

QAPI/PGB REPORT JULY 2020 (JUNE 2020 Data)

Indicator	Measures	Description	Target	June			Previous Quarter
				On Target	Off Target	Data	April-June
Complaints and Grievances	Total grievances (monthly)	# of patient grievances / Total Bed days per month	10%	X		1/467 < 1%	On Target
	Clinical care/skill-related grievances (monthly)	# of grievances related to clinical care/skill / # of grievances	5%	X		0/1 0%	On Target
Infection Prevention and Control	Hand hygiene according to guidelines (quarterly)	# of observations when the care giver performed hand hygiene per CDC guidelines / # of observations	80%	n/a			On Target
Patient Services, Care and Safety	Patient injuries (monthly)	# of patient injuries w or w/o treatment / Total Bed days per month	0%	X		0/467 0%	On Target
	Readmissions within 30 days	# of inpatient readmissions within 30 days of discharge / # of inpatient admissions per month	10%				On Target
	Patient falls	# of inpatient falls reported during the month / Total Bed days per month	0.50%				On Target
	Incident Reporting (monthly)	Number and type of incidents reported	volume	n/a		4	N/A volume
Indicator	Measures	Description	Target	June			Previous Quarter
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Social Work Services	Psychosocial Assessment Completion (quarterly)	# of completed assessments / # of assessments audited	100%	n/a			On Target
	Social Services Discharge & Aftercare Monitoring (quarterly)	# of discharge and aftercare forms with all elements completed / # of charts audited	100%				On Target
	Recreation Therapy Assessments (quarterly)	# of Recreation Therapy Assessments with all required elements/ # of charts audited	100%	n/a			On Target
	Social Services Documentation Monitoring (quarterly)	# of charts that include admission note, acute note status and administrative status note / # of charts of audited	100%				On Target

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Restraint/Seclusion (Violent/Self Destructive Behavior)	Restraint usage (quarterly)	Hours of restraint use / 720 patient hours	N/A				On Target
	Seclusion usage (quarterly)	# of "seclusion episodes" / Total Bed days per month	N/A				On Target
	Evidence of less restrictive options (quarterly)	# of restraint/seclusion episodes reviewed with evidence of alternative & less restrictive measures attempted or considered and rejected prior to restraint use / Total # of restraint/seclusion	100%				On Target
	Face-to-face evaluation w/in 1hr (quarterly)	# of new restraint / seclusion episodes with face-to face evaluation within 1 hour of restraint / seclusion application	100%				On Target
	Patient injuries during restraint (quarterly)	# of injuries while restrained or secluded / # of restraint/seclusion episodes	0%				On Target
	Inclusion in Treatment Plan (quarterly)	# of episode of restrained and/or secluded patients with inclusion of restraint/seclusion in treatment plan / # of episodes with restraint/seclusion	100%				On Target
Indicator	Measures	Description	Target	June			Previous Quarter
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Medication Use/Pharmacy Services	Medication error rates (monthly)	# of medication errors	volume	n/a		1	5
	Medication & controlled substance labeling (quarterly)	# of patient medications, including controlled substances labeled and stored according to hospital policy / # of patient medications reviewed	100%				On Target
	Controlled substance discrepancy (quarterly)	# of resolved controlled substance discrepancies/ total # of controlled substance discrepancies	100%				On Target
	Controlled substance destruction (quarterly)	# of controlled substances properly destroyed including all documentation requirements and destruction time frames (for	100%				On Target

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Indicator	Measures	Description	Target	June			Previous Quarter
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Significant Adverse Outcomes	Sentinel events (monthly)	Number of state reportable events (Unusual Occurrence 24 Hour Report).	volume	n/a		0	N/A volume
	Adverse Events (monthly)	Event leading to harm to patient regardless of cause	volume	n/a		0	N/A volume
Food and Nutritional Services	Ice Policy (quarterly)	Numerator: # of correct responses to Ice Policy query Denominator: Number of staff interviewed	100%	n/a			*n/a
	Nutritional assessments (quarterly)	# of RD assessments performed within 72 hours for patients at high nutritional risk / # high risk nutritional patients reviewed	100%				On Target
	Handwashing (quarterly)	Numerator: # of staff observed washing hands per policy Denominator: # of staff observed	0%	n/a			*n/a
	Rate of correct meal preparations (quarterly)	# of meals served that match PHFs Daily spreadsheet with appropriate portion/size / # of	100%				*n/a
	Request for Additional Food (quarterly)	# of correct responses to Requests for Additional Food Policy query Denominator: # of staff interviewed	100%	n/a			*n/a
Physician and AHP Related Issues	Cranial Nerve Exams (quarterly)	# of Medical Records with Cranial Nerve Exam completed / # of Medical Records reviewed	100%	n/a			On Target
	Informed Consent (quarterly)	Numerator: # of Medical Records reviewed with Presence of Psychotropic Medication Consents Present with all	100%	n/a			Off Target 94%
	Telephone medication orders	Number of telephone orders signed and dated within 24 hours					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

