

QAPI/PGB REPORT OCTOBER 2021 (September Data)

Indicator	Measures	Description	Target	September			Previous Quarter
				On Target	Off Target	Data	July-Sept
Complaints and Grievances	Total grievances (monthly)	# of patient grievances / Total Bed days per month	10%	X		2/372 1%	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	80%	n/a			On 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)	>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		5	N/A volume
Indicator	Measures	Description	Target	September			Previous Quarter
				On Target	Off Target	Data	July-Sept
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 83%
	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

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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
Indicator	Measures	Description	Target	September			Previous Quarter
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Medication Use/Pharmacy Services	Medication error rates (monthly)	# of medication errors	volume	n/a		5	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

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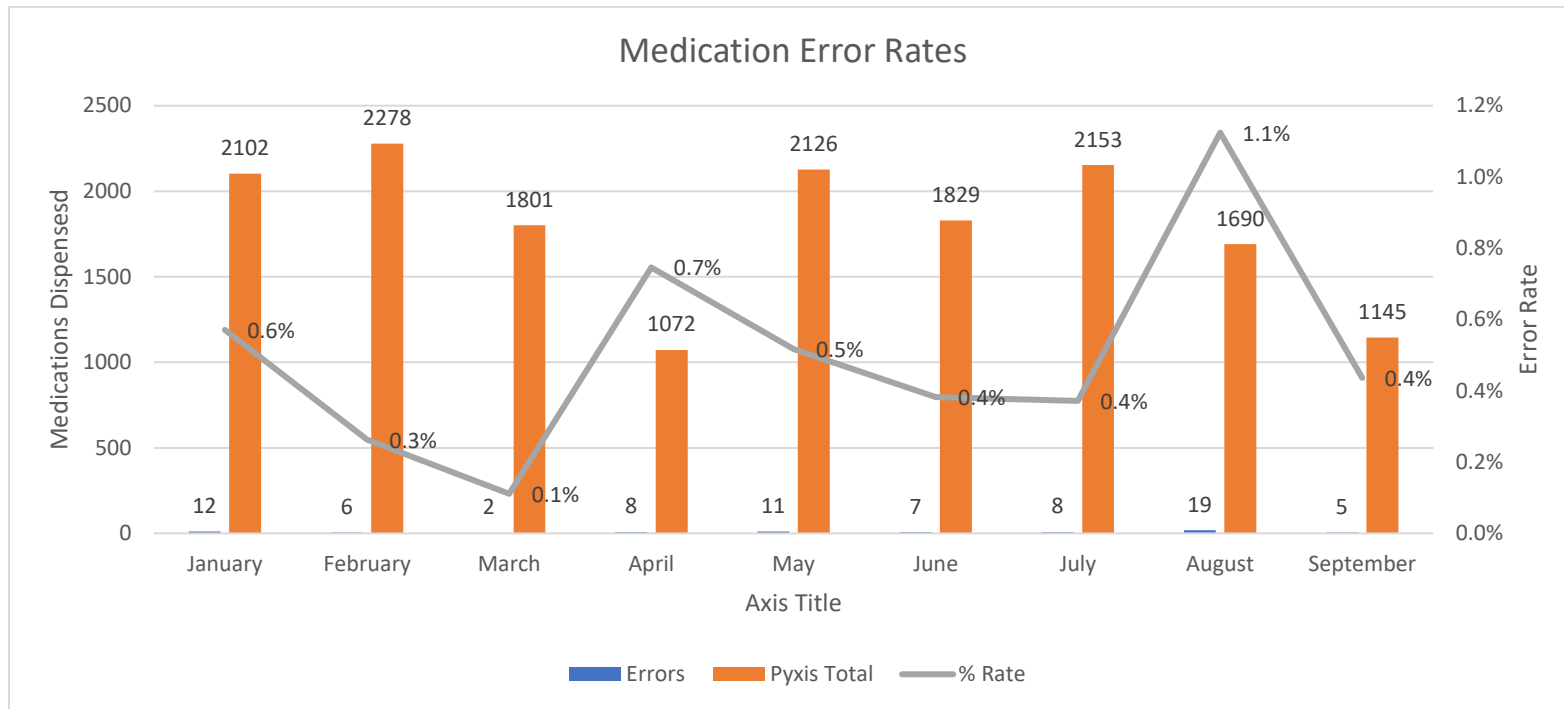
Indicator	Measures	Description	Target	September			Previous Quarter
				On Target	Off Target	Data	July-Sept
Significant Adverse Outcomes	Sentinel events (monthly)	Number of state reportable events (Unusual Occurrence 24 Hour Report).	volume	n/a		0	N/A volume
	Adverse Events (monthly)	Event leading to harm to patient regardless of cause	volume	n/a		0	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
	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	September			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	September			Previous Quarter
				On Target	Off Target	Data	July-Sept
Nursing Services	Telephone Order Read Back (quarterly)	# of telephone order with documentation of read back / # of telephone orders audited	100%	n/a			Off Target 87%
	Pain Assessments (quarterly)	# of charts with evidence of pain assessment / # of charts audited	100%	n/a			Off Target 77%
	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 17%
	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 87%
Indicator	Measures	Description	Target	September			Previous Quarter
				On Target	Off Target	Data	July-Sept
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 71%
	Nursing Interventions (quarterly)	# of nursing interventions with all required elements complete / # of nursing interventions	100%	n/a			On Target
	Social Services (SS) Interventions (quarterly)	# of SS interventions with all required elements complete / # of SS interventions	100%	n/a			On Target
	Recreation Therapist (RT) Interventions (quarterly)	# of RT interventions with all required elements complete / # Number of RT interventions	100%	n/a			Off Target 91%

