

QAPI/PGB REPORT SEPTEMBER 2020 (August Data)

Indicator	Measures	Description	Target	August			Previous Quarter
				On Target	Off Target	Data	Apr-June
<b>Complaints and Grievances</b>	Total grievances (monthly)	# of patient grievances / Total Bed days per month	10%	X		5/481 1%	On Target
	Clinical care/skill-related grievances (monthly)	# of grievances related to clinical care/skill / # of grievances	5%	X			On Target
<b>Infection Prevention and Control</b>	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%				Off Target
<b>Patient Services, Care and Safety</b>	Patient injuries (monthly)	# of patient injuries w or w/o treatment / Total Bed days per month	0%	X		0/481 0%	On Target
	Medical emergency transfers (quarterly)	# of patients transferred emergently to an acute hospital / Total bed days per month	2%				On Target
	Readmissions within 30 days (quarterly)	# of inpatient readmissions within 30 days of discharge / # of inpatient admissions per month	10%				Off Target
	Mortality (quarterly)	# of inpatient deaths / Total Bed days per month	0%				On Target
	Elopement (quarterly)	# of elopements / Total Bed days per month	0%				On Target
	Suicide management (quarterly)	# of attempted suicides / # of inpatient admissions per month	0%				On Target
	Patient falls (quarterly)	# of inpatient falls reported during the month / Total Bed days per month	0.50%				On Target
	Incident Reports (monthly)	# and type of incidents reported	volume	n/a		9	volume
<b>Social Work Services</b>	Psychosocial Assessment Completion (quarterly)	# of completed assessments / # of assessments audited	100%				Off Target
	Social Services Discharge & Aftercare Monitoring (quarterly)	# of discharge and aftercare forms with all elements completed / # 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%	n/a			Off Target 93%
	Recreation Therapy Assmt (quarterly)		100%				Off Target

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<b>Restraint/ Seclusion (Violent/Self Destructive Behavior)</b>	Restraint usage (quarterly)	Hours of restraint use / 720 patient hours (16 pts x 30days x 24hrs per day)	N/A	n/a			On Target
	Seclusion usage (quarterly)	# of "seclusion episodes" / Total Bed days per month	N/A	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%	n/a			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%	n/a			On Target
	Patient injuries during restraint (quarterly)	# of injuries while restrained or secluded / # of restraint/seclusion episodes	0%	n/a			On Target
	Inclusion in Treatment Plan (quarterly)	# of records of restrained and/or secluded patients with inclusion of restraint/seclusion in treatment plan / # patient records with restraint/seclusion	100%	n/a			Off Target 98%
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<b>Medication Use/Pharmacy Services</b>	Medication error rates (monthly)	# of medication errors occurring in patient care areas / Total medications dispensed	volume	n/a		2	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%				On Target
	Dual licensed signatures for Controlled substance destruction (one RN signature required) (quarterly)	# of controlled substances destructions w/ dual license signature (one RN required) / total # of controlled substance destructions	100%				On Target
	Controlled substance discrepancy (quarterly)	# of resolved controlled substance discrepancies /total # controlled substance discrepancies	100%				On Target
Indicator	Measures	Description	Target	August			Previous Quarter
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<b>Significant Adverse Outcomes</b>	Adverse patient events (monthly)	# of inpatient adverse events (any harm to patient regardless of cause)	volume	n/a		0	volume
	Sentinel Events (monthly)	# of 24-hour state reportable events	volume	n/a		0	volume
<b>Food and Nutrition Issues</b>	Appropriate diets (quarterly)	# of nutritional diets accurate and appropriate for patient's carbohydrate, caloric and protein needs / # of diets reviewed	100%	n/a			Off Target 95%
	Nutritional assessments (quarterly)	# of RD assessments performed within 72 hours for patients at high nutritional risk / # high risk nutritional patients reviewed	100%	n/a			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	100%				On Target
	Request for Additional Food (quarterly)	# of correct responses to Requests for Additional Food Policy query Denominator: # of staff interviewed	100%				On Target
<b>Physician and AHP Related Issues</b>	Telephone medication orders (quarterly)	Number of telephone orders signed and dated within 24 hours	100%				Off Target
	MD-related incidents (quarterly)	Number of incidents regarding MDs	0				On Target
	Change of clinician request (quarterly)	Number of change of clinician requests	0				On Target
<b>Environmental Services</b>	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
<b>Environment of Care</b>	Staff knowledge: Unsafe environment or hazard reporting (quarterly)	# of staff able to articulate how to report unsafe environment or hazard / # of staff interviewed	>95%				On Target
	Role in internal/external disaster (quarterly)	# 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 (quarterly)	# of staff articulating fire plan components correctly / # of staff queried	>90%				On Target
	Work order completion w/in 30 days (quarterly)	# of work orders completed within 30 days of creation / # of work orders created	95%				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 (quarterly)	# of charts with evidence of physician notification of meds refused / # of charts with medications refused	100%				On 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 (quarterly)	# of RT interventions with all required elements complete / # Number of RT interventions	100%				Off Target

