

Name of Facility
Critical Access Hospital
Quality Assurance and Performance Improvement Committee Meeting
Date of Meeting:

Print Name

Signature

Chairman		
Administrator		
CNO		
QM		
Respiratory		
Drug Room Supervisor		
Physical Therapy		
Dietary		
Case Management		
HIM		
BOM		
Infection Control		
Radiology		
Maintenance		
Safety & Security		
Purchasing		
Environmental Services		
Clinic Manager		
Human Resources		
Other		

QUALITY CARE

Name of Facility

*QUALITY ASSURANCE &
PERFORMANCE IMPROVEMENT
REPORT*

REPORTING PERIOD

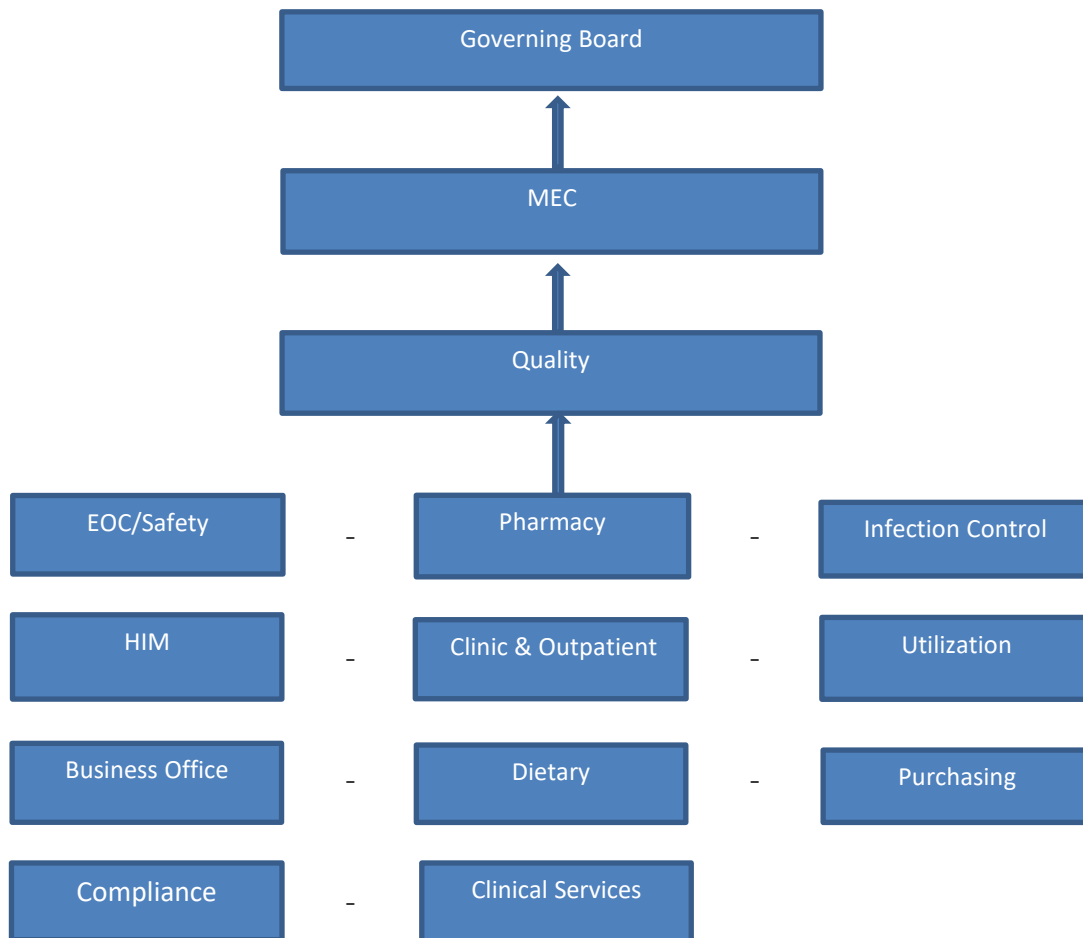
Date:

Overview

The Hospital Quality Assurance and Performance Improvement Committee is the central coordinating body for all performance improvement and patient safety activities within the hospital. The Quality Committee meets on a routine scheduled basis. The Quality Committee coordinates the performance improvement process by establishing a planned, systemic, organization-wide approach to performance measurement, analysis and improvement. Membership includes representation from both leadership and staff levels.

The hospital quality indicators are a set of measures that provide a perspective on hospital quality of care using hospital data. These indicators reflect quality of care inside the hospital. The quality indicators can be used to help the hospital identify potential problem areas that might need further study; provide the opportunity to assess quality of care inside the hospital using collected data and implement improvement processes.

Reporting Hierarchy



Name of Facility
Hospital Meeting Calendar/Meeting Frequency

<i>Title of Meeting</i>	<i>Frequency of Meeting</i>	<i>Attendees</i>
Quality Assurance & Performance Improvement Committee	Monthly	CEO, CNO, QM/RM, IP, Dept. Leads
Environment of Care (EOC) & Patient Safety Committee	Monthly	CEO, CNO, QM/RM, IP, Dept. Leads
Infection Prevention & Control Committee	Monthly	Physician, CEO, CNO, QM/RM, IP, Pharmacy, ES, MTN, EHN
Pharmacy & Therapeutics Committee	Monthly	CEO, Pharmacist, DRN, CNO, QM, IP
Health Information Management (HIM) & Credentialing Committee	Monthly	HIM, CNO, QM, REGISTRATION CLERK, CREDENTIALER
Utilization Review Committee	Monthly	CEO, CNO, QM, IP, CM
Compliance Committee	Monthly	CEO, CNO, QM, BOM, CO, Physician, HR, Nurse Managers, CM
Medical Executive Committee	Monthly	Medical Staff, CEO, CNO, QM
Governing Board	Monthly	CEO, CNO, Medical Staff, Governing Board Members

Name of Facility
Quality Assurance & Performance Improvement Committee Meeting
Agenda
Date:

CONFIDENTIALITY STATEMENT: This meeting contains privileged and confidential information. Distribution, reproduction, or any other use of this information by any party other than the intended recipient is strictly prohibited.

- I. Call to Order

- II. Review of Minutes

- III. Review of Committee Meetings
 - A. EOC/Patient Safety Committee
 - B. Infection Control Committee
 - C. Pharmacy & Therapeutics Committee
 - D. HIM/Credentialing Committees
 - E. Utilization Review Committee
 - F. Compliance Committee

- IV. Old Business

- V. New Business

- VI. **Quality Assurance/Performance Improvement**
 - I. Volume & Utilization
 - A. Hospital Activity
 - B. Procedures & Diagnostics
 - C. Blood Utilization
 - II. Care Management
 - A. CAH Re-Admits
 - B. Acute Transfers
 - C. Transition of Care
 - D.-H. **Patient Satisfaction Survey Results**
 - III. **Risk Management**
 - A. Incidents
 - B. Reported Complaints
 - C. Reported Grievances
 - D. Patient Falls Without Injury
 - E. Patient Falls With Minor Injury
 - F. Patient Falls With Major Injury
 - G. Mortality Rate
 - H. Deaths Within 24 Hours of Admit
 - I. OPO Notification/Tissue Donation
 - J. Code Blue Interventions
 - K. ER Visits
 - L. Stroke Alerts
 - M. Failure Mode Effect Analysis (FMEA)
 - N. RCA/Sentinel Event
 - IV. **Quality Control**
 - V. **Nursing**
 - A. Critical Tests/Labs
 - B. Restraints
 - C. RN Assessments
 - VI. **Pharmacy & Therapeutics**
 - A. Quality Monitoring
 - B. Pharmacy Utilization
 - C. Medication Overrides
 - VII. **Medication Safety**
 - A. Adverse Drug Reaction

- B. Medication Error Rate
- C. Medication Error Risk Stratification by Patient Impact
- D. Medication Error Risk Stratification by Drug Classification
- E. Medication Error Within Distribution Cycle

VIII. Respiratory Care Services

- A. Ventilator Days
- B. Ventilator Wean Rate
- C. Patient Self-Decannulation Rate
- D. Respiratory Care Equipment

IX. Wound Care Services

- A. Development of Pressure Ulcer
- B. Wound Healing Improvement
- C. Wound Care Documentation
- D. Debridement/Wound Care Procedures
- E. Wound VAC

X. Radiology

- A. Radiology Films
- B. Imaging
- C. Radiation Dosimeter Report
- D. Physicist's Report

XI. Lab

- A. Lab Reports
- B. Blood Culture Contaminants

XII. Employee Health

- A. Employee Health Summary Report
- B. OSHA Report

XIII. Infection Control & Prevention

- A. CAUTI's
- B. CLABSI's
- C. HA MRSA Bacteremia
- D. HA MDRO
- E. HA C.diff
- F. HA Infections by Source
- G. Hand Hygiene & PPE Surveillance
- H. Public Health Reporting
- I. Isolation
- J. Patient Vaccinations
- K. Sepsis Care
- L. Ventilator Associated Event

XIV. HIM

- A. H&P's
- B. Discharge Summaries
- C. Progress Notes (Swingbed)
- D. Daily Progress Notes (Acute & Observation)
- E. Medical Screening Exam
- F. ED RN Assessments
- G. Provider Response Time
- H. Consent to Treat
- I. Swingbed Indicators

XV. Dietary

- A. Food Tray Temps
- B. Food Tray Evaluation
- C. Quality Checks
- D. Nutrition Screening

XVI. Therapy

- A. Therapy Volume
- B. Therapy Visits
- C. Functional Improvement Outcomes

XVII. Compliance

- A. EDTC
- B. Trauma Registry

XVIII. Human Resources

- A. Compliance
- B. Turnover & Staffing
- C. Employee Satisfaction 30 Day Survey
- D. Employee Satisfaction Annual Survey

XIX. Business Office

- A. Billing Services
- B. Revenue A/R
- C. Registration

XX. Environmental Services

- A. Sharps Containers
- B. Terminal Room Cleans
- C. Linen

XXI. Materials Management

- A. Materials Management Indicators

XXII. Plant Ops

- A. Plant Ops Indicators

XXIII. Information Technology (IT)

- A. Work Orders
- B. IT Service Requests

XXIV. Clinic

- A. Volume
- B. Clinic Indicators
- C. Complaints
- D. Medication Errors
- E. Referrals to Inpatient Hospital Services
- F. Quality Checks
- G. Infection Control
- H. Health Information Management (HIM)
- I. Risk Management
- J. Employee Satisfaction 30 Day Survey
- K. Employee Satisfaction Annual Survey

XXV. Outpatient Services

- A. Orders and Assessments
- B. Lab and Diagnostic Reports to Providers
- C. Outpatient Therapy Services
- D. Outpatient Wound Services

XXVI. Strong Mind Services

- A. Record Compliance
- B. Client Satisfaction Survey
- C. Master Treatment Plans
- D. Suicidal Ideation
- E. Scheduled Appointments

XXVII. Surgical Services

- A. H&P's
- B. Informed Consent
- C. OR Register
- D. Op Report
- E. Procedures
- F. Quality Checks
- G. Terminal OR Room Clean Inspection

VII. Contract Services

VIII. Regulatory & Compliance

- A. OSDH & CMS updates
- B. Surveys

C. Product Recalls

IX. Policy & Procedure Review

X. Standing Agenda

- A. Annual Approval of Strategic Quality Plan
- B. Annual Approval of Hospital Plans & Policies
- C. Annual Appointment of Infection Preventionist
- D. Annual Appointment of Risk Manager
- E. Annual Appointment of Safety Officer
- F. Annual Appointment of Security Officer
- G. Annual Appointment of Compliance Officer
- H. Annual Review of ICRA
- I. Annual Review of HVA

XI. Credentialing/New Appointments

XII. Chief Nursing Officer Report

XIII. Administrator Report

XIV. Education & Training

XV. Performance Improvement Project

XVI. Department Reports

XVII. Other

XVIII. Adjournment

Quality Workbook Contents

Topic

Responsible Party

Topic	Responsible Party
I. Hospital Volume & Utilization	
A. Hospital Activity	QM
B. Procedure & Diagnostics	QM
C. Blood Utilization	LAB
II. Care Management	
A. CAH Re-Admits	CNO
B. Acute Transfers	CNO
C. Transition of Care	CM
D. Patient Perception of Care Survey Return Rate	QM
E. Physician Communication	QM
F. Likelihood of Recommending Hospital	QM
G. Overall Rating of Hospital	QM
H. Responsiveness of Staff	QM
III. Risk Management	
A. Incidents	QM
B. Reported Complaints	QM
C. Reported Grievances	QM
D. Patient Falls Without Injury	QM
E. Patient Falls With Minor Injury	QM
F. Patient Falls With Major Injury	QM
G. Mortality Rate	QM
H. Deaths Within 24 Hours of Admission	QM
I. OPO/Tissue Donation	QM
J. Code Blue Interventions	QM
K. ER Visits	QM
L. Stroke Alerts	QM
IV. Quality Control	
A. Quality Checks	QM
V. Nursing	
A. Critical Tests/Labs	CNO
B. Restraints	CNO
C. RN Assessments	CNO
VI. Pharmacy & Therapeutics	
A. Quality Control Monitoring	DRUG ROOM NURSE
B. Pharmacy Utilization	DRUG ROOM NURSE
C. Medication Overrides	DRUG ROOM NURSE
VII. Medication Safety	
A. Adverse Drug Reaction	DRUG ROOM NURSE/QM
B. Medication Error Rate	QM
C. Medication Error Risk Stratification By Patient Impact	QM
D. Medication Error Risk Stratification By Drug Classification	QM
E. Medication Error Within Distribution Cycle	QM
VIII. Respiratory Care Services	
A. Ventilator Days	RT
B. Ventilator Wean Rate	RT
C. Patient Self-Deannulation Rate	RT
D. Respiratory Care Equipment	RT
IX. Wound Care	
A. Development of Pressure Ulcer	QM
B. Wound Healing Improvement	WC
C. Wound Care Documentation	WC
D. Debridement/Wound Care Procedure	WC
E. Wound Vac Application	WC
X. Radiology	
A. Radiology Films	RADIOLOGY
B. Imaging	RADIOLOGY
C. Radiation Dosimeter Reports	RADIOLOGY
D. Physicist's Report	RADIOLOGY
XI. Laboratory	
A. Lab Reports	LAB
B. Blood Culture Contaminations	LAB
XII. Employee Health	
A. Employee Health Summary	QM
B. OSHA Report	EH
XIII. Infection Control	
A. Catheter Associated Urinary Tract Infections (CAUTI's)	IP

B.	Central Line Associated Bloodstream Infections (CLABSTI's)	IP
C.	MRSA Bacteremia	IP
D.	HA MDRO	IP
E.	C.diff	IP
F.	Hospital Acquired Infection By Source	IP
G.	Hand Hygiene & PPE Surveillance	IP
H.	Public Health Reporting	IP
I.	Isolation	IP
J.	Patient Vaccinations	IP
K.	Sepsis Care	IP
L.	Ventilator Associated Event (VAE)	IP
XIV. Health Information Management (HIM)		
A.	History & Physical Completion	HIM
B.	Discharge Summary Completion	HIM
C.	Progress Notes (Swingbed)	HIM
D.	Daily Progress Notes (Acute & Observation)	HIM
E.	Medical Screening Exam	HIM
F.	Emergency Department RN Assessment	HIM
G.	Provider Response Time	HIM
H.	Consent for Treatment	HIM
I.	Swingbed Documentation	CM
XV. Dietary		
A.	Patient Food Tray Temperatures	DIETARY MANAGER
B.	Food Test Tray Evaluation	DIETARY MANAGER
C.	Quality Checks	DIETARY MANAGER
D.	Nutritional Screening	DIETARY MANAGER
XVI. Therapy Services		
A.	Therapy Volume	PHYSICAL THERAPY
B.	Therapy Visits	PHYSICAL THERAPY
C.	Functional Improvement Outcomes	PHYSICAL THERAPY
XVII. Compliance		
A.	EDTC Report	ED MANAGER
B.	Trauma Registry Report	ED MANAGER
XVIII. Human Resources		
A.	Employee Compliance	HUMAN RESOURCES MANAGER
B.	Turnover & Staffing	HUMAN RESOURCES MANAGER
C.	30 Day Employee Satisfaction Survey	HUMAN RESOURCES MANAGER
D.	Annual Employee Satisfaction Survey	HUMAN RESOURCES MANAGER
XIX. Business Office		
A.	Billing Services	BUSINESS OFFICE MANAGER
B.	Revenue A/R	BUSINESS OFFICE MANAGER
C.	Registration	BUSINESS OFFICE MANAGER
XX. Environmental Services		
A.	Sharps Containers	ES MANAGER
B.	Terminal Room Cleans	ES MANAGER
C.	Linen Services	ES MANAGER
XXI. Materials Management/Purchasing Services		
A.	Materials Management Indicators	MM MANAGER
XXII. Plant Operations		
A.	Plant Operations Quality Checks	PLANT OPS MANAGER
XXIII. Information Technology (IT)		
A.	Work Orders	IT MANAGER
B.	IT Service Requests	IT MANAGER
XXIV. Clinic		
A.	Volume	CLINIC MANAGER
B.	Clinic Indicators	CLINIC MANAGER
C.	Complaints	CLINIC MANAGER
D.	Medication Errors	CLINIC MANAGER
E.	Referrals to Inpatient Hospital Services	CLINIC MANAGER
F.	Quality Checks	CLINIC MANAGER
G.	Infection Control	CLINIC MANAGER
H.	Health Information Management (HIM)	CLINIC MANAGER
I.	Risk Management	CLINIC MANAGER
J.	30 Day Employee Satisfaction Survey	CLINIC MANAGER
K.	Annual Employee Satisfaction Survey	CLINIC MANAGER
XXV. Outpatient Services		
A.	Outpatient Orders and Assessments	PROGRAM MANAGER

