

PGB Report August 2019

Indicator	Measures	Description	Target	Jul-19			Previous Quarter
				On Target	Off Target	Data	April-June 2019
Complaints and Grievances	Total grievances	# of patient grievances / Total Bed days per month	10%	X		1/467	On Target
	Clinical care/skill-related grievances	# of grievances related to clinical care/skill / # of grievances	5%	X		0/1	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 78%
	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		0/467	On Target
	Medical emergency transfers	# of patients transferred emergently to an acute hospital / Total bed days per month	2%	X		0/467	On Target
	Readmissions within 30 days	# of inpatient readmissions within 30 days of discharge / # of inpatient admissions per month	10%	X		2/40 5%	Off Target 10.1%
	Mortality	# of inpatient deaths / Total Bed days per month	0%	X		0/467	On Target
	Elopement	# of elopements / Total Bed days per month	0%	X		0/467	On Target
	Suicide management	# of attempted suicides / # of inpatient admissions per month	0%	X		0/40	On Target
	Patient falls	# of inpatient falls reported during the month / Total Bed days per month	0.50%	X		0/467	On Target
Social Work Services	Psychosocial Assessment Completion	# of completed assessments / # of assessments audited	100%				On Target
	Social Services Discharge & Aftercare Monitoring	# of discharge and aftercare forms with all elements completed / # of charts audited	100%				On Target
	Social Services Documentation Monitoring	# of charts that include admission note, acute note status and administrative status note / # of charts of audited	100%				On Target

PGB Report August 2019

Indicator	Measures	Description	Target	Jul-19			Previous Quarter
				On Target	Off Target	Data	April-June 2019
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				On Target
	Seclusion usage	# of "seclusion episodes" / Total Bed days per month	N/A				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%				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%				On Target
	Patient injuries during restraint	# of injuries while restrained or secluded / # of restraint/seclusion episodes	0%				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%				On Target
Medication Use/Pharmacy Services	Medication error rates/unavailability	# of medication errors occurring in patient care areas as a result of medication unavailability / Total medications dispensed	0%	X		0	On Target
	Medication error rates	# of medication errors occurring in patient care areas / Total medications dispensed	0		X	7	Off Target 2.3
	Adverse drug reactions	# of adverse drug reactions / # of medications administered	2%	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%	X		28 out of 28 100%	On Target
	Dual licensed signatures for Controlled substance destruction (one RN signature required)	# of controlled substances destructions w/ dual license signature (one RN required) / total # of controlled substance destructions	100%	X		4 out of 4 100%	On Target
	Controlled substance discrepancy	# of resolved controlled substance discrepancies /total # controlled substance discrepancies	100%	n/a	n/a	n/a	On Target

PGB Report August 2019

Indicator	Measures	Description	Target	Jul-19			Previous Quarter
				On Target	Off Target	Data	April-June 2019
Significant Adverse Outcomes	Sentinel events	Event leading to death or significant impairment (per Unusual Occurrences Policy) includes Near Misses and State Reportable Events	N/A	X		0	On Target
	Event reporting	Number of events reported of the following types: Medication-Related; Other significant/Mandated Reporting	N/A	X		0	On Target
Food and Nutritional Services	Appropriate diets	# of nutritional diets accurate and appropriate for patient's carbohydrate, caloric and protein needs / # of diets reviewed	100%				On Target
	Nutritional assessments	# of RD assessments performed within 72 hours for patients at high nutritional risk / # high risk nutritional patients reviewed	100%				On Target
	Food storage/expired food items	# of expired/unlabeled items in refrigerators/freezers / # of food items observed	0%				On Target
Physician and AHP Related Issues	Telephone medication orders	Number of telephone orders signed and dated within 24 hours	100%		X	26/31 84%	Off Target: 85%
	MD-related incidents	Number of incidents regarding MDs	0		X	1	On Target
	Change of clinician request	Number of change of clinician requests	0	X		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 reporting	# of staff able to articulate how to report unsafe environment or hazard / # of staff interviewed	>95%	X		8 out of 8 100%	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%	X		8 out of 8 100%	On Target
	Articulation of fire plan components	# of staff articulating fire plan components correctly / # of staff queried	>90%	X		8 out of 8 100%	On Target
	Work order completion w/in 30 days	# of work orders completed within 30 days of creation / # of work orders created	95%	X		8 out of 8 100%	On Target

CORRECTIVE ACTION SUMMARY

Indicator	Measure off target	Description of issue(s)	Corrective Action Summary	Previous Corrective Action (if any)
Patient Services, Care and Safety	Readmissions within 30 days	This indicator was off target at 10.1% for the quarter ending June 2019.	Staff will continue gathering data on patients readmitted within 30 days for analysis to identify gaps in services, effectiveness of discharge planning and problem solve ways to improve patient outcomes post discharge.	Staff will continue gathering basic data to identify any factors that may be influencing the rise in rate of readmissions to the PHF within 30 days. Quality Care Management Coordinator will work with Information Systems and Research & Analysis Staff to pull data on readmitted patients on length of days between discharge and readmission, type of discharge placement, attendance or non attendance at follow up appointments to identify any trends/patterns/service gaps that can be addressed to reduce the rate of readmission within 30 days.
Physician and AHP Related Issues	Telephone medication orders	This indicator was off target at 85% for the quarter ending June 2019.	Team Leaders are reminded to notify the Medical Director of unsigned telephone orders if there is no Medical Doctor (MD) on shift. MDs were counseled by the Medical Director to sign off on any telephone orders from the previous shift's MD. The Medical Director will counsel specific MDs found to be out of compliance as needed.	Team Leaders are reminded to notify the Medical Director when telephone orders are not signed and it is approaching the 24 hour timeline, or if an on shift MD refuses to sign off on another MD's telephone order. MDs who are on shift are trained to signed off any telephone orders from the previous shift's MD. Medical Director will counsel specific MDs out of compliance as needed.
Medication Use/Pharmacy Services	Medication error rates	This indicator was off target for the quarter ending in June 2019 with 7 medication errors.	Pharmacist and Nursing Supervisor have counseled specific staff involved in the medication errors. One staff with multiple medication errors was removed from medication duties. Pharmacist completed training on 8/13 and 8/15 on reducing medication errors. All medication staff must complete a mandatory annual Pyxis training by 8/31/19. Pharmacist will pilot requiring medication staff to print out an activity sheet from Pyxis at the end of their shift to cross reference to the MARs to catch any errors in real time and address.	Pharmacist and Nursing Supervisor counseled specific staff involved in the medication errors. Pharmacist is holding training on 8/13 and 8/15 on reducing medication errors for medication staff. Pharmacist is tracking for trends and root cause for medication errors. An improved electronic medical records is recommended to help reduce medication errors.