

QAPI/PGB REPORT OCTOBER 2019 (September 2019 Data)

Indicator	Measures	Description	Target	September			Previous Quarter
				On Target	Off Target	Data	July- September
Complaints and Grievances	Total grievances	# of patient grievances / Total Bed days per month	10%	X		0/459 0%	On Target
	Clinical care/skill-related grievances	# of grievances related to clinical care/skill / # of grievances	5%	X		0/0 0%	On Target
Infection Prevention and Control	Hand hygiene according to guidelines	# of observations when the care giver performed hand hygiene per CDC guidelines / # of	80%		X	19/25 76%	Off Target
	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		0/459 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		0/459 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%				On 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

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<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>
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<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	<b>On Target</b>
	Medication error rates	# of medication errors occurring in patient care areas / Total medications dispensed	2%		x	4	<b>Off Target</b>
	Medication & controlled substance labeling	# of patient medications, including controlled substances labeled and stored according to hospital policy / # of patient stored medications reviewed	100%				<b>On Target</b>
	Controlled substance discrepancy	# of resolved controlled substance discrepancies/ total # of controlled substance discrepancies	100%				<b>On Target</b>
	Adverse drug reactions	# of adverse drug reactions / # of medications administered (PRN + Main)	2%				<b>On Target</b>
	Controlled substance destruction	# of controlled substances properly destroyed including all documentation requirements and	100%				<b>On Target</b>

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<b>Significant Adverse Outcomes</b>	Sentinel events	Event leading to death or significant impairment (per Unusual Occurrence Policy) includes Near Misses	N/A	n/a		1	On Target
	Event reporting	Number of events reported of the following types: Medication-Related; Other significant/Mandated	N/A	n/a		1	On Target
<b>Food and Nutritional Services</b>	Appropriate diets	# of nutritional diets accurate and appropriate for patient's carbohydrate, caloric and protein needs / #	100%				On Target
	Nutritional assessments	# of RD assessments performed within 72 hours for patients at high nutritional risk / # high risk nutritional	100%				On Target
	Food storage/expired food items	# of expired/unlabeled items in refrigerators/freezers / # of food items observed	0%				On Target
	Rate of correct meal preparations	# of meals served that match PHFs Daily spreadsheet with appropriate portion/size / # of	100%				On Target
	Safe Food Handling	# of food temperatures within range/ # of temperature checks performed	100%				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
	MD-related incidents	Number of incidents regarding MDs	0				On Target
	Change of clinician request	Number of change of clinician requests	0				On Target
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<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	>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	Hand hygiene was off of the 80% target at for the month at 76%.	Our hand hygiene program continues with oversight and input from our Infection Preventionist (IP). Hand hygiene is addressed at every staff meeting with reports from the secret hand hygiene monitors that have been analyzed by the IP for completion percentage as well as for the 5 moments of hand hygiene: Before patient contact, Before aseptic task, After body fluid exposure, After patient contact & After contact with patient surroundings. 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. PHF leadership has made available personal hand sanitizer bottles as incentive to practice hand hygiene according to guidelines. Use of hand sanitizer by all PHF staff disciplines, as compared to traditional handwashing techniques, consistently results in higher compliance with hand hygiene.	The Infection Preventionist (IP) tracks, analyzes and reports on the 'secret hand wash 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/Pharmacy</b>	Medication errors	In September there were 4 medication errors. 2 incidents were extra dose of medication found in Pyxis, and 2 patients may have been under-dosed. 2 incidents were a dose of medication was missing, and 2 patients may have received an extra dose. No adverse outcomes to any potentially involved patients.	Psychiatrist was notified immediately of the errors. Patients were assessed by staff and found to be okay. All staff involved in the errors were counseled on the errors. PHF Leadership has implemented a 'photo check' with a picture of the patient now placed in the MAR book for an additional patient identity check before administering medication. Pharmacist finds the while staff are printing and the activity report from Pyxis at the end of their shift, they are not looking at each medication pulled to make sure everything is accurate, as instructed by Pharmacist, to catch errors sooner. Pharmacist will review this procedure in at staff meetings in November, and has sent reminder emails to staff regarding these errors and using the activity report process.	All staff involved in medication errors have been counseled. All staff are now required to print out an activity report from Pyxis at the end of the shift to cross reference for possible errors.