

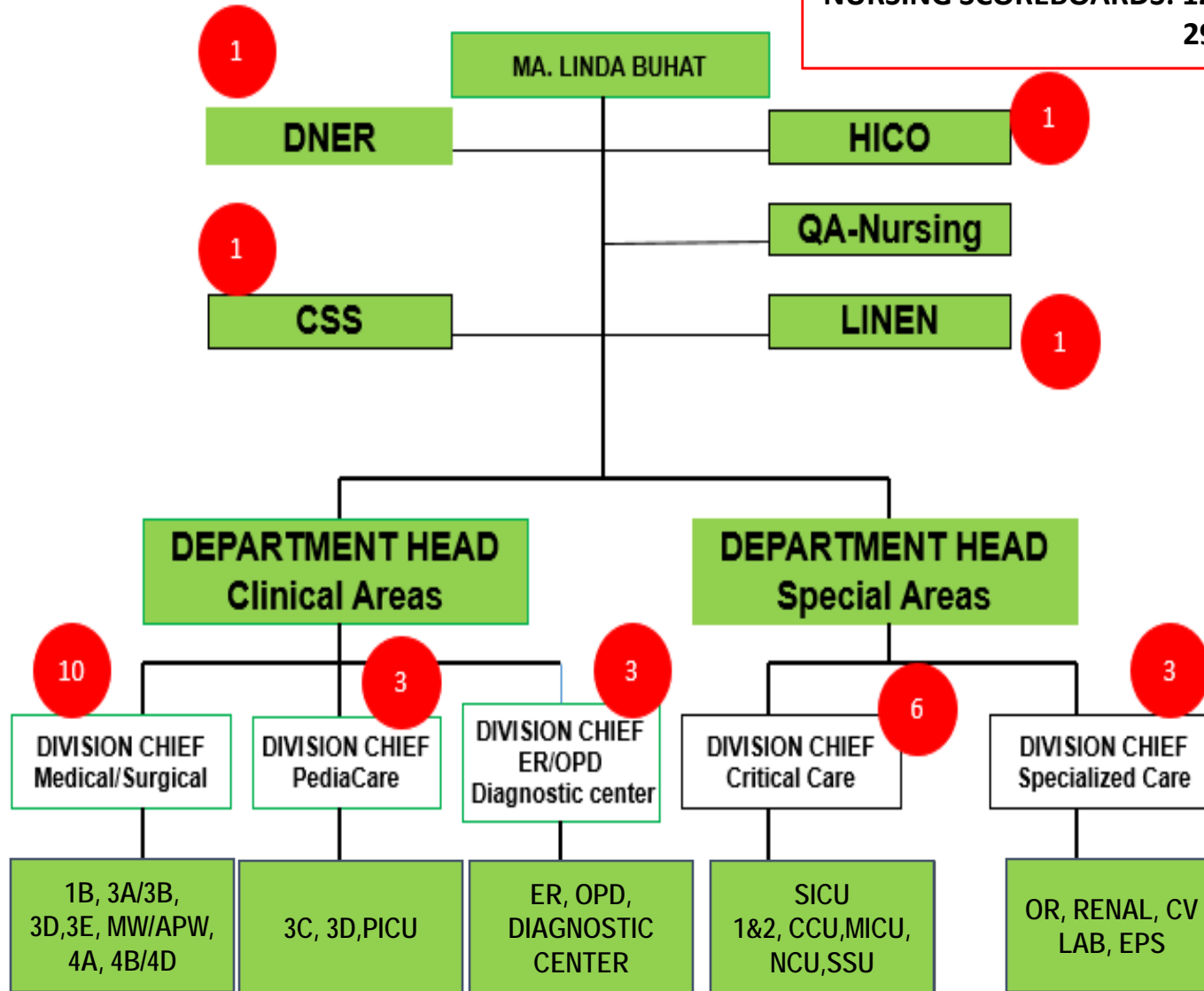
**YEAREND BREAKTHROUGH
SUMMARY
NURSING SERVICES**

JANUARY-DECEMBER 2014



NEW NURSING ORGANIZATIONAL CHART

**NURSING SCOREBOARDS: 12 BREAKTHROUGHS
29 SCOREBOARDS**



BREAKTHROUGH SUMMARY 2014

NURSING SERVICES: 147.08 %

GOOD

51-89%

SATISFACTORY



90-114%

VERY SATISFACTORY

115-129%

OUTSTANDING





>130%

DIVISION	BREAKTHROUGH GOAL	ACTUAL	% ACCOMPLISHMENT	DASHBOARD
DEPARTMENT OF CLINICAL AREAS				139.6% 
MEDICAL SURGICAL DIVISION	12	8	167%	
PEDIA CARE	75%	95.9%	128%	
ER/OPD/DIAGNOSTIC CENTER	78.33%	96.54%	123.8%	
DEPARTMENT OF SPECIAL AREAS				120.5% 
DIVISION OF CRITICAL CARE	75%	85.93%	114.6%	
SPECIALIZED CARE DIVISION	75%	94.8%	126.4%	

BREAKTHROUGH SUMMARY 2014

NURSING SERVICES:

GOOD 51-89%	SATISFACTORY 90-114%	VERY SATISFACTORY 115-129%	OUTSTANDING >130%
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DIVISION	BREAKTHROUGH GOAL	ACTUAL	% ACCOMPLISHMENT	DASHBOARD
CENTRAL SUPPLY	4 hours decrease	9 hours decrease	225%	
HOSPITAL INFECTION PREVENTION AND CONTROL COMMITTEE	2.2	2.19%	143.3 %	
NURSING EDUCATION AND RESEARCH	80	85.7%	107%	
