Phelps Hospital Northwell Health

Measurement	Benchmark or Goal	1st Q '19	2nd Q '19	3rd Q '19	4th Q '19	Action Plan
Clinical Indicators						
Falls Per 1,000 Patient Days		1.43	0.00	0.00	2.79	Emphasize and continue
	NDNQI	1.07	1.10	1.06	1.06	identification of high risk fall pts.
Falls with Injury Per 1,000 Patient Days		1.43	0.00	0.00	1.40	
	NDNQI	0.18	0.20	0.19	0.18	
Hospital Acquired Pressure Injury	Prevalence	0.00	0.00	0.00	0.00	
(Stage II & Above)	NDNQI	5.06	4.16	4.11	4.52	
Restraints	Prevalence	0.00	0.00	0.00	0.00	Review necessity for clinical
	NDNQI	14.36	13.89	13.54	14.23	decisions w restraint usage.
						Limit duration of time.
Hospital Acquired Pressure Injury	Incidence	0.29	0.43	0.67	0.70	Emphasize all prophylactic
(Stage II & Above) Northwell Goal	<.45					interventions/strategies early
						Consult w WOCN RNs and/or
						Skin Champions suspected injury.
Central Line-associated Bloodstream Infection		0.00	0.00	0.00	0.00	2Q - Adoption of Curos
(CLABSI)	NDNQI	0.77	0.83	0.84	0.80	Disinfecting Caps
Catheter-associated Urinary Tract Infections		0.00	0.00	0.00	3.18	2Q - Education and adoption of
(CAUTI)	NDNQI	1.02	0.95	0.95	0.90	the BARD SURESTEP Foley
						Tray System
Ventilator-associated Event		36.50	0.00	20.00	0.00	Collaborative work from Nursing,
(VAE)	NDNQI	6.50	6.40	6.18	6.51	Intensivist group and Respiratory.
						Daily team rounds review: settings,
						requirements, &plans for SBTs
Hospital Onset CDIFF per 1,000 Patient Days		0.00	1.41	0.00	2.79	Conintue to disinfect rooms
	NDNQI	0.95	0.79	0.73	0.74	w Xenex Robot. Follow infection
						prevention guidelines
Hospital Onset MRSA per 1,000 Patient Days		0.00	0.00	0.00	0.00	
	NDNQI	0.17	0.16	0.17	0.17	

NDNQI -
National Database of Nursing Quality Indicators

NA-Not Available; ND-No Data
NDNQI Benchmark - All Hospitals Mean

Key:
	Outperforms benchmark
	At benchmark
	Underperforms benchmark

Phelps Hospital Northwell Health

Measurement	Benchmark or Goal	1st Q '19	2nd Q '19	3rd Q '19	4th Q '19	Action Plan
Process Indicators						
Hand Hygiene		80%	80%	86%	75%	Greatest Area of Opportunity -
Phelps goal >= 90%						Before Patient Contact
RN Education						
RN's w BSN or Higher		74.07%	75.86%	77.42%	82.35%	
2019 Unit Goal = 83%	NDNQI	69.93%	71.40%	72.34%	72.57%	
RN's w Professional Certification		44.44%	41.38%	41.94%	41.18%	
2019 Unit Goal = 47%	NDNQI	25.94%	26.05%	26.16%	26.66%	
Patient Satisfaction						
Likelihood recommending hospital	Top Box%	76.9	89.5	94.7	85.7	
	Press Ganey	71.7	71.7	72.0	72.0	
Staff worked together to care for you	Top Box%	66.7	70.6	89.5	83.3	1Q - TeamSTEPPS training
	Press Ganey	63.8	64.0	73.0	72.5	
Nurses treat you with courtesy/respect	Top Box%	92.3	90.0	94.7	92.9	Raise awareness among clinical
	Press Ganey	86.7	86.7	87.0	86.9	staff. 2019 - Humanism Class
Nurses listened carefully to you	Top Box%	92.3	90.0	89.5	71.4	
	Press Ganey	77.6	77.7	78.1	77.8	

NDNQI -
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NDNQI Benchmark - All Hospitals Mean

Key:
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	At benchmark
	Underperforms benchmark

Phelps Hospital Northwell Health

2019 - Unit Level Dashboard

5 South

Measurement	Benchmark or Goal	1st Q '19	2nd Q '19	3rd Q '19	4th Q '19	Action Plan
Clinical Indicators						
Falls Per 1,000 Patient Days		1.87	2.45	3.38	5.24	Utilize telesitter when appropriate
	NDNQI	2.48	2.49	2.56	2.49	Continue to use Post fall huddle form
						and Pt Education Fall Video
Falls with Injury Per 1,000 Patient Days		0.00	0.00	0.00	2.62	
	NDNQI	0.51	0.51	0.52	0.49	
Hospital Acquired Pressure Injury	Prevalence	0.00	0.00	0.00	0.00	
(Stage II & Above)	NDNQI	2.04	1.89	2.00	1.88	
Restraints	Prevalence	0.00	0.00	0.00	0.00	
	NDNQI	1.61	1.21	1.11	1.14	
Hospital Acquired Pressure Injury	Incidence	0.06	0.12	0.14	0.13	
(Stage II & Above) Northwell Goal	<.45					
Central Line-associated Bloodstream Infection		0.00	0.00	0.00	0.00	2Q - Adoption of Curos
(CLABSI)	NDNQI	0.67	0.55	0.63	0.68	Disinfecting Caps
Catheter-associated Urinary Tract Infections		17.39	13.51	0.00	0.00	2Q - Education and adoption of
(CAUTI)	NDNQI	1.21	1.23	1.07	1.21	the BARD SURESTEP Foley
						Tray System
Hospital Onset CDIFF per 1,000 Patient Days		0.00	0.00	0.00	0.00	Conintue to disinfect rooms
	NDNQI	0.49	0.44	0.45	0.42	w Xenex Robot. Follow infection
						prevention guidelines
Hospital Onset MRSA per 1,000 Patient Days		0.00	0.00	0.00	0.00	
	NDNQI	0.08	0.08	0.05	0.06	

NDNQI -
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NDNQI Benchmark - All Hospitals Mean

Key:
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- Yellow: At benchmark
- Red: Underperforms benchmark

Phelps Hospital Northwell Health

2019 - Unit Level Dashboard

Measurement	Benchmark or Goal	1st Q '19	2nd Q '19	3rd Q '19	4th Q '19	Action Plan
Process Indicators						
Hand Hygiene		94%	99%	80%	87%	Greatest Area of Opportunity -
Phelps goal >= 90%						Before Patient Contact
RN Education						
RNs w BSN or Higher		82.14%	82.14%	82.14%	82.14%	
2019 Unit Goal=Maintain 80% or higher	NDNQI	63.87%	64.65%	65.07%	65.58%	
RNs w Professional Certification		17.86%	25.00%	21.43%	17.86%	Unit Focus in 2019
2019 Unit Goal=25%	NDNQI	14.13%	14.72%	14.19%	15.07%	
Patient Satisfaction						
Likelihood recommending hospital	Top Box%	69.6	77.6	66.7	81.8	
	Press Ganey	71.7	71.7	72	72	
Staff worked together to care for you	Top Box%	59.0	70.2	65.1	65.9	1Q - TeamSTEPPS training
	Press Ganey	72.3	72.5	73.0	72.5	
Nurses treat you with courtesy/respect	Top Box%	83.3	89.8	86.4	88.9	1Q - TeamSTEPPS training
	Press Ganey	86.7	86.7	87.0	86.9	2Q - Expressions in Humanism
Nurses listened carefully to you	Top Box%	71.4	81.6	75.0	72.7	1Q - TeamSTEPPS training
	Press Ganey	77.6	77.7	78.1	77.8	
Responsiveness:						
Help Toileting soon as you wanted	Top Box%	62.5	60.9	72.7	65.2	Continue to use Integrated call bell
	Press Ganey	69.3	69.4	70	69.4	system with vocera
Call button help soon as wanted it	Top Box%	66.7	55.6	63.2	69.2	Continue to use Integrated call bell
	Press Ganey	65.4	65.5	66	69.4	system with vocera
Check on you hourly during the day	"Yes"	86%	82%	86%	76%	Hourly Rounding/Cypher Health Tool
Visited by nursing mngt. Team	"Yes"	77%	80%	86%	83%	Hourly Rounding/Cypher Health Tool
Pain:						4Q-Pain question dropped from survey
Staff talk about pain treatment	Top Box%	55.0	31.6	56.3	NA	Purposeful Rounding - Video 4th Q'19
	Press Ganey	63.8	64.0	67.5		1Q - patient brochure
How often staff talk pain	Top Box%	57.9	36.8	50.0	NA	Purposeful Rounding - Video 4th Q'19
	Press Ganey	66.9	67.1	64.4		1Q - patient brochure

