

QAPI/PGB REPORT FOR MARCH (February 2020 Data)

Indicator	Measures	Description	Target	February			Previous Quarter
				On Target	Off Target	Data	October-December
Complaints and Grievances	Total grievances (monthly)	# of patient grievances / Total Bed days per month	10%	X		10/417 2%	On Target
	Clinical care/skill-related grievances (monthly)	# of grievances related to clinical care/skill / # of grievances	5%	X		0/10 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 observations/opportunities (10 observations per month)	80%				Off Target
Patient Services, Care and Safety	Patient injuries (monthly)	# of patient injuries w or w/o treatment / Total Bed days per month	0%	X		1/417 0%	On Target
	Medical emergency transfers (quarterly)	# of patients transferred emergently to an acute hospital / Total bed days per month	2%				On Target
	Readmissions within 30 days (quarterly)	# of inpatient readmissions within 30 days of discharge / # of inpatient admissions per month	10%				Off Target
	Mortality (quarterly)	# of inpatient deaths / Total Bed days per month	0%				On Target
	Elopement (quarterly)	# of elopements / Total Bed days per month	0%				On Target
	Suicide management (quarterly)	# of attempted suicides / # of inpatient admissions per month	0%				On Target
	Patient falls (quarterly)	# of inpatient falls reported during the month / Total Bed days per month	0.50%				On Target
	Incident Reports (monthly)	# and type of incidents reported	volume	n/a		11	n/a volume
Social Work Services	Psychosocial Assessment Completion (quarterly)	# of completed assessments / # of assessments audited	100%				Off Target
	Social Services Discharge & Aftercare Monitoring (quarterly)	# of discharge and aftercare forms with all elements completed / # of charts audited	100%	n/a			On Target
	Social Services Documentation Monitoring (quarterly)	# of charts that include admission note, acute note status and administrative status note / # of charts of audited	100%	n/a			Off Target 93%
	Recreation Therapy Assmt (quarterly)		100%				Off Target

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<b>Restraint/ Seclusion (Violent/Self Destructive Behavior)</b>	Restraint usage (quarterly)	Hours of restraint use / 720 patient hours (16 pts x 30days x 24hrs per day)	N/A	n/a			On Target
	Seclusion usage (quarterly)	# of "seclusion episodes" / Total Bed days per month	N/A	n/a			On Target
	Evidence of less restrictive options (quarterly)	# 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%	n/a			On Target
	Face-to-face evaluation w/in 1hr (quarterly)	# 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%	n/a			On Target
	Patient injuries during restraint (quarterly)	# of injuries while restrained or secluded / # of restraint/seclusion episodes	0%	n/a			On Target
	Inclusion in Treatment Plan (quarterly)	# of records of restrained and/or secluded patients with inclusion of restraint/seclusion in treatment plan / # patient records with restraint/seclusion	100%	n/a			On Target
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<b>Medication Use/Pharmacy Services</b>	Medication error rates (monthly)	# of medication errors occurring in patient care areas / Total medications dispensed	volume	n/a		7	n/a volume
	Medication & controlled substance labeling (quarterly)	# 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 signature required) (quarterly)	# of controlled substances destructions w/ dual license signature (one RN required) / total # of controlled substance destructions	100%				Off Target
	Controlled substance discrepancy (quarterly)	# of resolved controlled substance discrepancies /total # controlled substance discrepancies	100%				On Target

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Significant Adverse Outcomes	Adverse patient events (monthly)	# of inpatient adverse events (any harm to patient regardless of cause)	volume	n/a		1/417	On Target
	Sentinel Events (monthly)	# of 24-hour state reportable events	volume	n/a		0/417	On Target
Food and Nutrition Issues	Appropriate diets (quarterly)	# of nutritional diets accurate and appropriate for patient's carbohydrate, caloric and protein needs / # of diets reviewed	100%	n/a			On Target
	Nutritional assessments (quarterly)	# of RD assessments performed within 72 hours for patients at high nutritional risk / # high risk nutritional patients reviewed	100%	n/a			On Target
	Ice Policy (quarterly)	Numerator: # of correct responses to Ice Policy query Denominator: Number of staff interviewed	100%				On Target
	Handwashing (quarterly)	Numerator: # of correct staff responses to Handwashing policy / Denominator: # of staff interviewed	100%				On Target
	Request for Additional Food (quarterly)	# of correct responses to Requests for Additional Food Policy query Denominator: # of staff interviewed	100%				On Target
Physician and AHP Related Issues	Telephone medication orders (quarterly)	Number of telephone orders signed and dated within 24 hours	100%				Off Target
	MD-related incidents (quarterly)	Number of incidents regarding MDs	0				On Target
	Change of clinician request (quarterly)	Number of change of clinician requests	0				On Target
Environmental Services	Correct staff reply when queried on disinfectant dwell times (quarterly)	# 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 (quarterly)	# of staff able to articulate how to report unsafe environment or hazard / # of staff interviewed	>95%				On Target
	Role in internal/external disaster (quarterly)	# 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 (quarterly)	# of staff articulating fire plan components correctly / # of staff queried	>90%				On Target
	Work order completion w/in 30 days (quarterly)	# of work orders completed within 30 days of creation / # of work orders created	95%				On Target

