

QAPI/PGB REPORT February 2021 (January Data)

Indicator	Measures	Description	Target	January			Previous Quarter
				On Target	Off Target	Data	Oct-Dec
Complaints and Grievances	Total grievances (monthly)	# of patient grievances / Total Bed days per month	10%	X		1/448	On Target
	Clinical care/skill-related grievances (monthly)	# of grievances related to clinical care/skill / # of grievances	5%	X		0/1	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
	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		1	On Target
	Readmissions within 30 days (quarterly)	# of inpatient readmissions within 30 days of discharge / # of inpatient admissions per month	10%	n/a			On Target
	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		9	n/a volume
Indicator	Measures	Description	Target	January			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	January			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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Indicator	Measures	Description	Target	January			Previous Quarter
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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		12	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 frames (for medications considered abandoned – 7 days or post discharge) / # of medication destruction log entries identified	100%	n/a			On Target
Indicator	Measures	Description	Target	January			Previous Quarter
				On Target	Off Target	Data	Oct-Dec
Significant Adverse Outcomes	Adverse patient events (monthly)	# of inpatient adverse events (any harm to patient regardless of cause)	volume	n/a		1	n/a volume
	Sentinel Events (monthly)	# of 24-hour state reportable events	volume	n/a		1	n/a volume
Indicator	Measures	Description	Target	January			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	January			Previous Quarter
				On Target	Off Target	Data	Oct-Dec
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 93%
	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
Indicator	Measures	Description	Target	January			Previous Quarter
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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:	# of staff able to articulate how to report unsafe environment or hazard / # of staff interviewed	95%	n/a			On Target
	Unsafe environment or hazard reporting (quarterly)						
	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 (quarterly)	# 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 (quarterly)	# of RT interventions with all required elements complete / # Number of RT interventions	100%				Off Target

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	Off Target for the quarter at 93%, an increase from 89% the prior quarter.	There was a newer MDs covering the unit last quarter, and the Medical Director has sent a reminder him and to all PHF MDs of the requirement to sign telephone orders within 24 hours. Nursing staff continue to flag and present orders to MDs on shift for signature, and are to call the Medical Director for signature if the 24 hour mark is approaching.	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.

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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 (IR)	1) One 24 hour Unusual Occurrence Report (UOR) to State regarding a staff positive for COVID 19. 2) One patient fell with scrape to elbow. 3) One patient report of alleged sexual misconduct of staff to another patient. 4) One staff found purple top wet wipes in a patient room. 5) One patient sent to ER two times in two days, ended up being admitted and later passed away. See medication errors below.	1) Infection Preventionist (IP) completed required notification to PHD and advised positive staff on isolation procedures to follow at home. Staff are currently being tested once a week per PHD recommendation. COVID 19 PHD guidance is being followed for staff scheduled to work on the unit and is updated whenever new PH orders are received. 2) The patient who fell was assessed by nursing staff and MD was notified who ordered rechecks of vital sign and to monitor patient for fall risk. No further treatment needed. 3) QCM investigated the reported allegation and interviewed the alleged patient victim. The patient denied the allegations or any issues with PHF staff. The patient was also interviewed by the treating PHF Psychiatrist and again denied the allegations or any issues with PHF staff. The reporting patient's medical record confirmed that the patient was having delusional thoughts with hypersexual content as documented by the treating PHF Psychiatrist. The reporting patient never returned calls regarding the allegation made by QCM and Patient's Rights Advocate. PHF Leadership, Chief of Compliance and QCM Manager concurred to temporarily take the staff mentioned off of shifts during the investigation period. The allegations were found unsubstantiated upon investigation. PHF Leadership received additional information from a Team Leader (TL) notifying that she had witnessed the reporting patient apologize to staff for making false allegations. 4) Staff removed the wipes container immediately, notified TL including the safety check paperwork. Staff performed physical assessment and questioned each patient in that room to ensure neither of them had contact with the wipes which was confirmed. The Safety Officer and Nursing Supervisor were notified, and a reminder was sent to all staff to take precaution and keep track of items that are not to be freely on the unit. 5) The patient was discharged when she was medically admitted to the hospital from the ER. Staff shared concern that patient was refusing medical care, but could not intervene. PHF received notice from the outpatient team that the patient had passed away at the hospital. The Grievance and Incident Report Committee discussed this incident further as the patient had a very long and complicated medical history.
Significant Adverse Outcomes	Incident Reports (IR)	One patient had a scrape to her left elbow after falling. (See IR above).	See above summary.
Medication Use/Pharmacy	Medication Errors	There were 12 medication errors in January which is high for a month time period. One extra tablet of levothyroxine 25 mcg found during Pyxis audit. One patient given 37.5 mg clozapine instead of 12.5 mg. One transcription error: Ativan written 2 mg twice daily instead of three times daily, 3 days the patient received too little medication. One dose of Clonazepam 2 mg given 2.5 hours after the last dose, instead of 8 hours after the last dose. One patient was given Risperidone 6 mg tabs (regular) instead of mtab twice. Separately, one patient was given Risperidone 2 mg tab (regular) instead of mtab once. One tab of missing Risperidone 2 mg found during Pyxis audit. One error occurred when staff did not document waste of Amlodipine 5 mg. One extra tab of Seroquel 25 mg found during Pyxis audit. One error occurred when a patient spit out Zyprexa 10 mg into water cup and staff did not waste/document properly. One transcription error for Citalopram 20mg which was supposed to be given daily, but wrote and gave it at bedtime one time. One error where staff gave patient Risperidone 1 mg tab (regular) instead of mtab once.	Staff involved in the medication errors have been individually counseled by the Pharmacist to prevent in the future. All medication errors are additionally reviewed with nursing staff at monthly staff meetings by the Nursing Supervisor. There were several new nurses training and using the Pyxis in January who have since been assigned additional training time as they had several medication errors that month. The Med Room orientation is being revised, and shadowing time is being extended for new nursing staff. Implementation of EHR will reduce several of the medication errors, as will implementing patient-specific Profile Mode in the Pyxis machine. Team Leaders (TL) were asked to also watch for patients who regularly hover near the Med Room door during medication preparation times to redirect them to other staff when possible to decrease distractions for nursing staff working in the Med Room.