- B. Lab and Diagnostic Reports to Providers DEPARTMENT MANAGER
- C. Outpatient Therapy Services THERAPY MANAGER
- D. Outpatient Wound Services WOUND CARE NURSE

XXVI. Strong Mind Services

- A. Record Compliance PROGRAM MANAGER
- B. Client Satisfaction Survey PROGRAM MANAGER
- C. Master Treatment Plan PROGRAM MANAGER
- D. Suicidal Ideation
- E. Scheduled Appointments PROGRAM MANAGER

XXVII Surgery Services

- A. H&P's SURGERY MANAGER
- B. Informed Consent SURGERY MANAGER
- C. Operating Room Register SURGERY MANAGER
- D. Operative Report SURGERY MANAGER
- E. Procedures SURGERY MANAGER
- F. Quality Checks SURGERY MANAGER
- G. Terminal OR Room Clean Inspection SURGERY MANAGER

I. Hospital Volume & Utilization Data

A. Hospital Activity

Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total ER visits													0
Total Observation Patients													0
Total Acute Patients													0
Swing Bed Patients													0
Total Hospital Admissions													0
AMA													0
Left Without Being Seen													0
Total Discharges													0
Total Patient Days													0
Average Daily Census (Acute & Swingbed)													#DIV/0!
January													
Summary of Findings							Plan of Correction						
February													
Summary of Findings							Plan of Correction						
March													
Summary of Findings							Plan of Correction						
April													
Summary of Findings							Plan of Correction						
May													
Summary of Findings							Plan of Correction						
June													
Summary of Findings							Plan of Correction						
July													
Summary of Findings							Plan of Correction						
August													
Summary of Findings							Plan of Correction						
September													

I. Hospital Volume & Utilization Data

Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

B. Procedure/Diagnostic Review

Internal	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
X-Ray													0
CT scan													0
Other													0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0
January					February								
March					April								
May					June								
July					August								
September					October								
November					December								

I. Hospital Volume & Utilization Data

Procedure/Diagnostic Review

External	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
PEG/G tube													0
EEG													0
Diagnostics													0
Other													0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0
January							February						
March							April						
May							June						
July							August						
September							October						
November							December						

C. Blood Utilization

Function: Outcome & Process Measure													
Rationale: High Risk, Problem Prone													
Data Source: Medical Record/Lab Reports/Blood Log													
Sample Size: All episodes of blood/blood product administration													
Methodology: Audit Log, PDSA													
Inclusion Criteria: All patients receiving blood/blood products during reporting period													
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total Units of Blood / Blood Products Administered													0
Total Number of Transfusion Episodes													0
Appropriateness for transfusion (per criteria)													0
Total number of transfusion reactions													0
Patient identification using 2 identifiers (total # of units with 2 patient identifiers/total units infused) (Benchmark=100%)													0
Signed Informed Consent (total # of episodes with signed Informed Consent/total episodes) (Benchmark=100%)													0
January													

I. Hospital Volume & Utilization Data

Summary of Findings	Plan of Correction
February	
Summary of Findings	Plan of Correction
March	
Summary of Findings	Plan of Correction
April	
Summary of Findings	Plan of Correction
May	
Summary of Findings	Plan of Correction
June	
Summary of Findings	Plan of Correction
July	
Summary of Findings	Plan of Correction
August	
Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

I. Hospital Volume & Utilization Data

II. Care Management

A. CAH Re-Admits

Function: Outcome & Process Measure													
Rationale: High Risk, Problem Prone													
Data Source: Patient Records													
Sample Size: All acute/ER patients readmitted to CAH/ER													
Methodology: Medical records, Discharge reports, PDSA													
Inclusion Criteria: All acute/ER patients readmitted to CAH/ER within 30 days & 72 hours respectively													
30 Day Re-Admits to CAH/ER	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
# of patients readmitted to CAH ER within 30 days (Benchmark=5% or less)													0
Total Discharges for the reporting month													0
CAH Readmission Rate per 100 patient discharges	---	---	---	---	---	---	---	---	---	---	---	---	---
Re-Admits to ER	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
# of patients readmitted to ER within 72 hours (Benchmark=2.5%)													0
Total # of ER discharges													0
ER Re-Admits Rate per 100 patient discharges	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings							Plan of Correction						
February													
Summary of Findings							Plan of Correction						
March													
Summary of Findings							Plan of Correction						
April													
Summary of Findings							Plan of Correction						
May													
Summary of Findings							Plan of Correction						
June													
Summary of Findings							Plan of Correction						
July													
Summary of Findings							Plan of Correction						

II. Care Management

August	
Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

B. Acute Transfers

Function: Outcome & Process Measure													
Rationale: High Risk, Problem Prone													
Sample Size: All acute transfers from acute & swingbed to tertiary facility													
Methodology: Medical records, Discharge reports, PDSA													
Inclusion Criteria: All acute transfers from acute, ER, & swingbed to tertiary facility													
Acute Transfers to Tertiary Facility	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
# of patients transferred to tertiary facility													0
January													
Summary of Findings	Plan of Correction												
February													
Summary of Findings	Plan of Correction												
March													
Summary of Findings	Plan of Correction												
April													
Summary of Findings	Plan of Correction												

II. Care Management

# of patients transferred with appropriate orders from acute care to swingbed														0
Total # of patients admitted for swingbed services for the reporting month														0
Swingbed Transition Percentage of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---	---
January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
March														
Summary of Findings							Plan of Correction							
April														
Summary of Findings							Plan of Correction							
May														
Summary of Findings							Plan of Correction							
June														
Summary of Findings							Plan of Correction							
July														
Summary of Findings							Plan of Correction							
August														
Summary of Findings							Plan of Correction							
September														
Summary of Findings							Plan of Correction							
October														
Summary of Findings							Plan of Correction							
November														
Summary of Findings							Plan of Correction							

II. Care Management

December	
Summary of Findings	Plan of Correction

D. Patient Perception of Care Survey Return Rate

Function: Outcome Measure													
Rationale: Problem Prone													
Data Source: Patient Surveys													
Sample Size: All discharged patients during the reporting period that meet eligibility criteria													
Methodology: PDSA, Patient Surveys													
Inclusion Criteria: All discharged patients during the reporting period that meet eligibility criteria													
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
# of surveys returned during the reporting period (Benchmark=70%)													0
# of patients discharged during the reporting period													0
Return Rate Percentage	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings	Plan of Correction												
February													
Summary of Findings	Plan of Correction												
March													
Summary of Findings	Plan of Correction												
April													
Summary of Findings	Plan of Correction												
May													
Summary of Findings	Plan of Correction												
June													
Summary of Findings	Plan of Correction												
July													
Summary of Findings	Plan of Correction												

II. Care Management

August	
Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

E. Doctor Communication

Function: Outcome Measure													
Rationale: Problem Prone													
Data Source: Patient Surveys													
Sample Size: All discharged patients during the reporting period that meet eligibility criteria													
Methodology: PDSA, Patient Surveys													
Inclusion Criteria: All discharged patients during the reporting period that meet eligibility criteria													
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Doctor Communication (Benchmark=90%)													#DIV/0!
January													
Summary of Findings	Plan of Correction												
February													
Summary of Findings	Plan of Correction												
March													
Summary of Findings	Plan of Correction												
April													
Summary of Findings	Plan of Correction												

II. Care Management

May	
Summary of Findings	Plan of Correction
June	
Summary of Findings	Plan of Correction
July	
Summary of Findings	Plan of Correction
August	
Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

F. Likelihood of Recommending Hospital

Function: Outcome Measure													
Rationale: Problem Prone													
Data Source: Patient Surveys													
Sample Size: All discharged patients during the reporting period that meet eligibility criteria													
Methodology: PDSA, Patient Surveys													
Inclusion Criteria: All discharged patients during the reporting period that meet eligibility criteria													
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Likelihood to Recommend (Benchmark=90%)													#DIV/0!
January													
Summary of Findings	Plan of Correction												

II. Care Management

February	
Summary of Findings	Plan of Correction
March	
Summary of Findings	Plan of Correction
April	
Summary of Findings	Plan of Correction
May	
Summary of Findings	Plan of Correction
June	
Summary of Findings	Plan of Correction
July	
Summary of Findings	Plan of Correction
August	
Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

G. Overall Rating of Hospital

Function: Outcome Measure

II. Care Management

Rationale: Problem Prone													
Data Source: Patient Surveys													
Sample Size: All discharged patients during the reporting period that meet eligibility criteria													
Methodology: PDSA, Patient Surveys													
Inclusion Criteria: All discharged patients during the reporting period that meet eligibility criteria													
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Overall Rating of Hospital (Benchmark=90%)													#DIV/0!
January													
Summary of Findings							Plan of Correction						
February													
Summary of Findings							Plan of Correction						
March													
Summary of Findings							Plan of Correction						
April													
Summary of Findings							Plan of Correction						
May													
Summary of Findings							Plan of Correction						
June													
Summary of Findings							Plan of Correction						
July													
Summary of Findings							Plan of Correction						
August													
Summary of Findings							Plan of Correction						
September													
Summary of Findings							Plan of Correction						
October													
Summary of Findings							Plan of Correction						

II. Care Management

November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

H. Responsiveness of Staff

Function: Outcome Measure													
Rationale: Problem Prone													
Data Source: Patient Surveys													
Sample Size: All discharged patients during the reporting period that meet eligibility criteria													
Methodology: PDSA, Patient Surveys													
Inclusion Criteria: All discharged patients during the reporting period that meet eligibility criteria													
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Responsiveness of Staff (Benchmark = 60%)													#DIV/0!
January													
Summary of Findings	Plan of Correction												
February													
Summary of Findings	Plan of Correction												
March													
Summary of Findings	Plan of Correction												
April													
Summary of Findings	Plan of Correction												
May													
Summary of Findings	Plan of Correction												
June													
Summary of Findings	Plan of Correction												
July													
Summary of Findings	Plan of Correction												

II. Care Management

August	
Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

III. Risk Management

A. Incidents

Function: Outcome & Process Measure														
Rationale: High Risk, Problem Prone														
Data Source: Patient Records, Incident Reports														
Sample Size: All patients/visitors with unplanned events/incidents														
Methodology: Incident reports, patient records, PDSA														
Inclusion Criteria: All patients/visitors with unplanned events/incidents														
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Total number of Intravenous Line events													0	
Total number of other line events (foley, enteral tubes, drains, etc.)													0	
Total number of patient falls without injury													0	
Total number of patient falls with injury													0	
Total number of AMA events													0	
Total number of Left Without Being Seen													0	
Total number of Notifications to Police/Law													0	
Total number of Violent/Disruptive Events													0	
Total number of Suicide/Self Harm Incidents													0	
Total number of ED patients left without being seen													0	
Total number of other events													0	
Total number of IT events													0	
Total number of process incidents													0	
Total number of visitor incidents													0	
Total Number of Events	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total number of Patient Days													0	
Rate per 1000 patient days	---	---	---	---	---	---	---	---	---	---	---	---	---	
January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
March														
Summary of Findings							Plan of Correction							
April														
Summary of Findings							Plan of Correction							

III. Risk Management

May	
Summary of Findings	Plan of Correction
June	
Summary of Findings	Plan of Correction
July	
Summary of Findings	Plan of Correction
August	
Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

III. Risk Management

B. Reported Complaints

Function: Outcome Measure														
Rationale: High Risk, Problem Prone														
Data Source: Patient, Family, Visitor														
Sample Size: All Complaints														
Methodology: Report (Verbal), PDSA														
Inclusion Criteria: All complaints														
Documentation Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Total number of Complaints														0
Total number of Patient Days														0
Rate per 1000 patient days	---	---	---	---	---	---	---	---	---	---	---	---	---	---
January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
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Summary of Findings							Plan of Correction							
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Summary of Findings							Plan of Correction							
August														
Summary of Findings							Plan of Correction							
September														
Summary of Findings							Plan of Correction							

III. Risk Management

October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

C. Reported Grievances

Function: Outcome Measure													
Rationale: High Risk, Problem Prone													
Data Source: Patient, Family, Visitor													
Sample Size: All Complaints													
Methodology: Report (Verbal, Written), PDSA													
Inclusion Criteria: All complaints													
Documentation Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total number of Grievances													0
Total number of Patient Days													0
Rate per 1000 patient days	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings	Plan of Correction												
February													
Summary of Findings	Plan of Correction												
March													
Summary of Findings	Plan of Correction												
April													
Summary of Findings	Plan of Correction												
May													
Summary of Findings	Plan of Correction												
June													

III. Risk Management

D. Patient Falls Without Injury

Function: Outcome and Process Measure														
Rationale: High Risk, Problem Prone														
Data Source: Patient Records, Incident Reports														
Sample Size: All patients with falls														
Methodology: Patient Records, Incident Reports, PDSA														
Inclusion Criteria: All patients with falls														
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Total number of Patient Falls W/O injury (Benchmark=rate 5 or <)													0	
Total number of Patient Days													0	
Rate per 1000 patient days	---	---	---	---	---	---	---	---	---	---	---	---	---	
January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
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Summary of Findings							Plan of Correction							
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Summary of Findings							Plan of Correction							
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Summary of Findings							Plan of Correction							
August														
Summary of Findings							Plan of Correction							
September														
Summary of Findings							Plan of Correction							

III. Risk Management

October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

E. Patient Falls with Minor Injury

Function: Outcome and Process Measure													
Rationale: High Risk, Problem Prone													
Data Source: Patient Records, Incident Reports													
Sample Size: All patients with falls (minor cuts, minor bleeding, skin abrasions/contusions/tears, swelling, pain)													
Methodology: Patient Records, Incident Reports, PDSA													
Inclusion Criteria: All patients with falls													
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total number of Patient Falls with Injury (except major) (Benchmark=rate 5 or <)													0
Total number of Patient Days													0
Rate per 1000 patient days	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings	Plan of Correction												
February													
Summary of Findings	Plan of Correction												
March													
Summary of Findings	Plan of Correction												
April													
Summary of Findings	Plan of Correction												
May													
Summary of Findings	Plan of Correction												

III. Risk Management

June	
Summary of Findings	Plan of Correction
July	
Summary of Findings	Plan of Correction
August	
Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

F. Falls with Major Injury

Function: Outcome and Process Measure														
Rationale: High Risk, Problem Prone														
Data Source: Patient Records, Incident Reports														
Sample Size: All patients with falls (fractures, subdural hematomas, other major head trauma, cardiac arrest, excessive bleeding, lacerations requiring sutures, loss of														
Methodology: Patient Records, Incident Reports, PDSA														
Inclusion Criteria: All patients with falls														
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Total number of Patient Falls with Major Injury (Benchmark=0.5)													0	
Total number of Patient Days													0	
Rate per 1000 patient days	---	---	---	---	---	---	---	---	---	---	---	---	---	
January														
Summary of Findings	Plan of Correction													
February														

III. Risk Management

Summary of Findings	Plan of Correction
March	
Summary of Findings	Plan of Correction
April	
Summary of Findings	Plan of Correction
May	
Summary of Findings	Plan of Correction
June	
Summary of Findings	Plan of Correction
July	
Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

III. Risk Management

G. Mortality Rate

Function: Outcome & Process Measure														
Rationale: High Risk, Problem Prone														
Data Source: Patient Records, Discharge Report														
Sample Size: All patient expirations during reporting period														
Methodology: Patient Records, Discharge Report, PDSA														
Inclusion Criteria: All patient expirations during reporting period														
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
# of deaths (Acute, Swingbed/Private Pay) during the reporting period													0	
Total number of patient discharges (Benchmark=10%)													0	
Percent of Total Discharges	---	---	---	---	---	---	---	---	---	---	---	---	---	
# of deaths (ER) during the reporting period													0	
Total number of patient discharges													0	
Percent of Total Discharges	---	---	---	---	---	---	---	---	---	---	---	---	---	
January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
March														
Summary of Findings							Plan of Correction							
April														
Summary of Findings							Plan of Correction							
May														
Summary of Findings							Plan of Correction							
June														
Summary of Findings							Plan of Correction							
July														
Summary of Findings							Plan of Correction							
August														