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NDNQI Benchmark - All Hospitals Mean

Key:

	Overperforms benchmark
	At benchmark
	Underperforms benchmark

Phelps Hospital
Northwell Health

Clinical Indicators

Measurement	Benchmark or Goal	1st Q '19	2nd Q '19	3rd Q '19	4th Q '19	Action Plan
Falls Per 1,000 Patient Days		4.10	1.32	3.22	3.31	3rd Q - Telesitter Program
	NDNQI	3.10	2.96	2.92	2.97	Continue to use Post fall huddle form
						and Pt Education Fall Video
Falls with Injury Per 1,000 Patient Days		1.82	0.44	0.54	1.10	
	NDNQI	0.63	0.63	0.63	0.60	
Hospital Acquired Pressure Injury	Prevalence	0.00	4.55	0.00	0.00	New vocera group created with internal
(Stage II & Above)	NDNQI	1.30	1.14	1.15	1.32	experts. Incease HAPI knowledge with
						new program offered in 3rd Q.
Restraints	Prevalence	0.00	0.00	0.00	0.00	
	NDNQI	0.53	0.51	0.56	0.60	
Hospital Acquired Pressure Injury	Incidence	0.18	0.22	0.10	0.29	
(Stage II & Above) Northwell Goal	<.45					
Central Line-associated Bloodstream Infection		0.00	6.94	0.00	0.00	2Q - Adoption of Curos
(CLABSI)	NDNQI	0.79	0.79	0.76	0.77	Disinfecting Caps
Catheter-associated Urinary Tract Infections		0.00	0.00	0.00	0.00	2Q - Education and adoption of
(CAUTI)	NDNQI	1.18	1.23	1.01	1.07	the BARD SURESTEP Foley
						Tray System
Hospital Onset CDIFF		0.00	0.00	1.61	0.55	Conintue to disinfect rooms
	NDNQI	0.46	0.42	0.44	0.38	w Xenex Robot. Follow infection
						prevention guidelines
Hospital Onset MRSA		0.00	0.00	0.00	0.00	
	NDNQI	0.06	0.05	0.06	0.06	

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Key:
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Yellow	At benchmark
Red	Underperforms benchmark

Phelps Hospital
Northwell Health

2019 - Unit Level Dashboard

Measurement	Benchmark or Goal	1st Q '19	2nd Q '19	3rd Q '19	4th Q '19	Action Plan
Process Indicators						
Hand Hygiene		82%	86%	91%	91%	Greatest Area of Opportunity -
Phelps goal >= 90%						Before Patient Contact
RN Education						
RNs w BSN or Higher		87.88%	84.85%	84.85%	89.29%	
2019 Unit Goal=Maintain 80% or higher	NDNQI	61.35%	32.72%	63.42%	63.39%	
RNs w Professional Certification		24.24%	33.33%	33.33%	46.43%	
2019 Unit Goal=36%	NDNQI	15.92%	15.99%	15.98%	15.92%	
Patient Satisfaction						
Likelihood recommending hospital	Top Box%	68.1	67.8	81.4	61.1	
	Press Ganey	71.7	71.7	72	72	
Staff worked together to care for you	Top Box%	62.8	64.8	74.4	64.7	1Q - TeamSTEPPS training
	Press Ganey	72.3	72.5	73.0	72.5	
Nurses treat you with courtesy/respect	Top Box%	77.3	82.5	88.6	78.4	1Q - TeamSTEPPS training
	Press Ganey	86.7	86.7	87.0	86.9	2Q - Expressions in Humanism
Nurses listened carefully to you	Top Box%	68.9	70.2	88.6	64.9	1Q - TeamSTEPPS training
	Press Ganey	77.6	77.7	78.1	77.8	
Quietness of hospital environment	Top Box%	36.4	25.9	43.2	25	2Q - Quiet Time est. 1530-1630,
	Press Ganey	59.4	59.9	61.3	60.3	Staff Education, Whisper Unit Signs,
						Volumes adjusted at night, No call
Responsiveness:						
Help Toileting soon as you wanted	Top Box%	43.5	54.8	58.8	38.9	7/5/18 - Integrated call bell system
	Press Ganey	69.3	69.4	70	69.4	with vocera
Call button help soon as wanted it	Top Box%	40.5	52.2	65.9	51.4	7/5/18 - Integrated call bell system
	Press Ganey	65.4	65.5	66	65.3	with vocera

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🟩	Outperforms benchmark
🟨	At benchmark
🟥	Underperforms benchmark

Phelps Hospital
Northwell Health

Measurement	Benchmark or Goal	1st Q '19	2nd Q '19	3rd Q '19	4th Q '19	Action Plan
Patient Satisfaction						
Rounding:						
Check on you hourly during the day	"Yes"	70%	71%	76%	61%	Hourly Rounding/Cypher Health Tool
Visited by nursing mngt. Team	"Yes"	89%	87%	83%	68%	Hourly Rounding/Cypher Health Tool
Pain:						4Q-Pain question dropped from survey
Staff talk about pain treatment	Top Box%	73.7	52.5	55.2	NA	New informational handouts re pain
	Press Ganey	63.8	64.0	64.4		management distrubted Sept '19
How often staff talk pain	Top Box%	70.0	46.3	63.3	NA	
	Press Ganey	66.9	67.1	67.5		

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Phelps Hospital
Northwell Health™

2019 - Unit Level Dashboard

Measurement	Benchmark or Goal	1st Q '19	2nd Q '19	3rd Q '19	4th Q '19	Action Plan
Clinical Indicators						
Falls Per 1,000 Patient Days		3.27	2.67	3.52	1.94	Utilize telesitter when appropriate
	NDNQI	2.38	2.41	2.30	2.37	Continue to use Post fall huddle form
Falls with Injury Per 1,000 Patient Days		1.40	0.00	1.17	0.97	
	NDNQI	0.45	0.48	0.44	0.44	
Hospital Acquired Pressure Injury	Prevalence	0.00	0.00	0.00	0.00	
(Stage II & Above)	NDNQI	1.06	0.88	0.86	0.78	
Restraints	Prevalence	0.00	0.00	0.00	0.00	
	NDNQI	0.35	0.27	0.33	0.27	
Hospital Acquired Pressure Injury	Incidence - Rehab	0.08	0.07	0.10	0.00	
Hospital Acquired Pressure Injury	Incidence - Ortho	0.00	0.00	0.13	0.00	
(Stage II & Above) Northwell Goal	<.45					
Central Line-associated Bloodstream Infection		0.00	0.00	0.00	0.00	2Q - Adoption of Curos
(CLABSI)	NDNQI	0.43	0.39	0.53	0.39	Disinfecting Caps
Catheter-associated Urinary Tract Infections		0.00	20.83	0.00	0.00	2Q - Education and adoption of
(CAUTI)	NDNQI	0.72	0.78	0.75	0.83	the BARD SURESTEP Foley
						Tray System
Hospital Onset CDIFF per 1,000 Patient Days		0.00	0.00	0.00	0.00	
	NDNQI	0.34	0.30	0.27	0.3	
Hospital Onset MRSA per 1,000 Patient Days		0.00	0.00	0.00	0.00	
	NDNQI	0.02	0.03	0.02	0.02	
RN Education						
RNs w BSN or Higher		90.48%	90.48%	91.67%	92.31%	
2019 Unit Goal=Maintain 80% or higher	NDNQI	62.17%	64.27%	64.21%	63.99%	
RNs w Professional Certification		28.57%	28.57%	29.17%	34.62%	
2019 Unit Goal = 33%	NDNQI	18.76%	19.36%	17.99%	18.34%	

