



The MetroHealth System

Board of Trustees

Wednesday, October 23, 2024

12:00pm - 1:30pm

The MetroHealth System Board Room K-107 or via Zoom

Quality, Safety and Experience Committee

Regular Meeting

The MetroHealth System Board of Trustees

QUALITY, SAFETY AND EXPERIENCE COMMITTEE

DATE: Wednesday, October 23, 2024

TIME: 12:00pm – 1:30pm

PLACE: MetroHealth Boardroom K107 / Via Zoom

AGENDA

I. Approval of Minutes

Committee Meeting Minutes of August 28, 2024

II. Information Items

A. Patient Story -J. Lastic

B. Patient Experience Update – M. Sullivan and J. Lastic

C. Infection Prevention Update – A. Ray and C. Mack

III. Executive Session

Return to Open Meeting

The MetroHealth System Board of Trustees

QUALITY, SAFETY AND EXPERIENCE COMMITTEE MEETING

Wednesday August 28, 2024

12:00 pm – 1:30 pm

In-person K107/Via Zoom

Meeting Minutes

Committee Members: Ronald Dziedzicki-I, E. Harry Walker, MD-I, Maureen Dee-I

Other Trustees: Inajo Davis Chappell-R, Michael Summers-R,

Staff: Christine Alexander, MD-I, James Wellons-I, Joseph Golob, MD-I, Amy Ray, MD-I, Jennifer Lastic-I, Nicole Rabic, RN-I, Ivan Berkel-R, Nabil Chehade, MD-I, Derrick Hollings-I, Tamiyka Rose-I, Michelle Block-I, Corryn Firis-I, Barbara Kakiris-I, William Lewis, MD-I, Joseph Frolik-I, Matthew Kaufmann-I, Nisrine Khazaal-R, Dalph Watson-I, Candace Mori, RN-I, Olusegun Ishmael, MD-I, Mary Jo Murray, RN-I, Charles Emerman-I, Charles Modlin, MD-I, Kathleen Rizer, RN-R, Katrina Conine-R, Robert Bruce, MD-R, Natalie Joseph, MD-R, Richard Palmisano, MD-I, Brandon Carrico-R, Douglas Bruce, MD-R,

Mr. Dziedzicki called the meeting to order at 12:00 pm.

The minutes are written in a format conforming to the printed meeting agenda for the convenience of correlation, recognizing that some of the items were discussed out of sequence.

I. Approval of Minutes

The minutes of the May 22, 2024, Quality, Safety, and Experience Committee meeting were approved as presented.

II. Information Items

A. Patient Video

Ms. Lastic presented a video of Pastor Marcus Martin who became a patient at MetroHealth January 2024. Pastor Martin suffered fourth degree burns and spent six-weeks on the MetroHealth Burn Unit. Pastor Martin shared his experience in the Burn Unit which captures the essence of the high quality, compassionate care that he received while an inpatient. Pastor Martin spoke of the care team and how they made him feel safe and secure. He felt the entire team was invested in his wellness

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and he has found great comfort in the MetroHealth Burn Survivor Group led by Dr. Fratianne.

B. Patient Safety

Dr. Golob presented the results of the 2024 Culture of Safety Survey. The organization partnered with Perceptyx to conduct the survey. The survey included thirteen scaled items and one crowdsourcing item. It was divided into four domains: psychological safety, continuous improvement, teamwork, and overall safe care. The survey was compared to the national healthcare database, which had responses from 3.85 million healthcare employees from 532 organizations. The results showed a favorable response rate of 55% (4617 respondents), making this the highest response rate for a culture of safety survey at MetroHealth in over 10 years.

The survey results demonstrated that 82.6% of MetroHealth employees would recommend the hospital as a safe place to receive care (20 percentile above the benchmark). The measures of safety culture are above benchmark with over 70% of the workforce expressing favorability. Teamwork and collaboration results showed that 9 of 10 employees felt comfortable reaching out to team members when needed.

Perceptyx uses the overall safe care score to identify the drivers of patient safety by comparing all the survey questions of the 83% who would recommend the hospital to the remaining 17% who would not recommend the hospital.

Three questions rose to the top as having the largest difference when comparing those employees who would recommend MetroHealth to those who would not recommend the organization. These questions were:

1. Employee safety is a high priority in my department.
 2. When a change is made to improve safety, our team reviews the change to see how well it worked.
 3. It is safe to speak up regarding safety concerns no matter who is involved.
- Focusing on improving the response to these three questions will help the organization improve the overall safety culture.

The psychological safety domain has an overall favorable result of 70% (seventh percentile above benchmark). Continuous improvement scored at 73% (ninth percentile above benchmark). Finally, teamwork scored 70% (sixth percentile above benchmark).

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The Perceptyx survey also utilized a crowd sourcing question. Survey participants had the opportunity to answer the following open-ended question: “What is one action your leader and/or team can take to make it safer to speak up.” Participant answers were then shown two at a time to survey takers who voted on the response, they liked best. A total of 996 answers were entered and 11,749 votes were placed. The results of this crowd sourcing question supported the results of the overall survey identifying psychological safety as an opportunity for improvement.

C. Quality Assurance & Accreditation

Ms. Connelly presented a review of the 2024 survey readiness preparations, provided updates on recent survey outcomes, and discussed the upcoming Joint Commission triennial survey.

Continual survey readiness rounds are completed with both the Accreditation Team and the Environmental Safety Officer. The three types of audits that are performed include environment of care rounds, continuous survey readiness rounds, and A-tag medical chart reviews. The team which includes Environmental Safety Officer, Facilities, Infection Prevention, Privacy, Clinical Engineering and Life Safety visit each site twice a year. The audit tool utilized covers The Joint Commission Standards and other regulatory requirements by the Occupational Safety and Health Administration (OSHA) and the Ohio Department of Health (ODH). The environmental safety officer leads the team, managing, scheduling, and ensuring the right people are present at various sites. If struggling areas are identified, more people are engaged to ensure the organization's compliance.