AVERAGE NURSING SERVICE ACCOMPLISHMENT			147.08%	



PHILIPPINE HEART CENTER BREAKTHROUGHS

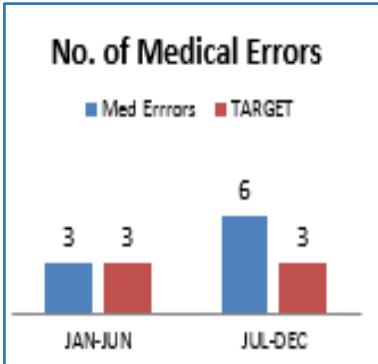


**Increase Patient Satisfaction score
from 87% to 97% by Dec 2016**

Nursing Services: **MEDICAL-SURGICAL
WARDS**

BREAKTHROUGH

**Decrease Medication
Error from 18
incidences to 12
incidences by
December 2014**

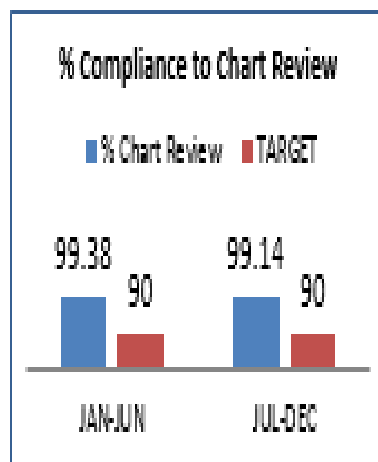


LEAD MEASURE

Review 90% of 24-hour medication list and sheet and counterchecked by the Charge Nurse

Compliance Rate (%)

Total # Medication List & Sheet reviewed
Total No. of admitted patients per unit



MEDICAL-SURGICAL WARDS

Target : 6 incidences of Medical Error

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Actual	2						6						8
Target	6						6						12
% ACC													167%

COMPLIANCE TO LEAD MEASURE

**Mean
Compliance**

Review 24-hour medication list and sheet and counterchecked by the Charge Nurse
Target : 90 %

**99.26%
%ACC -110.3%**



PHILIPPINE HEART CENTER BREAKTHROUGHS



Increase Patient Satisfaction score
from 87% to 97% by Dec 2016



Nursing Services!

