Phelps Hospital Northwell Health

2020 - Unit Level Dashboard

Intensive Care Unit

Measurement	Benchmark or Goal	1st Q '20	3rd Q '20	4th Q '20	Action Plan
Clinical Indicators					
Falls Per 1,000 Patient Days		1.42	0.00	**0.00**	Utilize telestiter and/or enhanced
	NDNQI	1.07	1.14	**1.08**	supervision. July 1 '20 - start of the
					Electronic Intensive Care Unit (eICU)
Falls with Injury Per 1,000 Patient Days		0.00	0.00	**0.00**	7/1/20 Telemedicine service provided by
	NDNQI	0.21	0.19	**0.18**	Syosette Hospital Northwell Health
Hospital Acquired Pressure Injury	Prevalence	10.00	0.00	**0.00**	1st Q - 1 patient with DTPI - Not device
(Stage II & Above)	NDNQI	4.51	5.84	**6.09**	related - Introduced Cair Boot™
Restraints	Prevalence	0.00	0.00	**0.00**	
	NDNQI	14.97	17.55	**18.09**	
Hospital Acquired Pressure Injury	Incidence	0.71	0.33	**0.42**	*COVID patients high risk for developing*
(Stage II & Above) Northwell Goal	<.45				*HAPIs - Proning guidelines developed.*
					Change the hard to soft tubing
Central Line-associated Bloodstream Infection		0.00	0.00	**3.70**	Feb '20, 24 Hour Critical Care provider
(CLABSI)	NDNQI	0.72	1.31	**1.30**	coverage - Collaboration between
					Intensivists and PAs
Catheter-associated Urinary Tract Infections		0.00	3.08	**5.59**	*RCAs performed*
(CAUTI)	NDNQI	0.78	1.08	**1.13**	*2021 - "Back to Basics"*
Ventilator-associated Event		0.00	6.71	**25.81**	*Interprofessional collaborative teams*
(VAE)	NDNQI	6.72	8.12	**9.21**	*to discuss strategies to prevent VAEs*
Hospital Onset CDIFF per 1,000 Patient Days		4.34	3.26	**0.00**	Ensure proper staff assignments
	NDNQI	0.66	0.55	**0.55**	Continue to disinfect rooms
					w Xenex Robot. Follow infection
Hospital Onset MRSA per 1,000 Patient Days		0.00	0.00	**0.00**	prevention guidelines.
	NDNQI	0.13	0.26	**0.23**	

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

2020 - Unit Level Dashboard

Intensive Care Unit

Measurement	Benchmark or Goal	1st Q '20	3rd Q '20	4th Q '20	Action Plan
Process Indicators					
Hand Hygiene		93%	85%	**88%**	*Real time education - if you see non-*
Phelps goal >= 90%					*compliance address right then and there*
RN Education					
RN's w BSN or Higher		80.00%	81.25%	**85.29%**	*Achieved unit goal*
2020 Unit Goal = 83%	NDNQI	73.31%	74.33%	**73.76%**	
RN's w Professional Certification		43.33%	40.63%	**35.29%**	
2020 Unit Goal = 48%	NDNQI	26.80%	26.81%	**27.56%**	
Patient Satisfaction					
Likelihood recommending hospital	Top Box%	76.5	90.0	**93.8**	
	Press Ganey	71.2	71.0	**71.3**	
Staff worked together to care for you^	Mean	88.2	92.5	**98.3**	Reinforce strategies learned in the 2019
	Press Ganey	90.9	90.4	**90.4**	TeamSTEPPS education to improve
Nurses treat you with courtesy/respect	Top Box%	88.2	80.0	**93.8**	communication across all levels.
	Press Ganey	86.8	85.9	**86.1**	
Nurses listened carefully to you	Top Box%	64.7	80.0	**93.8**	
	Press Ganey	77.5	76.8	**76.9**	

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Key:

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Phelps Hospital Northwell Health

2020 - Unit Level Dashboard

5 South

Measurement	Benchmark or Goal	1st Q '20	3rd Q '20	4th Q '20	Action Plan
Clinical Indicators					
Falls Per 1,000 Patient Days		4.06	5.84	**6.13**	~ Utilize telesitter when appropriate
	NDNQI	2.64	2.77	**2.83**	~ Enhanced supervision
					~ Hourly rounding
Falls with Injury Per 1,000 Patient Days		1.35	1.67	**2.04**	~ Early interventions
	NDNQI	0.53	0.56	**0.55**	~ Pt. Education
Hospital Acquired Pressure Injury	Prevalence	0.00	0.00	**0.00**	
(Stage II & Above)	NDNQI	1.96	2.42	**2.40**	
Restraints	Prevalence	0.00	0.00	**0.00**	
	NDNQI	1.28	2.00	**2.31**	
Hospital Acquired Pressure Injury	Incidence	0.07	0.00	**0.34**	
(Stage II & Above) Northwell Goal	<.45				
Central Line-associated Bloodstream Infection		0.00	0.00	**0.00**	
(CLABSI)	NDNQI	0.58	0.80	**0.90**	
Catheter-associated Urinary Tract Infections		0.00	0.00	**0.00**	
(CAUTI)	NDNQI	0.92	1.06	**1.05**	
Hospital Onset CDIFF per 1,000 Patient Days		0.00	0.83	**0.68**	Continue to disinfect rooms
	NDNQI	0.39	0.33	**0.32**	w Xenex Robot. Follow infection
					prevention guidelines.
Hospital Onset MRSA per 1,000 Patient Days		0.00	0.00	**0.00**	
	NDNQI	0.06	0.12	**0.10**	

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Phelps Hospital Northwell Health

2020 - Unit Level Dashboard

5 South

Measurement	Benchmark or Goal	1st Q '20	3rd Q '20	4th Q '20	Action Plan
Process Indicators					
Hand Hygiene		95%	97%	**84%**	*After patient contact area of opportunity.*
Phelps goal >= 90%					*Data collection re-education.*
RN Education					
RNs w BSN or Higher		87.50%	90.00%	**92.86%**	*Achieved unit goal*
2020 Unit Goal=Maintain 80% or higher	NDNQI	65.15%	66.35%	**67.13%**	
RNs w Professional Certification		16.67%	13.33%	**17.86%**	*Achieved unit goal*
2020 Unit Goal=17.86%	NDNQI	15.01%	14.25%	**15.21%**	
Patient Satisfaction					
Likelihood recommending hospital	Top Box%	73.8	55.6	**67.6**	Responses: 1st Q - n=42; 3rd Q - n = 28;
	Press Ganey	71.2	71	**71.3**	*4th Q - n = 34*
Staff worked together to care for you^	Mean	88.7	87.0	**82.5**	*Reviewing stafffing, work flow and*
	Press Ganey	90.9	90.4	**90.4**	*floating.*
Nurses treat you with courtesy/respect	Top Box%	88.1	75.0	**75.8**	
	Press Ganey	86.8	85.9	**86.1**	
Nurses listened carefully to you	Top Box%	76.2	71.4	**63.6**	Utilize communication tools learned during
	Press Ganey	77.5	76.8	**76.9**	TeamSTEPPS
Responsiveness:					
Help Toileting soon as you wanted	Top Box%	58.8	37.5	**60.0**	
	Press Ganey	68.2	67	**66.3**	
Call button help soon as wanted it	Top Box%	75.9	36.4	**55.6**	
	Press Ganey	64.6	63.3	**62.7**	
Check on you hourly during the day	"Yes"	77%	82%	**60%**	
Visited by nursing mngt. Team	"Yes"	73%	73%	**68%**	

