

QAPI/PGB REPORT MAY 2020 (April 2020 Data)

Indicator	Measures	Description	Target	April			Previous Quarter
				On Target	Off Target	Data	January-March
Complaints and Grievances	Total grievances (monthly)	# of patient grievances / Total Bed days per month	10%	X		2/445	On Target
	Clinical care/skill-related grievances (monthly)	# of grievances related to clinical care/skill / # of grievances	5%	X		0/2	On Target
Infection Prevention and Control	Hand hygiene according to guidelines (quarterly)	# 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		0/445	On Target
	Medical emergency transfers (quarterly)	# of patients transferred emergently to an acute hospital / Total bed days per month	2%	n/a			On Target
	Readmissions within 30 days (quarterly)	# of inpatient readmissions within 30 days of discharge / # of inpatient admissions per month	10%	n/a			Off Target 15%
	Mortality (quarterly)	# of inpatient deaths / Total Bed days per month	0%	n/a			On Target
	Elopement (quarterly)	# of elopements / Total Bed days per month	0%	n/a			On Target
	Suicide management (quarterly)	# of attempted suicides / # of inpatient admissions per month	0%	n/a			On Target
	Patient falls (quarterly)	# of inpatient falls reported during the month / Total Bed days per month	0.50%	n/a			On Target
	Incident Reports (monthly)	# and type of incidents reported	volume	n/a		10	n/a volume
Indicator	Measures	Description	Target	April			Previous Quarter
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Social Work Services	Psychosocial Assessment Completion (quarterly)	# of completed assessments / # of assessments audited	100%				On Target
	Social Services Discharge & Aftercare Monitoring (quarterly)	# of discharge and aftercare forms with all elements completed / # of charts audited	100%				Off Target
	Recreation Therapy Assessment Completion (quarterly)	# of completed assessments / # of assessments audited	100%				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%				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				On Target
	Seclusion usage (quarterly)	# of "seclusion episodes" / Total Bed days per month	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%				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%				On Target
	Patient injuries during restraint (quarterly)	# of injuries while restrained or secluded / # of restraint/seclusion episodes	0%				On Target
	Inclusion in Treatment Plan (quarterly)	# of episodes of restrained and/or secluded patients with inclusion of restraint/seclusion in treatment plan / # of episodes of restraint/seclusion	100%				On Target
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<b>Medication Use/Pharmacy</b>	Medication error rates (monthly)	# of medication errors occurring in patient care areas / Total medications dispensed	2%	n/a		3	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%	n/a			On Target
	Controlled substance discrepancy (quarterly)	# of resolved controlled substance discrepancies/ total # of controlled substance discrepancies	100%	n/a			On Target
	Adverse drug reactions (quarterly)	# of adverse drug reactions / # of medications administered (PRN + Main)	2%	n/a			On Target
	Controlled substance destruction (quarterly)	# of controlled substances properly destroyed including all documentation requirements and destruction time	100%	n/a			On Target
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<b>Significant Adverse Outcomes</b>	Adverse patient events (monthly)	# of inpatient adverse events (any harm to patient regardless of cause)	volume	X		0	On Target
	Sentinel Events (monthly)	# of 24-hour state reportable events	volume	X		0	On Target
<b>Food and Nutritional Services</b>	Appropriate diets (quarterly)	# of nutritional diets accurate and appropriate for patient's carbohydrate, caloric and protein needs / # of	100%				On Target
	Nutritional assessments (quarterly)	# of RD assessments performed within 72 hours for patients at high nutritional risk / # high risk nutritional	100%				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	0%				On Target
	Request for Additional Food (quarterly)	# of correct responses to Requests for Additional Food Policy query Denominator: # of staff interviewed	100%				On Target

