

June 2019 PGB – QAPI Indicator List: Review for Approval

Proposed Revisions to Complete List of Quality Assessment Performance Indicator (QAPI) List:

1. Suggested reordering of Indicators for PGB review/approval.

2. New Indicator proposed for PGB review/approval:

D-3 Telephone Orders

3. Indicators with proposed revision for PGB review/approval:

#16 (reordered #D2) Rate of Complete Psychotropic Medication Consents

#42 (reordered #D4) Appropriateness of Poly Pharmacy Antipsychotic Therapy

#52 (reordered #K1) Staff Knowledge about Unsafe /Hazard Condition

#53 (reordered #K2) Emergency Management Employee Education

#54 (reordered #K3) Emergency Management Activation

#55 (reordered #K4) Fire Drills

#56 (reordered #K5) Review of Escape Routes During Construction

#57 (reordered #K6) Staff Knowledge of the Fire Plan

#58 (reordered #K7) Management of Physical Environment

4. Indicators proposed for PGB review/removal:

#13 Patient Falls Leading to Injury Requiring Treatment

#24 Rate of Appropriate and Accurate Diets

#50 Room Cleanliness

Complete List

Quality Assessment and Performance Improvement Indicators

White Items are Items of Primary Focus

Grayed-Out Items are Items of Secondary Focus

6/26/19

No	Name	Definition	Target	Accountability	Prioritization Criteria**	Reporting	Comment
A Significant Adverse Occurrences							
1	Sentinel Event	Event leading to death or significant impairment (per Unusual Occurrence Reporting Policy) includes Near Misses, State Reportable Events	N/A	QCM	XX, R, P, C	QAPICOMMITTEE, MPC, BOARD [Monthly]	Each sentinel event is reported. The root cause analysis and prevention interventions are also reported.
2	Event Reporting Frequency(RCA)	Number of events reported of the following types: Medication-Related; Other significant/Mandated Reporting	N/A	QCM	R, P	QAPICOMMITTEE, MPC, BOARD [Monthly]	The focus will be to increase reporting of issues
B Complaints/Grievances							
1 3	Patient Grievance Rate	Numerator: # of patient grievances Denominator: 100 patient days	10%	Patient Advocate	XX, R, P, S	QAPICOMMITTEE, MPC [Monthly] BOARD [Quarterly]	QAPI Committee will oversee the effectiveness of corrective actions taken by Grievance Committee
2 4	Clinically Related Patient Grievance	Numerator: # of grievances related to clinical care/skill Denominator: # of grievances	5%	Patient Advocate	XX, R, P, C, S	QAPICOMMITTEE, MPC [Monthly] BOARD [Quarterly]	QAPI Committee will oversee the effectiveness of corrective actions taken by Grievance Committee
C Patient Services, Care and Safety							
1 5	Patient injuries during hospitalization	Numerator: Number of patient injuries w or w/o treatment Denominator: Number of pt days per month X 100	0%	QCM	R, C, S	QAPICOMMITTEE, MPC, BOARD [Monthly]	QAPICOMMITTEE will oversee the effectiveness of corrective actions

Prioritization Criteria: XX = Required by External Authorities; R = High Risk; V = High Volume; P = Problem Prone; C = Clinical Excellence; E = Operational Efficiency; S = Patient, Employee and Physician Satisfaction; H = Employee Retention / Recruitment