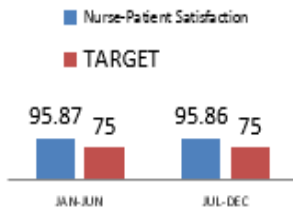
PEDIATRIC CARE

BREAKTHROUGH

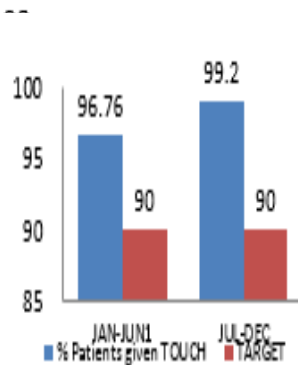
Increase Nurse-Patient/
Family Interaction
Satisfaction Rate from
**70% to 75% by
December 2014**

Patient Satisfaction Rate
PER WEEK

Nurse-Patient Satisfaction Rate



% of patients Receiving Pedia
Touch/shift



LEAD MEASURE 1

Conduct Pedia Touch
sessions to 90% of
patients: PICU 1x/shift
and 3C /3D 3x/shift

Compliance Rate (%)
Total number of Pedia Touch
conducted

Total No. of patients
admitted

PEDIATRIC CARE

Target : 75% Nurse-Patient Satisfaction Rate

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Ave
Actual	95.1	98.7	93.7	97.8	96.9	93	94.3	94.5	95.7	97.2	96.8	96.7	95.9%
Target													75%
% ACC													128%

COMPLIANCE TO LEAD MEASURE

Mean
Compliance

Conduct Pedia Touch sessions to patients:
PICU 1x/shift and 3C /3D 3x/shift

TARGET : 90%

97.98 %
% ACC= 108.9%



PHILIPPINE HEART CENTER BREAKTHROUGHS



Increase Patient Satisfaction score
from 87% to 97% by Dec 2016

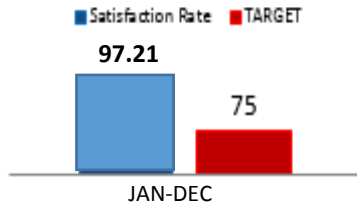
Nursing Services

DIAGNOSTIC AREAS
ULTRASOUND/MRI

BREAKTHROUGH

Increase Nurse-Patient/Satisfaction rate from 70% to 75% by December 2014

Patient Satisfaction Rate
PER MONTH



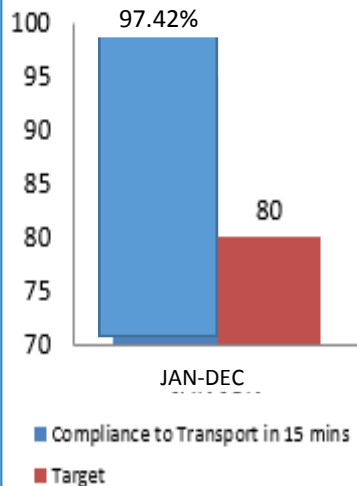
LEAD MEASURE

Transport 80% of patients after procedure within 15 mins

Compliance Rate (%)

No. of patients transported back to unit after procedure within 15 mins

Total number of patients



DIAGNOSTIC AREAS

Target : 75% Nurse-Patient Satisfaction Rate

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Ave	
Actual	96.37							92.5	97.2	99.6	100	100	99	97.21%
Target													75%	
% ACC													130%	

COMPLIANCE TO LEAD MEASURE

Mean Compliance

Transport patients after procedure within 15 minutes
Target : 80 %

97.42%
% ACC =121.8%



PHILIPPINE HEART CENTER BREAKTHROUGHS

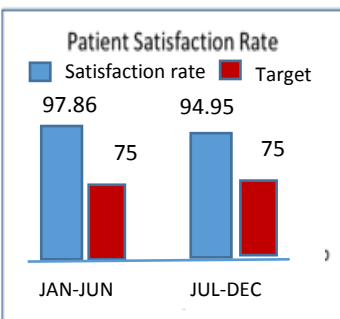


Increase Patient Satisfaction score
from 87% to 97% by Dec 2016

Nursing Services

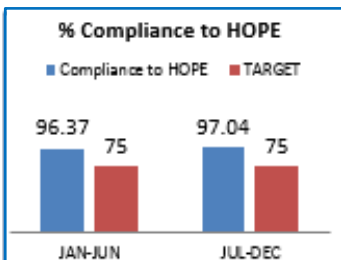
EMERGENCY ROOM

BREAKTHROUGH
Increase Nurse-Patient/
Family Interaction
Satisfaction Rate from
70% to 75% by
December 2014



