

QAPI/PGB REPORT DECEMBER 2020 (NOVEMBER DATA)

Indicator	Measures	Description	Target	November			Previous Quarter
				On Target	Off Target	Data	July-September
Complaints and Grievances	Total grievances (monthly)	# of patient grievances / Total Bed days per month	10%	X		5/464 < 1%	On Target
	Clinical care/skill-related grievances (monthly)	# of grievances related to clinical care/skill / # of grievances	5%	X		0/5 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%				Off 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	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		6	volume
	Social Work Services	Psychosocial Assessment Completion (quarterly)	# of completed assessments / # of assessments audited	100%			
	Social Services Discharge & Aftercare Monitoring (quarterly)	# of discharge and aftercare forms with all elements completed / # 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%	n/a			On Target
	Recreation Therapy Assmt (quarterly)		100%				Off Target
Indicator	Measures	Description	Target	November			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	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			On Target
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Medication Use/Pharmacy Services	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

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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	volume
	Sentinel Events (monthly)	# of 24-hour state reportable events	volume	n/a		1	volume
Food and Nutrition Issues	Appropriate diets (quarterly)	# of nutritional diets accurate and appropriate for patient's carbohydrate, caloric and protein needs / # of diets reviewed	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%	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
Physician and AHP Related Issues	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
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%				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	
Incident Reports	1) 2 extra containers of Depakene found when refilling Pyxis. 2 possible patients may have been under-dosed for one dose. 2) Patient was given Ativan too early. 3) Large screwdriver found on piano in dining room after scale calibration. 4) 24 hours UOR advising the State of reportable staff death. 5) One patient received too little Prazosin for one night. 6) One patient admitted to punching another patient and wanted a PRN medication.		1) This error would not have been prevented by EHR. It is unusual for patients to be on this high of dose, and to have to remove this number of capsules. Pharmacist confirmed that all nurses possibly involved were contacted and did not remember any further information. 2) This error would have been prevented by EHR by flagging the nurse that it was too soon to give the medication. Pharmacist followed up with the nurse who verbalized paying more attention to the time the medication was previously given next time she gives a prn. 3) Removed screwdriver. Called Advanced Biomedical and informed the manager that any equipment left on the unit could be considered dangerous and more precautions should be taken by their staff, and to address this concern with his staff. The Company had initially said they would like equipment back and will send staff to retrieve, however they have not yet retrieved the item. 4) Notified the State 11/9/2020 via scanned 24 hour UOR regarding reportable staff death. 5) Pharmacist is following up with the nurse, patient was discharged with no adverse effects evident. 6) Staff separated patients. Discussed the incident with the psychiatrist, discussed in nursing report and with the RA who was on the unit during the assault and both patients are fine, no injuries. Patients have been interacting without issue since the incident.	
Medication Use /Pharmacy Services: (Medication Errors)	See above medication errors.		See above medication error corrective action summary.	
CORRECTIVE ACTION SUMMARY				
Indicator	Measure off target	Description of issue(s)	Corrective Action Summary	Previous Corrective Action (if any)
Social Work Services	Social Services Discharge & Aftercare Monitoring (quarterly)	The Quarter was Off Target at 97%. One chart in August was missing an Administrative Status Waiver (AS Waiver).	PHF Director of Social Services (DSS) followed up with the staff and reviewed the chart to remind staff to complete the AS Waiver whenever less than 5 placement contacts are made. DSS reviews patient discharge plans during treatment team meetings for appropriateness and required documentation.	N/A