

QAPI/PGB REPORT MAY 2021 (APRIL DATA)

Indicator	Measures	Description	Target	April			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		1	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%				Off 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)	>85%	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%	n/a			On Target
	Patient falls (quarterly)	# of inpatient falls reported during the month / Total Bed days per month	0.50%	n/a		1	On Target
	Incident Reports (monthly)	# and type of incidents reported	volume	n/a		14	n/a volume
Indicator	Measures	Description	Target	April			Previous Quarter
				On Target	Off Target	Data	Jan-March
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%				Off 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	April			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 (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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<b>Medication Use/Pharmacy</b>	Medication error rates (monthly)	# of medication errors occurring in patient care areas / Total medications dispensed	volume	n/a		8	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			Off Target 94%
	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	April			Previous Quarter
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<b>Significant Adverse Outcomes</b>	Adverse patient events (monthly)	# of inpatient adverse events (any harm to patient regardless of cause)	volume	n/a		0	n/a volume
	Sentinel Events (monthly)	# of 24-hour state reportable events	volume	n/a		0	n/a volume
Indicator	Measures	Description	Target	April			Previous Quarter
				On Target	Off Target	Data	Jan-March
<b>Food and Nutritional Services</b>	Appropriate diets (quarterly)	# of nutritional diets accurate and appropriate for patient's carbohydrate, caloric and protein needs / # of diets reviewed	100%				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
	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	April			Previous Quarter
				On Target	Off Target	Data	Jan-March
<b>Physician and AHP Related Issues</b>	Telephone medication orders (quarterly)	Number of telephone orders signed and dated within 24 hours/ # of telephone orders reviewed	100%	n/a			Off Target 95%
	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%				On Target

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Indicator	Measures	Description	Target	April			Previous Quarter
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<b>Environmental Services</b>	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%				<b>On Target</b>
<b>Environment of Care</b>	Staff knowledge:	# of staff able to articulate how to report unsafe environment or hazard / # of staff interviewed	95%	n/a			<b>On Target</b>
	Unsafe environment or hazard reporting (quarterly)						
	Emergency Management Activation (quarterly)	1 per year	1	n/a			<b>On Target</b>
	Fire and Internal Disaster Drills (quarterly)	# 1 Fire and Internal Disaster Drill per quarter per shift / # 16	90%	n/a			<b>On Target</b>
	Work order completion w/in 30 days (quarterly)	# of work orders completed within 30 days of creation / # of work orders created	95%	n/a			<b>On Target</b>
Indicator	Measures	Description	Target	April			Previous Quarter
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<b>Nursing Services</b>	*Telephone Order Read Back (quarterly)	# of telephone order with documentation of read back / # of telephone orders audited	100%				<b>Off Target</b>
	*Pain Assessments (quarterly)	# of charts with evidence of pain assessment / # of charts audited	100%				<b>Off Target</b>
	*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%				<b>Off Target</b>
	*Physician Notification of meds refused (quarterly)	# of charts with evidence of physician notification of meds refused / # of charts with medications refused	100%				<b>Off Target</b>
<b>Treatment Plans</b>	Short Term Goals (quarterly)	# of treatment plans w/ short term goals with all required elements complete / # of short term goals	100%				<b>On Target</b>
	Long Term Goals (quarterly)	# of long term goals w/ all required elements complete / # of long term goals	100%				<b>On Target</b>
	MD Interventions (quarterly)	# of MD interventions with all required elements complete / # of MD interventions	100%				<b>Off Target</b>
	Nursing Interventions (quarterly)	# of nursing interventions with all required elements complete / # of nursing interventions	100%				<b>Off Target</b>
	Social Services (SS) Interventions (quarterly)	# of SS interventions with all required elements complete / # of SS interventions	100%				<b>Off Target</b>
	Recreation Therapist (RT) Interventions (quarterly)	# of RT interventions with all required elements complete / # Number of RT interventions	100%				<b>Off Target</b>

