

# Quality Assessment & Performance Improvement Report

## Medical Staff and Board of Trustees

**September 2024**  
**Report**  
August 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	2.27/1k pt days (July)
Infection Prevention	IHC	Patients at DCHC will experience no healthcare associated infections during FY2023 (CLABSI, SSI, CAUTI)	0	0	0	0
Pharmacy	MercyOne, IHC, QAPI Plan	Zero Category D-I adverse drug events	0	0	0 Last 11/27/23	0
Emergency	IHC, QAPI Plan	75% of patients meeting criteria for severe sepsis or septic shock have antibiotics administered within one hour of identifying last criteria. <i>(SJS alert to 1<sup>st</sup> atb admin report)</i>	75%	100%	66.67% 2 of 3	75.76%
<p><i>Time frame for antibiotic administration for severe sepsis/septic shock is three hours, though the gold standard is within one hour. We are at 93.94% compliance with administration within three-hours for the calendar year.</i></p>						

### Patient Safety/Performance Improvement Activities:

- The resource for identification and initial orders for Sepsis was revised and provided to the Emergency Department.
- The process/standard work for ordering and sending patients home with oxygen was revised and made available to areas this would affect.
- A lock was changed in the ED due to patient and staff safety concerns.