

Beaumont Grosse Pointe Hospital: Quality Safety Matrix 2016

Service Line Unit	Measure	Jan-2016	Feb-2016	Mar-2016	Apr-2016	May-2016	Jun-2016	Jul-2016	Aug-2016	Sep-2016	Oct-2016	Nov-2016	Dec-2016
Nursing	Critical Care Unit (CCU) Bar Code Med Administration Patient Scanning Compliance	4	4	4	4	4	4	4	4	4	4	4	4
Nursing	Critical Care Unit (CCU) Catheter Associated Urinary Tract Infection - CAUTI	4	4	4	4	4	4	4	4	4	4	2	1
Nursing	Critical Care Unit (CCU) Central Line Associated Bloodstream Infection - CLABSI	4	4	4	4	4	4	4	4	4	4	4	4
Nursing	Critical Care Unit (CCU) Culture of Safety- Domain 5. Overall Perceptions of Patient Safety	2	2	2	2	2	2	1	1	1	1	1	1
Nursing	Critical Care Unit (CCU) Falls with injury	4	4	4	4	4	4	4	4	4	4	4	4
Nursing	Critical Care Unit (CCU) Hand Hygiene Compliance	1	2	2	4	4	4	4	3	3	1	2	3
Nursing	Critical Care Unit (CCU) Hospital Acquired Pressure Ulcers Stage II and Above	4	4	4	4	4	4	4	4	1	1	1	4
Nursing	Critical Care Unit (CCU) Patients with physical restraint - limb & vest	4	4	1	1	1	1	1	1	2	2	2	1
Nursing	C. Diff Facility Wide Healthcare Facility Onset Lab ID Event	2	1	1	1	3	3	3	2	2	2	3	3
Nursing	MRSA Facility Wide Healthcare Facility Onset Lab ID Event	1	1	1	1	4	4	4	4	4	4	1	1
Pharmacy	Critical Care Unit (CCU) Bar Code Med Administration Med Scanning Compliance	3	4	4	4	4	4	4	4	4	4	4	4
Nursing	2 South East Bar Code Med Administration Patient Scanning Compliance	4	4	4	4	4	4	4	4	4	3	4	4
Nursing	2 South East Catheter Associated Urinary Tract Infection - CAUTI	1	1	1	1	4	4	4	4	4	4	4	4
Nursing	2 South East Central Line Associated Bloodstream Infection - CLABSI	4	4	4	4	4	4	4	4	4	4	4	4
Nursing	2 South East Culture of Safety- Domain 5. Overall Perceptions of Patient Safety	3	3	3	3	3	3	1	1	1	1	1	1
Nursing	2 South East Falls with injury	2	2	2	2	2	4	4	4	2	2	2	4
Nursing	2 South East Hand Hygiene Compliance	3	3	4	4	3	3	3	4	4	3	3	3
Nursing	2 South East Hospital Acquired Pressure Ulcers Stage II and Above	4	4	4	4	4	4	4	4	4	4	4	4
Nursing	2 South East Patients with physical restraint - limb & vest	4	4	4	4	4	4	4	4	4	4	4	4
Nursing	3 South East Bar Code Med Administration Patient Scanning Compliance	4	4	4	4	4	4	4	4	4	4	4	4
Nursing	3 South East Catheter Associated Urinary Tract Infection - CAUTI	4	4	4	4	4	4	4	4	4	1	1	4
Nursing	3 South East Central Line Associated Bloodstream Infection - CLABSI	4	4	4	4	4	4	4	4	4	4	4	4
Nursing	3 South East Culture of Safety- Domain 5. Overall Perceptions of Patient Safety	2	2	2	2	2	2	1	1	1	1	1	1
Nursing	3 South East Falls with injury	1	1	1	1	1	2	2	2	4	4	4	2
Nursing	3 South East Hand Hygiene Compliance	2	2	2	2	2	2	2	2	2	2	2	2