During the first six months of the year, these environment of care visits are announced to ensure the managers are present, while the second half of the year there is no announcement. An electronic rounding tool is used to record and follow issues identified. This audit tool shows how many issues are completed, if the action plan has been created, the director approval of the action plan, and making sure the corrective action has been implemented.

Over a three-year period, we have analyzed our data as well as reviewed high-risk areas focused on by the Joint Commission and identified eight areas of opportunity. Surrounding these eight areas of opportunity, the accreditation team conducted an interactive education program for over four hundred staff, including providers, medics, environmental services, nurses, and administrative staff. Virtual education was also provided for smaller sites. A quarterly meeting with directors was held to share data on environment of care rounding, survey readiness, and A-tag data, highlighting strengths and assisting with barriers. Six out of eight opportunity areas

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have improved, but more progress is needed. The team is still auditing and bringing stakeholders together to address issues, including equipment needs and concerns owned by managers and directors.

A-tag audits (medical record reviews focusing on CMS requirements) for January 2024 - July 2024 were reviewed. The overall monthly compliance is currently at 91%, and the data is sent to the monthly regulatory affairs meetings, nursing governance and the applicable leadership.

An update on recent Ohio Department of Health (ODH) Surveys was shared. Several surveys were conducted, including an ODH maternal licensure survey, which resulted in four minor citations and one deviation from policy. An action plan was submitted to ODH to address these issues. The ODH Health Care Services Survey that was focused on the adult cardiac catheterization program, the open-heart surgery program and the pediatric intensive care program was completed with no findings. During this Health Care Services survey, we also had two ODH complaints being reviewed. These complaint surveys were also completed with no findings.

Dr. Golob mentioned that during these ODH surveys and complaint investigations MetroHealth also had multiple locations without power and internet due to severe storms and tornados across Cuyahoga County. We had many of the same people working directly with ODH surveyors while managing the critical power issues. This demonstrated the true resilience of System.

Mr. Dziedzicki then asked for a motion to move into executive session to discuss motion to move into executive session to discuss proprietary hospital trade secrets – as defined by ORC 1333.61, and to conference with the public body’s attorney to discuss a pending or imminent court action. The motion was made by Ms. Dee and seconded by Dr. E. Harry Walker. Upon unanimous roll call vote, the Committee went into executive session to discuss such matters at 12:44 pm.

III. Executive Session

Following executive session, the meeting reconvened in open session at 1:38 pm.

IV. Recommendations/Resolutions Approval

A. Approval of a Claim Settlement

Mr. Dziedzicki noted that the Committee received background information on the proposed settlement in executive session from counsel and had the opportunity to ask questions. Mr. Dziedzicki asked if there were any additional questions or

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discussion. With none, the Committee unanimously approved the recommendation for full Board action.

There being no further business to bring before the Committee, the meeting was adjourned at approximately 1:40 pm.

THE METROHEALTH SYSTEM

Joseph Gallop, M.D.
EVP, Chief Quality and Safety Officer

MetroHealth True North

CMS
Hospital
Compare 5-
star Hospital

Leapfrog
Grade "A"

Top Place to
Work

Irradicate
Healthcare
Disparities

Every employee has
a voice and is
listened to

Every patient we
touch will receive
equitable, safe, high-
quality, patient
centered care to
afford them the
ultimate patient
experience

Every employee is
working
collaboratively
toward True North

Financial
Health
EBIDA
Targets

Top Performer
in Patient
Experience

Overcome
Workforce
Crisis

Win the
Malcolm
Baldrige
National
Quality Award



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Patient Story - Video

Jennifer Lastic-Director of Experience Excellence

be seen + be heard + be well

Patient Video





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Patient Experience Update

Current Performance, Ongoing Initiatives, & Upcoming Metric Changes

Maureen Sullivan-VP Patient Experience & Service Excellence

Jennifer Lastic-Director of Experience Excellence

Topics




- **Reputation: CMS Hospital Compare**
 - **Patient Survey Star Rating**
 - **Progress to Date**
- **HCAHPS Changes**
 - **Outreach Methods**
 - **Measures**
- **Improving the Patient Experience**
 - **MetroWAY Forward Leadership Listening Rounds**
 - **Service Excellence Training**
 - **Patient and Family Advisor Program**
 - **Mobile Clinic Survey**

Medicare Care Compare

	<div><div>X Remove</div><div><div>Metrohealth System</div><div><div>2500 Metrohealth Drive</div><div>Cleveland, OH 44109</div></div><div><div>(216) 778-7800</div></div><div><div>Save to Favorites</div></div></div></div>	<div><div>X Remove</div><div><div>Uh Cleveland Medical Center</div><div><div>11100 Euclid Avenue</div><div>Cleveland, OH 44106</div></div><div><div>(440) 844-1000</div></div><div><div>Save to Favorites</div></div></div></div>	<div><div>X Remove</div><div><div>Cleveland Clinic</div><div><div>9500 Euclid Avenue</div><div>Cleveland, OH 44195</div></div><div><div>(216) 952-9829</div></div><div><div>Save to Favorites</div></div></div></div>
HOSPITALS			
Overview			
Distance from Cleveland, OH	2.7 miles	4.3 miles	3.5 miles
Overall star rating	<div><div>★★★★☆</div></div>	<div><div>★★★★☆</div></div>	<div><div>★★★★★</div></div>
Patient survey rating	<div><div>★★★★☆</div></div>	<div><div>★★★★☆</div></div>	<div><div>★★★★☆</div></div>
Hospital type	Acute Care Hospitals	Acute Care Hospitals	Acute Care Hospitals
Provides emergency services?	Yes	Yes	Yes