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<b>Physician and AHP Related Issues</b>	Telephone medication orders (quarterly)	Number of telephone orders signed and dated within 24 hours	100%	n/a			Off Target 94%
	MD-related incidents (quarterly)	Number of incidents regarding MDs	0	n/a			On Target
	Change of clinician request (quarterly)	Number of change of clinician requests	0	n/a			On Target
	Cranial Nerve Exams (quarterly)	# of Medical Records with Cranial Nerve Exam completed / # of Medical Records reviewed	100%				On Target
	Informed Consent (quarterly)	Numerator: # of Medical Records reviewed with Presence of Psychotropic Medication Consents with all required elements / Denominator: # of Psychotropic Medication Consents Required	100%				Off Target
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<b>Environmental Services</b>	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
	<b>Environment of Care</b>	Staff knowledge: Unsafe environment or hazard reporting (quarterly)	# of staff able to articulate how to report unsafe environment or hazard / # of staff interviewed	>95%	n/a		On Target
	Role in internal/external disaster (quarterly)	# of employees correctly describing their role in the event of an internal/external disaster # of employees	>90%	n/a			On Target
	Articulation of fire plan components (quarterly)	# of staff articulating fire plan components correctly / # of staff queried	>90%	n/a			On Target
	Work order completion w/in 30 days (quarterly)	# of work orders completed within 30 days of creation / # of work orders created	95%	n/a			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-	100%				Off Target
	*Physician Notification of meds refused	# of charts with evidence of physician notification of meds refused / # of charts with medications refused	100%				On 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	# of RT interventions with all required elements complete / # Number of RT interventions	100%				Off Target

DESCRIPTION OF INCIDENT REPORTS, MEDICATION ERRORS, ADVERSE OUTCOMES

Indicator Category	Indicator	Description of issue(s)	Staff/Corrective Action Summary
Patient Services, Care and Safety	Incident Reports	See Medication Errors below. Other incident Reports: One incident involved a patient kicking a hole in the wall, one patient slipped and fell without injury, one patient was complaining of chest pain and sent to ER for evaluation.	See Staff/Corrective Action Summary for Medication Errors. Patient who kicked a hole in the wall was assessed by nursing staff and Medical Doctor (MD) and found to have no injury to her foot. Patient was moved to another room and the hole in the wall was fixed by Facilities staff. The patient who slipped and fell while attempting to evade deputies incurred no injury, with no further incidents during her stay. The patient with chest pain returned from ER with normal ECG, no further report of chest pain.
Medication Use /Pharmacy	Medication errors	In the month of April there were three medication errors. One patient received PM medications twice at 1700 and 2100. One medication was given to a patient without an MD order. One extra tablet of medication found during Pyxis audit.	Pharmacist and Nursing Supervisor followed up with staff and counseled them on mitigating the medication errors related to medication administration. Nursing staff had notified the Pharmacist that Pyxis may not be working correctly all the time which could account for extra medication being found. Sometimes when they are removing multiple meds at the same time, the Pyxis does not open the pocket for all the meds. Pyxis will register that the pocket opened and they removed the medication even though it did not open. Pyxis technician came in on 5/5/20 and could not find anything wrong with machine. Pharmacist continues to track all medication errors for any identifiable trends.

CORRECTIVE ACTION SUMMARY				
Indicator	Measure off target	Description of issue(s)	Corrective Action Summary	Previous Corrective Action (if any)
<b>Physician and AHP Related Issues</b>	Telephone medication orders signed within 24 hours	For the quarter 94% of telephone orders were signed and dated by physicians within 24 hours. The majority of the telephone orders out of compliance were weekend covering (Medical Doctor) MDs.	The Medical Director communicated with all PHF MDs they are responsible for signing all unsigned telephone orders within 24 hours. Nurses are making notification on the internist's board regarding unsigned orders in addition to flagging the orders for signature in the chart for the MD on shift.	Nurses continue to flag orders for MD signature, and request Medical Director signature if one is close to the 24 hour deadline.
<b>Patient Services, Care and Safety</b>	Readmissions within 30 days	For the quarter the rate of readmission within 30 days was off target at 15%. Of note, one patient was readmitted four times in the quarter, and another patient was readmitted three times in the quarter. Both of these patients decompensated when at Crisis Residential Treatment (CRT) programs prior to their readmissions.	Both patients were assessed by discharge planning staff as needing higher levels of care in discharge planning. One patient is being placed on a temporary conservatorship and was discharged to an augmented Board and Care, with no readmission to PHF as of 6/16/2020. The other patient is will likely be discharged to CRT with ACT support in an augmented Board and Care when funding can be secured.	