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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 September there were 5 medication errors. 1) Benadryl 50 given instead of 25 mg. 2) Patient received an extra dose of Cogentin. 3) Medication was given at the wrong time. 4) No record of medication wasting. 5) No record of medication wasting.	Staff have received counseling by the Pharmacist as needed by the Nursing Supervisor. Specific staff with several errors have been asked to be printing out an activity report from Pyxis to cross check for accuracy at the end of their shift. The Pharmacist In Charge continues to examine every transaction in Pyxis for accuracy on a daily basis to identify and address any trends in medication errors. An additional Nursing Supervisor position was recently approved and opened for recruitment which will also provide additional support and direction for nursing staff regarding documentation and compliance issues. Implementation of the new EHR and profile mode in Pyxis is also expected to be an important intervention to reduce medication errors.
Patient Services, Care and Safety	Incident Reporting	See above.	See above.



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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 87% for the quarter, a decrease from 93% last quarter.	QCM reviews charts out of compliance with the Clinical Director, Nursing Supervisor, Director of Social Services, 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 documentation of telephone order read back. An additional Nursing Supervisor position was recently approved and opened for recruitment which will also provide additional support and direction for nursing staff regarding documentation and compliance issues.	QCM reviews charts out of compliance with the Clinical Director, Nursing Supervisor, Director of Social Services (DSS), 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 documentation of telephone order read back.

