

QAPI/PGB REPORT JUNE 2021 (MAY DATA)

Indicator	Measures	Description	Target	May			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		2/478 0%	On Target
	Clinical care/skill-related grievances (monthly)	# of grievances related to clinical care/skill / # of grievances	5%	X		0/2 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		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 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 90%
	Recreation Therapy Assmt (quarterly)		100%				Off Target
Indicator	Measures	Description	Target	May			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	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	May			Previous Quarter
				On Target	Off Target	Data	Jan-March
Medication Use/Pharmacy Services	Medication error rates (monthly)	# of medication errors occurring in patient care areas / Total medications dispensed	volume	n/a		11	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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<b>Significant Adverse Outcomes</b>	Adverse patient events (monthly)	# of inpatient adverse events (any harm to patient regardless of cause)	volume	n/a		0	volume
	Sentinel Events (monthly)	# of 24-hour state reportable events	volume	n/a		0	volume
<b>Food and Nutrition Issues</b>	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			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	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
<b>Physician and AHP Related Issues</b>	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
<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%				On Target
<b>Environment of Care</b>	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
Indicator	Measures	Description	Target	May			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%				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
<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%				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
<b>Incident Reports</b>	<p>1) Medication was given to early. 2) Staff did not properly document patient refusal of Nicotine patch. 3) Staff did not document waste of medication properly. 4) Staff did not properly document refusal of another Nicotine patch. 5) A dose of medication not removed from Pyxis and not documented as to why. 6) A dose of medication was not removed from Pyxis and not documented as to why. 7) One medication administered 25 minutes late. 8) one dose of medication not given by omission. 9) Patient received 3 extra doses of medication. 10) One dose of medication was not given by omission. 11) One dose of medication was not given by omission. 12) 5/17/21 Male found walking out of female bathroom and female patient walked out of the same bathroom. 13) 5/21/21 Staff observed female patient kiss male patient on cheek (12:20pm). 14) 5/21/21 Staff observed same male and female peer kiss briefly (4:15pm). 15) Patient awol'ed from the back patio observed by staff. 16) Patient reported to staff that she had fallen and bumped her head.</p>	<p>1) Staff was counseled, MD was notified. This could have been prevented with EHR (the med would not be able to have been pulled early). 2) Staff was counseled and MD notified. This could have been prevented with EHR (there would be a reminder to document refusal). This staff is being provided remedial training to assist with performance outcomes/reduction of errors. 3) Staff was counseled and MD notified. This could have been prevented with EHR (there would be a reminder to document). This staff is being provided remedial training to assist with performance outcomes/reduction of errors, and a Med Room refresher training as needed. 4) The staff who had several medication errors on this shift is an extra help staff who was covering due to a sick call and does not usually do med pass. Staff was counseled and MD notified. Refresher and remedial training assigned as in prior corrective actions. 5) The staff who had several medication errors on this shift is an extra help staff who was covering due to a sick call and does not usually do med pass. Staff was counseled and MD notified. Refresher and remedial training assigned as in prior corrective actions. 6) The staff who had several medication errors on this shift is an extra help staff who was covering due to a sick call and does not usually do med pass. Staff was counseled and MD notified. Refresher and remedial training assigned as in prior corrective actions. 7) The staff who had several medication errors on this shift is an extra help staff who was covering due to a sick call and does not usually do med pass. Staff was counseled and MD notified. Refresher and remedial training assigned as in prior corrective actions. 8) A different medication nurse involved in this error was counseled and MD was notified. There is no trend in error with this staff identified. This error could have been prevented with EHR. 9) MD was notified and medication was discontinued. no harm to patient evident. 2 nursing staff involved were counseled in this error. The error could have been prevented with an EHR. 10) Staff was counseled and MD notified. EHR could have prevented this error by prompting for dose due. 11) The same staff was counseled and MD notified. EHR could have prevented this error by prompting for dose due. 12) Staff reminded both patients that a male cannot be in the female bathroom. Both patients denied anything sexual happened. Psychiatrist was notified and at Director's request interviewed both patients who reported nothing happened. Female patient reports that when she walked in she saw3 him and turned around and walked out. All staff were advised to be watchful of patient's interaction with each other. 13) Staff told patients to sit at different tables and counseled both on behavior. Psychiatrist interviewed both patients to ensure contact was mutual which both patients reported it was. 14) Staff counseled both patient on behavior and Psychiatrist ordered 6 feet no contact between the two patient in both patients best interest. Psychiatrist interviewed both patients who reported the contact was mutual. 15) Staff blew whistle and ran after patient while calling 911 and giving a description. PHF Admin On Call notified Sheriff to report missing vulnerable adult report, and alerted AOT staff who work with this patient. Sheriff located patient at his parents home and promptly returned him to PHF with no evidence of injury/issue. Patio has been closed since this incident to assure patient safety. Patio fencing has since been reinforced to prevent in the future. 16) Staff took patient vitals (within normal limits) and assessed for injury of which none were found. Notified Psychiatrist and put on Internist board. Internist evaluated patient- negative for injury, no pain reported.</p>
<b>Medication Use /Pharmacy Services: (Medication Errors)</b>	<p>There were 11 medication errors in May. 6 of these errors occurred on one shift by an Extra Help nurse who does not typically cover med pass. All 11 of the medication errors could have been prevented by functions of EHR/integration with the Pyxis machine. See above summary.</p>	<p>See above medication error corrective action summary.</p>

CORRECTIVE ACTION SUMMARY				
Indicator	Measure off target	Description of issue(s)	Corrective Action Summary	Previous Corrective Action (if any)
<b>Social Work Services</b>	<p>Social Services Documentation Monitoring (quarterly)</p>	<p>Off Target at 90% for the quarter, up 3% from the quarter prior. Three admission notes did not include reference to notification to patient's outpatient team and did not specify if this was because patient does not have an outpatient team. Of note, there have been many extra help and varying staff covering social service tasks due to recent social service staff resignations.</p>	<p>Director of Social Services (DSS) shares corrective feedback with staff on missing documentation, in addition to reviewing at staff meetings. PHF Leadership has been aggressively attempting to recruit qualified staff through all avenues. When hired, new staff are placed on note review to catch missing documentation before a note can be finalized.</p>	<p>PHF DSS communicates any lacking documentation directly with staff involved, and communicates any questions or concerns with staff documentation to QCM regularly. Staff covering the SS role during the holidays are likely not as familiar with all documentation requirements when they are filling in.</p>