

Quality Assessment & Performance Improvement Report
Medical Staff and Board of Trustees

December 2024 Report
November 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	1	2.07/1k pt days <small>Last 11/27/24</small>	2.17/1k pt days
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 <small>Last 11/27/23</small>	0

Patient Safety/Performance Improvement Activities:

- As a result of our incident reporting system, the following improvements were made:
 - Edited all Surgery Phreesia communications to remove the 'appttime' tag entirely, and instead communicate to arrive early at the time given to them in preoperative instructions, and to call facility with any questions regarding their arrival time.
 - Changes made to orders for phenergan. Attached to a bag of solution for dilution and updated the medication comments.
 - The process for following up on testing that results after discharge was revised to streamline efforts and improve communication.
 - The vaccine administration forms were updated to require a witness prior to administration.
- Turnover in the prior authorization specialist position stemmed our dietitian and financial counselor to work on a process to streamline referrals to reduce patient wait times to see the dietitian.
- Inconsistency in a process to obtain a type and screen prior to surgery stemmed an improvement project between surgery, lab, and the specialty clinic. The improvement consisted of scheduling labs the same day as the pre-operative teaching is completed.