III. Risk Management

Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

H. Deaths within 24 hours of Admit

Function: Outcome & Process Measure														
Rationale: High Risk, Problem Prone														
Data Source: Patient Records, Discharge Report														
Sample Size: All patient expirations during reporting period														
Methodology: Patient Records, Discharge Report, PDSA														
Inclusion Criteria: All patient expirations during reporting period														
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
# of deaths within 24 hours of admit													0	
# of deaths during the reporting period													0	
Percentage of deaths within 24 hours	---	---	---	---	---	---	---	---	---	---	---	---	---	
January														
Summary of Findings	Plan of Correction													
February														
Summary of Findings	Plan of Correction													
March														
Summary of Findings	Plan of Correction													
April														
Summary of Findings	Plan of Correction													

III. Risk Management

May	
Summary of Findings	Plan of Correction
June	
Summary of Findings	Plan of Correction
July	
Summary of Findings	Plan of Correction
August	
Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

I. Organ Procurement Organization Notification/Tissue Donation

Function: Outcome & Process Measure													
Rationale: High Risk, Problem Prone													
Data Source: Patient Records, Discharge Report													
Sample Size: All patient deaths													
Methodology: Patient Records, Discharge Report, PDSA													
Inclusion Criteria: All patient expirations during reporting period													
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
# of documented Organ banks notifications with in 60 min of death (Benchmark=100%)													0
Total number of Deaths for the reporting period													0

III. Risk Management

Percent of Deaths Reported	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Tissue Donations														0
January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
March														
Summary of Findings							Plan of Correction							
April														
Summary of Findings							Plan of Correction							
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Summary of Findings							Plan of Correction							
November														
Summary of Findings							Plan of Correction							
December														
Summary of Findings							Plan of Correction							

III. Risk Management

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III. Risk Management

J. Code Blue Intervention

Function: Outcome & Process Measure														
Rationale: High Risk, Problem Prone														
Data Sourced: Patient Records, Audit Tool														
Sample Size: All Code Blues During Reporting Period														
Methodology: Patient Records, Audit Tool, PDSA														
Inclusion Criteria: All Code Blues During Reporting Period														
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Code Blue efforts which stabilize the patient within the facility													0	
Total number of Code Blue interventions during the reporting period													0	
Total number of successful emergent intubations													0	
Total number of attempted emergent intubations													0	
Code Blue efforts which met ACLS recommendations													0	
January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
March														
Summary of Findings							Plan of Correction							
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Summary of Findings							Plan of Correction							
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Summary of Findings							Plan of Correction							
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Summary of Findings							Plan of Correction							
August														
Summary of Findings							Plan of Correction							

III. Risk Management

September	
Summary of Findings	
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

K. ER Visits

Function: Outcome & Process Measure Rationale: High Risk, Problem Prone Data Source: Patient Records, ER Log PDSA Sample Size: All ER patients During Reporting Period Methodology: Patient Records, Audit Tool, PDSA Inclusion Criteria: All ER Patients During Reporting Period													
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total number of ER visits met guidelines for transfer to tertiary facility													0
Total number of ER patients transferred with appropriate transfer/transport documentation													0
Total number of ER transfers													0
Percent of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---
Total number of ER patients admitted to CAH													0
Total number of ER visits													0
ER Admissions	---	---	---	---	---	---	---	---	---	---	---	---	---
ER Log Current & Complete (Each ER episodic visit)													0
Total number of ER Visits													0
Percent of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings	Plan of Correction												

III. Risk Management

February	
Summary of Findings	Plan of Correction
March	
Summary of Findings	Plan of Correction
April	
Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
June	
Summary of Findings	Plan of Correction
June	
Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

III. Risk Management

L. Stroke Alerts

Function: Outcome & Process Measure Rationale: High Risk, Problem Prone Data Source: Patient Records, Stroke Log Sample Size: All Stroke Alerts During Reporting Period Methodology: Patient Records, Stroke Alert, PDSA Inclusion Criteria: All Stroke Alerts During Reporting Period														
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Patient Assessment Completed within 10 minutes													0	
Total Number of Stroke Alert Patients													0	
Percentage of Stroke Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---	
Physician notified within 10 minutes													0	
Total Number of Stroke Alert Patients													0	
Percentage of Stroke Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---	
O2 saturations maintained >94%													0	
Total Number of Stroke Alert Patients													0	
Percentage of Stroke Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---	
VS monitored every 15 minutes													0	
Total Number of Stroke Alert Patients													0	
Percentage of Stroke Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---	
Neuro Status monitored every 15 minutes													0	
Total Number of Stroke Alert Patients													0	
Percentage of Stroke Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---	
Patient transferred within 60 minutes													0	
Total Number of Stroke Alert Patients													0	
Percentage of Stroke Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---	
Air Evac Transports													0	
Ground EMS Transports													0	
January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
March														
Summary of Findings							Plan of Correction							

III. Risk Management

April	
Summary of Findings	Plan of Correction
May	
Summary of Findings	Plan of Correction
June	
Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

IV. Quality Control

A. Quality Checks

Function: Process Measure														
Rationale: Safety & Compliance														
Date Source: Department Logs														
Sample Size: Department Log														
Methodology: Audits, PDSA														
Quality Control Monitoring	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Patient Fridge Temps														#DIV/0!
Crash Cart Checks														#DIV/0!
Blanket Warmer														#DIV/0!
Glucometer Checks														#DIV/0!
Eyewash Stations														#DIV/0!
Autoclave Quality Checks														
January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
March														
Summary of Findings							Plan of Correction							
April														
Summary of Findings							Plan of Correction							
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Summary of Findings							Plan of Correction							
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Summary of Findings							Plan of Correction							
August														
Summary of Findings							Plan of Correction							

IV. Quality Control

September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

V. Nursing Services

A. Critical Tests / Labs

Function: Outcome & Process Measure Rationale: High Risk, High Volume, Problem Prone Data Source: Lab reports, Patient Records Sample Size: All critical labs for Reporting Period Methodology: Audit Tool, Patient Records, PDSA														
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Critical results with documented MD/LIP contact within 1 hour (Benchmark=90%)														0
Total critical results logged during reporting period														0
Percentage of Critical Lab Results Completed	---	---	---	---	---	---	---	---	---	---	---	---	---	---
January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
March														
Summary of Findings							Plan of Correction							
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July														
Summary of Findings							Plan of Correction							
August														
Summary of Findings							Plan of Correction							
September														
Summary of Findings							Plan of Correction							

V. Nursing Services

October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

B. Restraints

Function: Outcome & Process Measure													
Rationale: High Risk, Problem Prone													
Data Source: Patient Records, Audit Log													
Sample Size: All episodes of restraint Use During Reporting Period													
Methodology: Patient Records, Audit Log, PDSA													
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Number of restraint days during reporting period													0
Total patient days during reporting period													0
Rate per 1000 patient days	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings	Plan of Correction												
February													
Summary of Findings	Plan of Correction												
March													
Summary of Findings	Plan of Correction												
April													
Summary of Findings	Plan of Correction												
May													
Summary of Findings	Plan of Correction												
June													
Summary of Findings	Plan of Correction												

V. Nursing Services

July	
Summary of Findings	Plan of Correction
August	
Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

V. Nursing Services

C. RN Assessments

Function: Process Measure													
Rational: High Risk, Problem Prone													
Data Source: Patient Records													
Sample Size: All discharged inpatients for reporting month if less than 30													
Methodology: Patient Records													
Inclusion Criteria: All discharged inpatients (Acute & Swing) during the reporting period													
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total Number of RN assessments completed q24 hours (Benchmark=100%)													0
Total Number of assessments reviewed													0
Percent of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings							Plan of Correction						
February													
Summary of Findings							Plan of Correction						
March													
Summary of Findings							Plan of Correction						
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Summary of Findings							Plan of Correction						
July													
Summary of Findings							Plan of Correction						
August													
Summary of Findings							Plan of Correction						
September													

V. Nursing Services

Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

VI. Pharmacy and Therapeutics

A. Quality Control Monitoring

Function: Process Measure														
Rationale: Safety & Compliance														
Data Source: Department Logs														
Sample Size: Department Logs														
Methodology: Audit Logs, PDSA														
Benchmark = 100%														
Pharmacy Quality Control Monitoring	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Fridge Temps - Pharmacy														#DIV/0!
Nursing Unit Inspection (Monthly)														#DIV/0!
Controlled Substance Audit (Monthly)														#DIV/0!
January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
March														
Summary of Findings							Plan of Correction							
April														
Summary of Findings							Plan of Correction							
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Summary of Findings							Plan of Correction							
July														
Summary of Findings							Plan of Correction							
August														
Summary of Findings							Plan of Correction							
September														
Summary of Findings							Plan of Correction							

VI. Pharmacy and Therapeutics

October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

B. Pharmacy Utilization

Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Number of Doses for reporting period													0
Average doses per patient per day													#DIV/0!
Medications CPPD-Acute Care													0
Medications CPPD-Observation Care													0
Medications CPPD-Swing Bed													0
High Cost Medications													0
January													
Summary of Findings	Plan of Correction												
February													
Summary of Findings	Plan of Correction												
March													
Summary of Findings	Plan of Correction												
April													
Summary of Findings	Plan of Correction												
May													
Summary of Findings	Plan of Correction												
June													
Summary of Findings	Plan of Correction												
July													
Summary of Findings	Plan of Correction												

VI. Pharmacy and Therapeutics

August	
Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

C. Medication Overrides

Function: Process Measure														
Rationale: High Risk, Problem Prone														
Data Source: Med Dispense & Patient Records														
Sample Size: All Manual Overrides														
Methodology: Med Dispense, Patient Records, PDSA														
Quality Control Monitoring	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Total number of medication overrides (Benchmark=less than 20)													0	
Total number of medications dispensed													0	
Medication Override Percentage	---	---	---	---	---	---	---	---	---	---	---	---	---	
January														
Summary of Findings	Plan of Correction													
February														
Summary of Findings	Plan of Correction													
March														
Summary of Findings	Plan of Correction													
April														
Summary of Findings	Plan of Correction													

VI. Pharmacy and Therapeutics

May	
Summary of Findings	Plan of Correction
June	
Summary of Findings	Plan of Correction
July	
Summary of Findings	Plan of Correction
August	
Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

VI. Pharmacy and Therapeutics

VII. Medication Safety

A. Adverse Drug Reactions

Definition: "a response to a drug which is noxious and unintended, and which occurs at doses normally used in man for the prophylaxis, diagnosis, or therapy of disease, or for the modification of physiological function." reference: WHO (World Health Organization)													
Function: Outcome & Process Measure													
Rationale: High Risk, High Volume, Problem Prone													
Data Source: Patient Records, Incident Reports													
Sample Size: All Incidences with a Reported/Suspected ADR During Reporting Period													
Mehodology: Patient Reords, Incident Reports, PDSA													
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
# of medication doses that elicited adverse drug reaction													0
# of medication doses dispensed from pharmacy during reporting period													0
ADR Rate per 1000 medications dispensed	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings							Plan of Correction						
February													
Summary of Findings							Plan of Correction						
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June													
Summary of Findings							Plan of Correction						
July													
Summary of Findings							Plan of Correction						
August													
Summary of Findings							Plan of Correction						

VII. Medication Safety

September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

B. Medication Error Rate

Definition: " any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer. Such event may be related to professional practice, health care products, procedures, and systems, including prescribing; order communication; product labeling, packaging, and nomenclature; compounding; dispensing; distribution; administration; education; monitoring; and use." (The National Coordinating Council Medication Error Reporting and Prevention)

Function: Outcome & Process Measure

Rationale: High Risk, High Volume, Problem Prone

Data Source: Patient Records, Incident Reports

Sample Size: All incidences with a Reported Medication Error During Reporting Period

Methodology: Patient Records, Incident Reports, PDSA

Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
# of medication errors for the reporting month													0
# of medication doses dispensed from pharmacy during reporting period													0
Medication Error Rate per 1000 medications dispensed	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings	Plan of Correction												
February													
Summary of Findings	Plan of Correction												
March													
Summary of Findings	Plan of Correction												
April													
Summary of Findings	Plan of Correction												

VII. Medication Safety

May	
Summary of Findings	Plan of Correction
June	
Summary of Findings	Plan of Correction
July	
Summary of Findings	Plan of Correction
August	
Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

VII. Medication Safety

C. Medication Error Risk Stratification By Patient Impact

Patient Impact Severity Index Classification	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
A- events that have the capacity to cause error													0
B- Error occurred but did not reach patient (does not include "error of omission")													0
C- Error occurred that reached patient- no harm													0
D- Error occurred that reached patient- required additional monitoring to confirm no harm													0
E- Error occurred- temporary harm to patient & required intervention													0
F- Error occurred- temporary harm to patient & required prolonged hospitalization													0
G- Error occurred- permanent patient harm													0
H- Error occurred - required intervention necessary to sustain life													0
I- Error occurred- may have contributed to or resulted in patient's death													0
Total Medication Errors	0	0	0	0	0	0	0	0	0	0	0	0	0

D. Medication Error Risk Stratification By Drug Classification

Patient Impact Severity Index Classification	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Class I: Antacids, Antidiarrheal agents, Cathartics/Laxatives, Plain IV solutions, Antipyretics, Proton-pump inhibitor, Vitamins, Topical skin agents, Gastrointestinal drugs, Expectorants/Antitussives													0
Class II: Antiemetics, Antidepressants, Antihistamines, Histamines, Anti-inflammatory agents, Estrogens, Progesterones, Muscle relaxants, Complex IV solutions, EENT drugs													0
Class III: Antibiotics, Anxiolytics/anti-anxiety meds, Anti-infectives, Anti-convulsants, Anti-psychotic agents, Barbiturates, Diuretics, Narcotic antagonists, Oral diabetic agents, Steroids, Glucose/Glucagon, Hemorrhagic agents													0
Class IV: Anticoagulants, Bronchial agents, CNS stimulants, Cardiovascular drugs, Antiarrhythmic, Vasoactive/Vasodilators, Narcotic analgesics, Electrolytes, Sedative/Hypnotic/Sleeper													0
Class V: Heparin, Blood products, Chemotherapy, Antineoplastic, Hyperalimentation, Insulin, Thrombolytic agents, Epidural / Intrathecal													0
Total Medication Errors	0	0	0	0	0	0	0	0	0	0	0	0	0

VII. Medication Safety

E. Medication Error within Distribution Cycle

Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Physician Order													0
Transcription/Order Entry													0
Dispensing													0
Administration													0
Processing of Order													0
Total Medication Errors	0	0	0	0	0	0	0	0	0	0	0	0	0

VIII. Respiratory Care Services

A. Ventilator Days

Function: Process Measure														
Rationale: High Risk, Problem Prone														
Data Source: Patient Records														
Sample Size: All Inhouse Ventilator Patients During Reporting Period														
Methodology: Patient Records, PDSA														
Inclusion Criteria: All Inhouse Ventilator Patients During Reporting Period														
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Total Ventilator Days														0
January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
March														
Summary of Findings							Plan of Correction							
April														
Summary of Findings							Plan of Correction							
May														
Summary of Findings							Plan of Correction							
June														
Summary of Findings							Plan of Correction							
July														
Summary of Findings							Plan of Correction							
August														
Summary of Findings							Plan of Correction							
September														
Summary of Findings							Plan of Correction							
October														
Summary of Findings							Plan of Correction							

VIII. Respiratory Care Services

November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

B. Ventilator Wean Rate

Function: Outcome & Process Measure													
Rationale: High Risk, Problem Prone													
Data Source: Patient Records													
Sample Size: All Inhouse Ventilator Patients On Weaning Program													
Methodology: Patient Records, PDSA													
Inclusion Criteria: All Inhouse Ventilator Patients On Weaning Program													
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
# of patients on a ventilator at least 7 days, in the weaning program and weaned from the ventilator at least 2 days prior to discharge and at time of discharge													0
# of ventilator patients discharged during the reporting month that had a physician order to wean, were on a vent > 7 days, and were NOT a terminal wean.													0
Percent of discharged patients successfully weaned from the ventilator prior to discharge	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings	Plan of Correction												
February													
Summary of Findings	Plan of Correction												
March													
Summary of Findings	Plan of Correction												
April													
Summary of Findings	Plan of Correction												
May													

VIII. Respiratory Care Services

Summary of Findings	Plan of Correction
June	
Summary of Findings	Plan of Correction
July	
Summary of Findings	Plan of Correction
August	
Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

C. Patient Self Decannulation Rate

Function: Outcome & Process Measure														
Rationale: High Risk, Problem Prone														
Data Source: Patient Records, Incident Reports														
Sample Size: All Patients with Unplanned Trach Decannulations														
Methodology: Patient Records, Incident Reports, PDSA														
Inclusion Criteria: All Patients with Unplanned Trach Decannulations														
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Total Number of Unplanned Patient Decannulations													0	
Total Trach Days													0	
Self Decannulation Rate per 1000 Trach Days	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
January														
Summary of Findings	Plan of Correction													

