

QAPI/PGB REPORT FOR JUNE 2019 ON MAY DATA

Indicator	Measures	Description	Target	May-19			Previous Quarter
				On Target	Off Target	Data	January-March 2019
Complaints and Grievances	Total grievances	# of patient grievances / Total Bed days per month	10%	X		4/480	On Target
	Clinical care/skill-related grievances	# of grievances related to clinical care/skill / # of grievances	5%	X		0/4	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
	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		0/480	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		0/480	On Target
	Readmissions within 30 days	# of inpatient readmissions within 30 days of discharge / # of inpatient admissions per month	10%				Off 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 out of 5	On Target
	Social Services Discharge & Aftercare Monitoring	# of discharge and aftercare forms with all elements completed / # of charts audited	100%	X		5 out of 5	On Target
	Social Services Documentation Monitoring	# of charts that include admission note, acute note status and administrative status note / # of charts of audited	100%	X		5 out of 5	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	X		0	On Target
	Seclusion usage	# of "seclusion episodes" / Total Bed days per month	N/A	X		2/480	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		2 out of 2	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		2 out of 2	Off Target- 83%
	Patient injuries during restraint	# of injuries while restrained or secluded / # of restraint/seclusion episodes	0%	X		0 out of 2	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		2 out of 2	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	1	Off Target
	Adverse drug reactions	# of adverse drug reactions / # of medications administered	2%				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
	Dual licensed signatures for Controlled substance destruction (one RN)	# of controlled substances destructions w/ dual license signature (one RN required) / total # of controlled substance destructions	100%				Off Target
	Controlled substance discrepancy	# of resolved controlled substance discrepancies /total # controlled substance discrepancies	100%				On Target

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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	N/A		0	On Target
	Event reporting	Number of events reported of the following types: Medication-Related; Other significant/Mandated Reporting	N/A	N/A		0	On Target
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		9 out of 9	On Target
	Nutritional assessments	# of RD assessments performed within 72 hours for patients at high nutritional risk / # high risk nutritional patients reviewed	100%	X		9 out of 9	Off Target - 94%
	Food storage/expired food items	# of expired/unlabeled items in refrigerators/freezers / # of food items observed	0%	X		0 out of 90	On Target
	Rate of correct meal preparations	# of meals served that match PHFs Daily spreadsheet with appropriate portion/size / # of meals reviewed	100%	X		9 out of 9	On Target
	Safe Food Handling	# of food temperatures within range/ # of temperature checks performed	100%	X		90 out of 90	On Target
Physician and AHP Related Issues	Telephone medication orders	Number of telephone orders signed and dated within 24 hours	100%				Off Target- 97.3%
	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
	Room Cleanliness	# of Patient Rooms clean w/out dust/dirt/ # of patient rooms observed	>95%				On Target
Environment of Care	Staff knowledge: Unsafe environment or hazard	# of staff able to articulate how to report unsafe environment or hazard / # of staff interviewed	>95%				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%				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%				On Target

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CORRECTIVE ACTION SUMMARY

Indicator	Measure off target	Description of issue(s)	Corrective Action Summary	Previous Corrective Action (if any)
Food and Nutrition Issues	Nutritional assessments	1 nutritional assessment in January and 1 in February not completed w/in 72 hours both occurred during holiday shifts. RD coverage had indeed been secured/arranged ahead of time with the PHD – in addition to notification via email, a telephone call was required to the RD PHD Manager. The telephone call was not made (notification with instructions emailed and posted in advance) in these cases.	No further incidents to date. Prompt Team Leaders (TL) with notification instructions prior to holidays on securing RD coverage and all necessary steps in chain of contact.	TL counseled to this effect with no further issues.
Restraint/Seclusion	Face-to-face evaluation w/in 1hr	1 Face-to-face evaluation in February documented 15 minutes after 1 hour mark.	No further incidents to date	This MD is no longer working with PHF. Nursing Supervisor also reviewed with the nursing staff to ensure the MD has the face to face and paperwork complete within the 1 hour time frame.
Medication/Pharmacy	Medication errors	1) Insulin pen expires 28 days after opening. One expired 5/4 however Nurse used this for the patient on 5/5, 5/6, 5/7. Pharmacist saw the med was expired when doing weekly check on 5/8 and the pen was discarded and a new pen began to be used. Dr. was notified and evaluated patient and looked at blood sugar labs, patient was okay. 2) When refilling Pyxis there was an extra tab of lisinopril 5mg however the count in the pharmacy is correct. There were 2 transactions since the last pharmacy refill. Nurse may not have pulled enough medication for either patient. Patient was okay and Dr. was notified.	1) All 3 nurses involved in incident were counseled and notified of the incident. Pharmacist Morgan consulted with all nurses and Dr. and there were no ongoing concerns. Administrative discussion of having MD write orders for the pens for 28 days instead of 30 to help mitigate this issue, and putting the 28 day expiration date into the MAR. 2) Nurse was made aware but does not recall this incident. Pharmacists does not see trends in errors with certain staff, and training for all staff is ongoing.	All staff involved in possible medication errors have been counseled.