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		

Name of Facility

QUALTIY ASSURANCE & PERFORMANCE IMPROVEMENT REPORT

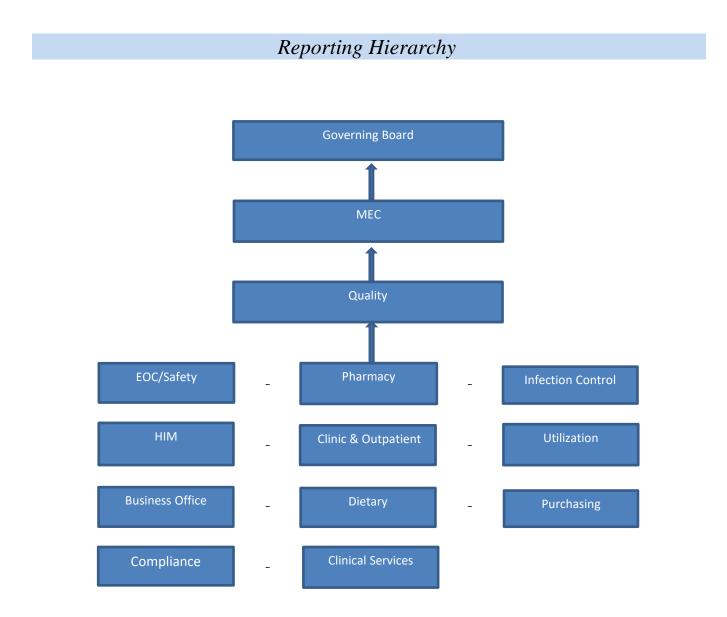
REPORTING PERIOD

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.



Name of Facility Hospital Meeting Calendar/Meeting Frequency

Title of Meeting	Frequency of Meeting	Attendees
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

IIL. 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 Diganostic 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

	1 оріс	Responsible Party
I.	Hospital Volume & Utilization	
А.	Hospital Activity	QM
В.	Procedure & Diagnostics	QM
С.	Blood Utilization	LAB
II.	Care Management	
A.	CAH Re-Admits	CNO
B.	Acute Transfers	CNO CM
C. D.	Transition of Care 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	
А.	Incidents	QM
В.	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. H.	Mortality Rate Deaths Within 24 Hours of Admission	QM 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. A.	Pharmacy & Therapeutics Quality Control Monitoring	DRUG ROOM NURSE
	Pharmacy Utilization	DRUG ROOM NURSE
С.	Medication Overrides	DRUG ROOM NURSE
	Medication Safety	
А.	Adverse Drug Reaction	DRUG ROOM NURSE/QM
В.	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
	Respiratory Care Services Ventilator Days	RT
A. B.	Ventilator Days	RT
Б. С.	Patient Self-Deannulation Rate	RT
D.	Respiratory Care Equipment	RT
IX.	Wound Care	
А.	Development of Pressure Ulcer	QM
В.	Wound Healing Improvement	WC
C.	Wound Care Documentation	WC
D.	Debridement/Wound Care Procedure	WC
E.	Wound Vac Application	WC
X. A.	Radiology Radiology Films	RADIOLOGY
	Imaging	RADIOLOGY
Б. С.	Radiation Dosimeter Reports	RADIOLOGY
D.	Physicist's Report	RADIOLOGY
XI.	Laboratory	
	Lab Reports	LAB
B.	Blood Culture Contaminations	LAB
	Employee Health	
A.	Employee Health Summary	QM
B.	OSHA Report	EH
	Infection Control Catheter Associated Urinary Tract Infections (CAUTI's)	IP
41.	Calletter Associated Officiary Hact Infections (CAUTIS)	H

