

Complete List

Quality Assessment and Performance Improvement Indicators

White Items are the Items of Current Focus

Grayed out Items are not Items of current Focus

3/13/2017

Revised: March 13, 2017

Quality Assessment and Performance Improvement Indicators

No	Name	Definition	Target	Accountability	Prioritization Criteria**	Reporting	Comment
Significant Adverse Occurrences							
1	Sentinel Event	Event leading to death or significant impairment (per Significant Event Policy) includes Near Misses And State Reportable Events	N/A	QCM	XX, R, P, C	QAPI COMMITTEE, MPC, BOARD [Monthly]	Each sentinel event is reported. The root cause analysis and prevention interventions are also reported.
2	Event Reporting Frequency (RCA)	Number of events reported of the following types: Medication-Related; Other significant/Mandated Reporting	N/A	QCM	R, P	QAPI COMMITTEE, MPC, BOARD [Monthly]	The focus will be to increase reporting of issues
Complaints/Grievances							
3	Patient Grievance Rate	Numerator: # of patient grievances Denominator: Total Bed days per month	10%	Patient Advocate	XX, R, P, S	QAPI COMMITTEE, MPC [Monthly] BOARD [Quarterly]	QAPI Committee will oversee the effectiveness of corrective actions taken by Grievance Committee
4	Clinically Related Patient Grievance	Numerator: # of grievances related to clinical care/skill Denominator: # of grievances	5%	Patient Advocate	XX, R, P, C, S	QAPI COMMITTEE, MPC [Monthly] BOARD [Quarterly]	QAPI Committee will oversee the effectiveness of corrective actions taken by Grievance Committee
Patient Services, Care and Safety							
5	Patient injuries during hospitalization	Numerator: Number of patient injuries w or w/o treatment Denominator: Total Bed days per month	0%	QCM	R, C, S	QAPI COMMITTEE, MPC, BOARD [Monthly]	QAPI Committee will oversee the effectiveness of corrective actions
6	Adverse Outcomes in patient care	Numerator: Number of inpatient adverse outcomes Denominator: Total Bed days per month	2%	QCM	R, V, P, C, S	QAPI COMMITTEE, MPC, BOARD [Monthly]	QAPI Committee will oversee the effectiveness of corrective actions

Prioritization Criteria: XX = Required by External Authorities; R = High Risk; V = High Volume; P = Problem Prone; C = Clinical Excellence; E = Operational Efficiency; S = Patient, Employee and Physician Satisfaction; H = Employee Retention / Recruitment

Quality Assessment and Performance Improvement Indicators

No	Name	Definition	Target	Accountability	Prioritization Criteria**	Reporting	Comment
Patient Services, Care and Safety (continued)							
7	Inpatient Mortality Rate	Numerator: Number of inpatient deaths Denominator: Total Bed days per month	0%	QCM	R, V, P, C, S	QAPI COMMITTEE, MPC, BOARD [Quarterly]	QAPI Committee will oversee the effectiveness of corrective actions
8	Readmissions within 30 Days	Numerator: Number of inpatient readmissions within 30 days of discharge Denominator: Number of inpatient admissions per month	10%	QCM	V, P, C, S	QAPI COMMITTEE, MPC, BOARD [Quarterly]	QAPI Committee will oversee the effectiveness of corrective actions
9	Medical Emergency Transfers	Numerator: Number of inpatients transferred emergently to an acute hospital Denominator: Total Bed days per month	2%	QCM	R, P, C,	QAPI COMMITTEE, MPC, BOARD [Quarterly]	QAPI Committee will oversee the effectiveness of corrective actions
10	Elopement Rate	Numerator: Number of Elopements Denominator: Total Bed days per month	0%	QCM	R, P, C,	QAPI COMMITTEE, MPC, BOARD [Quarterly]	QAPI Committee will oversee the effectiveness of corrective actions
11	Suicide Management	Numerator: Number of attempted suicides Denominator: Number of inpatient admissions per month	0%	QCM	R, P, C, S	QAPI COMMITTEE, MPC, BOARD [Quarterly]	QAPI Committee will oversee the effectiveness of corrective actions
12	Inpatient Falls per 100 patient days	Numerator: Number of inpatient falls reported during the month. Denominator: Total Bed days per month	0.5	QCM	XX, R, P, V	QAPI COMMITTEE, MPC, BOARD [Quarterly]	QAPI Committee will oversee the effectiveness of corrective actions