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Phelps Hospital Northwell Health

2020 - Unit Level Dashboard

5 North

Measurement	Benchmark or Goal	1st Q '20	3rd Q '20	4th Q '20	Action Plan
Clinical Indicators					
Falls Per 1,000 Patient Days		4.54	1.35	**6.05**	Discuss falls at staff meeting to strategize
	NDNQI	3.14	3.27	**3.47**	additional fall prevention interventions.
					Continue to use TeleSitter
Falls with Injury Per 1,000 Patient Days		0.00	0.00	**2.02**	
	NDNQI	0.66	0.71	**0.72**	
Hospital Acquired Pressure Injury	Prevalence	0.00	0.00	**0.00**	
(Stage II & Above)	NDNQI	1.41	1.54	**1.74**	
Restraints	Prevalence	0.00	0.00	**0.00**	
	NDNQI	0.54	0.90	**1.08**	
Hospital Acquired Pressure Injury	Incidence	0.13	0.07	**0.25**	(3rd Q - 2 on 2 North - rate = .11)
(Stage II & Above) Northwell Goal	<.45				*(4th Q - 3 on 2 North - rate = 0.17*
Central Line-associated Bloodstream Infection		0.00	0.00	**0.00**	
(CLABSI)	NDNQI	0.67	0.87	**0.96**	
Catheter-associated Urinary Tract Infections		0.00	0.00	**0.00**	
(CAUTI)	NDNQI	0.95	1.12	**1.04**	
Hospital Onset CDIFF		0.00	0.00	**0.00**	Continue to disinfect rooms
	NDNQI	0.36	0.31	**0.29**	w Xenex Robot. Follow infection
					prevention guidelines.
Hospital Onset MRSA		0.00	0.00	**0.00**	
	NDNQI	0.05	0.07	**0.17**	

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Phelps Hospital Northwell Health

2020 - Unit Level Dashboard

5 North

Measurement	Benchmark or Goal	1st Q '20	3rd Q '20	4th Q '20	Action Plan
Process Indicators					
Hand Hygiene		88%	90%	**88%**	
Phelps goal >= 90%					
RN Education					
RNs w BSN or Higher		90.91%	90.91%	**93.75%**	*Achieved unit goal*
2020 Unit Goal=Maintain 80% or higher	NDNQI	63.44%	66.01%	**66.49%**	
RNs w Professional Certification		42.42%	39.39%	**37.50%**	
2020 Unit Goal=47%	NDNQI	16.29%	16.04%	**16.25%**	
Patient Satisfaction					
Likelihood recommending hospital	Top Box%	71.7	89.5	**76.9**	
	Press Ganey	71.2	71	**71.3**	
Staff worked together to care for you^	Mean	94.0	98.6	**90.6**	
	Press Ganey	90.9	90.4	**90.4**	
Nurses treat you with courtesy/respect	Top Box%	76.6	95.0	**88.0**	Refocus on humanism program - ensure
	Press Ganey	86.8	85.9	**86.1**	new hires receive humanism training.
Nurses listened carefully to you	Top Box%	80.4	84.2	**80.0**	
	Press Ganey	77.5	76.8	**76.9**	
Quietness of hospital environment	Top Box%	63.8	72.2	**66.7**	
	Press Ganey	59.2	61.9	**60.9**	
Responsiveness:					
Help Toileting soon as you wanted	Top Box%	52.2	22.2	**100.0**	Ensure purposeful rounding occurs to have
	Press Ganey	68.2	67	**66.3**	impact on perceptions of responsiveness.
Call button help soon as wanted it	Top Box%	59.1	47.4	**66.7**	
	Press Ganey	64.6	63.3	**62.7**	

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Phelps Hospital Northwell Health

2020 - Unit Level Dashboard

5 North

Measurement	Benchmark or Goal	1st Q '20	3rd Q '20	4th Q '20	Action Plan
Patient Satisfaction					
Rounding:					
Check on you hourly during the day	"Yes"	83%	75%	**70%**	
Visited by nursing mngt. Team	"Yes"	76%	63%	**68%**	

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Phelps Hospital Northwell Health

2020 - Unit Level Dashboard

Measurement	Benchmark or Goal	1st Q '20	3rd Q '20	4th Q '20	Action Plan
Clinical Indicators					
Falls Per 1,000 Patient Days		1.08	2.68	**1.46**	*Received new beds w built in alarms in*
	NDNQI	2.42	2.56	**2.73**	*4Q 2020*
Falls with Injury Per 1,000 Patient Days		0.00	0.54	**0.00**	*In 2021: Adopting Northwell Fall Policy Install brackets for the telesitter monitors to increase utilization*
	NDNQI	0.48	0.50	**0.55**	
Hospital Acquired Pressure Injury	Prevalence	0.00	0.00	**0.00**	
(Stage II & Above)	NDNQI	0.93	1.05	**1.14**	
Restraints	Prevalence	0.00	0.00	**0.00**	
	NDNQI	0.32	0.45	**0.50**	
Hospital Acquired Pressure Injury	Incidence - Rehab	0.00	0.11	**0.19**	
Hospital Acquired Pressure Injury	Incidence - Ortho	0.25	0.10	**0.20**	
(Stage II & Above) Northwell Goal	<.45				
Central Line-associated Bloodstream Infection		0.00	0.00	**0.00**	
(CLABSI)	NDNQI	0.49	0.48	**0.50**	
Catheter-associated Urinary Tract Infections		0.00	0.00	**0.00**	
(CAUTI)	NDNQI	0.81	0.75	**0.74**	
Hospital Onset CDIFF per 1,000 Patient Days		0.74	0.54	**0.00**	Improve process for use of Xenex
	NDNQI	0.25	0.28	**0.26**	Robot when warrented
Hospital Onset MRSA per 1,000 Patient Days		0.00	0.00	**0.00**	
	NDNQI	0.03	0.05	**0.04**	
RN Education					
RNs w BSN or Higher		92.59%	96.55%	**96.67%**	*Achieved unit goal*
2020 Unit Goal=Maintain 80% or higher	NDNQI	64.72%	66.07%	**65.82%**	
RNs w Professional Certification		33.33%	31.03%	**30.00%**	
2020 Unit Goal = 34 %	NDNQI	17.92%	18.15%	**18.33%**	

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Phelps Hospital Northwell Health

