

QAPI/PGB REPORT AUGUST 2021 (JULY DATA)

Indicator	Measures	Description	Target	July			Previous Quarter
				On Target	Off Target	Data	
							April-June
Complaints and Grievances	Total grievances (monthly)	# of patient grievances / Total Bed days per month	10%	X		10	On Target
	Clinical care/skill-related grievances (monthly)	# of grievances related to clinical care/skill / # of grievances	5%	X		0/10	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			On Target
	Incident Reports (monthly)	# and type of incidents reported	volume	n/a		10	n/a volume
Indicator	Measures	Description	Target	July			Previous Quarter
				On Target	Off Target	Data	April-June
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	July			Previous Quarter
				On Target	Off Target	Data	April-June
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	July			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		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 82%
	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	July			Previous Quarter
				On Target	Off Target	Data	April-June
Significant Adverse Outcomes	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	July			Previous Quarter
				On Target	Off Target	Data	April-June
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%				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	July			Previous Quarter
				On Target	Off Target	Data	April-June
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 99%
	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	July			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%				On Target
<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			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
Indicator	Measures	Description	Target	July			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%				Off 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%				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

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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)	July IRS: 1) 3:15pm patient threatened to assault staff in effort to be taken back to jail. 2) 6pm patient threatened to assault staff in effort to be taken back to jail. 3) Patient received an extra dose of Ativan. 4) Patient may have received too little medication, or the waste was not documented 5) Incorrect formula of medication given. 6) Incorrect formula of medication given. 7) Patient was given the wrong medication while nurse was distracted by Pyxis malfunction. 8) Incorrect formula of medication given. 9) Probable dose omission as medication was documented removed, and wasted. 10) Medication was given too late.	1) Staff contacted dispatch for assistance and Sherriff's refused to come without firearms. On call Admin contacted interim Director who contacted Sherriff who said he would follow up with his department about responding to PHF, clarifying that guns are not to come on PHF unit. No staff or patient injuries. Clinical Director (CD) will continue to follow up with interim director on issues with Sherriff's staff. 2) Staff contacted Sherriff's who refused to come without firearms. On call Admin contacted interim Director, unclear why Sherriff's directions are not being followed. CD will continue to follow up with interim director on issues with Sherriff's staff. 3) No patient harm, patient may have benefitted from the extra dose. MD adjusted the Ativan to include the additional dose for benefit to patient. Pharmacist counseled staff. Error could have been prevented with EHR. Nursing Supervisor (NS) reviewed and no further action required. Pharmacist conducted a quarterly training for nursing staff on 6/30/21. 4) Pharmacist counseled staff and notified MD. Error could have been prevented with EHR. NS reviewed and no further action required. Pharmacist conducted a quarterly training for nursing staff on 6/30/21.5) Pharmacist counseled staff and notified MD. Error could have been prevented with EHR. NS reviewed and no further action required. 6) Pharmacist counseled staff and notified MD. Error could have been prevented with EHR. NS reviewed and no further action required. Pharmacist conducted a quarterly training for nursing staff on 6/30/21. 7) Staff notified MD and assessed patient for any side effects throughout shift, MD ordered to hold patient's PM meds. Pyxis malfunction may have posed a distraction, and has since been resolved. Pharmacist conducted a quarterly training for nursing staff on 6/30/21. 8) Pharmacist counseled staff and notified MD. Error could have been prevented with EHR. NS reviewed and no further action required. Pharmacist conducted a quarterly training for nursing staff on 6/30/21. 9) Pharmacist counseled staff and notified MD. Error could have been prevented with EHR. NS reviewed and no further action required. Pharmacist conducted a quarterly training for nursing staff on 6/30/21. 10) Pharmacist counseled staff and notified MD. Error could have been prevented with EHR. NS reviewed and no further action required. Pharmacist conducted a quarterly training for nursing staff on 6/30/21.
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)
Physician and AHP Related Issues	Telephone medication orders signed within 24 hours	Off Target for the quarter at 99%, an increase from 95% the prior quarter.	Nursing staff are identifying/flagging orders needing signatures and bringing to the attention of the on shift MDs to address.	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.

**Target 100%**



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CORRECTIVE ACTIONS SUMMARY				
Indicator	Measure off target	Description of issue(s)	Corrective Action Summary	Previous Corrective Action (if any)
Medication Use/ Pharmacy Services	Medication & controlled substance labeling (quarterly)	Off Target for the quarter at 82% down from 94% the prior quarter.	Pharmacist has counseled staff involved in the non compliant storage and labelling along with NS as appropriate. Training specific to this indicator has also been added to the Pharmacist's quarterly Pharmacy training for medication staff. Training was provided to staff on 6/30/21.	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.

**Target 100%**