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Nursing	Critical Care Step Down (CCS)	Bar Code Med Administration Patient Scanning Compliance	4	4	4	4	4	4	4	4	4	4	4	4
	Critical Care Step Down (CCS)	Culture of Safety- Domain 5. Overall Perceptions of Patient Safety	2	2	2	2	2	2	1	1	1	1	1	1
Nursing	Critical Care Step Down (CCS)	Falls with injury	2	2	1	1	1	1	1	1	2	2	2	4
	Critical Care Step Down (CCS)	Hand Hygiene Compliance	3	3	4	4	4	3	3	3	4	4	3	3
Nursing	Critical Care Step Down (CCS)	Hospital Acquired Pressure Ulcers Stage II and Above	4	4	1	1	1	4	4	4	1	1	1	4
	Critical Care Step Down (CCS)	Patients with physical restraint - limb & vest	4	4	4	4	4	4	4	4	4	4	4	4
Nursing	Critical Care Step Down (CCS)	Bar Code Med Administration Med Scanning Compliance	3	3	4	4	4	4	4	4	4	4	4	3
	Pharmacy	AMI CMS	4	4	4	4	4	2	1	1	1	1	1	1
AMI CMS		Mortality O/E Index Ratio	4	4	4	4	4	4	4	4	4	4	4	4
BMC2 PCI		Cardiac rehab referral before discharge						4	4	4	4	4	4	4
BMC2 PCI		Pre Procedure ASA (unless contraindicated)-PCI	2	3	3	3	3	3	3	4	4	4	4	4
BMC2 PCI		Ratio of Contrast Volume to Glomerular Filtration Rate (GFR) over 3						4	4	1	1	1	2	2
Heart Failure		All Cause Readmit Rate	3	2	2	2	1	1	1	1	3	3	3	1
Heart Failure		Mortality O/E Index Ratio	4	4	4	4	2	2	2	2	2	1	3	3
ICD Registry		Composite: Discharge Medications (ACE/ARB and beta blockers) in Eligible ICD Implant Patients	2	2	2	2	3	3	3	3	3	3	3	3
ICD Registry		Incidence of death or major adverse event (Implant procedures)	4	4	4	4	4	4	4	4	4	4	4	4
ICD Registry		Proportion of patients that receive antibiotics prior to the ICD implant or lead procedure	4	4	4	4	4	4	4	4	4	4	4	4
ICD Registry		Proportion of patients with left ventricular systolic dysfunction (LVSD) who were prescribed beta-blocker therapy on discharge	4	4	4	4	4	4	4	4	4	4	4	4
ICD Registry		Proportion of patients with left ventricular systolic dysfunction who were prescribed ACE-I or ARB therapy	2	2	2	2	2	2	2	4	4	4	4	4
ICD Registry		Proportion of patients with prior MI prescribed beta-blocker therapy on discharge	4	4	4	4	4	4	4	4	4	4	4	4



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ICD Registry	Test - Patients with ischemic cardiomyopathy undergoing CRT-D implantation considered to be "appropriate"	4	4	4	4	4	4	4	4	4	4	4	4
ICD Registry	Test - Patients with non-ischemic cardiomyopathy undergoing CRT-D implantation considered to be "appropriate"	4	4	4	4	4	4	4	4	4	4	4	4
NCDR PCI	Composite: Discharge Medications for Eligible PCI Patients						4	4	4	4	4	4	4
NCDR PCI	Proportion of patients with aspirin prescribed at d/c						4	4	4	4	4	4	4
NCDR PCI	Proportion of patients with P2Y12 inhibitor prescribed at d/c						4	4	4	4	4	4	4
NCDR PCI	Proportion of STEMI patients receiving immediate PCI within 90 minutes	1	1	1	1	1	1	1	1	1	1	1	1