В.		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
К.	Sepsis Care	IP
L.	Ventilator Associated Event (VAE)	IP
	Health Information Management (HIM)	
Α.	History & Physical Completion	HIM
В.	Discharge Summary Completion	HIM
С.	Progress Notes (Swingbed)	HIM
D.	Daily Progress Notes (Acute & Observation)	HIM
E.	Medical Screening Exam	HIM
F.	Emergency Department RN Assessment	HIM
	Provider Response Time	HIM
H.	Consent for Treatment	HIM
I.	Swingbed Documentation	CM
	Dietary	
A.	Patient Food Tray Temperatures	DIETARY MANAGER
	Food Test Tray Evaluation	DIETARY MANAGER
С.	Quality Checks	DIETARY MANAGER
	Nutritional Screening	DIETARY MANAGER
	Therapy Services	
A.	Therapy Volume	PHYSICAL THERAPY
	Therapy Visits	PHYSICAL THERAPY
	Functional Improvement Outcomes	PHYSICAL THERAPY
	Compliance	
	EDTC Report	ED MANAGER
	Trauma Registry Report	ED MANAGER
	L Human Resources	
	Employee Compliance	HUMAN RESOURCES MANAGER
-	Turnover & Staffing	HUMAN RESOURCES MANAGER
C.	30 Day Employee Satisfaction Survey	HUMAN RESOURCES MANAGER
	Annual Employee Satisfaction Survey Business Office	HUMAN RESOURCES MANAGER
		DUCINESS OFFICE MANAGED
A. D	Billing Services Revenue A/R	BUSINESS OFFICE MANAGER BUSINESS OFFICE MANAGER
B. C	Registration	BUSINESS OFFICE MANAGER
C.	-	BUSINESS OFFICE MANAGER
	Environmental Services	
A.	Sharps Containers	ES MANAGER
В.	Terminal Room Cleans	ES MANAGER
	Linen Services	ES MANAGER
XXI.	Materials Management/Purchasing Services	
А.	Materials Management Indicators	MM MANAGER
	Plant Operations	
	Plant Operations Quality Checks	PLANT OPS MANAGER
	Information Technology (IT)	
	Work Orders	IT MANAGER
	IT Service Requests	IT MANAGER
	. Clinic	
	Volume	CLINIC MANAGER
A. B	Clinic Indicators	
B.		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
к.	Annual Employee Satisfaction Survey	CLINIC MANAGER
	Outpatient Services	
	Outpatient Services Outpatient Orders and Assessments	PROGRAM MANAGER
4 1.	Suparion Orders and Abboblients	

В.	Lab and Diagnostic Reports to Providers	DEPARTMENT MANAGER
C.	Outpatient Therapy Services	THERAPY MANAGER
D.	Outpatient Wound Services	WOUND CARE NURSE
XXVI	I. Strong Mind Services	
А.	Record Compliance	PROGRAM MANAGER
В.	Client Satisfaction Survey	PROGRAM MANAGER
C.	Master Treatment Plan	PROGRAM MANAGER
D.	Suicidal Ideation	
E.	Scheduled Appointments	PROGRAM MANAGER
XXVI	I Surgery Services	
А.	H&P's	SURGERY MANAGER
В.	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
G.	Terminal OK Koom Clean inspection	SURGER I MANAGER

A. Hospital Activity

Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD		
Total ER visits					· · ·			0					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	n					
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Summary of Findings															
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			Au	gust											
Summary of Findings								Plan of (Correction	n					
			South	mhon											
			Septe	mber											

Summary of Findings	Plan of Correction
Oct	ober
Summary of Findings	Plan of Correction
Nove	mber
Summary of Findings	Plan of Correction
Dece	mber
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								

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

C.	blood Chilzation													
	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	n												
	Methodology: Audit Log, PDSA													
	Inclusion Criteria: All patients receiving blood/blood products	during re	porting p	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													0
	patient identifiers/total units infused) (Benchmark=100%)													
	Signed Informed Consent (total # of episodes with signed													0
	Informed Consent/total episodes) (Benchmark=100%)													
			-	Janu	lary				-	•				

Summary of Findings	Plan of Correction
	uary
Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
Aj	pril
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Ju	ıly
Summary of Findings	Plan of Correction
Au	gust
Summary of Findings	Plan of Correction
Septe	ember
Summary of Findings	Plan of Correction
Oct	ober
Summary of Findings	Plan of Correction
Nove	mber
Summary of Findings	Plan of Correction
Dece	mber
Summary of Findings	Plan of Correction
1	1

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	I/ER within	30 days a	& 72 hour	rs respect	ively										
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													0		
(Benchmark=5% or less)															
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													0		
(Benchmark=2.5%))															
Total # of ER discharges		1											0		
ER Re-Admits Rate per 100 patient discharges															
			Jan	uary											
Summary of Findings								Plan of (Correctio	n					
			Febr	uary											
Summary of Findings								Plan of (Correctio	n					
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			Ap	pril											
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Summary of Findings								Plan of (Correctio	n					

Plan of Correction
Plan of Correction
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Plan of Correction
Plan of Correction

