

UNIVERSITY OF VIRGINIA HEALTH SYSTEM
PATIENT CARE SERVICES
Administrative Operations Manual – A16

Quality Indicator Performance Boards: Inpatient Units

Each inpatient unit will maintain the standard dry erase board in their team station with updated information regarding unit performance with selected indicators.

Purpose: To generate team awareness of occurrences of hospital acquired conditions we are trying to prevent

Procedure:

The adult unit boards display “number of days since last”:

- CAUTI
- CLABSI
- Fall (preventable)
- Pressure Ulcer (hospital acquired)
- Other – can be used for VAP or other metric relevant to specific unit

Women’s and Children’s unit boards have metrics customized per area

Method:

Unit leadership designates consistent ‘owner’ of board updates to assure regular, timely updates to the board.

Frequency of update:

- infections, monthly see below
- falls and HAPU weekly see below

How to calculate days elapsed:

- **Infections:** Count days since date of last infection from posted raw data on MCQD—these are updated monthly on the MCQD by last day of month for the prior month’s confirmed infections
- **Falls:** Preventable falls only, update weekly if a fall has occurred with days elapsed since fall occurrence
- **Pressure Ulcers:** hospital acquired pressure ulcers should be confirmed by area Wound Team Nurses, list days elapsed since first notation of HAPU in medical record