Prioritization Criteria: XX = Required by External Authorities; R = High Risk; V = High Volume; P = Problem Prone; C = Clinical Excellence; E = Operational Efficiency; S = Patient, Employee and Physician Satisfaction; H = Employee Retention / Recruitment

Quality Assessment and Performance Improvement Indicators

No	Name	Definition	Target	Accountability	Prioritization Criteria**	Reporting	Comment
Patient Services, Care and Safety (continued)							
13	Patient falls leading to injury requiring treatment	Number and brief description of the circumstances surrounding any inpatient fall that required medical treatment	0%	QCM	R, C,S	QAPI COMMITTEE, MPC, BOARD [Quarterly]	QAPI Committee will oversee the effectiveness of corrective actions
14	Rate of Initial Treatment Plans Reviewed and Approved within 24 hours of admission	Numerator: # of Medical Records reviewed for presence of Treatment Plans Reviewed and Approved within 24 Hours of Admission Denominator: Number of Inpatient Admissions	95%	QCM	R,V,E	QAPI COMMITTEE, MPC, BOARD [Quarterly]	QAPI Committee & MPC will oversee the effectiveness of corrective actions
Physician and AHP Related Issues							
15	Rate of Complete and Timely Psychiatric Evaluations	Numerator: Number of Records Reviewed for Presence Complete and Timely Psychiatric Evaluations Denominator: Number of Records Reviewed where Psychiatric Evaluation Required	100%	QCM	XX, V, C, E	QAPI COMMITTEE, MPC, BOARD [Quarterly]	QAPI Committee & MPC will oversee the effectiveness of corrective actions
16	Rate of Complete Psychotropic Medication Consents	Numerator: # of Medical Records reviewed with Presence of Psychotropic Medication Consents Present (for voluntary admissions – if not presence of state mandated Psychotropic form present) Denominator: Number of Psychotropic Medication Consents Required (e.g. # of individual psychotropic medication consent forms required in each medical record reviewed)	100%	QCM	XX, V, C, S	QAPI COMMITTEE, MPC, BOARD [Quarterly]	QAPI Committee & MPC will oversee the effectiveness of corrective actions

Prioritization Criteria: XX = Required by External Authorities; R = High Risk; V = High Volume; P = Problem Prone; C = Clinical Excellence; E = Operational Efficiency; S = Patient, Employee and Physician Satisfaction; H = Employee Retention / Recruitment

Quality Assessment and Performance Improvement Indicators

No	Name	Definition	Target	Accountability	Prioritization Criteria**	Reporting	Comment
Physician and AHP Related Issues (continued)							
17	Rate of Consultation Reports Reviewed by Physician and Noted in D/C Summary	Numerator: Number of Records Reviewed for Presence of Physician Annotated Review of Consultation in D/C Summary Denominator: Number of Records Reviewed where Consultations Present	95%	QCM	P, C, E	QAPI COMMITTEE, MPC, BOARD [Quarterly]	QAPI Committee & MPC will oversee the effectiveness of corrective actions
18	Discharge Summary Completion	Numerator: # of Medical Records with Discharge Summary Completed within 30 days of Discharge and Contains all Required Elements Denominator: Number of Inpatient Discharges	95%	QCM	XX, P, C, E	QAPI COMMITTEE, MPC, BOARD [Quarterly]	QAPI Committee & MPC will oversee the effectiveness of corrective actions
19	Discharge Progress Note Completion	Numerator: # of Medical Records with Discharge Progress Notes Completed per Policy Denominator: Number of Inpatient Discharges	100%	QCM	P, C, E	QAPI COMMITTEE, MPC, BOARD [Quarterly]	QAPI Committee & MPC will oversee the effectiveness of corrective actions
Laboratory Services							
20	Rate of Proper Laboratory Value Review and Documentation	Numerator: # of Medical Records with Laboratory Results Reviewed by Physician and noted in record Denominator: Number of Records Reviewed with Laboratory Values Present	90%	QCM	R, P, C	QAPI COMMITTEE, MPC, BOARD [Quarterly]	QAPI Committee & MPC will oversee the effectiveness of corrective actions
21	Average time of reporting of critical results	Mean time from resulting availability to notification of the responsible practitioner (physician or other practitioner who may initiate appropriate intervention)	30 min	QCM	XX, R, P, V	QAPI COMMITTEE, MPC, BOARD [Quarterly].	QAPI Committee will oversee the effectiveness of corrective actions

