

QAPI/PGB Report April 2021 (March 2021 Data)

Indicator	Measures	Description	Target	March			Previous Quarter
				On Target	Off Target	Data	Jan-March
Complaints and Grievances	Total grievances (monthly)	# of patient grievances / Total Bed days per month	10%	X		0	On Target
	Clinical care/skill-related grievances (monthly)	# of grievances related to clinical care/skill / # of grievances	5%	X		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			Off Target 78%
	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%	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		7	N/A volume
Indicator	Measures	Description	Target	March			Previous Quarter
				On Target	Off Target	Data	Jan-March
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 93%
	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	March			Previous Quarter
				On Target	Off Target	Data	Jan-March
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 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 episode of restrained and/or secluded patients with inclusion of restraint/seclusion in treatment plan / # of episodes with restraint/seclusion	100%				On Target

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Indicator	Measures	Description	Target	March			Previous Quarter
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Medication Use/Pharmacy Services	Medication error rates (monthly)	# of medication errors	volume	n/a		2	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 discrepancies	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	March			Previous Quarter
				On Target	Off Target	Data	Jan-March
Significant Adverse Outcomes	Sentinel events (monthly)	Number of state reportable events (Unusual Occurrence 24 Hour Report).	volume	n/a		0	N/A volume
	Adverse Events (monthly)	Event leading to harm to patient regardless of cause	volume	n/a		1	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
	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
	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
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 (Feb/Mar data pending)
	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			On Target
	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

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Indicator	Measures	Description	Target	March			Previous Quarter
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Environmental Services	Room Cleanliness	Numerator: # of patient rooms without visible dust, dirt / # of patient rooms reviewed	95%	n/a			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	>90%				On Target
	Emergency Management Activation	1 per year	100%				On Target
	Fire and Internal Disaster Drills	# 1 fire and internal disaster drill per shift conducted / # 16	>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
Indicator	Measures	Description	Target	March			Previous Quarter
				On Target	Off Target	Data	Jan-March
Nursing Services	Telephone Order Read Back (quarterly)	# of telephone order with documentation of read back / # of telephone orders audited	100%	n/a			Off Target 83%
	Pain Assessments (quarterly)	# of charts with evidence of pain assessment / # of charts audited	100%	n/a			Off Target 73%
	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 39%
Indicator	Measures	Description	Target	March			Previous Quarter
				On Target	Off Target	Data	Jan-March
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			On Target
	Long Term Goals (quarterly)	# of long term goals w/ all required elements complete / # of long term goals	100%	n/a			On Target
	MD Interventions(quarterly)	# of MD interventions with all required elements complete / # of MD interventions	100%	n/a			Off Target 37%
	Nursing Interventions (quarterly)	# of nursing interventions with all required elements complete / # of nursing interventions	100%	n/a			Off Target 90%
	Social Services (SS) Interventions (quarterly)	# of SS interventions with all required elements complete / # of SS interventions	100%	n/a			Off Target 76%
	Recreation Therapist (RT) Interventions (quarterly)	# of RT interventions with all required elements complete / # Number of RT interventions	100%	n/a			Off Target 65%

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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	In March there were 2 medication errors: 1 dose omission of Kolonopin. 1 extra dose of Losartan given.	Staff notified MDs when the medication errors were found. Both patients were assessed and no harm caused to either patient. Staff involved in the errors were counseled by Pharmacist to prevent in the future, and Nursing Supervisor was notified. Both of the medication errors would have been prevented by EHR.
Patient Services, Care and Safety	Incident Reporting	1) Patient was stretching in hallway when staff walked towards the locked unit door to prep food. As staff opened the door, patient dashed towards the open door and ran through the front office ending in the break room. Patient's deputy escort ran after him and contained him in the break room until further assistance arrived. Patient was giggling and smiling with no signs of injury. 2) Staff noticed elbows of patient were red. Patient admitted to having fallen and hit her head. Staff felt a bump on her head, fall was unwitnessed. 3) While on 1:1 patient was seen volitionally fall hitting her back body, elbows, head and was bleeding from head. Bruising and redness noted on elbows. 4) Staff got in the elevator after getting breakfast and the elevator got stuck going up. Staff pushed buttons then the alarm went off and elevator started shaking. Staff reported this incident as a stressor. 5) Housekeeping staff alerted PHF staff of loud thud from a patient room. Upon responding staff found dent in the wall and patient with red abrasions on knuckles of right hand. Patient admitted to punching the wall due to auditory hallucinations. 6) *Medication errors discussed in above section.	1) Patient was walked to seclusions flanked by 2 deputies, and Psychiatrist (Psych MD) was notified immediately. Psych MD shared his medical opinion with Clinical Director and Medical Director that this patient no longer required acute psychiatric care and should d/c back to jail. No patient or staff injuries or further concerns. 2) Nursing staff evaluated patient and notified Team Lead (TL), Nursing Supervisor, and Psych MD. Internist evaluated patient and noted no significant injuries. Patient mentioned to MD that she was falling to try and join her husband in heaven. Patient placed on 1:1 staffing for safety as falls appeared intentional. 3) Nursing staff assessed injuries, called internist who ordered her sent to ER for evaluation. Patient received CT and X rays, and was returned to PHF with instructions to f/up with PCP in 1-2 days or as able. Patient remained on 1:1 staffing for fall risk. The next day staff intervened in 4 fall attempts and the TX team updated her TX plan with med increases/changes. Patient was also later placed in seclusion and restraint. 4) Staff called TL by phone and Clinical Director, and notified General Services. Clinical Director spoke with staff who reported being physically fine, but feeling uneasy about the incident. Discussed with Facilities Manager that this is an ongoing issue needing further problem solving. FM is in discussion with GS Manager for solutions, temporary and still current plan is staff are using the Public Health (PH) Hallway through the back parking lot instead of elevators near PHF door where the elevator has become stuck several times with staff inside. 5) Staff evaluated patient and assessed for injuries and put on MD board for evaluation. Clinical Director notified and general services/maintenance notified and room was closed. Patient was seen by MD with no further evaluation needed. Facilities repaired the wall and room was able to be re-opened in the afternoon. The next day assigned nurse says patient had been using hands all day with no issue. 6) *Medication errors discussed in above section.
Significant Adverse Outcomes	Adverse Events	While on 1:1 patient was seen volitionally fall hitting her back body, elbows, head and was bleeding from head. Bruising and redness noted on elbows.	Nursing staff assessed injuries, called internist who ordered her sent to ER for evaluation. Patient received CT and X rays, and was returned to PHF with instructions to follow up with MD in 1-2 days. Patient remained on 1:1 staffing for fall risk. The next day staff intervened in 4 fall attempts and the TX team updated her TX plan with med increases/changes. Patient was also later placed in seclusion and restraint. Over the course of her treatment the patient made great progress and was able to be successfully discharged.