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Environmental Services	Correct staff reply when queried on disinfectant dwell times (quarterly)	# of correct responses from staff when queried on disinfectant dwell (wet/kill) times / # of queries (2 queries per week)	>95%	n/a			On Target
Environment of Care	Staff knowledge: Unsafe environment or hazard reporting (quarterly)	# of staff able to articulate how to report unsafe environment or hazard / # of staff interviewed	>90%				On Target
	Emergency Management Activation	1 per year	100%				On Target
	Fire and Internal Disaster Drills	# 1 fire and internal disaster drill per shift conducted / # 16	>90%				On Target
	Work order completion w/in 30 days (quarterly)	# of work orders completed within 30 days of creation / # of	95%				On Target
Indicator	Measures	Description	Target	June			Previous Quarter
				On Target	Off Target	Data	April-June
Nursing Services	*Telephone Order Read Back (quarterly)	# of telephone order with documentation of read back / # of telephone orders audited	100%	n/a			Off Target 83%
	*Pain Assessments (quarterly)	# of charts with evidence of pain assessment / # of charts audited	100%	n/a			Off Target 86%
	*Physician Notification of meds not given (quarterly)	# of charts with documentation of physician notification of meds not given per MD-ordered parameters / # of charts with meds not given per MD-ordered parameters	100%	n/a			Off Target 0%
	*Physician Notification of meds refused (quarterly)	# of charts with evidence of physician notification of meds refused / # of charts with medications refused	100%	n/a			Off Target 26%

				On Target	Off Target	Data	April-June
Treatment Plans	Short Term Goals (quarterly)	# of treatment plans w/ short term goals with all required elements complete / # of short term goals	100%	n/a			On Target
	Long Term Goals (quarterly)	# of long term goals w/ all required elements complete / # of long term goals	100%	n/a			On Target
	MD Interventions(quarterly)	# of MD interventions with all required elements complete / # of MD interventions	100%	n/a			Off Target 81%
	Nursing Interventions (quarterly)	# of nursing interventions with all required elements complete / # of nursing interventions	100%	n/a			On Target
	Social Services (SS) Interventions (quarterly)	# of SS interventions with all required elements complete / # of SS interventions	100%	n/a			Off Target 93%
	Recreation Therapist (RT) Interventions (quarterly)	# of RT interventions with all required elements complete / # Number of RT interventions	100%	n/a			Off Target 72%

DESCRIPTION OF INCIDENT REPORTS, MEDICATION ERRORS, ADVERSE OUTCOMES, *N/A EXPLANATION

Indicator Category	Indicator	Description of issue(s)	Staff/Corrective Action Summary
Medication Use and Pharmacy Services	Medication Errors	There was 1 medication error reported in June. One missing tablet of a medication when refilling the Pyxis. The nurse entered the correct number into Pyxis when removing the medication, but likely took an extra tablet of the medication. The MD was notified and patient was okay.	Errors are being tracked by the Pharmacist to look for trends and root causes. The Pharmacist notified the MD who advised likely no harm to patient over this error. This patient was stable during their PHF stay and exhibited no adverse reaction/outcomes evident.
Significant Adverse Outcomes	Incident Reporting	Note the above medication error incident reports reviewed above. Other incident Reports: 1) Two male patients were found wrestling on the veranda. 2) Patient punched a foot long hole in the wall in his room. 3) Patient punched a tennis ball sized hole in room wall.	Note above medication error staff/corrective action summary. 1) Staff verbally prompted the patients to separate which they did and were each guided to separate sides of the unit. Assigned nursing staff reported no injury to either patient. Staff interviewed both patients but interviews did not explain why or how the incident occurred. No further incidents involving these two patients. 2) Staff inspected patient and assessed for injury, no injury or pain noted. Staff contacted Facilities to fix the hole. Patient was reassessed and reported no pain, no sign of injury. 3) Patient was given emergency medication and later placed in mechanical restraints. Jail documentation showed patient had a left hand fracture prior to PHF admission but had no cast or splint. MD ordered routine x ray but patient discharged prior to scheduled x ray.
*Food and Nutritional Services	Ice Policy, Handwashing Policy, Requests for Additional Food Policy	During the COVID-19 pandemic, the Registered Dietician has been unable to complete the live query of staff during meal services this quarter due to extenuating circumstances. She has, however, been able to complete nutritional assessments for all patients remotely during this quarter.	PHF Leadership is working closely with the Registered Dietician to safely resume live query of staff during meal services as soon as possible and in accordance with Public Health Department and Centers for Disease Control guideline. The Registered Dietician will continue performing nutritional assessments for patients remotely during the COVID-19 pandemic.

