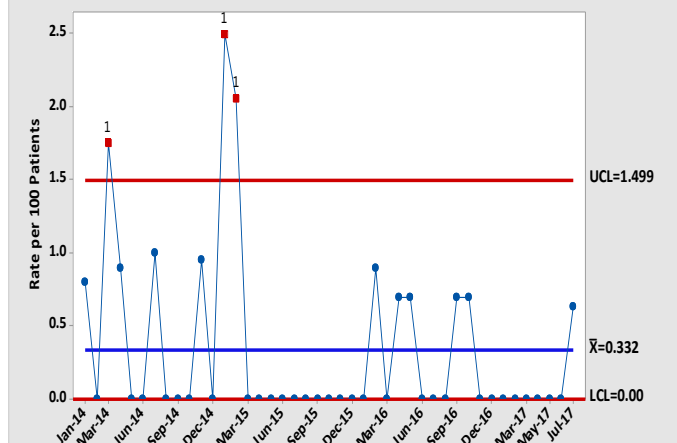
Funnel plot of HRT HDxSMRs compared to the combined NZ HDxSMR
 Apr 2016 – Mar 2017: ● HRT ○ Orion+ Orion + (NSH +WTH) = 101 (all HRT = 88; NZ HRT = 104)

Y Axis = HDxSMR (0 – 200) + X Axis = Expected Deaths (0 - 1200).



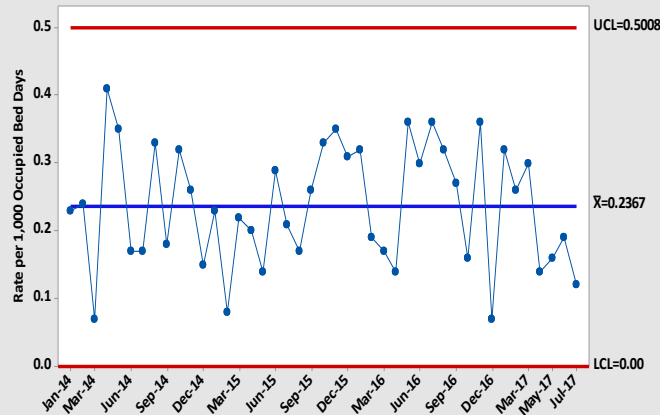
Funnel based on 2 standard deviations from NZ rate, adjusted for over-dispersion

Stage 3, 4 & Unstageable Pressure Injuries per 100 Patients
Jan 2014 - Jul 2017



Hospital Acquired Blood Stream Infections (HABSI)

Jan 2014 - Jul 2017



Hospital Acquired Blood Stream Infections (HABSI)

HABSI is defined as a bloodstream infection attributable to hospital where acute or rehabilitation care is provided, if the infection was not incubating on admission. Typically bacteraemia diagnosed after 48 hrs of admission, on readmission, related to a device, or within 30 days of a procedure (if no alternate source identified) is categorised as a HABSI. There is no recognised national benchmarking 'acceptable' rate or target for HABSI.

Comment

Overall HABSI rate for 2016 was **0.25/1,000** bed days which remains stable. Q1/Q2 2017 (Jan – Jun) rate is **0.22/1,000** bed days.

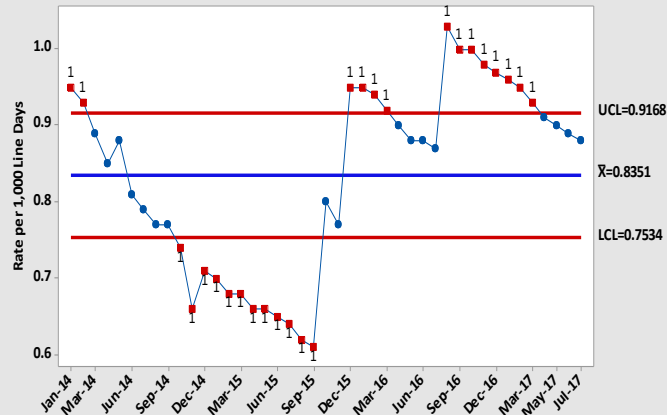
HABSI rate for:

- June 2017 = 0.19
- July 2017 = 0.12
- Quarter 1 (January – March 2017) = 0.29
- Quarter 2 (April – June 2017) = 0.16

Source	June (n= 6)	July (n=4)
CAUTI	-	2
Device Related	1	-
Post Procedure	3	2
Unknown	2	-

Central Line Associated Infections (CLAB)

Jan 2014 - July 2017



Central Line Associated Bacteraemia (CLAB)

Patients with a central venous line are at risk of a blood stream infection (CLAB). Patients with a CLAB experience more complications, increased length of stay, and increased mortality; and each case costs approx. \$20,000 - \$54,000. CLAB infections are largely preventable using a standardised procedure for insertion and maintaining lines (insertion and maintenance bundles of care). NSH's ICUs compliance with standard procedure and rates of CLAB are Health Quality and Safety Markers.

Comment

Rate of CLAB/1,000 line days: June 2017 = 0.89 and July 2017 = 0.88 the target for this is <1 per 1,000 line days.

ICU/HDU **212*** "CLAB Free" days as at 31/07/2017 (* restarted as of 01/01/2017).

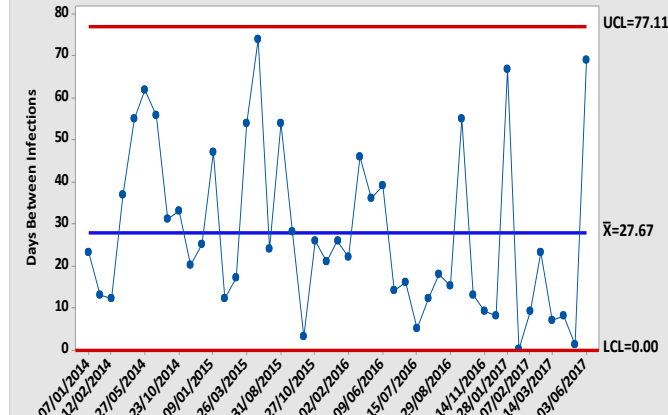
The National target is >90% compliance for insertion and maintenance bundles use.

Month	Insertion Bundle	Maintenance Bundle
June 2017	100%	98%
July 2017	96%	98%

Ward maintenance compliance rates and CLAB free days for other areas are reported in the Quality Report

Staph. Aureus Blood Stream Infections (SABSI)

Jan 2014 - July 2017



Staph Aureus Blood Stream Infections

The rate of S.aureus bacteraemia (SAB) infections attributed to healthcare is the national outcome measure for hand hygiene compliance. The SAB rate is based on HHNZ's definition to maintain consistency in DHB reporting.

This is a 'days between' control chart and, therefore, the clustering of data points below the mean (X) represents events occurring close in time or an increased relative frequency of events.

Comment

The length of time between infections is increasing which may reflect improved compliance with hand hygiene practices. There was **one** S.aureus infections for June 2017; **nil** for July 2017.

Waitemata DHB's SAB rate (quarterly rate of 0.02-0.06 per 1,000 bed days) is consistently well below the national average (1.2-1.3 per 1,000 bed days) with an approximate average of one SAB per month.

The SAB Rate for **Q1/2** (Jan-Jun 2017) = **0.07**