

Baldrige Health Care Performance Metrics Sample

Item 7.1 – Health Care and Service Delivery Outcomes

The sample of performance effectiveness metrics presented below come from hundreds assessments of organizations using the Baldrige Criteria worldwide. These metrics have one or more of the following attributes:

- They were used by one or more Baldrige winners.
- They are commonly used by excellent organizations—where excellent is defined as those organizations scoring 600 and above.

Instructions:

1. The following list of Baldrige Performance Metrics should be viewed as a menu of metrics that you should review and select those that are appropriate for effectively managing your organization.
2. The metrics presented are presented in a generic form. This means that you need to think in terms of the version of the metric which you would use internally in your organization when you determine the value using them for your organization's progress evaluation.
3. You should not view these metrics as the only ones to use for obtaining a Baldrige assessment. They are the commonly used ones you see when you do many assessments but they are not the total of all metrics used by excellent organizations that use the [Baldrige Criteria](#).
4. You should include all other existing metrics which are important in successfully managing your organization in addition to the ones you select from the ones provided in this document.

Notes:

Some business metrics can be common across industries (e.g., leadership effectiveness, training effectiveness). Comparing your organization to organizations external to your organization and external to your industry can lead to a higher assessment score.

'Effectiveness-type' performance results are preferred in place of 'activity-type' performance results when available.

Baldrige Strategic Planning Performance Metrics

Item 7.6 Leadership and Social Responsibility **Outcomes** (70 points)

7.6a(1) Leadership and Social Responsibility Results

Sample of Baldrige **Health Care** Criteria Performance Metrics for Item 7.1 (Health Care and Service Delivery Outcomes)

1 Mortality rates*	69 Lung cancer survival rate over time*
2 Morbidity rates	70 Pressure ulcers-percent of ADC*
2 Medical mortality rate*	71 Knee replacement patients discharged home after surgery (%)
3 JCAHO Core Measures-CHF (% patients)*	72 Hip replacement patients-return to unassisted ambulation (days)
4 Percent of CHF patients receiving weighing instructions*	73 Outpatient Radiology cycle time-from when test was performed to when delivered to physician
5 Percent of CHF patients on Coumadin*	74 C-Section rate (% of total deliveries in comparison to safe rate)
6 CHF patients treated with lipid lowering agents (LLAs)*	75 Mammography rate (% women 40 and older with biannual mammograms)
7 CHF readmissions (rate) within 31 days*	76 PAP screening rate (% of women 18 and older screened within three years)
8 CHF mortality rate*	77 Patient falls (falls per 1,000 days)*
9 CHF treatment indicators (% compliance)*	78 Percent of complete medication sheets at time of discharge
10 CHF-LFEV assessment (%)*	79 NPSG-RVVO
11 CHF-ACEI for LVSD*	80 NPSG-use of high risk abbreviations (rate)
12 Percent of CHF patients following clinical pathways	81 Percent of prescriptions with dangerous abbreviations*
13 CHF treatment-angiotensin Rx (%)	82 Medication errors that did not reach the patient as a percent of total medications dispensed*
14 Heart failure-discharge instructions provided (%)	83 Medication event rate per 10,000 doses dispensed*
15 Heart failure-LVF assessment (patients)	84 Effectiveness of safety steps and safeguards (reports/1,000 patients)*
16 AMI-beta blockers on arrival (%)*	85 Percent of nursing home physical restraints used*
17 AMI-ASA at arrival (%)*	86 Percent compliance with restraint usage policy*
18 AMI-smoking cessation counseling (%)*	87 Use of restraints (restraints per 1,000 patient days)*
19 AMI infection rate*	88 Patient Falls Rate (falls per 1,000 patient days)
20 AMI treatment indicators (% compliance)*	89 Comparative health care outcomes and service delivery results

