QAPI/PGB REPORT SEPTEMBER 2019 (AUGUST DATA)

Indicator	Measures	Description	Target	Aug-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		2	On Target
	Clinical care/skill-related grievances	# of grievances related to clinical care/skill / # of grievances	5%	X		0/2	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
	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		1/491	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		0/491	On Target
	Readmissions within 30 days	# of inpatient readmissions within 30 days of discharge / # of inpatient admissions per month	10%				Off Target
	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	On Target
	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	On Target

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Indicator	Measures	Description	Target	Aug-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	X		<1%	On Target
	Seclusion usage	# of "seclusion episodes" / Total Bed days per month	N/A	X		1/491	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	On Target
	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 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	5	Off Target
	Adverse drug reactions	# of adverse drug reactions / # of medications administered	2%				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
	Dual licensed signatures for Controlled substance destruction (one RN	# of controlled substances destructions w/ dual license signature (one RN required) / total # of controlled substance destructions	100%				Off Target
	Controlled substance discrepancy	# of resolved controlled substance discrepancies /total # controlled substance discrepancies	100%				On Target

QAPI/PGB REPORT SEPTEMBER 2019 (AUGUST DATA)

Indicator	Measures	Description	Target	Aug-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	N/A		1	**On Target**
	Event reporting	Number of events reported of the following types: Medication-Related; Other significant/Mandated Reporting	N/A	N/A		1	**On Target**
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		9 out of 9	**On Target**
	Nutritional assessments	# of RD assessments performed within 72 hours for patients at high nutritional risk / # high risk nutritional patients reviewed	100%	X		9 out of 9	**On Target**
	Food storage/expired food items	# of expired/unlabeled items in refrigerators/freezers / # of food items observed	0%	X		0 out of 90	**On Target**
	Rate of correct meal preparations	# of meals served that match PHFs Daily spreadsheet with appropriate portion/size / # of meals reviewed	100%	X		9 out of 9	**On Target**
	Safe Food Handling	# of food temperatures within range/ # of temperature checks performed	100%	X		54 out of 54	**On Target**
Physician and AHP Related Issues	Telephone medication orders	Number of telephone orders signed and dated within 24 hours	100%				**Off Target**
	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**
	Room Cleanliness	# of Patient Rooms clean w/out dust/dirt/ # of patient rooms observed	>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**

CORRECTIVE ACTION SUMMARY

		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)
Medication/Pharmacy	Medication errors	In August there were 5 medication errors. 3 incidents were extra tablets of medication found in Pyxis, meaning 3 possible patients may have been under-dosed (with no adverse outcome to possibly affected patients). 2 patients were given another patient's medication when staff pulled the wrong medication (with no adverse outcome to either patient).	Psychiatrist was notified immediately of the errors. Patients were assessed by staff and found to be okay, with no adverse drug reactions. All staff involved in the errors were counseled on the errors. PHF Leadership discussed and implemented a new 'photo check' with a picture of the patient is now placed in the MAR book for an additional patient identity check before administering medication. Staff are continuing to print and review the activity report from Pyxis at the end of their shift to identify possible errors on their shift and remediate.	All staff involved in medication errors have been counseled. All staff are now required to print out an activity report from Pyxis at the end of the shift to cross reference for possible errors.