No	Name	Definition	Target	Accountability	Prioritization Criteria*	Reporting	Comment
C Patient Services, Care and Safety (continued)							
27	Inpatient Mortality Rate	Numerator: Number of inpatient deaths Denominator: Number of patient days per month X 100	0%	QCM	R, V, P, C, S	QAPICOMMITTEE, MPC, BOARD [Quarterly]	QAPI Committee will oversee the effectiveness of corrective actions
38	Readmissions within 30 Days	Numerator: Number of inpatient readmissions within 30 days of discharge Denominator: Number of inpatient admissions per month	10%	QCM	V, P, C, S	QAPICOMMITTEE, MPC, BOARD [Quarterly]	QAPI Committee will oversee the effectiveness of corrective actions
49	Medical Emergency Transfers	Numerator: Number of inpatients transferred emergently to an acute hospital Denominator: Number of patient days per month X 100	2%	QCM	R, P, C,	QAPICOMMITTEE, MPC, BOARD [Quarterly]	QAPI Committee will oversee the effectiveness of corrective actions
540	Elopement Rate	Numerator: Number of Elopements Denominator: Number of inpatient days per month X 100	0%	QCM	R, P, C,	QAPICOMMITTEE, MPC, BOARD [Quarterly]	QAPI Committee will oversee the effectiveness of corrective actions
644	Suicide Management	Numerator: Number of attempted suicides Denominator: Number of patients admitted with dx of behavioral/emotional disorder	0%	QCM	R, P, C, S	QAPICOMMITTEE, MPC, BOARD [Quarterly]	QAPI Committee will oversee the effectiveness of corrective actions
742	Inpatient Falls per 100 patient days	Numerator: Number of inpatient falls reported during the month. Denominator: number of inpatient days per month X 100.	0.5	QCM	XX, R, P, V	QAPICOMMITTEE, MPC, BOARD [Quarterly]	QAPI Committee will oversee the effectiveness of corrective actions

Prioritization Criteria: XX = Required by External Authorities; R = High Risk; V = High Volume; P = Problem Prone; C = Clinical Excellence; E = Operational Efficiency; S = Patient, Employee and Physician Satisfaction; H = Employee Retention / Recruitment

Quality Assessment and Performance Improvement Indicators

No	Name	Definition	Target	Accountability	Prioritization Criteria**	Reporting	Comment
C Patient Services, Care and Safety (continued)							
8 13	Patient falls leading to injury requiring treatment	Number and brief description of the circumstances surrounding any inpatient or outpatient fall that required medical treatment	0%	QCM	R, C, S	QAPICOMMITTEE, MPC, BOARD [Quarterly]	QAPI Committee will oversee the effectiveness of corrective actions This Indicator has been on Target since July 2016. This data is captured also in Indicator 5- patient injuries during hospitalization.
9 14	Rate of Initial Treatment Plans Reviewed and Approved within 24 hours of admission	Numerator: # of Medical Records reviewed for presence of Treatment Plans Reviewed and Approved within 24 Hours of Admission Denominator: Number of Inpatient Admissions	95%	QCM	R, V, E	QAPICOMMITTEE, MPC, BOARD [Quarterly]	QAPI Committee & MPC will oversee the effectiveness of corrective actions
D Physician and AHP Related Issues							
1 15	Rate of Complete and Timely Psychiatric Evaluations	Numerator: Number of Records Reviewed for Presence Complete and Timely Psychiatric Evaluations Denominator: Number of Records Reviewed where Psychiatric Evaluation Required	100%	QCM	XX, V, C, E	QAPICOMMITTEE, MPC, BOARD [Quarterly]	QAPI Committee & MPC will oversee the effectiveness of corrective actions

Prioritization Criteria: XX = Required by External Authorities; R = High Risk; V = High Volume; P = Problem Prone; C = Clinical Excellence; E = Operational Efficiency; S = Patient, Employee and Physician Satisfaction; H = Employee Retention / Recruitment

Quality Assessment and Performance Improvement Indicators

No	Name	Definition	Target	Accountability	Prioritization Criteria**	Reporting	Comment
D Physician and AHP Related Issues (continued)							
2 16	Rate of Complete Psychotropic Medication Consents	Numerator: # of Medical Records reviewed with Presence of Psychotropic Medication Consents Present (for voluntary admissions – if not presence of state mandated Psychotropic form present) with patient and/or patient's legal guardian signature Denominator: Number of Psychotropic Medication Consents Required (e.g. # of individual psychotropic medication consent forms required in each medical record reviewed)	100%	QCM	XX, V, C, S	QAPICOMMITTEE, MPC, BOARD [Quarterly] [Monthly]	QAPI Committee & MPC will oversee the effectiveness of corrective actions Change to current area of focus based on Plan Of Correction for DHCS.
3	Telephone Orders	Numerator: # of Telephone Orders signed and Dated within 24 hours Denominator: Total # of Telephone Orders Reviewed	100%	QCM	P, C, E, V	QAPI COMMITTEE, MPC, BOARD [Monthly]	QAPI Committee & MPC will oversee the effectiveness of corrective actions
4 42	Appropriateness of Poly-Pharmacy Antipsychotic Therapy	Numerator: Number of poly-pharmacy Antipsychotic therapy records reviewed with evidence of review of appropriateness of each drug Denominator: Number of poly-pharmacy antipsychotic therapy records reviewed	95%	QCM	R, P, C	QAPI COMMITTEE, MPC, BOARD [Quarterly]	QAPI Committee & MPC functioning as P&T will oversee the effectiveness of corrective actions Changed to Current Area of Focus as this Indicator has been Off Target
5 17	Rate of Consultation Reports Reviewed by Physician and Noted in D/C Summary	Numerator: Number of Records Reviewed for Presence of Physician Annotated Review of Consultation in D/C Summary Denominator: Number of Records Reviewed where Consultations Present	95%	QCM	P, C, E	QAPICOMMITTEE, MPC, BOARD [Quarterly]	QAPI Committee & MPC will oversee the effectiveness of corrective actions