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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)	April IRS: 1) one episode of a 2 point restraint found during documentation review 2) one fall with no injury 3) medication IR with no waste documented 4) medication IR with wrong waste amount entered 5) medication IR with waste not documented 6) medication IR with too little medication given 7) medication IR with a medication given too soon 8) attempted AWOL by patient 9) at 6:45pm rounds one male patient was unaccounted for at 6:45pm and after a unit search was presumed AWOL'ed 10) patient grabbed staff buttock 11) patient grabbed another staffs buttocks 12) patient hit another patient 13) medication IR when medication was given at the wrong time 14) medication IR when too much medication was given	1)Nursing Supervisor (NS) reviewed the medical record and spoke with nursing staff who reported that they were trying to use least restrictive measure possible but were unable to remove the last two restraints initially. Both Team Leads (TL) present at the episode were counseled that policy indicate no less than 4 points shall be used (with exception of removing or placing restraint or range of motion activities). Seclusion & Restraint training reassigned to all staff this quarter for review. Medical Director reviewed the episode and found no harm caused to patient. Staff counseled and above training plan implemented. 2) Patient was assisted by staff to sit on a couch nearby. Vitals and coma scale taken and w/in normal range. Scalp showed no laceration and no other injuries to his body. Patient was given water and advised to drink fluids liberally. Staff continued to observe patient Psychiatrist was notified. Internist evaluated patient the following day and discussed taking diabetes meds drinking water and decreasing intake of juice. Medical Doctor (MD) increased Glucophage. Director spoke with assigned nurse and patient has been walking around attending groups and vitals are being monitored. 3) Counseled staff and notified MD. This error could have been prevented with an electronic health record (EHR), which would prompt for wasting at time of pulling medication. Pharmacy will monitor, identify and address any trends in med errors. NS reviewed and no further actions needed. 4) Counseled staff and notified MD. This error could have been prevented with an EHR, which would prompt for wasting at time of pulling medication. Pharmacy will monitor, identify and address any trends in med errors. NS reviewed and no further actions needed. 5) Counseled staff and notified MD. This error could have been prevented with an EHR, which would prompt for wasting at time of pulling medication. Pharmacy will monitor, identify and address any trends in med errors. NS reviewed and no further actions needed. 6) Notified staff and Psychiatrist. Patient had received anxiety control for the 25mg dose. Staff counseled. This medication incident could have been prevented with an EHR. Pharmacy will monitor, identify and address any trends in med errors. NS reviewed and no further actions needed.7) Notified staff involved and Psychiatrist. Staff counseled. This error could have been prevented with an EHR. Pharmacy will monitor, identify and address any trends in med errors. NS reviewed and no further actions needed. 8) Patient was given redirection and required seclusion and emergency medication. Staff was injured in this incident and was supported in calling Company Nurse, taken to occupational medicine, then to the ER for treatment for right calf injury. Staff has been cleared to work from home with restriction.
			9) Notified Leadership on call, SB Sheriff and Medical Director to inform and followed supervisor instruction/protocols. All staff were interviewed and patient was last seen requesting a new clothing item, then not accounted for during 6:45pm rounds. RA on shift was on the patio with other patients at that time. Facilities Manager had patio checked and no hole in fence found, only found a space between the two shed could have obscured someone from view if they went in between. The sheds have been moved closer together so this is no longer possible. Recordings of the facility entrance showed no evidence of the patient's AWOL. Cameras at the back parking lot where staff had happened to see a van pull up that evening were not recording at the time, which has been requested moving forward. All staff were counseled and all staff were reminded that there must be 2 staff on the patio providing line of sight for patients at all times. Patient has been readmitted recently to PHF and has offered to demonstrate how he escaped the patio so staff can prevent in the future. 10) While staff was reporting the contact to TL, patient swung at male staff who had intervened. MD ordered a prn for patient. TL called on call administrator who advised doing a debrief for staff and to work together to review for any improvements to the teams response. Staff held a debriefing in the morning and staff was supported by Clinical Director and asked of she wanted to press charges- staff declined, denied any injury. 11) MD was notified who ordered as needed medication, boundaries set with patient. No injuries occurred, affected staff spoke with Clinical Director in the morning for support. One staff reported concern that team lead on shift seemed to have disconnect in communication with the rest of the team. The Nursing Supervisor, Clinical Director and Director of Social Services reviewed the concerns to address any areas for improvements. 12) Staff was able to verbally redirect patient no further actions required. Patient who was hit was assessed by MD and no injury found, patient ok. Nursing staff followed up with patient to support in reporting to Sheriff if desired. Patient's Rights also spoke with patient for support and patient was satisfied with being separated from the other patient and did not want to press any charges. 13) Psychiatrist notified, patient made aware and was provided reassurance and let her know her nighttime dose would be held that night. MD evaluated and determined no adverse effects, no further actions needed. Nursing Supervisor spoke with Pharmacist who already counseled staff. This error would have been prevented by EHR. 14) Staff and MD notified along with Internist. This error could have been prevented with an EHR, which would prompt for wasting at time of pulling medication. Pharmacy will monitor, identify and address any trends in med errors. Nursing Supervisor reviewed and no further actions needed.
Medication Use/Pharmacy Services	Medication Errors	Please see above paragraph	Please see above paragraph

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CORRECTIVE ACTIONS SUMMARY				
Indicator	Measure off target	Description of issue(s)	Corrective Action Summary	Previous Corrective Action (if any)
<b>Physician and AHP Related Issues</b>	Telephone medication orders signed within 24 hours	Off Target for the quarter at 95%, an increase from 93% the prior quarter.	Current interventions include flagging unsigned orders for on-shift MD signature, calling the Medical Director as needed for orders almost at 24 hours, and Medical Director providing individual reminders as needed to medical staff on the requirement to sign orders in 24 hours when they are on shift.	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.
<b>Medication Use/ Pharmacy Services</b>	Medication & controlled substance labeling (quarterly)	Off Target for the quarter at 94% down from 100% the prior quarter.	The Pharmacist counseled the daytime nursing staff who was covering overnight shifts when the medication was not labeled/stored appropriately. Medication errors are shared with staff monthly to refresh staff education on labeling and storing medication according to hospital policy.	N/A