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	At benchmark
	Underperforms benchmark

Phelps Hospital Northwell Health

2019 - Unit Level Dashboard

Measurement	Benchmark or Goal	1st Q '19	2nd Q '19	3rd Q '19	4th Q '19	Action Plan
Process Indicators						
Hand Hygiene		97%	99%	95%	95%	Greatest Area of Opportunity -
Phelps goal >= 90%						Before Patient Contact
Patient Satisfaction						
Likelihood recommending hospital	Top Box%	85.0	87.3	87	90.7	
	Press Ganey	71.7	71.7	72	72	
Staff worked together to care for you	Top Box%	82.1	85.9	87.0	81.1	1Q - TeamSTEPPS training
	Press Ganey	72.3	72.5	73.0	72.5	
Nurses treat you with courtesy/respect	Top Box%	89.1	94.9	92.2	94.7	1Q - TeamSTEPPS training
	Press Ganey	86.7	86.7	87.0	86.9	2Q - Expressions in Humanism
Nurses listened carefully to you	Top Box%	87.3	88.5	81.8	89.5	1Q - TeamSTEPPS training
	Press Ganey	77.6	77.7	78.1	77.8	
Quietness of hospital environment	Top Box%	61.6	65.8	63.6	61.3	
	Press Ganey	59.9	59.9	61.3	60.3	
Responsiveness:						
Help Toileting soon as you wanted	Top Box%	72.9	82	75.8	75.4	Continue to use Integrated call bell
	Press Ganey	69.3	69.4	70	69.4	with vocera
Call button help soon as wanted it	Top Box%	69.4	76.1	70.4	67.2	Continue to use Integrated call bell
	Press Ganey	65.4	65.5	66	65.3	with vocera
Check on you hourly during the day	"Yes"	77%	77%	78%	74%	Hourly Rounding/Cypher Health Tool
Visited by nursing mngt. Team	"Yes"	91%	88%	91%	90%	Hourly Rounding/Cypher Health Tool
Pain:						4Q-Pain question dropped from survey
Staff Talk about pain treatment	Top Box%	75.0	62.5	78.3	NA	New patient education on pain
	Press Ganey	63.8	64.0	64.4		developed
How often staff talk pain	Top Box%	77.8	69.0	81.7	NA	Pain reassement a focus.
	Press Ganey	66.9	67.1	67.5		

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NDNQI Benchmark - All Hospitals Mean

Key:

Outperforms benchmark	
At benchmark	
Underperforms benchmark	

Phelps Hospital
Northwell Health™

Measurement	Benchmark or Goal	1st Q '19	2nd Q '19	3rd Q '19	4th Q '19	Action Plan
Clinical Indicators						
Falls Per 1,000 Patient Days		3.13	4.08	2.37	1.24	Utilize telesitter when appropriate
	NDNQI	2.38	2.41	2.30	2.37	Continue to use Post fall huddle form
						2Q - Replacement of saddle
Falls with Injury Per 1,000 Patient Days		1.04	0.00	0.00	0.00	
	NDNQI	0.45	0.48	0.44	0.44	
Hospital Acquired Pressure Injury	Prevalence	0.00	0.00	0.00	0.00	
(Stage II & Above)	NDNQI	1.05	0.88	0.86	0.78	
Restraints	Prevalence	0.00	0.00	0.00	0.00	
	NDNQI	0.35	0.27	0.33	0.27	
Hospital Acquired Pressure Injury	Incidence	0.23	0.21	0.00	0.00	
(Stage II & Above) Northwell Goal	<.45					
Central Line-associated Bloodstream Infection		0.00	0.00	0.00	0.00	2Q - Adoption of Curos
(CLABSI)	NDNQI	0.43	0.39	0.53	0.39	Disinfecting Caps
Catheter-associated Urinary Tract Infections		10.31	0.00	0.00	0.00	2Q - Education and adoption of
(CAUTI)	NDNQI	0.72	0.78	0.75	0.83	the BARD SURESTEP Foley
						Tray System
Hospital Onset CDIFF per 1,000 Patient Days		1.04	1.02	0.00	0.00	Conintue to disinfect rooms
	NDNQI	0.34	0.30	0.27	0.30	w Xenex Robot. Follow infection
						prevention guidelines
Hospital Onset MRSA per 1,000 Patient Days		0.00	0.00	0.00	0.00	
	NDNQI	0.02	0.03	0.02	0.02	

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	At benchmark
Key:	*Underperforms benchmark*

Phelps Hospital Northwell Health

Measurement	Benchmark or Goal	1st Q '19	2nd Q '19	3rd Q '19	4th Q '19	Action Plan
Process Indicators						
Hand Hygiene		94%	94%	91%	96%	Greatest Area of Opportunity -
Phelps goal >= 90%						Before Patient Contact
RN Education						
RNs w BSN or Higher		88.00%	92.00%	91.67%	90.00%	
2019 Unit Goal=Maintain 80% or higher	NDNQI	62.17%	64.27%	64.21%	63.99%	
RNs w Professional Certification		28.00%	32.00%	33.33%	30.00%	
2019 Unit Goal=36%	NDNQI	18.76%	19.36%	17.99%	18.34%	
Patient Satisfaction						
Likelihood recommending hospital	Top Box%	77.8	78.7	88.0	80.0	
	Press Ganey	71.5	71.7	72	72	
Staff worked together to care for you	Top Box%	76.5	80.3	79.6	72.2	1Q - TeamSTEPPS training
	Press Ganey	72.3	72.5	73.0	72.5	
Nurses treat you with courtesy/respect	Top Box%	83.3	87.1	92.0	89.9	1Q - TeamSTEPPS training
	Press Ganey	86.7	86.7	87.0	86.9	2Q - Expressions in Humanism
Nurses listened carefully to you	Top Box%	83.3	87.1	82.0	80.4	1Q - TeamSTEPPS training
	Press Ganey	77.6	77.7	78.1	77.8	
Quietness of hospital environment	Top Box%	76.5	56.5	50	42.3	4Q'19 - Hospital wide focus on quiet
	Press Ganey	59.4	59.9	61.3	60.3	time at night.

