

QAPI/PGB REPORT JANUARY 2021 (DECEMBER 2020 Data)

Indicator	Measures	Description	Target	December			Previous Quarter
				On Target	Off Target	Data	October-December
Complaints and Grievances	Total grievances (monthly)	# of patient grievances / Total Bed days per month	10%	X		3/312 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
	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
Patient Services, Care and Safety	Patient injuries (monthly)	# of patient injuries w or w/o treatment / Total Bed days per month	0%	X		0/312 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		11	N/A volume
Indicator	Measures	Description	Target	December			Previous Quarter
				On Target	Off Target	Data	October-December
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 90%
	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	December			Previous Quarter
				On Target	Off Target	Data	October-December
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 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	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

QAPI/PGB REPORT JANUARY 2021 (DECEMBER 2020 Data)

Indicator	Measures	Description	Target	December			Previous Quarter
				On Target	Off Target	Data	October-December
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	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	December			Previous Quarter
				On Target	Off Target	Data	October-December
Significant Adverse Outcomes	Sentinel events (monthly)	Number of state reportable events (Unusual Occurrence 24 Hour Report).	volume	n/a		6	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 (RD offsite December)
	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 (RD offsite December)
	Rate of correct meal preparations (quarterly)	# of meals served that match PHFs Daily spreadsheet with appropriate portion/size / # of meals reviewed	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 (RD offsite December)
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 required elements Denominator: Number of Psychotropic Medication Consents Required	100%	n/a			Off Target 93%
	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

QAPI/PGB REPORT JANUARY 2021 (DECEMBER 2020 Data)

Indicator	Measures	Description	Target	December			Previous Quarter
				On Target	Off Target	Data	October-December
Nursing Services	Telephone Order Read Back (quarterly)	# of telephone order with documentation of read back / # of telephone orders audited	100%	n/a			Off Target 75%
	Pain Assessments (quarterly)	# of charts with evidence of pain assessment / # of charts audited	100%	n/a			Off Target 83%
	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			Off Target 0%
	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 72%
Indicator	Measures	Description	Target	December			Previous Quarter
				On Target	Off Target	Data	October-December
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			Off Target 88%
	Long Term Goals (quarterly)	# of long term goals w/ all required elements complete / # of long term goals	100%	n/a			Off Target 88%
	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			On Target
	Social Services (SS) Interventions (quarterly)	# of SS interventions with all required elements complete / # of SS interventions	100%	n/a			Off Target 96%
	Recreation Therapist (RT) Interventions (quarterly)	# of RT interventions with all required elements complete / # Number of RT interventions	100%	n/a			Off Target 62%

QAPI/PGB REPORT JANUARY 2021 (DECEMBER 2020 Data)

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) Extra tab of levothyroxine 25 and patient may have been under dosed for 1 dose. EHR would not have prevented because nurses entered in correct number. 2) 7/20/2020 Patient received more Prozac than intended. MD wrote for Prozac 20 mg daily but looked like TID so was given TID for one day. This would have been prevented by EHR. 3) Patient was given Abilify 15 mg BID instead of daily. This would have been prevented by EHR.	1) Pharmacist reviews all errors with nursing staff and errors are discussed in staff meetings to educate on ways to prevent medication errors. This patient had discharged from PHF with no known effects related to the medication error. 2) Pharmacist reviews all errors with nursing staff and errors are discussed in staff meetings to educate on ways to prevent medication errors. When MD was notified of the error the medication was held for the remainder of the patient's stay. MD monitored patient for adverse effects (sedation/activation). Patient noted that he had become more labile, felt depressed and highly irritable after taking the Prozac, MD discontinued the medication. No other ill effects noted through discharge. PHF Leadership discussed with QCM and Pharmacist regarding the lack of IR and timeliness of IRs documentation in the future. 3) Patient was made aware of the error, and MD also advised that he would be titrated up to Abilify 30mg per day. Nursing Supervisor was notified of the nursing staff's error. No ill effects noted from this error- patient remains on the unit. Pharmacist reviews all errors with nursing staff and errors are discussed in staff meetings to educate on ways to prevent medication errors.
Patient Services, Care and Safety	Incident Reporting	1) There were six 24 hour UORs reported to the state regarding positive COVID staff. 2) When patient retrieved basketball from the roof of the shed she found a box cutter. 3) When patient was told to lay down after receiving IM back up medication, patient scratched staff on the face drawing blood and staff performed physical hold for 2 minutes to ensure safety.	1) Infection Preventionist (IP) completed all required notification to PHD and advised all positive staff on isolation/quarantine procedures to follow at home and have been taken off of work schedules. Staff are currently being tested twice a week and patients are being tested twice per week. 2) Patient gave staff the box cutter which was taken to the nursing station. Patient was assessed and had no injury from the item. Clinical Director consulted with IP to rule out the need of a tetanus shot for patient. All shed roofs were inspected and nothing else was found. Landscape company will remove the leaf litter from all shed roofs. 3) Staff reported to company nurse and cleaned face with soap and water. Director followed up with staff while scratches were visible, staff reported he did not want any additional care.
Significant Adverse Outcomes	Sentinel Events	1) There were six 24 hour UORs reported to the state regarding positive COVID staff.	1) Infection Preventionist (IP) completed all required notification to PHD and advised all positive staff on isolation/quarantine procedures to follow at home and have been taken off of work schedules. Staff are currently being tested twice a week and patients are being tested twice per week. COVID 19 PHD guidance is being followed for staff scheduled to work on the unit and is updated whenever new PH orders are received.

