

Quality Assessment & Performance Improvement Report
Board of Trustees

July 2024 Report

June data

Department	Aligns With	Measure	Target Goal	Month	Fiscal Year End
Acute Care	IHC	DCHC will maintain no hospital-acquired pressure injuries.	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	9.18/1k pt days Last 5/28/24
Infection Prevention	IHC	Patients at DCHC will experience no healthcare associated infections during FY2023 (CLABSI, SSI, CAUTI)	0	0	0
Pharmacy	MercyOne, IHC, QAPI Plan	Zero Category D-I adverse drug events	0	0	2 Last 11/27/23
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 1st atb admin report)</i>	75%	75%	77.42%

Time frame for antibiotic administration for severe sepsis/septic shock is three hours, though the gold standard is within one hour. We are at 93.5% compliance with administration within three hours of receiving a St. John's Sepsis Alert for the fiscal year.

Patient Safety/Performance Improvement Activities:

- *To improve our access to resources for patients, the brochure rack in Acute Care was updated with community resources to address social determinants of health (i.e. food, transportation).*