

QAPI/PGB REPORT JUNE 2020 (May Data)

Indicator	Measures	Description	Target	May			Previous Quarter
				On Target	Off Target	Data	January-March
<b>Complaints and Grievances</b>	Total grievances (monthly)	# of patient grievances / Total Bed days per month	10%	X		4/479 1%	On Target
	Clinical care/skill-related grievances (monthly)	# of grievances related to clinical care/skill / # of grievances	5%	X		0/4 0%	On Target
<b>Infection Prevention and Control</b>	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
<b>Patient Services, Care and Safety</b>	Patient injuries (monthly)	# of patient injuries w or w/o treatment / Total Bed days per month	0%	X		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		9	volume
<b>Social Work Services</b>	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			Off Target 90%
	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		1	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%				On Target
	Controlled substance discrepancy (quarterly)	# of resolved controlled substance discrepancies /total # controlled substance discrepancies	100%				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	n/a		0/473	On Target
	Sentinel Events (monthly)	# of 24-hour state reportable events	volume	n/a		0/473	On Target
<b>Food and Nutrition Issues</b>	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
<b>Physician and AHP Related Issues</b>	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
<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%				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%				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 (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
<b>Incident Reports</b>	1 medication error occurred when a nurse gave a patient an extra dose of medication. 4 incidents involved assault on staff by 4 different patients. 1 patient was transferred to the ER for evaluation due to tremors and difficulty to rouse. 3 incidents involved the same patient, once she verbally threatened/bumped into MD, and once she physically blocked an RT staff from entering the day room, and once she assaulted RT staff (these incidents all occurred on the same date).	Staff involved in the medication error was counseled by the Pharmacist and Nursing Supervisor on reviewing medication orders to prevent in the future. Staff who were assaulted were given direction on calling the company nurse. Staff were provided support from supervisors, and directed to Human Resources as indicated. Staff who were threatened were given support and assessed for any injury of which there were none.
<b>Medication Use /Pharmacy Services: (Medication Errors)</b>	1 medication error occurred when a nurse gave a patient an extra dose of medication which was not to exceed 2 doses in 24 hours. The patient requested the medication, and this nurse likely assumed the order for the typical order 'not to exceed 4 doses in 24 hours'	Staff involved in the medication error was counseled by the Pharmacist and Nursing Supervisor on reviewing medication orders to prevent in the future.

CORRECTIVE ACTION SUMMARY				
Indicator	Measure off target	Description of issue(s)	Corrective Action Summary	Previous Corrective Action (if any)
Social Work Services	Social Services Discharge & Aftercare Monitoring (quarterly)	The Quarter was Off Target at 90%. In January one Discharge &Aftercare form was not completed by staff. In February one Discharge &Aftercare form was missing the discharge disposition code.	The Director of Social Services communicated with staff to address the lacking documentation to prevent recurrence.	
	Social Services Documentation Monitoring (quarterly)	The quarter was Off Target at 93%. In February, 2 admission notes were missing staff interventions.	The Director of Social Services communicated with staff and reviewed documentation requirements for admission notes to prevent recurrence.	