Target 100% Telephone Order Read Back



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<p>Nursing Services</p>	<p>Pain Assessment</p>	<p>Pain Assessment was off target at 77% for the quarter, an increase from 73% last quarter.</p>	<p>QCM reviews charts out of compliance with the Clinical Director, Nursing Supervisor, Director of Social Services, 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 documentation of pain assessment. An additional Nursing Supervisor position was recently approved and opened for recruitment which will also provide additional support and direction for nursing staff regarding documentation and compliance issues.</p>	<p>QCM reviews charts out of compliance with the Clinical Director, Nursing Supervisor, Director of Social Services, 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 documentation of pain assessment.</p>
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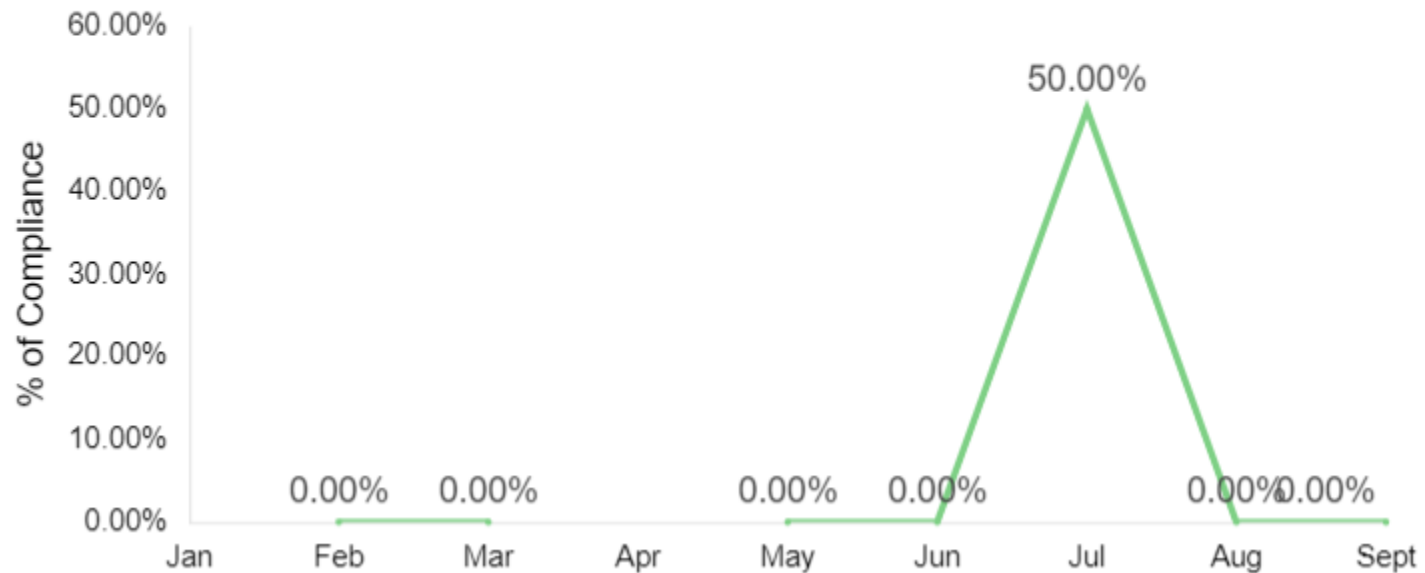
Target 100% Pain Assessments



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Indicator Category	Measure off target	Description of issue(s)	Corrective Action Summary	Previous Corrective Action (if any)
Nursing Services	Physician Notification of Meds Not Given	Physician Notification of Meds Not Given was off target at 17%% for the quarter, up from 0% the prior quarter. There was 1 out of 2 instances of Meds not Given this quarter with lacking documentation of physician notification.	QCM reviews charts out of compliance with the Clinical Director, Nursing Supervisor, Director of Social Services, 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 notifying the physician regarding medication not given. EHR will be a helpful tool to improve compliance with documentation of meds not given. An additional Nursing Supervisor position was recently approved and opened for recruitment which will also provide additional support and direction for nursing staff regarding documentation and compliance issues.	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.