B. Acute Transfers

D.	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														
				Febr	uary									
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				Ma	rch									
	Summary of Findings								Plan of C	Correction	1			
April														
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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								
Septe	ember								
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	ober								
Summary of Findings	Plan of Correction								
Nove	mber								
Summary of Findings	Plan of Correction								
Dece	mber								
Summary of Findings	Plan of Correction								

C. Transition of Care

Function: Outcome & Process Measure													
Rationale: High Risk, Problem Prone													
Sample Size: All patients with transition of care													
Methodology: Medical records, Discharge reports, PDSA													
Inclusion Criteria: All patients with transition of care													
Acute Transfers to Tertiary Facility	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
# of patients transferred with appropriate orders from observation													0
to acute care													
Total # of patients admitted for acute care services for the													0
reporting month													
Acute Transition Percentage of Compliance													

	1				1	1			1	0
# of patients transferred with appropriate orders from acute care										0
to swingbed										0
Total # of patients admitted for swingbed services for the										0
reporting month										
Swingbed Transition Percentage of Compliance		 		 						
		Jan	uary							
Summary of Findings						Plan of C	Correction	n		
		Febr	uary				×			
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		Nove	mber							
Summary of Findings						Plan of (Correction	n		

Dece	ember
Summary of Findings	Plan of Correction

D. Patient Perception of Care Survey Return Rate

auent rerception of Care Survey Keturn Kate													
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													
nclusion Crieria: 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													
	Jan	uary											
Summary of Findings		Plan of Correction											
February													
Summary of Findings								Plan of C	Correction	n			
			Ma	rch									
Summary of Findings				Plan of Correction									
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C			Ар	oril				Diama ef C	1 4 •	_			
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August August Summary of Findings September Summary of Findings Plan of Correction October Summary of Findings Plan of Correction October Summary of Findings Plan of Correction October Summary of Findings Plan of Correction Plan of Correction Plan of Correction		
Summary of Findings Plan of Correction September Summary of Findings October Summary of Findings Plan of Correction October Summary of Findings Plan of Correction Summary of Findings Plan of Correction December		
Summary of Findings September Contraction		August
Summary of Findings Plan of Correction October October Summary of Findings Plan of Correction November Plan of Correction Summary of Findings Plan of Correction December December	Summary of Findings	Plan of Correction
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October Summary of Findings Plan of Correction November Plan of Correction Summary of Findings Plan of Correction December Plan of Correction	S	eptember
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November Summary of Findings Plan of Correction December		October
Summary of Findings Plan of Correction December	Summary of Findings	Plan of Correction
Summary of Findings Plan of Correction December		
December	Γ	lovember
	Summary of Findings	Plan of Correction
Summary of Findings Plan of Correction	I	December
	Summary of Findings	Plan of Correction

E. Doctor Communication

Doctor Communication													
Function: Outcome Measure													
Rationale: Problem Prone	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 Crieria: All discharged patients during the reporting	period th	at meet e	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 C	Correction	n			
			Febr	uary									
Summary of Findings				Plan of Correction									
March													
Summary of Findings								Plan of C	Correction	n			
			Ар	ril									
Summary of Findings								Plan of C	Correction	n			

Ma	ay
Summary of Findings	Plan of Correction
Ju	ne
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Ju	ly
Summary of Findings	Plan of Correction
Aug	gust
Summary of Findings	Plan of Correction
Septe	mber
Summary of Findings	Plan of Correction
Octo	ber
Summary of Findings	Plan of Correction
Nove	mber
Summary of Findings	Plan of Correction
Decer	mber
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 Crieria: All discharged patients during the reporting	period th	at meet e	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 C	orrection	1			

Feb	ruary
Summary of Findings	Plan of Correction
	arch
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Summary of Findings	Plan of Correction
Summary of Findings	Iay Plan of Correction
Summary or Findings	
I	une
Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
	gust
Summary of Findings	Plan of Correction
	ember Plan of Correction
Summary of Findings	Plan of Correction
	tober
Summary of Findings	Plan of Correction
Nov	ember
Summary of Findings	Plan of Correction
	ember
Summary of Findings	Plan of Correction

G. Overall Rating of Hospital Function: Outcome Measure

Rationale: Problem Prone													
Data Source: Patient Surveys													
Sample Size: All discharged patients during the reporting peri	od that m	eet eligih	ility crite	ria									
Methodology: PDSA, Patient Surveys	ou that h	icer engin	mity critic	114									
Inclusion Crieria: AAll discharged patients during the reportin	g neriod	that mee	t eligihilit	v criteris									
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Overall Rating of Hospital (Benchmark=90%)		2.00		P-	1.2003	0 411	041		ντp		1101	200	#DIV/0!
	•		Janı	iary	1			-		Π			
Summary of Findings								Plan of (Correction	n			
			Febr	uary									
Summary of Findings								Plan of (Correction	n			
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Summary of Findings Plan of Correction													
April													
Commence of Fig. Process			Ар	ril				Diam of (Correction	-			
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Summary of Findings								Plan of (Correction	n			
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			Septe	mber									
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			Octo	hor									
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Summary of Findings										LL			