21 AMI-ASA at discharge (%)*	90 Unplanned readmissions within __ days*
22 AMI-Beta blocker at discharge (%)*	91 Home care patients that needed to be admitted (%)
23 AMI-(heart attack)-ACEI for LVS*	92 Rates of seclusion for behavioral medicine patients*
24 AMI (heart attack)-aspirin given at time of arrival	93 Seclusion (events per 1,000 discharges)
25 AMI (heart attack)-aspirin given at time of discharge	94 Rates of restraints for behavioral medicine patients (%)*
26 AMI (heart attack)-smoking cessation (number of patients)	95 Patients referred to Memory Loss Clinic after Alzheimer's diagnosis (%)
27 Ischemic heart disease patients discharged on aspirin/antiplatelet medicines*	96 CARE overall score*
28 JCAHO Core Measures-Community Acquired Pneumonia (%)*	97 Hospitalists significantly impact ALOS-ALOS across high volume DRGs*
29 PneuPonia-ABX within 4 hours of arrival*	98 Hospitalists mitigate costs of inpatient care-variable cost per case*
30 Community acquired pneumonia-blood cultures obtained*	99 Open heart program-elective CABG*
31 Pneumonia-median time to ATB (minutes)	100 Scores on standardized health care proficiency tests
32 Pneumococcal screen/vaccination (patients)*	101 Patient and other customer treatment/service effectiveness perception determined from related questions in internal surveys
33 Pneumonia-oxygenation assessment*	102 Patient and other customer treatment/service effectiveness perception from related questions in external surveys
34 Pneumonia-patient screened for flu vaccine (%)	103 Passing rates on exams required to obtain licenses or certification
35 Pneumonia-blood cultures taken prior to antibiotics given (patients)	104 Attainment, accreditation of competencies
36 Pneumonia- timely antibiotics given (%)	105 Other health care outcomes and service delivery failure rates
37 Pneumonia-smoking cessation (patients)	106 Other health care outcomes and service delivery failure severity
38 VAP rate per 1,000 ventilator days	107 Other health care outcomes and service delivery failure duration
39 Rate of ventilator-related pneumonia for ICCU*	108 Health care outcomes and service delivery failure costs
40 Rate of ventilator-related pneumonia for SINU*	109 Accreditation score*
41 Pneumonia mortality rates*	110 Accreditation and/or certification achievements
42 Percent of Pneumonia patients using clinical pathways	111 Patient and other customer support center and/or help desk effectiveness
43 Intensive care unit central line-associated bacteremia rates	112 Information from external sources (e.g., employers)

44 Surgical mortality rate*	113 Health care outcomes and treatment/service delivery measures performance in relation to competitors
45 SIP-antibiotic given within one hour of incision	114 Health care industry performance statistics
46 SIP-antibiotic select for surgery	115 Health care professional organizations research findings
47 SIP-antibiotic discontinued less than 24 hours after surgery	116 External assessment of services
48 Surgical verification of 'right patient' - percent compliance	117 Independent agency assessments/reviews
49 Surgical verification of 'correct procedure' - percent compliance	118 Relative performance of departments
50 Surgical verification of 'correct site' - percent compliance	119 Relative performance of branches or related facilities (as appropriate)
51 Surgical verification of 'correct documentation' - percent compliance	120 Performance in relation to health care industry
52 Central line-related blood stream infections for SINU*	121 Reputation leadership
53 VHA surgical infection project (CABG/Cardiac)-antibiotics received within one hour of incision*	122 Professional organization recognition and/or awards
54 VHA surgical infection project (Hip/Knee Arthopasty)-antibiotics received within one hour of incision*	123 Related health care outcomes and service delivery measures from your organization's list of knowledge assets
55 Catheter-related UTI for SINU*	124 Benchmark/comparison data available for any of the above or other related results measures
56 Stroke treatment-antiplatelet Rx	125 Health care field leadership awards and/or recognition
57 Stroke treatment-anticoagulation with atrial fibrillation (%)	126 Award-Women's heart/best __ in nation*
58 Stroke mortality rate*	127 Award-best place to work for information services*
59 Percent patients diagnosed with Ischemic stroke receiving tPA*	128 Award-best hospital in areas served*
60 Patients with complete recovery or require minimal assistance (%)	129 Award-best hospital in state*
61 Arthroscopy-average number of days to full ambulation without assistance following arthroscopic surgery	130 Award-consumer preference award*
62 Trauma-average no. months to return to pre-injury occupational status for major trauma cases	132 Award-__ best hospital in nation*
63 Trauma-patients whose pain was self-characterized as well-controlled (%)	132 Award-ASHP Best Practices Award in health system pharmacy*
64 Oncology-patients whose pain was self-characterized as well-controlled (%)	133 Inpatient length of stay
65 Adverse drug events (number)	134 Percent ER readmissions within 72 hours

66 Potential adverse drug events intercepted before incident led to complication (number)	135 Percent increase in number of patient safety (incidents and/or errors) reported from year to year
67 Adverse drug events that prolonged hospitalization (number)	136 Savings from real-time education of medical staff and intervention at the point of care to ensure correct clinical documentation
68 Nosocomial infection rates	Thousands more metrics are available
Key: AMI-acute myocardial infarction; CHF - congestive heart failure; LVEF - left ventricular ejection fraction	

Note: The metrics information is intentionally incomplete in this sample

The Health Care Metrics group contains approximately 1,000 performance metrics for your organization to compare its existing performance metrics to.

[Return to Baldrige Performance Metrics](#)

[Order Baldrige Health Care Metrics](#)