Source: Medicare.gov (July 2024)
Period: 4/1/22 – 3/31/2023

Patient Survey Rating

		
<ul style="list-style-type: none"> • CC Lutheran Hospital 	<ul style="list-style-type: none"> • MetroHealth System • CC Marymount Hospital • UH Southwest General • CC South Pointe Hospital • UH Ahuja Medical Center • UH St. John Medical Center • CC Euclid Hospital • CC Hillcrest Hospital • UH Elyria Medical Center • CC Medina Hospital 	<ul style="list-style-type: none"> • UH Parma Community Hospital • CC Fairview Hospital • Cleveland VA Hospital • UH Lake Health Beachwood • CC Avon Hospital • Summa Western Reserve Hospital

Source: Medicare.gov (July, 2024)

Period: 4/1/22 – 3/31/2023

Monthly Composite Star Rating (August 2024 YTD)

Individual Metric Tracking

1-2 Stars	3 Stars	4 Stars	5 Stars
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MetroHealth 2024 Goal Tracking

2024 AUGUST

2024 Goal Tracking Metric	2023 Baseline	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	2024 YTD
Inpatient Composite Measures (HCAHPS) ¹	n=843	n=81	n=100	n=92	n=83	n=91	n=102	n=80	n=80	n=708
Communication with Nurses	91.5%	90.4%	91.8%	91.7%	91.1%	91.2%	92.5%	93.9%	89.9%	91.6%
Communication with Doctors	90.4%	91.7%	92.5%	90.9%	90.7%	92.5%	92.0%	94.3%	90.3%	91.9%
Responsiveness of Hospital Staff	83.6%	83.1%	80.6%	85.3%	82.2%	83.9%	82.1%	82.4%	83.1%	82.8%
Communication about Medicines	75.8%	76.1%	75.6%	76.6%	81.0%	77.7%	70.2%	73.8%	77.2%	75.9%
Discharge Information	84.8%	86.8%	82.6%	88.0%	88.8%	83.9%	85.4%	84.5%	85.2%	85.6%
Care Transitions	81.0%	82.1%	77.4%	81.9%	79.9%	76.4%	81.6%	80.1%	81.7%	80.1%
Cleanliness of Hospital Environment	86.5%	85.4%	84.8%	89.0%	83.7%	86.3%	84.0%	85.8%	80.6%	85.0%
Quietness of Hospital Environment	83.1%	84.0%	79.5%	81.6%	86.6%	81.2%	82.7%	83.8%	78.5%	82.2%
Hospital Rating	88.4%	88.5%	88.5%	86.8%	89.8%	86.5%	89.9%	90.1%	88.3%	88.5%
Recommend the Hospital	86.9%	89.9%	86.9%	87.5%	88.1%	86.4%	89.5%	88.5%	88.6%	88.1%
Inpatient Summary Star Average (Scale: 1-5)	3.25	3.56	3.25	3.75	3.69	3.38	3.38	3.75	3.13	3.50
	★★★★	★★★★★	★★★★	★★★★★	★★★★★	★★★★	★★★★	★★★★★	★★★★	★★★★★

¹HCAHPS composite measures are based on mean scores per CMS Star Rating guidelines.

HCAHPS Summary Star Rating Average	≥1.00 and <1.50	≥1.50 and <2.50	≥2.50 and <3.50	≥3.50 and <4.50	≥4.50 and <5.00
HCAHPS Summary Star Rating Assignment	1 Star	2 Stars	3 Stars	4 Stars	5 Stars

HCAHPS CHANGES

HCAHPS Outreach Methods

- **2025 New HCAHPS Modes:**
 - Web: emailed survey
 - Phone: live interview
- **2024 Real-Time Outreach Responses:**
 - Interactive Voice Response / Phone: 47.9%
 - SMS / Text: 30.7%
 - Web / Email: 21.4%
- **NRC Response Rates by Patient Characteristic**

Characteristic	Lowest RR	Highest RR
Age		
18 - 24	Mail-Only	Web-Phone
25 - 54	Mail-Only	Web-Mail-Phone
55 - 84	Phone-Only	Web-Mail-Phone
85+	Phone-Only	Web-Mail
Race and Ethnicity		
AA&NHPI	Mail-Only & Phone-Only	Mail-Phone & Web-Mail
Black, Hispanic	Mail-Only	Web-Mail-Phone
White	Phone-Only	Web-Mail-Phone
Service Line x Sex		
Maternity	Mail-Only	Web-Mail-Phone
Medical, Surgical (Both Female & Male)	Phone-Only	Web-Mail-Phone

HCAHPS Outreach Schedule

Day	Mail Only	Phone Only	Mail-Phone	Web-Mail	Web-Phone	Web-Mail-Phone
1	Mail 1 st survey	Begin phone calls	Mail survey	Email 1 st invitation	Email 1 st invitation	Email 1 st invitation
3				Email 2 nd invitation		
4					Email 2 nd invitation	Email 2 nd invitation
6				Email 3 rd invitation		Mail survey
7					Email 3 rd invitation	
8				Mail 1 st survey		
10					Begin phone calls	
21	Mail 2 nd survey					
28			Begin phone calls			Begin phone calls
30				Mail 2 nd survey		
49	End data collection	End data collection	End data collection	End data collection	End data collection	End data collection

The data collection period is being extended from 42 to 49 days



Current

Future

Publicly Reported Measures

Through Oct 2025 Refresh	Jan 2026 – Jul 2026 Refreshes	Oct 2026 Refresh Forward
10 Current Measures	8 Unchanged Measures	11 Updated Measures
Communication with Nurses	Communication with Nurses	Communication with Nurses
Communication with Doctors	Communication with Doctors	Communication with Doctors
Cleanliness of Hospital Environment	Cleanliness of Hospital Environment	Cleanliness of Hospital Environment
Quietness of Hospital Environment	Quietness of Hospital Environment	Restfulness of Hospital Environment
Communication about Medicines	Communication about Medicines	Communication about Medicines
Discharge Information	Discharge Information	Discharge Information
Hospital Rating	Hospital Rating	Hospital Rating
Recommend the Hospital	Recommend the Hospital	Recommend the Hospital
Care Transition		Care Coordination
Responsiveness of Hospital Staff		Responsiveness of Hospital Staff
		Information about Symptoms