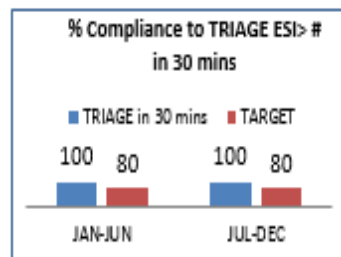
LEAD MEASURE 1

Conduct HOPE Study by 75% to assigned newly diagnosed CAD patients at Emergency Room
Compliance Rate (%)
Number of assigned newly diagnosed CAD patients who received HOPE Study x 100
Number of Newly Diagnosed CAD patients seen at Emergency Room



LEAD MEASURE 2

Triage 80% of ER patients with ESI>3 within 30 minutes
Compliance Rate (%)
Number of patients with ESI ≥ 3 triage within 30 minutes x 100
Number of patients seen at ER Triage Area



EMERGENCY ROOM

Target : 75% Nurse-Patient Satisfaction Rate

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Ave
Actual	97.86						94.5	93.6	96.1	93.7	97.2	94.6	96.4%
Target													75%
% ACC													128.5%

COMPLIANCE TO LEAD MEASURE

Mean
Compliance

Conduct HOPE Study to assigned newly diagnosed CAD patients at ER
Target : 75 %

96.71%
%ACC = 128.9%

Triage ER patients with ESI>3 within 30 minutes
Target : 80%

100%
%ACC = 125%



PHC BREAKTHROUGH:

Increase Patient Satisfaction score from 87% to 97% by Dec 2016



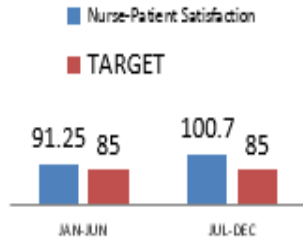
Nursing Services!

OUTPATIENT CLINIC

BREAKTHROUGH

Increase Nurse-Patient/ Family Interaction Satisfaction Rate from 50% to 85% by December 2014

Nurse-Patient Satisfaction Rate



LEAD MEASURE 1

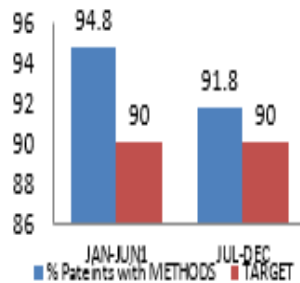
- Provide health information utilizing METHODS strategy to 90 % of OPD patients

Compliance Rate (%)

No. of patients who received Health Information utilizing METHODS Strategy

Total No. of patients seen at OPD

% OPD patients given Health information using METHODS



OUTPATIENT CLINIC

Target : 85% Nurse-Patient Satisfaction Rate

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Ave
Actual	91.25												96%
Target													85%
% ACC													112.9%

COMPLIANCE TO LEAD MEASURE

Mean Compliance

Provide health information utilizing METHODS strategy to OPD patients
Target : 90 %

93.3%
%ACC= 103.7%



**PHILIPPINE HEART CENTER
BREAKTHROUGHS**



**Increase Patient Satisfaction score
from 87% to 97% by Dec 2016**



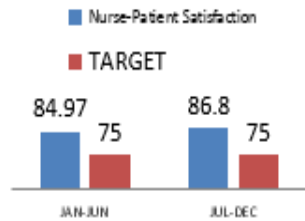
Nursing Services

**DIVISION OF
CRITICAL CARE**

BREAKTHROUGH

Increase Nurse-Patient/
Family Interaction
Satisfaction Rate from
**70% to 75% by
December 2014**

Nurse-Patient/ Family Interaction
Satisfaction Rate
PER MONTH



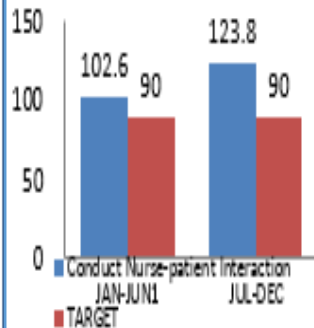
LEAD MEASURE

Conduct nurse-patient/family
interaction once per shift
with 90% compliance

Compliance Rate (%)

$$\frac{\text{Total \# of nurse-patient/family interaction conducted}}{\text{Total No. of patients}} \times 100\%$$