Prioritization Criteria: XX = Required by External Authorities; R = High Risk; V = High Volume; P = Problem Prone; C = Clinical Excellence; E = Operational Efficiency; S = Patient, Employee and Physician Satisfaction; H = Employee Retention / Recruitment

Quality Assessment and Performance Improvement Indicators

No	Name	Definition	Target	Accountability	Prioritization Criteria**	Reporting	Comment
D Physician and AHP Related Issues (continued)							
6 18	Discharge Summary Completion	Numerator: # of Medical Records with Discharge Summary Completed within 30 days of Discharge and Contains all Required Elements Denominator: Number of Inpatient Discharges	95%	QCM	XX, P, C, E	QAPICOMMITTEE, MPC, BOARD [Quarterly]	QAPI Committee & MPC will oversee the effectiveness of corrective actions
7 19	Discharge Progress Note Completion	Numerator: # of Medical Records with Discharge Progress Notes Completed per Policy Denominator: Number of Inpatient Discharges	100%	QCM	P, C, E	QAPICOMMITTEE, MPC, BOARD [Quarterly]	QAPI Committee & MPC will oversee the effectiveness of corrective actions
E Laboratory Services							
24 1	Average time of reporting of critical results	Mean time from resulting availability to notification of the responsible practitioner (physician or other practitioner who may initiate appropriate	30 min	QCM	XX, R, P, V	QAPICOMMITTEE, MPC, BOARD [Quarterly].	QAPI Committee will oversee the effectiveness of corrective actions
22 2	Mislabeled/Unlabeled Specimens	Numerator: Number of mislabeled or unlabeled specimens Denominator: Number of specimens received in laboratory	5%	QCM	R, P, V, C, E	QAPICOMMITTEE, MPC, BOARD [Quarterly]	QAPI Committee will oversee the effectiveness of corrective actions
F Food and Nutrition Issues							
24	Rate of appropriate and accurate Diets	Numerator: Number of nutritional diets accurate and appropriate for patient's carbohydrate, caloric and protein needs Denominator: number of diets reviewed	100%	Director of Dietary	V, P, C, S	QAPICOMMITTEE, MPC, BOARD [Quarterly]	QAPI Committee will oversee the effectiveness of corrective actions This indicator has been on Target at 100% since October 2016 as a Secondary indicator, and is not an area of Current Focus. This will continue to be addressed and reported on through quarterly Contract monitoring

Prioritization Criteria: XX = Required by External Authorities; R = High Risk; V = High Volume; P = Problem Prone; C = Clinical Excellence; E = Operational Efficiency; S = Patient, Employee and Physician Satisfaction; H = Employee Retention / Recruitment