VIII. Respiratory Care Services

February	
Summary of Findings	Plan of Correction
March	
Summary of Findings	Plan of Correction
April	
Summary of Findings	Plan of Correction
May	
Summary of Findings	Plan of Correction
June	
Summary of Findings	Plan of Correction
July	
Summary of Findings	Plan of Correction
August	
Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

D. Respiratory Care Equipment Changes

Function: Outcome & Process Measure

Rationale: High Risk, Problem Prone

Data Source: Patient Records, Log

VIII. Respiratory Care Services

Sample Size: All Patients with Respiratory Care Equipment													
Methodology: Patient Records, Log, PDSA													
(Benchmark = 100%)													
Inclusion Criteria: All Patients with Respiratory Care Equipment													
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
HME's Changed Every Day & PRN													0
Total Due To Change													0
Percentage of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---
Inner Cannulas Changed Every Day & PRN													0
Total Due To Change													0
Percentage of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---
Suction Set-Ups Changed Every 7 Days & PRN													0
Total Due To Change													0
Percentage of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---
Nebulizer & Masks Changed Every 7 Days & PRN													0
Total Due To Change													0
Percentage of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---
Trach Collars & Tubing Changed Every 7 Days & PRN													0
Total Due To Change													0
Percentage of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---
Vent Circuits Changed Every 30 Days & PRN													0
Total Due To Change													0
Percentage of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---
Trach Changed Every 30 Days & PRN													0
Total Due To Change													0
Percentage of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---
Closed Suction Kits Changed Every 3 Days & PRN													0
Total Due To Change													0
Percentage of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings							Plan of Correction						
February													
Summary of Findings							Plan of Correction						
March													
Summary of Findings							Plan of Correction						
April													
Summary of Findings							Plan of Correction						

VIII. Respiratory Care Services

May	
Summary of Findings	Plan of Correction
June	
Summary of Findings	Plan of Correction
July	
Summary of Findings	Plan of Correction
August	
Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

IX. Wound Care

A. Development of Pressure Ulcers

Function: Outcome & Process Measure													
Rationale: High Risk, Problem Prone													
Data Source: Patient Records													
Sample Size: All Patients who Develop a Stage II PU or >													
Methodology: Patient Records, Incident Reports, PDSA													
Inclusion Criteria: All Patients who Develop a Stage II PU or > Exclusion Criteria: Kennedy Ulcers													
Formula: All patients who develop Stage II PU or > (Count on Discharge)/Total # of Discharges for the Month													
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
# of patients that develop hospital acquired pressure ulcers during the stay: Stage II or higher, including eschar													0
Total number of patients discharged during the reporting period													0
Percent of patients developing 1 or more pressure ulcers	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings							Plan of Correction						
February													
Summary of Findings							Plan of Correction						
March													
Summary of Findings							Plan of Correction						
April													
Summary of Findings							Plan of Correction						
May													
Summary of Findings							Plan of Correction						
June													
Summary of Findings							Plan of Correction						
July													
Summary of Findings							Plan of Correction						
August													
Summary of Findings							Plan of Correction						

IX. Wound Care

September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

B. Wound Healing Improvement

Function: Outcome & Process Measure														
Rationale: High Risk, Problem Prone														
Data Source: Patient Records														
Sample Size: All Discharged Patients Receiving Wound Care for PU During Reporting Period														
Methodology: Patient Records, PDSA														
Formula: Total sum of admission wound scores minus total sum of discharged wound scores														
# of wounds that showed improvement														0
# of total wounds														0
Wound Healing Rate	---	---	---	---	---	---	---	---	---	---	---	---	---	---
January														
Summary of Findings	Plan of Correction													
February														
Summary of Findings	Plan of Correction													
March														
Summary of Findings	Plan of Correction													
April														
Summary of Findings	Plan of Correction													
May														
Summary of Findings	Plan of Correction													

IX. Wound Care

June	
Summary of Findings	Plan of Correction
July	
Summary of Findings	Plan of Correction
August	
Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

IX. Wound Care

C. Wound Care Documentation

Function: Outcome & Process Measure													
Rationale: High Risk, Problem Prone													
Data Source: Patient Records													
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
# of Initial wound patients with assessment/pictures completed within 24 hours of admission (Benchmark=95%)													0
# of wound care patients admitted during the reporting period													0
Total of Completed Wound Care Admission Assessments/Pictures	---	---	---	---	---	---	---	---	---	---	---	---	---
# of discharged wound patients with assessment/pictures completed at discharge (Benchmark=95%)													0
# of wound care patients discharged during the reporting period													0
Total of Completed Wound Care Discharge Assessments/Pictures	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings							Plan of Correction						
February													
Summary of Findings							Plan of Correction						
March													
Summary of Findings							Plan of Correction						
April													
Summary of Findings							Plan of Correction						
May													
Summary of Findings							Plan of Correction						
June													
Summary of Findings							Plan of Correction						
July													
Summary of Findings							Plan of Correction						
August													
Summary of Findings							Plan of Correction						
September													

IX. Wound Care

Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

IX. Wound Care

D. Debridement / Wound Care Procedures

Function: Outcome & Process Measure													
Rationale: High Risk, Problem Prone													
Data Source: Patient Records													
Sample Size: All Inhouse Patients Receiving Wound Debridements During Reporting Period													
Methodology: Patient Records, PDSA													
Surgical Debridement/Wound Procedures	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
# of patients with consents completed prior to the procedure													0
# of patients with wound debridement's/wound procedures performed during reporting period													0
Percent of patients receiving documented informed consent	---	---	---	---	---	---	---	---	---	---	---	---	---
# of time outs completed prior to the procedure (Benchmark=100%)													0
Total # of time outs													0
Percent of time outs completed prior to the procedure	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings							Plan of Correction						
February													
Summary of Findings							Plan of Correction						
March													
Summary of Findings							Plan of Correction						
April													
Summary of Findings							Plan of Correction						
May													
Summary of Findings							Plan of Correction						
June													
Summary of Findings							Plan of Correction						
July													
Summary of Findings							Plan of Correction						
August													

IX. Wound Care

Summary of Findings														Plan of Correction
September														
Summary of Findings														Plan of Correction
October														
Summary of Findings														Plan of Correction
November														
Summary of Findings														Plan of Correction
December														
Summary of Findings														Plan of Correction
Medical Wound Debridement/Wound Procedures	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
# of patients with consents completed prior to the procedure													0	
# of patients with wound debridement's/wound procedures performed during reporting period													0	
Percent of patients receiving documented informed consent	---	---	---	---	---	---	---	---	---	---	---	---	---	
# of time outs completed prior to the procedure (Benchmark=100%)													0	
Total # of time outs													0	
Percent of time outs completed prior to the procedure	---	---	---	---	---	---	---	---	---	---	---	---	---	
January														
Summary of Findings														Plan of Correction
February														
Summary of Findings														Plan of Correction
March														
Summary of Findings														Plan of Correction
April														
Summary of Findings														Plan of Correction
May														
Summary of Findings														Plan of Correction

IX. Wound Care

June	
Summary of Findings	Plan of Correction
July	
Summary of Findings	Plan of Correction
August	
Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

E. Wound Vac Application

Function: Outcome & Process Measure														
Rationale: High Risk, Problem Prone														
Data Source: Patient Records														
Sample Size: All Discharged Patients Receiving Wound Vac Treatment During Reporting Period														
Methodology: Patient Records, PDSA														
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
# of consents completed prior to application of first wound vac													0	
# of patients initiating wound vac therapy during the reporting period													0	
Percent of patients receiving consent for wound vac intervention prior to first treatment	---	---	---	---	---	---	---	---	---	---	---	---	---	
January														
Summary of Findings	Plan of Correction													

IX. Wound Care

February	
Summary of Findings	Plan of Correction
March	
Summary of Findings	Plan of Correction
April	
Summary of Findings	Plan of Correction
May	
Summary of Findings	Plan of Correction
June	
Summary of Findings	Plan of Correction
July	
Summary of Findings	Plan of Correction
August	
Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

X. Radiology/Imaging Services

A. Radiology Films

Function: Outcome & Process Measure														
Rationale: High Risk, High Volume, Problem Prone														
Data Source: Patient Records														
Sample Size: All Radiology Performed During Reporting Period														
Methodology: Patient Records, PDSA														
Inclusion Criteria: All Radiology Reports Performed During Reporting Period														
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Number of films repeated													0	
Total Number of films completed													0	
Percentage of films repeated	---	---	---	---	---	---	---	---	---	---	---	---	---	
Poor preparation													0	
Technical Error													0	
Equipment Failure													0	
January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
March														
Summary of Findings							Plan of Correction							
April														
Summary of Findings							Plan of Correction							
May														
Summary of Findings							Plan of Correction							
June														
Summary of Findings							Plan of Correction							
July														
Summary of Findings							Plan of Correction							
August														
Summary of Findings							Plan of Correction							

X. Radiology/Imaging Services

September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

X. Radiology/Imaging Services

B. Imaging

Function: Outcome & Process Measure													
Rationale: High Risk, High Volume, Problem Prone													
Data Source: Patient Records													
Sample Size: All CT Imaging Performed During Reporting Period													
Methodology: Patient Records, PDSA													
Inclusion Criteria: All CT Imaging Performed During Reporting Period													
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total Number of Contrast CT scans completed without reaction													0
Total Number of Contrast CT scans completed													0
Percentage of CT scan reactions	---	---	---	---	---	---	---	---	---	---	---	---	---
Contrast CT scans with completed and signed consents													0
Total Number of Contrast CT scans													0
Percentage of Contrast CT scan consents	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings							Plan of Correction						
February													
Summary of Findings							Plan of Correction						
March													
Summary of Findings							Plan of Correction						
April													
Summary of Findings							Plan of Correction						
May													
Summary of Findings							Plan of Correction						
June													
Summary of Findings							Plan of Correction						
July													
Summary of Findings							Plan of Correction						
August													

X. Radiology/Imaging Services

Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

X. Radiology/Imaging Services

C. Radiation Dosimeter Report

Function: Outcome Measure														
Rationale: Safety & Compliance														
Data Source: Dosimeter Reports (Quarterly Report)														
Sample Size: All Radiology Personnel														
Methodology: Dosimeter Reports, PDSA														
Inclusion Criteria: All Radiology Personnel														
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Total Number of Radiology Personnel Monitored													0	
Total Number of Radiology Personnel													0	
Percentage of Compliant Personnel	---	---	---	---	---	---	---	---	---	---	---	---	---	
Total Number of Radiology Personnel with out of range results													0	
Total Number of Radiology Personnel													0	
Percentage of out of range Personnel	---	---	---	---	---	---	---	---	---	---	---	---	---	
January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
March														
Summary of Findings							Plan of Correction							
April														
Summary of Findings							Plan of Correction							
May														
Summary of Findings							Plan of Correction							
June														
Summary of Findings							Plan of Correction							
July														
Summary of Findings							Plan of Correction							
August														
Summary of Findings							Plan of Correction							

X. Radiology/Imaging Services

September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

D. Physicist's Report

Function: Outcome Measure													
Rationale: Safety & Compliance													
Data Source: Physicist Report													
Methodology: Physicist Report, PDSA													
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Physicist Report Completed													0
Summary of Findings	Plan of Correction												

XI. Laboratory

A. Lab Reports

Function: Outcome & Process Measure													
Rationale: High Risk, High Volume, Problem Prone													
Data Source: Lab Reports													
Sample Size: All Lab Reports Performed During Reporting Period													
Methodology: Lab Reports, PDSA													
Inclusion Criteria: All Lab Reports Performed During Reporting Period													
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Number of labs repeated or rejected													0
Total Number of labs completed													0
Percentage of labs repeated	---	---	---	---	---	---	---	---	---	---	---	---	---
Processing Specimen Error													0
Specimen Collection Procedure/Technique Error													0
Equipment Failure													0
Specimen Identification Error													0
January													
Summary of Findings							Plan of Correction						
February													
Summary of Findings							Plan of Correction						
March													
Summary of Findings							Plan of Correction						
April													
Summary of Findings							Plan of Correction						
May													
Summary of Findings							Plan of Correction						
June													
Summary of Findings							Plan of Correction						
July													
Summary of Findings							Plan of Correction						
August													
Summary of Findings							Plan of Correction						
September													
Summary of Findings							Plan of Correction						
October													

XI. Laboratory

Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

B. Blood Culture Contaminations

Function: Outcome & Process Measure													
Rationale: High Risk, High Volume, Problem Prone													
Data Source: Lab Reports													
Sample Size: All Blood Culture Lab Reports Performed During Reporting Period													
Methodology: Lab Reports, PDSA													
Inclusion Criteria: All Blood Culture Lab Reports Performed During Reporting Period													
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Number of contaminated blood cultures													0
Total number of blood cultures obtained													0
Percentage of contaminated blood cultures	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings	Plan of Correction												
February													
Summary of Findings	Plan of Correction												
March													
Summary of Findings	Plan of Correction												
April													
Summary of Findings	Plan of Correction												
May													
Summary of Findings	Plan of Correction												
June													
Summary of Findings	Plan of Correction												
July													
Summary of Findings	Plan of Correction												
August													
Summary of Findings	Plan of Correction												

XI. Laboratory

September	
Summary of Findings	Plan of Correction

XII. Employee Health

A. Employee Health Summary Report

Name of Facility Employee Health Summary														
Employee Events/Injuries	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Strain/Sprain													0	
Laceration													0	
Abrasion/Contusion													0	
Fall w/o injury													0	
Fall with injury													0	
Needlestick Exposure													0	
Body fluid Exposure													0	
Crush Injury													0	
Head Injury													0	
Fracture													0	
Other													0	
Work Compensation Cases													0	
Restricted Work Days with Light Duty													0	
Lost Work Days													0	
Total Temporary Disability (# of cases)													0	
Employee Health	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
TDAP													0	
MMR vaccine													0	
Varicella vaccine													0	
New Hire Drug Screen													0	
Influenza													0	
Influenza Declinations													0	
N-95 Fit Tests													0	
Hep B													0	
Hep B titers													0	
Varicella titers													0	
MMR titers													0	
TST (Tuberculin Skin Test)													0	
TB Questionnaire													0	
CXR (check for TB)													0	
Employee Illness/Injury	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Gastrointestinal Symptoms (N/V/D)													0	
Sore Throat													0	
Urinary Symptoms													0	
Conjunctivitis													0	

XII. Employee Health

Upper Respiratory Illness																	0	
Flu A/Flu B																		0
Fever/Cough/Sore Throat																		0
Fever																		0
Body Aches/Headache																		0
Non-Work Related Injury																		0
Total Number of Missed Work Days																		0
Summary																		
	Month	Employee Illness/Injuries								Compliance								
	Jan																	
	Feb																	
	Mar																	
	Apr																	
	May																	
	Jun																	
	Jul																	
	Aug																	
	Sep																	
	Oct																	
	Nov																	
	Dec																	

XIII. Infection Control and Prevention

A. Catheter Associated Urinary Tract Infections (CAUTI's)

Function: Outcome Measure													
Rationale: High Risk, Problem Prone													
Data Source: Patient Records, Lab Reports													
Sample Size: All Patients with Indwelling Urinary Catheters During Reporting Period													
Methodology: Patient Records, Lab Reports, PDSA													
Inclusion Criteria: All Patients with Indwelling Urinary Catheters During Reporting Period													
Catheter Associated Urinary Tract Infections (CAUTI's)	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
# of Catheter Associated Urinary Tract Infections (Benchmark=1)													0
Total # of Urinary Catheter Days During the Reporting Period													0
Infection Rate per 1000 foley catheter days	---	---	---	---	---	---	---	---	---	---	---	---	---
CAUTI Bundle Compliance (Benchmark=90%)													#DIV/0!
January													
Summary of Findings							Plan of Correction						
February													
Summary of Findings							Plan of Correction						
March													
Summary of Findings							Plan of Correction						
April													
Summary of Findings							Plan of Correction						
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Summary of Findings							Plan of Correction						
June													
Summary of Findings							Plan of Correction						
July													
Summary of Findings							Plan of Correction						
August													
Summary of Findings							Plan of Correction						

XIII. Infection Control and Prevention

September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

B. Central Line Associated Bloodstream Infections (CLABSI's)

Function: Outcome Measure													
Rationale: High Risk, Problem Prone													
Data Source: Patient Records, Lab Reports													
Sample Size: All Patients with Indwelling Central Venous Catheters During Reporting Period													
Methodology: Patient Records, Lab Reports, PDSA													
Inclusion Criteria: All Patients with Indwelling Central Venous Catheters During Reporting Period													
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
# of Central Line Associated Primary Bloodstream Infections (Benchmark=0.5)													0
# of Total Central Line Days During the Reporting Period													0
Infection Rate per 1000 central line days	---	---	---	---	---	---	---	---	---	---	---	---	---
CLABSI Bundle Compliance (Benchmark=90%)													#DIV/0!
January													
Summary of Findings	Plan of Correction												
February													
Summary of Findings	Plan of Correction												
March													
Summary of Findings	Plan of Correction												
April													
Summary of Findings	Plan of Correction												

