

Indicator	Measures	Description	Target	Nov-17			Previous Quarter
				On Target	Off Target	Data	July-September 2017
<b>Complaints and Grievances</b>	Total grievances	# of patient grievances / Total Bed days per month	10%	X		5/477; 1%	On Target
	Clinical care/skill-related grievances	# of grievances related to clinical care/skill / # of grievances	5%	X		0/5; 0%	On Target
<b>Infection Prevention and Control</b>	Hand hygiene according to guidelines	# of observations when the care giver performed hand hygiene per CDC guidelines / # of observations/opportunities (10 observations per month)	80%				On Target
	Cleaning/disinfecting product usage	# of cleaning products EPA approved for hospital use / All cleaning products (4 observations per month)	100%				On Target
	Infection rates (athlete foot)	# of athlete foot infections / Total Bed days per month	0%				On Target
<b>Patient Services, Care and Safety</b>	Patient injuries	# of patient injuries w or w/o treatment / Total Bed days per month	0%	X		1/477; <1%	Off Target: 0.1% for Qtr 1
	Medical emergency transfers	# of patients transferred emergently to an acute hospital / Total bed days per month	2%				On Target
	Adverse outcomes	# of inpatient adverse outcomes / Total Bed days per month	2%	X		0/477; 0%	On Target
	Readmissions within 30 days	# of inpatient readmissions within 30 days of discharge / # of inpatient admissions per month	10%				On Target
	Mortality	# of inpatient deaths / Total Bed days per month	0%				On Target
	Elopement	# of elopements / Total Bed days per month	0%				Off Target: 0.1% for Qtr 1
	Suicide management	# of attempted suicides / # of inpatient admissions per month	0%				On Target
	Patient falls	# of inpatient falls reported during the month / Total Bed days per month	0.50%				On Target
<b>Social Work Services</b>	Psychosocial Assessment Completion	# of completed assessments / # of assessments audited	100%	X		5/5; 100%	On Target
	Social Services Discharge & Aftercare Monitoring	# of discharge and aftercare forms with all elements completed / # of charts audited	100%		X	4/5; 80%	Off Target; 67% for Qtr 1
	Social Services Documentation Monitoring	# of charts that include admission note, acute note status and administrative status note / # of charts of audited	100%		X	3/5; 60%	On Target

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<b>Restraint/ Seclusion (Violent/Self Destructive Behavior)</b>	Restraint usage	Hours of restraint use / 720 patient hours (16 pts x 30days x 24hrs per day)	N/A	X		0 hours; 0%	On Target
	Seclusion usage	# of “seclusion episodes” / Total Bed days per month	N/A	X		1/477; 0.2%	On Target
	Evidence of less restrictive options	# 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%	X		1/1; 100%	On Target
	Face-to-face evaluation w/in 1hr	# 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%	X		1/1; 100%	On Target
	Patient injuries during restraint	# of injuries while restrained or secluded / # of restraint/seclusion episodes	0%	X		0/1; 0%	On Target
	Inclusion in Treatment Plan	# of records of restrained and/or secluded patients with inclusion of restraint/seclusion in treatment plan / # patient records with restraint/seclusion	100%	X		1/1; 100%	On Target
<b>Medication Use/Pharmacy Services</b>	Medication error rates/unavailability	# of medication errors occurring in patient care areas as a result of medication unavailability / Total medications dispensed (PRN + Main + Ekit)	0%	X		0/461; 0%	On Target
	Medication error rates	# of medication errors occurring in patient care areas / Total medications dispensed (PRN + Main + Ekit)	2%				On Target
	Adverse drug reactions	# of adverse drug reactions / # of medications administered (PRN + Main)	2%				On Target
	Medication order fill adequacy	# of medications orders filled (delivered) per contract (times per week) / # of medication orders reviewed for fill adequacy (PRN + Main)	100%				On Target
	Medication & controlled substance labeling	# of patient medications, including controlled substances labeled and stored according to hospital policy / # of patient stored medications reviewed	100%				On Target
	Controlled substance destruction	# 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 (denominator)	100%				On Target
	Proper licensure for controlled substance receipt from pharmacy	# of correct processes followed by staff / # of deliveries reviewed	100%				On Target
	E-Kit usage for emergencies	# of times the E-Kit was accessed for emergent psychological or physiological need for the patient to address life-threatening situations or in instances where failure to administer the medication has the potential to cause significant negative impact to the patient’s psychological or physiological condition / # of times E kits are accessed	100%				On Target
	E-Kit content and security	Night Audit # of E-Kits with correct content and that are secured / # of E kits x 7 nights	100%				On Target