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Phelps Hospital
Northwell Health

Measurement	Benchmark or Goal	1st Q '19	2nd Q '19	3rd Q '19	4th Q '19	Action Plan
Patient Satisfaction						
Responsiveness:						
Help Toileting soon as you wanted	Top Box%	83.3	67.6	69.6	63.0	Continue to use Integrated call bell
	Press Ganey	69.3	69.4	70	69.4	with vocera
Call button help soon as wanted it	Top Box%	78.6	70.2	77.3	61.5	Continue to use Integrated call bell
	Press Ganey	65.4	65.5	66	65.3	with vocera
Check on you hourly during the day	"Yes"	76%	76%	77%	74%	Hourly Rounding/Cypher Health Tool
Visited by nursing mngt. Team	"Yes"	88%	90%	86%	73%	Hourly Rounding/Cypher Health Tool
Medication Communication:						
Communication about meds	Top Box%	60.7	67.3	75.7	67.5	Continue to us the ALLEN Smart
	Press Ganey	64.2	64.3	64.7	63.8	TV System for patient
						education on medication
Tell you what new medicine was for	Top Box%	71.4	78.9	85.7	74.4	
	Press Ganey	77.7	77.7	78.1	77.4	
Staff describe medication side effect	Top Box%	50.0	55.6	65.7	56.8	
	Press Ganey	50.7	50.8	51.3	50.2	
Pain:						4Q-Pain question dropped from survey
Staff talk about pain treament	Top Box%	50.0	68.1	76.7	NA	Pain reassement a focus.
	Press Ganey	63.8	64.0	64.4		
How often staff talk about pain?	Top Box%	68.8	81.3	80.5	NA	
	Press Ganey	66.9	67.1	67.5		

NDNQI -
National Database of Nursing Quality Indicators

NA-Not Available; ND-No Data
NDNQI Benchmark - All Hospitals Mean

Key:
	Outperforms benchmark
	At benchmark
	Underperforms benchmark

2019 - Unit Level Dashboard

Measurement	Benchmark or Goal	1st Q '19	2nd Q '19	3rd Q '19	4th Q '19	Action Plan
Clinical Indicators						
Falls Per 1,000 Patient Days		0.69	4.29	2.05	8.01	*4Q - Drill down to look for patterns*
	NDNQI	3.30	3.45	3.42	3.34	2Q - weighted chairs, chairs are
						examined and new sliders applied
Falls with Injury Per 1,000 Patient Days		0.69	0.00	0.68	2.91	quarterly by engineering.
	NDNQI	0.72	0.74	0.76	0.64	
Restraints	Prevalence	0.00	0.00	0.00	0.00	
	NDNQI	0.16	0.12	0.09	0.16	
Hospital Onset CDIFF per 1,000 Patient Days		0.00	ND	ND	ND	
	NDNQI	0.02	0.00	0.01	0.02	
RN Education						
RNs w BSN or Higher		66.67%	81.25%	76.47%	75.00%	
2019 Unit Goal = 75%	NDNQI	54.65%	56.78%	57.24%	56.58%	
RNs w Professional Certification		26.67%	25.00%	23.53%	20.00%	
2019 Unit Goal = 28%	NDNQI	14.28%	14.66%	14.48	13.71	

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NDNQI Benchmark - All Hospitals Mean

Key:	
	Outperforms benchmark
	At benchmark
	Underperforms benchmark

Phelps Hospital
Northwell Health

Measurement	Benchmark or Goal	1st Q '19	2nd Q '19	3rd Q '19	4th Q '19	Action Plan
Process Indicators						
Hand Hygiene		97%	96%	90%	94%	Greatest Area of Opportunity -
Phelps goal >= 90%						Before Patient Contact
Patient Satisfaction						
Likelihood recommending hospital	Top Box%	46.7	59.1	70	77.8	Therapeutic focus highlighting
	Press Ganey	62.9	63.6	64.1	64.4	experience of gratitude. Encourage
Staff worked together to care for you	Top Box%	42.9	52.2	73.3	78.6	patient to focus on what was good
	Press Ganey	64.7	65.3	65.9	66.1	about experience and themselves.
Friendliness/courtesy of the nurses	Top Box%	50.0	59.1	77.4	71.4	Patient complaints are addressed
	Press Ganey	67.6	68.3	68.8	69.7	real time if possible.
Pain:						4Q-Pain question dropped from survey
Degree staff asked if you physical pain	Top Box%	35.5	45.5	58.6	NA	Focus on pain reassessment
	Press Ganey	61.1	61.8	62.0		tracked by log.
How well physical pain taken care of	Top Box%	44.4	50.0	61.5	NA	Focus on pain reassessment
	Press Ganey	59.5	60.0	60.4		tracked by log.

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NDNQI Benchmark - All Hospitals Mean

Key:	
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Phelps Hospital
Northwell Health

Measurement	Benchmark or Goal	1st Q '19	2nd Q '19	3rd Q '19	4th Q '19
Clinical Indicators - 2South and 4North Combined					
Falls Per 1,000 Patient Days		1.20	1.83	2.90	3.39
	NDNQI	3.20	3.02	2.17	2.45
Falls with Injury Per 1,000 Patient Days		0.00	0.61	0.97	1.02
	NDNQI	0.94	0.67	0.37	0.58
RN Education - 2South and 4North Combined					
RNs w BSN or Higher		70.59%	76.19%	75.00%	83.33%
2019 Unit Goal=76.47	NDNQI	56.85%	56.38%	58.70%	55.89%
RNs w Professional Certification		5.88%	4.76%	5.00%	8.33%
2019 Unit Goal=11.77	NDNQI	13.62%	12.31%	13.81%	13.47%

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NDNQI Benchmark - All Hospitals Mean

	Outperforms benchmark
	At benchmark
Key:	Underperforms benchmark

2019 - Unit Level Dashboard

Phelps Hospital
Northwell Health

Measurement	Benchmark or Goal	1st Q '19	2nd Q '19	3rd Q '19	4th Q '19
Process Indicators - Unique to 2 South					
Hand Hygiene		86%	89%	58%	97%
Phelps goal >= 90%					
Patient Satisfaction - Unique to 2 South					
Likelihood recommending hospital	Top Box%	94.7	93.3	66.7	100
	Press Ganey	62.9	63.6	64.1	64.4
Staff worked together to care for you	Top Box%	89.5	66.7	66.7	71.4
	Press Ganey	64.7	65.3	65.9	66.1
Friendliness/courtesy of the nurses	Top Box%	89.5	87.5	71.4	66.7
	Press Ganey	67.6	68.3	68.8	69.7
Pain:					
Degree staff asked if you physical pain	Top Box%	88.9	87.5	42.9	NA
	Press Ganey	61.1	61.8	62.0	
How well physical pain taken care of	Top Box%	89.5	68.8	42.9	NA
	Press Ganey	59.5	60.0	60.4	

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NDNQI Benchmark - All Hospitals Mean

Key:

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	Underperforms benchmark

Phelps Hospital
Northwell Health

Action Plan

Continue to drill down on each fall.
Conduct post fall huddles

NDNQI -
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NDNQI Benchmark - All Hospitals Mean

	Outperforms benchmark
	At benchmark
Key:	Underperforms benchmark

Phelps Hospital
Northwell Health

Action Plan

Greatest Area of Opportunity -
Before Patient Contact

1Q - TeamSTEPPS training

1Q - TeamSTEPPS training
2Q - Expressions in Humanism

4Q-Pain question dropped from survey

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NDNQI Benchmark - All Hospitals Mean

Key:

	Outperforms benchmark
	At benchmark
	Underperforms benchmark

Phelps Hospital Northwell Health

Measurement	Benchmark or Goal	1st Q '19	2nd Q '19	3rd Q '19	4th Q '19	Action Plan
Clinical Indicators - 2South and 4North Combined						
Falls Per 1,000 Patient Days		1.20	1.83	2.90	3.39	Continue to drill down on each fall.
	NDNQI	3.20	3.02	2.17	2.45	Conduct post fall huddles
Falls with Injury Per 1,000 Patient Days		0.00	0.61	0.97	1.02	
	NDNQI	0.94	0.67	0.37	0.58	
RN Education - 2South and 4North Combined						
RNs w BSN or Higher		70.59%	76.19%	75.00%	83.33%	
2019 Unit Goal=76.47	NDNQI	56.85%	56.38%	58.70%	55.89%	
RNs w Professional Certification		5.88%	4.76%	5.00%	8.33%	
2019 Unit Goal=11.77	NDNQI	13.62%	12.31%	13.81%	13.47%	

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NDNQI Benchmark - All Hospitals Mean

Key:
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	At benchmark
	Underperforms benchmark

