

2024-2025 Quality Improvement Plan

The Quality Assessment and Performance Improvement Program (QAPI) of Davis County Hospital & Clinics (DCHC) provides the framework to assess, evaluate and improve structure, process, and outcome related activities both in care and services, using an organization wide approach which is collaborative, and data driven systematically and continuously. On an annual basis, the Quality Improvement Plan is reviewed and updated to reflect priorities in providing quality care in a safe environment to all patients. The Quality Improvement plan established here will be in effect for a period of two years.

Executive Summary

The primary goal of the Quality Assurance Performance Improvement program is to provide care that is safe, effective, patient-centered, timely, efficient, and equitable.

The objectives of the QAPI program are as follows:

- To design an effective process of improvement that is consistent with the organization's Mission, Vision, and Values, and the needs and expectations of the customers.
- To plan a systemic, organization-wide approach to continuous quality improvement that is ongoing and comprehensive.
- To emphasize the role of leadership in improving quality.
- To expand the scope of assessment and improvement activities beyond the strictly clinical to the interrelated governance, managerial, support, and clinical processes that affect patient outcomes and customer satisfaction identified as major functions of care and service.
- To aggregate and analyze data by utilizing appropriate statistical techniques and acceptable internal and external benchmarks.
- To identify and resolve any breakdowns that may result in sub-optimal patient care and safety, including the supervision and monitoring of the peer review process.
- To assure compliance with the requirements of federal, state, and accrediting agencies regarding quality monitoring and improvement activities.
- To use objective measures to evaluate organizational process, functions, and services.
- To address outcome indicators related to improved health outcomes and the prevention and reduction of medical errors, adverse events, CAH-acquired conditions, and transitions of care including readmissions.

Mercy One

Each month, DCHC reports quality measures to Mercy One for comparison to the network in achieving outlined quality goals. Results will be reviewed at the Quality committee meeting. Goals that are not meeting outlined targets will be tracked and trended. Departments work collaboratively to improve compliance with target goals. This data is also analyzed and utilized to aid in establishing internal quality goals and priorities for improvement each year.

Internal Quality Monitoring and Reporting

Davis County Hospital and Clinics have established a reporting process for each service line within the organization that are being monitored through the internal quality assessment performance improvement program. Each departmental goal is tied to one or more strategic objectives or key results, one or more outcome indicators, and one or more priorities listed below.

- Key Results:
 - Be One
 - Personalize Care
 - Own It!
 - Improve Daily
 - Innovate
- Outcome Indicators:
 - Improve health outcomes
 - Prevention and reduction of medical error
 - Adverse event reduction
 - CAH acquired condition prevention
 - Transitions of care
- Priorities:
 - High risk
 - High volume
 - Problem prone area

In addition to the goals established, process improvement activities, patient safety or process changes are reviewed at the quality committee meetings and a summary report will be provided to Medical Staff and the Board of Trustees. Results from external reporting to the Iowa Healthcare Collaborative and MercyOne will also be reviewed at the monthly quality committee meetings.

Strategic Goals

The Quality and Safety pillar of the Strategic Plan has identified two overarching themes to improve the quality of care provided and the safety of our patients. Zero patient harm encompasses a focus on fall reduction, adverse event prevention, and hospital acquired condition prevention. A culture of safety is aimed at focusing on handoff communication, injury prevention, following evidence-based practice, and standardization of processes with an emphasis on standard work.

Iowa Healthcare Collaborative

Davis County Hospital and Clinics partners with a hospital quality improvement contractor, the Iowa Healthcare Collaborative. Through this partnership, organizational priorities are established that align with departmental goals established through the Quality Assurance Performance Improvement program and our Strategic priorities.

Also monitored through reporting to the Iowa Healthcare Collaborative are adverse drug events, antibiotic stewardship, catheter-associated urinary tract infection, central line associated blood stream infections, incidents of clostridium difficile, methicillin-resistant staphylococcus aureus infections, readmissions, severe sepsis and septic shock bundle compliance, surgical site infections, and venous thromboembolism prevention measures. This data is analyzed and utilized to aid in establishing internal quality goals and priorities for improvement each year.

Internal Priorities:

In review of the Strategic Objectives, externally reported data, and collaboration from the DCHC team, the following have been identified as priorities for improvement during fiscal year 2024 and fiscal year 2025.

| Department | Aligns With | Measure |
|-------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| ACUTE CARE | MercyOne IHC Strategic Plan | Zero Category D-I Adverse Drug Events |
| ACUTE CARE | MercyOne IHC Strategic Plan | Total inpatient fall rate of 4.5 per 1,000 pt days or less |
| EMERGENCY | IHC | 75% of patients meeting criteria for severe sepsis or septic shock have antibiotics administered within one hour of identifying last criteria. |
| INFECTION PREVENTION | IHC Strategic Plan | Patients at DCHC will experience no healthcare associated infections. |