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<b>Significant Adverse Outcomes</b>	Sentinel events	Event leading to death or significant impairment (per Significant Event Policy) includes Near Misses and State Reportable Events	N/A			0	1
	Event reporting	Number of events reported of the following types: Medication-Related; Other significant/Mandated Reporting	N/A			0	1
<b>Food and Nutrition Issues</b>	Appropriate diets	# of nutritional diets accurate and appropriate for patient's carbohydrate, caloric and protein needs / # of diets reviewed	100%	X		12/12; 100%	On Target
	Correct meal preparation	#of meals served that match PHF's Daily Spreadsheet with appropriate portion/size / # of meals reviewed	100%	X		13/13; 100%	Off Target; 94% for Qtr 1
	Nutritional assessments	# of RD assessments performed within 72 hours for patients at high nutritional risk / # high risk nutritional patients reviewed	100%	X		6/6; 100%	Off Target; 93% for Qtr 1
	Food storage/expired food items	# of expired/unlabeled items in refrigerators/freezers / # of food items observed	0%	X		0/130; 0%	On Target
	Food temperature	# of food temperatures within range / # of temperatures checks performed	100%		X	77/78; 99%	On Target
<b>Physician and AHP Related Issues</b>	Telephone medication orders	Number of telephone orders signed and dated within 24 hours	100%				Off Target; 84% for Qtr 1
	MD-related incidents	Number of incidents regarding MDs	0				On Target
	Change of clinician request	Number of change of clinician requests	0				On Target
<b>Environmental Services</b>	Correct staff reply when queried on disinfectant dwell times	# 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	# of staff able to articulate how to report unsafe environment or hazard / # of staff interviewed	>95%				On Target
	Role in internal/external disaster	# 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	# of staff articulating fire plan components correctly / # of staff queried	>90%				On Target
	Work order completion w/in 30 days	# of work orders completed within 30 days of creation / # of work orders created	95%				On Target
<b>Laboratory Services</b>	Critical values reporting	Mean time from resulting availability to notification of the responsible practitioner (physician or other practitioner who may initiate appropriate intervention)	30 min			0	None

**Summary & actions taken to address any "Off Target" Indicators**

Indicator	Measure off target	Description of issue(s)	Corrective Action Summary	Previous Corrective Action (if any)
<b>Social Work Services</b>	Social Services Discharge & Aftercare Monitoring	In August, 2 out of 5 charts audited had aftercare appointments scheduled outside of the 7 day requirement. One appointment was scheduled 13 days after discharge and one was scheduled 11 days after discharge. In September, 3 out of 5 charts audited had aftercare appointments scheduled outside of the 7 day requirement. Two appointments were scheduled 8 days after discharge and one was scheduled 10 days after discharge. In all cases, appointments were not available within 7 days at the CARES South clinic.	The CARES South clinic has now started an Orientation Group that occurs two times per week and patients will be able to be scheduled for those groups. Immediately following the group, patient's will then meet with clinic staff for an intake appointment.	Previously, an admission note was not completed within the 5 day requirement and the supervisor had immediately addressed issue with staff. Staff was reminded of 5 business day timeframe for admission notes.
<b>Food and Nutrition Issues</b>	Correct meal preparation	In August, a vegetable was not brought for one lunch. In September, russet potatoes were sent instead of red potatoes for one meal.	Valle Verde was contacted in both cases. Double vegetables were sent for the following meal when the vegetable was missing. When russet potatoes were sent instead of red potatoes, the food service manager at Valle Verde informed RD that they had only received russet potatoes from Sysco. These issues will be discussed at the next contract monitoring meeting.	Previously, dietician had contacted Valle Verde when vegetables were not sent with a meal and they sent double vegetables the following meal. This issue will be documented and discussed at the next contract monitoring meeting.
	Nutritional assessments	In August, one dietary assessment was not completed within the 72 hour requirement. In this case, registry staff nurse did not notify the RD in time. In September, two dietary assessments were not completed within the 72 hour requirement. In these cases, a newly hired staff had not notified the RD in time.	In both cases, registry and newly hired staff were counseled as well as the Team Lead in charge on the day the patient was admitted. Numbers were on target for October and November.	Previously, a plan was created which required registry staff to notify dietician by phone upon patient's admission when a nutritional assessment is required. Also, staff were then required to indicate the time of the patient's admission to the unit so that dietician could adjust her schedule if needed in order to complete the assessment within 72 hours.