Other HCAHPS Changes

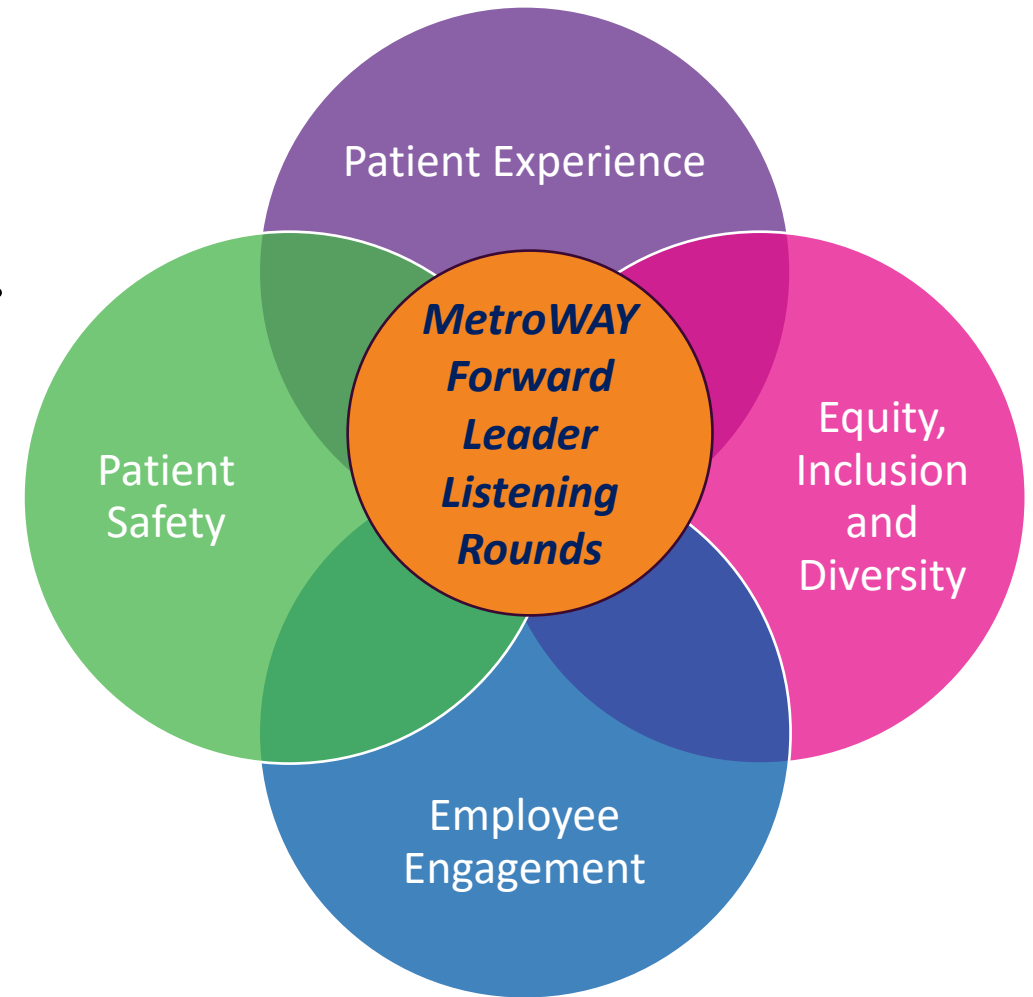
- **Allowing a proxy to complete the survey on a patient's behalf**
- **Requesting hospitals collect the patient's preferred language**
 - ✓ **HCAHPS survey must be sent in Spanish if that is the patient's preferred language**
- **Adding a new Patient-Mix Adjustment for "Planned Stay"**

IMPROVING THE PATIENT EXPERIENCE

MetroWAY Forward Leadership Listening Rounds

MetroWAY Forward Leader Listening Rounds are one of the many ways we ensure everyone's voice is heard.

These sessions create an open dialogue for caregivers to share their perspectives, make their needs known and recognize their fellow team members. They are also an opportunity to hear directly from the patients we serve.



Core Concepts of Patient and Family-Centered Care



Patient and Family Advisor Program

Patient and Family Advisory Councils (PFACs) are a best practice to engage volunteer participants to partner with staff to shape care experiences.

Ways PFAs contribute:

- Share lived experiences
- Advise on projects (e.g. patient safety, environmental design)
- Serve on councils and committees and collaborate with MetroHealth employees
- Provide feedback on projects, programs, initiatives, patient informational/educational materials, etc.

Patient and family-centered care is enhanced when patients and families have a seat at the table.



Patient and Family Advisor Engagement

- **Rare Disease Day 2024 Event Planning/Participation**
- **Virtual Pathology Simulations**
- **AI Generative and Virtual Post-D/C Calls**
- **CBORD Testing**
- **Feedback on Informed Consent**
- **Men's Health Fair**
- **Hospital Acquired Pressure Injury Rapid Improvement Event**
- **ED Falls Rapid Improvement Event**
- **Provider-Patient MyChart Messaging**
- **Opioid Safety PFA Feedback Session**
- **OBC Senior Care Wellness Talk**
- **Office of Opioid Safety Infographics**
- **Ovatient Virtual Care**
- **Customer CARE Center Post-Call Survey**
- **Surgical Education Booklet Review**
- **Service Excellence Development**
- **Endoscopy Registration Improvement**
- **Cleveland Leadership Equity Panel**
- **Patient Access**

Mobile Clinic Survey – Voice of the Patient

- Patient Experience and Community Health Services teams collaborated to create a custom survey to capture the experience for patients using Mobile Clinic services
- MetroHealth is the first National Resource Corporation (NRC) client to survey this type of population
- 15.1% response rate since inception in August, 2024
 - 95.2% of respondents rated the service as a 9 or 10 on a ten-point scale

Patient comments:

- “I'm thankful that the mobile clinic is available in my apartment complex since traveling is very difficult for me.”
- “They helped me to get my medicine back on track.”
- “I would give it higher than a '10' if I could. The three women who helped me were great. They were professional but warm and pleasant and they grasped everything I said 100%. Thank you so much.”