2020 - Unit Level Dashboard

Measurement	Benchmark or Goal	1st Q '20	3rd Q '20	4th Q '20	Action Plan
Process Indicators					
Hand Hygiene		95%	94%		
Phelps goal >= 90%					
Patient Satisfaction					
Likelihood recommending hospital	Top Box%	87.1	85.7	**79.7**	
	Press Ganey	71.2	71	**71.3**	
Rehab-Likelihood recommending hospital	Top Box%	72.7	72.2	**90.9**	
	Press Ganey	71.2	71	**71.3**	
Staff worked together to care for you^	Mean	92.7	95.1	**89.3**	
	Press Ganey	90.9	90.4	**90.4**	
Rehab-Staff worked together to care for you^	Mean	86.4	89.7	**92.5**	
	Press Ganey	90.9	90.4	**90.4**	
Nurses treat you with courtesy/respect	Top Box%	94.4	93.0	**86.8**	
	Press Ganey	86.8	85.9	**86.1**	
Rehab-Nurses treat you with courtesy/respect	Top Box%	72.7	83.3	**81.8**	
	Press Ganey	86.8	85.9	**86.1**	
Nurses listened carefully to you	Top Box%	87.5	83.1	**80.9**	
	Press Ganey	77.5	76.8	**76.9**	
Rehab-Nurses listened carefully to you	Top Box%	40.0	77.8	**72.7**	
	Press Ganey	77.5	76.8	**76.9**	
Quietness of hospital environment	Top Box%	63.9	52.2	**48.5**	
	Press Ganey	59.5	61.9	**60.9**	
Rehab-Quietness of hospital environment	Top Box%	45.5	50	**54.5**	
	Press Ganey	59.5	61.9	**60.9**	

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Phelps Hospital Northwell Health

2020 - Unit Level Dashboard

Measurement	Benchmark or Goal	1st Q '20	3rd Q '20	4th Q '20	Action Plan
Responsiveness:					
Help Toileting soon as you wanted	Top Box%	82.1	80.8	**62.2**	
	Press Ganey	68.2	67	**66.3**	
Rehab-Help Toileting soon as you wanted	Top Box%	60.0	66.7	**50.0**	
	Press Ganey	68.2	67.5	**66.3**	
Call button help soon as wanted it	Top Box%	84.1	66.67	**64.4**	
	Press Ganey	64.6	63.3	**62.7**	
Rehab-Call button help soon as wanted it	Top Box%	36.4	62.5	**70.0**	
	Press Ganey	64.6	63.3	**62.7**	
Check on you hourly during the day	"Yes"	77%	72%	**61%**	
Rehab-Check on you hourly during the day	"Yes"	50%	71%	**78%**	
Visited by nursing mngt. Team	"Yes"	86%	75%	**80%**	
Rehab-Visited by nursing mngt. Team	"Yes"	91%	81%	**89%**	
Medication Communication:					*New focus in 2020*
Communication about meds	Top Box%	67.8	69.5	**59.5**	
	Press Ganey	63.0	61.5	**61.6**	
Rehab-Communication about meds	Top Box%	62.5	69.2	**70.0**	
	Press Ganey	63.0	61.5	**61.6**	
Tell you what new medicine was for	Top Box%	83.1	81.6	**79.0**	
	Press Ganey	76.6	75.1	**75.2**	
Rehab-Tell you what new medicine was for	Top Box%	75.0	76.9	**90.0**	
	Press Ganey	76.6	75.1	**75.2**	
Staff describe medication side effect	Top Box%	52.5	57.5	**40.7**	
	Press Ganey	49.3	48.0	**48.1**	

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Phelps Hospital Northwell Health

2020 - Unit Level Dashboard

3 North

Measurement	Benchmark or Goal	1st Q '20	3rd Q '20	4th Q '20	Action Plan
Clinical Indicators					
Falls Per 1,000 Patient Days		1.48	5.93	**1.28**	
	NDNQI	2.42	2.56	**2.73**	
Falls with Injury Per 1,000 Patient Days		0.00	0.00	**0.00**	
	NDNQI	0.48	0.50	**0.55**	
Hospital Acquired Pressure Injury	Prevalence	6.25	0.00	**0.00**	(1Q - Unit Acquired = 0.00)
(Stage II & Above)	NDNQI	0.93	1.05	**1.14**	
Restraints	Prevalence	0.00	0.00	**0.00**	
	NDNQI	0.32	0.45	**0.50**	
Hospital Acquired Pressure Injury	Incidence	0.00	0.00	**0.00**	
(Stage II & Above) Northwell Goal	<.45				
Central Line-associated Bloodstream Infection		0.00	0.00	**0.00**	
(CLABSI)	NDNQI	0.49	0.48	**0.50**	
Catheter-associated Urinary Tract Infections		0.00	13.16	**0.00**	
(CAUTI)	NDNQI	0.81	0.75	**0.74**	
Hospital Onset CDIFF per 1,000 Patient Days		0.00	1.19	**0.00**	Continue to disinfect rooms
	NDNQI	0.25	0.28	**0.26**	w Xenex Robot. Follow infection
					prevention guidelines.
Hospital Onset MRSA per 1,000 Patient Days		0.00	0.00	**0.00**	
	NDNQI	0.03	0.05	**0.04**	

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Phelps Hospital Northwell Health

2020 - Unit Level Dashboard

3 North

Measurement	Benchmark or Goal	1st Q '20	3rd Q '20	4th Q '20	Action Plan
Process Indicators					
Hand Hygiene		99%	94%	**87%**	
Phelps goal >= 90%					
RN Education					
RNs w BSN or Higher		90.48%	90.48%	**95.00%**	*Achieved unit goal*
2020 Unit Goal=Maintain 80% or higher	NDNQI	64.72%	66.07%	**65.82%**	
RNs w Professional Certification		28.57%	28.57%	**30.00%**	
2020 Unit Goal=33%	NDNQI	18.03%	18.15%	**18.33%**	
Patient Satisfaction					
Likelihood recommending hospital	Top Box%	87.2	84.1	**78.0**	
	Press Ganey	71.2	71	**71.3**	
Staff worked together to care for you^	Mean	95.8	92.3	**95.0**	
	Press Ganey	90.9	90.4	**90.4**	
Nurses treat you with courtesy/respect	Top Box%	92.3	88.6	**87.2**	
	Press Ganey	86.8	85.9	**86.1**	
Nurses listened carefully to you	Top Box%	89.7	75.0	**77.5**	
	Press Ganey	77.5	76.8	**76.9**	
Quietness of hospital environment	Top Box%	64.1	69.8	**75**	
	Press Ganey	59.5	61.9	**60.9**	

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Phelps Hospital Northwell Health

2020 - Unit Level Dashboard

3 North

Measurement	Benchmark or Goal	1st Q '20	3rd Q '20	4th Q '20	Action Plan
Patient Satisfaction					
Responsiveness:					
Help Toileting soon as you wanted	Top Box%	85.0	66.7	**75.0**	
	Press Ganey	68.2	67	**66.3**	
Call button help soon as wanted it	Top Box%	80.0	76.3	**70.3**	
	Press Ganey	64.6	63.3	**62.7**	
Check on you hourly during the day	"Yes"	82%	80%	**79%**	
Visited by nursing mngt. Team	"Yes"	76%	76%	**78%**	
Medication Communication:					
Communication about meds	Top Box%	73.8	57.4	**67.4**	
	Press Ganey	63.0	61.5	**61.6**	
Tell you what new medicine was for	Top Box%	90.5	73.3	**76.9**	
	Press Ganey	76.6	75.1	**75.2**	
Staff describe medication side effect	Top Box%	57.1	41.4	**63.0**	
	Press Ganey	49.3	48.0	**48.1**	