% Nurse-patient interaction
conducted



DIVISION OF CRITICAL CARE

Target : 75% Nurse-Patient Satisfaction Rate

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Ave
Actual	84.97												85.93%
Target													75%
% ACC													114.6%

COMPLIANCE TO LEAD MEASURE

**Mean
Compliance**

Conduct nurse-patient/ family interaction
once per shift

TARGET : 90%

**113.2%
%ACC =125.8%**



PHILIPPINE HEART CENTER BREAKTHROUGHS



Increase Patient Satisfaction score
from 87% to 97% by Dec 2016

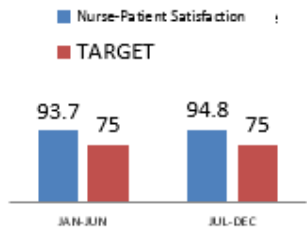
Nursing Services:

SPECIALIZED CARE DIVISION

BREAKTHROUGH

Increase Nurse-Patient/
Family Interaction
Satisfaction Rate from
70% to 75% by
December 2014

Patient Satisfaction Rate
PER MONTH

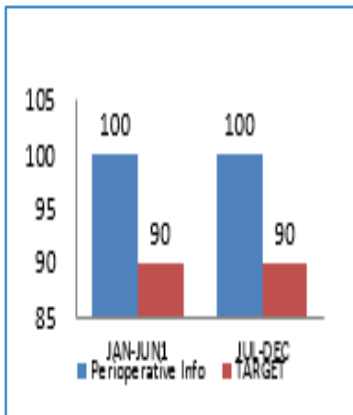


• LEAD MEASURE 1

Give peri-operative
information to 90% of
patients/ families for
elective surgery

Compliance Rate (%)

$$\frac{\text{Total No. of patients/ families given peri-operative information}}{\text{Total No. of elective surgical procedures}}$$



SPECIALIZED CARE: OR/CV LAB/RENAL/EPS

Target : 75% Nurse-Patient Satisfaction Rate

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Ave
Actual	96	95	94.8	95.7	92.7	94.5	93.9	93.9	94.8	96.9	94.9	94.4	94.8%
Target													75%
% ACC													126.4%

COMPLIANCE TO LEAD MEASURE

Mean Compliance

Give peri-operative information to patients/
families for elective surgery

TARGET : 90%

100%
%ACC = 111.1%



**PHILIPPINE HEART CENTER
BREAKTHROUGHS**



**Increase Patient Satisfaction score
from 87% to 97% by Dec 2016**

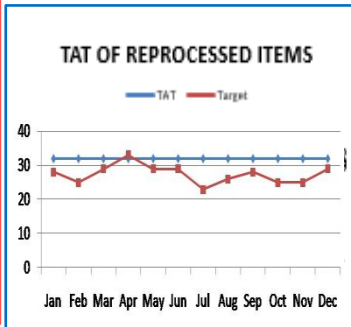


Nursing Services

CENTRAL SUPPLY

BREAKTHROUGH

Decrease turn around time of reprocessed medical devices from **36 hrs** to **32 hrs** by **December 2014**



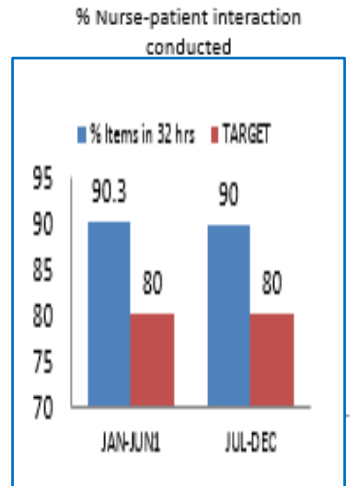
LEAD MEASURE

Received time of issued items

Compliance Rate (%)

Total Number of released items within 32 hours

$\frac{\text{Total No. of reprocessed items}}{\text{Total No. of reprocessed items}}$



CENTRAL SUPPLY

Target : TAT of Reprocessed Medical Devices : 32 hrs.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Ave
Actual	28h	25h	29h	33h	29h	29h	23h	26h	28h	25h	25h	29h	27h
Target	4 hours decrease												32h
% ACC	9 hrs decrease/ 4 hours target x 100												225%

COMPLIANCE TO LEAD MEASURE

Mean Compliance

Received Time of issued items :
TARGET : 80%

90%
%ACC = 112.5%



**PHILIPPINE HEART CENTER
BREAKTHROUGHS**



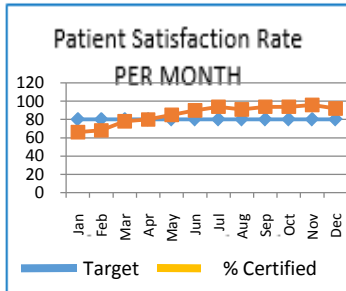
**Increase Patient Satisfaction score
from 87% to 97% by Dec 2016**

Nursing Services.