Quality Assessment and Performance Improvement Indicators

No	Name	Definition	Target	Accountability	Prioritization Criteria**	Reporting	Comment
F Food and Nutrition Issues							
1 25	Rate of correct meal preparations	Numerator: Number of meals prepared with correct menu including food portions Denominator: number of prepared meals reviewed	100%	Director of Dietary	V, P, C, S	QAPICOMMITTEE, MPC, BOARD [Quarterly]	QAPI Committee will oversee the effectiveness of corrective actions
2 26	Number of Timely Nutritional Assessments	Numerator: Number of RD assessments performed within 72 hours for patients at high nutritional risk Denominator: number high risk nutritional patients reviewed	100%	Director of Dietary	V, P, C, S	QAPICOMMITTEE, MPC, BOARD [Quarterly]	QAPI Committee will oversee the effectiveness of corrective actions
3 27	Proper Food Storage	Numerator: Number expired food items in kitchen refrigerators/freezers Denominator: Number of food items observed	0%	Director of Dietary	V, P, C, S	QAPICOMMITTEE, MPC, BOARD [Quarterly]	QAPI Committee will oversee the effectiveness of corrective actions
4 28	Proper Food Preparation	Numerator: Number of food temperatures within range Denominator: Number temperatures checks performed	100%	Director of Dietary	V, P, C, S	QAPICOMMITTEE, MPC, BOARD [Quarterly]	QAPI Committee will oversee the effectiveness of corrective actions
G Infection Prevention and Control							
1 29	Rate of Compliance CDC Hand Hygiene Requirements	Numerator: Number of observations when the care giver performed hand hygiene per CDC guidelines. Denominator: number of observations (opportunities)	80%	Infection Control Practitioner	R, P, V, C	QAPICOMMITTEE, MPC (IC function), BOARD [Quarterly]	QAPI Committee and the MPC performing the Infection Control Function will oversee the effectiveness of corrective actions
2 30	Appropriate Cleaning / Disinfecting Products	Numerator: Number of cleaning products EPA approved for hospital use Denominator: All cleaning products (4 observations per	100%	Infection Control Practitioner	R, P, C	QAPICOMMITTEE, MPC (IC function), BOARD [Quarterly]	QAPI Committee and the MPC performing the Infection Control Function will oversee the effectiveness of corrective actions

Prioritization Criteria: XX = Required by External Authorities; R = High Risk; V = High Volume; P = Problem Prone; C = Clinical Excellence; E = Operational Efficiency; S = Patient, Employee and Physician Satisfaction; H = Employee Retention / Recruitment

Quality Assessment and Performance Improvement Indicators

No	Name	Definition	Target	Accountability	Prioritization Criteria**	Reporting	Comment
G Infection Prevention Control (continued)							
31	Number of infections due to inadequate cleaning of showers	Numerator: Number of athlete foot infections Denominator: 100 patient days	0%	Infection Control Practitioner	R, P, V, C, S	QAPICOMMITTEE, MPC (IC Function), BOARD [Quarterly]	QAPI Committee and the MPC performing the Infection Control Function will oversee the effectiveness of corrective actions
H Restraint / Seclusion (Violent/Self Destructive Behavior)							
32	Restraint Usage Rate	Numerator: Hours of restraint use Denominator: 1000 patient hours	volume	QCM	P, C, S	QAPICOMMITTEE, MPC, BOARD [Quarterly]	QAPI Committee will oversee the effectiveness of corrective actions
33	Seclusion Usage Rate	Numerator: Number of "seclusion episodes" Denominator: 100 inpatient days	volume	QCM	R, P, C, S	QAPICOMMITTEE, BOARD [Quarterly]	QAPI Committee will oversee the effectiveness of corrective actions
35	Appropriateness of Restraint / Seclusion Renewal at 24 hours	Numerator: Number of restraint / seclusion episodes renewed at the 24 hour time frame with evidence of in- person evaluation by LIP Denominator: Total number of renewal restraint / seclusion orders	100%	QCM	R, P, C, S	QAPICOMMITTEE, MPC, BOARD [Quarterly]	QAPI Committee will oversee the effectiveness of corrective actions
34	Appropriateness of Order Time Frame	Numerator: Number of orders for restraint / seclusion meeting 4/2/1 hr time frame pursuant to age population Denominator: Total number of orders for restraint / seclusion	100%	QCM	R, P, C, S	QAPICOMMITTEE, MPC, BOARD [Quarterly]	QAPI Committee will oversee the effectiveness of corrective actions

Prioritization Criteria: XX = Required by External Authorities; R = High Risk; V = High Volume; P = Problem Prone; C = Clinical Excellence; E = Operational Efficiency; S = Patient, Employee and Physician Satisfaction; H = Employee Retention / Recruitment