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Phelps Hospital Northwell Health

2020 - Unit Level Dashboard

1 South

Measurement	Benchmark or Goal	1st Q '20	3rd Q '20	4th Q '20	Action Plan
Clinical Indicators					
Falls Per 1,000 Patient Days		3.09	4.29	**4.78**	Completed a Root Cause Analysis (RCA)
	NDNQI	3.40	3.50	**3.57**	of patient falls. Action Items to be
					implemented to reduce patient fall risk.
Falls with Injury Per 1,000 Patient Days		0.77	0.61	**1.37**	
	NDNQI	0.74	0.77	**0.80**	
Restraints	Prevalence	0.00	0.00	**0.00**	
	NDNQI	0.32	0.40	**0.53**	
Hospital Onset CDIFF per 1,000 Patient Days		0.00	ND	ND	
	NDNQI	0.02	0.01	**0.01**	
RN Education					
RNs w BSN or Higher		77.78%	80.00%	**86.36%**	*Achieved unit goal*
2020 Unit Goal = 80%	NDNQI	56.95%	58.32%	**58.89%**	
RNs w Professional Certification		27.78%	25.00%	**27.27%**	*Achieved Unit Goal*
2020 Unit Goal=Maintain 27% or higher	NDNQI	15.12%	15.21%	**15.76%**	

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

2020 - Unit Level Dashboard

1 South

Measurement	Benchmark or Goal	1st Q '20	3rd Q '20	4th Q '20	Action Plan
Process Indicators					
Hand Hygiene		92%	100%	**ND**	
Phelps goal >= 90%					
Patient Satisfaction					
Likelihood recommending hospital	Top Box%	46.2	38.1	**54.8**	*Researching a new process to increase*
	Press Ganey	65.2	67.7	**67.3**	*number of survey responses returned.*
Staff worked together to care for you	Top Box%	51.9	47.6	**56.3**	*Reinforce strategies learned in the 2019*
	Press Ganey	66.8	69.7	**69.5**	*TeamSTEPPS education.*
Courtesy/respect of nurses	Top Box%	48.1	47.6	**53.1**	*Reinforce strategies learned in the 2019*
	Press Ganey	70.5	73.2	**73.3**	*Expressions of Humanism Program.*

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NDNQI Benchmark - All Hospitals Mean

Key:

	Outperforms benchmark
	At benchmark
	Underperforms benchmark

Phelps Hospital Northwell Health

2020 - Unit Level Dashboard

2 South

Measurement	Benchmark or Goal	1st Q '20	3rd Q '20	4th Q '20	Action Plan
Clinical Indicators - 2South and 4North Combined					
Falls Per 1,000 Patient Days		0.92	3.19	**4.37**	*Continue to drill down on each fall*
	NDNQI	2.91	3.13	**2.75**	*RN joined patient falls committee*
					Consittenly participate in post-fall huddle
Falls with Injury Per 1,000 Patient Days		0.46	0.00	**1.09**	*2021 - look at trends and patterns*
	NDNQI	0.79	0.98	**0.71**	
RN Education - 2South and 4North Combined					
RNs w BSN or Higher		86.96%	86.96%	**88.24%**	*Achieved unit goal*
2020 Unit Goal=Maintain 80% or higher	NDNQI	56.94%	60.87%	**62.04%**	Pursuit of higher nursing degree was
					professional growth focus for past 2 yrs.
RNs w Professional Certification		4.35%	4.35%	**5.88%**	Encourage and inspire RNs to obtain
2020 Unit Goal=8.70%	NDNQI	15.98%	15.05%	**15.93%**	professional certification
Process Indicators - Unique to 2 South					
Hand Hygiene		100%	98%	**100%**	
Phelps goal >= 90%					
Patient Satisfaction - Unique to 2 South					
Likelihood recommending hospital	Top Box%	100.0	72.7	**76.9**	
	Press Ganey	65.2	67.7	**67.3**	
Staff worked together to care for you	Top Box%	100.0	63.6	**69.2**	*Continue to have staff huddles. Include RNs*
	Press Ganey	66.8	69.7	**69.5**	*in treatment planning and pt. groups*
Courtesy/respect of nurses	Top Box%	50.0	63.6	**74.1**	Increase nurse and patient engagement
	Press Ganey	70.5	73.2	**69.8**	
Volume Indicators					Newly added measurement for 2020
# of Admissions		156	37	**35**	
# Program Completions		103	30	**24**	
% Program Completions		66%	81%	**69%**	

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NDNQI Benchmark - All Hospitals Mean

Key:
- *Outperforms benchmark*
- *At benchmark*
- *Underperforms benchmark*

Phelps Hospital Northwell Health

2020 - Unit Level Dashboard

4 South

Measurement	Benchmark or Goal	1st Q '20	3rd Q '20	4th Q '20	Action Plan
Clinical Indicators					
Falls Per 1,000 Patient Days		0.00	0.80	**0.00**	
	NDNQI	0.38	0.43	**0.39**	
Falls with Injury Per 1,000 Patient Days		0.00	0.00	**0.00**	
	NDNQI	0.05	0.06	**0.07**	
Total Baby Drops Per 1,000 Newborn Days		0.00	1.81	**0.00**	
	NDNQI	0.15	0.27	**0.17**	
Hospital Onset CDIFF per 1,000 Patient Days		0.00	ND	ND	
	NDNQI	0.02	0.00	**0.03**	
Hospital Onset MRSA per 1,000 Patient Days		0.00	ND	ND	
	NDNQI	0.00	0.00	**0.00**	
RN Education					
RNs w BSN or Higher		81.82%	82.76%	**85.29%**	*Achieved unit goal*
2020 Unit Goal=Maintain 80% or higher	NDNQI	69.47%	70.12%	**70.95%**	
RNs w Professional Certification		69.70%	55.17%	**67.76%**	
2020 Unit Goal=73%	NDNQI	29.62%	30.40%	**31.09**	
Process Indicators					
Hand Hygiene		100%	100%	100%	
Phelps goal >= 90%					*Ensure complete the proper number of*
					montlhy observations

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NDNQI Benchmark - All Hospitals Mean

Key:

