

**JULY 2019 QAPI/PGB REPORT**

Indicator	Measures	Description	Target	Jun-19			Previous Quarter
				On Target	Off Target	Data	April-June
<b>Complaints and Grievances</b>	Total grievances	# of patient grievances / Total Bed days per month	10%	X		1/464 0%	On Target
	Clinical care/skill-related grievances	# of grievances related to clinical care/skill / # of grievances	5%	X		0/1 0%	On Target
<b>Infection Prevention and Control</b>	Hand hygiene according to guidelines	# of observations when the care giver performed hand hygiene per CDC guidelines / # of	80%	X		22/26 85%	Off Target 78%
	Cleaning/disinfecting product usage	# of cleaning products EPA approved for hospital use / All cleaning products (4 observations per month)	100%	X		4/4 100%	On Target
	Infection rates (athlete foot)	# of athlete foot infections / Total Bed days per month	0%	X		0/464 0%	On Target
<b>Patient Services, Care and Safety</b>	Patient injuries	# of patient injuries w or w/o treatment / Total Bed days per month	0%	X		1/464 0%	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%	On Target
	Readmissions within 30 days	# of inpatient readmissions within 30 days of discharge / # of inpatient admissions per month	10%				Off Target 10.1%
	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

**JULY 2019 QAPI/PGB REPORT**

Indicator	Measures	Description	Target	Jun-19			Previous Quarter
				On Target	Off Target	Data	April-June
<b>Social Work Services</b>	Psychosocial Assessment Completion	# of completed assessments / # of assessments audited	100%				<b>On Target</b>
	Social Services Discharge & Aftercare Monitoring	# of discharge and aftercare forms with all elements completed / # of charts audited	100%				<b>On Target</b>
	Social Services Documentation Monitoring	# of charts that include admission note, acute note status and administrative status note / # of charts of audited	100%				<b>On Target</b>
<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				<b>On Target</b>
	Seclusion usage	# of "seclusion episodes" / Total Bed days per month	N/A				<b>On Target</b>
	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%				<b>On Target</b>
	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%				<b>On Target</b>
	Patient injuries during restraint	# of injuries while restrained or secluded / # of restraint/seclusion episodes	0%				<b>On Target</b>
	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%				<b>On Target</b>

**JULY 2019 QAPI/PGB REPORT**

Indicator	Measures	Description	Target	Jun-19			Previous Quarter
				On Target	Off Target	Data	April-June
<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	0	x		0	On Target
	Medication error rates	# of medication errors occurring in patient care areas / Total medications dispensed	2%		x	3	Off Target 2.3
	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 discrepancy	# of resolved controlled substance discrepancies/ total # of controlled substance discrepancies	100%				On Target
	Adverse drug reactions	# of adverse drug reactions / # of medications administered (PRN + Main)	2%				On Target
	Controlled substance destruction	# of controlled substances properly destroyed including all documentation requirements and destruction time frames	100%				On Target
Indicator	Measures	Description	Target	Jun-19			Previous Quarter
				On Target	Off Target	Data	April-June
<b>Significant Adverse Outcomes</b>	Sentinel events	Event leading to death or significant impairment (per Unusual Occurrence Policy) includes Near Misses and State	N/A	n/a		0	n/a
	Event reporting	Number of events reported of the following types: Medication-Related; Other significant/Mandated Reporting	N/A	n/a		0	n/a
<b>Food and Nutritional Services</b>	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	100%				On Target
	Food storage/expired food items	# of expired/unlabeled items in refrigerators/freezers / # of food items observed	0%				On Target
<b>Physician and AHP Related Issues</b>	Telephone medication orders	Number of telephone orders signed and dated within 24 hours	100%				Off Target 85.3% %
	MD-related incidents	Number of incidents regarding MDs	0				On Target
	Change of clinician request	Number of change of clinician requests	0				On Target

**JULY 2019 QAPI/PGB REPORT**

Indicator	Measures	Description	Target	Jun-19			Previous Quarter
				On Target	Off Target	Data	April-June
<b>Environmental Services</b>	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		8/8 100%	On Target
	Room Cleanliness	# of Patient Rooms clean without visible dirt, dust Denominator: Number of Patient Rooms observed (Total # of rooms x1 mthly)	>95%	x		10/10 100%	On Target
<b>Environment of Care</b>	Staff knowledge: Unsafe environment or hazard reporting	# 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

**CORRECTIVE ACTION SUMMARY**

Indicator	Measure off target	Description of issue(s)	Corrective Action Summary	Previous Corrective Action (if any)
<b>Infection Prevention &amp; Control</b>	Hand hygiene according to guidelines	The quarterly average for hand hygiene was off of the 80% target at 78%. The percentage for June is above target at 85%	Hand hygiene monitoring continues with monthly feedback provided to staff during staff meetings by the Infection Preventionist (IP). The IP continues to review and analyze the data to reveal any trends/patterns, areas of weakness as well as offer education through monthly newsletters and infection prevention updates at the staff meetings. <b><i>June had a higher rate of attendance for staff meetings which may have impacted the increase in compliance with hand hygiene.</i></b>	The Infection Preventionist (IP) tracks, analyzes and reports on the 'secret handwash watchers' data regarding the 5 moments of handwashing. This information is shared monthly in staff meetings as part of the staff education program. Multiple hand sanitizers have been added in the hallways – non-alcohol based – for easier access to hand hygiene for patients and staff. There are timers in staff bathrooms that offer an optional source of training to staff for duration of handwashing.
<b>Medication Use/Pharmacy Services</b>	Medication Errors	Off Target at 3 errors for June. The previous quarter's average was 2 medication errors, over the target of 0.	All staff involved are notified of and counseled on the medication errors. The Pharmacist tracks medication errors to identify any areas for improvement with staff or systems in place (Pyxis). The Pharmacist removed all long acting injectables to reduce chance for error. PHF Pharmacist, Medical Director, Nursing Supervisor, Clinical Director and other PHF leadership staff recommend implementing an effective electronic health records system to integrate with Pyxis to streamline medication ordering, administration and to reduce chances for medication errors to occur.	Staff counseled on medication errors and steps to take to prevent future occurrence. If nurses have any questions/concerns about medications they are instructed to contact the doctor prior to giving any medication. Pharmacist reports on and tracks all medication errors to identify trends, areas of weakness or need for improvement to reduce occurrence of medication errors.