XIII. Infection Control and Prevention

May	
Summary of Findings	Plan of Correction
June	
Summary of Findings	Plan of Correction
July	
Summary of Findings	Plan of Correction
August	
Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

XIII. Infection Control and Prevention

C. Hospital Acquired MRSA Bacteremia

Function: Outcome Measure														
Rationale: High Risk, Problem Prone														
Data Source: Patient Records, Lab Reports														
Sample Size: All Patients who Develop MRSA bacteremia >3 days After Admission														
Methodology: Patient Records, Lab Reports, PDSA														
Inclusion Criteria: All Patients who Develop MRSA bacteremia >3 days After Admission														
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Total # of LAB ID EVENT MRSA BACTEREMIA (Hospital Onset identified >3 days after admission)														0
Total # of Patient Days														0
LAB ID EVENT MRSA Rate per 1000 patient days	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Total # of LAB ID EVENT MRSA BACTEREMIA (Community Onset identified within 3 days of admission)														0
January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
March														
Summary of Findings							Plan of Correction							
April														
Summary of Findings							Plan of Correction							
May														
Summary of Findings							Plan of Correction							
June														
Summary of Findings							Plan of Correction							
July														
Summary of Findings							Plan of Correction							
August														
Summary of Findings							Plan of Correction							

XIII. Infection Control and Prevention

September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

D. Hospital Acquired MDRO

Function: Outcome Measure														
Rationale: High Risk, Problem Prone														
Data Source: Patient Records, Lab Reports														
Sample Size: All Patients who Develop HA MDRO														
Methodology: Patient Records, Lab Reports, PDSA														
Inclusion Criteria: All Patients who Develop HA MDRO														
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Total # of MDRO identified >24 hours after admission													0	
Total # of Patient Admissions													0	
Hospital Acquired MDRO Rate per 1000 patient admissions	---	---	---	---	---	---	---	---	---	---	---	---	---	
January														
Summary of Findings														Plan of Correction
February														
Summary of Findings														Plan of Correction
March														
Summary of Findings														Plan of Correction
April														
Summary of Findings														Plan of Correction
May														

XIII. Infection Control and Prevention

Summary of Findings	Plan of Correction
June	
Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

XIII. Infection Control and Prevention

E. Hospital Acquired C-diff

Function: Outcome Measure													
Rationale: High Risk, Problem Prone													
Data Source: Patient Records, Lab Reports													
Sample Size: All Patients who Develop C. diff > days After Admission													
Methodology: Patient Records, Lab Reports, PDSA													
Inclusion Criteria: All Patients who Develop C. diff > days After Admission													
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total # of LAB ID EVENT C.DIFF (Hospital Onset identified > 3 days after admission)													0
Total # of Patient Days (Excludes observation patients)													0
LAB ID EVENT C. Diff Rate	---	---	---	---	---	---	---	---	---	---	---	---	---
Total number of admissions													0
Total # of LAB ID EVENT C.Diff (Community Onset identified within 3 days of admission)													0
January													
Summary of Findings							Plan of Correction						
February													
Summary of Findings							Plan of Correction						
March													
Summary of Findings							Plan of Correction						
April													
Summary of Findings							Plan of Correction						
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Summary of Findings							Plan of Correction						
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Summary of Findings							Plan of Correction						
July													
Summary of Findings							Plan of Correction						
August													

XIII. Infection Control and Prevention

Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

XIII. Infection Control and Prevention

F. Hospital Acquired Infections by Source

Source	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Blood with CVC (central venous catheter)													0
Blood without CVC													0
Urine with indwelling catheter													0
Urine without indwelling catheter													0
HAI with artificial airway device													0
HAI without artificial airway device													0
Stool													0
Wound													0
Surgical Site													0
Total Acquired Infection Sources	0	0	0	0	0	0	0	0	0	0	0	0	0
January													
Summary of Findings							Plan of Correction						
February													
Summary of Findings							Plan of Correction						
March													
Summary of Findings							Plan of Correction						
April													
Summary of Findings							Plan of Correction						
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June													
Summary of Findings							Plan of Correction						
July													
Summary of Findings							Plan of Correction						
August													
Summary of Findings							Plan of Correction						
September													

XIII. Infection Control and Prevention

Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

G. Hand Hygiene & PPE Surveillance

Function: Outcome & Process Measure														
Rationale: High Risk, High Volume, Problem Prone														
Data Source: Observation														
Sample Size: 20 observations/month														
Methodology: All Staff, PDSA														
Inclusion Criteria: All Staff														
% of Hand Hygiene Compliance (Benchmark=80%)	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Nursing (RN, LPN, Tech)													#DIV/0!	
Radiology/Imaging Staff													#DIV/0!	
Lab													#DIV/0!	
Respiratory													#DIV/0!	
Therapy													#DIV/0!	
Housekeeping/Dietary													#DIV/0!	
Medical Staff (MD/DO, NP, PA)													#DIV/0!	
% of PPE Compliance (Benchmark=80%)	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Nursing (RN, LPN, Tech)													#DIV/0!	
Radiology/Imaging Staff													#DIV/0!	
Lab													#DIV/0!	
Respiratory													#DIV/0!	
Therapy													#DIV/0!	
Housekeeping/Dietary													#DIV/0!	
Medical Staff (MD/DO, NP, PA)													#DIV/0!	
January														
Summary of Findings														Plan of Correction

XIII. Infection Control and Prevention

February	
Summary of Findings	Plan of Correction
March	
Summary of Findings	Plan of Correction
April	
Summary of Findings	Plan of Correction
May	
Summary of Findings	Plan of Correction
June	
Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

H. Public Health Reporting

Function: Outcome Measure

XIII. Infection Control and Prevention

Rationale: Regulatory Compliance													
Data Source: Patient Records, Lab Records													
Sample Size: All Inhouse Patients with A Reportable Disease Condition													
Methodology: Patient Records, Lab Records, PDSA													
Inclusion Criteria: All Inhouse Patients with A Reportable Disease Condition													
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Reports to the Health Department													0
January													
Summary of Findings							Plan of Correction						
February													
Summary of Findings							Plan of Correction						
March													
Summary of Findings							Plan of Correction						
April													
Summary of Findings							Plan of Correction						
May													
Summary of Findings							Plan of Correction						
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Summary of Findings							Plan of Correction						
August													
Summary of Findings							Plan of Correction						
September													
Summary of Findings							Plan of Correction						
October													
Summary of Findings							Plan of Correction						

XIII. Infection Control and Prevention

November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

XIII. Infection Control and Prevention

I. Isolation

Function: Outcome & Process Measure														
Rationale: Regulatory Compliance, Patient/HCW Safety														
Data Source: Patient Records, Lab Records														
Sample Size: All Inhouse Patients with indications for isolation														
Methodology: Patient Records, Lab Records, PDSA														
Inclusion Criteria: All Inhouse Patients with indications for isolation														
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Total number of patients in isolation														0
Total number of isolation patient days														0
January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
March														
Summary of Findings							Plan of Correction							
April														
Summary of Findings							Plan of Correction							
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Summary of Findings							Plan of Correction							
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Summary of Findings							Plan of Correction							
September														
Summary of Findings							Plan of Correction							

XIII. Infection Control and Prevention

October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

J. Patient Vaccinations

Function: Process Measure													
Rationale: High Risk, Problem Prone													
Data Source: Patient Records													
Sample Size: All Inhouse Patients													
Methodology: Patient Records, PDSA													
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total number of patients receiving influenza vaccination													0
Total number of patient admitted during reporting period													0
Percentage of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---
Total number of patients receiving pneumococcal vaccination													0
Total number of patient admitted during reporting period													0
Percentage of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings	Plan of Correction												
February													
Summary of Findings	Plan of Correction												
March													
Summary of Findings	Plan of Correction												
April													
Summary of Findings	Plan of Correction												
May													
Summary of Findings	Plan of Correction												

XIII. Infection Control and Prevention

June	
Summary of Findings	Plan of Correction
July	
Summary of Findings	Plan of Correction
August	
Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

K. Sepsis Care

Function: Process & Outcome Measure													
Rationale: High Risk, Problem Prone													
Data Source: Patient Records													
Sample Size: All Patients													
Methodology: Patient Records, PDSA													
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total number of Sepsis Bundle Interventions Implemented Following Protocol													0
Total number of Patients With Sepsis Diagnosis													0
Percentage of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings	Plan of Correction												
February													
Summary of Findings	Plan of Correction												

XIII. Infection Control and Prevention

March	
Summary of Findings	Plan of Correction
April	
Summary of Findings	Plan of Correction
May	
Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

L. Ventilator Associated Event

Function: Outcome Measure
Rationale: High Risk, Problem Prone
Data Source: Patient Records, Lab Reports
Sample Size: All Patients with Ventilators During Reporting Period
Methodology: Patient Records, Lab Reports, PDSA

XIII. Infection Control and Prevention

Inclusion Criteria: All Patients with Ventilators During Reporting Period													
Ventilator Associated Event	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
# of ventilated patients that develop VAC/VAE during reporting													0
# of total ventilator days in the reporting month													0
VAE Rate per 1000 ventilator days	---	---	---	---	---	---	---	---	---	---	---	---	---
VAC/VAE compliance (VAC/VAE bundle compliance)													#DIV/0!
January													
Summary of Findings							Plan of Correction						
February													
Summary of Findings							Plan of Correction						
March													
Summary of Findings							Plan of Correction						
April													
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Summary of Findings							Plan of Correction						
October													
Summary of Findings							Plan of Correction						
November													
Summary of Findings							Plan of Correction						
December													

XIII. Infection Control and Prevention

Summary of Findings	Plan of Correction

XIV. Health Information Management (HIM)

A. History and Physicals Completion

Function: Outcome & Process Measure														
Rationale: High Risk, Problem Prone Compliance														
Data Source: Patient Records														
Sample Size: All discharged patients for reporting month if less than 30														
Methodology: Patient Records, PDSA														
Inclusion Criteria: All Patient Admissions														
Documentation Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
# of H&P's obtained within 24 hours of admission													0	
# of total admissions for the month													0	
% of H& P's obtained within 24 hours of admission	---	---	---	---	---	---	---	---	---	---	---	---	---	
January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
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Summary of Findings							Plan of Correction							
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October	
Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

B. Discharge Summary Completion

Function: Outcome & Process Measure													
Rationale: High Risk, Problem Prone, Compliance													
Data Source: Patient Records													
Sample Size: All discharged patients for reporting month if less than 30													
Methodology: Patient Records, PDSA													
Inclusion Criteria: All Patient Discharges													
Documentation Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
# of Discharge Summaries completed within 48 hours of discharge (Benchmark=100%)													0
# of discharges for the reporting month													0
% of Discharge Summaries completed within 48 hours of discharge	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings	Plan of Correction												
February													
Summary of Findings	Plan of Correction												
March													
Summary of Findings	Plan of Correction												
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

C. Progress Notes (Swingbed)

Function: Outcome & Process Measure														
Rationale: High Risk, Problem Prone, Compliance														
Data Source: Patient Records														
Sample Size: All discharged patients for reporting month if less than 30														
Methodology: Patient Records, PDSA														
Inclusion Criteria: All Swingbed Patients														
Documentation Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Total # of complete weekly progress notes (Benchmark=100%)													0	
Total # of progress notes audited													0	
Weekly Progress Note Percent of completion	---	---	---	---	---	---	---	---	---	---	---	---	---	
January														
Summary of Findings	Plan of Correction													
February														
Summary of Findings	Plan of Correction													
March														

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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

D. Daily Progress Notes (Acute & Observation)

Function: Outcome & Process Measure														
Rationale: High Risk, Problem Prone, Compliance														
Data Source: Patient Records														
Sample Size: All discharged patients for reporting month if less than 30														
Methodology: Patient Records, PDSA														
Inclusion Criteria: All Acute & Observation Patients														
Documentation Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Total # of complete progress notes (Benchmark=100%)													0	
Total # of progress notes audited													0	
Daily Progress Note Percent of completion	---	---	---	---	---	---	---	---	---	---	---	---	---	
January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

E. Medical Screening Exams

Function: Outcome & Process Measure														
Rationale: High Risk, Problem Prone, Compliance														
Data Source: Patient Records														
Sample Size: All ED Records if less than 30 during the reporting period														
Methodology: Patient Records, PDSA														
Inclusion Criteria: ED Records														
Documentation Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Total # of Medical Screening Exams Completed (Benchmark=100%)													0	
Total # of Medical Exam Screenings													0	
MSE Percent of completion	---	---	---	---	---	---	---	---	---	---	---	---	---	
January														
Summary of Findings	Plan of Correction													
February														
Summary of Findings	Plan of Correction													
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Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

F. ED RN Assessment

Function: Outcome & Process Measure														
Rationale: High Risk, Problem Prone, Compliance														
Data Source: Patient Records														
Sample Size: All ED Records if less than 30 during the reporting period														
Methodology: Patient Records, PDSA														
Inclusion Criteria: ED Records														
Documentation Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Total # of ED RN assessments completed (Benchmark=100%)													0	
Total # of ED RN assessments													0	
ED RN Assessment Percent of completion	---	---	---	---	---	---	---	---	---	---	---	---	---	
January														
Summary of Findings	Plan of Correction													
February														
Summary of Findings	Plan of Correction													
March														
Summary of Findings	Plan of Correction													
April														

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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

G. Provider ER Response Time

Function: Outcome & Process Measure														
Rationale: High Risk, Problem Prone, Compliance														
Data Source: Patient Records														
Sample Size: All ED Records if less than 30 during the reporting period														
Methodology: Patient Records, PDSA														
Inclusion Criteria: ED Records														
Documentation Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Total number of ER response times within 30 minutes (time of provider notification to provider arrival time) (Benchmark=90%)													0	
Total number of ER visits													0	
ER Provider Response Time	---	---	---	---	---	---	---	---	---	---	---	---	---	
January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
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October	
Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

H. Consent to Treat

Function: Outcome & Process Measure													
Rationale: High Risk, Problem Prone, Compliance													
Data Source: Patient Records													
Sample Size: All discharged patients for reporting month if less than 30													
Methodology: Patient Records, PDSA													
Inclusion Criteria: Patient Records													
Documentation Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total number of consent to treat completed (Benchmark=100%)													0
Total number of admissions													0
Consent To Treat Percent of completion	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings	Plan of Correction												
February													
Summary of Findings	Plan of Correction												
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Summary of Findings	Plan of Correction
August	
Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

I. Swingbed

Function: Outcome & Process Measure														
Rationale: High Risk, Problem Prone, Compliance														
Data Source: Patient Records														
Sample Size: All discharged patients for reporting month if less than 30														
Methodology: Patient Records, PDSA														
Inclusion Criteria: Swingbed Records														
Documentation Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Transition of Care to Swingbed Completed (Benchmark=95%)													0	
Total number of swingbed admissions													0	
Percent of completion	---	---	---	---	---	---	---	---	---	---	---	---	---	
Social History completed within 24 hours or first business day post admission (Benchmark=95%)													0	
Total number of swingbed admissions													0	
Percent of completion	---	---	---	---	---	---	---	---	---	---	---	---	---	
Activities Assessment completed within 24 hours or first business day post admission (Benchmark=95%)													0	
Total number of swingbed admissions													0	
Percent of completion	---	---	---	---	---	---	---	---	---	---	---	---	---	
January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
March														
Summary of Findings							Plan of Correction							
April														
Summary of Findings							Plan of Correction							
May														
Summary of Findings							Plan of Correction							
June														
Summary of Findings							Plan of Correction							
July														

Summary of Findings	Plan of Correction
August	
Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

XV. Dietary Department

A. Food Temperature

Function: Outcome & Process Measure														
Rationale: High Risk, High Volume, Problem Prone														
Data Source: Patient Food Trays (Temps at time of delivery to unit)														
Sample Size: 8 Trays/Month														
Methodology: Food Trays, PDSA														
Formula: # of Food Trays with Temps within Recommended Range/# of Tray Audits														
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
# of food trays with appropriate temperature (Benchmark=95%)													0	
Number of Patient Trays Audited for Accurate Temperature													0	
Accuracy Rate	---	---	---	---	---	---	---	---	---	---	---	---	---	
January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
March														
Summary of Findings							Plan of Correction							
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Summary of Findings							Plan of Correction							
August														
Summary of Findings							Plan of Correction							
September														
Summary of Findings							Plan of Correction							

XV. Dietary Department

October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

B. Food Test Tray Evaluation

Function: Outcome & Process Measure													
Rationale: High Risk, High Volume, Problem Prone													
Data Source: Patient Food Trays													
Sample Size: 8 Trays/Month													
Methodology: Food Trays, PDSA													
Formula: # of Food Trays Meeting Goal/# of Food Trays Evaluated													
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Correct Portion Sizes (Benchmark=95%)													0
Number of food trays audited													0
Percentage of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---
Tray Accuracy (Benchmark=95%)													0
Number of food trays audited													0
Percentage of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings	Plan of Correction												
February													
Summary of Findings	Plan of Correction												
March													
Summary of Findings	Plan of Correction												
April													
Summary of Findings	Plan of Correction												
May													
Summary of Findings	Plan of Correction												