**NURSING EDUCATION
& RESEARCH**

BREAKTHROUGH

Increase % of certified nurses from **50% to 80%** by **December 2014**



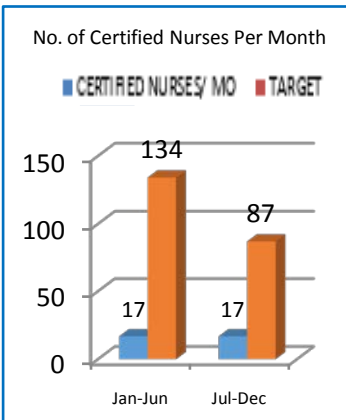
CUMULATIVE NUMBER CERT
Jan-Dec 2013 : 381 (65.02%)

TARGET NUMBER CERT / MO
2014 : 17/month

LEAD MEASURE

Certify 17 nurses per semester

Compliance Rate (%)
 $\frac{\text{No. of certified Nurses}}{\text{Total number of applicants for certification}}$



NURSING EDUCATION & RESEARCH

Target : Certified Nurses - 80%

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Ave
Actual	66.2	67.9	78.3	80.2	85	89.9	93.6	91.2	93.9	93.9	95.7	92.4	85.7%
Target													80%
% ACC													107%

COMPLIANCE TO LEAD MEASURE

Mean Compliance

Certify 17 nurses per semester
TARGET : 17/ semester or 34/year

Actual = 221/year
% ACC= 650%



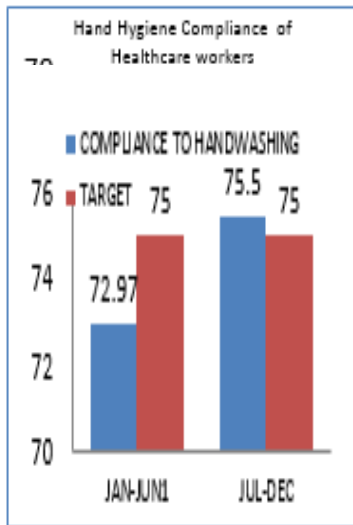
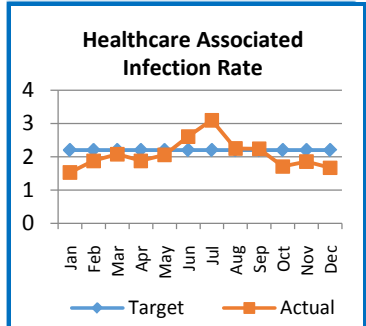
PHILIPPINE HEART CENTER BREAKTHROUGHS



**Increase Patient Satisfaction score
from 87% to 97% by Dec 2016**

HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE

BREAKTHROUGH
Decrease Healthcare associated infection (HAI) rate from **2.5 % to 2.2%** by **December 2014**



LEAD MEASURE
Conduct information campaign regarding 5 Moments for hand hygiene once a month

LEAD MEASURE
Increase hand hygiene (HH) compliance per number of actions/opportunities among healthcare workers to 75%

HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE

Target : Decrease HAI : 2.2%

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Ave
Actual	1.53	1.88	2.08	1.88	2.06	2.61	3.1	2.25	2.24	1.71	1.86	1.67	2.07%
Target													2.2%
% ACC													143.3%

COMPLIANCE TO LEAD MEASURE	Mean Compliance
Conduct information campaign regarding 5 Moments for hand hygiene once a month Target : 1/ month	Started May 2014 1/month % ACC= 100%
Increase hand hygiene (HH)compliance per number of actions/ opportunities among healthcare workers TARGET : 75%	74.24% % ACC= 99%