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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 83% for the quarter, an increase from 75% last quarter.	QCM reviews charts out of compliance with the Clinical Director, Nursing Supervisor and Medical Director on a monthly basis to be addressed with individual staff involved, and shared generally in all-staff meetings to remind staff of the requirement to document telephone order read back. EHR will be a helpful tool to improve compliance with telephone order read back documentation.	The Nursing Supervisor reviews 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 73% for the quarter, a decrease from 83% last quarter.	QCM reviews charts out of compliance with the Clinical Director, Nursing Supervisor and Medical Director on a monthly basis to be addressed with individual staff involved, and shared generally in all-staff meetings to remind staff of the requirement to document all pain assessments. EHR will be a helpful tool to improve compliance with pain assessment documentation.	The Nursing Supervisor reviews missing pain assessments with specific staff involved, and shares the information with staff at all-staff meetings.
Nursing Services	Physician Notification of Meds Refused	Physician Notification of Meds Refused was off target at 39% for the quarter, a decrease from 72% the prior quarter.	QCM reviews charts out of compliance with the Clinical Director, Nursing Supervisor and Medical Director on a monthly basis to be addressed with individual staff involved, and shared generally in all-staff meetings to remind staff of the requirement to document all physician notification. EHR will be a helpful tool to improve compliance with notification documentation	The Nursing Supervisor reviews missing physician notification with specific staff involved, and shares the information with staff at All Staff meetings. QAPI Committee discussed staff reviewing the layout of the MAR for possible revisions to add a column for 'Physician Notified'.
Nursing Services	Physician Notification of Meds Not Given	Physician Notification of Meds Not Given was off target at 0% for the quarter. There were 2 instances of Meds not Given this quarter lacking documentation of physician notification.	QCM reviews charts out of compliance with the Clinical Director, Nursing Supervisor and Medical Director on a monthly basis to be addressed with individual staff involved, and shared generally in all-staff meetings to remind staff of the requirement to document all physician notification. EHR will be a helpful tool to improve compliance with notification documentation	Non compliant staff received a reminder email from the Pharmacist explaining the policy and procedure to document physician notification. QAPI Committee discussed staff reviewing the layout of the MAR for possible revisions to add a column for 'Physician Notified'.
Infection Prevention and Control	Hand hygiene according to guidelines	This quarter Hand hygiene was off target at 78%, down from 90% last quarter.	There were changes in the staff assigned as secret hand hygiene 'watchers' in February/March which could have affected the data, however, the Infection Preventionist (IP) interviewed the staff to assure they were using a uniform system for their observations, which in fact they were. Out of the 5 moments of required hand hygiene observed, they found hand hygiene 'prior to patient care' was the moment most often missed in their observations. The IP addressed her concern with all staff regarding the decreased compliance in hand hygiene, and implored them to remember this is critical to preventing infection and keeping patients/staff safe.	Hand hygiene is addressed at every staff meeting with analyzed reports from the secret hand hygiene monitors. The 5 moments of hand hygiene are reviewed with staff on a regular basis. The IP continues to review and analyze the data to reveal any trends/patterns, areas of weakness as well as offer education through monthly newsletters and infection prevention updates at the staff meetings.

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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 65%, up from 62% 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 staff wrote the interventions as staff expectations. 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 for the quarter at 37%, down from 48% last 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. Medical Director provided further counseling 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 76% 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. This quarter interventions lacking were written as staff expectations instead of interventions, or missing frequency. 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	Nursing Interventions	Nursing Interventions were off at 90%, down from 100% last quarter.	QCM reviews the reason the interventions are out of compliance with the Clinical Director and PHF Nursing Supervisor who provide the corrective feedback to staff individually. This quarter nursing interventions lacking was missing frequency. The lacking interventions 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.
Social Services	Recreation Therapy Assessments	Recreation Therapy (RT) Assessments were off target at 93% for the quarter, up from 90% last quarter.	Two RT assessments 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.