Phelps Hospital
Northwell Health

2019 - Unit Level Dashboard

Measurement	Benchmark or Goal	1st Q '19	2nd Q '19	3rd Q '19	4th Q '19	Action Plan
Process Indicators - Unique to 4North						
Hand Hygiene		91%	93%	92%	67%	Greatest Area of Opportunity -
Phelps goal >= 90%						Before Patient Contact
Patient Satisfaction - Unique to 4North						
Likelihood recommending hospital	Top Box%	55.6	100.0	71.4	64.3	
	Press Ganey	62.9	63.6	64.1	64.4	
Staff worked together to care for you	Top Box%	55.6	100	85.7	57.1	1Q - TeamSTEPPS training
	Press Ganey	64.7	65.3	65.9	66.1	
Friendliness/courtesy of the nurses	Top Box%	60.0	85.7	87.5	53.3	1Q - TeamSTEPPS training
	Press Ganey	67.6	68.3	68.8	69.7	2Q - Expressions in Humanism
Pain:						4Q-Pain question dropped from survey
Degree staff asked if you physical pain	Top Box%	66.7	100.0	87.5	NA	
	Press Ganey	61.1	61.8	62.0		
How well physical pain taken care of	Top Box%	44.4	100.0	71.4	NA	
	Press Ganey	59.5	60.0	60.4		

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NDNQI Benchmark - All Hospitals Mean

Key:
- Outperforms benchmark
- At benchmark
- Underperforms benchmark

Phelps Hospital
Northwell Health

Measurement	Benchmark or Goal	1st Q '19	2nd Q '19	3rd Q '19	4th Q '19	Action Plan
Clinical Indicators						
Falls Per 1,000 Patient Days		0.00	0.00	0.00	0.00	
	NDNQI	0.36	0.33	0.34	0.38	
Falls with Injury Per 1,000 Patient Days		0.00	0.00	0.00	0.00	
	NDNQI	0.07	0.06	0.06	0.07	
Total Baby Drops Per 1,000 Newborn Days		0.00	0.00	0.00	0.00	
	NDNQI	0.21	0.21	0.17	0.23	
Hospital Onset CDIFF per 1,000 Patient Days		0.00	ND	ND	ND	
	NDNQI	0.01	0.03	0.01	0.01	
Hospital Onset MRSA per 1,000 Patient Days		0.00	ND	ND	ND	
	NDNQI	0.01	0.00	0.00	0.00	
RN Education						
RNs w BSN or Higher		84.38%	85.71%	84.62%	84.62%	
2019 Unit Goal=Maintain 80% or higher	NDNQI	66.23%	66.98%	67.41%	67.84%	
RNs w Professional Certification		71.88%	71.43%	69.23%	61.54%	
2019 Unit Goal=75%	NDNQI	28.16%	28.42%	29.29%	29.43	
Process Indicators						
Hand Hygiene		67%	33%	13%	33%	Greatest Area of Opportunity - Before
Phelps goal >= 90%						Patient Contact. Discussed and
						Reinforced at Unit Meeting

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Key:
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	Underperforms benchmark

Phelps Hospital
Northwell Health

Measurement	Benchmark or Goal	1st Q '19	2nd Q '19	3rd Q '19	4th Q '19	Action Plan
Patient Satisfaction						
Likelihood recommending hospital	Top Box%	89.2	84.8	85.7	86.2	
	Press Ganey	71.5	71.7	72.0	72.0	
Staff worked together to care for you	Top Box%	75.7	73.3	85.7	75.9	1Q - TeamSTEPPS training
	Press Ganey	72.3	72.5	73.0	72.5	
Nurses treat you with courtesy/respect	Top Box%	91.9	95.7	82.9	93.1	1Q - TeamSTEPPS training
	Press Ganey	86.7	86.7	87.0	86.9	2Q - Expressions in Humanism
Nurses listened carefully to you	Top Box%	75.7	71.7	80.0	93.1	1Q - TeamSTEPPS training
	Press Ganey	77.6	77.7	78.1	77.8	
Quietness of hospital environment	Top Box%	72.2	69.6	77.1	65.5	
	Press Ganey	59.4	59.9	61.3	60.3	
Responsiveness:						
Help Toileting soon as you wanted	Top Box%	78.3	86.4	73.3	61.5	Continue to use Integrated call bell
	Press Ganey	69.3	69.4	70.0	69.4	with vocera
Call button help soon as wanted it	Top Box%	76.5	86.7	90.3	85.2	Continue to use Integrated call bell
	Press Ganey	65.4	65.5	66	65.3	with vocera
Check on you hourly during the day	"Yes"	78%	86%	83%	93%	Hourly Rounding/Cypher Health Tool
Visited by nursing mngt. Team	"Yes"	47%	59%	88%	73%	Hourly Rounding/Cypher Health Tool
Pain:						
Staff talk about pain treatment	Top Box%	72.7	80.65	78.13	86.11	
	Press Ganey	63.8	67.36	67.80	67.66	
How often staff talk pain ?	Top Box%	79.4	80.65	69.70	83.33	
	Press Ganey	66.9	64.48	64.72	64.49	

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NA-Not Available; ND-No Data
NDNQI Benchmark - All Hospitals Mean

	Outperforms benchmark
	At benchmark
Key:	Underperforms benchmark

Phelps Hospital Northwell Health™

Emergency Room

Measurement	Benchmark or Goal	1st Q '19	2nd Q '19	3rd Q '19	4th Q '19	Action Plan
Clinical Indicators						
Falls Per 1,000 Patient Visits		0.48	0.32	0.00	0.24	
	NDNQI	0.25	0.26	0.26	0.28	
Falls with Injury Per 1,000 Patient Visits		0.00	0.00	0.00	0.00	
	NDNQI	0.06	0.07	0.07	0.07	
Hospital Onset CDIFF per 1,000 Patient Days		0.32	ND	ND	ND	
	NDNQI	0.42	0.45	0.49	0.44	
Hospital Onset MRSA per 1,000 Patient Days		0.16	ND	ND	ND	
	NDNQI	0.20	0.23	0.27	0.28	
Structure Indicators						
Percent of Patients who Left without Being Seen		0.37	0.39	0.37	0.40	
	NDNQI	0.92	0.90	0.97	3.57	
Percent of Patients who Left Before Treatment		0.19	0.11	0.06	0.07	
	NDNQI	0.34	0.36	0.37	0.33	
Percent of Patients who Left Against Medical Advice		0.68	0.66	0.45	0.71	
	NDNQI	0.59	0.72	0.70	4.00	
Median Minutes from ED arrival to Departure (Adm. Pts)		334.79	320.82	297.51	326.00	Team approach in ED having a positive impact.
	NDNQI	273.87	263.55	260.91	265.96	
Median Minutes Admit Decision to ED Departure		112.80	129.02	106.47	110.07	4th Q '19 - 60 min rule
	NDNQI	95.72	95.94	93.12	87.12	
Median Minutes Time from ED Arrival to ED Departure for Discharged Pts.		180.55	166.27	157.71	159.58	Trending down
	NDNQI	141.59	134.54	141.15	134.27	

NDNQI -
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NDNQI Benchmark - All Hospitals Mean

Key:

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	Underperforms benchmark

Measurement	Benchmark or Goal	1st Q '19	2nd Q '19	3rd Q '19	4th Q '19	Action Plan
Process Indicators						
Avg. Blood Culture Volume (ml)		6.1	7.2	8.6	pending	Marking of the bottles by Volunteers &
Northwell Goal	8.0					ED Techs
RN Education						
RNs w BSN or Higher		79.07%	80.85%	82.22%	77.78%	
NDNQI		59.13%	58.88%	60.50%	60.71%	
2019 Unit Goal=Achieve 80% or higher						
RNs w Professional Certification		16.28%	14.89%	15.56%	36.11%	
2019 Unit Goal=20% NDNQI		22.12%	21.84%	21.58%	22.03%	
Patient Satisfaction						
Global Rating - Recommend the ER	Top Box%	73.6	74.9	77.5	71.4	
	Press Ganey	64.1	64.3	64.5	65.0	
Degree hosp. staff worked as a team	Top Box%	68.6	68.0	70.2	71.0	1Q - TeamSTEPPS training
	Press Ganey	67.9	68.2	68.8	68.4	
Nurses treat with courtesy/respect	Top Box%	87.9	86.4	89.4	84.6	1Q - TeamSTEPPS training
	Press Ganey	84.2	83.8	84.2	84.4	2Q - Expressions in Humanism
Nurses listen carefully to you	Top Box%	82.3	80.4	87.0	83.3	1Q - TeamSTEPPS training
	Press Ganey	77.2	77.1	77.4	77.6	
Pain						4Q-Pain question dropped from survey
ED staff try to reduce pain	Top Box%	59.9	58.4	62.2	NA	New staff education regarding pain educ.
	Press Ganey	54.7	54.4	54.7		
ED discuss pain med side effects	Top Box%	58.0	54.6	62.4	NA	New staff education regarding pain educ.
	Press Ganey	56.6	56.6	57.3		

