

QAPI/PGB Report August 2020 (July 2020 Data)

Indicator	Measures	Description	Target	July			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		4/471 1%	On Target
	Clinical care/skill-related grievances (monthly)	# of grievances related to clinical care/skill / # of grievances	5%	X		0/4 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/opportunities (10 observations per month)	80%				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		0/471	On Target
	Readmissions within 30 days (quarterly)	# of inpatient readmissions within 30 days of discharge / # of inpatient admissions per month	10%	n/a			Off Target 13%
	Patient falls (quarterly)	# of inpatient falls reported during the month / Total Bed days per month	0.50%	n/a			On Target
	Incident Reports (monthly)	# and type of incidents reported	volume	n/a		3	n/a volume
Indicator	Measures	Description	Target	July			Previous Quarter
				On Target	Off Target	Data	April-June
Social Work Services	Psychosocial Assessment Completion (quarterly)	# of completed assessments / # of assessments audited	100%				On Target
	Social Services Discharge & Aftercare Monitoring (quarterly)	# of discharge and aftercare forms with all elements completed / # of charts audited	100%				Off Target
	Recreation Therapy Assessment Completion (quarterly)	# of completed assessments / # of assessments audited	100%				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 (16 pts x 30days x 24hrs per day)	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 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 (quarterly)	# 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 (quarterly)	# of injuries while restrained or secluded / # of restraint/seclusion episodes	0%				On Target
	Inclusion in Treatment Plan (quarterly)	# of episodes of restrained and/or secluded patients with inclusion of restraint/seclusion in treatment plan / # of episodes of restraint/seclusion	100%				Off Target
Indicator	Measures	Description	Target	July			Previous Quarter
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Medication Use/Pharmacy	Medication error rates (monthly)	# of medication errors occurring in patient care areas / Total medications dispensed	volume	n/a		1	n/a volume
	Medication & controlled substance labeling (quarterly)	# of patient medications, including controlled substances labeled and stored according to hospital policy / # of patient stored medications reviewed	100%	n/a			On Target
	Controlled substance discrepancy (quarterly)	# of resolved controlled substance discrepancies/ total # of controlled substance discrepancies	100%	n/a			On Target
	Controlled substance destruction (quarterly)	# of controlled substances properly destroyed including all documentation requirements and destruction time	100%	n/a			On Target

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Significant Adverse Outcomes	Adverse patient events (monthly)	# of inpatient adverse events (any harm to patient regardless of cause)	volume	n/a		0	n/a volume
	Sentinel Events (monthly)	# of 24-hour state reportable events	volume	n/a		0	n/a volume
Indicator	Measures	Description	Target	July			Previous Quarter
				On Target	Off Target	Data	April-June
Food and Nutritional Services	Appropriate diets (quarterly)	# of nutritional diets accurate and appropriate for patient's carbohydrate, caloric and protein needs / # of diets reviewed	100%				Off Target
	Nutritional assessments (quarterly)	# of RD assessments performed within 72 hours for patients at high nutritional risk / # high risk nutritional patients reviewed	100%				On Target
	Ice Policy (quarterly)	Numerator: # of correct responses to Ice Policy query Denominator: Number of staff interviewed	100%				On Target
	Handwashing (quarterly)	Numerator: # of correct staff responses to Handwashing policy / Denominator: # of staff interviewed	0%				On Target
	Request for Additional Food (quarterly)	# of correct responses to Requests for Additional Food Policy query Denominator: # of staff interviewed	100%				On Target
Indicator	Measures	Description	Target	July			Previous Quarter
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Physician and AHP Related Issues	Telephone medication orders (quarterly)	Number of telephone orders signed and dated within 24 hours/ # of telephone orders reviewed	100%	n/a			Off Target 96%
	MD-related incidents (quarterly)	Number of incidents regarding MDs	0	n/a			On Target
	Change of clinician request (quarterly)	Number of change of clinician requests	0	n/a			On Target
	Cranial Nerve Exams (quarterly)	# of Medical Records with Cranial Nerve Exam completed / # of Medical Records reviewed	100%				On Target
	Informed Consent (quarterly)	Numerator: # of Medical Records reviewed with Presence of Psychotropic Medication Consents with all required elements / Denominator: # of Psychotropic Medication Consents Required	100%				Off 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%				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	95%	n/a			On Target
	Emergency Management Activation (quarterly)	1 per year	1	n/a			On Target
	Fire and Internal Disaster Drills (quarterly)	# 1 Fire and Internal Disaster Drill per quarter per shift / # 16	90%	n/a			On Target
	Work order completion w/in 30 days (quarterly)	# of work orders completed within 30 days of creation / # of work orders created	95%	n/a			On Target
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Nursing Services	*Telephone Order Read Back (quarterly)	# of telephone order with documentation of read back / # of telephone orders audited	100%				Off Target
	*Pain Assessments (quarterly)	# of charts with evidence of pain assessment / # of charts audited	100%				Off Target
	*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%				Off Target
	*Physician Notification of meds refused	# of charts with evidence of physician notification of meds refused / # of charts with medications refused	100%				Off Target
Treatment Plans	Short Term Goals (quarterly)	# of treatment plans w/ short term goals with all required elements complete / # of short term goals	100%				On Target
	Long Term Goals (quarterly)	# of long term goals w/ all required elements complete / # of long term goals	100%				On Target
	MD Interventions (quarterly)	# of MD interventions with all required elements complete / # of MD interventions	100%				Off Target
	Nursing Interventions (quarterly)	# of nursing interventions with all required elements complete / # of nursing interventions	100%				Off Target
	Social Services (SS) Interventions (quarterly)	# of SS interventions with all required elements complete / # of SS interventions	100%				Off Target
	Recreation Therapist (RT) Interventions	# of RT interventions with all required elements complete / # Number of RT interventions	100%				Off Target