Quality Assessment and Performance Improvement Indicators

No	Name	Definition	Target	Accountability	Prioritization Criteria**	Reporting	Comment
H Restraint/Seclusion (Violent/Self Destructive Behavior)							
36 5	Restraint / Seclusion Usage – Evidence of Alternative Methods/Less Restrictive Measures	Numerator: Number of restraint / seclusion records reviewed with evidence of alternative & less restrictive measures attempted or considered and rejected prior to restraint use Denominator: Total number of restraint / seclusion episodes reviewed	100%	QCM	R, P, C, S	QAPICOMMITTEE, MPC, BOARD [Quarterly]	QAPI Committee will oversee the effectiveness of corrective actions
37 6	Evaluation of Restraint / Seclusion	Numerator: Number of new restraint / seclusion episodes with face-to face evaluation within 1 hour of restraint / seclusion application by Qualified RN or PA or LIP Denominator: Total number of new episodes of restraint / seclusion	100%	QCM	R, P, C, S	QAPICOMMITTEE, MPC, BOARD [Quarterly]	QAPI Committee will oversee the effectiveness of corrective actions
38 7	Restraint / Seclusion Outcome – Injuries while restrained	Numerator: Number of pt. injuries while restrained or secluded Denominator: Number of restraint / seclusion episodes per 100	0%	QCM	R, P, C, S	QAPICOMMITTEE, MPC, BOARD [Quarterly]	QAPI Committee will oversee the effectiveness of corrective actions
39 8	Inclusion in Treatment Plan	Numerator: Number of records of restrained and/or secluded patients with inclusion of restraint/ seclusion in treatment plan Denominator: Number of patient records with restraint/ seclusion	100%	QCM	R, P, C	QAPICOMMITTEE, MPC, BOARD [Quarterly]	QAPI Committee will oversee the effectiveness of corrective actions

Prioritization Criteria: XX = Required by External Authorities; R = High Risk; V = High Volume; P = Problem Prone; C = Clinical Excellence; E = Operational Efficiency; S = Patient, Employee and Physician Satisfaction; H = Employee Retention / Recruitment

Quality Assessment and Performance Improvement Indicators

No	Name	Definition	Target	Accountability	Prioritization Criteria**	Reporting	Comment
1 Medication Use/ Pharmacy Services							
40 1	Medication Error Rate as a Result of Med Unavailability	Numerator: total number of medication errors occurring in patient care areas as a result of medication unavailability Denominator: Total medications dispensed (or per 100 medications dispensed)	0%	QCM	R, V,P, C	QAPICOMMITTEE, BOARD [Monthly]	QAPI Committee & MPC functioning as P&T will oversee the effectiveness of corrective actions
41 2	Adverse Drug Reaction Rate	Numerator: Number of adverse drug reactions Denominator: Number of medications Administered	2%	QCM	R, P, C	QAPICOMMITTEE, M P C , BOARD [Quarterly]	QAPI Committee & MPC functioning as P&T will oversee the effectiveness of corrective actions
45 3	Patient Medication and Controlled Substance Labeling	Numerator: # of patient medications, including controlled substances labeled and stored according to hospital policy Denominator: number of patient stored medications	100%	QCM	R, V,P, C	QAPICOMMITTEE, BOARD [Quarterly]	QAPI Committee & MPC functioning as P&T will oversee the effectiveness of corrective actions
47 4	Dual licensed Signatures for Controlled Substance Destruction (one RN signature required)	Numerator: # of controlled substance destructions with dual licensed signatures (one RN signature required) Denominator: total # of controlled substance destructions	100%	QCM	R, V,P, C	QAPICOMMITTEE, BOARD [Quarterly]	QAPI Committee & MPC functioning as P&T will oversee the effectiveness of corrective actions
59 5	Controlled Substance Discrepancy	Numerator: # of resolved controlled substance discrepancies Denominator: total # of controlled substance discrepancies	100%	QCM	R, V,P, C	QAPICOMMITTEE, BOARD [Quarterly]	QAPI Committee & MPC functioning as P&T will oversee the effectiveness of corrective actions
60 6	Medication Errors	Total Number of Medication Errors	0	QCM	R, V,P, C	QAPI COMMITTEE [Monthly] BOARD [Quarterly]	QAPI Committee & MPC functioning as P&T will oversee the effectiveness of corrective actions

Prioritization Criteria: XX = Required by External Authorities; R = High Risk; V = High Volume; P = Problem Prone; C = Clinical Excellence; E = Operational Efficiency; S = Patient, Employee and Physician Satisfaction; H = Employee Retention / Recruitment