Target 100% Physician Notification- Meds Not Given



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<p>Nursing Services</p>	<p>Physician Notification of Meds Refused</p>	<p>Physician Notification of Meds Refused was off target at 87% for the quarter, an increase from 33% the prior quarter.</p>	<p>QCM reviews charts out of compliance with the Clinical Director, Nursing Supervisor, Director of Social Services, 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 notifying the physician regarding medication refused. EHR will be a helpful tool to improve compliance with documentation of physician notification. An additional Nursing Supervisor position was recently approved and opened for recruitment which will also provide additional support and direction for nursing staff regarding documentation and compliance issues.</p>	<p>QCM reviews charts out of compliance with the Clinical Director, Nursing Supervisor, Director of Social Services, 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.</p>
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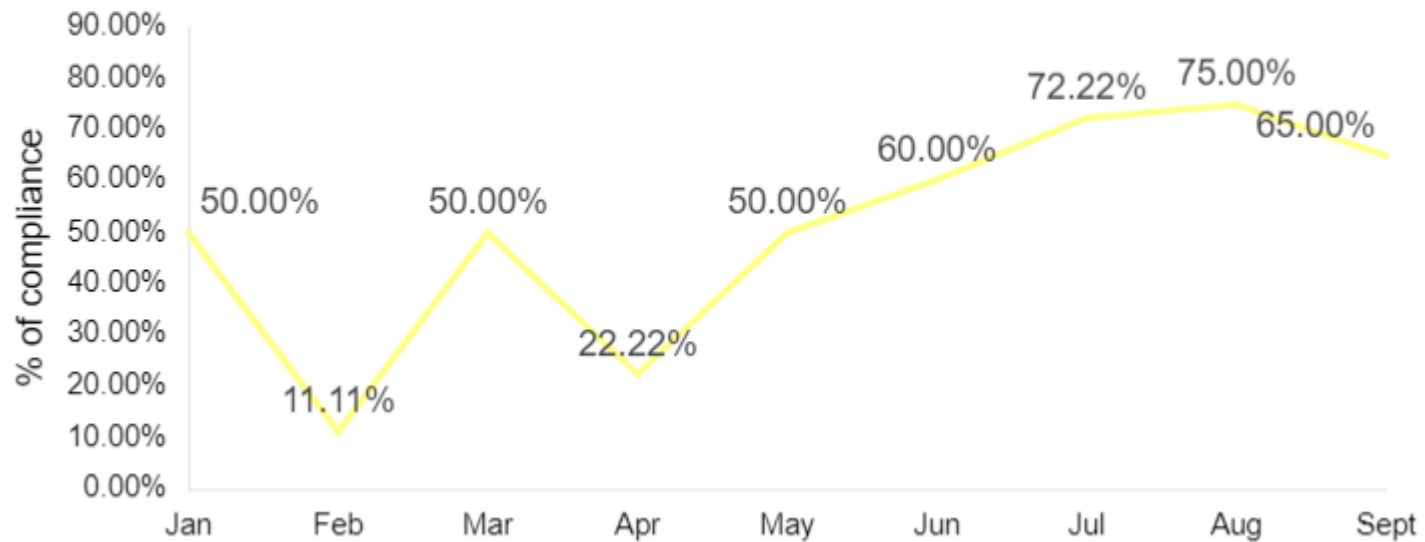
Target 100% Physician Notification of Meds Refused



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Indicator Category	Measure off target	Description of issue(s)	Corrective Action Summary	Previous Corrective Action (if any)
Treatment Plans	MD Interventions	MD Interventions were off target for the quarter at 71%, up from 44% last quarter.	Staff were reminded of the required elements for (Treatment) TX plan interventions and to write them as what staff will do to help a patient meet their goals, not what the patient is expected to do. Feedback is shared with staff individually and monthly at all staff meetings to remind staff about intervention compliance. Implementation of the new EHR is expected to be an important piece of corrective action for this measure to increase compliance.	In June QCM added a new action of treatment plan intervention tips cards for staff to review in the room while writing treatment plans. QCM reviews the reason the interventions are out of compliance with the Medical Director who provides corrective feedback to staff. This quarter one MD had written intervention as staff expectations. Implementation of the new EHR is expected to be an important piece of corrective action for this measure to increase compliance.

