

QAPI/PGB Report October 2020 (September 2020 Data)

Indicator	Measures	Description	Target	September			Previous Quarter
				On Target	Off Target	Data	July-Sept
Complaints and Grievances	Total grievances (monthly)	# of patient grievances / Total Bed days per month	10%	X		3/469 1%	On Target
	Clinical care/skill-related grievances (monthly)	# of grievances related to clinical care/skill / # of grievances	5%	X		0/3 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		0/469 0%	On Target
	Readmissions within 30 days (quarterly)	# of inpatient readmissions within 30 days of discharge / # of inpatient admissions per month	10%				On Target
	Patient falls (quarterly)	# 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		6	N/A volume
Indicator	Measures	Description	Target	September			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%				Off Target
	Recreation Therapy Assessments (quarterly)	# of Recreation Therapy Assessments with all required elements/ # of charts audited	100%	n/a			Off Target 97%
	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
Indicator	Measures	Description	Target	September			Previous Quarter
				On Target	Off Target	Data	July-Sept
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

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Medication Use/Pharmacy Services	Medication error rates (monthly)	# of medication errors	volume	n/a		3	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%				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/ total # of controlled substance destructions	100%				On Target
Indicator	Measures	Description	Target	September			Previous Quarter
				On Target	Off Target	Data	July-Sept
Significant Adverse Outcomes	Sentinel events (monthly)	Number of state reportable events (Unusual Occurrence 24 Hour Report).	volume	n/a		2	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			On 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
	Handwashing (quarterly)	Numerator: # of staff observed washing hands per policy Denominator: # of staff observed	0%	n/a			On Target
	Rate of correct meal preparations (quarterly)	# of meals served that match PHFs Daily spreadsheet with appropriate portion/size / # of	100%				Off Target
	Request for Additional Food (quarterly)	# of correct responses to Requests for Additional Food Policy query Denominator: # of staff interviewed	100%	n/a			On Target
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	September			Previous Quarter
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Nursing Services	*Telephone Order Read Back (quarterly)	# of telephone order with documentation of read back / # of telephone orders audited	100%	n/a			Off Target 96%
	*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			N/A (No occurrences in the quarter)
	*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 31%
Indicator	Measures	Description	Target	September			Previous Quarter
				On Target	Off Target	Data	July-Sept
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			Off Target 96%
	MD Interventions(quarterly)	# of MD interventions with all required elements complete / # of MD interventions	100%	n/a			Off Target 48%
	Nursing Interventions (quarterly)	# of nursing interventions with all required elements complete / # of nursing interventions	100%	n/a			Off Target 96%
	Social Services (SS) Interventions (quarterly)	# of SS interventions with all required elements complete / # of SS interventions	100%	n/a			Off Target 84%
	Recreation Therapist (RT) Interventions (quarterly)	# of RT interventions with all required elements complete / # Number of RT interventions	100%	n/a			Off Target 84%

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DESCRIPTION OF INCIDENT REPORTS, MEDICATION ERRORS, ADVERSE OUTCOMES			
Indicator Category	Indicator	Description of issue(s)	Staff/Corrective Action Summary
Medication Use and Pharmacy Services	Medication Errors	1) Nurse removed metoprolol IR 25 mg instead of metoprolol ER. No harm to patient. 2) Extra tab of Synthroid 25 mcg was found during audit of Pyxis. This resulted in patient possibly being under dosed. 3) Two missing tabs of Synthroid 25 mcg found during audit of Pyxis. This resulted in patient possibly receiving too much. No patients experienced harm due to these medication errors.	1) The new nurse was notified of the error, and was assigned to an extra day of medication room training. EHR would have helped prevent this error. 2) Nurses possibly involved were notified of the error, including the new nurse who had error #1. All transactions were accurate, but nurse may have removed a different number of tabs than they typed in. Profile mode in Pyxis would have prevented this error. 3) All potential nurses notified. All transactions were accurate, but nurse may have removed a different number of tabs than they typed in. Profile mode in Pyxis would have prevented this error. All medication errors are being tracked by the Pharmacist to look for trends and root causes and all medication errors are reviewed with medication staff in staff meetings. BWell Information Technology leadership is working to expedite implementation of profile mode in Pyxis.
Patient Services, Care and Safety	Incident Reporting	There were 6 Incident Reports in September. 2 were 24 hours Unusual Occurrence Reports (UOR) made to the State regarding COVID 19 positive staff. 3 were medication errors (see above). 1 was due to inappropriate/threatening behavior towards staff by patient with poor boundaries.	See below for Sentinel Event Incident Reports. See above for Medication Error Incident Reports. Staff who wrote the incident report regarding patient behavior spoke with Nursing Supervisor and Clinical Director sharing that no contact was made and no injuries. Staff reports that RN immediately went to counsel patient on unacceptable behavior. The shift change report noted that the medication nurse and Team Lead also counseled this patient about appropriate boundaries and behavior. No further incidents of such behavior by patient.
Significant Adverse Outcomes	Sentinel Events	2 24 hours Unusual Occurrence Reports (UOR) made to the State regarding COVID 19 positive staff.	Upon notice of the first possible exposure to COVID 19 on the unit, staff immediately notified the Public Health Department and followed all recommendations regarding testing of patients and staff potentially exposed. All test results have come back and no persons were positive. Secondly, one staff member reported a possible community exposure to COVID 19 and notified PHF staff. PHF immediately arranged for rapid testing of this staff in coordination with the Public Health Department. The staff's result came back positive, and PHF followed Public Health Department's recommendations regarding testing of all patients and staff, including a period of surveillance testing. All test results have since come back and no persons were positive.
Patient Services, Care and Safety	Incident Reporting	*One Incident Report was missed in report out to PGB in August. The incident on 7/27/20 involved a patient who AWOL'ed from the patio through breaks in the chain link fence and was returned within 24 hours without injury/harm.	Upon noting patient's disappearance at 12:05pm staff immediately reported to dispatch, and unit search was conducted, while awaiting updates from dispatch. Team Lead spoke with patient's mother and with patient at 08:15am on 7/28/20 and requested immediate return to PHF. Clinical Director called dispatch requesting assistance and the CIT team was dispatched, and was notified at 08:40am that patient was in Sherriff custody and AMR was enroute to transport back to PHF. Medical Director and Administrator were updated. Patient arrived at 10:25am and was examined by MD, and a urine analysis was obtained. No injuries/harm noted. Psychiatrist recommended patient be discharged to CRT level of care, not to the mother's home. Facilities trimmed the Birds of Paradise trees so they could not obscure staff's view of patients. Facilities had Fence Factory replace fencing at the top, fix any possible holes or gaps, and extend a portion of the fence to improve security on the patio and prevent future recurrence. The day of this incident there was one staff on the patio, and she was sitting at the bench in the shade which obscured her view of the corner the patient left from. Direction was given to staff that 2 staff are required on the yard at all times.