CORRECTIVE ACTIONS SUMMARY

Indicator Category	Measure off target	Description of issue(s)	Corrective Action Summary	Previous Corrective Action (if any)
Nursing Services	Telephone Order Read Back	Documentation of Telephone Order Read Back was off target at 83% for the quarter.	The Nursing Supervisor will continue communicating with nursing staff on the required elements for Telephone Order read back documentation. Feedback from the Quality Care Management (QCM) chart audits were shared with staff during staff meetings regarding rate of compliance with telephone order read back documentation. Compliance with this indicator decreased by 13% compared to last quarter.	Nursing Supervisor reviewed with nursing staff the required documentation for telephone order read back.
Nursing Services	Pain Assessment	Documentation of Pain Assessment was off target at 86% for the quarter.	The Nursing Supervisor will continue communicating with nursing staff on the required elements for Pain Assessment documentation. Feedback from the QCM chart audits were shared with staff during staff meetings regarding rate of compliance with pain assessment documentation. Compliance with this indicator decreased 7% compared to last quarter.	Nursing Supervisor reviewed with nursing staff the required documentation for pain assessments.
Nursing Services	Physician Notification of Meds Refused	Documentation of Physician Notification of Meds Refused was off target at 26% for the quarter.	The Pharmacist and Nursing Supervisor review the requirement to document physician notification of medication refused on the MAR and the flow sheet on a regular basis. PHF Leadership staff are currently reviewing and revising the Medication Administration Policy and Procedure to improve and streamline the documentation of physician notification by nursing staff. Compliance with this indicator decreased 10% compared to last quarter.	The Pharmacist and Nursing Supervisor provide on going communication to nursing staff regarding the requirement to document physician notification of meds refused on the MAR and in the flow sheet.
Nursing Services	Physician Notification of Meds Not Given	Documentation of Physician Notification of Meds Not given was off target at 0% for the quarter.	The Pharmacist and Nursing Supervisor review the requirement to document physician notification of medication refused on the MAR and the flow sheet on a regular basis. PHF Leadership staff are currently reviewing and revising the Medication Administration Policy and Procedure to improve and streamline the documentation of physician notification by nursing staff. There were no incidents of medications not given last quarter.	The Pharmacist and Nursing Supervisor provide on going communication to nursing staff regarding the requirement to document physician notification of meds refused on the MAR and in the flow sheet.

CORRECTIVE ACTIONS SUMMARY

Indicator Category	Measure off target	Description of issue(s)	Corrective Action Summary	Previous Corrective Action (if any)
Treatment Plans	MD Interventions	MD Interventions were off target at 81% for the quarter.	QCM reviews monthly off target data with the Medical Director, Clinical Director and Nursing Supervisor who provide the corrective feedback to staff individually and also in summary at monthly staff meetings. This quarter there was a new MD involved in treatment planning and the interventions listed were not individualized nor patient specific. In June, QCM developed and disseminated a comprehensive e-training on documentation and required elements for treatment plan goal and intervention development. Onboarding MDs will review the information and sign an attestation of understanding the material and documentation criteria. Compliance with this intervention decreased 6% compared to last quarter.	QCM Staff along with the Clinical Director, Medical Director and QCM Psychiatrist are holding documentation training for all PHF MDs including onboarding MDs. The Clinical Director and or Nursing Supervisor continue to monitor the treatment team during the treatment planning process once a week to provide additional support and technical assistance.
Treatment Plans	SS Interventions	Social Services Interventions were off target at 93% for the quarter.	QCM reviews monthly off target data with the Medical Director, Clinical Director and Nursing Supervisor who provide the corrective feedback to staff individually and also in summary at monthly staff meetings. This quarter, frequency was the missing element for Social Services Interventions in the treatment plans. Compliance with this indicator improved 15% compared to last quarter.	The Medical Director, Clinical Director, Nursing Supervisor meet monthly with QCM Staff to discuss results of the chart reviews and discuss possible corrective action plans. The Clinical Director and or Nursing Supervisor continue to monitor the treatment team during the treatment planning process once a week to provide additional support and technical assistance.
Treatment Plans	RT Interventions	Recreation Therapist Interventions were off target at 72% for the quarter.	QCM reviews monthly off target data with the Medical Director, Clinical Director and Nursing Supervisor who provide the corrective feedback to staff individually and also in summary at monthly staff meetings. This quarter frequency was the missing element for Social Services Interventions in the treatment plans. Compliance with this indicator fell 21% compared to last quarter.	The Medical Director, Clinical Director, Nursing Supervisor meet monthly with QCM Staff to discuss results of the chart reviews and discuss possible corrective action plans. The Clinical Director and or Nursing Supervisor continue to monitor the treatment team during the treatment planning process once a week to provide additional support and technical assistance.
Physician and AHP Related Issues	Informed Consents	Informed consents completed with all required elements was off target at 94% for the quarter.	Medical Director continues to remind all MDs regarding the required elements for informed consents, and the Pharmacist reviews all informed consents during the week to address in real time with MDs on shift for corrections. One MD was identified as having the most out of compliance consents and the Medical Director provided counsel to that staff on informed consent requirements. Pharmacist identified that when a new medication was added, or a Reize expired the informed consents lacked updating and resigning. This will further be reviewed with the MDs during performance review and recredentiaing process. Compliance with this indicator increased 1% compared to last quarter.	The Medical Director has counseled prescribing staff on the elements required in the updated form, and the required elements for informed consent completion. The Pharmacist also reviews informed consents during treatment team meetings to further ensure forms are in compliance, and any changes or updates are reflected as required. Nursing Staff are also reviewing informed consents to ensure completion prior to administering medication.