QAPI/PGB REPORT JANUARY 2021 (DECEMBER 2020 Data)

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	Documentation of telephone order read back was off target at 75% for the quarter, a decrease from 96% last quarter.	QCM reviews the reason the interventions are out of compliance with the Clinical Director and PHF Director of Social Services who provide the corrective feedback to staff individually. The lacking intervention are also reviewed in summary at monthly staff meetings to further remind staff to include all elements required.	The Nursing Supervisor communicates all missing telephone order read backs with specific staff involved, and shares the information with staff at All Staff meetings.
Nursing Services	Pain Assessment	Pain Assessment was off target at 83% for the quarter, a decrease from 86% last quarter.	QCM reviews the missing pain assessments with the Clinical Director and Nursing Supervisor who provide the corrective feedback to staff individually. The requirements for documenting pain assessment are also reviewed in summary at monthly staff meetings to further remind staff to complete this documentation every time.	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.
Nursing Services	Physician Notification of Meds Refused	Physician Notification of Meds Refused was off target at 72% for the quarter, an increase from 31% the prior quarter.	Non compliant staff received a reminder email from the Pharmacist explaining the policy and procedure to document physician notification. The requirements for documenting physician notification is reviewed in summary at monthly staff meetings to further remind staff to complete this documentation every time a medication is refused. QAPI Committee discussed staff reviewing the layout of the MAR for possible revisions to add a column for 'Physician Notified'.	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 was assigned on the changes and new flow sheet as part of staff's annual competency and completed November 2020.
Nursing Services	Physician Notification of Meds Not Given	Physician Notification of Meds Not Given was off target at 0% for the quarter. There were no instances of Meds not Given the prior quarter.	Non compliant staff received a reminder email from the Pharmacist explaining the policy and procedure to document physician notification. The requirements for documenting physician notification is reviewed in summary at monthly staff meetings to further remind staff to complete this documentation every time a medication is refused. QAPI Committee discussed staff reviewing the layout of the MAR for possible revisions to add a column for 'Physician Notified'.	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 was assigned on the changes and new flow sheet as part of staff's annual competency and completed November 2020.
Treatment Plans	Long Term Goals	Long Term Goals with all required elements was of target at 88% for the quarter, down from 96% the quarter before.	QCM reviews the off target areas of the goals (not written in behavioral terms, not individualized enough) with the Clinical Director, Nursing Supervisor and PHF Director of Social Services who provide the corrective feedback to treatment team staff. The lacking goals are also reviewed in summary at monthly staff meetings to further remind staff to include all elements required.	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. 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.
Treatment Plans	Short Term Goals	Short Term Goals with all required elements was of target at 88% for the quarter, down from 100% the quarter before.	QCM reviews the off target areas of the goals (not written in behavioral terms, not individualized enough) with the Clinical Director, Nursing Supervisor and PHF Director of Social Services who provide the corrective feedback to treatment team staff. The lacking goals are also reviewed in summary at monthly staff meetings to further remind staff to include all elements required.	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. 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.

QAPI/PGB REPORT JANUARY 2021 (DECEMBER 2020 Data)

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 62% for the quarter, down from 84% last quarter.	QCM reviews the reason the interventions are out of compliance with the Clinical Director and PHF Director of Social Services who provide the corrective feedback to staff individually. The lacking intervention are also reviewed in summary at monthly staff meetings to further remind staff to include all elements required.	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.
Treatment Plans	MD Interventions	MD Interventions were off target at for the quarter at 48%, the same as the prior quarter.	QCM reviews the reason the interventions are out of compliance with the Medical Director who provides corrective feedback to staff individually. This quarter newer MDs had written intervention as staff expectations. QCM provided further training for MD staff on how to write interventions to include all required elements.	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	Social Services Interventions	Social Services Interventions were off at 96% for the quarter, up from 84% last quarter.	QCM reviews the reason the interventions are out of compliance with the Clinical Director and PHF Director of Social Services who provide the corrective feedback to staff individually. This quarter interventions were written as staff expectations instead of interventions. The lacking intervention are also reviewed in summary at monthly staff meetings to further remind staff to include all elements required.	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.
Social Services	Recreation Therapy Assessments	Recreation Therapy (RT) Assessments were off target at 90% for the quarter, down 7% from last quarter.	There was one missing RT assessment and two RT assessments that were not completed within 72 hours. The DSS addressed these items with the staff involved and reviewed documentation requirements including the importance of documenting patient refusals to participate in assessment if they lead to surpassing the 72 hour timeline for completion. QCM provides a summary of off target items monthly which is reviewed with staff during monthly staff meetings.	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.
Physician and AHP Related Issues	Informed Consents	Informed consents with all required elements were off target for the quarter at 93% for the quarter, down 1% from last quarter.	There were several new MDs on shift this quarter who had incomplected informed consents. The Pharmacist continued to review consents during treatment team meetings to identify any missing elements in real time, and completes a random 5 consent review weekly to identify any missing items and follows up with MD involved. The Medical Director provides onboarding training for new MDs regading consent practices and follows up with MDs who have out of compliance consents. Nursing staff are instructed to check for complete medication consent forms before administering medication.	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.