Prioritization Criteria: XX = Required by External Authorities; R = High Risk; V = High Volume; P = Problem Prone; C = Clinical Excellence; E = Operational Efficiency; S = Patient, Employee and Physician Satisfaction; H = Employee Retention / Recruitment

Quality Assessment and Performance Improvement Indicators

No	Name	Definition	Target	Accountability	Prioritization Criteria**	Reporting	Comment
Laboratory Services (continued)							
22	Mislabeled/Unlabeled Specimens	Numerator: Number of mislabeled or unlabeled specimens Denominator: Number of specimens received in laboratory	5%	QCM	R, P, V, C, E	QAPI COMMITTEE, MPC, BOARD [Quarterly]	QAPI Committee will oversee the effectiveness of corrective actions
23	Mislabeled/Unlabeled Specimens	Numerator: Number of mislabeled or unlabeled specimens resulting in harm to patient or delay of service Denominator: Number of mislabeled or unlabeled specimens	0%	QCM	R, P, V, C, E	QAPI COMMITTEE, MPC, BOARD [Quarterly]	QAPI Committee will oversee the effectiveness of corrective actions
Food and Nutrition Issues							
24	Rate of appropriate and accurate Diets	Numerator: Number of nutritional diets accurate and appropriate for patient's carbohydrate, caloric and protein needs Denominator: number of diets reviewed	90%	Director of Dietary	V, P, C, S	QAPI COMMITTEE, MPC, BOARD [Quarterly]	QAPI Committee will oversee the effectiveness of corrective actions
25	Rate of correct meal preparations	Numerator: Number of meals served that match PHF's Daily Spreadsheet with appropriate portion/size Denominator: number of meals reviewed	90%	Director of Dietary	V, P, C, S	QAPI COMMITTEE, MPC, BOARD [Quarterly]	QAPI Committee will oversee the effectiveness of corrective actions
26	Number of Timely Nutritional Assessments	Numerator: Number of RD assessments performed within 72 hours for patients at high nutritional risk Denominator: number high risk nutritional patients reviewed	90%	Director of Dietary	V, P, C, S	QAPI COMMITTEE, MPC, BOARD [Quarterly]	QAPI Committee will oversee the effectiveness of corrective actions
27	Proper Food Storage	Numerator: Number of expired/unlabeled food items in kitchen refrigerators/freezers Denominator: Number of food items observed	0%	Director of Dietary	V, P, C, S	QAPI COMMITTEE, MPC, BOARD [Quarterly]	QAPI Committee will oversee the effectiveness of corrective actions

Prioritization Criteria: XX = Required by External Authorities; R = High Risk; V = High Volume; P = Problem Prone; C = Clinical Excellence; E = Operational Efficiency; S = Patient, Employee and Physician Satisfaction; H = Employee Retention / Recruitment

Quality Assessment and Performance Improvement Indicators

No	Name	Definition	Target	Accountability	Prioritization Criteria**	Reporting	Comment
Food and Nutrition Issues (continued)							
28	Safe Food Handling	Numerator: Number of food temperatures within range Denominator: Number temperatures checks performed	95%	Director of Dietary	V, P, C, S	QAPI COMMITTEE, MPC, BOARD [Quarterly]	QAPI Committee will oversee the effectiveness of corrective actions
Infection Prevention and Control							
29	Rate of Compliance CDC Hand Hygiene Requirements	Numerator: Number of observations when the care giver performed hand hygiene per CDC guidelines. Denominator: number of observations (opportunities) (10 observations per month)	80%	Infection Control Practitioner	R, P, V, C	QAPI COMMITTEE, MPC (IC function), BOARD [Quarterly]	QAPI Committee and the MPC performing the Infection Control Function will oversee the effectiveness of corrective actions
30	Appropriate Cleaning / Disinfecting Products	Numerator: Number of cleaning products EPA approved for hospital use Denominator: All cleaning products (4 observations per month)	100%	Infection Control Practitioner	R, P, C	QAPI COMMITTEE, MPC (IC function), BOARD [Quarterly]	QAPI Committee and the MPC performing the Infection Control Function will oversee the effectiveness of corrective actions
31	Number of infections due to inadequate cleaning of showers	Numerator: Number of athlete foot infections Denominator: Total Bed days per month	0%	Infection Control Practitioner	R, P, V, C, S	QAPI COMMITTEE, MPC (IC Function), BOARD [Quarterly]	QAPI Committee and the MPC performing the Infection Control Function will oversee the effectiveness of corrective actions
Restraint / Seclusion (Violent/Self Destructive Behavior)							
32	Restraint Usage Rate	Numerator: Hours of restraint use Denominator: 720 patient hours (16 pts x 30days x 24 (hrs per day))	volume	OCM	P, C, S	QAPI COMMITTEE, MPC, BOARD [Quarterly]	QAPI Committee will oversee the effectiveness of corrective actions
33	Seclusion Usage Rate	Numerator: Number of "seclusion episodes" Denominator: Total Bed days per month	volume	OCM	R, P, C, S	QAPI COMMITTEE, BOARD [Quarterly]	QAPI Committee will oversee the effectiveness of corrective actions

