

Children's Hospitals' Solutions for Patient Safety (SPS) National Network

Hospital Performance Report - Data for April 2018-March 2019

Test Hospital

Joined SPS: 2013

Navigator Journey: 110/11 Milestones

HAC	Data Type	Month of Missing Data ² Black = Missing	Hospital Centerline	Network Centerline	Hospital Performance: Relative to Network ³	Cumulative Improvement: Baseline to Current Centerline ⁴	Recent Improvement: Centerline Changes in Last 12 Months ⁵
ADE (F-I)	Outcomes	J F M A M J J A S O N D			•	%	
CAUTI	Outcomes	J F M A M J J A S O N D				%	
	Insertion Reliability	J F M A M J J A S O N D			-	%	
	Maintenance Reliability	J F M A M J J A S O N D			-	%	
CLABSI	Outcomes	J F M A M J J A S O N D				%	•
	Insertion Reliability	J F M A M J J A S O N D			-	%	•
	Maintenance Reliability	J F M A M J J A S O N D			-	%	
Falls	Outcomes	J F M A M J J A S O N D				%	•
	Process	J F M A M J J A S O N D			-	%	
PI	Outcomes	J F M A M J J A S O N D			•	%	•
	Process	J F M A M J J A S O N D			-	%	
Readmissions (7-	Outcomes	J F M A M J J A S O N D			•	%	•
day)	Process	J F M A M J J A S O N D			-	%	
Employee Staff Safety	Outcomes	J F M A M J J A S O N D				%	•
SSI	Outcomes	J F M A M J J A S O N D				%	
	Process	J F M A M J J A S O N D			-	%	
VAE	Outcomes	J F M A M J J A S O N D				%	
	Process	J F M A M J J A S O N D			-	%	
VTE	Outcomes	J F M A M J J A S O N D				%	•
	Non-CVC Reliability	J F M A M J J A S O N D			-	%	

Detailed charts by HAC are at: link

Children's Hospitals' Solutions for Patient Safety (SPS) National Network

Solutions for Patient Safety Every patient. Every day.

Hospital Performance Report - Data for April 2018-March 2019

Test Hospital

Notes

- 1. Number of Navigator Milestones Achieved out of 11.
- 2. Last 12 months of data submission, missing data are highlighted in black.
- 3. Measured using hospital's rate for the 12-month period noted in the report title; hospital must have submitted data for at least 11 of the 12 months to be included. Exceptional performance is defined by: (a) a rate of 0 for the report period OR (b) a 12-month rate that is outside of two standard deviations in the desired direction of a funnel plot test. Unsatisfactory performance is defined by a 12-month rate that is outside of two standard deviations in the undesired direction.
 - = Hospital performs within typical network performance.
 - = Hospital performs better than typical network performance (statistically significant).
 - = Hospital performs worse than typical network performance (statistically significant)
 - = Not enough data submitted by hospital to evaluate performance relative to network.
 - = Not Applicable.
- 4. Percentage improvement from hospital's SPS baseline to current centerline. Positive numbers indicate improvement.
 - = Indicates that Cumulative Improvement cannot be calculated because your hospital's baseline for this HAC is zero.
- 5. This indicates if hospital has had a centerline change in the last 12 months:
 - = No Change.
 - = Improvement in outcomes or process reliability.
 - = Worsening of outcomes or process reliability.

•	= worsening or outcomes or process reliability.					
	Unable to compare to missing centerline.					
Navigator Milestones	hospital's missing milestones =					
②	1. Active Patient/Family Engagement					
②	2. Active Board Engagement					
②	3. Active Participation in SPS Learning Events					
9	4. Seek Active Leadership Role in SPS					
②	5. CEO/Top Pediatric Leader Engagement					
②	6. Enhanced Transparency within SPS Network					
②	7. Participates in Culture Training					
9	8. Utilization of SPS Bundles					
②	9. Exceptional Performance					
9	10. Consistent and Accurate Data Submission					
9	11. Involvement in Pioneer Work					
Culture Training	hospital's missing training =					
②	1. SSE Classification Webinar					
②	2. Root Cause Analysis Training					

3. Error Prevention/Leadership Methods

Common Cause Analysis Training Webinar5. Safety Coach Program Training Webinar6. Apparent Cause Analysis Training Webinar

4. Coding Individual & System Failure Modes & Conducting a

This document is part of the quality assessment activities of Solutions for Patient Safety Learning Network and, as such, it is a confidential document not subject to discovery pursuant to ORC Section 2305.25, 2305.251, 2305.252, and 2305.253. Any committees involved in the review of this document, as well as those individuals preparing and submitting information to such committees, claim all privileges and protection afforded by ORC Sections 2305.25, 2305.251, 2305.252, 2305.253 and 2305.258 and any subsequent legislation. The information contained is solely for the use of the individuals or entity intended. If you are not the intended recipient, be aware that any disclosure, copying, distribution or use of the contents of this information are prohibited.

Children's Hospitals' Solutions for **Patient Safety**

Hospital Performance Report - Data for April 2018-March 2019

Children's Hospitals' Solutions for Patient Safety (SPS) National Network

Test Hospital



Membership Criteria

hospital's missing criteria =

- 1. CEO/Top Pediatric Leader signed annual participation agreement to not compete on safety
 - 2. Attended at least 1 of last 2 National Learning Sessions
 - 3. Completed Culture Wave Training
 - 4. Patient and Family Engagement (at least one required)
- 5. Consistent data submission over past 12 months (CAUTI, **CLABSI, PI, SSI)**
 - 6. Implements and measures all standard elements of each bundle house wide (CAUTI, CLABSI, PI, SSI)