NCDR PCI	Statins prescribed at discharge						4	4	4	4	4	4	4
PSI06	PSI06 Iatrogenic Pneumothorax	4	4	4	4	4	4	4	4	4	4	4	4
Heart and Vascular	Culture of Safety- Domain 5. Overall Perceptions of Patient Safety	2	2	4	4	4	4	4	4	4	4	4	4
	Length of Stay O/E Index Ratio	4	4	4	4	4	4	4	4	4	4	4	4
	Mortality O/E Index Ratio	4	4	4	3	2	2	2	2	3	3	4	4
	Assessment of sleep symptoms	4	4	4	4	4	4	4	4	4	4	4	4
Sleep Evaluation	St. Clair Shores	4	4	4	4	4	4	4	4	4	4	4	4
Sleep Evaluation	St. Clair Shores	4	4	4	4	4	4	4	4	4	4	4	4
Sleep Evaluation	St. Clair Shores	4	4	4	4	4	4	4	4	4	4	4	4
ED-1b	ED-1b Median time from EC arrival to EC departure (minutes)	2	2	3	4	4	4	3	4	3	3	3	3
ED-1b	ED-1b Median time from EC arrival to EC departure (minutes)- electronic				4	4	4	3	4	3	3	3	3
ED-2b	ED-2b Admit decision time to EC departure time	2	2	3	3	3	3	3	3	3	3	3	2
ED-2b	ED-2b Admit decision time to EC departure time- electronic				4	4	4	4	4	4	4	4	4
Nursing	Emergency Center Observe	1	1	3	3	4	4	4	3	4	3	3	3
Nursing	Bar Code Med Administration Patient Scanning Compliance	4	3	4	4	4	4	4	4	4	4	4	4
OP-4	OP-4 Aspirin at arrival - AMI and Chest Pain	4				4	4	4	4	4	4	4	4
OP-5	OP-5 Median time to ECG - AMI and Chest Pain	4				1	1	1	2	2	4	4	3
OP-18	OP-18 Median time from EC arrival to EC departure (minutes)	1	1	1	1	2	2	2	2	2	2	2	2
OP-20	OP-20 Door to diagnostic evaluation (minutes)	2	2	2	2	2	1	1	2	2	2	2	2
OP-21	OP-21 Median time to pain management for long bone fractures (minutes)	3	3	3	3	4	4	4	3	2	3	3	4



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Pharmacy	Emergency Center Bar Code Med Administration Med Scanning Compliance	1	1	3	3	4	4	4	3	4	4	4	3
	Emergency Center Culture of Safety- Domain 5. Overall Perceptions of Patient Safety	2	2	2	2	2	2	2	2	2	2	2	2
	Emergency Center Hand Hygiene Compliance	3	4	4	4	3	3	3	3	4	2	2	1
	Emergency Center Culture of Safety- Domain 4. Overall Perceptions of Patient Safety			4	4								
	Physicians and Midlevel Providers Emergency Center Culture of Safety- Domain 5. Overall Perceptions of Patient Safety	4	4			4	4	4	4	4	4	4	4
	Physicians and Midlevel Providers Observe Culture of Safety- Domain 5. Overall Perceptions of Patient Safety	2	2	2	2	2	2	1	1				
	Observe Hand Hygiene Compliance	4	4	4	4	4	4	4	3				
OP-29	OP-29 Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients								4	4	4	4	4
OP-30	OP-30 Colonoscopy Interval for Patients with a History of Adenomatous Polyps - Avoidance of Inappropriate Use								4	4	4	4	4
	Length of Stay O/E Index Ratio	3	3	3	3	3	3	4	3	4	3	2	2
	Mortality O/E Index Ratio	4	4	4	4	2	3	3	3	3	2	4	3
NSQIP	NSQIP: Colon Death or Serious Morbidity	3	3	3	3	3	3	3	3	3	3	3	3