XV. Dietary Department

June	
Summary of Findings	Plan of Correction
July	
Summary of Findings	Plan of Correction
August	
Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

C. Quality Checks

Function: Outcome & Process Measure
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XVI. Therapy

A. Therapy Volume

Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total Number of Swingbed Patients Admitted to PT Services													0
Total Number of Swingbed Patient Admissions													0
Percentage of Therapy Patients	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Number of Swingbed Patients Admitted to OT Services													0
Total Number of Swingbed Patient Admissions													0
Percentage of Therapy Patients	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Number of Swingbed Patients Admitted to SLP Services													0
Total Number of Swingbed Patient Admissions													0
Percentage of Therapy Patients	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Number of Patients Discharged With Home Equipment													0
Total Number of Discharged Patients													0
Percentage of Patients Discharged With Home Equipment	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Number of Patients Discharged To Extended Care Facility													0
Total Number of Discharged Patients													0
Percentage of Patients Discharged to Extended Care	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Number of Swingbed Patients With Therapy Assessment Completed Within 72H of Order (Excludes Day of Admit, Holidays, Weekends)													0
Total Number of Swingbed Admissions													0
Percentage of Compliance	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Number of PT Days													0
Total Number of Patient Days													0
Percentage of Therapy Days	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Number of OT Days													0
Total Number of Patient Days													0
Percentage of Therapy Days	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
Total Number of SLP Days													0
Total Number of Patient Days													0
Percentage of Therapy Days	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
January													
Summary of Findings							Plan of Correction						
February													
Summary of Findings							Plan of Correction						
March													
Summary of Findings							Plan of Correction						

April	
Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

B. Therapy Visits

Function: Outcome Measure														
Rationale: High Risk, Problem Prone														
Data Source: Patient Records														
Sample Size: Random sample: 5 closed charts per reporting period														
Methodology: Patient records; PDSA														
Inclusions: Swingbed patients receiving rehab services during reporting period														
Exclusions: Deaths, transfers, discharge from service due to medical decline/status														
Formula: # of treatments sessions completed/# of planned treatment sessions														
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Total number of treatment sessions performed													0	
Total # of planned treatment sessions													0	
Treatment Compliance (Benchmark=90%)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
January														

Summary of Findings	Plan of Correction
February	
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March	
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

C. Functional Improvement Outcomes

Function: Outcome Measure													
Rationale: Problem Prone													
Data Source: Patient Records													
Sample Size: All discharged patients in the therapy program for reporting month													
Methodology: Patient records; PDCA													
Inclusions: Patients: admit from home, ambulatory preadmit, receive at least 2 PT visits, Medical Dx													
Exclusions: Deaths, Surgical Admissions, W/C or bed bound prior to admission, patients who could not tolerate PT													
Formula: total number of patients discharged with improved FIM score/ total number of patients with documented FIM score on admission													
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total # of patients discharged with improved FIM score (Benchmark=15%)													0
Total # patients with documented FIM score on admission													0
% of Functional Improvement	---	---	---	---	---	---	---	---	---	---	---	---	---
Total # of discharges home for the month													0
Total # discharges for the month													0
% of Home Discharges	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings							Plan of Correction						
February													
Summary of Findings							Plan of Correction						
March													
Summary of Findings							Plan of Correction						
April													
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Summary of Findings							Plan of Correction						
September													

Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

XVII. Compliance

A. EDTC (Emergency Department Transfer Communication)

Function: Outcome Measure														
Rationale: Regulatory Compliance														
Data Source: Patient Records														
Sample Size: All ED Transfer Records														
Methodology: Patient Records, PDSA														
Inclusion Criteria: All ED Transfer Records														
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
EDTC (Emergency Department Transfer Communication) Quarterly Reporting (Benchmark=100%)														0
January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
March														
Summary of Findings							Plan of Correction							
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Summary of Findings							Plan of Correction							
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October														
Summary of Findings							Plan of Correction							

November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

B. Trauma Registry Report

Function: Outcome Measure														
Rationale: Regulatory Compliance														
Data Source: Patient Records														
Sample Size: All ED Transfer Records														
Methodology: Patient Records, PDSA														
Inclusion Criteria: All ED Transfer Records														
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Trauma Registry Report Submitted (Benchmark=100%)													0	
January														
Summary of Findings	Plan of Correction													
February														
Summary of Findings	Plan of Correction													
March														
Summary of Findings	Plan of Correction													
April														
Summary of Findings	Plan of Correction													
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Summary of Findings	Plan of Correction													
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Summary of Findings	Plan of Correction													
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Summary of Findings	Plan of Correction													
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Summary of Findings	Plan of Correction													

October	
Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

XVIII. Human Resources

A. Compliance

Function: Process & Outcome Measure														
Rationale: High Risk, Problem Prone, Regulatory Compliance														
Data Source: Employee Records														
Sample Size: All Employees as Applicable														
Methodology: Employee Records, PDSA														
Inclusion Criteria: All Employees														
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
New Hire Paperwork Completed													#DIV/0!	
New Hire Orientation Compliance													#DIV/0!	
Background Check Complete													#DIV/0!	
Licensure & Certification Verification on all new hires													#DIV/0!	
Licensure & Certification Verification Renewals													#DIV/0!	
Annual Licensure Check for Board Action													#DIV/0!	
CPR Certification Compliance													#DIV/0!	
ACLS Certification Compliance													#DIV/0!	
PALS Certification Compliance													#DIV/0!	
Annual Education Compliance													#DIV/0!	
January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
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Summary of Findings							Plan of Correction							
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

B. Turnover & Staffing

Function: Process & Outcome Measure													
Rationale: High Risk, Problem Prone, Regulatory Compliance													
Data Source: Employee Records													
Sample Size: All Employees Separations & Staffing													
Methodology: Employee Records, PDSA													
Inclusion Criteria: All Employees Separations & Staffing													
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total number of voluntary separations													0
Total number of employees during reporting period													0
Voluntary Turnover %	---	---	---	---	---	---	---	---	---	---	---	---	---
Total number of involuntary separations													0
Total number of employees during reporting period													0
Involuntary Turnover %	---	---	---	---	---	---	---	---	---	---	---	---	---
Total number of overall turnover (voluntary & involuntary)													0
Total number of employees during reporting period													0
Overall Turnover %	---	---	---	---	---	---	---	---	---	---	---	---	---
Total number of new employees hired during reporting period													0
Total number of open positions													0
Percentage of filled positions	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings							Plan of Correction						
February													
Summary of Findings							Plan of Correction						
March													
Summary of Findings							Plan of Correction						
April													
Summary of Findings							Plan of Correction						
May													
Summary of Findings							Plan of Correction						
June													
Summary of Findings							Plan of Correction						
July													

Total Number of Questions														0
Rating	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Does the organization give you the tools and technologies you need to do your job well? (Excellent)														0
Total Number of Questions														0
Rating	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Does management seem invested in the success of the team? (Excellent)														0
Total Number of Questions														0
Rating	---	---	---	---	---	---	---	---	---	---	---	---	---	---
On a scale of 1-5 how satisfied are you at work? (Excellent)														0
Total Number of Questions														0
Rating	---	---	---	---	---	---	---	---	---	---	---	---	---	---
January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
March														
Summary of Findings							Plan of Correction							
April														
Summary of Findings							Plan of Correction							
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Summary of Findings							Plan of Correction							
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Summary of Findings							Plan of Correction							
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Summary of Findings							Plan of Correction							
September														
Summary of Findings							Plan of Correction							
October														
Summary of Findings							Plan of Correction							

Do you enjoy your workplace culture? (Excellent)														0
Total Number of Questions														0
Rating	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Does the organization give you the tools and technologies you need to do your job well? (Excellent)														0
Total Number of Questions														0
Rating	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Does management seem invested in the success of the team? (Excellent)														0
Total Number of Questions														0
Rating	---	---	---	---	---	---	---	---	---	---	---	---	---	---
On a scale of 1-5 how satisfied are you at work? (Excellent)														0
Total Number of Questions														0
Rating	---	---	---	---	---	---	---	---	---	---	---	---	---	---

January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
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August														
Summary of Findings							Plan of Correction							
September														
Summary of Findings							Plan of Correction							
October														
Summary of Findings							Plan of Correction							

XIX. Business Office

A. Billing Services

Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total number of billing calls returned within 48 hours													0
Total number of billing calls													0
Percentage of billing calls returned within 48 hours	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
January													
Summary of Findings							Plan of Correction						
February													
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Summary of Findings							Plan of Correction						

December	
Summary of Findings	Plan of Correction

B. Revenue A/R

Definition: Days Revenue in AR is a measure of how long it takes the hospital to collect on billings after the date of service or discharge

Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Days Revenue in A/R													0
January													
Summary of Findings	Plan of Correction												
February													
Summary of Findings	Plan of Correction												
March													
Summary of Findings	Plan of Correction												
April													
Summary of Findings	Plan of Correction												
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June													
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Summary of Findings	Plan of Correction												
August													
Summary of Findings	Plan of Correction												

XX. Environmental Services

A. Sharps Containers

Function: Process & Outcome Measure													
Rational: High Risk, Problem Prone													
Data Source: Observation, EOC rounds report, incident reports													
Methodology: Observation, EOC rounds report, incident reports, PDSA													
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Number of Sharps Containers in Compliance (less than 3/4 full) (Benchmark=95%)													0
Total Number of Sharps Containers Checked													0
Percent of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings							Plan of Correction						
February													
Summary of Findings							Plan of Correction						
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Summary of Findings							Plan of Correction						

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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction

B. Terminal Room Cleans

Function: Process & Outcome Measure													
Rational: High Risk, Problem Prone													
Data Source: Observation, EOC rounds report, incident reports													
Sample Size: Two rooms per week													
Methodology: Observation, EOC rounds report, incident reports, PDSA													
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Terminal Room Cleans Meeting Inspection Standards (Benchmark=100%)													0
Total Number of Rooms Inspected													0
Percent of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings	Plan of Correction												
February													
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

C. Linen Services

Function: Process & Outcome Measure														
Rational: High Risk, Problem Prone														
Data Source: Linen Report														
Sample Size: All linen Deliveries														
Methodology: Linen Report, PDSA														
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Total Number of Linen Deliveries On-Time													0	
Total Number of Linen Deliveries													0	
Percent of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---	
January														
Summary of Findings	Plan of Correction													
February														
Summary of Findings	Plan of Correction													
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Summary of Findings	Plan of Correction													
April														
Summary of Findings	Plan of Correction													

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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

XXI. Materials Management

A. Materials Management Indicators

Function: Process & Outcome Measure														
Rational: High Risk, Problem Prone														
Data Source: Order Sheets, Invoices														
Methodology: Order Sheets, Invoices, PDSA														
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Total Number of Orders Placed														0
Total Number of Back Orders														0
Total Number of Late Orders														0
Total Number of Recalls (Items utilized by the hospital)														0
Charge Codes Meeting Compliance (5 audits/month)														0
Total Number of Items Checked Out Properly														0
Total Number of Items Checked Out														0
Percent of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---	---
January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
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September	
Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

XXII. Plant Operations

A. Plant Operations

Function: Process & Outcome Measure														
Rational: High Risk, Problem Prone														
Data Source: Work Reports														
Methodology: Work Reports, PDSA														
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Work Order Turn Around in 3 days or less													0	
Total Number of Work Orders													0	
Percentage of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---	
January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
March														
Summary of Findings							Plan of Correction							
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Summary of Findings							Plan of Correction							
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Summary of Findings							Plan of Correction							
August														
Summary of Findings							Plan of Correction							
September														
Summary of Findings							Plan of Correction							
October														

Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

XXIII. Information Technology

A. Work Orders

Function: Process & Outcome Measure													
Rational: High Risk, Problem Prone													
Data Source: Work Reports													
Methodology: Work Reports, PDSA													
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Work Order Turn Around in 3 days or less													0
Total Number of Work Orders													0
Percentage of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings				Plan of Correction									
February													
Summary of Findings				Plan of Correction									
March													
Summary of Findings				Plan of Correction									
April													
Summary of Findings				Plan of Correction									
May													
Summary of Findings				Plan of Correction									
June													
Summary of Findings				Plan of Correction									
July													
Summary of Findings				Plan of Correction									
August													
Summary of Findings				Plan of Correction									
September													

Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

B. IT Service Requests

Function: Process & Outcome Measure													
Rational: High Risk, Problem Prone													
Data Source: Work Reports													
Methodology: Work Reports, PDSA													
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Equipment Malfunction													0
Total Number of Work Orders													0
Percentage	---	---	---	---	---	---	---	---	---	---	---	---	---
User Error													0
Total Number of Work Orders													0
Percentage	---	---	---	---	---	---	---	---	---	---	---	---	---
System Shutdown													0
Total Number of Work Orders													0
Percentage	---	---	---	---	---	---	---	---	---	---	---	---	---
New Equipment/Software Installation													0
Total Number of Work Orders													0
Percentage	---	---	---	---	---	---	---	---	---	---	---	---	---
Power/Electrical Failure													0
Total Number of Work Orders													0
Percentage	---	---	---	---	---	---	---	---	---	---	---	---	---
Other (Include in findings)													0
Total Number of Work Orders													0
Percentage	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings	Plan of Correction												

February	
Summary of Findings	Plan of Correction
March	
Summary of Findings	Plan of Correction
April	
Summary of Findings	Plan of Correction
May	
Summary of Findings	Plan of Correction
June	
Summary of Findings	Plan of Correction
July	
Summary of Findings	Plan of Correction
August	
Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

XXIV. Clinic

A. Volume

Function: Outcome Measure													
Rational: High Risk, Problem Prone													
Data Source: Observation, Logs													
Methodology: Patient records, Logs, PDSA													
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total Number of Clinic Visits													0
Total Number of Urine Tests (Stick/Tablet, Urine Ketones)													0
Total Number of Hemoglobin/Hemocrit (H&H)													0
Total Number of Blood Glucose													0
Total Number of Stool Specimens (Occult Blood, Other)													0
Total Number of Pregnancy Tests													0
Total Number of Primary Culturing for Transmittal to Certified													0

B. Clinic Indicators

Function: Process & Outcome Measure													
Rational: High Risk, Problem Prone													
Data Source: Patient records													
Methodology: Patient records, PDSA													
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Referrals Made for Patients													#DIV/0!
Payments Posted in Episode Notes													#DIV/0!
Insurance Verification Noted in Episode Notes													#DIV/0!
Co-pays for All Patients													#DIV/0!
Vital Signs for All Patients													#DIV/0!
Medication Lists for All Patients													#DIV/0!
Chart Audits Completed (10%)													#DIV/0!
CLIA Waived Log Compliance													#DIV/0!
January													
Summary of Findings							Plan of Correction						
February													
Summary of Findings							Plan of Correction						
March													
Summary of Findings							Plan of Correction						
April													
Summary of Findings							Plan of Correction						

May	
Summary of Findings	Plan of Correction
June	
Summary of Findings	Plan of Correction
July	
Summary of Findings	Plan of Correction
August	
Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

C. Reported Complaints

Function: Outcome Measure														
Rationale: High Risk, Problem Prone														
Data Source: Patient, Family, Visitor														
Sample Size: All Complaints														
Methodology: Report (Verbal, Written), PDSA														
Inclusion Criteria: All complaints														
Documentation Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Total number of Complaints														0
Total number of Clinic Visits														0
Rate per 1000 clinic visits	---	---	---	---	---	---	---	---	---	---	---	---	---	---
January														
Summary of Findings	Plan of Correction													
February														
Summary of Findings	Plan of Correction													
March														

D.