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Nursing Services	*Telephone Order Read Back (quarterly)	# of telephone order with documentation of read back / # of telephone orders audited	100%				Off Target
	*Pain Assessments (quarterly)	# of charts with evidence of pain assessment / # of charts audited	100%				Off Target
	*Physician Notification of meds not given (quarterly)	# of charts with documentation of physician notification of meds not given per MD-ordered parameters / # of charts with meds not given per MD-ordered parameters	100%				Off Target
	*Physician Notification of meds refused (quarterly)	# of charts with evidence of physician notification of meds refused / # of charts with medications refused	100%				Off Target
Treatment Plans	Short Term Goals (quarterly)	# of treatment plans w/ short term goals with all required elements complete / # of short term goals	100%				Off Target
	Long Term Goals (quarterly)	# of long term goals w/ all required elements complete / # of long term goals	100%				On Target
	MD Interventions (quarterly)	# of MD interventions with all required elements complete / # of MD interventions	100%				Off Target
	Nursing Interventions (quarterly)	# of nursing interventions with all required elements complete / # of nursing interventions	100%				Off Target
	Social Services (SS) Interventions (quarterly)	# of SS interventions with all required elements complete / # of SS interventions	100%				Off Target
	Recreation Therapist (RT) Interventions (quarterly)	# of RT interventions with all required elements complete / # Number of RT interventions	100%				Off Target

DESCRIPTION OF INCIDENT REPORTS, MEDICATION ERRORS, ADVERSE OUTCOMES

Indicator	Description of issue(s)	Staff/Corrective Action Summary
Incident Reports	One female patient went into males room threatening other patient, when staff placed patient in physical hold leading to seclusion, staff hyperextended knee. One unwitnessed patient to patient assault resulting in a bloody nose. One male patient exposed self to a female patient. One patient fell without injury. There were seven medication errors as detailed below.	Staff spoke with reporting patient who denied any physical touching or aggression from the male patient. Male patient did not deny the incident and said sometimes he has 'sexual dysfunctions'. Team Lead (TL) and Psychiatrist were notified. Room change was made so both patients are on different sides of the unit. TL and psychiatrist spoke again with reporting patient and there were no continued concerns for her safety at this time. They spoke with male patient who was again counseled that type of behavior cannot happen again. No further incidents with male patient exposing himself. Nursing supervisor provided staff with information/instructions to contact company nurse regarding his knee, which he did. Patient monitored and seclusion ended 1 hour later. For the patient with bloody nose, staff called the Medical Doctor (MD) and informed of the incident, no further medical care indicated. Patient did not report any pain in face/nose to date, and no further incidents with these two patients. The patient who fell was assessed by physical exam done, pain assessment was done, emotional support and reassurances provided. Clinical Director consulted with TL who said staff witnessed this incident-nurse will be asked to add all pertinent info for future reports. All staff at PHF will be assigned incident report training in Relias in the near future.

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<b>Medication Use /Pharmacy Services: (Medication Errors)</b>	1) Gave a patient metformin 1000 mg instead of 500 mg 2) Gave a patient metformin 500 mg immediate release instead of metformin 500 mg extended release (pharmacy training on this for this quarter) 3) "now" order from Internist MD for Diflucan not given within the correct time frame; med was not available and MD was informed so he added to the order "please order-thanks" but did not change the "now" part of the order. Medication was ordered and given the next day. When error was found MD was notified and okayed, no harm to patient. 4) One extra tablet of buspirone 5 mg was found when refilling the Pyxis. One patient may have been under-dosed 5) a CSU nurse asked PHF nurse for Zofran form the Pyxis which was given to CSU nurse. 6) One extra tablet of clozapine found so one of two patient may have been under-dosed 7) Patient received Lisinopril 5 instead of Lisinopril 2.5.	1), 2), 4), 6) & 7) Pharmacist and Nursing Supervisor consulted with staff involved or potentially involved in the medication errors. 5) Nurses involved in the CSU Zofran error were reminded that PHF medications are not shared with the CSU. 3) The Internist MD was educated on the correct process to follow when initiating a 'now' order in the future. No trend or pattern has been identified to date during monthly Pharmacist analysis of errors. Pharmacy training was held for all licensed nursing staff 3/16/2020 and 3/23/2020 reviewing all medication related incident reports with all staff. Pharmacist sent a reminder to all licensed nursing staff to print out their after shift Activity Report to cross check their work to catch errors more quickly. An Electronic Health Record would prevent medication errors related to patients being given the incorrect dose.
<b>Significant Adverse Outcomes: (Adverse patient events)</b>	Bloody nose from patient to patient altercation, no further harm to patient. See above Incident Report description.	Staff called the MD and informed of the incident, no further medical care indicated. Patient did not report any pain in face/nose to date. No further incidents with these two patients.

CORRECTIVE ACTION SUMMARY

Indicator	Measure off target	Description of issue(s)	Corrective Action Summary	Previous Corrective Action (if any)
Social Work Services	Social Services Documentation Monitoring (quarterly)	The Quarter was Off Target at 93%. In November a Social Work Services admission notes was missing staff interventions.	The Director of Social Services met with staff and reviewed documentation requirements for admission notes to prevent recurrence.	