THANK YOU



MetroHealth
Devoted to Hope, Health, and Humanity

Infection Prevention Update: Annual Update on System Infection Prevention Activities

Dr. Amy Ray-VP, Infection Prevention & Epidemiology
Claire Mack-Director Infection Prevention

Celebrating Certification in Infection Control

Kristen Stannert, Courtney Kwapinski, &
Claire Mack each obtained Certification in
Infection Control (CIC) this year!

This professional certification is a standardized
measure of the knowledge, skills & abilities
expected of professionals working in the field of
infection prevention & control.



Photo from September Milestone Breakfast celebrating
Kristen (L) – 10 years & Courtney (R) – 15 years

Hand Hygiene

Most common mode of transmission of pathogens is via the hands of healthcare workers

There is substantial evidence that hand hygiene reduces the incidence of infections.

Hand Hygiene remains a Joint commission Priority (IC 04.01.01 EP 2) as well as a National Patient Safety Goal (NPSG 07.01.01)

Goal Compliance: 90%

Current Compliance (through September):

89% (↑ 3% over 2023) systemwide

- Inpatient: 88% (↑4% over 2023)
 - 2,918 audits
- Ambulatory: 91% (↑3% over 2023)
 - 4,138 audits

Performance improvement initiative:

Partnered with the bottom quartile inpatient units and ambulatory clinics

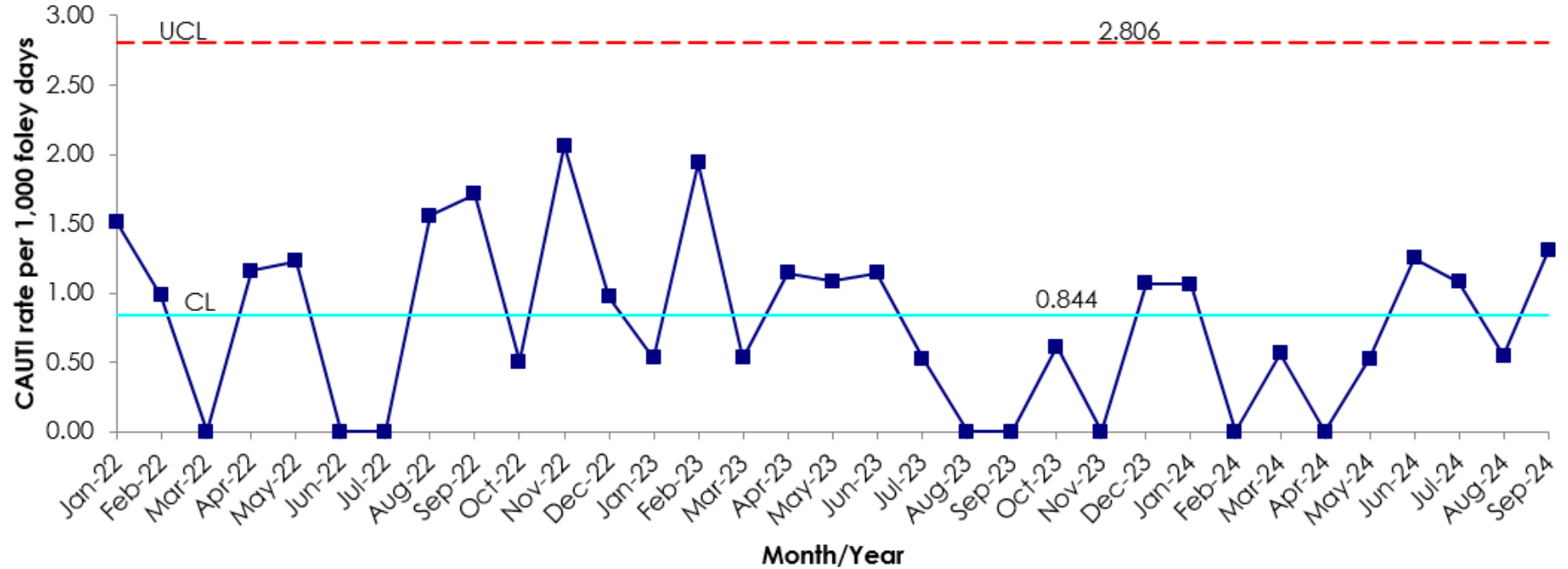
- Compliance improvement – Inpatient: 3-18% Ambulatory: 4-28%