Surgical Site COLO	SSI: NHSN Complex 30-Day SSI Colon Surgery	1	1	4	4	4	4	4	2	1	1	1	1
	Length of Stay O/E Index Ratio	4	2	2	4	2	2	2	2	2	2	2	3
	Mortality O/E Index Ratio	4	4	4	4	4	4	3	4	3	4	4	4
HMS VTE	HMS VTE BCBSM Scorecard Rollup					1							
MSQC	MSQC BCBSM Scorecard Rollup					4							
Grosse Pointe	Mortality O/E Index Ratio	4	4	4	4	3	4	4	4	4	4	4	4
Surgical Site	HYST SSI: NHSN Complex 30-Day SSI Abdominal Hysterectomy	1	1	1	4	4	4	4	4	4	4	1	1
	Length of Stay O/E Index Ratio	2	1	1	2	2	3	3	2	4	2	4	4
	Mortality O/E Index Ratio	4	4	4	4	4	4	4	4	4	4	4	4
	Length of Stay O/E Index Ratio	4	4	4	4	4	4	4	4	4	4	4	4
	Mortality O/E Index Ratio	2	2	1	1	4	4	4	4	4	4	4	4
IMM-2	IMM-2 Influenza Vaccination	2	2	2	3	2	4	4					2
Keystone	MHA Keystone CAUTI BCBSM Scorecard Rollup						4	4	4	4	4	4	4



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PSI07	PSI07 CVC Bloodstream Infections-prior 20074 infection due to medical care	4	4	4	4	4	4	4	4	4	4	4	4
SEP-1	SEP-1 Early Management Bundle, Severe Sepsis/Septic Shock								2	2	2	2	1
Sepsis	MHA Keystone Sepsis Scorecard Rollup						4	4	4	4	4	4	4
	Ambulatory Hand Hygiene Compliance	4	4	4	4	4	4	4	4	4	4	4	4
	Physicians and Physician Extenders Hand Hygiene Compliance	4	3	3	4	4	4	4	4	3	3	2	3
	All HCP Influenza Vaccination	1	3	3	3	3	3	3	3	3	3	3	3
	Length of Stay O/E Index Ratio	4	4	4	3	4	2	2	2	2	2	1	1
	Mortality O/E Index Ratio	2	2	3	3	2	2	3	4	4	4	4	4
COPD CMS	All Cause Readmit Rate	1	1	2	2	2	3	4	3	2	1	1	1
COPD CMS	Mortality O/E Index Ratio	4	3	3	3	2	2	2	4	4	4	4	4
Grosse Pointe	Related Readmit Rate: Age 18-64	1	1	1	1	1	1	1	1	1	1	1	1
Grosse Pointe	Related Readmit Rate: Age 65+	2	1	1	1	1	1	1	1	1	1	1	1
HMS VTE	Appropriate VTE Prophylaxis given on admission						4	4	4	4	4	4	4
HMS VTE	HMS VTE BCBSM Scorecard Rollup						1	4	4	4	4	4	4
HMS VTE	Venous Thromboembolism (VTE) Risk Assessment Completed (on admission)	4	4	4	4	4	4	4	4	4	4	4	4
MVC	MVC BCBSM Scorecard Rollup						4	4	4	4	4	4	4
Pneumonia (	All Cause Readmit Rate	1	1	1	1	1	1	1	1	2	1	2	2
Pneumonia (	Mortality O/E Index Ratio	4	4	3	2	2	3	3	3	4	4	4	4
PSI03	PSI03 Pressure Ulcer-prior 20074 decubitus ulcer	4	4	4	4	4	4	4	4	4	1	1	1
VTE-2	VTE-2 Intensive care unit (VTE) - prophylaxis by day 2 ICU admit- electronic				3	3	3	3	4	3	3	3	3
VTE-5	VTE-5 VTE discharge instruction (warfarin D/C instructions given)	4	4	4	4	4	4	4	4	4	4	4	4
VTE-6	VTE-6 Incidence of potentially-preventable VTE (reverse measure)	4	4	4	4	4	4	4	4	4	4	4	4
	Length of Stay O/E Index Ratio	4	4	4	4	4	4	4	4	4	4	4	4
	Mortality O/E Index Ratio	4	4	4	4	4	4	4	4	4	4	4	4
PC-04	PC-04 Health care-associated bloodstream infections in newborns (reverse measure)			4	4				4	4	4	4	
