



Southern California Patient Safety Collaborative

2009 DATA WEBINAR

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Importance of Data Submission

- Ever seen a project that makes things worse?
- Hospital commitment to collaborative-data submission requirements/expectations
- Engaging and motivating staff through lives saved calculations
- Adjusting our course based on results
- Benchmarking to know what is possible

2009 Data Collected

The collaborative is collecting data for the following initiatives:

- Track I:

- Central Line Blood Stream Infections
- Hospital Acquired MRSA Blood Stream Infection Rate
- Severe Sepsis/Septic Shock Mortality
- Ventilator Assisted Pneumonia
- SCIP

- Track II:

- Hospital Acquired Pressure Ulcer Prevalence
- Clostridium difficile Infections

SCPSC Track I Measures

Initiative	Measure	Source
SCIP INF 1	# Prophylactic Antibiotics received within 1 hour prior to surgical incision overall rate	CHART
SCIP INF 3	Prophylactic antibiotics discontinued within 24 hours after surgery end time	CHART
SCIP INF 4 & 6	Other measures as they become publicly available	CHART
VAP	Adult ICU VAP rate per 1,000 ventilator days	Hospital to enter into SCPSC web site
CL BSI	Adult ICU CL BSI rate per 1,000 central line days	Hospital to enter into SCPSC web site
MRSA	MRSA Laboratory-confirmed Bloodstream Infection rate per 1,000 patient days	Hospital to enter into SCPSC web site
Sepsis	Mortality from severe sepsis/septic shock	Hospital to enter into SCPSC web site

Data Definitions

- **VAP** - VAP rate per 1,000 ventilator days
 - ▣ *Numerator* = VAP cases in all ICUs in the organization
 - ▣ *Denominator* = # of ventilator days in all ICUs
 - ▣ *Calculation* = #of VAP cases ÷ # of ventilator-days (x 1,000)

- **CBSI** - CLBSI rate per 1,000 central line days
 - ▣ *Numerator* = CLBSI cases in all ICUs in the organization
 - ▣ *Denominator* = # of central line days in all ICUs
 - ▣ *Calculation* = #of CLBSIs ÷ # of CL days (x1000)

Data Definitions continued

- **MRSA** - Hospital acquired MRSA laboratory-confirmed bloodstream infection rate per 1,000 patient days
 - ▣ *Numerator* = Number of hospital acquired MRSA laboratory-confirmed bloodstream infections
 - ▣ *Denominator* = Total # of patient days (x1000)
 - ▣ *Calculation* = Number of hospital acquired MRSA laboratory-confirmed bloodstream infections ÷ total # of patient days (x1000)

- **Sepsis Mortality** - Mortality from severe sepsis/septic shock
 - ▣ *Numerator* = total # of patients with severe sepsis/septic shock who expired
 - ▣ *Denominator* = total # of patients with severe sepsis/septic shock
 - ▣ *Calculation* = total # of patients with severe sepsis/septic shock who expired ÷ total # of patients with severe sepsis/septic shock (x100)

Clostridium difficile (CDI)

- No additional reporting requirement for SCPSC funding (Cardinal grant request)
- Assess prevalence in the organization
 - ▣ Baseline measure of patients with discharge diagnosis of CDI, rate of
 - $N = \# \text{ pts w/postive stool for c.diff not within 3 midnights of admission (healthcare acquired)}$
 - $D = \text{adults pt days} \times 1000$
 - ▣ Share same data as reported to CDPH for SB 1058
 - # of cases and denominator: # inpatient days
 - See AFL 09-07 January 21, 2009

SCPSC Goals

- 50% of SCPSC hospitals with “zero”
 - CLBSI
 - VAP
 - MRSA BSI
- 25% Reduction in Severe Sepsis/Septic Shock Mortality
- 25% Reduction in CDI
- 50% Reduction in HAPU

Data Collection Tools

- **Southern California Patient Safety Collaborative**
Website: www.SoCalPatientSafety.org
 - The collaborative's online database will collect data for the following initiatives: CLBSI, MRSA, VAP and Sepsis.
- **CHART**
 - SCPSC will continue to use data from CHART for Hospital-acquired Pressure Ulcers
 - HSAG will provide HAPU results for POA data for cases after Oct. 2008

Data Submission Periods

- Data should be submitted for quarterly periods through the SCPSC website.
 - For example:
 - Quarter 1, 2008: Jan 1, 2008-March 31, 2008
 - Quarter 2, 2008: April 1, 2008-June 30, 2008
 - Quarter 3, 2008: July 1, 2008-September 30, 2008
 - Quarter 4, 2008: October 1, 2008-December 31, 2008.
- Please submit data as soon as it is available.
- Data can also be submitted retroactively for past quarters.

