

QAPI/PGB REPORT MARCH 2021 (February Data)

Indicator	Measures	Description	Target	February			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		3/407 < 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/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		2	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 Reports (monthly)	# and type of incidents reported	volume	n/a		16	volume
Social Work Services	Psychosocial Assessment Completion (quarterly)	# of completed assessments / # of assessments audited	100%				Off Target
	Social Services Discharge & Aftercare Monitoring (quarterly)	# of discharge and aftercare forms with all elements completed / # of charts audited	100%	n/a			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%	n/a			Off Target 87%
	Recreation Therapy Assmt (quarterly)		100%				Off Target
Indicator	Measures	Description	Target	February			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
Indicator	Measures	Description	Target	February			Previous Quarter
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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		6	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		2	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			Off Target 98%
	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%				On 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	<p>1) 2 dose omissions – This would have been prevented by EHR. The nurse with the 2 omissions is rarely in the medication (med) room. 2) 2 errors in 1. 1 extra tab of a med and one extra tab of a med found. A new nurse entered in correct number, but switched the Haldol and benzotropine and removed too much of Haldol. This nurse has received extra med room training. This would not have been prevented by EHR. 3) 2 missing tabs of a medication. New nurse as in prior error entered in correct number, but pulled wrong number. Patient received too much medication. This nurse has received extra med room training. This would not have been prevented by EHR. 4) 1 extra cap of medication. The same new nurse entered in right number, but pulled wrong number and patient received too little. As above, this nurse has received additional med room training, based on the pattern of several medication errors. This would not have been prevented by EHR. 5) During room safety check contraband was found in a rolled up paper bag (makeup, glass mirror, glass foundation bottle, metal compact, deodorant, shampoo/conditioner). 6) Staff became stuck in the elevator for several minutes and had to call on his cell for help. 7) Patient ran at staff screaming and then spit in staff's face. 8) 2/19 patient found on floor claiming someone pushed him. 9) 2/20 1:50am patient seen sitting on the floor, presumably having had a fall. 10) 2/20 4:45am staff heard a thud and found patient lying on his side on floor in the restroom. 11) Staff heard 'get away from me' and in female bathroom one patient was pulling the other patients hair and scratched her arms. 12) 24 hour UOR to DHCS regarding an assault on a patient by another patient leading to an injury requiring hospitalization. 13) Patient was moving a mattress and fell into the wall, appeared to have hit his head. 14) Patient was throwing drinks/snacks off table and swung at female staff. When attempting to give meds, he punched male staff in the face.</p>	<p>1) The nurse involved in this error was recommended not to cover med room duties due to having difficulty remembering all med room duties- nurse was notified of this plan. 2,3, & 4) Additional med room training was provided for this nurse prior to her working alone in the med room. 5) Recovery Assistant (RA) confiscated the items and secured appropriately, patient body check was done and patient education given on contraband items. Prior shift RAs had given patient her make-up from her personal bin. Incident was discussed with staff about properly supervising items given to patients. 6) Notified General Services (GS) and work order was put in. GS had elevator inspected, found no issues and closed the work order. 7) Staff yelled for help and got away before being hit. Patient had been on 1:1 for the past few days. Staff was not injured, and exposure to bodily fluids protocol was followed. 8) Patient was assessed as a fall risk at admission and was placed in a room near the nurses station. Patient was assisted to his bed, denied pain or having hit his head. Staff was asked if other patients were near, and why MDs were not notified. Staff noted no patient injury, level of consciousness unchanged, and patient's roommate was asleep during that time. Staff was counseled to contact MDs whenever there is a fall. 9) Vital signs/Coma scale completed, patient showed no injury and was reminded to use his walker. Nursing staff began a 1:1 arms length for safety. Staff was reminded that falls need to be reported to MD and Psych MD when they occur. 10) Vital signs/Coma scale completed, patient showed no injury- declined dressing change of lower extremities. Psych MD placed patient in a brief physical hold to escort to the hallway. She then went to seclusion and she requested IM medication which was given. The patient's scratches were cleaned and a full physical assessment was completed, and Internist noted no additional injuries.</p> <p>12) Staff immediately notified MD, Psychiatrist and TL and took vitals of the fallen patient, stayed with him and monitored his condition until paramedics arrived. The Internist ordered him to ER for eval. The assaultive patient was monitored by nursing staff for any other concerning behaviors. 2/27 PHF staff was informed patient was being admitted and would not be returning. On 3/1 PHF staff learned that patient had a fracture of the left femoral neck (hip) and had surgery. Initially the patient had stated that he wanted to press charges, so PHF Staff and Patient's Rights reached out to the hospital staff to support him in filing a police report. Patient's Rights advocate has since spoke with the patient who does not want to file a report at this time. The Public Guardian's office was notified of the assault by the conservatee. The assaultive patient transferred 3/5 to an out of county PHF for eventual placement at an IMD that would best meet his needs. 13) Nursing Supervisor reminded staff they must document the time of an incident on the IR form. The chart did not provide documentation of the incident or that Psychiatrist was notified. The Internist was notified via Physician Referral Sheet, and a note from the Internist on the referral sheet indicating 'well eval - exam'. Nursing Supervisor spoke with the Internist who confirmed he saw the patient and no further need for medical care. Medical Director advised the Internist all patient evaluations should be documented in the patient's record. 14) Staff verbally redirected then attempted arm hold to escort patient out of dining room, patient became verbally abusive, threatening, threw and smashed the phone. Psychiatrist on site notified. Patient was placed in seclusion, given emergency medications and briefly physically restrained. Nursing Supervisor called the staff member denied he was injured, denied need to call company nurse and that the contact was not significant.</p>
Medication Use /Pharmacy Services: (Medication Errors)	See above medication errors. 2 out of the 6 errors this month would have been prevented by EHR.	See above medication error corrective action summary.

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Psych MD placed patient on official 1:1 arms length for safety until 2/23. 11) Staff verbally directed patient to exit the shower, then was placed in a brief physical hold to escort to the hallway. She then went to seclusion and she requested IM medication which was given. The patient's scratches were cleaned and a full physical assessment was completed, and Internist noted no additional injuries.</p> <p>12) Staff immediately notified MD, Psychiatrist and TL and took vitals of the fallen patient, stayed with him and monitored his condition until paramedics arrived. The Internist ordered him to ER for eval. The assaultive patient was monitored by nursing staff for any other concerning behaviors. 2/27 PHF staff was informed patient was being admitted and would not be returning. On 3/1 PHF staff learned that patient had a fracture of the left femoral neck (hip) and had surgery. 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