	Outperforms benchmark
	At benchmark
	Underperforms benchmark

Phelps Hospital Northwell Health

2020 - Unit Level Dashboard

4 South

Measurement	Benchmark or Goal	1st Q '20	3rd Q '20	4th Q '20	Action Plan
Patient Satisfaction					
Likelihood recommending hospital	Top Box%	94.4	78.6	**80**	
	Press Ganey	71.2	71.0	**71.3**	
Staff worked together to care for you^	Mean	95.6	92.6	**89.7**	
	Press Ganey	90.9	90.4	**90.4**	
Nurses treat you with courtesy/respect	Top Box%	88.9	89.3	**89.7**	
	Press Ganey	86.8	85.9	**86.1**	
Nurses listened carefully to you	Top Box%	72.2	67.9	**89.7**	Reinforce effective communication skills
	Press Ganey	77.5	76.8	**76.9**	from TeamSTEPPS
Quietness of hospital environment	Top Box%	83.3	78.6	**83.3**	
	Press Ganey	59.5	61.9	**60.9**	
Responsiveness:					
Help Toileting soon as you wanted	Top Box%	62.5	**64.3**	**100**	Ensure call bell system is properly
	Press Ganey	68.2	67.0	**66.3**	connected to Vocera
Call button help soon as wanted it	Top Box%	88.2	76.7	**93.1**	
	Press Ganey	64.6	63.3	**62.7**	
Check on you hourly during the day	"Yes"	82%	78%	**70%**	
Visited by nursing mngt. Team	"Yes"	81%	57%	**97%**	

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NDNQI Benchmark - All Hospitals Mean

Key:

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	At benchmark
	Underperforms benchmark

Phelps Hospital Northwell Health

2020 - Unit Level Dashboard

Emergency Dept.

Measurement	Benchmark or Goal	1st Q '20	2nd Q '20	3rd Q '20	4th Q '20	Action Plan
Clinical Indicators						
Falls Per 1,000 Patient Visits		0.64	ND	0.00	**0.55**	3rd Q - Adoption of the Northwell Fall
	NDNQI	0.25		0.32	**0.36**	Policy and fall assessment tool.
Falls with Injury Per 1,000 Patient Visits		0.32	ND	0.00	**0.55**	
	NDNQI	0.06		0.08	**0.10**	
Structure Indicators						
Percent of Patients who Left without Being Seen		0.37	ND	0.33	**0.37**	
	NDNQI	0.98		0.78	**0.96**	
Percent of Patients who Left Before Treatment		0.29	ND	0.27	**0.22**	
	NDNQI	0.36		0.35	**0.40**	
Percent of Patients who Left Against Medical Advice		0.60	ND	0.50	**0.50**	
	NDNQI	0.71		0.83	**0.82**	
						Below data pending validation
Median Minutes from ED arrival to Departure		566.61	ND	546.99	**586.17**	March 2020 - COVID-19 Impacted pt. flow
(Adm. Pts)	NDNQI	272.28		271.55	**317.83**	*Submitted IT Request to validate the #'s*
Median Minutes Admit Decision to ED Departure		340.13	ND	312.48	**350.44**	
	NDNQI	93.37		95.01	**144.66**	
Median Minutes Time from ED Arrival to ED Departure		179.71	ND	169.81	**187.00**	
for Discharged Pts.	NDNQI	136.84		143.70	**150.68**	

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NDNQI Benchmark - All Hospitals Mean

Key:
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Phelps Hospital Northwell Health

2020 - Unit Level Dashboard

Emergency Dept.

Measurement	Benchmark or Goal	1st Q '20	2nd Q '20	3rd Q '20	4th Q '20	Action Plan
Process Indicators						
Avg. Blood Culture Volume (ml)		8.3	7.0	8.0	**5.6**	Marking of the bottles by Volunteers &
Northwell Goal	8.0					ED Techs
Antibiotics within 60 min for Sepsis		ND	ND			
Phelps Goal	100%					
RN Education						
RNs w BSN or Higher		80.00%	ND	84.44%	**84.44%**	*Achieved unit goal*
	NDNQI	61.70%		65.01%	**65.17%**	
2020 Unit Goal=Maintain 80% or higher						
RNs w Professional Certification		30.00%	ND	28.89%	**28.89%**	3 vouchers for CEN certification
2020 Unit Goal=Mainain 30% or higher	NDNQI	21.80%		21.69%	**21.94%**	given for 2020. COVID-19 delayed
						certification availability
Patient Satisfaction						*1st & 2nd Q impacted by COVID-19*
Global Rating - Recommend the ER	Top Box%	72	83.7	80	**73.9**	
	Press Ganey	64.2	69.2	66.3	**65.9**	
Degree hosp. staff worked as a team	Mean	87.3	93.2	89.6	**88.1**	March '20 - patient interaction limited due
	Press Ganey	86.7	88.5	87.5	**87.5**	to COVID-19.
Nurses treat with courtesy/respect	Top Box%	82.8	95.6	87.8	**91.8**	
	Press Ganey	83.5	85.9	84.9	**84.4**	
Nurses listen carefully to you	Top Box%	78.6	88.2	78.6	**85.8**	
	Press Ganey	77.0	79.7	78.4	**77.9**	
Pain						
ED staff try to reduce pain	Top Box%	57.3	68.3	66.0	**60.4**	
	Press Ganey	53.9	56.4	54.9	**54.3**	
ED discuss pain med side effects	Top Box%	59.8	58.0	52.5	**60.2**	
	Press Ganey	51.4	50.8	49.9	**56.5**	

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NDNQI Benchmark - All Hospitals Mean

Key:
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- *At benchmark*
- *Underperforms benchmark*

Phelps Hospital Northwell Health

2020 - Unit Level Dashboard

Interventional Radiology

Measurement	Benchmark or Goal	1st Q '20	3rd Q '20	4th Q '20	Action Plan
Clinical Indicators					
Falls Per 1,000 Patient Visits		0.00	0.00	**0.00**	
	NDNQI	0.15	0.29	**0.22**	
Falls with Injury Per 1,000 Patient Visits		0.00	0.00	**0.00**	
	NDNQI	0.03	0.09	**0.08**	
Patient Burns Per 1,000 Patient Visits		0.00	0.00	**0.00**	
	NDNQI	0.00	0.01	**0.00**	
RN Education					
RNs w BSN or Higher		66.67%	66.67%	**66.67%**	
2020 Unit Goal = maintain	NDNQI	67.40%	68.70%	**70.08%**	
RNs w Professional Certification		50.00%	33.33%	**16.67%**	
2020 Unit Goal = maintain	NDNQI	27.37%	27.75%	**27.19%**	
Patient Satisfaction					
Likelihood recommending facility	Top Box%	ND	85.0	**81.5**	1st Q survey collection error
	Press Ganey		84.0	**84.1**	resolved by 3rd Q
Degree staff worked together	Top Box%	ND	90.0	**86.4**	
	Press Ganey		88.7	**88.9**	
Staff treat with courtesy, respect	Top Box%	ND	100.0	**92.9**	
	Press Ganey		97.9	**97.9**	
Staff ID patient/proc before surgery	Top Box%	ND	87.5	**90.0**	
	Press Ganey		88.4	**88.7**	
Pain:					
Doctors/Nurses make sure comfortable	Top Box%	ND	95.0	**92.60**	
	Press Ganey		96.6	**96.60**	
Information about what to do if have pain	Top Box%	ND	95.0	**96.20**	
	Press Ganey		94.6	**94.60**	