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Phelps Hospital Northwell Health

Measurement	Benchmark or Goal	1st Q '19	2nd Q '19	3rd Q '19	4th Q '19	Action Plan
Clinical Indicators						
Falls Per 1,000 Patient Visits		0.00	0.00	0.00	0.00	
	NDNQI	0.14	0.16	0.19	0.24	
Falls with Injury Per 1,000 Patient Visits		0.00	0.00	0.00	0.00	
	NDNQI	0.03	0.06	0.08	0.11	
Patient Burns Per 1,000 Patient Visits		0.00	0.00	0.00	0.00	
	NDNQI	0.06	0.00	0.00	0.06	
RN Education						
RNs w BSN or Higher		75.00%	75.00%	66.67%	71.43%	
2019 Unit Goal = maintain	NDNQI	64.77%	65.74%	68.31%	67.46%	
RNs w Professional Certification		75.00%	75.00%	50.00%	71.43%	
2019 Unit Goal = maintain	NDNQI	28.15%	27.21%	29.35%	27.40%	
Patient Satisfaction						
Likelihood recommending facility	Top Box%	87.5	72.4	75	ND	
	Press Ganey	83.2	83.3	83.5		
Degree staff worked together	Top Box%	84.6	82.8	100.0	ND	1Q - TeamSTEPPS training
	Press Ganey	87.6	87.8	87.9		
Staff treat with courtesy, respect	Top Box%	100.0	96.6	100.0	ND	2Q - Expressions in Humanism
	Press Ganey	97.8	97.8	96.6		
Staff ID patient/proc before surgery	Top Box%	91.7	92.0	100.0	ND	
	Press Ganey	88.9	89.2	88.5		
Pain:						4Q-Pain question dropped from survey
Doctors/Nurses make sure comfortable	Top Box%	97.5	93.1	100.0	ND	2Q - Expressions in Humanism
	Press Ganey	96.6	96.6	96.6		
Information about what to do if have pain	Top Box%	94.4	88.5	100.0	ND	Pain reassessment area of focus
	Press Ganey	95.1	95.1	95.1		

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Phelps Hospital
Northwell Health

Measurement	Benchmark or Goal	1st Q '19	2nd Q '19	3rd Q '19	4th Q '19	Action Plan
Clinical Indicators						
Falls Per 1,000 Patient Visits		0.72	0.00	0.00	0.00	Falls and Fall prevention strategies
	NDNQI	0.12	0.13	0.14	0.12	discussed daily.
Falls with Injury Per 1,000 Patient Visits		0.00	0.00	0.00	0.00	
	NDNQI	0.03	0.04	0.05	0.04	
RN Education						
RNs w BSN or Higher		90.91%	90.91%	91.67%	100.00%	
2019 Unit Goal=Maintain 80% or higher	NDNQI	67.00%	69.57%	67.53%	67.58%	
RNs w Professional Certification		45.45%	54.55%	58.33%	64.29%	Many of the RNs do not meet eligibilty
2019 Unit Goal = 55%	NDNQI	44.96%	44.62%	43.03%	40.55%	criteria (employeed < 2 years).
Patient Satisfaction - INF						
Likelihood recommending services	Top Box%	78.0	78.0	81.3	88.0	
	Press Ganey	85.8	85.9	86.0	86.0	
Care coordinated among Drs/caregvrs	Top Box%	80.0	85.4	84.8	90.0	1Q - TeamSTEPPS training
	Press Ganey	79.6	79.9	79.9	80.0	
Quality of care recvd from nurse	Top Box%	83.7	87.8	85.1	88.0	1Q - TeamSTEPPS training
	Press Ganey	87.0	87.1	87.0	87.2	2Q - Expressions in Humanism
Pain:						
How well was pain controlled - INF	Top Box%	76.7	73.1	77.8	82.9	3Q - New patient education on pain
	Press Ganey	73.5	73.6	74.0	74.1	
Patient Satisfaction - ONC						
Likelihood recommending services	Top Box%	84.9	86.0	86.2	88.2	
	Press Ganey	85.8	85.9	86.0	86.0	
Care coordinated among Drs/caregvrs	Top Box%	78.9	80.8	83.0	88.2	1Q - TeamSTEPPS training
	Press Ganey	79.6	79.9	79.9	80.0	
Quality of care recvd from nurse	Top Box%	88.1	86.0	89.7	97.1	1Q - TeamSTEPPS training
	Press Ganey	87.0	87.1	87.0	87.2	
Pain:						
How well was pain controlled - ONC	Top Box%	73.1	87.1	84.5	79.7	3Q - New patient education on pain
	Press Ganey	73.5	73.6	74.0	74.1	

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NDNQI Benchmark - All Hospitals Mean

Key:

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	Underperforms benchmark

Phelps Hospital
Northwell Health

Measurement	Benchmark or Goal	1st Q '19	2nd Q '19	3rd Q '19	4th Q '19	Action Plan
Clinical Indicators						
Falls Per 1,000 Patient Visits		0.00	0.00	4.82	5.04	Fall prevention protocols followed.
	NDNQI	0.18	0.13	0.16	0.15	Post fall huddles conducted.
Falls with Injury Per 1,000 Patient Visits		0.00	0.00	0.00	0.00	
	NDNQI	0.02	0.04	0.03	0.04	
RN Education						
RNs w BSN or Higher		75.00%	75.00%	100.00%	100.00%	
2019 Unit Goal = 100%	NDNQI	64.56%	64.36%	64.35%	64.66%	
RNs w Professional Certification		25.00%	50.00%	50.00%	50.00%	
2019 Unit Goal = 50%	NDNQI	32.63%	32.65%	33.13%	31.69%	
Patient Satisfaction						
Likelihood recommending hospital	Top Box%	76.5	91.2	77.8	ND	
	Press Ganey	83.2	83.3	83.5		
Degree staff worked together	Mean	93.9	97.0	100.0	ND	1Q - TeamSTEPPS program
	Press Ganey	87.6	87.8	87.9		
Staff treat with courtesy, respect	Top Box%	100.0	100.0	100.0	ND	1Q - TeamSTEPPS program
	Press Ganey	97.8	97.8	97.9		2Q - Expressions in Humanism
Staff ID patient/proc before surgery	Top Box%	90.6	97.0	75.0	ND	Staff re-education
	Press Ganey	88.9	89.2	88.5		
Pain:						0
Doctors/Nurses make sure comfortable	Top Box%	100.0	97.1	87.5	ND	Pain Education a focus in 2019
	Press Ganey	96.6	96.6	96.6		
Information about what to do if have pain	Top Box%	90.6	96.6	66.7	ND	
	Press Ganey	95.1	95.1	95.1		

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NDNQI Benchmark - All Hospitals Mean

Key:

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	At benchmark
	Underperforms benchmark