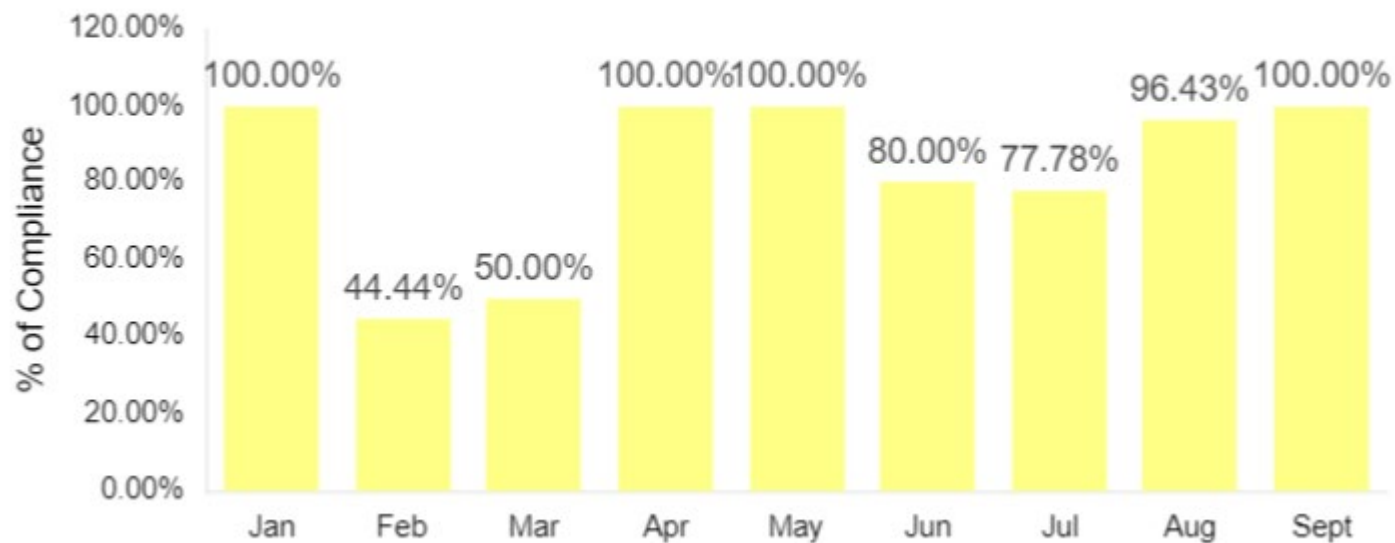
Target 100% MD Interventions



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Treatment Plans	RT Interventions	Recreation Therapist Interventions were off target for the quarter at 91%, down from 93% last quarter.	Staff were reminded of the required elements for TX plan interventions, to individualize each patient intervention, and to write them as what staff will do to help a patient meet their goals, not what the patient is expected to do. Feedback is shared with staff individually and monthly at all staff meetings to remind staff about intervention compliance. Implementation of the new EHR is expected to be an important piece of corrective action for this measure to increase compliance.	In June QCM added a new action of treatment plan intervention tips cards for staff to review in the room while writing treatment plans. 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. Implementation of the new EHR is expected to be an important piece of corrective action for this measure to increase compliance.
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Target 100% Recreation Therapy Interventions



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Indicator Category	Measure off target	Description of issue(s)	Corrective Action Summary	Previous Corrective Action (if any)
Social Services	Recreation Therapy Assessments	Recreation Therapy (RT) Assessments were off target at 93% for the quarter, the same as last quarter.	They were days in August when a regular RT was on vacation and we had a staff covering who tends to get overwhelmed and had the late assessments. Director of Social Services met with this staff to brainstorm and remind of the importance of the completion timeline. Staff will begin to ask an Recovery Assistant to help cover a portion of a group while she takes 20-30 min to complete the assessments, or ask DSS directly for help.	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. Implementation of the new EHR is expected to be an important piece of corrective action for this measure to increase compliance.

Target 100% RT Assessment Completion