Hospital-Acquired Infections

CAUTI

Catheter Associated Urinary Tract Infection 2022 - 2024 YTD



True North

Target - 2022 NHSN SIR
50th Percentile

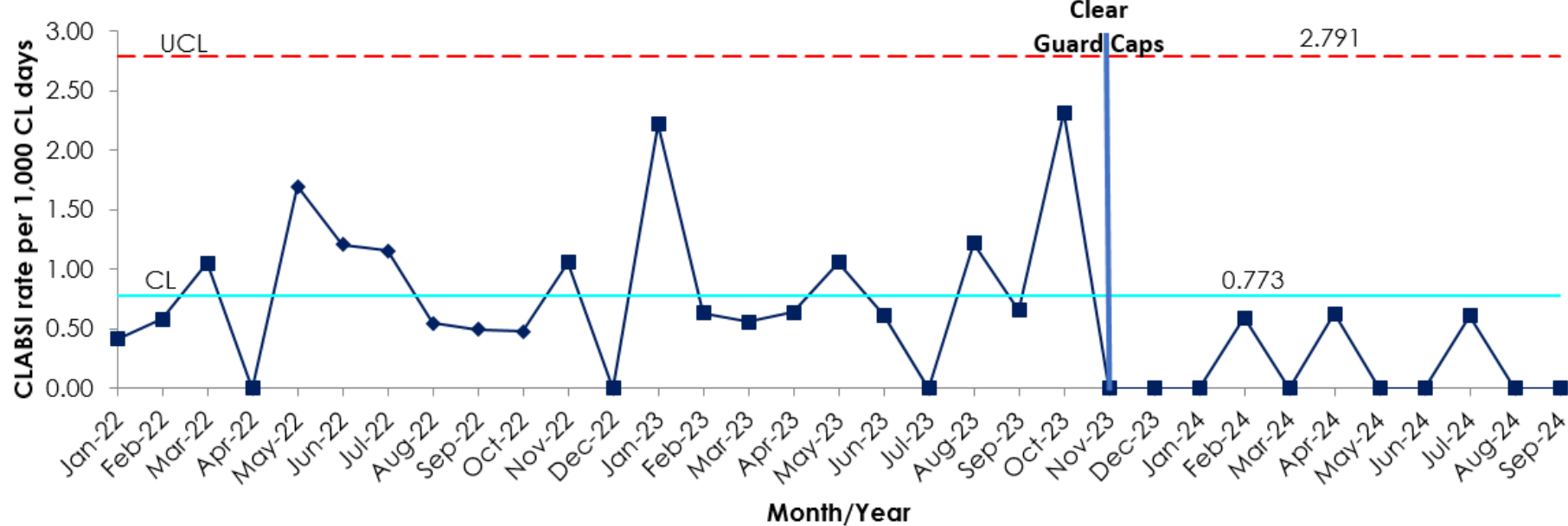
CAUTI **0.646**

CAUTI - NHSN	2022	2023	2024 YTD*	Green: 95% CI UL <1
Observed CAUTIs	23	14	11	Yellow: 95% CI crosses 1
Predicted CAUTIs	31	26	18	Red: 95% CI >1
Rate (per 1000 catheter days)	1.051	0.709	0.739	
Device Days	21,881	19,721	14,884	
SUR	1.03	0.967	1.042	
SIR	0.725	0.524	0.588	

*data through September 2024

CLABSI

Central-line Associated Bloodstream Infection 2022 - 2024 YTD



True North

Target - 2022 NHSN SIR
50th Percentile

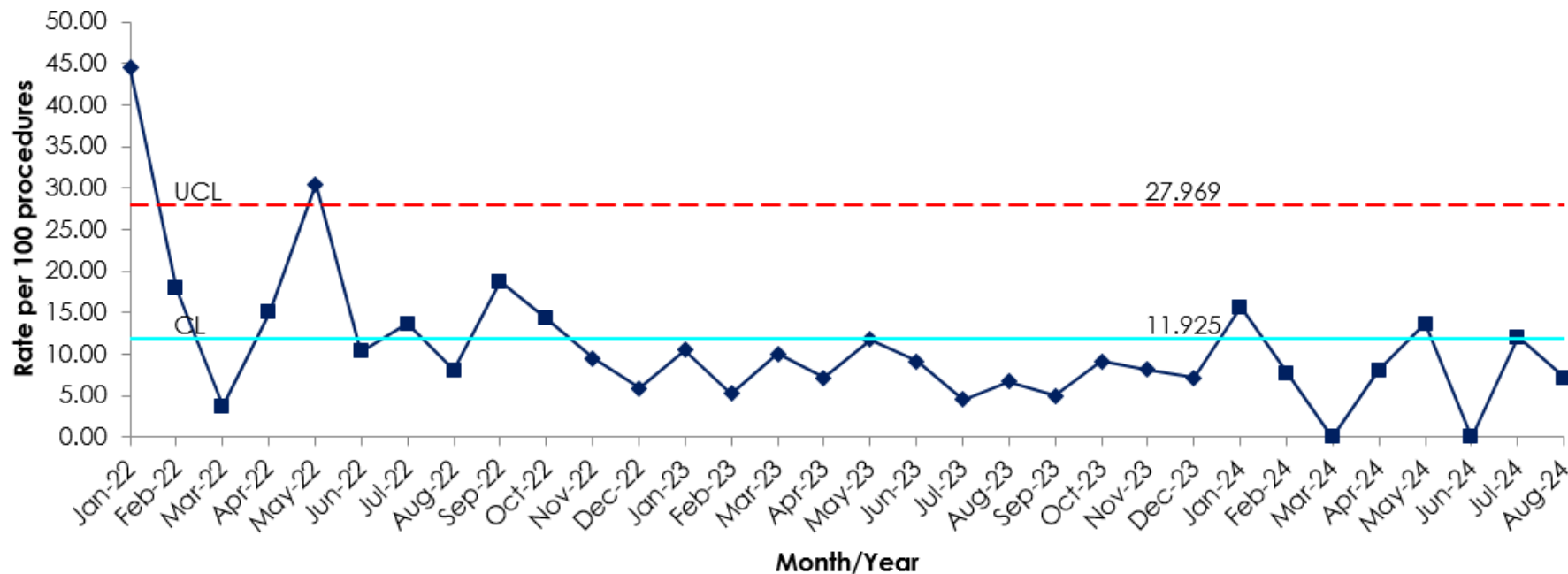
CLABSI **0.756**

CLABSI - NHSN	2022	2023	2024 YTD*	Green: 95% CI UL <1
Observed CLABSIs	15	16	3	Yellow: 95% CI crosses 1
Predicted CLABSIs	24	20	15	Red: 95% CI >1
Rate (per 1000 catheter days)	0.683	0.824	0.204	
Device Days	21,946	19,417	14,702	
SUR	0.804	0.755	0.796	
SIR	0.616	0.769	0.189	