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NDNQI Benchmark - All Hospitals Mean

Key:

	Outperforms benchmark
	At benchmark
	Underperforms benchmark

Phelps Hospital Northwell Health

2020 - Unit Level Dashboard

Cancer Institute

Measurement	Benchmark or Goal	1st Q '20	2nd Q '20	3rd Q '20	4th Q '20	Action Plan
Clinical Indicators						
Falls Per 1,000 Patient Visits		0.00	ND	0.00	**0.86**	*4Q fall related to chair. 2021 -replace*
	NDNQI	0.13		0.13	**0.12**	*chairs and other interventions.*
Falls with Injury Per 1,000 Patient Visits		0.00	ND	0.00	**0.00**	
	NDNQI	0.03		0.05	**0.04**	Falls and Fall prevention strategies discussed daily.
RN Education						
RNs w BSN or Higher		100.00%	ND	100.00%	**100.00%**	*Achieved unit goal*
2020 Unit Goal = Maintain 100%	NDNQI	68.83%		71.20%	**71.81%**	
RNs w Professional Certification		40.00%	ND	33.33%	**55.56%**	*Achieved unit goal*
2020 Unit Goal = 55%	NDNQI	43.15%		40.43%	**41.63%**	
Patient Satisfaction - INF						
Likelihood recommending services	Top Box	78.2	83.3	77.2	**78.8**	
	Press Ganey	86.2	86.5	86.5	**86.4**	
Care coordinated among Drs/caregvrs	Top Box	74.5	79.2	76.8	**72.5**	Implementing multi provider daily brief
	Press Ganey	80.2	80.3	80.4	**80.5**	
Quality of care recvd from nurse	Top Box	78.9	80.9	73.7	**86.5**	Focus on enhancing post followup care
	Press Ganey	87.7	88.0	88.0	**88.1**	
Patient Education - Explanation of:						Changing process of patient education.
How to manage side effects	Top Box	63.5	76.1	68.5	**70.6**	New audit tool incorporated.
(of chemotherapy)	Press Ganey	75.8	75.9	76.0	**76.1**	
What to expect during your chemotherapy	Top Box	75.0	83.3	74.1	**66.0**	
	Press Ganey	77.2	77.4	77.6	**77.9**	
Instructions about how to care for yourself	Top Box	68.9	68.4	65.2	**66.7**	
at home	Press Ganey	77.3	77.4	77.5	**77.3**	
Pain:						
How well was pain controlled - INF	Top Box	75.6	75.0	62.8	**76.9**	
	Press Ganey	74.6	74.7	75.1	**75.3**	

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NDNQI Benchmark - All Hospitals Mean

Key:

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	Underperforms benchmark

Phelps Hospital Northwell Health

2020 - Unit Level Dashboard

Cancer Institute

Measurement	Benchmark or Goal	1st Q '20	2nd Q '20	3rd Q '20	4th Q '20	Action Plan
Patient Satisfaction - ONC						
Likelihood recommending services	Top Box	87.4	87.2	80.8	**81.9**	
	Press Ganey	86.2	86.5	86.5	**86.4**	
Care coordinated among Drs/caregvrs	Top Box	88.1	89.7	80.4	**84.8**	
	Press Ganey	80.2	80.3	80.4	**80.5**	
Quality of care recvd from nurse	Top Box	85.7	88.9	82.0	**82.8**	Focus on enhancing post followup care
	Press Ganey	87.7	88.0	88.0	**88.1**	
Patient Education - Explanation of:						Changing process of patient education.
Explanaiton of how to manage side	Top Box	79.3	78.2	75.0	**74.4**	New audit tool incorporated.
effects (of chemotherapy)	Press Ganey	75.8	75.9	76.0	**76.1**	
What to expect during your chemotherapy	Top Box	74.2	80.0	78.4	**71.3**	
	Press Ganey	77.2	77.4	77.6	**77.9**	
Instructions about how to care for yourself	Top Box	77.9	77.6	78.3	**77.1**	
at home	Press Ganey	77.3	77.4	77.5	**77.3**	
Pain:						
How well was pain controlled - ONC	Top Box	81.3	81.7	77.1	**77.1**	
	Press Ganey	74.6	74.7	75.1	**75.3**	
Process Indicators:						
Hand Hygiene		95%	100%	ND	ND	
Phelps goal >= 90%						

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NDNQI Benchmark - All Hospitals Mean

Key:
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- *At benchmark*
- *Underperforms benchmark*

Phelps Hospital Northwell Health

2020 - Unit Level Dashboard

Pain Center

Measurement	Benchmark or Goal	1st Q '20	3rd Q '20	4th Q '20	Action Plan
Clinical Indicators					
Falls Per 1,000 Patient Visits		0.00	2.60	**2.51**	Fall prevention protocols followed.
	NDNQI	0.16	0.20	**0.12**	Post fall huddles conducted.
Falls with Injury Per 1,000 Patient Visits		0.00	2.60	**0.00**	
	NDNQI	0.03	0.05	**0.04**	
RN Education					
RNs w BSN or Higher		100.00%	100.00%	**100.00%**	*Achieved unit goal*
2020 Unit Goal=Maintain 80% or higher	NDNQI	64.56%	66.33%	**66.45%**	
RNs w Professional Certification		50.00%	33.33%	**25.00%**	
2020 Unit Goal=Maintain 50% or higher	NDNQI	31.99%	32.49%	**32.65%**	
Patient Satisfaction					
Likelihood recommending hospital	Top Box%	ND	79.2	**88**	*1st Q error resolved by 3rd Q*
	Press Ganey		84	**84.1**	
Degree staff worked together	Mean	ND	91.3	**96.5**	
	Press Ganey		88.7	**96.6**	
Staff treat with courtesy, respect	Top Box%	ND	100.0	**100.0**	
	Press Ganey		97.9	**97.9**	
Staff ID patient/proc before surgery	Top Box%	ND	91.3	**96.4**	
	Press Ganey		88.4	**96.7**	
Pain:					
Doctors/Nurses make sure comfortable	Top Box%	ND	100.0	**97.6**	
	Press Ganey		96.6	**96.6**	
Information about what to do if have pain	Top Box%	ND	95.2	**95.2**	
	Press Ganey		94.6	**94.6**	

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Key:

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	At benchmark
	Underperforms benchmark

Phelps Hospital Northwell Health

2020 - Unit Level Dashboard

Endoscopy

Measurement	Benchmark or Goal	1st Q '20	3rd Q '20	4th Q '20	Action Plan
Clinical Indicators					
Falls Per 1,000 Patient Visits		0.00	0.00	**0.00**	
	NDNQI	0.10	0.14	**0.15**	
Falls with Injury Per 1,000 Patient Visits		0.00	0.00	**0.00**	
	NDNQI	0.02	0.03	**0.04**	
Patient Burns Per 1,000 Patient Visits		0.00	0.00	**0.00**	
	NDNQI	0.00	0.00	**0.00**	
RN Education					
RNs w BSN or Higher		84.62%	80.00%	**80.00%**	*Achieved unit goal*
2020 Unit Goal=Maintain 80% or higher	NDNQI	62.85%	62.97%	**63.64%**	
RNs w Professional Certification		38.46%	33.33%	**46.67%**	*Achieved unit goal*
2020 Unit Goal = 46%	NDNQI	23.49%	22.88%	**22.86%**	