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- Access to online database can be found by clicking on the “data” tab at the top of the website.



The screenshot displays the website's header and a login form. The header features the organization's name, a navigation menu, and a photo of healthcare professionals. The login form is titled 'Hospital Login' and includes fields for 'Login' and 'Password', along with a 'Login' button and a lock icon.

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Hospital Login

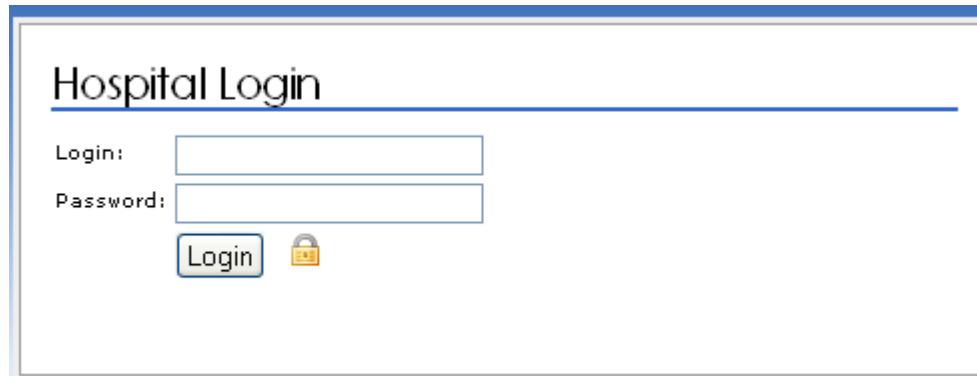
Login:

Password:

Login 

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- You will be prompted for your hospital login and password.




A screenshot of a web form titled "Hospital Login". The form contains two input fields: "Login:" and "Password:". Below the "Password:" field is a "Login" button and a small padlock icon. The form is enclosed in a blue border.

- This information was recently emailed to the **key contact** designated by your hospital.
- The key contact is responsible for ensuring timely and accurate data submission and can disseminate login info to appropriate staff.

□ My Hospital Data:

- ▣ To add/edit data click on the check mark next to the correct data year and quarter or click on the add/enter data on the right hand side of the screen.

My Hospital Data

 Add/Edit Data

Year	Quarter	Add/Edit Data
2007	Q1	✓
2007	Q2	✓
2007	Q3	✓
2007	Q4	✓
2008	Q1	✓
2008	Q2	✓
2008	Q4	✓
2009	Q1	✓
2009	Q2	✓
2009	Q3	✓
2009	Q4	✓

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- Quarterly Data:
 - ▣ Make sure the data year and quarter are correct before entering in new data.
- Enter in data for the appropriate initiative and quarter.
- If data is not available/collected by your hospital, please check the “unable to report” box.

Quarterly Data

Please select the year and the quarter in which you will be entering or editing data on:

Data Year: Data Quarter:

Click on the following indicators below to start entering data. Once completed, please click "Save Quarterly Data" at the bottom of the page to save new or updated quarterly data.

VAP rate per 1,000 ventilator days



For more information, please [click here](#).

of VAP cases in all ICUs in your hospital:

of ventilator days in all ICUs:

Unable to report, data not collected

CL BSI rate per 1,000 central line days



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- After data is entered please make sure to click on the **Save Quarterly Data** box.
- Once data is entered you can use the Generate Reports tool to see how your hospital rate compares to the average rate of the entire collaborative.
- Currently the My Hospital Data feature is not available.



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Q1 2007 N=57

Q2 2007 N=57

Q3 2007 N=58

Q4 2007 N=54

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- All data entered is private, and will be d-identified for dissemination purposes. Please download the privacy statement located on the website to review our policy.
- Please note, once entered data can be edited by the key contacts if needed.

Data Outcomes/Results



We will use results to:

1. Share with you d-identified data, to guide our work.
2. Share progress with funders, policy makers, regulators, health plans, media.
3. Establish long-term sustainability.

Questions

Contact Information:

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