Rationale: High Risk, Problem Prone													
Data Source: Patient Records													
Sample Size: All Medication Errors													
Methodology: Patient Records, PDSA													
Inclusion Criteria: All Medication Errors													
Documentation Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total number of Medication Errors													0
Total number of Medications Given													0
Percentage of Medication Errors	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings							Plan of Correction						
February													
Summary of Findings							Plan of Correction						
March													
Summary of Findings							Plan of Correction						
April													
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Summary of Findings							Plan of Correction						
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Summary of Findings							Plan of Correction						
October													
Summary of Findings							Plan of Correction						
November													
Summary of Findings							Plan of Correction						

December													
Summary of Findings							Plan of Correction						

Medication Error Risk Stratification By Patient Impact

Patient Impact Severity Index Classification	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
A- events that have the capacity to cause error													0
B- Error occurred but did not reach patient (does not include "error of omission")													0
C- Error occurred that reached patient- no harm													0
D- Error occurred that reached patient- required additional monitoring to confirm no harm													0
E- Error occurred- temporary harm to patient & required intervention													0
F- Error occurred- temporary harm to patient & required prolonged hospitalization													0
G- Error occurred- permanent patient harm													0
H- Error occurred - required intervention necessary to sustain life													0
I- Error occurred- may have contributed to or resulted in patient's death													0
Total Medication Errors	0	0	0	0	0	0	0	0	0	0	0	0	0

E. Referrals To Hospital Inpatient Services

Function: Outcome Measure													
Rationale: High Risk, Problem Prone													
Data Source: Patient, Family, Visitor													
Sample Size: All Patients													
Methodology: Patient Records, PDSA													
Inclusion Criteria: All Patients													
Documentation Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total number of Patients Transferred to Hospital Inpatient Services													0
Total number of Clinic Visits													0
Rate per 1000 clinic visits	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings							Plan of Correction						
February													
Summary of Findings							Plan of Correction						
March													
Summary of Findings							Plan of Correction						
April													
Summary of Findings							Plan of Correction						

May	
Summary of Findings	Plan of Correction
June	
Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

F. Quality Checks

Function: Process & Outcome Measure													
Rationale: High Risk, Problem Prone													
Data Source: Clinic Logs, Clinic Reports													
Methodology: Clinic Logs, Clinic Reports, PDSA													
Documentation Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total number of Expired Medications													0
BioMed: All Essential Patient Care Equipment Inspected and PM current													0
HVAC System Inspected and PM current													0
Electrical System Inspected and PM Current													0
Plumbing System Inspected and PM Current													0
Generator System Inspected and PM Current													0
Medication Refrigerators Temp Checks Completed													0
Environment of Care Rounds Completed & Issues Addressed													0
January													
Summary of Findings	Plan of Correction												

February	
Summary of Findings	Plan of Correction
March	
Summary of Findings	Plan of Correction
April	
Summary of Findings	Plan of Correction
May	
Summary of Findings	Plan of Correction
June	
Summary of Findings	Plan of Correction
July	
Summary of Findings	Plan of Correction
August	
Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

G. Infection Control

Hand Hygiene

Function: Outcome & Process Measure

Rationale: High Risk, High Volume, Problem Prone

Data Source: Observation

Sample Size: 20 observations/month

Methodology: All Staff, PDSA

Inclusion Criteria: All Staff

% of Hand Hygiene Compliance (Benchmark=80%)	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Nursing													#DIV/0!
Clinic Staff													#DIV/0!
Medical Staff (MD/DO, NP, PA)													#DIV/0!
% of PPE Compliance (Benchmark=80%)	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Nursing													#DIV/0!
Clinic Staff													#DIV/0!
Medical Staff (MD/DO, NP, PA)													#DIV/0!
January													
Summary of Findings							Plan of Correction						
February													
Summary of Findings							Plan of Correction						
March													
Summary of Findings							Plan of Correction						
April													
Summary of Findings							Plan of Correction						
May													
Summary of Findings							Plan of Correction						
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Summary of Findings							Plan of Correction						
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Summary of Findings							Plan of Correction						
September													
Summary of Findings							Plan of Correction						
October													
Summary of Findings							Plan of Correction						
November													
Summary of Findings							Plan of Correction						
December													
Summary of Findings							Plan of Correction						

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Other

Function: Outcome & Process Measure
Rationale: High Risk, High Volume, Problem Prone
Data Source: Clinic Records
Methodology: Clinic Records, PDSA

Pest Control	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Pest Control Measures/Routine Inspection & Control Management													#DIV/0!

Safe Injection Practices Followed (Must meet all 3 bundle elements to meet compliance Benchmark= 100%)

1. Single-Use Needles & Syringes
2. Medications from a single-dose vial or IV bag are used on a single patient only & not used on multiple patients
3. Multi-dose vials are limited to single patient use whenever possible

Safe Injections	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total Number of Injections (All injections or 5/month)													0
Total Number of Injections Meeting Compliance Bundle													0
Percentage of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---

January	
Summary of Findings	Plan of Correction
February	
Summary of Findings	Plan of Correction
March	
Summary of Findings	Plan of Correction
April	
Summary of Findings	Plan of Correction
May	
Summary of Findings	Plan of Correction
June	
Summary of Findings	Plan of Correction
July	
Summary of Findings	Plan of Correction
August	

Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

H. Health Information Management

Function: Outcome & Process Measure														
Rationale: High Risk, Problem Prone, Compliance														
Data Source: Patient Records														
Sample Size: 10 Records/Month														
Methodology: Patient Records, PDSA														
Documentation Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Correct Patient Identification With Unique Patient Identifiers (Benchmark=90%)													0	
Total # of Records Audited													0	
Percent of completion	---	---	---	---	---	---	---	---	---	---	---	---	---	
Entries authenticated with date/time/originator (Benchmark=90%)													0	
Total # of Records Audited													0	
Percent of completion	---	---	---	---	---	---	---	---	---	---	---	---	---	
Physician/Provider Assessment (Benchmark=90%)													0	
Total # of Records Audited													0	
Percent of completion	---	---	---	---	---	---	---	---	---	---	---	---	---	
Diagnosis & Treatment (Benchmark=90%)													0	
Total # of Records Audited													0	
Percent of completion	---	---	---	---	---	---	---	---	---	---	---	---	---	
January														
Summary of Findings	Plan of Correction													
February														
Summary of Findings	Plan of Correction													
March														

Total number of clinic patients left without being seen														0
Total number of other events														0
Total number of IT events														0
Total number of process incidents														0
Total number of visitor incidents														0
Total Number of Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total number of Clinic Visits														0
Rate per 1000 clinic visits	---	---	---	---	---	---	---	---	---	---	---	---	---	---

January														
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Summary of Findings	Plan of Correction													
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February														
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Summary of Findings	Plan of Correction													
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March														
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Summary of Findings	Plan of Correction													
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April														
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Summary of Findings	Plan of Correction													
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May														
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Summary of Findings	Plan of Correction													
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June														
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Summary of Findings	Plan of Correction													
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July														
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Summary of Findings	Plan of Correction													
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August														
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Summary of Findings	Plan of Correction													
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September														
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Summary of Findings	Plan of Correction													
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October														
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Summary of Findings	Plan of Correction													
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November														
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Summary of Findings	Plan of Correction													
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December														
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Summary of Findings	Plan of Correction													
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J. Employee Satisfaction 30 Day Survey

Function: Outcome Measure
Rationale: Problem Prone
Data Source: Surveys
Sample Size: All Satisfaction Surveys
Methodology: All 30 Day Surveys
Inclusion Criteria: All 30 Day Surveys

Survey Return Results	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total Number of 30 Day Surveys Returned													0
Total Number of 30 Day Surveys Distributed													0
Survey Return Rate (Benchmark=100%)	---	---	---	---	---	---	---	---	---	---	---	---	---
Total Number of Questions with Poor Rating													0
Total Number of Questions													0
Poor Rating	---	---	---	---	---	---	---	---	---	---	---	---	---
Total Number of Questions with Fair Rating													0
Total Number of Questions													0
Fair Rating	---	---	---	---	---	---	---	---	---	---	---	---	---
Total Number of Questions with Good Rating													0
Total Number of Questions													0
Good Rating	---	---	---	---	---	---	---	---	---	---	---	---	---
Total Number of Questions with Excellent Rating													0
Total Number of Questions													0
Excellent Rating	---	---	---	---	---	---	---	---	---	---	---	---	---
Do you enjoy your workplace culture? (Excellent)													0
Total Number of Questions													0
Rating	---	---	---	---	---	---	---	---	---	---	---	---	---
Does the organization give you the tools and technologies you need to do your job well? (Excellent)													0
Total Number of Questions													0
Rating	---	---	---	---	---	---	---	---	---	---	---	---	---
Does management seem invested in the success of the team? (Excellent)													0
Total Number of Questions													0
Rating	---	---	---	---	---	---	---	---	---	---	---	---	---
On a scale of 1-5 how satisfied are you at work? (Excellent)													0
Total Number of Questions													0
Rating	---	---	---	---	---	---	---	---	---	---	---	---	---

January													
Summary of Findings							Plan of Correction						
February													

Total Number of Questions With Good Rating														0
Total Number of Questions														0
Percentage of Good Ratings	---	---	---	---	---	---	---	---	---	---	---	---	---	---

K. Employee Satisfaction Annual Survey

Function: Outcome Measure
Rationale: Problem Prone
Data Source: Surveys
Sample Size: All Satisfaction Surveys
Methodology: All Annual Surveys
Inclusion Criteria: All Annual Surveys

Survey Return Results	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total Number of Annual Surveys Returned													0
Total Number of Annual Surveys Distributed													0
Survey Return Rate (Benchmark=100%)	---	---	---	---	---	---	---	---	---	---	---	---	---
Total Number of Questions with Poor Rating													0
Total Number of Questions													0
Poor Rating	---	---	---	---	---	---	---	---	---	---	---	---	---
Total Number of Questions with Fair Rating													0
Total Number of Questions													0
Fair Rating	---	---	---	---	---	---	---	---	---	---	---	---	---
Total Number of Questions with Good Rating													0
Total Number of Questions													0
Good Rating	---	---	---	---	---	---	---	---	---	---	---	---	---
Total Number of Questions with Excellent Rating													0
Total Number of Questions													0
Excellent Rating	---	---	---	---	---	---	---	---	---	---	---	---	---
Do you enjoy your workplace culture? (Excellent)													0
Total Number of Questions													0
Rating	---	---	---	---	---	---	---	---	---	---	---	---	---
Does the organization give you the tools and technologies you need to do your job well? (Excellent)													0
Total Number of Questions													0
Rating	---	---	---	---	---	---	---	---	---	---	---	---	---
Does management seem invested in the success of the team? (Excellent)													0
Total Number of Questions													0
Rating	---	---	---	---	---	---	---	---	---	---	---	---	---
On a scale of 1-5 how satisfied are you at work? (Excellent)													0
Total Number of Questions													0
Rating	---	---	---	---	---	---	---	---	---	---	---	---	---

January													
Summary of Findings							Plan of Correction						

February	
Summary of Findings	Plan of Correction
March	
Summary of Findings	Plan of Correction
April	
Summary of Findings	Plan of Correction
May	
Summary of Findings	Plan of Correction
June	
Summary of Findings	Plan of Correction
July	
Summary of Findings	Plan of Correction
August	
Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total Number of Questions With NA Rating													0
Total Number of Questions													0
Percentage of NA Ratings	---	---	---	---	---	---	---	---	---	---	---	---	---
Total Number of Questions With Poor Rating													0
Total Number of Questions													0
Percentage of Poor Ratings	---	---	---	---	---	---	---	---	---	---	---	---	---
Total Number of Questions With Fair Rating													0

XXV. Outpatient Services

A. Outpatient Orders & Assessments

Function: Process & Outcome Measure													
Rational: High Risk, Problem Prone													
Data Source: Patient Records													
Methodology: Patient Records, PDSA													
Inclusion Criteria: All patients receiving outpatient services													
(Benchmark=100%)													
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Correct Order On Chart													0
Total number of orders													0
Percentage of correct orders	---	---	---	---	---	---	---	---	---	---	---	---	---
RN assessments completed													0
Total number of RN assessments required & completed													0
Percentage of RN assessments required & completed	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings				Plan of Correction									
February													
Summary of Findings				Plan of Correction									
March													
Summary of Findings				Plan of Correction									
April													
Summary of Findings				Plan of Correction									
May													
Summary of Findings				Plan of Correction									
June													
Summary of Findings				Plan of Correction									
July													
Summary of Findings				Plan of Correction									

August	
Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

B. Reports To Providers

Function: Process & Outcome Measure Rational: High Risk, Problem Prone Data Source: Patient Records, Patient Reports Methodology: Patient Records, PDSA Inclusion Criteria: All patients receiving outpatient services Turn Around Time: Within 4 hours of receipt of lab result (Benchmark=100%)													
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total Number of Lab Reports Sent to Providers Within Timeframe													0
Total number of Lab Orders Received													0
Percentage of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---
Total Number of Diagnostic Reports Sent to Providers Within Timeframe (CT, US, MRI, X-Ray,													0
Total number of Diagnostic Orders Received													0
Percentage of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings	Plan of Correction												
February													
Summary of Findings	Plan of Correction												
March													

Percentage of Pediatric Patients	---	---	---	---	---	---	---	---	---	---	---	---	---
Total # of Adult Patients													0
Total # of Outpatients													0
Percentage of Adult Patients	---	---	---	---	---	---	---	---	---	---	---	---	---
Total # of Therapy Visits Missed													0
Total # of Scheduled Therapy Visits													0
Percentage of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings							Plan of Correction						
February													
Summary of Findings							Plan of Correction						
March													
Summary of Findings							Plan of Correction						
April													
Summary of Findings							Plan of Correction						
May													
Summary of Findings							Plan of Correction						
June													
Summary of Findings							Plan of Correction						
July													
Summary of Findings							Plan of Correction						
August													
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September													
Summary of Findings							Plan of Correction						
October													
Summary of Findings							Plan of Correction						
November													
Summary of Findings							Plan of Correction						

December	
Summary of Findings	Plan of Correction

D. Outpatient Wound Services

Function: Process & Outcome Measure
Rational: High Risk, Problem Prone
Data Source: Patient Records, Patient Reports
Methodology: Patient Records, PDSA
Inclusion Criteria: All patients receiving outpatient therapy services

Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total Number of Wound Debridements													0
Total Number of Consents Completed													0
Total Number of Consents Required													0
Percentage of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---
Total Number of Wounds Showing Improvement													0
Total Number of Wounds													0
Percentage of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---

January	
Summary of Findings	Plan of Correction
February	
Summary of Findings	Plan of Correction
March	
Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

XXVI. Strong Mind Services

A. Record Compliance

Function: Compliance Measure													
Rationale: High Risk, Problem Prone													
Data Source: Client Records													
Sample Size: All clients in program													
Mehodology: Client records; PDCA													
Inclusions: All clients in program during reporting month													
Formula: # of complete charts/# of charts audited													
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total number of records meeting compliance													0
Total number of records audited													0
Percentage of Compliance (Benchmark=95%)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
January													
Summary of Findings				Plan of Correction									
February													
Summary of Findings				Plan of Correction									
March													
Summary of Findings				Plan of Correction									
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Summary of Findings				Plan of Correction									
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June													
Summary of Findings				Plan of Correction									
July													
Summary of Findings				Plan of Correction									
August													
Summary of Findings				Plan of Correction									

Satisfaction Score Results (composite score/discharged clients)														0
Total Score														0
Percentage of satisfaction (Benchmark=80%)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
January														
Summary of Findings							Plan of Correction							
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Summary of Findings							Plan of Correction							
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Summary of Findings							Plan of Correction							

December	
Summary of Findings	Plan of Correction

C. Master Treatment Plans

Function: Process & Outcome Measure
Rationale: High Risk, Problem Prone
Data Source: Client Files
Sample Size: All clients in program
Mehodology: Client records; PDCA
Inclusions: All clients in program during reporting month
Formula: # of master treatment plans completed within 5 days/# of master treatment plans

Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total number of master treatment plans completed													0
Total number of master treatment plans required													0
Master Treatment Plans Completed (Benchmark=100%)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

January	
Summary of Findings	Plan of Correction

February	
Summary of Findings	Plan of Correction

March	
Summary of Findings	Plan of Correction

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Summary of Findings	Plan of Correction

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Summary of Findings	Plan of Correction

D. Suicidal Ideation

Function: Process & Outcome Measure													
Rationale: High Risk, Problem Prone													
Data Source: Client Files													
Sample Size: All clients in program													
Mehodology: Client records; PDCA													
Inclusions: All clients in program during reporting month													
Formula: # of clients with suicidal ideation/# of clients with treatment plan													
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total number of clients with suicidal ideation													0
Total number of clients with treatment plan													0
Treatment Plans Completed (Benchmark=100%)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
January													
Summary of Findings	Plan of Correction												
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction

E. Scheduled Appointments

<p>Function: Process & Outcome Measure Rationale: High Risk, Problem Prone Data Source: Client Files Sample Size: All clients in program Mehodology: Client records; PDCA Inclusions: All clients in program during reporting month Formula: # of missed appointments/total number of scheduled appointments</p>

Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total number of missed appointments													0
Total number of scheduled appointments													0
Percentage of Missed Appointments (Benchmark=less than 10%)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
January													
Summary of Findings							Plan of Correction						
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December	
Summary of Findings	Plan of Correction

XXVII Surgical Services

A. H&P's

Function: Process Measure													
Rational: High Risk, Problem Prone													
Data Source: Patient Records													
Sample Size: All OR Cases													
Methodology: Patient Records, PDSA													
Inclusion Criteria: Surgical Patients													
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
H&P's completed and present on chart prior to surgery (Benchmark=100%)													0
Total Number of Records Reviewed													0
Percent of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings							Plan of Correction						
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

B. Informed Consent

Function: Process Measure													
Rational: High Risk, Problem Prone													
Data Source: Patient Records													
Sample Size: All OR Cases													
Methodology: Patient Records, PDSA													
Inclusion Criteria: Surgical Patients													
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
													0
Total Number of Consents Required													0
Percent of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings	Plan of Correction												
February													
Summary of Findings	Plan of Correction												
March													
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