*data through September 2024

SSI - Colon

COLON SSI 2022 - 2024 YTD



COLO - CMS	2022	2023	2024 YTD*	Green: 95% CI UL <1
Observed SSIs	16	9	2	Yellow: 95% CI crosses 1
Predicted SSIs	7	8	3	Red: 95% CI >1
Procedure Count	238	269	120	Excludes all Superficial Incisional SSIs, as well as Deep Incisional Secondary (DIS) SSIs
YTD Rate	6.72	3.35	1.67	Excludes SSIs reported as 'present at time of surgery' (PATOS).
SIR	2.044	1.052	0.536	*YTD data includes Q2 2024

True North

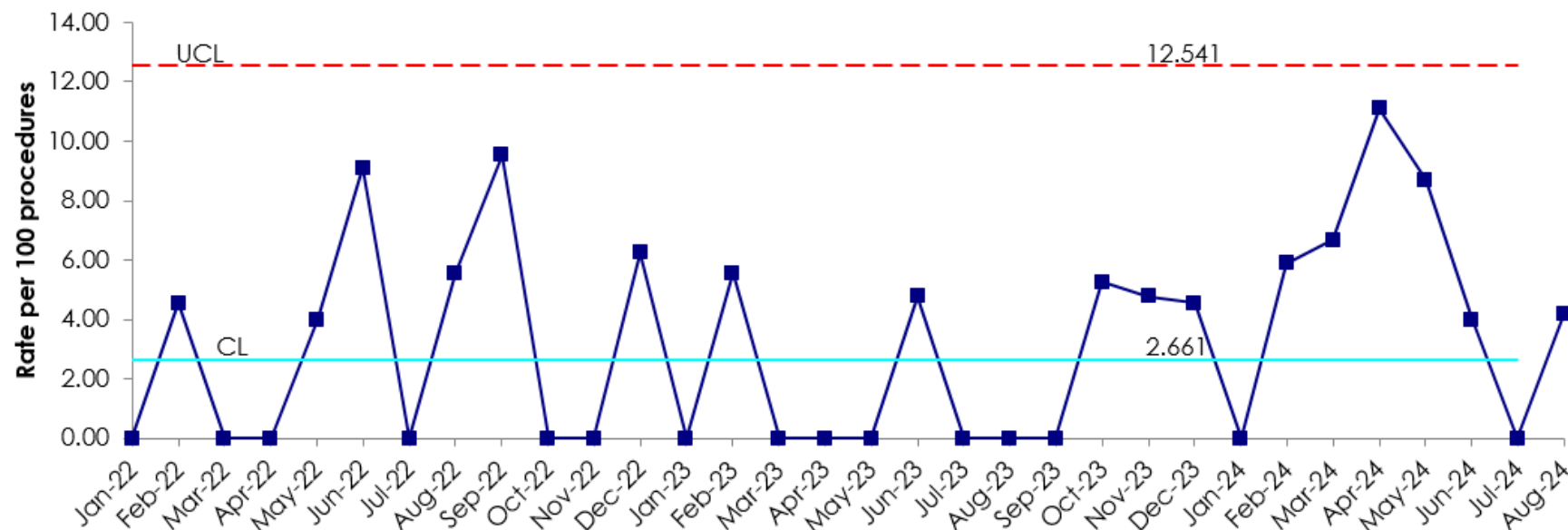
Target - 2022 NHSN SIR
50th Percentile

COLON
SSI **0.756**

Due to lag in surveillance/reporting timeframe, data will be updated in November to reflect Q3.

