

Recognition Awards Criteria



Prevention of Hospital Acquired Infection (HAI)

Metrics cover entire project timeline (May 2026-June 2027)

Metric	To Receive a GOLD STAR
1. Participation (Huddles and Learning Sessions) and Submission of Leadership Reports (LR) for each Huddle <i>Expected participation based on team's approval date. Attendance counted if ≥1 team member present. LR can be submitted after a Huddle has occurred and still be counted.</i>	-≥90% attendance -≥90% LR Received -Attended coaching calls
2. Patient/Family Partner <i>Involve a Patient/Family Partner as an <u>active</u> member of your project team</i>	-80-100%
3. Implement and Integrate Project <u>Structure Measures (SM)</u> <i>As defined (next slide). Based on latest SimpleQI submission.</i>	-90-100% on SM 1-4
4. Improve or sustain at >90% on Project <u>Process Measures (PM)</u> <i>As defined (Slide 3). Based on latest SimpleQI submission.</i>	-Improvement or sustainment at >90% on PM 2, 3, and 4
5. Improve Project <u>Outcome Measures (OM)</u> <i>As defined (Slide 3). Based on latest SimpleQI submission.</i>	-Improvement on all OM



Potential to receive
5 GOLD STAR status

Prevention of Hospital Acquired Infection (HAI)

Structure Measure Goals



Structure Measures (Goal is 90%-100% achievement in each of the following):

- 1. Standardized antibiotic stewardship policy and procedure:** Standardized antibiotic stewardship policy and procedure (reviewed and updated in the last 2-3 years) that includes specified pieces.
- 2. Standardized policy and procedure on HAI identification:** Standardized HAI identification policy and procedure (reviewed and updated in the last 2-3 years) that includes specified pieces.
- 3. Standardized policy and procedure on safety culture:** Standardized safety culture policy and procedure (reviewed and updated in the last 2-3 years) that includes specified pieces.
- 4. Standardized policy and procedure on regular audits for HAI prevention:** Standardized policy and procedure for regular audits for HAI prevention (reviewed and updated in the last 2-3 years) that includes specified pieces.
- 5. Patient/Family Partner:** Facility has a patient/family partner engaged as specified.

Necrotizing Enterocolitis Project Process & Outcome Measure Goals



Process Measures (Goal is collecting data throughout the project unless otherwise specified):

1. Total days on therapy
2. Percent hand hygiene compliance (Goal 90%)
3. Percent provider education on HAI prevention (Goal 90%)
4. Percent nursing education on HAI prevention (Goal 90%)

Outcome Measures (Goal is at least 10% [with a stretch goal of 25%] decrease in baseline median data compared to overall project median data):

1. Percent Blood Stream Infections (non-admission)
2. Percent CLABSI
3. Percent UTI
4. Percent VAP
5. Percent mortality (prior to or at 40 weeks gestational age): Percentage of that died prior to or at 40 weeks corrected gestational age (for any reason)