

QAPI/PGB REPORT NOVEMBER 2019 (OCTOBER DATA)

| Indicator | Measures | Description | Target | October | | | Previous Quarter |
|---|--|---|--------|-----------|------------|----------|------------------|
| | | | | On Target | Off Target | Data | July- September |
| Complaints and Grievances | Total grievances | # of patient grievances / Total Bed days per month | 10% | X | | 0/490 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 | Hand hygiene according to guidelines | # of observations when the care giver performed hand hygiene per CDC guidelines / # of | 80% | | | | Off Target |
| Patient Services, Care and Safety | Patient injuries | # of patient injuries w or w/o treatment / Total Bed days per month | 0% | X | | 0/490 0% | On Target |
| | Medical emergency transfers | # of patients transferred emergently to an acute hospital / Total bed days per month | 2% | X | | 1/490 0% | On Target |
| | Adverse outcomes | # of inpatient adverse outcomes / Total Bed days per month | 2% | X | | 0/490 0% | On Target |
| | Readmissions within 30 days | # of inpatient readmissions within 30 days of discharge / # of inpatient admissions per month | 10% | X | | 3/39 1% | On Target |
| | Mortality | # of inpatient deaths / Total Bed days per month | 0% | X | | 0/490 0% | On Target |
| | Elopement | # of elopements / Total Bed days per month | 0% | X | | 0/490 0% | On Target |
| | Suicide management | # of attempted suicides / # of inpatient admissions per month | 0% | X | | 0/490 0% | On Target |
| | Patient falls | # of inpatient falls reported during the month / Total Bed days per month | 0.50% | X | | 1/490 0% | On Target |
| Indicator | Measures | Description | Target | October | | | Previous Quarter |
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| Social Work Services | Psychosocial Assessment Completion | # of completed psy 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 |
| 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 |

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| Indicator | Measures | Description | Target | Oct-19 | | | Previous Quarter |
|---|--|--|--------|-----------|------------|------------|------------------|
| | | | | On Target | Off Target | Data | July-September |
| Medication Use/Pharmacy | Medication error rates | # of medication errors occurring in patient care areas / Total medications dispensed | 2% | | X | 4 | Off 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 | | 28/28 100% | On Target |
| | Controlled substance discrepancy | # of resolved controlled substance discrepancies/ total # of controlled substance discrepancies | 100% | X | | 0/0 100% | On Target |
| | Adverse drug reactions | # of adverse drug reactions / # of medications administered (PRN + Main) | 2% | X | | 0/490 0% | On Target |
| | Controlled substance destruction | # of controlled substances properly destroyed including all documentation requirements and destruction time frames | 100% | x | | 2/2 100% | On Target |
| Indicator | Measures | Description | Target | Oct-19 | | | Previous Quarter |
| | | | | On Target | Off Target | Data | July-September |
| Significant Adverse Outcomes | Sentinel events | Event leading to death or significant impairment (per Unusual Occurrence Policy) includes Near Misses and | N/A | n/a | | 0 | On Target |
| | Event reporting | Number of events reported of the following types: Medication-Related; Other significant/Mandated | N/A | n/a | | 5 | On Target |
| Food and Nutritional Services | Appropriate diets | # of nutritional diets accurate and appropriate for patient's carbohydrate, caloric and protein needs / # of diets | 100% | | | | On Target |
| | Nutritional assessments | # of RD assessments performed within 72 hours for patients at high nutritional risk / # high risk nutritional | 100% | | | | On Target |
| Physician and AHP Related Issues | Telephone medication orders | Number of telephone orders signed and dated within 24 hours | 100% | n/a | | | Off Target |
| | MD-related incidents | Number of incidents regarding MDs | 0 | n/a | | | On Target |
| | Change of clinician request | Number of change of clinician requests | 0 | n/a | | | On Target |
| Indicator | Measures | Description | Target | Oct-19 | | | Previous Quarter |
| | | | | On Target | Off Target | Data | July-September |
| 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 | | 7/7 100% | On Target |
| | Role in internal/external disaster | # of employees correctly describing their role in the event of an internal/external disaster # of employees | >90% | X | | 7/7 100% | On Target |
| | Articulation of fire plan components | # of staff articulating fire plan components correctly / # of staff queried | >90% | X | | 7/7 100% | On Target |
| | Work order completion w/in 30 days | # of work orders completed within 30 days of creation / # of work orders created | 95% | X | | 6/6 100% | On Target |

CORRECTIVE ACTION SUMMARY

| Indicator | Measure off target | Description of issue(s) | Corrective Action Summary | Previous Corrective Action (if any) |
|---|-----------------------------|---|---|--|
| Medication Use /Pharmacy | Medication errors | 4 medication errors occurred in October. Two extra tabs of one medication found in Pyxis. A nurse forgot to give a patient a medication. A medication was given past the expiration date. A transcription error lead to a patient receiving medication daily instead of twice daily. No adverse events identified for any involved patient. | Both the PHF Pharmacist and Nursing Supervisor counseled all staff identified in the incidents, or potentially involved. There has not been a pattern or trend identified, but the Pharmacist notes that nursing staff as of the month of October are increasingly finding and reporting their own medication errors in 'live time' (instead of being found during chart reviews or daily MAR audits). This allows errors to be addressed more quickly and corrective action to take place immediately. | 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. |
| Physician and AHP Related Issues | Telephone medication orders | July-September was off target at 91% compliance with telephone orders being signed by a physician within 24 hours. | The Medical Director will remind the internists, all covering internists and physicians that they are responsible for signing all telephone orders within 24 hours. Nurses are now making notification on the internist's board regarding unsigned orders and flagging the orders for signature in the chart as a large volume of the unsigned orders have been internist orders. The Medical Director has reminded all physicians that they are required to sign telephone orders within 24 hours, even those of another ordering physician. | Nurses continue to flag orders for MD signature, and request Medical Director signature if one is close to the 24 hour deadline. |