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DESCRIPTION OF INCIDENT REPORTS, MEDICATION ERRORS, ADVERSE OUTCOMES		
Indicator	Description of issue(s)	Staff/Corrective Action Summary
<b>Incident Reports</b>	2 medication errors occurred in August- see below. 2 incident reports involving patient to patient physical fights with no resulting injuries to any involved patient. 1 incident report where a patient punched MD, with no resulting injury to MD. 1 incident report when Patient's Own Medication (POM) was not re-stored properly after medication administration. 1 incident report when a 'cold pack' was found in patient's room, no harm to patient. 1 incident report where a patient broke the Recreation Therapy room window with no injury to patient. 1 incident report where a male patient grabbed a female staff genital region while being escorted by CPI hold to the seclusion and restraint room.	See below for Medication Error information. Patients involved in the fights were separated easily and monitored for any escalated behaviors. The MD who was punched was offered support, and declined calling the company nurse, with no injury resulting from the punch. The staff involved in failing to re-store POMs appropriately was counseled, and the Pharmacist reviewed the proper procedure for storing POMs with all medication staff. The broken window was temporarily sealed off and was fixed permanently by Facilities Staff. After the female staff was able to remove patients hand from her genital region he was placed in mechanical restraints. The assaulted staff was supported by Team Lead, Clinical Director and offered resources and support related to the incident. The female staff was provided ways to minimize any further contact with the patient while on the unit. The female staff filed a report with law enforcement, and BeWell's Chief of Compliance advised the Public Guardian regarding the conservatee involved.
<b>Medication Use /Pharmacy Services: (Medication Errors)</b>	2 medication errors occurred in August. There was a missing tablet of levothyroxine 25 mcg 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 patient was ok, no harm to patient. There was an extra tablet of haloperidol 10 mg that was caught by nurse when removing a tablet. During the previous transaction, the nurse entered that she was removing 2 tabs or 20 mg (the correct dose) but only removed 1 tab or 10 mg. The patient did not receive enough for one dose. The patient was ok, no harm to patient.	Pharmacist and Nursing Supervisor reviewed these errors with involved staff, and also reviewed the errors in staff meetings to reiterate way to prevent medication errors in the future. The Pharmacist continues to track and analyze the errors for any trends, patterns or root causes (none found to date).

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CORRECTIVE ACTION SUMMARY				
Indicator	Measure off target	Description of issue(s)	Corrective Action Summary	Previous Corrective Action (if any)
Social Work Services	Social Services Documentation Monitoring (quarterly)	The Quarter was Off Target at 93%. In May one note was missing Social Services Interventions.	A JIRA request to make 'Interventions' a required field in Clinician's Gateway was submitted and completed. The Interim PHF Director of Social Services is reviewing all lacking documentation with staff and providing training as needed for new or covering Social Work on documentation requirements.	
Food and Nutrition	Appropriate Diets (quarterly)	The Quarter was Off Target at 95%. In June 12/14 diets received from Valle Verde were appropriate and accurate for the patient's dietary needs.	The Registered Dietician (RD) has communicated any discrepancies in accuracy of patients diets and they have rectified them to the best of their ability. Valle Verde has experienced some supply issues related to the COVID-19 pandemic, and is responsive in making timely corrections when requested.	
Restraint/ Seclusion (Violent/Self Destructive Behavior)	Inclusion in Treatment Plan (quarterly)	The quarter was Off Target at 98%. One treatment plan update was completed after 24 hours in April.	The Nursing Supervisor reminded staff involved in the late treatment plan of the 24 hour timeline to prevent recurrence. Some of these staff were covering staff not as experienced with treatment plan processes. The Nursing Supervisor reviews all episodes of Restraint and Seclusion to ensure ongoing compliance with all required elements.	