

| Indicator                         | Measures   | Description   | Target | Feb-18    |            |            | Previous Quarter          |
|-----------------------------------|--|---|--------|-----------|------------|------------|---------------------------|
|                                   |  |   |        | On Target | Off Target | Data       | Oct-Dec 2017              |
| Complaints and Grievances         | Total grievances                                 | # of patient grievances / Total Bed days per month  | 10%    | X         |            | 2/422; <1% | On Target                 |
|                                   | Clinical care/skill-related grievances           | # of grievances related to clinical care/skill / # of grievances  | 5%     | X         |            | 0/2; 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         |            | 1/422; <1% | 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         |            | 0/422; 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%   | X         |            | 5/5; 100%  | On Target                 |
|                                   | Social Services Discharge & Aftercare Monitoring | # of discharge and aftercare forms with all elements completed / # of charts audited  | 100%   | X         |            | 5/5; 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%   |           | X          | 4/5; 80%   | Off Target; 87% for Qtr 2 |

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| <b>Restraint/ Seclusion (Violent/Self Destructive Behavior)</b> | Restraint usage   | Hours of restraint use / 720 patient hours (16 pts x 30days x 24hrs per day)   | N/A    |           |            | 0/720; 0% | On Target        |
|   | Seclusion usage   | # of "seclusion episodes" / Total Bed days per month   | N/A    |           |            | 0/422; 0% | 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%   | X         |            | 0/0; 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%   | X         |            | 0/0; 100% | On Target        |
|   | Patient injuries during restraint                               | # of injuries while restrained or secluded / # of restraint/seclusion episodes   | 0%     | X         |            | 0/0; 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%   | X         |            | 0/0; 100% | On Target        |
| <b>Medication Use/Pharmacy Services</b>                         | 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         |            | 0/351; 0% | On Target        |
|   | Medication error rates  | # of medication errors occurring in patient care areas / Total medications dispensed (PRN + Main + Ekit)   | 2%     |           |            |           | On Target        |
|   | Adverse drug reactions  | # of adverse drug reactions / # of medications administered (PRN + Main)   | 2%     |           |            |           | 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%   |           |            |           | 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%   |           |            |           | 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%   |           |            |           | On Target        |
|   | Proper licensure for controlled substance receipt from pharmacy | # of correct processes followed by staff / # of deliveries reviewed  | 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 | 100%   |           |            |           | On Target        |
|   | E-Kit content and security                                      | Night Audit<br><br># of E-Kits with correct content and that are secured / # of E kits x 7 nights  | 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    |           |            | 0           | 1                         |
| Food and Nutrition Issues        | Appropriate diets  | # of nutritional diets accurate and appropriate for patient's carbohydrate, caloric and protein needs / # of diets reviewed                                       | 100%   | X         |            | 13/13; 100% | On Target                 |
|                                  | Correct meal preparation                                     | #of meals served that match PHF's Daily Spreadsheet with appropriate portion/size / # of meals reviewed   | 100%   |           | X          | 12/13; 92%  | 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%   | X         |            | 11/11; 100% | On Target                 |
|                                  | Food storage/expired food items                              | # of expired/unlabeled items in refrigerators/freezers / # of food items observed   | 0%     | X         |            | 0/120; 0%   | Off Target; 1% for Qtr 2  |
|                                  | Food temperature   | # of food temperatures within range / # of temperatures checks performed  | 100%   | X         |            | 78/78; 100% | On Target                 |
| Physician and AHP Related Issues | Telephone medication orders                                  | Number of telephone orders signed and dated within 24 hours   | 100%   |           |            |             | Off Target; 98% for Qtr 2 |
|                                  | MD-related incidents   | Number of incidents regarding MDs   | 0      |           |            |             | On Target                 |
|                                  | Change of clinician request                                  | Number of change of clinician requests  | 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:   | # of staff able to articulate how to report unsafe environment or hazard / # of staff interviewed   | >95%   |           |            |             | On Target                 |
|                                  | Unsafe environment or hazard reporting                       |   |        |           |            |             |                           |
|                                  | Role in internal/external disaster                           | # of employees correctly describing their role in the event of an internal/external disaster # of employees interviewed   | >90%   |           |            |             | On Target                 |
|                                  | Articulation of fire plan components                         | # of staff articulating fire plan components correctly / # of staff queried   | >90%   |           |            |             | On Target                 |
|                                  | Work order completion w/in 30 days                           | # of work orders completed within 30 days of creation / # of work orders created  | 95%    |           |            |             | 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 |           |            | 0           | None                      |

**Summary & actions taken to address any "Off Target" Indicators**

| Indicator                        | Measure off target                               | Description of issue(s)  | Corrective Action Summary  | Previous Corrective Action (if any)  |
|----------------------------------|--|--|--|--|
| <b>Social Work Services</b>      | Social Services Discharge & Aftercare Monitoring | In November, one chart was not in compliance due to the Calle Real Clinic's first available appointment being 11 days after hospital discharge.    | A new practice will be put in place when an aftercare appointment cannot be made within 7 days of discharge where the social worker will then notify the clinic manager and the PHF manager by email in order to help facilitate an earlier appointment. | Previously, aftercare appointments were not available with 7 days after discharge at the CARES South Clinic. CARES South had then started an Orientation Group that would take place two times per week in order to accommodate patients within 7 days of discharge. |
|                                  | Social Services Documentation Monitoring         | In November, 2 charts were out of compliance due to the first Acute note being completed at 6 days after admission instead of the required 5 days. | These 2 charts were completed by one social worker who was not counting the admission day as part of the 5 days. The social work supervisor has re-educated this staff.  |  |
| <b>Food and Nutrition Issues</b> | Correct meal preparation                         | In December, vegetables were missing from one of the meals upon arrival.   | Valle Verde was contacted by the RD and double vegetables were sent for the next meal. This continues to be an issue that is discussed at contract monitoring meetings.  | Previously, the RD had contacted Valle Verde when vegetables were missing from the meal and Valle Verde responded by sending double vegetables to the following meal.  |
|                                  | Food Storage/Expired Food Items                  | There was one food item in both October and in December that was not labeled once it was opened.   | The RD checks daily for unlabeled and expired foods. The RD continues to reinforce the importance of labeling food items once they have been opened.   |  |