



# CEBU SOUTH MEDICAL CENTER



## KEY PERFORMANCE INDICATORS MONITORING TOOL for the Month of May 2021

Division: **Top Management (Special Committee)**

Area: Infection Prevention and Control Committee

Prepared by:

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Infection Control Nurse

*June Mark R. Alvarez*  
**June Mark R. Alvarez, RN**  
Infection Control Nurse

Reviewed by:

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Committee Head/ Medical Specialist IV

Approved by:

*Agustin D. Agos Jr.*  
**Agustin D. Agos Jr. MD, FPSGS, FPCS, DODT, PhD OD**  
Medical Center Chief II

FUNCTIONAL OBJECTIVE		To establish and improve the hospital 's infection and prevention control climate by establishing programs under the Infection Prevention and Control Committee that will ensure its accomplishment.			
FORMULA	OPERATIONAL OBJECTIVES	TARGET/ TOLERANCE	PRESENT	PREVIOUS	REMARKS
Total Number of HCAI Diagnosed by Physician/ Total Number of Discharges) x 100	1. To identify and manage the healthcare associated infection rate by <2% (DOH acceptable rate), Physician Diagnosed HCAI	<2%	0/878 x 100%= 0	1/768 x 100= 0.13%	
(Total number of SSI/ Total Number of Major Surgeries) x 100%)	1.2 Identify and manage surgery related health care associated infection	1.2 <2% incidence rate of surgical site infection	0/158 x100%= 0	1/146 x 100%= 0.68%	
Incidence/Number of Catheter Insertion	1.3 Identify and manage device related healthcare associated infection	1.3.a <2% incidence rate of CAUTI	0/1	0/3	



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Incidence/Number of Patients on Ventilators		<b>1.3.b</b> <2% incidence of ventilator associated pneumonia (VAP)	0/14	0/8	
Incidence of HAP / total number of admissions		<b>1.3.c</b> <2% incidence of hospital acquired pneumonia (HAP)	0/896	0/0	
Incidence/ Number of Patients with central venous catheters		<b>1.3.d</b> <2% incidence of central line associated bloodstream infection	0/0	0/0	





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(Total Enumeration) Frequency	2. To prevent and manage the occurrence of Needle Stick Injury among healthcare workers and janitorial	(0) Zero incidence	1	3	Reported, managed and evaluated accordingly
(Total Number of Reported cases/ Total)		100% of the notifiable cases is reported	100%	100%	Sent electronically thru PIDSR
AMS 7 <sup>th</sup> Day Automatic Stop Order surveillance	4. To Create a functioning Antimicrobial Stewardship Program	(1) one program by the first quarter of this year	1	1	AMS 7 <sup>th</sup> Day Automatic Stop Order surveillance 11



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	5. To accomplish the scheduled Environmental Surveillance on the general patient care areas and monitor its outcome	Accomplish two (2) cleaning schedules every year	1	0	Scheduled Environmental disinfection dated April 19-24,2021





Republic of the Philippines  
**DEPARTMENT OF HEALTH**  
**TALISAY DISTRICT HOSPITAL**  
**(DR. JACINTO VELEZ SR. MEMORIAL HOSPITAL)**  
 San Isidro, Talisay City, Cebu

### IPCC Key Performance Indicators Targets Evaluation Summary 2021

<b>Location:</b>	Cebu South Medical Center								
<b>Month/Yr.</b>	May 2021								
Date	Total Hospital Census	Incidence of Physician Diagnosed HCAI	Incidence of SSI	Incidence of VAP	Incidence of VAE	Incidence of CAUTI	Incidence of CLABSI	Incidence of NSI/SI	Reportable Disease
1	136	0	0	0	0	0	0	1	13
2	137	0	0	0	0	0	0	0	22
3	156	0	0	0	0	0	0	0	12
4	161	0	0	0	0	0	0	0	11
5	163	0	0	0	0	0	0	0	17
6	157	0	0	0	0	0	0	0	14
7	167	0	0	0	0	0	0	0	18
8	173	0	0	0	0	0	0	0	11
9	193	0	0	0	0	0	0	0	25
10	201	0	0	0	0	0	0	0	8
11	197	0	0	0	0	0	0	0	13
12	189	0	0	0	0	0	0	0	13
13	165	0	0	0	0	0	0	0	15
14	145	0	0	0	0	0	0	0	22
15	141	0	0	0	0	0	0	0	2
16	157	0	0	0	0	0	0	0	5
17	159	0	0	0	0	0	0	0	13
18	159	0	0	0	0	0	0	0	15
19	152	0	0	0	0	0	0	0	14
20	156	0	0	0	0	0	0	0	8
21	149	0	0	0	0	0	0	0	15
22	151	0	0	0	0	0	0	0	6
23	153	0	0	0	0	0	0	0	15



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### IPCC Key Performance Indicators Targets Evaluation Summary 2021

24	160	0	0	0	0	0	0	0	0
25	166	0	0	0	0	0	0	0	20
26	165	0	0	0	0	0	0	0	0
27	166	0	0	0	0	0	0	0	8
28	150	0	0	0	0	0	0	0	16
29	139	0	0	0	0	0	0	0	11
30	163	0	0	0	0	0	0	0	20
31	170	0	0	0	0	0	0	0	18
<b>Total</b>	<b>4996</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>400</b>
<b>Remarks:</b>									

#### Legend:

IPCC- Infection Prevention and Control Committee  
 HCAI- Healthcare Associated Infection  
 SSI- Surgical Site Infection  
 VAP- Ventilator Associated Pneumonia

CAUTI- Catheter Associated urinary Tract Infection  
 CLABSI- Center Line Associated Bloodstream Infection  
 NSI/SI- Needle Stick and Sharp Injury

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 Infection Prevention and Control Nurses

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