

QAPI/PGB REPORT SEPTEMBER 2021 (AUGUST DATA)

Indicator	Measures	Description	Target	August			Previous Quarter
				On Target	Off Target	Data	Apr-June
Complaints and Grievances	Total grievances (monthly)	# of patient grievances / Total Bed days per month	10%	X		1/414 0%	On Target
	Clinical care/skill-related grievances (monthly)	# of grievances related to clinical care/skill / # of grievances	5%	X		0/1 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		21	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	August			Previous Quarter
				On Target	Off Target	Data	Apr-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	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

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<b>Medication Use/Pharmacy Services</b>	Medication error rates (monthly)	# of medication errors occurring in patient care areas / Total medications dispensed	volume	n/a		19	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
Indicator	Measures	Description	Target	August			Previous Quarter
				On Target	Off Target	Data	Apr-June
<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

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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) One Metformin short in Pyxis count- patient received 2 tabs instead of one. 2) One controlled substance medication removed from Pyxis, undocumented on MAR. Inventory is correct. 3) and 4) Dose omissions- not removed from Pyxis but documented as given on MAR. 5) Dose given 38 minutes late. 6) Haldol 20mg given instead of Haldol 15mg, no waste documented. 7) Dose not removed from Pyxis, no refusal documented, dose omission. 8) Dose given after order had been canceled. 9) Wrong form of medication removed- immediate release instead of extended release. 10) Seroquel dose given too early. 11) Geodon 20mg given instead of Geodon 10mg. No record of medication wasting. 12) and 13) Too little medication given. 14) Incorrect medication given in error. 15) Haldol 5mg given instead of 15mg. 16) Haldol 5mg given instead of 15mg. 17) One dose of Trazadone not given in error. 18) One dose of Lexapro not given in error. 19) One dose of Gabapentin not given in error. 20) Late submission from 6/17/2021- Patient was beating on glass window and assaulted 3 staff while attempting to be restrained. 21) Patient reported he slipped and fell on his bottom (unwitnessed) without hitting his head.</p>	<p>1) Staff counseled. Pharmacy and Nursing Supervisor (NS) continue to monitor and address trends/issues in errors. Profile mode would have triggered nurse to verify dose being removed when medication was pulled. 2) NS and Pharmacist met with staff and discussed the importance of documenting on MAR for all meds including controlled substances. Nurse corrected the MAR and acknowledged she administered the medication to the patient when pulled from Pyxis. Nurse agreed to print a report on activity report and cross check MAR to verify completion. 3) and 4) Staff counseled, error could have been prevented with EHR. Follow up conversation with staff indicated she will work to reduce distractions in the med room. Reviewed the process MAR is not to be initialed until after dose is given. Staff acknowledged and NS will continue to monitor. 5) Staff counseled, EHR would notify staff medication is due. Pharmacy and NS continue to monitor and address trends/issues in errors. 6) Staff counseled, EHR would notify staff to waste the 5 mg not to be given. Pharmacy and NS continue to monitor and address trends/issues in errors. 7) Staff and MD notified, Staff counseled, EHR would give reminder that dose is due. Pharmacy and NS continue to monitor and address trends/issues in errors. 8) Staff counseled, EHR would have prevented as dose would not be released after order was canceled. 9) Staff counseled, Profile mode would not have released the wrong form of medication for patient. 10) Staff notified MD, no new orders, assessed patient no harm found. EHR not have allowed release of medication early. 11) Staff counseled, MD notified, no negative effect known to patient. EHR would notify staff to waste the 10 mg not to be given. 12) and 13) Staff and MD notified when error was found and self reported. Pharmacist counseled staff and NS notified. EHR/Profile mode would remind staff of correct dosage to administer. 14) Staff notified MD when error was found and self reported. Patient was assessed, no harm caused/found. Pharmacist counseled staff and NS notified. EHR/Profile mode would not release the wrong medication for patient. 15) Pharmacist counseled staff and notified MD. NS reviewed and advised that Profile mode would prompt correct dose for wasting when medication was pulled. 16) Pharmacist counseled staff and notified MD. NS reviewed and advised that Profile mode would have prompted correct dose for wasting at time the medication was pulled. 17) Pharmacist counseled staff and notified MD. Error could have been prevented with EHR reminding staff to administer medication. 18) Pharmacist counseled staff and notified MD. Error could have been prevented with EHR reminding staff to administer medication. 19) Pharmacist counseled staff and notified MD. Error could have been prevented with EHR reminding staff to administer medication. 20) Patient placed in brief physical restraints, then mechanical restraints until Sheriff took him in to custody. All documentation/processed for staff injuries completed. Admin/Medical Director notified of event and discussed with jail mental health staff and Sheriff that patient is not appropriate for admission to PHF due to risks to staff and other patients. 21) Patient was assessed by staff and no injury noted, and assessed by internist who found no cause for concern. MD reminded patient to use his walker when ambulating.</p>
Medication Use /Pharmacy Services: (Medication Errors)	<p>All 19 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. The Pharmacist and NS have been working closely with all med room nurses involved in errors, and focused interventions/corrective action plans with two nurses who have had to cover more med rooms shifts due to a staff resignation and other regular day shift med room nurses being out in August. Both of the nurse have given assurance to reduce distractions, improve attention and perform self audits with activity reports while on shift in order to identify/correct issues before they become an error. NS and Pharmacist will provide continued monitoring of all medication errors. The QAPI Committee, PHF Leadership and PGB members advocate for hiring and recruitment practices that will successfully recruit qualified nursing staff to fill vacant or open positions and provide much needed coverage for regular med room staff.</p>

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CORRECTIVE ACTION SUMMARY				
Indicator	Measure off target	Description of issue(s)	Corrective Action Summary	Previous Corrective Action (if any)
Social Work Services	Social Services Documentation Monitoring (quarterly)	Off Target at 87% for the quarter, down 3% from the quarter prior. April- 1 Administrative Status (AS) Waiver missing. May- Two admission notes did not indicate if outpatient clinic was contacted upon admission. June- 1 admission note did not indicate if outpatient provider was contacted on admission.	PHF Director of Social Services will more closely monitor and audit for AS status/notes and ensure waivers accompany AS note when appropriate; remind staff of the importance of specifying in documentation whether an outpatient clinic was contacted if there is an existing outpatient clinic that patient is linked with. RT staff will be reminded to prioritize getting RT assessment completed with 72 hours and will alert supervisor and document rationale for completing assessment outside of the 72 hour window. RT staff will be reminded to document why an RT assessment was done after 72 hours as it occurs.	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.

