

| Indicator | Measures | Description | Target | Jan-18 | | | Previous Quarter |
|-----------------------------------|--|---|--------|-----------|------------|-----------|----------------------------|
| | | | | On Target | Off Target | Data | October 2017-December 2017 |
| Complaints and Grievances | Total grievances | # of patient grievances / Total Bed days per month | 10% | X | | 1/471; 0% | On Target |
| | Clinical care/skill-related grievances | # of grievances related to clinical care/skill / # of grievances | 5% | X | | 0/1; 0% | On Target |
| Infection Prevention and Control | Hand hygiene according to guidelines | # of observations when the care giver performed hand hygiene per CDC guidelines / # of observations/opportunities (10 observations per month) | 80% | | | | On target |
| | Cleaning/disinfecting product usage | # of cleaning products EPA approved for hospital use / All cleaning products (4 observations per month) | 100% | | | | On Target |
| | Infection rates (athlete foot) | # of athlete foot infections / Total Bed days per month | 0% | | | | On Target |
| Patient Services, Care and Safety | Patient injuries | # of patient injuries w or w/o treatment / Total Bed days per month | 0% | X | | 1/471; 0% | On Target |
| | Medical emergency transfers | # of patients transferred emergently to an acute hospital / Total bed days per month | 2% | | | | On Target |
| | Adverse outcomes | # of inpatient adverse outcomes / Total Bed days per month | 2% | X | | 0/471; 0% | On target |
| | Readmissions within 30 days | # of inpatient readmissions within 30 days of discharge / # of inpatient admissions per month | 10% | | | | On Target |
| | Mortality | # of inpatient deaths / Total Bed days per month | 0% | | | | On Target |
| | Elopement | # of elopements / Total Bed days per month | 0% | | | | On Target |
| | Suicide management | # of attempted suicides / # of inpatient admissions per month | 0% | | | | On Target |
| | Patient falls | # of inpatient falls reported during the month / Total Bed days per month | 0.50% | | | | On Target |
| Social Work Services | Psychosocial Assessment Completion | # of completed assessments / # of assessments audited | 100% | | | | On Target |
| | Social Services Discharge & Aftercare Monitoring | # of discharge and aftercare forms with all elements completed / # of charts audited | 100% | | | | Off Target: 93% for Qtr 2 |
| | Social Services Documentation Monitoring | # of charts that include admission note, acute note status and administrative status note / # of charts of audited | 100% | | | | Off Target: 87% for Qtr 2 |

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| Restraint/Seclusion (Violent/Self Destructive Behavior) | Restraint usage | Hours of restraint use / 720 patient hours (16 pts x 30days x 24hrs per day) | N/A | | | | On Target |
| | Seclusion usage | # of "seclusion episodes" / Total Bed days per month | N/A | | | | On Target |
| | Evidence of less restrictive options | # of restraint/seclusion records reviewed with evidence of alternative & less restrictive measures attempted or considered and rejected prior to restraint use / Total # of restraint/seclusion episodes reviewed | 100% | | | | On Target |
| | Face-to-face evaluation w/in 1hr | # of new restraint / seclusion episodes with face-to face evaluation within 1 hour of restraint / seclusion application by Qualified RN or PA or LIP / Total number of new episodes of restraint / seclusion | 100% | | | | On Target |
| | Patient injuries during restraint | # of injuries while restrained or secluded / # of restraint/seclusion episodes | 0% | | | | On Target |
| | Inclusion in Treatment Plan | # of records of restrained and/or secluded patients with inclusion of restraint/seclusion in treatment plan / # patient records with restraint/seclusion | 100% | | | | On Target |
| Medication Use/Pharmacy Services | Medication error rates/unavailability | # of medication errors occurring in patient care areas as a result of medication unavailability / Total medications dispensed (PRN + Main + Ekit) | 0% | X | | 0/400; 0% | On Target |
| | Medication error rates | # of medication errors occurring in patient care areas / Total medications dispensed (PRN + Main + Ekit) | 2% | X | | 1/400; 0% | On Target |
| | Adverse drug reactions | # of adverse drug reactions / # of medications administered (PRN + Main) | 2% | X | | 0/376; 0% | On Target |
| | Medication order fill adequacy | # of medications orders filled (delivered) per contract (times per week) / # of medication orders reviewed for fill adequacy (PRN + Main) | 100% | X | | 376/376; 100% | On Target |
| | Medication & controlled substance labeling | # of patient medications, including controlled substances labeled and stored according to hospital policy / # of patient stored medications reviewed | 100% | X | | 36/36; 100% | On Target |
| | Controlled substance destruction | # of controlled substances properly destroyed including all documentation requirements and destruction time frames (for medications considered abandoned – 7 days or post discharge) / # of medication destruction log entries identified (denominator) | 100% | X | | 68/68; 100% | On Target |
| | Proper licensure for controlled substance receipt from pharmacy | # of shifts / # of deliveries reviewed | 100% | X | | 105/105; 100% | On Target |
| | E-Kit usage for emergencies | # of times the E-Kit was accessed for emergent psychological or physiological need for the patient to address life-threatening situations or in instances where failure to administer the medication has the potential to cause significant negative impact to the patient's psychological or physiological condition / # of times E kits are accessed | 100% | X | | 19/19; 100% | On Target |
| | E-Kit content and security | Night Audit # of E-Kits with correct content and that are secured / # of E kits x 7 nights | 100% | X | | 124/124; 100% | On Target |