PDI20	PDI20 - NQ11 - Iatrogenic Pneumothorax in Neonates	4	4	4	4	4	4	4	4	4	4	4	4
PDI21	PDI21 - NQ12 - Neonatal Mortality	4	4	4	4	4	4	4	4	4	4	4	1
	Length of Stay O/E Index Ratio	4	4	4	4	4	3	4	4	3	4	3	3
	Mortality O/E Index Ratio	4	4	4	4	4	4	4	4	4	4	4	4
Ischemic Str	All Cause Readmit Rate	1	1	1	1	4	4	4	4	1	1	3	2
Ischemic Str	Mortality O/E Index Ratio	4	4	4	4	4	4	4	4	4	4	4	4



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OP-23	OP-23 Head CT within 45 minutes of arrival for stroke				1	1	1	1					
STK-1	STK-1 Venous thromboembolism (VTE) prophylaxis within two days	4	4	4	4	4	4	4	4	4	4	4	4
STK-2	STK-2 Discharged on antithrombotic therapy	4	4				4	4	4	4	1	1	1
STK-2	STK-2 Discharged on antithrombotic therapy			4	4	4							
STK-3	STK-3 Anticoagulant therapy for atrial fibrillation/flutter at discharge	4	4	4	4	4	4	4	4	4	4	4	4
STK-4	STK-4 Thrombolytic therapy for tPA eligible patients									4	4	4	
STK-5	STK-5 Antithrombotic therapy by end of day 2	4	4	4	4	4	4	4	4	4	4	4	4
STK-5	STK-5 Antithrombotic therapy by end of day 2- electronic										2	2	2
STK-6	STK-6 Discharged on statin medication	4	4	4	4	4	4	4	4	4	4	4	4
STK-8	STK-8 Stroke education	4	4	4	1	1	1	3	4	4	4	4	4
STK-10	STK-10 Assessed for rehabilitation	4	4	4	4	4	4	4	4	4	4	4	4
	Length of Stay O/E Index Ratio	4	4	4	4	4	4	4	4	4	4	4	4
	Mortality O/E Index Ratio	3	2	2	2	2	3	4	4	3	3	3	3
Nursing	Ambulatory Infusion Center Compliance	4	4	4	4	4	4	4	4	4	4	4	4
Nursing	Inpatient Care Management	3	3	3	3	3	3	2	2	2	2	2	2
Nursing	Nursing Resource Team	2	2	2	2	2	2	2	2	2	2	2	2
	Observe									1	1	1	1
	Observe									3	3	4	4
Nursing	4 Family Birth Center	3	3	3	3	4	4	3	4	4	4	2	3
Nursing	4 Family Birth Center	3	3	3	3	3	3	1	1	1	1	1	1
Nursing	4 Family Birth Center	4	4	4	4	4	4	4	4	4	4	4	4
Nursing	Nursery	4	2	4	4	4	4	4	4	3	3	2	3
PDI19	PDI19 Birth Trauma - Injury to Neonate	1	1	4	4	4	4	4	4	4	4	1	1
Pharmacy	4 Family Birth Center	3	3	3	3	3	3	3	4	3	3	2	3
Pharmacy	Nursery	3	2	2	4	3	4	4	4	3	3	1	4
PSI18	PSI18 OB Trauma - Vaginal with Instrument	4	4	4	2	1	4	2	2	1	4	1	3
PSI19	PSI19 OB Trauma - Vaginal w/o Instrument	4	4	4	3	2	4	4	3	3	4	3	4



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	Episiotomy Rate							1	1	1	1	1	1
	Length of Stay O/E Index Ratio	2	2	1	1	1	1	2	1	1	1	1	1
	Mortality O/E Index Ratio	4	4	4	4	4	4	4	4	4	4	4	4
Hip Knee CN	All Cause Readmit Rate	4	4	4	4	4	3	1	3	3	2	2	3
Hip Knee CN	THA/TKA Risk Standardized Complication Rate	4	3	3	3	3	3	3	3	3	3	3	3
MARCQI	MARCQI blood transfusion < or = collaborative rate mean	1	1	1	3	3	3	3	2	3	2	3	3
MARCQI	MARCQI Cohort 2 BCBSM Scorecard Rollup					3	3	3	3	3	3	4	3
MARCQI	QI Project - Decolonization of Staph aureus positive	4	4	4	4	4	4	4	4	4	4	4	4
