

## Safety

The DCHC Safety Committee is dedicated to building a culture of safety through Risk Analysis & Mitigation, Training, Education and Policy Development.

### Clinical Measures:

| Measure                                     | March 2023 | Fiscal Year |
|---|------------|-------------|
| Decrease Patient Falls                      | Count = 3  | Count=6     |
| Decrease 30-day same hospital readmissions  | Count = 0  | Count = 3   |
| Decrease Adverse Drug Events (category D-I) | Count = 0  | Count = 1   |

### Safety Initiatives/Celebrations:

1. Completed aggressive intruder training facility wide. Awaiting an after-action report from trainer Josh O'Dell to review opportunities to improve facility safety and security.

## Quality

The mission of Davis County Hospital and Clinics is to provide high-quality, patient-centered care with integrity and trust.

### Discharge Planning Spotlight:

| Department  | Measure  | Target Goal | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb |
|---|--|-------------|------|-----|------|-----|-----|-----|-----|-----|
| UTILIZATION REVIEW/DC PLAN<br><i>(Acute Care)</i> | IP unplanned all-cause readmission rate to originating facility will average less than 3.22% | ≤3.22%      | 0%   | 0%  | 0%   | 0%  | 0%  | 5%  | 13% | 0%  |

The goal for Inpatient unplanned-all cause readmission rate to originating facility is to average less than 3.22%. We have had three readmissions this fiscal year, meeting our goal with an average of less than 3%

| Department        | Measure   | Target Goal | July | Aug  | Sept | Oct  | Nov  | Dec  | Jan  | Feb  |
|-------------------|---|-------------|------|------|------|------|------|------|------|------|
| SKILLED/SWING BED | Follow-up appointments with primary care provider made prior to discharge | 100%        | 100% | 100% | 93%  | 100% | 100% | 100% | 100% | 100% |

Follow-up appointments being made prior to discharge is a key component of ensuring a successful transition to home and has been proven to reduce readmissions. This fiscal year, we've met the goal consistently, missing only one patient.

## Patient Satisfaction – Top Box – FY2023

| Service Line              | FY23 Likelihood to Recommend Current |
|---------------------------|--------------------------------------|
| Ambulatory Surgery        | 84.78%                               |
| Emergency Department      | 93.75%                               |
| Inpatient                 | 66.67%                               |
| Medical Associates Clinic | 94.58%                               |
| Outpatient Services       | 94.95%                               |

*\*August 1, 2022, to March 31st, 2023, received by April. 1, 2023*