

CVRMC Data Monitoring Plan

- Quality Improvement Initiative: Creation of Infection Control Team
- AIM statement: By July 31, 2010, our HSAG Infection Control Project Team will develop an Infection Control Team that will meet on a every other month basis (core team monthly ad hoc). The team will review 100% of the infection control culture logs to concur determination of HAIs. The team will create supporting documentation to demonstrate interventions that were performed, 100% of the time, in the case of an HAI.
- Key Measures, specifications and data sources

Measure description	Measure calculation	Data source
100% of Resulted Inpatient cultures	Positive Cultures that were obtained more than 48 hours after admission to hospital.	Microbiology results for 100% of Inpatient cultures resulted for the month

1. Who will complete the data collection tool for each data element? **Infection Control Practitioner**
2. How often and when will the data be collected? **Monthly by the 10th of the month**
3. Who will receive the completed data collection tools? **Infection Control Practitioner**
4. How will the data be analyzed/tallied and by whom? **By the ICT and ICP**
5. How will the data be aggregated and tracked? **Monthly**
6. Who will the data results be reported to, how, and by whom?
 - a. **Admin Team (hard copy) by ICP**
 - b. **Medical Staff Meeting (hard copy) by member of Admin Team**
 - c. **Governing Board (hard copy) by CEO.**
 - d. **Hospital Staff in newsletter, handouts at staff meeting**
 - e. **Quality (hard copy & electronic)**
7. How often will the data results be shared? **Monthly**
8. How will the data results be displayed? **Some type of chart to be determined**