At Littleton Regional Healthcare our mission is to provide quality, compassionate and accessible healthcare in a manner that brings value to all while incorporating our core values of I CARE:

- Integrity
- Compassion
- Accountability
- Respect
- Excellence

We are committed to providing the safest care possible and to providing our patients with information to make informed healthcare decisions.

We recognize that you have a choice in healthcare providers and we thank you for choosing Littleton Regional Healthcare.

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We look at a number of nationally recognized patient safety indicators and report our results both internally and to the National Healthcare Safety Network (NHSN).

**Ventilator Associated Pneumonia— VAP**
- What is it: # of pneumonias, meeting NHSN criteria, that develop in patients that were intubated & ventilated at the time of infection or within 48 hours before onset of infection.
- Measured against: # of ventilator days for a given time period.
- Reported as: number per 1000 ventilator days
- Example: 2 pneumonias/35 ventilator days = 0.057 x 1000 = 57 pneumonias/1000 ventilator days
- LRH 2016: 0 pneumonias/52 ventilator days = 0 pneumonias/1000 ventilator days

**Serious Medication Events**
- What is it: a medication error that results in initial or prolonged hospitalization with some harm, permanent harm, a near death event or patient death
- Measured against: # of patient days
- Reported as: number per calendar year
- LRH 2016: 0 serious medication events/2050 patient days

**Patient Falls Resulting in Injury**
- What is it: Total # of inpatient falls requiring medical intervention by a physician
- Measured against: # of LRH inpatient falls in a given time period
- Reported as: number per calendar year
- LRH 2016: 0 inpatient falls requiring medical intervention by a physician

**Surgical Complications**
- What is it: # of preventable surgical complications requiring a return to the OR
- Measured against: total # of surgeries in a given time period
- Reported as: a percentage
- Example: 6 returns/278 procedures = 0.0215 x 100 procedures = 2.15%
- LRH 2016: 13 returns to surgery/1710 total surgeries = 0.0076 x 100 = 0.76% surgical complications

**Central Line Associated Bloodstream Infections—CLABSI**
- What is it: # of lab confirmed bloodstream infections that develop in Medical/Surgical and Intensive Care Unit patients with central lines in place at the time of infection or within 48 hours before onset of infection
- Measured against: # of central line days for a given time period
- Reported as: number per 1000 central line days
- Example: 2 infections/35 central line days = 0.057 x 1000 = 57 infections/1000 central line days
- LRH 2016: 0 infections/99 central line days = 0 infections/1000 central line days

**Catheter Associated Urinary Tract Infections— CAUTI**
- What is it: # of lab confirmed urinary tract infections that develop in patients with a urinary catheter in place at time of infection or within 48 hours before onset of infection.
- Measured against: # of urinary catheter days for a given time period.
- Reported as: number per 1000 urinary catheter days
- Example: infections/35 catheter days = 0.057 x 1000 = 57 infections/1000 catheter days
- LRH 2016: 0 infections/310 catheter days = 0 infections/1000 catheter days

**Pressure Ulcers**
- What is it: # of patients with hospital acquired pressure ulcers Stage III or greater
- Measured against: the number of patient days for a given time period
- Reported as: a percentage
- Example: 4 incidents/456 patient days = 0.0088 x 100 = 0.88%
- LRH 2016: 0 pressure ulcers/2050 patient days = 0.00 %

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**Our Goal:**

- **Performance Excellence = 0 Preventable Harmful Events**
- **Reduce Rate by 50%**

**2014:** 1 Preventable, Harmful Events

**2015:** 0 Preventable, Harmful Events

**2016:** 0 Preventable, Harmful Events