

## Patient Safety Indicators 2018/2019

### Clostridium Difficile Infection (CDI) Rate

Reporting Period	Rate Per 1000 Patient Days	Case Count – Associated with Reporting Facility
December 2018	0.00	0

### Methicillin Resistant Staphylococcus Aureus (MRSA) Rate

Reporting Period	Rate Per 1000 Patient Days	Case Count – Associated with Reporting Facility
April - June 2018 (Q1)	0.00	0
July - September 2018 (Q2)	0.00	1
October – December 2018 (Q3)	0.00	0
January – March 2018 (Q4)	0.00	0

### Vancomycin Resistant Enterococci (VRE) Rate

Reporting Period	Rate Per 1000 Patient Days	Case Count – Associated with Reporting Facility
April – June 2018 (Q1)	0.00	0
July – September 2018 (Q2)	0.00	0
October – December 2018 (Q3)	0.00	0
January – March 2018 (Q4)	0.00	0

### Central Line Primary Blood Stream Infection (CLI) Rate

Reporting Period	Rate Per 1000 Patient Days	Case
April – June 2018 (Q1)	0.00	0
July – September 2018 (Q2)	0.00	0
October – December 2017 (Q3)	0.00	0
January – March 2018 (Q4)	0.00	0

### Ventilator Associated Pneumonia (VAP) Rate

Reporting Period	Rate Per 1000 Patient Days	Case Count
April – June 2018 (Q1)	0.00	0
July – September 2018 (Q2)	0.00	0
October – December 2017 (Q3)	0.00	0
January – March 2018 (Q4)	0.00	0

### Surgical Site Infection (SSI) Prevention Rate in hip and knee joint replacement surgery

Reporting Period	Prevention Rate (%)
April – June 2018 (Q1)	100.00
July – September 2018 (Q2)	100.00
October – December 2018 (Q3)	100.00
January – March 2018 (Q4)	100.00

## Surgical Safety Checklist (SSC) Compliance

Reporting Period	Percentage of Checklists Completed (%)
April – June 2018 (Q1)	100.00
July – September 2018 (Q2)	100.00
October – December 2018 (Q3)	100.00
January – March 2018 (Q4)	100.00

## Hand Hygiene Compliance

Reporting Period	% Compliance Before Patient Contact	% Compliance After Patient Contact
2017 -2018 Fiscal Year	93.8	95.4