

Hopi Healthcare Center Data Monitoring Plan

- Quality Improvement Initiative: **STD/CD positive culture reports sent to county/state within thre month.**
- AIM statement: **By October, 2010, 100% of all positive STD/CD reports will be submitted to county/state within the acceptable time frame established by CDC.**
- Key Measures, specifications and data sources (complete the table below and attach data collection tool.

Measure Name	Measure description	Measure calculation	Data source
Timely culture review by IP	100% of positive cultures will be reviewed by the IP within 72 hours of receipt of reports	.# of positive cultures received and reviewed within 72 hrs. divided by the total number of positive cultures.	Documentation of finalized date (time) for cultures <hr/> Documentation of finalized reports sent to county/state. <hr/>

1. Who will complete the data collection tool for each data element?
Infection Prevention Nurse
2. How often and when will the data be collected?(i.e. concurrently; at the end of each day; at the end of each week) **At the end of the week.**
3. Who will receive the completed data collection tools?
Will be reported the IC meeting/ Exec. team
4. How will the data be analyzed/tallied and by whom?
Using a bar graph/IP
5. How will the data be aggregated and tracked? (i.e., weekly rates; monthly rates; quarterly rates; rates by physician; rolling average) **Quarterly rates**

6. Who will the data results be reported to, how, and by whom? (i.e., slides presented at a meeting with hard copy handouts; reported in a newsletter; reviewed with staff verbally at change of shift report) **Presented verbally**
7. How often will the data results be shared?
Quarterly
8. How will the data results be displayed? (i.e, using a run chart; showing trend line; using a bar chart)
Annual report