Prioritization Criteria: XX = Required by External Authorities; R = High Risk; V = High Volume; P = Problem Prone; C = Clinical Excellence; E = Operational Efficiency; S = Patient, Employee and Physician Satisfaction; H = Employee Retention / Recruitment

Quality Assessment and Performance Improvement Indicators

No	Name	Definition	Target	Accountability	Prioritization Criteria**	Reporting	Comment
34	Appropriateness of Order Time Frame	Numerator: Number of orders for restraint / seclusion meeting 4/2/1 hr time frame pursuant to age population Denominator: Total number of orders for restraint / seclusion	100%	QCM	R, P, C, S	QAPI COMMITTEE, MPC, BOARD [Quarterly]	QAPI Committee will oversee the effectiveness of corrective actions
Restraint / Seclusion (Violent/Self Destructive Behavior)							
35	Appropriateness of Restraint / Seclusion Renewal at 24 hours	Numerator: Number of restraint / seclusion episodes renewed at the 24 hour time frame with evidence of in-person evaluation by LIP Denominator: Total number of renewal restraint / seclusion orders	100%	QCM	R, P, C, S	QAPI COMMITTEE, MPC, BOARD [Quarterly]	QAPI Committee will oversee the effectiveness of corrective actions
36	Restraint / Seclusion Usage – Evidence of Alternative Methods/Less Restrictive Measures	Numerator: Number of restraint / seclusion records reviewed with evidence of alternative & less restrictive measures attempted or considered and rejected prior to restraint use Denominator: Total number of restraint / seclusion episodes reviewed	100%	QCM	R, P, C, S	QAPI COMMITTEE, MPC, BOARD [Quarterly]	QAPI Committee will oversee the effectiveness of corrective actions
37	Evaluation of Restraint / Seclusion	Numerator: Number of new restraint / seclusion episodes with face-to face evaluation within 1 hour of restraint / seclusion application by Qualified RN or PA or LIP Denominator: Total number of new episodes of restraint / seclusion	100%	QCM	R, P, C, S	QAPI COMMITTEE, MPC, BOARD [Quarterly]	QAPI Committee will oversee the effectiveness of corrective actions
38	Restraint / Seclusion Outcome – Injuries while restrained	Numerator: Number of pt. injuries while restrained or secluded Denominator: Number of restraint / seclusion episodes	0%	QCM	R, P, C, S	QAPI COMMITTEE, MPC, BOARD [Quarterly]	QAPI Committee will oversee the effectiveness of corrective actions

Prioritization Criteria: XX = Required by External Authorities; R = High Risk; V = High Volume; P = Problem Prone; C = Clinical Excellence; E = Operational Efficiency; S = Patient, Employee and Physician Satisfaction; H = Employee Retention / Recruitment

