

QAPI/PGB REPORT DECEMBER 2019 (NOVEMBER DATA)

Indicator	Measures	Description	Target	November			Previous Quarter
				On Target	Off Target	Data	July-Sept 2019
Complaints and Grievances	Total grievances	# of patient grievances / Total Bed days per month	10%	X		0	On Target
	Clinical care/skill-related grievances	# of grievances related to clinical care/skill / # of grievances	5%	X		0	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
Patient Services, Care and Safety	Patient injuries	# of patient injuries w or w/o treatment / Total Bed days per month	0%	X		0/435	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		0/435	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%				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
Indicator	Measures	Description	Target	November			Previous Quarter
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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		0	On Target
	Seclusion usage	# of "seclusion episodes" / Total Bed days per month	N/A	X		2/435	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		2/2 100%	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%	X		2/2 100%	On Target
	Patient injuries during restraint	# of injuries while restrained or secluded / # of restraint/seclusion episodes	0%	X		0/2 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%	X		1/1 100%	On Target

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Medication Use/Pharmacy Services	Medication error rates	# of medication errors occurring in patient care areas / Total medications dispensed	0		X	2	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 signature required)	# 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
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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		2	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		9/9 100%	On Target
	Nutritional assessments	# of RD assessments performed within 72 hours for patients at high nutritional risk / # high risk nutritional patients reviewed	100%	X		13/13 100%	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
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

Indicator	Measure off target	Description of issue(s)	Corrective Action Summary	Previous Corrective Action (if any)
<p>Medication Use /Pharmacy Services</p>	<p>Medication errors</p>	<p>2 medication errors occurred in November 1) Patient was given the wrong medication. MD and Pharmacist were notified, and okayed resuming patients normal medications. Patient monitored all day by nursing staff and psychiatrist- no patient concerns. 2) Patient did not receive his medication received at PHF from ACT. The patients medication was received by night shift nurse who stored them without appropriate labels and the medication was not given. The doctor was notified of the error, and patient was observed to be ok.</p>	<p>1) Nurse who completed IR explained it was an error on her part- she rarely works in the med room, knows how it happened and how to prevent it in the future. Nursing Supervisor notified and counseled staff. 2) Nurses involved have been consulted about this. This seems to be a communication error. Pharmacist and Nursing Supervisor communicated with all nurses about the importance of writing out each medication that was received, and not just writing how many bubble packs were received. Pharmacist and Nursing Supervisor continue to counsel staff and work on error reductions with nurses in the med room.</p>	<p>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.</p>