C. Operating Room Register

Function: Process Measure													
Rational: High Risk, Problem Prone													
Data Source: Operating Room Register Log, Patient Records (At a minimum register should include: patient name, patient CAH identification number, date of operation, name of surgeon & assistant(s), name of nursing personnel (scrub & circulating), type of anesthesia used & name of person administering it, operation pre & post-op diagnosis, age of patient)													
Sample Size: All OR Cases													
Methodology: Operating Room Register Log, Patient Records, PDSA													
Inclusion Criteria: Surgical Patients													
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
OR Log Complete (Total # of entries)													0

Total Number of OR Cases														0
Percent of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---	---
January														
Summary of Findings							Plan of Correction							
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Summary of Findings							Plan of Correction							

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D. Operative Report

Function: Process & Outcome Measure
Rational: High Risk, Problem Prone
Data Source: Operative Report/Patient Record (At a minimum should include: patient name, CAH patient identification number, date & time of surgery, name(s) of assistant(s) or other practitioners who performed surgical tasks (even when performing those tasks under supervision), pre & post-op diagnosis, name of surgical performed, type of anesthesia administered, complications if any, description of techniques, findings, and tissues removed or altered, surgeons or practitioners name(s) description of the specific significant surgical tasks that were conducted by practitioners other than the primary surgeon/practitioner (significant procedures include: (opening and closing, harvesting grafts, dissecting tissue, removing tissue, implanting devices, altering tissues, prosthetic devices, grafts, tissues, transplants, or devices
Sample Size: All OR Cases
Methodology: Operating Room Register Log, Patient Records, PDSA
Inclusion Criteria: Surgical Patients

Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
													0
Total Number of OR Cases													0
Percent of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---

January	
Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
July	

Return to OR Within 24 Hours														0
Total Number of Procedures														0
Percent of OR Return Patients	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Complications														0
Complications														0
PACU stays Greater Than 8 Hours														0
Pathology Discrepancies														0
Anesthesia Complications														0
Moderate Sedation Complications														0
Antibiotics Given Within 30 Minutes of Incision														0
Post-Op Sepsis Event														0
Post-Op VTE/PE Event														0
Surgical Site Infection														0
Total Number of Re-Admissions Within 30 Days														0
Total Number of Unplanned Transfers														0
OR Case Review														0
Surgery Services: Customer Satisfaction Survey														0
January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction

F. Quality Checks

Function: Process & Outcome Measure													
Rational: High Risk, Problem Prone													
Data Source: Observation, Logs													
Methodology: Observation, Logs, PDSA													
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Equipment Failure													0
Positive Pressure Testing													0
OR #1 Humidity Within Recommended Range													0
OR #1 Temperature Within Recommended Range													0
Procedure Room Humidity Within Recommended Range													0
Procedure Room Temperature Within Recommended Range													0
Autoclave #1 In Proper Working Order													0
Autoclave #2: In Proper Working Order													0
Biologics Within Recommended Range													0
January													
Summary of Findings	Plan of Correction												

February	
Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

G. Terminal OR Room Cleans Meeting Inspection Standards

Function: Process & Outcome Measure
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Rational: High Risk, Problem Prone

Data Source: Observation, EOC rounds report, incident reports

Sample Size: Two rooms per week

Methodology: Observation, EOC rounds report, incident reports, PDSA

Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Terminal OR Room Cleans Meeting Inspection													0
Total Number of Rooms Inspected													0
Percent of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---

January													
Summary of Findings							Plan of Correction						
February													
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November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

**Mangum Regional Medical Center
Quality Committee Meeting Minutes**

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Date: 2/11/2021 **Time:** 13:30 **Recorder:** Melissa Tunstall **Reporting Period Discussed:** JANUARY 2021

Members Present

Chairperson:				CEO: Marie Harrington		Medical Representative: Dr. J. Chiaffitelli, D.O.	
Name	Title	Name	Title	Name	Title	Name	Title
Daniel Coffin	CCO	Melissa Tunstall	Quality Manager	Candy Denney	CM	Lynda James	LPN
Jennifer Waxell	Respiratory			Zach Canaday	IT	Pamela Esparza	Radiology
Tanya Knight	Lab Director	Sarah Dillahunty	Dietary	Chelsea Church	Pharm D	Amber Jackson	Clinic Manager
		Jennifer Dreyer	HIM	Josey Kenmore	Materials Management	Kasi Hilley	Business Manager
Kaye Hamilton	Credentialing						

TOPIC	FINDINGS/CONCLUSIONS	ACTIONS/RECOMMENDATIONS	FOLLOW-UP
I. Call to Order	Melissa Tunstall and Marie Harrington	13:20	
II. Review of Minutes	Committee	Approved by: D. Coffin and P. Esparza	
III. Review of Committee Meetings			
A. EOC/Patient Safety Committee	Reviewed	CT in use light still wiring was done. Awaiting CT repairman to hook the CT to the new wiring. Rescheduled the floor for nursing because it is so busy at this time. Looking for covered peg boards for OR 1. Josey is checking on this. Roof repair over OR is still pending, possibly approval in Feb or March. Actively working on replacing 15 amp to the 20 amp. Working with local Police to set up an active shooter drill. Reyes Electric coming to wire Covid wing.	
B. Infection Control Committee	Reviewed	Participated in OSDH Region 5 Vaccine planning Phizer/Moderna vaccinations & Phases. Employees can inform IP or Karina Norris-Veirs if they want vaccination or if they know individuals 65+ who want it. Enrolled RHC as a pandemic provider approved 1/13/21	
C. Pharmacy & Therapeutics Committee	QTRLY	Had their quarterly meeting in January	
D. HIM/Credentials Committee	Reviewed	Missing one consent to treat for swingbed. Data is still showing improvement. Provider response times has moved to the ED tab, but is at 100%	
E. Utilization Review Committee	Reviewed	Total patient admissions to acute care - 15 Total discharges from acute care - 14 Discharge to Swb 7 No observations	
F. Compliance Committee	FORMED	No meeting held yet.	

IV. Old Business		1. Lippincot and InQuidocs back on agenda for approval 2. Safety Officer is working with Mangum PD for Active shooter drill	
V. New Business	1. Covid vaccinations were given. Administered the Pfizer-BioNTech Vaccin to Phase 1 recipients.n. 2. Policies that were up for review were: Respiratory Policies and Procedures and Drug Room Policies and Procedures, Clinical Policies and Procedures and ED Policies and Procedures. The Forms accompanying them. The policies were put on hold by Governing Board.	1. 1st phase of vaccinations - ER providers, clinical team working with covid patient, housekeepers, first responders. 2. GB wants Cohesive to find out if the GB has to vote on policies and procedures? They were informed that they do not have knowledge to be relied upon to vote on hospital policies and procedures. They said they will not vote until they have direction about the approval process. NO POLICIES OR PROCEDURES WERE APPROVED.	
VI. Quality Assurance/Performance Improvement			
I. Volume & Utilization			
A. Hospital Activity	ER - 2 AMA's		
B. Procedures & Diagnostics			
C. Blood Utilization	4		
II. Care Management			
A. CAH Re-Admits	1 ER Re-admits within 72 hours	All necessary testing was done, patient was asked to stay and patient did not want to. She stated "she needed to go home" Patients left stable. Returned because she didn't feel well.	

B. Acute Transfers	7	TRANSFERS FROM ER: 7 ER TRANSFERS. Patients needed transfer due to higher level of care, or surgical procedures needed.	
C. Transition of Care			
D. Patient Survey Rate			
E. Physician Communication			
F. Likelihood of Recommending Hospital			
G. Overall Rating of Hospital			
H. Responsiveness of Staff			
III. Risk Management			
A. Incidents	2 - AMA 3 Nursing incidents	2 AMA - All documentation was completed. The patients were informed of risks of leaving and the benefits of staying.	
B. Reported Complaints	0		
C. Reported Grievances	1	QM reviewed chart, reviewed , interviewed staff. Process was completed and letter sent out to patients family member. Grievance was closed	
D. Patient Falls Without Injury	0		
E. Patient Falls With Minor Injury	0		
F. Patient Falls With Major Injury	0		

G. Mortality Rate	0		
H. Deaths Within 24 Hours of Admit	0		
I. OPO	0		
J. Code Blue Interventions			
K. ER Visits			
L. Stroke Alerts	0	0	
M. FMEA			
N. RCA/Sentinel Event	0		
IV. Quality Control			
V. Nursing			
A. Critical Tests/Labs	69%	In addition to calling lab results to nursing staff, CCO is having the lab fax results and request signed acknowledgment from receiving nursing.	
B. Restraints	0		
C. RN Assessments			
VI. Pharmacy & Therapeutics			
A. Quality Control Monitoring	Fridge temps monitored hourly now		
B. Pharmacy Utilization	After hours access.	Refridgerator will be put in nurses station that will elevate a lof of after hours access.	
C. Medication Overrides			
VII. Medication Safety			
A. Adverse Drug Reactions			
B. Medication Error Rate	Med Event - 3	1)Respiratory had one intance of not administering a nebulized treatment. 2)Nursing had one instance of not administering a oral diabetic agent. 3)Nursing had one instance of administering wrong solution of IV antibiotic.MED ERROR - (2) CLASS III/CATEGORY C (1) MED ERROR - CLASS IV/CATEGORY C	

C. Medication Error Risk Stratification by Patient Impact			
D. Medication Error Risk Stratification by Drug Classification			
E. Medication Error Within Distribution Cycle			
VIII. Respiratory Care Services			
A. Ventilator Days			
B. Ventilator Wean Rate			
C. Patient Self-Decannulation Rate			
D. Respiratory Care Equipment			
IX. Wound Care Services			
A. Development of Pressure Ulcer	0		
B. Wound Healing Improvement			
C. Wound Care Documentation			
D. Debridement/Wound Care Procedures			
E. Wound Vac Application			
X. Radiology			
A. Radiology Films			
B. Imaging			
C. Radiation Dosimeter Report	January report in and no outstanding numbers		
D. Physicist's Report			

XI. Lab			
A. Lab Reports	2 REPEATED DUE TO TWO SPECIMENS FROM THE NH BEING MISPLACED.	Lab tech contacted the nursing home and had the patients specimens resent and the correction for the problem had been established, when the specimens are checked in at the laboratory the specimens are ran by the tech that is in that department that day. Instead of several different techs	
B. Blood Culture Contaminants			
XII. Employee Health			
A. Employee Health Summary			
B. OSHA Report			
XIII. Infection Control & Prevention			
A. CAUTI's	0		
B. CLABSI'S	0		
C. HA MRSA Bacteremia	0		
D. HA MDRO			
E. HA C.diff			
F. HA Infections by Source			
G. Hand Hygiene & PPE Surveillance			
H. Public Health Reporting			
I. Isolation			
J. Patient Vaccinations			
K. Sepsis Care			
L. Ventilator Associated Event			
XIV. HIM WORKING WITH HIM TO GET MORE DESCRIPTIVE IN SUMMARY OF FINDINGS AND PLAN OF ACTION			
A. H&P's			
B. Discharge Summaries			
C. Progress Notes (Swingbed)	80% 2 swingbeds missing the social history		

D. Daily Progress Notes (Acute & Observation)			
E. Medical Screening Exam			
F. ED RN Assessment			
G. Provider Response Time		PROVIDERS HAVE GAINED REMOTE ACCESS TO EHR.	
H. Consent to Treat	99%	One swb missing consent	
I. Swingbed Indicators			
XV. Dietary			
A. Food Tray Temps			
B. Food Tray Eval			
C. Quality Checks			
D. Nutrition Screening			
XVI. Therapy			
A. Therapy Volume			
B. Therapy Visits			
C. Functional Improvement Outcomes			
XVII. Compliance			
A. EDTC	100%		
B. Trauma Registry	Was not previously reporting.	CCO will be working on getting those numbers ASAP	
XVIII. Human Resources			

A. Compliance			
B. Turnover & Staffing	STILL HIRING NURSING STAFF. 2 voluntary 2 total. 3 new hires		
C. Employee Satisfaction 30-Day Survey	Starting January		
D. Employee Satisfaction Annual Survey	Working on		
XIX. Business Office			
A. Billing Services			
B. Revenue A/R			
C. Registration			
XX. Environmental Services			
A. Sharps Containers			
B. Terminal Room Cleans			
C. Linen			
XXI. Materials Management			
A. Materials Management Indicators			
XXII. Plant Operations			
A. Plant Operations Indicators			
XXIII. Plant Operations			
A. Work Orders			
B. IT Service Requests			
XXIV. Clinic			
A. Volume			
B. Clinic Indicators			
C. Complaints			

D. Medication Errors			
E. Referrals To Inpatient Hospital Services			
F. Quality Checks			
G. Infection Control			
H. Health Information			
I. Risk Management			
J. Employee Satisfaction 30-Day Survey			
K. Employee Satisfaction Annual Survey			
XXV. Outpatient Services			
A. Outpatient Orders and Assessments			
B. Lab and Diagnostic Reports to			
C. Outpatient Therapy Services			
D. Outpatient Wound Services			
VIII. Regulatory & Compliance			
A. OSDH & CMS Updates			
B. Surveys			
C. Compliance Report			
D. Product Recalls			
IX. Policy & Procedure Review			
	1. Patient discharge safety plan 2. Blood transfusion outcome review	Approved by: 1. D. COFFIN AND MARIE HARRINGTON 2. D. COFFIN AND TANVA KNIGHT	

A. Annual Approval of Strategic Quality Plan	Will be taken to Quality Committee in March		
B. Annual Approval of Hospital Plans & Policies	Next approval set for 05/2021		
C. Annual Appointment of Infection	APPROVED		
D. Annual Appointment of Risk Manager	APPROVED		
E. Annual Appointment of Safety Officer	APPROVED		
F. Annual Appointment of Security Officer	APPROVED		
G. Annual Appointment of Compliance Officer	APPROVED		
H. Annual Review of Infection Control Risk Assessment			
I. Annual Review of Hazard Vulnerability Analysis (HVA)			
XI. Credentialing/New Appointments			
A. Credentialing/New Appointments	John Chiaffitelli, CMO, Active Privileges Terrie Gibson, Courtesy Privileges pathologists with Hearland, Courtesy Privileges 2 Voluntary removal Dr. Steven Snail and Dr. Riley Winham OSU Telehealth removed as contract termed on Jan 1		
XII. CCO Report			

A. CCO Report	Actively recruiting RT, RN, LPN, and CNA positions.		
XIII. Administrator Report			
A. Administrator Report			
XIV. Education & Training			
A. Education & Training	1. BLS/ACLS AND PALS WILL BE SEMIANNUALLY - FEB AND AUGUST.		
XV. Performance Improvement Projects			
A. Performance Improvement Projects			
XVI. Department Reports			
A. Department Reports			

XVII. Other			
A. Other	Construction updates:		
	Reyes Electric to wire Covid Wing		
	CONTRACTS REVIEWED BY QM - 1. OGA Insurance		
	CONTRACTS UP FOR REVIEW 1. Lippincott(Wolters Kluwer Health, Inc.) 2. OFMQ 3. Space Labs (Telemetry) 3. Press Ganey update contract.		
	Working towards finding a platform for the policies and procedures. We have looked at both: Policy Stat and Inquiseek.		
	RISK - PLICO Risk Assessment was completed on January 27, 2021. Everything went well. Report to come in couple weeks.		
A. Adjournment	Meeting adjourned at 14:42	By: Melissa Tunstall and Daniel Coffin	
			N/A

Volume & Utilization	
Indicators	Total
AMA	1
Average Daily Census (Acute & Swingbed)	1
Left Without Being Seen	1
Swing Bed Patients	1
Total Acute Patients	1
Total Discharges	1
Total ER visits	1
Total Hospital Admissions	1
Total Observation Patients	1
Total Patient Days	1

Internal Procedures	
Internal	Total
CT scan	0
X-Ray	0
Other	0

Blood Utilization	
Indicators	Total
Appropriateness for transfusion (per criteria)	0
Patient identification using 2 identifiers	0
Signed Informed Consent	0
Total Number of Transfusion Episodes	0
Total number of transfusion reactions	0
Total Units of Blood / Blood Products Administered	0

Medical Records	
Documentation Indicator	Total
% of Discharge Summaries	0
% of H& P's	0
Provider ER Response Time	
Weekly Progress Note	0
Daily Progress Note	0
MSE	0
ED RN Assessment	0
ER Provider Response Time	0
Consent To Treat Percent	0

Care Management	
Indicators	Total
Patients Transferred to Tertiary Care	0
CAH Readmission Rate	0
ER Re-Admits Rate	0
Acute Transition Compliance	0
Swingbed Transition Compliance	0

Pharmacy Utilization

Indicators	Total
Average doses per patient per day	####
High Cost Medications	0
Medications CPPD-Acute Care	0
Medications CPPD-Observation Care	0
Medications CPPD-Swing Bed	0
Number of Doses	0

Medication Safety Indicator	Total
ADR Rate	0
Medication Error Rate per 1000 medications dispensed	0