Quality Assessment and Performance Improvement Indicators

No	Name	Definition	Target	Accountability	Prioritization Criteria**	Reporting	Comment
J Environmental Services							
50	Room Cleanliness	Numerator: # of Patient Rooms clean without visible dirt, dust Denominator: Number of Patient Rooms observed	95%	EVS Manager	P, V, C, S	QAPICOMMITTEE, MPC, BOARD [Quarterly]	QAPI Committee and the MPC performing the Infection Control Function will oversee the effectiveness of corrective actions On Target since October 2017. Room Cleanliness will continue to monitored and reported on quarterly though contract monitoring process with South Coast Janitorial.
51	Cleaning / Disinfection Patient Rooms	Numerator: Number of correct responses from staff when queried on disinfectant dwell (wet/kill) times Denominator: Number of queries (2 queries per week)	>95%	EVS Manager	P, V, C, S	QAPICOMMITTEE, MPC, BOARD [Quarterly]	QAPI Committee and the MPC performing the Infection Control Function will oversee the effectiveness of corrective actions
K Environment of Care (EOC)							
52	Staff Knowledge about Unsafe/hazard Condition	Numerator: # of staff able to articulate how to report unsafe environment or hazard Denominator: # of staff interviewed	>95%	Plant Operations	R, V, P, C, E, S	Environment of Care Committee Quality Oversight QAPICOMMITTEE, Board [Quarterly]	EOC will oversee the effectiveness of corrective actions
53	Emergency Management Employee Education	Numerator: # of employees correctly describing their role in the event of an internal/external disaster Denominator: # of employees interviewed	>90%	Plant Operations	R, V, P, C, E, S, H	Environment of Care Committee Quality Oversight QAPICOMMITTEE, Board [Quarterly]	Executive leadership/ QAPI will oversee the effectiveness of corrective actions

Prioritization Criteria: XX = Required by External Authorities; R = High Risk; V = High Volume; P = Problem Prone; C = Clinical Excellence; E = Operational Efficiency; S = Patient, Employee and Physician Satisfaction; H = Employee Retention / Recruitment

Quality Assessment and Performance Improvement Indicators

No	Name	Definition	Target	Accountability	Prioritization Criteria**	Reporting	Comment
K Environmental Services Environment of Care (EOC)							
54 3	Emergency Management Activation	2 1 per year	100%	Plant Operations	XX, R, V,P, C,E,S,H	Environment of Care Committee Quality Oversight QAPICOMMITTEE, Board	EOC will oversee the effectiveness of corrective actions
55 4	Fire and Internal Disaster Drills	Numerator: 1 fire or Internal Disaster drill per quarter per shift conducted Denominator: 12-16	100%	Plant Operations	XX, R, V,P, E,S,H	Environment of Care Committee Quality Oversight QAPICOMMITTEE, Board [Quarterly]	EOC will oversee the effectiveness of corrective actions
56 5	Review of Escape Routes During Construction(ILSM)	Numerator: # of escape routes reviewed for unobstructed access Denominator: # of escape routes	100%	Plant Operations	R, V,P, C,E,S,H	Environment of Care Committee Quality Oversight QAPICOMMITTEE, Board [Quarterly]	EOC will oversee the effectiveness of corrective actions
57 6	Staff knowledge of fire plan	Numerator: # of staff articulating fire plan components correctly Denominator: # of staff queried	>90%	Plant Operations	R, V,P, E,S,H	Environment of Care Committee Quality Oversight QAPICOMMITTEE, Board [Quarterly]	EOC will oversee the effectiveness of corrective actions
58 7	Management of Physical Environment	Work order completion rate Numerator: # of work orders completed within 30 days of creation Denominator: # of work orders created	95%	Plant Operations	R, V, P, C, E	Environment of Care Committee Quality Oversight QAPICOMMITTEE, Board [Quarterly]	Executive leadership/ QAPI will oversee the effectiveness of corrective actions

Prioritization Criteria: XX = Required by External Authorities; R = High Risk; V = High Volume; P = Problem Prone; C = Clinical Excellence; E = Operational Efficiency; S = Patient, Employee and Physician Satisfaction; H = Employee Retention / Recruitment