

**Quality Assessment & Performance Improvement Report**  
**Board of Trustees**

**November 2024 Report**

October data

Department	Aligns With	Measure	Target Goal	Month	Fiscal Year 2025	Calendar Year 2024
Acute Care	IHC	DCHC will maintain no hospital acquired pressure injuries	0	0	0	0
Acute Care	MercyOne, IHC, QAPI Plan	Fall rate of 4.5 or less in FY 2024	≤ 4.5 per 1,000 pt days	0	0/1k pt days Last 5/28/24	1.38/1k pt days (September)
Infection Prevention	IHC	Patients at DCHC will experience no healthcare associated infections during FY2025 (CLABSI, SSI, CAUTI)	0	0	0	0
Clinical Departments, Pharmacy	MercyOne, IHC, QAPI Plan	Zero Category D-I adverse drug events (hospital-wide)	0	0	0 Last 11/27/23	0

**Patient Safety/Performance Improvement Activities:**

- Due to an event that reported related to a blood sample being hemolyzed, causing the need for a patient to be redrawn,
- Accounting and Public Health worked together to improve tracking mechanisms for Population Health versus Non-Population Health hours to ensure funds were allocated appropriately.
- After an incident where a patient needed pre-op labs (day of procedure) had waited in the lobby, not getting the needed labs drawn, the process was reviewed with applicable leadership to ensure both labs and procedures were scheduled.
- Met with American Heart Association representatives to discuss participation in the Mission: Lifeline Iowa Stroke program to improve care of patients experiencing stroke.
- Met with American Heart Association representatives to discuss participation in the Get With The Guidelines – Coronary Artery Disease program through the American Heart Association to improve the care of patients experience heart attack.
- Public Health representative attended/participated in a biological incident tabletop exercise with the emergency preparedness region.