

Quality Assessment & Performance Improvement Report

Board of Trustees

January 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 January 8 for FY 13.6/1k pt days
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

Incident Report Calendar Year 2023 Summary:

Actions resulting from incidents reported include:

- A scheduled infusion that was delayed triggered a process improvement to change the scheduling process to include all needs on the schedule to ensure medications needed are available in advance.
- Re-implementation of an admission checklist due to concerns of order initiation delays in the admission process.
- Actions taken because of equipment missing that is vital to the ambulance (med box, etc) included addition of visual indicators when critical equipment is missing.
- A potential transfer delay was reported. Though internal processes were followed, an improvement was made to the documentation/handoff of those personnel and agencies contacted for transfer to ensure all resources are contacted.
- Events reported related to no showing of patients when they were here for services led to process improvement of secure or telephone communication between applicable departments prior to any patient being marked as 'no show.'
- An exam was scheduled in advance of insurance allowable dates. The performing department put a process in place to verify eligibility prior to the appointment date for these tests.
- Gravel was added to the exterior of the building in a muddy spot where the mobile imaging truck parks due to an incident reported concerning safety/fall prevention.
- Updated process for morning lab schedule d/t staff turnover in department causing delays in a.m. draws.
- ED behavioral health room concerns for safety of staff were addressed through collaboration with plant operations to review locking mechanism and address sticking door.
- Text appointment notifications were turned off for surgical patients due to them giving conflicting arrival times/confusing patients.
- Revised ambulance rig check sheet and plant ops list of fire extinguishers to ensure they are in working order.
- Process put in place should the primary lab analyzer go down due to a recall of backup analyzer cartridges.
- Process discussion/clarification was completed due to a reported potential delay in referral to a specialist.
- Added a task to fire on patients in the ED with length of stay exceeding eight hours to ask provider for additional orders. An order set for behavioral health holds in the ED was also created.
- A facility wide catheter inventory and latex stock reduction was completed.
- Staff reported they were unable to print discharge instructions in Spanish and requested standard work to be created which has been completed.

Patient Safety/Performance Improvement Activities:

- P & T Committee:
 - Order sentence adjusted within provider order entry screen to have a dose limit of one on a high-risk medication.
 - New policy to allow nursing to mix an antibiotic given in the muscle with lidocaine to reduce pain/burning with injection.
 - Performed Hazardous Drug Assessment of Risk annual assessment – no changes made.
- Public Health
 - Put process in place for care planning and discharge plan development with involvement of patients.
- Acute Care
 - Continue planning improvements in fall prevention measures.