MSSIC	MARCQI patients rate > 2014/2015 baseline												
MSSIC	MSSIC BCBSM Scorecard Rollup												
PSI08	PSI08 Post-operative Hip Fracture	4	4	4	4	4	4	4	4	4	4	4	4
	Length of Stay O/E Index Ratio	4	4	3	3	4	4	4	4	4	4	3	4
	Mortality O/E Index Ratio	3	3	3	1	3	3	3	2	2	4	3	1
PDI01	PDI01 Accidental Puncture/Laceration	4	4	4	4	4	4	4	4	4	4	4	4
PDI02	PDI02 Pressure Ulcer					4	4	4	4	4	4	4	4
PDI03	PDI03 Foreign Body Left during Procedure	4	4	4	4	4	4	4	4	4	4	4	4
PDI05	PDI05 iatrogenic pneumothorax	4	4	4	4	4	4	4	4	4	4	4	4
PDI08	PDI08 Post-operative Hemorrhage/Hematoma			4	4	4	4	4	4	4	4	4	4
PDI09	PDI09 Post-operative Respiratory Failure			4	4	4	4	4	4	4	4	4	4
PDI12	PDI12 Central Venous catheter-related BSI	4	4	4	4	4	4	4	4	4	4	4	4
PDI13	PDI13 Transfusion Reaction	4	4	4	4	4	4	4	4	4	4	4	4
	Related Readmit Rate: Age 0-17	4	4	4	4	4	4	4	4	4	4	4	4
PC-01	PC-01 Elective delivery (reverse measure)	4	4	4	4	4	4	4	4	4	4	4	4
PC-02	PC-02 Cesarean section	1	1	1	1	1	1	1	1	1	1	1	1
PC-04	PC-04 Health care-associated bloodstream infections in newborns (reverse measure)		4										
PC-05	PC-05 Exclusive breast milk feeding	4	3	3	3	3	4	4	3	3	2	2	1
Pharmacy	Ambulatory												
Pharmacy	Infusion Center												
Pharmacy	Observe												
Pharmacy	Bar Code Med Administration Med Scanning Compliance	4	4	1	4	4	4	4	4	4	4	4	4
Pharmacy	Bar Code Med Administration Med Scanning Compliance	3	3	4	4	4	4	4	4	4	4	4	4
Pharmacy	Inpatient Pharmacy												
OP-9	OP 9 Mammography Follow-up Rates	1	1	1	1	1	1	1	2	2	2	2	2
OP-10	OP 10 Abdomen CT - Use of Contrast Material	2	2	2	2	2	2	1	1	1	1	1	1
OP-11	OP 11 Thorax CT - Use of Contrast Material	2	2	2	2	2	2	2	2	2	2	2	2
OP-13	OP 13: Cardiac Imaging for Preoperative Risk Assessment for Non Cardiac Low Risk Surgery (percent)	2	2	2	2	2	2	1	1	1	1	1	1



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OP-14	OP 14: Simultaneous Use of Brain Computed Tomography (CT) and Sinus CT (percent)	2	2	2	2	2	2	2	2	2	2	2	2
	Culture of Safety- Domain 5. Overall Perceptions of Patient Safety	4	4	3	3	3	3	3	3	3	3	3	3
	Culture of Safety- Domain 5. Overall Perceptions of Patient Safety	4	4	2	2	2	2	2	4	4	4	4	4
Sleep Evaluation Services - St. Clair Shores	Culture of Safety- Domain 4. Overall Perceptions of Patient Safety									4	4	4	4
Pediatric Rehab - Neighborhood Club Building	Culture of Safety- Domain 4. Overall Perceptions of Patient Safety	2	2	3	3	3	3	3	3	3	3	3	3
PT/OT	Culture of Safety- Domain 5. Overall Perceptions of Patient Safety	3	3	3	3	3	3	3	3	3	3	3	3
PT/OT - Neighborhood Club Building	Culture of Safety- Domain 4. Overall Perceptions of Patient Safety	1	1	2	2	2	2	2	2	2	2	2	2
PT/OT - St. Clair Shores	Culture of Safety- Domain 4. Overall Perceptions of Patient Safety	1	1	1	2	2	2	2	2	2	2	2	2
