

Quality Assessment & Performance Improvement Report

Medical Staff and Board of Trustees

March Report
January Data

Aligns With	Measure	Target	Month	Calendar Year	Fiscal Year	Rolling 12-mnths
MercyOne QAPI Plan	Total fall rate \leq 4.5 per 1,000 patient days	\leq 4.5 per 1k pt days	1 <i>1-17-2025</i>	1 8.65	3 4.33	4 2.66
MercyOne QAPI Plan	Prevent category D-I adverse drug events (ADEs) facility wide	0	1 <i>last 1-20-25</i>	1	1	1
QAPI Plan AHA	ST elevation myocardial infarction (STEMI) positive EKG to transfer request within 10 minutes	Improvement from baseline (40% in 2024)	1 of 2 patients 50%			
	Documentation of risk stratification for non-ST elevation acute coronary syndrome (NSTEMI-ACS) patients in the emergency department	30%	0 of 3 patients 0%			

Incident Reports:

Brief Description	Actions Taken/Improvements Made
Last name change not caught when patient registered. Caught in department providing services	<i>These three incidents are similar. Will track and trend. Encouraged departments to continue reporting each time.</i>
Date of birth put in scheduling incorrect. Correct on order	
Patient registered as "Teddy". Legal name is Ted.	
Patient upset with the way they were treated	<i>Followed up with staff involved. Resolved with patient.</i>
Incorrect dose of medication administered causing need for increased monitoring.	<i>Staff involved in preventative actions going forward including investigating current tools (syringes) for insulin administration, both size and markings.</i>
Delay in patient receiving lab results (Quantiferon Gold) due to not crossing in system.	<i>System error caught by staff. No patient harm.</i>

Performance Improvement Activities:

- Revision of admission handouts in Acute Care
- Validated functionality of lockdown button
- Revised latex policy to include no latex balloons in our inpatient area
- Communicated with senior leadership on new emergency preparedness course requirement with several completing ahead of the deadline.