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| Significant Adverse Outcomes | Sentinel events | Event leading to death or significant impairment (per Significant Event Policy) includes Near Misses and State Reportable Events | N/A | | | 0 | 0 |
| | Event reporting | Number of events reported of the following types: Medication-Related; Other significant/Mandated Reporting | N/A | | | 1 | 1 |
| Food and Nutritional Services | Appropriate diets | # of nutritional diets accurate and appropriate for patient's carbohydrate, caloric and protein needs / # of diets reviewed | 100% | | | | On Target |
| | Correct meal preparation | #of meals served that match PHF's Daily Spreadsheet with appropriate portion/size / # of meals reviewed | 100% | | | | Off Target: 97% for Qtr 2 |
| | Nutritional assessments | # of RD assessments performed within 72 hours for patients at high nutritional risk / # high risk nutritional patients reviewed | 100% | | | | Off Target: 93% for Qtr 2 |
| | Food storage/expired food items | # of expired/unlabeled items in refrigerators/freezers / # of food items observed | 0% | | | | On Target |
| | Food temperature | # of food temperatures within range / # of temperatures checks performed | 100% | | | | On Target |
| Physician and AHP Related Issues | Telephone medication orders | Number of telephone orders signed and dated within 24 hours | 100% | | X | 22/24; 92% | Off Target: 98% for Qtr 2 |
| | MD-related incidents | Number of incidents regarding MDs | 0 | X | | 0 | On Target |
| | Change of clinician request | Number of change of clinician requests | 0 | X | | 0 | On Target |
| Environmental Services | Correct staff reply when queried on disinfectant dwell times | # of correct responses from staff when queried on disinfectant dwell (wet/kill) times / # of queries (2 queries per week) | >95% | | | | On Target |
| Environment of Care | Staff knowledge: Unsafe environment or hazard reporting | # of staff able to articulate how to report unsafe environment or hazard / # of staff interviewed | >95% | X | | 10/10; 100% | On Target |
| | Role in internal/external disaster | # of employees correctly describing their role in the event of an internal/external disaster # of employees interviewed | >90% | X | | 10/10; 100% | On Target |
| | Articulation of fire plan components | # of staff articulating fire plan components correctly / # of staff queried | >90% | X | | 10/10; 100% | On Target |
| | Work order completion w/in 30 days | # of work orders completed within 30 days of creation / # of work orders created | 95% | X | | 9/9; 100% | Off Target: 93% for Qtr 2 |
| Laboratory Services | Critical values reporting | Mean time from resulting availability to notification of the responsible practitioner (physician or other practitioner who may initiate appropriate intervention) | 30 min | | | | On Target |

| Indicator | Measure off target | Description of issue(s) | Corrective Action Summary | Previous Corrective Action (if any) |
|---|------------------------------------|--|---|---|
| Physician & AHP Related Issues | Telephone medication orders | In the second quarter, there was one telephone order signature that was missing the date and time. | The specific doctor was counseled and has signed and dated all telephone orders within 24 hours since this incident. The nursing supervisor will also be discussing this with the team leaders again to ensure that they are contacting the medical director when telephone orders are not signed and it is approaching the 24 hour timeline. | The PHF medical director addressed this issue with all MDs. The nursing supervisor trained team leaders to contact the medical director when telephone orders have not been signed. |
| Environment of Care | Work order completion w/in 30 days | Two work orders were not completed within 30 days. | Two work orders were duplicate work orders. The work was completed. | |