Rehab Services	Hand Hygiene Compliance	4	4	4	4	4	4	4	4	4	4	4	4
Pulmonary Rehab	Culture of Safety- Domain 5. Overall Perceptions of Patient Safety										4	4	4
Respiratory Therapy	Culture of Safety- Domain 5. Overall Perceptions of Patient Safety	4	4	4	4	4	4	4	4	4	4	4	4
Respiratory Therapy	Hand Hygiene Compliance	4	4	3	3	4	4	4	4	3	3	3	4
Sepsis	MHA Keystone Sepsis Scorecard Rollup					4							
Sepsis	Mortality O/E Index Ratio	3	2	2	2	3	3	3	3	4	4	4	4
	Length of Stay O/E Index Ratio	2	2	2	2	1	1	1	2	2	2	2	2
	Mortality O/E Index Ratio	4	4	4	4	4	4	4	4	4	4	4	4
	Length of Stay O/E Index Ratio	4	1	1	1	1	2	2	2	4	3	1	1
	Mortality O/E Index Ratio	4	4	4	4	4	4	4	4	4	4	4	4
Anesthesia	Culture of Safety- Domain 5. Overall Perceptions of Patient Safety	1	1	1	1	1	1	1	1	1	1	1	4
Endoscopy	Culture of Safety- Domain 5. Overall Perceptions of Patient Safety	2	2	2	2	1	1	1	1	1	1	1	1
Endoscopy	Hand Hygiene Compliance	4	4	4	4	4	4	4	4	4	4	4	4
MSQC	MSQC BCBSM Scorecard Rollup						4	4	4	4	4	4	4
MSQC	MSQC Overall Morbidity = or < 12%	4	4	4	3	3	3	3	3	3	3	4	4
NSQIP	NSQIP: Elderly Death or Serious Morbidity					3	3	3	3	3	3	3	3



Beaumont Grosse Pointe Hospital: Quality Safety Matrix 2016

Service Line Unit	Measure	Jan-2016	Feb-2016	Mar-2016	Apr-2016	May-2016	Jun-2016	Jul-2016	Aug-2016	Sep-2016	Oct-2016	Nov-2016	Dec-2016
PSI04	PSI04 Death Among Surgical Inpatients w/Serious Treatable Complications - CMS	1	2	1	1	1	4	4	3	3	3	4	1
PSI05	PSI05 Retained Surgical Item or Unretrieved Device Fragment Count	4	4	4	4	4	4	4	4	4	4	4	4
PSI09	PSI09 Post-operative Hemorrhage/Hematoma	1	3	1	3	3	4	4	4	3	3	3	4
PSI10	PSI10 Post-operative Physiologic/Metabolic	4	4	4	4	4	4	4	4	4	4	4	4
PSI11	PSI11 Post-operative Respiratory Failure	4	4	2	1	1	1	2	1	2	2	4	2
PSI12	PSI12 Post-operative DVT/PE	1	1	1	1	1	1	2	4	4	2	2	4
PSI13	PSI13 Post-operative Sepsis	4	4	1	1	1	1	1	1	1	1	4	4
PSI14	PSI14 Post-operative Wound Dehiscence	4	4	4	4	4	4	4	4	4	4	4	4
PSI15	PSI15 Accidental Puncture/Laceration	2	1	2	3	2	3	3	4	4	4	4	2
Peri-Op (Pre-Op/Pre-Admit Testing); Post Anesthesia Care Unit-PACU Surgery	Hand Hygiene Compliance												
	Culture of Safety- Domain 5. Overall Perceptions of Patient Safety	4	3	3	4	3	3	3	3	2	2	2	4
	Length of Stay O/E Index Ratio	1	1	1	1	2	2	2	2	2	2	2	1
	Mortality O/E Index Ratio	4	4	4	4	4	4	4	4	4	4	4	4
	Length of Stay O/E Index Ratio	1	1	1	1	2	2	3	3	4	4	3	2
BMC2 PCI	Cardiac rehab referral before discharge	4	4	4	4	4							
BMC2-PVI	Any antiplatelet (unless contraindicated)-PVI	1	1	1	1	1	1	4	4	4	4	4	2
BMC2-PVI	BMC2 - VIC PVI BCBSM Scorecard Rollup					4	4	4	4	4	4	3	4
BMC2-PVI	Post Creat. Draw on High Risk Pts-PVI	3	3	3	3	3	3	4	4	4	4	4	3