Quality Assessment and Performance Improvement Indicators

No	Name	Definition	Target	Accountability	Prioritization Criteria**	Reporting	Comment
Restraint / Seclusion (Violent/Self Destructive Behavior)							
39	Inclusion in Treatment Plan	Numerator: Number of records of restrained and/or secluded patients with inclusion of restraint/seclusion in treatment plan Denominator: Number patient records with restraint/seclusion	100%	QCM	R, P, C	QAPI COMMITTEE, MPC, BOARD [Quarterly]	QAPI Committee will oversee the effectiveness of corrective actions
Medication Use/Pharmacy Services							
40	Medication Error Rate as a Result of Med Unavailability	Numerator: total number of medication errors occurring in patient care areas as a result of medication unavailability Denominator: Total medications dispensed (PRN + Main + Ekit)	5%	QCM	R, V, P, C, E, S	QAPI COMMITTEE, BOARD [Monthly]	QAPI Committee & MPC functioning as P&T will oversee the effectiveness of corrective actions
41	Medication Error Rate	Numerator: total number of medication errors occurring in patient care areas Denominator: Total medications dispensed (PRN + Main + Ekit)	10%	QCM	R, V, P, C, E, C	QAPI COMMITTEE, BOARD [Quarterly]	QAPI Committee & MPC functioning as P&T will oversee the effectiveness of corrective actions
42	Adverse Drug Reaction Rate	Numerator: Number of adverse drug reactions Denominator: Number of medications administered (PRN + Main)	5%	QCM	R, P, C	QAPI COMMITTEE, MPC, BOARD [Quarterly]	QAPI Committee & MPC functioning as P&T will oversee the effectiveness of corrective actions
43	Appropriateness of Poly-Pharmacy	Numerator: Number of poly-pharmacy records reviewed with evidence of review of appropriateness of each drug Denominator: Number of poly-pharmacy records reviewed	95%	QCM	R, P, C	QAPI COMMITTEE, MPC, BOARD [Quarterly]	QAPI Committee & MPC functioning as P&T will oversee the effectiveness of corrective actions

Prioritization Criteria: XX = Required by External Authorities; R = High Risk; V = High Volume; P = Problem Prone; C = Clinical Excellence; E = Operational Efficiency; S = Patient, Employee and Physician Satisfaction; H = Employee Retention / Recruitment

Quality Assessment and Performance Improvement Indicators

No	Name	Definition	Target	Accountability	Prioritization Criteria**	Reporting	Comment
Medication Use/Pharmacy Services (continued)							
44	Timeliness of Medication Availability (Medication turn-around-time)	Numerator: Number of medications orders filled (delivered) per contract (times per week) Denominator: Number of medication orders reviewed for fill adequacy (PRN + Main)	100%	QCM	R, P, C	QAPI COMMITTEE, MPC, BOARD [Quarterly]	QAPI Committee & MPC functioning as P&T will oversee the effectiveness of corrective actions
45	Patient Own Medication and Controlled Substance Labeling	Numerator: # of patient medications, including controlled substances labeled and stored according to hospital policy Denominator: number of patient stored medications reviewed	100%	QCM	R, V,P, C	QAPI COMMITTEE, BOARD [Monthly]	QAPI Committee & MPC functioning as P&T will oversee the effectiveness of corrective actions
46	Controlled Substance Destruction	Numerator: # of controlled substances properly destroyed including all documentation requirements and destruction time frames (for medications considered abandoned – 7 days or post discharge) Denominator: # of medication destruction log entries identified (denominator)	100%	QCM	R, V,P, C	QAPI COMMITTEE, BOARD [Monthly]	QAPI Committee & MPC functioning as P&T will oversee the effectiveness of corrective actions
47	Dual licensed Signatures for Controlled Substance Content Assessment and Upon Delivery	Numerator: Number of correct processes followed by staff. Denominator: # of deliveries reviewed	100%	QCM	R, V,P, C	QAPI COMMITTEE, BOARD [Monthly]	QAPI Committee & MPC functioning as P&T will oversee the effectiveness of corrective actions

Prioritization Criteria: XX = Required by External Authorities; R = High Risk; V = High Volume; P = Problem Prone; C = Clinical Excellence; E = Operational Efficiency; S = Patient, Employee and Physician Satisfaction; H = Employee Retention / Recruitment

