

# Quality Assessment & Performance Improvement Report

## Board of Trustees

**June 2024 Report**

May data

Department	Aligns With	Measure	Target Goal	Month	Fiscal Year
Acute Care	IHC	DCHC will maintain no hospital-acquired pressure injuries.	0	0	0
Acute Care	MercyOne & IHC	Fall rate of 4.5 or less in FY 2024	≤ 4.5 per 1,000 pt days	1	9.28/1k pt days (Apr) Last 5/28/24
Infection Prevention	IHC	Patients at DCHC will experience no healthcare associated infections during FY2023 (CLABSI, SSI, CAUTI)	0	0	0
Pharmacy	MercyOne & IHC	Zero Category D-I adverse drug events	0	0	2 Last 11/27/23
Emergency	IHC	75% of patients meeting criteria for severe sepsis or septic shock have antibiotics administered within one hour of identifying last criteria. <i>(SJS alert to 1<sup>st</sup> atb admin report)</i>	75%	71.43%	75.86%

*Time frame for antibiotic administration for severe sepsis/septic shock is three hours, though the gold standard is within one hour. We are at 93% compliance with administration within three hours of receiving a St. John's Sepsis Alert for the fiscal year.*

### Patient Safety/Performance Improvement Activities:

- A new process for tracking results was implemented in Medical Associates as a result of a customer concern regarding receiving results of testing.
- Removed a formulation of a medication from the medication boxes available in Medical Associates in response to an adverse drug event.
- Physical therapy implemented a new process to improve efficiency and consistency of the process for obtaining iontophoresis treatment medication.
- To improve access to resources for potential patient needs, a brochure stand was installed in Acute Care and filled with community resources.