

Indicator	Measures	Description	Target	Apr-19			Previous Quarter
				On Target	Off Target	Data	Jan 2019- Mar 2019
Complaints and Grievances	Total grievances	# of patient grievances / Total Bed days per month	10%	X		5/470	On Target
	Clinical care/skill-related grievances	# of grievances related to clinical care/skill / # of grievances	5%	X		0/5	Off Target 19%
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%		X	15/20 75%	Off Target 75%
	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		0/470	On Target
	Medical emergency transfers	# of patients transferred emergently to an acute hospital / Total bed days per month	2%	X		0/470	On Target
	Readmissions within 30 days	# of inpatient readmissions within 30 days of discharge / # of inpatient admissions per month	10%		X	4 out of 32	Off Target 12%
	Mortality	# of inpatient deaths / Total Bed days per month	0%	X		0/470	On Target
	Elopement	# of elopements / Total Bed days per month	0%	X		0/470	On Target
	Suicide management	# of attempted suicides / # of inpatient admissions per month	0%	X		0/32	On Target
	Patient falls	# of inpatient falls reported during the month / Total Bed days per month	0.50%	X		0/470	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%				On Target
	Social Services Documentation Monitoring	# of charts that include admission note, acute note status and administrative status note / # of charts of audited	100%				On Target

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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	0%	X		0	On Target
	Medication error rates	# of medication errors occurring in patient care areas / Total medications dispensed	0		X	2	Off Target 1.67
	Adverse drug reactions	# of adverse drug reactions / # of medications administered	2%	X		0	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		28 out of 28	On Target
	Dual licensed signatures for Controlled substance destruction (one RN signature required)	# of controlled substances destructions w/ dual license signature (one RN required) / total # of controlled substance destructions	100%	X		1 out of 1	Off Target 91%
	Controlled substance discrepancy	# of resolved controlled substance discrepancies /total # controlled substance discrepancies	100%	n/a	n/a	n/a	On Target

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Indicator	Measures	Description	Target	Apr-19			Previous Quarter
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Significant Adverse Outcomes	Sentinel events	Event leading to death or significant impairment (per Unusual Occurrences Policy) includes Near Misses and State Reportable Events	N/A	X		0	On Target
	Event reporting	Number of events reported of the following types: Medication-Related; Other significant/Mandated Reporting	N/A	X		0	On Target
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	28/31	Off Target: 85%
	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		7 out of 7	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		7 out of 7	On Target
	Articulation of fire plan components	# of staff articulating fire plan components correctly / # of staff queried	>90%	X		7 out of 7	On Target
	Work order completion w/in 30 days	# of work orders completed within 30 days of creation / # of work orders created	95%	X		7 out of 7	On Target

CORRECTIVE ACTION SUMMARY

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	Off Target for the quarter at 12% and month of April at 12.5% (Target is 10%) for the number of patients that were readmitted to the PHF within 30 days of discharge. 4 patients were readmitted in April within 30 days of discharge. 1 patient was 1370 discharged to a board and care home, then readmitted after absconding the placement post alleged physical assault of another resident. 1 patient was discharged AMA at Probable Cause hearing, then readmitted after placement on 5150 danger to self hold. 1 patient was discharged to crisis residential with ACT and Justice Alliance support, then readmitted after decompensating and being placed on a 5150 grave disability hold. 1 patient was discharged to a motel with ACT support and was readmitted on a 5150 grave disability hold. Staff would like to identify and mitigate factors that are impacting the readmission rate.	Staff will continue gathering basic data to identify any factors that may be influencing the rise in rate of readmissions to PHF within 30 days. Quality Care Management Coordinator will work with Information Systems and Research & Analysis Staff to pull data on readmitted patients on length of days between discharge and readmission, type of discharge placement, attendance or non attendance at follow up appointments to identify any trends/ patterns/service gaps that can be addressed to reduce rate of readmission within 30 days.	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.
Physician and AHP Related Issues	Telephone medication orders	Off Target for the quarter at 85% and the month of April at 90% (Target is 100%) for Telephone Orders being signed by an MD within 24 hours. This has been an ongoing issue which has shown improvement in the last 2 months with MDs being able to sign off on other MDs telephone orders, but remains off target.	Team Leaders are reminded to notify Medical Director when telephone orders are not signed and it is approaching the 24 hour timeline, or if an on shift MD refuses to sign off on another MD's telephone order. MDs who are on shift are trained to signed off any telephone orders from the previous shift's MD. Medical Director will counsel specific MDs out of compliance as needed.	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.
Complaints and Grievances	Clinical Care and skill related grievances.	Off Target for the quarter at 19% (Target is 5%) for grievances related to clinical care and skills related grievances. The grievances were from January best categorized under clinical care and skill related, 2 focusing on complaints related to the janitorial staff.	These grievances occurred in January and resolved with no evidence of concern regarding services or staff at the PHF. No further concerns/incidents have arisen regarding janitorial staff.	The PHF Manager and Facilities Manager followed up with the janitorial supervisor regarding the incident to ensure quality of care. No further concerns have arisen.
Medication Use/Pharmacy Services	Medication error rates	Off Target for the quarter at 1.67 and for the month of April at 2 (Target is 0) regarding medication errors. The Pharmacist is not currently seeing trends with specific staff regarding medication errors and is addressing incidents as they occur. There have been no adverse outcomes for patients related based on the medication errors.	Pharmacist and Nursing Supervisor have counseled specific staff involved in the medication errors. Staff was retrained to use the Reports tab in Pyxis which shows all medication that has been provided to the patient in the last 24 hours. Staff was retrained to consult with MD if there are any questions regarding medication orders or last dose given. Additional training by the Pharmacist for all staff is scheduled in June to address medication error prevention and review policy and procedures related to medication use/pharmacy.	
Medication Use/Pharmacy Services	Dual licensed signatures for Controlled substance destruction (one RN signature required)	Off Target for the quarter 91% (Target is 100%) for dual licensed signatures for controlled substance destructions (One RN required). There was one destruction in January and one in February which failed to have an RN signature.	Pharmacist and Nursing Supervisor counseled 2 specific nursing staff involved and ensured they were retrained on the policy and procedure for controlled substance destruction. Additional training by the Pharmacist for all staff is scheduled in June to address medication error prevention and review policy and procedures related to medication use/pharmacy.	Pharmacist and Nursing Supervisor counseled specific staff involved and ensured they were retrained on the policy and procedure for controlled substance destruction.