Phelps Hospital
Northwell Health™

Measurement	Benchmark or Goal	1st Q '19	2nd Q '19	3rd Q '19	4th Q '19	Action Plan
Clinical Indicators						
Falls Per 1,000 Patient Visits		0.00	0.00	0.00	0.00	
	NDNQI	0.09	0.14	0.12	0.17	
Falls with Injury Per 1,000 Patient Visits		0.00	0.00	0.00	0.00	
	NDNQI	0.01	0.03	0.03	0.03	
Patient Burns Per 1,000 Patient Visits		0.00	0.00	0.00	0.00	
	NDNQI	0.00	0.00	0.00	0.00	
RN Education						
RNs w BSN or Higher		86.67%	86.67%	86.67%	81.25%	
2019 Unit Goal=Maintain 80% or higher	NDNQI	59.03%	59.30%	61.20%	60.64%	
RNs w Professional Certification		40.00%	40.00%	40.00%	37.50%	
2019 Unit Goal = 53%	NDNQI	22.53%	23.27%	23.56%	22.46%	

NDNQI -
National Database of Nursing Quality Indicators

NA-Not Available; ND-No Data
NDNQI Benchmark - All Hospitals Mean

Key:

	Outperforms benchmark
	At benchmark
	Underperforms benchmark

Phelps Hospital Northwell Health

Measurement	Benchmark or Goal	1st Q '19	2nd Q '19	3rd Q '19	4th Q '19	Action Plan
Patient Satisfaction						
Recommend the facility	Top Box%	90.2	86.3	84.5	89.3	
	Press Ganey	83.2	83.3	83.5	83.5	
Degree staff worked together	Top Box%	91.9	87.5	89.3	93.1	1Q - TeamSTEPPS program
	Press Ganey	87.6	87.8	87.9	88.2	
Staff treat with courtesy, respect	Top Box%	98.7	98.8	97.3	100	2Q - Expressions in Humanism
	Press Ganey	97.8	96.6	97.9	97.9	
Staff ID patient/proc before surgery	Top Box%	90.9	92.1	94.9	95.1	
	Press Ganey	88.9	89.2	88.5	89.3	
Instructions good re preparation	Top Box%	96.7	95.7	93.3	97.7	New educational brochures for pt.
	Press Ganey	94.1	94.2	94.2	94.2	pre-procedure created in 2019
Procedure info easy to understand	Top Box%	98.7	96.4	95.1	96.9	
	Press Ganey	93.2	93.3	93.2	93.4	
Pain:						
Doctors/Nurses make sure comfortable	Top Box%	98.7	98.8	96.7	100	
	Press Ganey	96.6	96.6	96.6	96.7	
Information about what to do if have pain	Top Box%	98.4	97.6	97.2	97.2	
	Press Ganey	95.1	95.1	95.1	95.2	

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NDNQI Benchmark - All Hospitals Mean

Key:

	Outperforms benchmark
	At benchmark
	Underperforms benchmark

Phelps Hospital Northwell Health

Measurement	Benchmark or Goal		1st Q '19	2nd Q '19	3rd Q '19	4th Q '19	Action Plan
Clinical Indicators							
Patient Burns Per 1,000 Patient Visits			0.00	0.00	0.00	0.00	
	NDNQI		0.17	0.07	0.06	0.06	
Surgical Site Infections			0.00	pending	pending	pending	
	Phelps Goal	0.00%					
Structure Indicators							
On-Time OR Start/First Case			44.8%	46.3%	43.7%		(quarterly = average of 3 months)
	Phelps Goal	50.0%					
Same Day Surgery Cancelation			0.7%	1.3%	2.0%		
	Phelps Goal	0.0%					
Immediate Use Steam Sterilization			0.0%	0.1%	0.0%		
(IUSS) Rate Northwell Goal		< 2%					
RN Education							
RNs w BSN or Higher			64.71%	64.71%	64.71%	72.22%	
2019 Goal = Maintain 64% or Higher	NDNQI		58.71%	59.74%	60.67%	61.32%	
RNs w Professional Certification			76.47%	76.47%	76.47%	66.67%	
2019 Goal =100% cert for elligible RNs	NDNQI		30.48%	30.40%	30.53%	31.37%	

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NDNQI Benchmark - All Hospitals Mean

Key:

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	Underperforms benchmark

Phelps Hospital
Northwell Health™

Measurement	Benchmark or Goal	1st Q '19	2nd Q '19	3rd Q '19	4th Q '19	Action Plan
Clinical Indicators						
Falls Per 1,000 Patient Visits		0.00	0.00	0.00	0.00	
	NDNQI	0.05	0.06	0.04	0.08	
Falls with Injury Per 1,000 Patient Visits		0.00	0.00	0.00	0.00	
	NDNQI	0.01	0.01	0.01	0.01	
RN Education						
RNs w BSN or Higher		83.33%	86.67%	87.50%	87.50%	
2019 Unit Goal=Maintain 80% or higher	NDNQI	64.23%	66.52%	66.87%	68.21%	
RNs w Professional Certification		83.33%	66.67%	62.50%	75.00%	
2019 Unit Goal=100% for all eligible RNs	NDNQI	27.80%	27.68%	28.69%	27.72%	
Patient Satisfaction (CardVers, EyeSurg, SurgiCtr)						
Likelihood recommending facility	Top Box%	85.3	82.9	88.7	86.4	
Press Ganey Benchmark	Press Ganey	83.2	83.3	83.5	83.5	
Degree staff worked together	Top Box%	88.4	84.1	92.6	92.3	1Q - TeamSTEPPS program
	Press Ganey	87.6	87.8	87.9	88.2	
Staff treat with courtesy, respect	Top Box%	98.6	99.1	98.6	97.7	2Q - Expressions in Humanism
	Press Ganey	97.8	97.8	97.9	97.9	
Staff effort: include you in treatment	Top Box%	81.5	78.1	87.7	76.0	1Q - TeamSTEPPS program
	Press Ganey	79.9	79.8	80.1	80.7	
Staff ID patient/proc before surgery	Top Box%	92.6	86.2	92.8	92.2	Reinforce need for double identifier
	Press Ganey	88.9	89.2	88.5	89.3	
Pain:						
Information re subsequent pain	Top Box%	94.7	89.6	96.9	87.9	Hospital Wide Pain Committee Formed
	Press Ganey	95.1	95.1	95.1	95.2	4Q '18

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NDNQI Benchmark - All Hospitals Mean

	Key:	
	Outperforms benchmark
	At benchmark
	Underperforms benchmark

Phelps Hospital Northwell Health

Measurement	Benchmark or Goal	1st Q '19	2nd Q '19	3rd Q '19	4th Q '19	Action Plan
Clinical Indicators						
Falls Per 1,000 Patient Visits		0.00	0.00	0.00	0.68	
	NDNQI	0.19	0.21	0.19	0.22	
Falls with Injury Per 1,000 Patient Visits		0.00	0.00	0.00	0.68	
	NDNQI	0.03	0.06	0.06	0.10	
RN Education						
RNs w BSN or Higher		76.19%	77.27%	78.26%	76.47%	
2019 Unit Goal= 80%	NDNQI	57.88%	57.79%	59.66%	58.80%	
RNs w Professional Certification		14.29%	13.64%	13.04%	17.65%	
2019 Unit Goal= 23%	NDNQI	19.93%	20.50%	21.06%	22.06%	
Patient Satisfaction - SurgiCtr						
Likelihood recommending facility	Top Box%	85.3	82.9	89.5	86.1	
	Press Ganey	83.2	83.3	83.5	83.5	
Degree staff worked together	Top Box%	88.4	84.1	92.4	92.0	1Q - TeamSTEPPS program
	Press Ganey	87.6	87.8	87.9	88.2	
Staff treat with courtesy, respect	Top Box%	98.6	99.1	99.2	97.4	2Q - Expressions in Humanism
	Press Ganey	97.8	97.8	97.9	97.9	
Staff effort: include you in treatment	Top Box%	81.5	78.1	88.6	73.8	1Q - TeamSTEPPS program
	Press Ganey	79.9	79.8	80.1	80.7	
Staff ID patient/proc before surgery	Top Box%	92.6	86.2	92.5	91.2	Re-education
	Press Ganey	88.9	89.2	88.5	89.3	
Provided needed info re procedure	Top Box%	93.9	95.6	92.3	96.5	1Q - TeamSTEPPS program
	Press Ganey	91.9	92.1	92.1	92.1	
Pain:						
Information re subsequent pain	Top Box%	94.7	89.6	96.6	86.4	
	Press Ganey	95.1	95.1	95.1	95.2	

