

Attachment 3: Hospital Quality Assessment Performance Improvement (QAPI) PlanQuality Indicator: Healthcare Associated Infections (e.g., CLABSI, CAUTI, C. difficile)

Data Collection & Analysis

Question	Yes or No	Explanation/Evidence
2.1.a Can the hospital provide evidence that each quality indicator selected is related to improved health outcomes? (e.g., based on QIO, guidelines from a nationally recognized organization, hospital specific evidence, peer – reviewed research, etc.)	Yes	UNCMC performs housewide, comprehensive site surveillance for healthcare associated infections per CDC’s National Healthcare Safety Network (NHSN). These data are used to drive quality improvement processes and respond to outbreaks and clusters when they occur.
2.1.b Is the scope of data collection appropriate to the indicator, e.g., an indicator related to labor and delivery might be appropriate to all areas of that unit and the ED, but indicators related to hand hygiene would require data from multiple parts of the hospital.	Yes	Comprehensive surveillance is conducted for healthcare-associated infections across different body sites (e.g., respiratory, urinary, bloodstream) and across all inpatient units and the OR.
2.1.c Is the method (e.g., chart reviews, monthly observations, etc.) and frequency of data collection specified?	Yes	HAI surveillance methodology follows the specifications of CDC’s NHSN. Data are collected within the Epic ICON module using daily active surveillance by trained infection preventionists. HAI data are reviewed, analyzed, summarized and disseminated at least monthly.
2.1.d Is there evidence that the data are actually collected in the manner and frequency specified for this indicator? For example, is there evidence of late, incomplete, or wrong data collection?	Yes	Dashboards are updated monthly and any necessary edits to reported HAIs are corrected upon identification and updated at the next dashboard refresh.
2.1.e If unit staff play a role in data collection, is collection consistent with the specifications for how the data are to be collected?	No	Not applicable for healthcare-associated infections
2.1.f Are data that have been collected aggregated in accordance with the hospital methodology specified for this indicator?	Yes	HAI data are aggregated and summarized according to NHSN methodology.
2.1.g Are the collected data analyzed?	Yes	HAI data are analyzed by trained hospital epidemiologists in the Infection Prevention department and then discussed and interpreted in the department by all infection prevention staff members.

Question	Yes or No	Explanation/Evidence
2.1.h If the indicator is the type that measures a rate, are rates calculated for points in time and over time, and are comparisons made to performance benchmarks when available (e.g. established by nationally recognized organizations)?	Yes	HAI data are measured by HAI rates and compared over time, between units and benchmarked to HAI data available from CDC NHSN (current benchmark data by standardized infection ratios).
2.1.i When feasible, are aggregated data broken down into subsets that allow comparison of performance among hospital units covered by the indicator? For example, a hand hygiene indicator should allow comparison among different inpatient units.	Yes	HAI data are prepared and provided to units and services across the UNC Medical Center. Interactive dashboard allows for comparison across areas.
2.1.j If the data analysis identified areas needing improvement, is there evidence that the hospital instituted interventions (activities and/or projects) to address them?	Yes	Healthcare associated infection prevention initiative workgroups use HAI data to identify and drive improvement efforts.
2.1.k Are interventions evaluated for success?	Yes	HAI data are tracked over time and relevant, evidence-based process measures are carefully monitored to assess success of healthcare associated infection prevention initiatives.
2.1.l If interventions taken were not successful, were new interventions developed?	Yes	HAI prevention workgroup continues to reassess effectiveness of interventions and when appropriate, implements new interventions that are informed by the collected data.
2.1.m If interventions were successful, did evaluation continue longer to assess if success was sustained?	Yes	Comprehensive HAI surveillance data continues to assess success with previous interventions, evaluate new interventions and identify any areas for outbreak investigation and response.