

Data Monitoring Plan for Sage Memorial Hospital

- Quality Improvement Initiative:
To improve patient safety and care by ensuring all patients with suspected infectious diseases are properly isolated upon admission to the hospital.
- AIM statement:
- By August 31, 2010 the Infection Control Preventionist will achieve 100% compliance with the initiation of timely and appropriate Isolation Precautions for all admitted patients.
- Key Measures, specifications and data sources (complete the table below and attach data collection tool)

Measure description	Measure calculation	Data source
1. Utilize audit tool for all isolation patients		Audit tool

1. Who will complete the data collection tool for each data element?
Infection Control Preventionist (ICP), Interim DON or Nurse Manager
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)
Concurrently
3. Who will receive the completed data collection tools?
ICP
4. How will the data be analyzed/tallied and by whom?
It will be inputted into spreadsheet and tallied by ICP. Analysis will take place at Quality Council
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)
PDSA reports quarterly to Quality Council
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)

Bar Chart