

Indicator	Measures	Description	Target	Jan-19			Previous Quarter
				On Target	Off Target	Data	October 2018- December 2018
Complaints and Grievances	Total grievances	# of patient grievances / Total Bed days per month	10%	X		7/482 ; 1%	On Target
	Clinical care/skill-related grievances	# of grievances related to clinical care/skill / # of grievances	5%		X	4/7 ; 57%	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%				Off Target: 60.5% for Qtr 2
	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			On Target
	Medical emergency transfers	# of patients transferred emergently to an acute hospital / Total bed days per month	2%	X			On Target
	Adverse outcomes	# of inpatient adverse outcomes / Total Bed days per month	2%	X			On Target
	Readmissions within 30 days	# of inpatient readmissions within 30 days of discharge / # of inpatient admissions per month	10%		X	2/45 ; 4.4%	Off Target: 10.1% for Qtr 2
	Mortality	# of inpatient deaths / Total Bed days per month	0%	X			On Target
	Elopement	# of elopements / Total Bed days per month	0%	X			On Target
	Suicide management	# of attempted suicides / # of inpatient admissions per month	0%	X			On Target
	Patient falls	# of inpatient falls reported during the month / Total Bed days per month	0.50%	X			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: 93% 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%				Off Target: 83% for Qtr 2
	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%			N/A	On Target
	Medication error rates	# of medication errors occurring in patient care areas / Total medications dispensed (PRN + Main + Ekit)	2%			N/A	On Target
	Adverse drug reactions	# of adverse drug reactions / # of medications administered (PRN + Main)	2%			N/A	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%			N/A	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		13/13 ; 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%			N/A	On Target
	Proper licensure for controlled substance receipt from pharmacy	# of shifts / # of deliveries reviewed	100%			N/A	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%			N/A	On Target
E-Kit content and security	Night Audit		100%			N/A	On Target
	# of E-Kits with correct content and that are secured / # of E kits x 7 nights					N/A	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			1	0
	Event reporting	Number of events reported of the following types: Medication-Related; Other significant/Mandated Reporting	N/A			1	0
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
	Nutritional assessments	# of RD assessments performed within 72 hours for patients at high nutritional risk / # high risk nutritional patients reviewed	100%				On Target
	Food storage/expired food items	# of expired/unlabeled items in refrigerators/freezers / # of food items observed	0%				On Target
Physician and AHP Related Issues	Telephone medication orders	Number of telephone orders signed and dated within 24 hours	100%		X	24/30 ; 80%	Off Target: 97% 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%	X			On Target
Environment of Care	Staff knowledge:	# of staff able to articulate how to report unsafe environment or hazard / # of staff interviewed	>95%	X			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%	X			On Target
	Articulation of fire plan components	# of staff articulating fire plan components correctly / # of staff queried	>90%	X			On Target
	Work order completion w/in 30 days	# of work orders completed within 30 days of creation / # of work orders created	95%	X			On Target

Indicator	Measure off target	Description of issue(s)	Corrective Action Summary	Previous Corrective Action (if any)
Patient Services, Care and Safety	Readmissions within 30 days	2 patients were readmitted in January after being placed back on 5150 holds in the community. One of the readmitted patients was released AMA after court hearing officer believed she no longer met hold criteria. The second readmit patient was d/c'd to ACT and had an ACT psychiatry appointment the following morning. This patient was noted to be functioning well psychiatrically and had accomplished his treatment goals at the time of discharge.	Capture and track data on patients released AMA by hearing officers and relationship to rate of readmission within 30 days. In review of this months readmissions it was determined that these instances did not uncover issues stemming from daily operations at PHF. The team will continue to review readmissions within 30 days each month to ensure identification of areas of weakness and address necessary process improvements.	After detailed review it was determined that these instances were indicative of complex case outliers and did not uncover any glaring issues in the daily operations at PHF. Staff have taken this opportunity to update the tracking process of readmissions for a more efficient system. This will support the process of quickly identifying areas of weakness.
Physician and AHP Related Issues	Telephone medication orders	6 Telephone Orders were not signed by an MD within 24 hours in January.	The specific doctors will be counseled and re-educated by the Medical Director. The nursing supervisor will re-educate team leaders to ensure that they are contacting the medical director when telephone orders are not signed and it is approaching the 24 hour timeline.	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.
Complaints and Grievances	Clinical Care and skill related grievances.	4/7 grievances received in the month of January were categorized to quality of care. Two of these were unfounded. The other two were reports of the janitorial supervisor being rude to a client, asking him to leave the room while it was being cleaned.	The PHF Manager and Facilities Manager followed up with the janitorial supervisor regarding the incident to ensure quality of care.	