BMC2-PVI	Post PVI transfusion-PVI	2	2	3	3	3	3	2	2	3	3	3	3
BMC2-PVI	Statin at Discharge-PVI	2	2	3	3	3	3	3	3	3	3	3	3
BMC2-VIC	Any antiplatelet (unless contraindicated)- Vascular Surgery	1	1	1	1	1	1	4	4	2	2	2	2
BMC2-VIC	BMC2 - VIC Vascular Surgery BCBSM Scorecard Rollup					4	3	3	3	3	3	4	4
BMC2-VIC	Post Creat. Draw on High Risk Pts-Vascular Surgery	4	4	4	4	4	4	4	4	4	4	4	4
BMC2-VIC	Post Transfusion Hgb>8-Vascular Surgery	1	1	4	4	4	4	4	4		4	4	4
BMC2-VIC	Statin at Discharge-Vascular Surgery	3	3	3	3	3	3	4	4	3	3	3	3
NSQIP	NSQIP: Death or Serious Morbidity Following Lower Extremity Bypass	4	3	3	3	3	3	3	3	3	3	3	3
NSQIP	NSQIP: Elderly Death or Serious Morbidity	3	3	3	3								
	Length of Stay O/E Index Ratio	4	2	3	4	4	4	4	4	4	4	4	4



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Service Line Unit	Measure	Jan-2016	Feb-2016	Mar-2016	Apr-2016	May-2016	Jun-2016	Jul-2016	Aug-2016	Sep-2016	Oct-2016	Nov-2016	Dec-2016
	Mortality O/E Index Ratio	2	1	1	3	3	3	3	3	3	3	4	4
MBSC	Compliance with VTE prophylaxis Post-Operatively	4	4	4	4	4	4	4	4	4	4	4	4
MBSC	Compliance with VTE prophylaxis Pre-Operatively	4	4	4	4	4	4	4	4	4	4	4	4
MBSC	Grade 1 complication rate	1	1	1	1	1	1	1	1	1	1	1	1
MBSC	MBSC BCBSM Scorecard Rollup					1	1	1	1	1	1	1	1
MBSC	Patient Satisfaction at one year (very satisfied,%)	2	2	2	2	2	2	2	2	2	2	2	2
MBSC	Serious complication rate	1	1	1	1	1	1	1	1	1	1	1	1
BMC2 PCI	Ratio of Contrast Volume to Glomerular Filtration Rate (GFR) over 3	4	4	4	4	4							
HMS VTE	High risk patients with appropriate prophylaxis on admission			3	3	3							
Keystone	MHA Keystone CAUTI BCBSM Scorecard Rollup					4							
MSSIC	MSSIC BCBSM Scorecard Rollup					4							
MVC	MVC BCBSM Scorecard Rollup					4							
NCDR PCI	Composite: Discharge Medications for Eligible PCI Patients	4	4	4	4	4							
NCDR PCI	Proportion of patients with aspirin prescribed at d/c	4	4	4	4	4							
NCDR PCI	Proportion of patients with P2Y12 inhibitor prescribed at d/c	4	4	4	4	4							
NCDR PCI	Statins prescribed at discharge	4	4	4	4	4							
Sleep Evaluation Services - St. Clair Shores 4 Family Birth Center	Culture of Safety- Domain 4. Overall Perceptions of Patient Safety												
	Falls with injury			4	4	4	4	4	4				4
Anesthesiologists	Culture of Safety- Domain 5. Overall Perceptions of Patient Safety												2
Intra-Op	Bar Code Med Administration Med Scanning Compliance												1
Intra-Op	Bar Code Med Administration Patient Scanning Compliance												1
Observe	Falls with injury												4
PACU Phase I & II	Bar Code Med Administration Med Scanning Compliance												4
PACU Phase I & II	Bar Code Med Administration Patient Scanning Compliance												4