

PGB REPORT March 2019

Indicator	Measures	Description	Target	Feb-19			Previous Quarter
				On Target	Off Target	Data	October 2018-December 2018
Complaints and Grievances	Total grievances	# of patient grievances / Total Bed days per month	10%	X		6/436	On Target
	Clinical care/skill-related grievances	# of grievances related to clinical care/skill / # of grievances	5%	X		0/6	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 - 60.66%
	Cleaning/disinfecting product usage	# of cleaning products EPA approved for hospital use / All cleaning products (4 observations per month)	100%				On Target
	Infection rates (athlete foot)	# of athlete foot infections / Total Bed days per month	0%				On Target
Patient Services, Care and Safety	Patient injuries	# of patient injuries w or w/o treatment / Total Bed days per month	0%	X		1 out of 436	On Target
	Medical emergency transfers	# of patients transferred emergently to an acute hospital / Total bed days per month	2%				On Target
	Adverse outcomes	# of inpatient adverse outcomes / Total Bed days per month	2%	X		0	On Target
	Readmissions within 30 days	# of inpatient readmissions within 30 days of discharge / # of inpatient admissions per month	10%		X	6/31 19.4%	Off Target - 10.6%
	Mortality	# of inpatient deaths / Total Bed days per month	0%				On Target
	Elopement	# of elopements / Total Bed days per month	0%				On Target
	Suicide management	# of attempted suicides / # of inpatient admissions per month	0%				On Target
	Patient falls	# of inpatient falls reported during the month / Total Bed days per month	0.50%				On Target
Social Work Services	Psychosocial Assessment Completion	# of completed assessments / # of assessments audited	100%	X		5 out of 5	On Target
	Social Services Discharge & Aftercare Monitoring	# of discharge and aftercare forms with all elements completed / # of charts audited	100%	X		5 out of 5	Off Target- 86.6%
	Social Services Documentation Monitoring	# of charts that include admission note, acute note status and administrative status note / # of charts of audited	100%	X		5 out of 5	Off Target - 93%

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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	X		4/720	On Target
	Seclusion usage	# of "seclusion episodes" / Total Bed days per month	N/A	X		0/436	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%	X		2 out of 2	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%	X		2 out of 2	Off Target- 83%
	Patient injuries during restraint	# of injuries while restrained or secluded / # of restraint/seclusion episodes	0%	X		0 out of 2	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%	X		2 out of 2	On Target
Medication Use/Pharmacy Services	Medication errors	# of medication errors	0%	X		0	On Target
	Medication & controlled substance labeling	# of patient medications, including controlled substances labeled and stored according to hospital policy / # of patient stored medications reviewed	100%				On Target
	Controlled substance discrepancy	# of resolved controlled substance discrepancies/ total # of controlled substance discrepancies	100%				On Target
	Medication error rates	# of medication errors occurring in patient care areas / Total medications dispensed (PRN + Main + Ekit)	2%				On Target
	Adverse drug reactions	# of adverse drug reactions / # of medications administered (PRN + Main)	2%				On Target
	Controlled substance destruction	# of controlled substances properly destroyed including all documentation requirements and destruction time frames (for medications considered abandoned – 7 days or post discharge) / # of medication destruction log entries	100%				On Target

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Significant Adverse Outcomes	Sentinel events	Event leading to death or significant impairment (per Significant Event Policy) includes Near Misses and State Reportable Events	N/A			1	0
	Event reporting	Number of events reported of the following types: Medication-Related; Other significant/Mandated Reporting	N/A			0	0
Food and Nutrition Issues	Appropriate diets	# of nutritional diets accurate and appropriate for patient's carbohydrate, caloric and protein needs / # of diets reviewed	100%	X		12 out of 12	On Target
	Nutritional assessments	# of RD assessments performed within 72 hours for patients at high nutritional risk / # high risk nutritional patients reviewed	100%	X		8 out of 8	Off Target- 94%
	Food storage/expired food items	# of expired/unlabeled items in refrigerators/freezers / # of food items observed	0%	X		0 out of 120	On Target
Physician and AHP Related Issues	Telephone medication orders	Number of telephone orders signed and dated within 24 hours	100%				Off Target- 97.3%
	MD-related incidents	Number of incidents regarding MDs	0				On Target
	Change of clinician request	Number of change of clinician requests	0				On Target
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	# of staff able to articulate how to report unsafe environment or hazard / # of staff interviewed	>95%				On Target
	Role in internal/external disaster	# 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	# of staff articulating fire plan components correctly / # of staff queried	>90%				On Target
	Work order completion w/in 30 days	# of work orders completed within 30 days of creation / # of work orders created	95%				On Target

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Summary & actions taken to address any "Off Target" Indicators				
Indicator	Measure off target	Description of issue(s)	Corrective Action Summary	Previous Corrective Action (if any)
Food and Nutrition Issues	Nutritional assessments	2 of the 3 patients that required a RD assessment were completed within the required timeframe. 1 of the 3 that was not was due to nursing staff not following through – this was the holiday week and RD coverage had been arranged ahead of time with the PHD – in addition to notification via email, a telephone call to the RD manager was required.	In this one case, the telephone call was not made (notification with instructions emailed and posted in advance) TL counseled to this effect with no further issues.	
Social Work Services	Social Services Discharge & Aftercare Monitoring	October: 1 out of 5 charts was out of compliance. Patient discharged on 10/23/18 and referred to his OPC which is Lompoc ACT. First appointment available was 11/19/18 (18 business days later). December: 1 out of 5 charts was not in compliance. Aftercare appt scheduled 10 days out instead of 7. Discharge was on 12/18/18 and following days OPC's had limited hours/closed the next few following days due to Holiday.	SW Supervisor spoke with supervisor at Lompoc ACT who confirmed that the clinic is having significant issues with timely appointments. Medical Director was notified. Multiple MD staff have since been hired to service Lompoc ACT. The month of December continues to be a problem area regarding follow up care for PHF discharges due to holiday closures within the system of care. The QAPI committee will put this issue of concern on the Agenda for next month's QIC (Quality Improvement Committee) further evaluation and investigation.	
Social Work Services	Social Services Documentation Monitoring	1 out of 5 Charts was out of compliance, no documentation that OP provider was notified.	SW Supervisor reviewed this chart with staff involved to clarify how documentation of notice is to be completed. SW Supervisor audits charts monthly to ensure any documentation issues are addressed with staff. This indicator has been on target since October.	
Restraint/Seclusion	Face-to-face evaluation w/in 1hr	1 episode of restraint showed documentation at 1 hour and 15 minutes until face-to-face evaluation.	Review of the chart did not indicate why the face to face was 15 minutes late. Likely the face to face was done within the required time frame, however the MD wrote the time he completed the documentation (not the time of the evaluation). This MD is no longer working with PHF. DON reviewed with the nursing staff to ensure the MD has the face to face and paperwork complete within the 1 hour time frame.	