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NDNQI Benchmark - All Hospitals Mean

Key:

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	At benchmark
	Underperforms benchmark

Phelps Hospital Northwell Health

2020 - Unit Level Dashboard

Endoscopy

Measurement	Benchmark or Goal	1st Q '20	3rd Q '20	4th Q '20	Action Plan
Patient Satisfaction					
Recommend the facility	Top Box%	84.8	86.3	**89.2**	
	Press Ganey	83.7	84.0	**84.1**	
Degree staff worked together	Mean	96.6	96.1	**96.2**	
	Press Ganey	96.6	96.6	**96.6**	
Staff treat with courtesy, respect	Top Box%	97.7	97.1	**99**	
	Press Ganey	97.9	97.9	**97.9**	
Staff ID patient/proc before surgery	Top Box%	95,2	90.7	**91.3**	
	Press Ganey	89.0	88.4	**88.7**	
Instructions good re preparation	Top Box%	93.2	93.9	**95.6**	*Ensure patients receiveing brochures*
	Press Ganey	94.3	93.8	**91.5**	*that were created in 2019*
Procedure info easy to understand	Top Box%	96.2	93.9	**95.6**	
	Press Ganey	93.6	92.8	**93.7**	
Pain:					
Doctors/Nurses make sure comfortable	Top Box%	98.5	94.5	**96.5**	
	Press Ganey	96.7	96.6	**96.6**	
Information about what to do if have pain	Top Box%	98.9	97.1	**98.0**	
	Press Ganey	95.3	94.6	**94.6**	

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NDNQI Benchmark - All Hospitals Mean

Key:

	Outperforms benchmark
	At benchmark
	Underperforms benchmark

Phelps Hospital Northwell Health

2020 - Unit Level Dashboard

OR

Measurement	Benchmark or Goal	1st Q '20	2nd Q '20	3rd Q '20	4th Q '20	Action Plan
Clinical Indicators						
Patient Burns Per 1,000 Patient Visits		0.00	ND	0.00	**0.00**	
	NDNQI	0.05		0.12	**0.08**	
Surgical Site Infections						
Phelps Goal	0.00%					
Structure Indicators						
On-Time OR Start/First Case		42.5%	33.4%	52.7%		(quarterly = average of 3 months)
Phelps Goal	50.0%					
Same Day Surgery Cancelation		2.31%	1.02%	1.46%		
Phelps Goal	0.0%					
Immediate Use Steam Sterilization		0.1%	0.0%	0.0%		
(IUSS) Rate Northwell Goal	< 2%					
RN Education						
RNs w BSN or Higher		70.00%	ND	75.00%	**68.75%**	
2020 Goal = 85%	NDNQI	61.86%		64.11%	**65.14%**	
RNs w Professional Certification		65.00%	ND	60.00%	**56.25%**	
2020 Goal =100% cert for elligible RNs	NDNQI	31.09%		32.41%	**33.56%**	

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NDNQI Benchmark - All Hospitals Mean

Key:

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	At benchmark
	Underperforms benchmark

Phelps Hospital Northwell Health

2020 - Unit Level Dashboard

PACU

Measurement	Benchmark or Goal	1st Q '20	3rd Q '20	4th Q '20	Action Plan
Clinical Indicators					
Falls Per 1,000 Patient Visits		0.00	0.00	**0.00**	
	NDNQI	0.05	0.06	**0.09**	
Falls with Injury Per 1,000 Patient Visits		0.00	0.00	**0.00**	
	NDNQI	0.01	0.01	**0.02**	
RN Education					
RNs w BSN or Higher		86.67%	87.50%	**87.50%**	*Achieved unit goal*
2020 Unit Goal=Maintain 80% or higher	NDNQI	68.36%	69.54%	**70.11%**	
RNs w Professional Certification		80.00%	75.00%	**87.50%**	*93% of eligible RNs have certification.*
2020 Unit Goal=100% for all eligible RNs	NDNQI	29.18%	27.89%	**28.06%**	
Patient Satisfaction (CardVers, EyeSurg, SurgiCtr)					
Likelihood recommending facility	Top Box%	88.1	85.5	**82**	
Press Ganey Benchmark	Press Ganey	83.7	84.0	**84.1**	
Degree staff worked together	Top Box%	89.3	92.1	**84.8**	
	Press Ganey	88.8	88.7	**88.9**	
Staff treat with courtesy, respect	Top Box%	99.3	97.4	**98.4**	
	Press Ganey	97.9	97.9	**97.9**	
Staff effort: include you in treatment	Top Box%	85.0	83.1	**85.2**	
	Press Ganey	81.0	81.6	**81.7**	
Staff ID patient/proc before surgery	Top Box%	92.2	90.1	**89.8**	
	Press Ganey	89.0	88.4	**88.7**	
Pain:					
Information re subsequent pain	Top Box%	95.2	94.4	**95.4**	Discuss with nurses - develop a 1 page
	Press Ganey	95.3	94.6	**94.6**	hand out to provide education re pain

NDNQI -
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NDNQI Benchmark - All Hospitals Mean

Key:

	Outperforms benchmark
	At benchmark
	Underperforms benchmark

Phelps Hospital Northwell Health

2020 - Unit Level Dashboard

ASU

Measurement	Benchmark or Goal	1st Q '20	3rd Q '20	4th Q '20	Action Plan
Clinical Indicators					
Falls Per 1,000 Patient Visits		0.00	**1.20**	**0.00**	
	NDNQI	0.20	0.22	**0.20**	
Falls with Injury Per 1,000 Patient Visits		0.00	0.00	**0.00**	
	NDNQI	0.07	0.05	**0.06**	
RN Education					
RNs w BSN or Higher		77.78%	83.33%	**89.47%**	*Achieved unit goal*
2020 Unit Goal= 80%	NDNQI	60.80%	61.42%	**63.00%**	
RNs w Professional Certification		22.22%	16.67%	**15.79%**	
2020 Unit Goal= 24%	NDNQI	20.89%	23.07%	**24.59%**	
Patient Satisfaction - SurgiCtr					
Likelihood recommending facility	Top Box%	88.8	85.0	**83.0**	
	Press Ganey	83.7	84.0	**84.1**	
Degree staff worked together	Top Box%	90.4	90.5	**95.0**	
	Press Ganey	88.8	88.7	**96.6**	
Staff treat with courtesy, respect	Top Box%	99.2	96.9	**97.9**	
	Press Ganey	97.9	97.9	**97.9**	
Staff effort: include you in treatment	Top Box%	86.7	83.6	**84.7**	
	Press Ganey	81.0	81.6	**81.7**	
Staff ID patient/proc before surgery	Top Box%	93.7	89.1	**90.3**	
	Press Ganey	89.0	88.4	**88.7**	
Provided needed info re procedure	Top Box%	94.0	93.8	**95.0**	
	Press Ganey	92.3	91.5	**91.5**	
Pain:					
Information re subsequent pain	Top Box%	94.6	93.6	**95.4**	Discuss with nurses - develop a 1 page
	Press Ganey	95.3	94.6	**94.6**	hand out to provide education re pain

