

QAPI/PGB Report November 2020 (October Data)

Indicator	Measures	Description	Target	October			Previous Quarter
				On Target	Off Target	Data	July-Sep
Complaints and Grievances	Total grievances (monthly)	# of patient grievances / Total Bed days per month	10%	X		1/481 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/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		0/481	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 11%
	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		8	n/a volume
Indicator	Measures	Description	Target	October			Previous Quarter
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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
Indicator	Measures	Description	Target	October			Previous Quarter
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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

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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		4	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
Indicator	Measures	Description	Target	October			Previous Quarter
				On Target	Off Target	Data	July-Sep
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	October			Previous Quarter
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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	October			Previous Quarter
				On Target	Off Target	Data	July-Sep
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 89%
	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

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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	1), 2), 3), Three patient to patient assaults without injury. 4) One patient to staff assault without injury. See medication errors below.	1) Male patient who slapped female patient was immediately directed to his room and given a PRN. No injury/pain found on female patient. All staff made aware of assault and monitored both patients for any changes in behavior. 2) Staff separated the two male patients, gave a PRN to agitated patient and both were checked for injuries, none were found. MD also increased the PRN for the agitated patient. 3) Staff stood between the two male patients and when other staff approached they walked away from each other...Staff were alerted to watch both patients' behaviors closely as they had been involved in a similar incident approximately a week prior. These two patients reside on different hallways to encourage distance. 4) Staff used Crisis Prevention Intervention (CPI) which was unsuccessful in de-escalating the patient, so she called of rother staff who were able to escort away the patient. Patient and staff were checked for injuries and none were found. Patient received a high amount of staff care and support throughout the night, including PRN medication.	
Medication Use/Pharmacy	Medication Errors	1) One missing tab of clozapine 100 mg - patient possibly received too much for one dose. 2) One missing tab of metoprolol ER 25 mg - patient possibly received too much for one dose. 3) One transcription error - meds written on wrong patient's MAR and wrong med, Zocor 20 mg was given to the wrong patient. 4) Two extra caps of prazosin 1 mg - patient possibly recieved too little at one med pass.	1) Patients potentially involved were assessed and no ill effect noted from this error. Potential nurses involved were notified- and spoke with the med nurses to review how to prevent this error in the future. A newer nurse may have been involved in this error and the Nursing Supervisor was notified. 2) Patient's vital signs taken twice daily and no negative effect noted from the possible med error. Potential nurses involved were notified, and training in the med room is being revamped to include a checklist binder to help the newer nurses and prevent such errors. 3) Nursing Supervisor and Pharmacist discussed this with the medication nurse to educate on ways to prevent in the future. Patient remains at PHF with no side effects from the error. 4) MD was notified that the patient may have been under dosed for one night prior to discharge. Patient showed no signed of adverse effect on the day of discharge. Pharmacist followed up with nurse involved to review the error and ways to prevent in the future. Training in the med room is being revamped to include a checklist binder to help the newer nurses and prevent such 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 89% of telephone orders were signed and dated by physicians within 24 hours, compliance decreased 7% from the quarter prior.	The Medical Director followed up with newer PHF MDs involved in missing signatures/dates to ensure they understand the requirement to sign all unsigned telephone orders within 24 hours. Nurses will continue to make notifications on the internist's board regarding unsigned orders, continue flagging the orders for signature in the chart and provide to the MD on shift. Nurses will also call Medical Director to sign for unsigned orders close to reaching the 24 hour mark.	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 11% of patient were re-admitted within 30 days to the PHF, a decrease of 2% from the prior quarter.	Quality Care Management staff met with Research and Data Evaluation staff to identify data points to identify any trends or patterns in the rate of readmissions. The Clinical Director will provide referrals for patients with high rates of readmission to be discussed during BWELL complex case reviews. The newly opened Champion Center for Healing has allowed for several recent discharges for patients needing a high level of care locally. The utilization of this new resource may also impact the rate of readmission within 30 days to PHF.	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.