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Corrective Action Summary				
Indicator Category	Measure off target	Description of issue(s)	Corrective Action Summary	Previous Corrective Action (if any)
Nursing Services	Telephone Order Read Back	Telephone Order read back was off target at 96%.	The Nursing Supervisor communicates all missing telephone order read back with specific staff involved, and shares the information with staff at All Staff meetings. Compliance with this indicator increased 13% from the quarter prior.	Nursing Supervisor reviewed with nursing staff the required documentation for telephone order read back.
Nursing Services	Pain Assessment	Pain Assessment was off target at 86%.	The Nursing Supervisor communicates all missing pain assessments with specific staff involved, and shares the information with staff at All Staff meetings. Leadership is discussing a review of the Pain Assessment Policy for possible revision. Compliance with this indicator decreased by 3% from the quarter prior.	Nursing Supervisor reviewed with nursing staff the required documentation for pain assessments.
Nursing Services	Physician Notification of Meds Refused	Physician Notification of Meds Refused was off target at 31%.	The Pharmacist and Nursing Supervisor communicates all missing Physician Notifications with specific staff involved, and the information is also shared with staff at All Staff meetings. The Policy and Procedure regarding Medication Administration has been revised. Staff training will be assigned on the changes and new flow sheet as part of staff's annual competency and due at the end of November 2020. Compliance with this indicator increased by 9% from the prior 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.
Treatment Plans	Long Term Goals	In July, one Treatment Plan was missing a Long Term Goal	Staff involved in this treatment plan process were advised of the missing element. The Clinical Director and Nursing Supervisor attend treatment plan meetings each once a week to supervise the process and support staff in including the required elements. This case was likely a simple oversight to document the long term goal on the treatment plan form after the team verbalized the goal as a group. PHF Leadership is currently working with a Greeley consultant who will provide an evaluation of the PHF's current Treatment Plan process, forms and documentation to identify ways to support staff in improving compliance with all elements of treatment plan documentation. Compliance with this indicator decreased by 4% from the quarter prior.	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.
Treatment Plans	MD Interventions	MD Interventions were off target at for the quarter at 48%	This quarter there were new MDs involved in treatment planning who had the bulk of interventions out of compliance. These interventions were not individualized, or, were written as staff expectations of the patient. QCM shares these audit result with the Medical Director who communicates areas of non compliance with Medical Staff. PHF Leadership is currently working with a Greeley consultant who will provide an evaluation of the PHF's current Treatment Plan process, forms and documentation to identify ways to support staff in improving compliance with all elements of treatment plan documentation. Compliance with this indicator decreased 26% compared to the quarter prior.	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.
Treatment Plans	SS Interventions	Social Services Interventions were off target for the quarter at 84%	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. PHF has a new PHF Director of Social Services who is supporting staff and addressing documentation compliance. Compliance with this indicator decreased 13% compared to last 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.

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Corrective Action Summary				
Indicator Category	Measure off target	Description of issue(s)	Corrective Action Summary	Previous Corrective Action (if any)
Treatment Plans	RT Interventions	Recreation Therapist Interventions were off target for the quarter at 84%	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. PHF has a new PHF Director of Social Services (DSS) who is supporting staff and addressing documentation compliance. Compliance with this indicator decreased 3% compared to last 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.
Treatment Plans	RN Interventions	Registered Nurse interventions were off target for the quarter at 96%.	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. PHF Leadership is currently working with a Greeley consultant who will provide an evaluation of the PHF's current Treatment Plan process, forms and documentation to identify ways to support staff in improving compliance with all elements of treatment plan documentation. Compliance with this indicator decreased 13% compared to last 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.
Social Services	Recreation Therapy Assessments	Recreation Therapy Assessments were off target at 97%	PHF has a new PHF Director of Social Services (DSS) who is supporting staff and addressing documentation compliance and the required 72 hour timeline. The DSS is working with a Greeley consultant to review and potentially revise the current Recreation Therapy Assessment form to improve compliance. Compliance decreased by 3% compared to last 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.
Physician and AHP Related Issues	Informed Consents	Informed consents with all required elements were off target for the quarter at 94%.	There were new PHF MDs on shift this quarter who had the incomplete informed consents. The Medical Director is addressing this with the identified staff, and continues to remind all MDs regarding the required elements for informed consents. The Pharmacist reviews informed consents during the week to address in real time with MDs on shift for corrections. Levels of compliance with informed consents will additionally be reviewed during performance review and recredentiaing process for PHF Medical Staff. Compliance with this indicator was the same as the prior 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.