

Quality Assessment & Performance Improvement Report
Board of Trustees

March 2024

Department	Aligns With	Measure	Target Goal	Month
Acute Care	IHC	DCHC will maintain no hospital-acquired pressure injuries.	0	0
Acute Care	MercyOne & IHC	Fall rate of 4.5 or less in FY 2024	≤ 4.5 per 1,000 pt days	0 in March 11.5/1k pt days (Feb)
Infection Prevention	IHC	Patients at DCHC will experience no healthcare associated infections during FY2023 (CLABSI, SSI, CAUTI)	0	0 (to date)
Pharmacy	MercyOne & IHC	Zero Category D-I adverse drug events	0	0

Patient Safety/Performance Improvement Activities:

- Improved patient safety in sleep lab bathroom as a result of a fall by adding non-slip strips to tile floors and adding signage.
- Implemented new tech-check-tech process for outgoing medication trays from pharmacy as a result of a good catch related to medication in the tray.
- Revised description of some items in Omnicell as a result of issues identified during pharmacy staff onboarding.
- Requested creation of a new order set for Cortisol stimulation test due to order entry error causing automatic cancellation of orders as duplicates.
- In process of implementing changes to Utilization Review report due to trend identified in patients being admitted to the hospital within 72 hours being discharged from the Emergency Department.
- Pharmacist revised set-up of medication within electronic health record for Zofran or liquid due to issue identified with scanning.
- Issue identified within Information Technology tracking system. After an automated redeployment of Imprivata OneSign, F4 and screen locking functionality was not working on multiple workstations. This triggered IT to perform a full scale deployment of a fix for this issue.
- Nursing recognized issues with lab result time accuracy within the electronic health record. With work between nursing, IT, and lab, a solution was developed and is being deployed in clinical and lab departments.
- Implemented process at Senior Life Solutions for ensuring elevated blood pressures were re-checked and reported to primary care when necessary.