

## Solutions for Patient Safety: 2018 Navigator Milestone Report

There are 11 Navigator milestones. Your hospital has achieved:							10
Navigator milestones are highlighted in the green rows below. Where applicable, subcriteria are listed in the white rows below (Y = Yes, N = No). * = your hospital has achieved this milestone.							
LEADERSHIP ENGAGEMENT							
1. Active Patient/Family Engagement: Must have Patient/Family member participants on all 3							*
Hospital-wide quality committee						Y	
Hospital board committee						Y	
3 or more HAC teams						Y	
2. Active Board Engagement: Hospital board member has attended an SPS board training session.							*
3. Active Participation in SPS Learning Events (3 required)							*
2018 Spring National Learning Session						Y	
2018 Fall National Learning Session						Y	
2018 Regional Meeting						Y	
4. Seek Active Leadership Role in SPS: See Navigator Milestone Overview for the full list of opportunities.							*
5. CEO/Top Pediatric Leader Engagement: Attended CEO/Top Pediatric Leader Convening, CEO/Top Pediatric Leader Webinar, Board Training, Regional Meeting							*
HIGH RELIABILITY CULTURE							
6. Enhanced Transparency within SPS Network: Agree to share rates within SPS to promote learning							*
7. Participates in Culture Training: Hospital completed all in-person parts of a culture wave.							*
PROCESS RELIABILITY & STANDARDIZATION							
8. Utilization of SPS Bundles: Hospital implements and measures standard elements housewide for the 4 HACs listed below. "X" = Hospital's rate is in the top 10% of the network, so they are exempt from this requirement.							*
CAUTI – Maintenance Bundle (MB)						X	
CLABSI – Maintenance Bundle (MB)						Y	
SSI						X	
PI						Y	
9. Exceptional Performance: At or less than network outcome centerline & submitted outcomes data for ≥ 9 of the past 12 months (≥ 3 HACs required). "Z" = no centerline or data submitted for < 9 months.							*
	Your hospital's centerline			Network centerline			
CAUTI							Y
CLABSI							Y
SSI							Y
PI							Y
10. Consistent and Accurate Data Submission: Over the last 12 months for CAUTI, CLABSI, SSI, and PI							
HAC	CAUTI	CLABSI	SSI	PI			
Outcomes (months)	12	12	12	12	12 months required	Y	
Process (months)	12	12	12	2	≥ 9 months required	N	
[MB only for CAUTI & CLABSI]							
DISCOVERY & INNOVATION							
11. Involvement in Pioneer Work: ADE, Antimicrobial Stewardship, Disclosure, Employee/Staff Safety cohorts, NAKI, OBAE, PIVIE, Readmissions, UE, VAE, VTE (first cohort), CVC VTE							*