Quality Assessment and Performance Improvement Indicators

No	Name	Definition	Target	Accountability	Prioritization Criteria**	Reporting	Comment
Medication Use/Pharmacy Services (continued)							
48	E-Kit Usage	Numerator: # of times the E-Kit was accessed for emergent psychological or physiological need for the patient to address life-threatening situations or in instances where failure to administer the medication has the potential to cause significant negative impact to the patient's psychological or physiological condition Denominator: # of times E kits are accessed	100%	QCM	R, V,P, C	QAPI COMMITTEE, BOARD [Monthly]	QAPI Committee & MPC functioning as P&T will oversee the effectiveness of corrective actions
49	Content and Security of E-Kits	Night Audit Numerator: # of E-Kits with correct content and that are secured Denominator: # of E kits x 7 nights	100%	QCM	R, V,P, C	QAPI COMMITTEE, BOARD [Monthly]	QAPI Committee & MPC functioning as P&T will oversee the effectiveness of corrective actions
Environmental Services							
50	Room Cleanliness	Numerator: # of Patient Rooms clean without visible dirt, dust Denominator: Number of Patient Rooms observed	95%	EVS Manager	P, V, C, S	QAPI COMMITTEE, MPC, BOARD [Quarterly]	QAPI Committee and the MPC performing the Infection Control Function will oversee the effectiveness of corrective actions
51	Cleaning / Disinfection Patient Rooms	Numerator: Number of correct responses from staff when queried on disinfectant dwell (wet/kill) times Denominator: Number of queries (2 queries per week)	>95%	EVS Manager	P,V, C,S	QAPI COMMITTEE, MPC, BOARD [Quarterly]	QAPI Committee and the MPC performing the Infection Control Function will oversee the effectiveness of corrective actions
Environment of Care							
52	Staff Knowledge about Unsafe/hazard Condition	Numerator: # of staff able to articulate how to report unsafe environment or hazard Denominator: # of staff interviewed	>95%	Plant Operations	R, V,P, C,E,S	Environment of Care Committee Quality QAPI COMMITTEE, Board [Quarterly]	EOC Committee will oversee the effectiveness of corrective actions

Prioritization Criteria: XX = Required by External Authorities; R = High Risk; V = High Volume; P = Problem Prone; C = Clinical Excellence; E = Operational Efficiency; S = Patient, Employee and Physician Satisfaction; H = Employee Retention / Recruitment

Quality Assessment and Performance Improvement Indicators

No	Name	Definition	Target	Accountability	Prioritization Criteria**	Reporting	Comment
Environment of Care (continued)							
53	Emergency Management Employee Education	Numerator: # of employees correctly describing their role in the event of an internal/external disaster Denominator: # of employees interviewed	>90%	Plant Operations	R, V,P, C,E,S,H	Environment of Care Committee Quality QAPI COMMITTEE, Board [Quarterly]	Executive leadership / QAPI will oversee the effectiveness of corrective actions
54	Emergency Management Activation	2 per year	100%	Plant Operations	R, V,P, C,E,S,H	Environment of Care Committee Quality QAPI COMMITTEE, Board [Quarterly]	EOC Committee will oversee the effectiveness of corrective actions
55	Fire Drills	Numerator: 1 fire drill per quarter per shift conducted Denominator: 12	100%	Plant Operations	R, V,P, E,S,H	Environment of Care Committee Quality QAPI COMMITTEE, Board [Quarterly]	EOC Committee will oversee the effectiveness of corrective actions
56	Review of Escape Routes During Construction (ILSM)	Numerator: # of escape routes reviewed for unobstructed access Denominator: # of escape routes	100%	Plant Operations	R, V,P, C,E,S,H	Environment of Care Committee Quality QAPI COMMITTEE, Board [Quarterly]	EOC Committee will oversee the effectiveness of corrective actions
57	Staff knowledge of fire plan	Numerator: # of staff articulating fire plan components correctly Denominator: # of staff queried	>90%	Plant Operations	R, V,P, E,S,H	Environment of Care Committee Quality QAPI COMMITTEE, Board [Quarterly]	EOC Committee will oversee the effectiveness of corrective actions
58	Management of Physical Environment	Work order completion rate Numerator: # of work orders completed within 30 days of creation Denominator: # of work orders created	95%	Plant Operations	R, V, P, C, E	Environment of Care Committee Quality QAPI COMMITTEE, Board [Quarterly]	Executive leadership / QAPI will oversee the effectiveness of corrective actions

Prioritization Criteria: XX = Required by External Authorities; R = High Risk; V = High Volume; P = Problem Prone; C = Clinical Excellence; E = Operational Efficiency; S = Patient, Employee and Physician Satisfaction; H = Employee Retention / Recruitment