

Quality Assessment & Performance Improvement Report
Medical Staff and 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 <small>Last 11/27/24</small>	1.18/1k 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:

- Due to an event that reported related to a blood sample being hemolyzed, causing the need for a patient to be redrawn, the tube order came in to question. Nursing leadership is working on education for nursing staff.
- 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.