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NDNQI Benchmark - All Hospitals Mean

Key:	
	Outperforms benchmark
	At benchmark
	Underperforms benchmark

Phelps Hospital
Northwell Health™

Measurement	Benchmark or Goal	1st Q '19	2nd Q '19	3rd Q '19	4th Q '19	Action Plan
Patient Satisfaction - EyeSurg						
Likelihood recommending facility	Top Box%	89.7	90.5	83.3	88.2	
	Press Ganey	83.2	83.3	83.5	83.5	
Degree staff worked together	Top Box%	77.8	95.7	94.1	94.1	1Q - TeamSTEPPS program
	Press Ganey	87.6	87.8	87.9	88.2	
Staff treat with courtesy, respect	Top Box%	100.0	100.0	94.4	100.0	2Q - Expressions in Humanism
	Press Ganey	97.8	97.8	97.9	97.9	
Staff ID patient/proc before surgery	Top Box%	80.8	100.0	94.4	100.0	Re-education
	Press Ganey	88.9	89.2	88.5	89.3	
Staff effort: include you in treatment	Top Box%	73.9	94.1	81.3	92.9	1Q - TeamSTEPPS program
	Press Ganey	79.9	79.8	80.1	80.7	
Provided needed info re procedure	Top Box%	92.9	100.0	94.4	94.1	1Q - TeamSTEPPS program
	Press Ganey	91.9	92.1	92.1	92.1	
Pain:						
Information re subsequent pain	Top Box%	95.2	86.4	100.0	100.0	3Q - New Patient Education on Pain
	Press Ganey	95.1	95.1	95.1	95.2	

NDNQI -
National Database of Nursing Quality Indicators

NA-Not Available; ND-No Data
NDNQI Benchmark - All Hospitals Mean

Key:	
	Outperforms benchmark
	At benchmark
	Underperforms benchmark

Phelps Hospital
Northwell Health™

Measurement	Benchmark or Goal	1st Q '19	2nd Q '19	3rd Q '19	4th Q '19	Action Plan
Clinical Indicators						
Falls Per 1,000 Patient Visits		0.84	0.00	0.00	0.00	
	NDNQI	0.18	0.13	0.16	0.15	
Falls with Injury Per 1,000 Patient Visits		0.00	0.00	0.00	0.00	
	NDNQI	0.02	0.04	0.03	0.04	
RN Education						
RNs w BSN or Higher		85.71%	83.33%	83.33%	87.50%	
	NDNQI	64.56%	64.36%	64.35%	64.66%	
2019 Unit Goal=Maintain 80% or higher						
RNs w Professional Certification		28.57%	33.33%	33.33%	37.50%	
	NDNQI	32.63%	32.65%	33.13%	31.69%	
2019 Unit Goal = 33.33%						
Patient Satisfaction						
Likelihood of recommending	Top Box%	89.8	87.8	76.2	73.5	
	Press Ganey	83.2	83.3	83.5	83.7	
Likelihood of returning	Top Box%	91.8	85.7	76.7	80.0	
	Press Ganey	86.2	85.3	85.8	84.9	
Friendliness of nurses	Top Box%	95.8	93.0	79.1	91.2	2Q - Expressions in Humanism
	Press Ganey	89.0	88.1	88.4	90.1	
Staff worked together to provide care	Top Box%	92.0	88.1	79.5	77.8	1Q - TeamSTEPPS program
	Press Ganey	82.4	82.6	83.0	83.1	
Pain						
Staff concern for your comfort	Top Box%	95.8	86.4	81.4	77.1	
	Press Ganey	83.2	83.4	83.3	83.2	

NDNQI -
National Database of Nursing Quality Indicators

NA-Not Available; ND-No Data
NDNQI Benchmark - All Hospitals Mean

Key:	
	Outperforms benchmark
	At benchmark
	Underperforms benchmark

Phelps Hospital
Northwell Health

Measurement	Benchmark or Goal	1st Q '19	2nd Q '19	3rd Q '19	4th Q '19	Action Plan
Clinical Indicators						
Falls Per 1,000 Patient Visits		1.61	0.00	0.00	1.56	Fall risk assessment upon Admin.
	NDNQI	0.18	0.13	0.16	0.15	Escort, 1or2 person assist
						Fall prevention pt. education
Falls with Injury Per 1,000 Patient Visits		0.00	0.00	0.00	0.00	
	NDNQI	0.02	0.04	0.03	0.04	
RN Education						
RNs w BSN or Higher		75.00%	100.00%	100.00%	100.00%	
	NDNQI	64.56%	64.36%	64.35%	64.66%	
2019 Unit Goal = 100%						
RNs w Professional Certification		75.00%	100.00%	66.67%	100.00%	
	NDNQI	32.63%	32.65%	33.13%	31.69%	
2019 Unit Goal=Maintain 75% or higher						
Patient Satisfaction						
Likelihood of recommending	Top Box%	100.0	80.0	100.0	100.0	
	Press Ganey	83.2	83.3	83.5	83.7	
Likelihood of returning	Top Box%	100.0	100.0	100.0	100.0	
	Press Ganey	86.2	85.3	85.8	84.9	
Friendliness of nurses	Top Box%	83.3	100.0	100.0	80.0	2Q - Expressions in Humanism
	Press Ganey	89.0	88.1	88.4	90.1	
Staff worked together to provide care	Top Box%	100.0	100.0	100.0	100.0	1Q - TeamSTEPPS program
	Press Ganey	82.4	82.6	83.0	83.1	
Pain						
Staff concern for your comfort	Top Box%	100.0	100.0	100.0	80.0	2Q - Expressions in Humanism
	Press Ganey	83.2	83.4	83.3	83.2	

NDNQI -
National Database of Nursing Quality Indicators

NA-Not Available; ND-No Data
NDNQI Benchmark - All Hospitals Mean

Key:
Outperforms benchmark	(green)
At benchmark	(yellow)
Underperforms benchmark	(red)

Phelps Hospital
Northwell Health

Measurement	Benchmark or Goal	1st Q '19	2nd Q '19	3rd Q '19	4th Q '19	Action Plan
Clinical Indicators						
Falls Per 1,000 Patient Visits		0.70	0.00	0.00	0.00	Each patient is assessed upon
	NDNQI	0.17	0.15	0.21	0.16	admission for fall risk and
						documented in the EMR.
Falls with Injury Per 1,000 Patient Visits		0.70	0.00	0.00	0.00	
	NDNQI	0.05	0.03	0.07	0.07	
RN Education						
RNs w BSN or Higher		60.00%	60.00%	60.00%	60.00%	
	NDNQI	62.30%	64.26%	64.81%	65.74%	
RNs w Professional Certification		0.00%	0.00%	0.00%	0.00%	
	NDNQI	28.48%	27.86%	25.68%	26.80%	
Patient Satisfaction - (CardRhb, EKG HM, Vasc Lab)						
Likelihood recommending	Top Box%	84.3	88.0	89.5	75.7	
	Press Ganey	83.2	83.3	83.5	83.7	
Staff worked together to provide care	Top Box%	78.9	86.6	84.9	82.9	1Q - TeamSTEPPS program
	Press Ganey	82.4	82.6	83.0	83.1	
Response to concerns/complaints	Top Box%	75.3	81.3	84.4	79.7	2Q - Expressions in Humanism
	Press Ganey	79.4	79.8	80.5	81.3	

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Key:

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	At benchmark
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