

**Stroger Hospital Quality Improvement & Patient Safety (HQuIPS) Committee  
Summary Report to the Executive Medical Staff (EMS) Committee and Quality and  
Patient Safety (QPS) Committee  
For April 2022**

**Chair:** Dr. Pierko

**Meeting Date:** February 22, 12-1:30PM via WebEx

**Regular or Special Meeting:** Regular

**Minutes/Attendance:** Minutes are attached for review at EMS, summary only for QPS

**February Reports:**

- >Quality & Patient Safety Update
- >Quality/HRO Dashboard
- >Patient Safety
- >Infection Control
- >Nursing
- >Pharmacy
- >Care Coordination

**HRO Dyad Report (s):**

HRO Process of Care

**Highlights:** Majority of indicators favorable to goal. Topics of discussion/follow-up included:

**Quality/HRO Dashboard:** The surgical case mix index for November 2021 was 2.868. The Top Box Scores for December 2021 was 71.17% with a target of 71.30%.

**Infection Control:** Hand Hygiene Compliance is at 79.1% for December 2021 which is up from 74.1% in November 2021. The SIR regarding CLABSI was 0.5 for 2021 and there were no documented CLABSI for Q4 of 2021.

**Nursing:** Hospital Acquired Pressure Injuries met the 2021 goal of a 66% reduction compared to 2020. Patient falls had a 17% reduction in 2021 versus 2020 and there has been a 35% reduction of falls with injury in 2021 compared to 2020. The Barcode Medication Scanning compliance rate was 97.09% in scanning the wristband and 95.96% compliant scanning the medication for 2021 which met both stretch goals and Leapfrog Standards.

**Pharmacy:** The compliance of insulin in the appropriate bin is at 89% in January 2022 which is up from 86% in December 2021. The number of opioid prescriptions dispensed in January 2022 was 491 which is the lowest number for all of 2021.

**Care Coordination:** The compliance of an initial medical review within the 1<sup>st</sup> day of admission is 99% for the month of December 2021 which is up from 93% in November of 2021.

There are no action items for the EMS Committee.

There are no actions for the QPS Committee.

**Provident Hospital Quality & Performance Improvement Committee  
Summary Report to the Executive Medical Staff (EMS) Committee and Quality and  
Patient Safety (QPS) Committee  
For April 2022**

**Chair:** Dr. Mark Loafman

**Meeting Date:** February 24<sup>th</sup> 9:00am-10:30am via WebEx

**Regular or Special Meeting:** Regular

**Minutes/Attendance:** Minutes are attached for review at EMS, summary only for QPS

**February Reports**

8 West/Med-Surg

ED Nursing

Transportation

Infection Control

Diagnostic Imaging

Food/Nutrition

Peri-op Nursing/PACU

Central Sterile Processing

EOC/Life Safety

**Highlights:**

**8 West/Med-Surg:** There have been no falls with injury or any Hospital Acquired pressure injuries for all of 2021. There have also been no CLABSI or CAUTI for all of 2021.

**Infection Control:** The Surgical Site Infection Rate remains at Zero for Q3 of 2021.

**Diagnostic Imaging:** The use of two patient identifiers has been 99.99% for all of 2021.

**Food/Nutrition:** All Registered Dietician assessments were completed on time for Q3 and Q4 of 2021.

There are no action items for the EMS Committee.

There are no actions for the QPS Committee.

**Provident Hospital Quality & Performance Improvement Committee  
Summary Report to the Executive Medical Staff (EMS) Committee and Quality and  
Patient Safety (QPS) Committee  
For March 2022**

**Chair:** Dr. Mark Loafman

**Meeting Date:** January 27<sup>th</sup>, 9:00am-10:30am via WebEx

**Regular or Special Meeting:** Regular

**Minutes/Attendance:** Minutes are attached for review at EMS, summary only for QPS

**January Reports**

Pharmacy

Patient Access

Inpatient Care Coordination

Behavioral Health

Clinical Laboratory

**Highlights:**

**Pharmacy:** The appropriate use of anticoagulants per protocol has been 100% for all of 2021.

**Inpatient Care Coordination:** The medical insurance review completed within 48 hours for patients admitted was 94% in Dec 21 compared to 92% in Nov 2021.

**Behavioral Health:** Performing an A1C and lipid levels in patients on antipsychotic medication at least once a year was 97% for Dec 2021 and 94% in Nov 2021 with a goal of >80%

**Clinical Laboratory:** Critical lab value reporting to the patients responsible caregiver was 100% for all of Q4 2021.

There are no action items for the EMS Committee.

There are no actions for the QPS Committee.