SSI – Hysterectomy

HYST SSI 2022 - 2024 YTD



True North

Target - 2022 NHSN SIR
50th Percentile

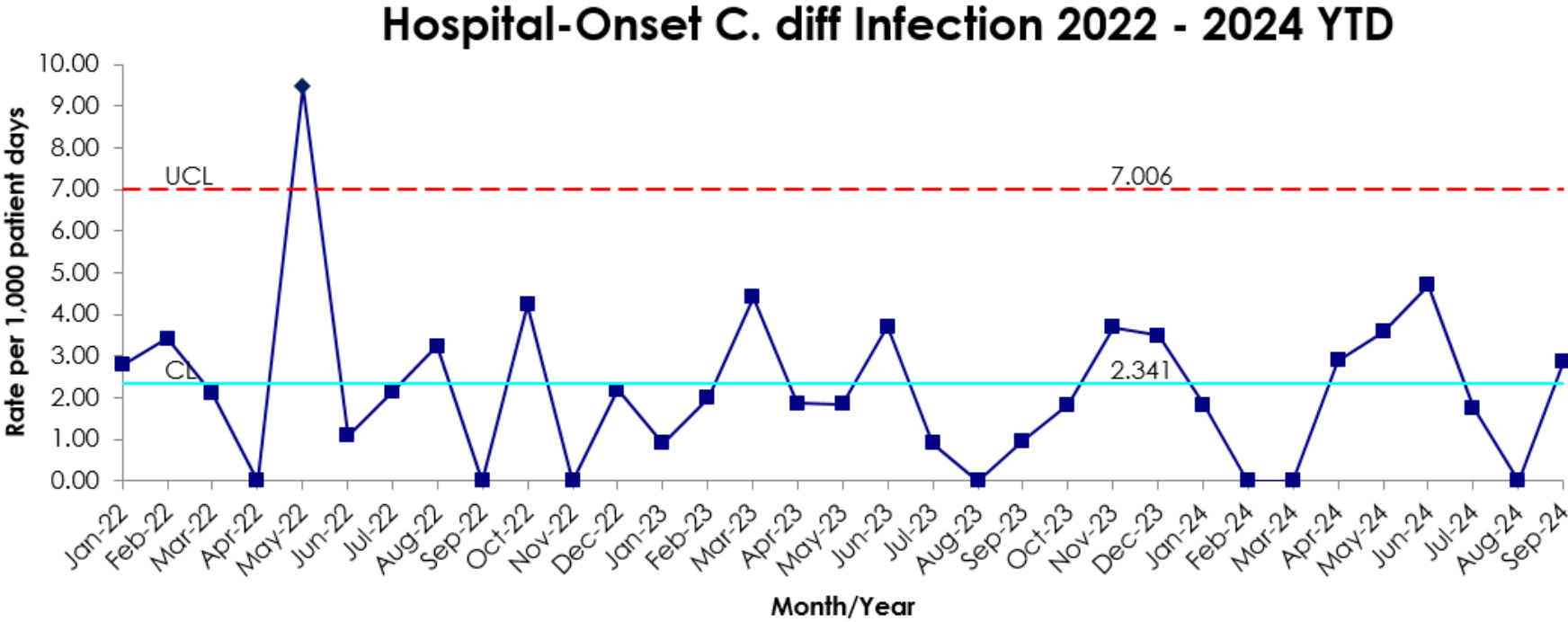
HYSTERECTOMY
SSI

0.759

HYST - CMS	2022	2023	2024 YTD*	Green: 95% CI UL <1
Observed SSIs	7	3	2	Yellow: 95% CI crosses 1
Predicted SSIs	2	2	1	Red: 95% CI >1
Procedure Count	257	245	123	Excludes all Superficial Incisional SSIs, as well as Deep Incisional Secondary (DIS) SSIs
YTD Rate	2.72	1.22	1.63	Excludes SSIs reported as 'present at time of surgery' (PATOS).
SIR	2.83	1.24	1.64	*YTD data includes Q2 2024

Due to lag in surveillance/reporting timeframe, data will be updated in November to reflect Q3.

C. difficile



True North

Target - 2022 NHSN SIR
50th Percentile

C. diff
HO **0.417**

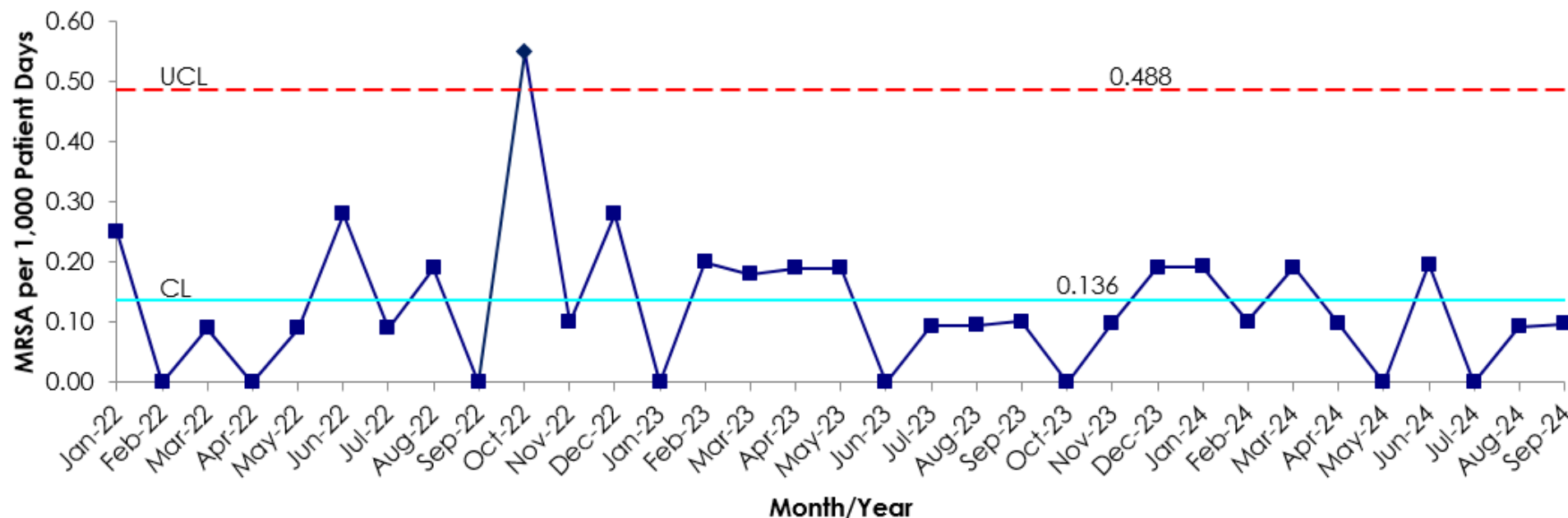
C. diff - NHSN/CMS*	2022	2023	2024 YTD**	Green: 95% CI UL <1
Observed HO C.diff	28	25	18	Yellow: 95% CI crosses 1
Predicted HO C. diff	53	51	39	Red: 95% CI >1
SIR	0.519	0.483	0.450	

*Main Campus only
**data through September 2024

MRSA

Methicillin-resistant
Staphylococcus aureus

MRSA Hospital Acquired Bloodstream Infection 2022 - 2024 YTD



True North

Target - 2022 NHSN SIR
50th Percentile

MRSA
HO **0.793**

MRSA - NHSN/CMS*	2022	2023	2024 YTD**	Green: 95% CI UL <1
Observed HO MRSA	13	14	10	Yellow: 95% CI crosses 1
Predicted HO MRSA	8	9	7	Red: 95% CI >1
SIR	1.607	1.470	1.291	*Main Campus only

**data through September 2024

PPE Compliance Audits

Rounding to ensure adherence to transmission-based precautions and ensure adequate personal protective equipment (PPE) availability.

576 Audits performed YTD

- Compliance data captured in Veoci
 - Ability to trend compliance by role & location.
- Coaching/feedback provided

☐☐☐ PPE Audit Compliance by Question

% of Correct Isolation Sign Displayed on pCare	% of Adequate PPE Available in Nurse Server	% of Personnel Compliant with PPE
99.31 %	94.27 %	77.29 %

ICRA

The IP team collaborates with Construction & Facilities Management to apply an Infection Control Risk Assessment (ICRA) to planned and unplanned work in our facilities.

- Evaluate the scope of work & adjacent staff/patient population
- Determine the risk and containment measures needed to keep all safe from construction debris and potential contamination

190

ICRAs have been completed YTD