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Phelps Hospital Northwell Health

2020 - Unit Level Dashboard

ASU

Measurement	Benchmark or Goal	1st Q '20	3rd Q '20	4th Q '20	Action Plan
Patient Satisfaction - EyeSurg					
Likelihood recommending facility	Top Box%	83.3	88.0	**75.0**	Discuss with nurses - concerned w
	Press Ganey	83.7	84.0	**84.1**	downward trend from 4Q'19 - 1Q '20
Degree staff worked together	Top Box%	81.3	100.0	**82.6**	
	Press Ganey	88.8	88.7	**88.9**	
Staff treat with courtesy, respect	Top Box%	100.0	100.0	**100.0**	
	Press Ganey	97.9	97.9	**97.9**	
Staff ID patient/proc before surgery	Top Box%	82.4	95.7	**87.0**	
	Press Ganey	89.0	88.4	**88.7**	
Staff effort: include you in treatment	Top Box%	73.3	80.0	**88.9**	
	Press Ganey	81.0	81.6	**81.7**	
Provided needed info re procedure	Top Box%	88.9	92.3	**96**	
	Press Ganey	92.3	91.5	**91.5**	
Pain:					
Information re subsequent pain	Top Box%	100.0	100.0	**95.2**	
	Press Ganey	95.3	94.6	**94.6**	

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2020 - Unit Level Dashboard

Wound Healing Institute

Measurement	Benchmark or Goal	1st Q '20	3rd Q '20	4th Q '20	Action Plan
Clinical Indicators					
Falls Per 1,000 Patient Visits		0.99	1.04	**0.00**	1Q - 1 Assisted fall in Feb.- Pt lowered
	NDNQI	0.16	0.20	**0.12**	to fall to prevent injury.
					Ensure patients in proper wheelchair
Falls with Injury Per 1,000 Patient Visits		0.00	0.00	**0.00**	
	NDNQI	0.03	0.05	**0.04**	
RN Education					
RNs w BSN or Higher		85.71%	85.71%	**85.71%**	*Achieved unit goal*
	NDNQI	64.56%	66.33%	**66.45%**	
2020 Unit Goal=Maintain 80% or higher					
RNs w Professional Certification		57.14%	57.14%	**57.14%**	*Achieved unit goal*
	NDNQI	31.99%	32.49%	**32.65%**	
2020 Unit Goal=Maintain 55% or higher					
Patient Satisfaction					
Likelihood of recommending	Top Box%	88.6	82.1	**90.6**	*Employee Engagement Action Plan*
	Press Ganey	83.6	83.4	**83.8**	*should improve staff and patient*
					Satisfaction
Likelihood of returning	Top Box%	89.4	85	**90.6**	*on-going monitoring*
	Press Ganey	87.0	86.1	**86.6**	
Friendliness of nurses	Mean	98.4	93.8	**97.7**	*on-going monitoring*
	Press Ganey	96.4	96.3	**96.4**	
Staff worked together to provide care	Mean	95.9	94.6	**95.6**	*on-going monitoring*
	Press Ganey	94.9	94.8	**94.9**	
Pain					
Staff concern for your comfort	Mean	94.4	92.4	**93.9**	Add additional question to internal
	Press Ganey	94.5	94.4	**94.5**	survey.

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Phelps Hospital Northwell Health

2020 - Unit Level Dashboard

Hyperbaric

Measurement	Benchmark or Goal	1st Q '20	3rd Q '20	4th Q '20	Action Plan
Clinical Indicators					
Falls Per 1,000 Patient Visits		0.00	0.00	**0.00**	Fall risk assessment upon Admin.
	NDNQI	0.16	0.20	**0.12**	Escort, 1or2 person assist
					Fall prevention pt. education
Falls with Injury Per 1,000 Patient Visits		0.00	0.00	**0.00**	
	NDNQI	0.03	0.05	**0.04**	
RN Education					
RNs w BSN or Higher		100.00%	100.00%	**100.00%**	*Achieved unit goal*
	NDNQI	64.56%	66.33%	**66.45%**	
2020 Unit Goal = 100%					
RNs w Professional Certification		100.00%	100.00%	**100.00%**	*Achieved unit goal*
	NDNQI	31.99%	32.49%	**32.65%**	
2020 Unit Goal=Maintain 75% or higher					
Patient Satisfaction					
Likelihood of recommending	Top Box%	100.0	66.7	**77.8**	*continue to monitor*
	Press Ganey	85.0	83.4	**84.8**	
Likelihood of returning	Top Box%	100.0	66.7	**77.8**	*continue to monitor*
	Press Ganey	87.0	86.1	**86.6**	
Friendliness of nurses	Mean	100.0	91.7	**91.7**	*continue to monitor*
	Press Ganey	96.9	97.0	**96.6**	
Staff worked together to provide care	Mean	100.0	91.7	**97.2**	*continue to monitor*
	Press Ganey	94.9	94.8	**94.9**	
Pain					
Staff concern for your comfort	Mean	100.0	90.0	**97.2**	*continue to monitor*
	Press Ganey	94.5	94.4	**94.5**	

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Phelps Hospital Northwell Health

2020 - Unit Level Dashboard

Outpatient Cardiology

Measurement	Benchmark or Goal	1st Q '20	3rd Q '20	4th Q '20	Action Plan
Clinical Indicators					
Falls Per 1,000 Patient Visits		0.00	0.00	**0.00**	Each patient is assessed upon
	NDNQI	0.20	0.15	**0.15**	admission for fall risk and
					documented in the EMR.
Falls with Injury Per 1,000 Patient Visits		0.00	0.00	**0.00**	
	NDNQI	0.09	0.07	**0.04**	
RN Education					
RNs w BSN or Higher		60.00%	60.00%	**75.00%**	*Achieved unit goal*
2020 Unit Goal = 75%	NDNQI	66.96%	68.39%	**69.35%**	Planning to hire PD RN with BSN or
					higher.
RNs w Professional Certification		0.00%	0.00%	**0.00%**	Review list of Magnet Approved
2020 Unit goal not established /	NDNQI	26.97%	29.43%	**27.57%**	National Certification List
re-visit in 2021					
Patient Satisfaction - (CardRhb, EKG HM, Vasc Lab)					
Likelihood recommending	Top Box%	91.5	93.8	**86.5**	
	Press Ganey	83.6	83.4	**83.4**	
Staff worked together to provide care	Top Box%	91.0	85.4	**84.0**	
	Press Ganey	83.2	83.1	**83.4**	
Response to concerns/complaints	Top Box%	86.4	87.5	**84.1**	
	Press Ganey	81.9	82.0	**82.4**	

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