DESCRIPTION OF INCIDENT REPORTS, MEDICATION ERRORS, ADVERSE OUTCOMES

Indicator Category	Indicator	Description of issue(s)	Staff/Corrective Action Summary
Patient Services, Care and Safety	Incident Reports	There were 3 incident reports completed in July 2020. 1) Staff found a used hot pack on the floor in patient's room. 2) Staff heard a noise and found a patient in the shower with a red bump on the side of his head 3) see medication error below.	1) Staff immediately removed the hot pack and notated on the safety check. Nursing Supervisor was notified, unclear who was responsible for supervision/disposal of this item. Discussed with Team Lead who went over the incident with her team. This incident was also discussed again during all-staff meeting. No patient was harmed, will work with new safety officer/Infection Prevention Nurse if non toxic option is available as hot packs on the unit state "harmful if swallowed". 2) Staff immediately investigated the noise, prompted patient to exit shower, and performed physical and mental assessment with cerebrovascular/neurological exam, took a set of vitals, and encouraged patient to rest in bed. Communicated incident to Medical Doctor and vitals were within normal limits. Nursing added that in the past when patients hold was expiring patient was successful in staying in the hospital with the same behavior, so may be attempting to sabotage discharge. Staff were giving patient the same information the day this incident occurred. 3) See below.
Medication Use/Pharmacy	Medication Errors	There was a missing tablet of clozapine 25 mg when refilling the Pyxis, so the patient may have received too much for one dose. All the transactions were accurately entered in the Pyxis.	The Pharmacist and Nursing Supervisor follow up with staff involved in medication errors and review errors at all staff meeting. No patterns or trends have been identified amongst staff. The Pharmacist continues to advocate for profile mode in Pyxis and for an integrated electronic health record to help reduce other medication errors.

CORRECTIVE ACTIONS SUMMARY

Indicator	Measure off target	Description of issue(s)	Corrective Action Summary	Previous Corrective Action (if any)
Physician and AHP Related Issues	Telephone medication orders signed within 24 hours	For the quarter 96% of telephone orders were signed and dated by physicians within 24 hours.	The Medical Director communicates with all PHF MDs that they need to sign all unsigned telephone orders within 24 hours. Nurses will continue to make notifications on the internist's board regarding unsigned orders. Nurses will continue flagging the orders for signature in the chart for the MD on shift. Nurses will call Medical Director to sign for unsigned orders close to reaching the 24 hour mark.	
Patient Services, Care and Safety	Readmissions within 30 days	For the quarter the rate of readmission within 30 days was off target at 13%. Prior to readmission, 6 patients were discharged to Crisis Residential Treatment, 3 to home, 1 against medical advice, 1 to augmented Board&Care, 1 back to jail. The average number of days between discharge and readmission was 12, and the highest number of days between discharge and readmission was 27.	Quality Care Management staff met with Research and Data Evaluation staff to identify data points to create a report to help identify trends or patterns in the rate or readmissions, and identify any root causes for readmissions. The QAPI Committee discussed revisiting holding complex case review processes for high utilizers, and reviewing the Department's 'warm hand off' policy and procedure with all staff to ensure linkage to ongoing services post discharge.	