Nove	November										
Summary of Findings	Plan of Correction										
Dece	mber										
Summary of Findings	Plan of Correction										

H. Responsiveness of Staff

od that m	eet eligib	oility crite	eria										
g period t	hat meet	eligibility	v criteria										
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
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		Ju	ly										
Summary of Findings Plan of Correction													
	g period t	g period that meet	g period that meet eligibility Jan Feb Mar Jam Jam Febr Ma Ap Ma Jam Jam Jam Jam Jam Jam Jam Jam Jam Ja	od that meet eligibility criteria g period that meet eligibility criteria Jan Feb Mar Apr January January January February March March March May May June June July	g period that meet eligibility criteria Jan Feb Mar Apr May January January February February March March March March March June	g period that meet eligibility criteria Jan Feb Mar Apr May Jun January January February March March April April June	g period that meet eligibility criteria Jan Feb Mar Apr May Jun Jul January January February February March March April April June June June	g period that meet eligibility criteria Jan Feb Mar Apr May Jun Jul Aug January Plan of (Plan of (g period that meet eligibility criteria Jan Feb Mar Apr May Jun Jul Aug Sep January January Plan of Correction February Plan of Correction March March Plan of Correction April Plan of Correction Plan of Correction June	g period that meet eligibility criteria Jan Feb Mar Apr May Jun Jul Aug Sep Oct January January Plan of Correction February February Plan of Correction March March Plan of Correction Plan of Correction	Period that meet eligibility criteria Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov January Plan of Correction January Plan of Correction February Plan of Correction March Plan of Correction April Plan of Correction Mark Plan of Correction March Plan of Correction Mark Plan of Correction June June June July	a meet eligibility criteria Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec January Plan of Correction January Plan of Correction February Plan of Correction March Plan of Correction April Plan of Correction April Plan of Correction May Plan of Correction May Plan of Correction June June June June June June June June	

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Summary of Findings	Plan of Correction

A. Incidents

Incidents													
Function: Outcome & Process Measure													
Rationale: High Risk, Problem Prone													
Data Source: Patient Records, Incident Reports													
Sample Size: All patients/visitors with unplanned events/incider	nts												
Methodology: Incident reports, patient records, PDSA													
Inclusion Criteria: All patients/visitors with unplanned events/i	ncidents	-	-			-	-	-	_	-			
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													
			Jan	uary									
Summary of Findings								Plan of (Correction	n			
			Febr	ruary									
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			A	oril									
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Summary of Findings	Plan of Correction

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 (Correctio	n					
	February														
Summary of Findings								Plan of (Correctio	n					
	March														
Summary of Findings	Plan of Correction														
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Summony of Findless			Septe	ember				Dlam of (Tommo of -						
Summary of Findings								Plan of (Jorrectio	11					

Oct	tober										
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November											
Summary of Findings	Plan of Correction										
Dece	ember										
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 Inclusion Inclusi	Reported Grievances																			
Jan Jee Mar Apr May Jun Jul Aug Sep Oct Nov Dec YTD Methodology: Report (Verbal, Written), PDSA Inclusion Criteria: All complaints Mar Apr May Jun Jul Aug Sep Oct Nov Dec YTD Total number of Grievances Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec YTD Total number of Grievances Image: Sep Oct Nov Dec YTD Total number of Grievances Image: Sep Oct Nov Dec YTD Total number of Grievances Image: Sep Oct Nov Dec YTD Total number of Grievances Image: Sep Oct Nov Dec YTD Total number of Grievances Image: Sep Oct Nov Dec YTD Total number of Paiein Days Image: Sep Oct Nov Dec YTD Total number of Paiein Days Image: Sep Oct Nov Dec YTD Summary of Findings Image: Sep Oct Nov Dec YTD Summary of Findings Plan of Correction Image: Sep Oct Nov Dec YTD Summary of Findings Plan of Correction Image: Sep Oct Nov Dec YTD Summary of Findings Plan of Correction <th <="" colspan="6" td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th>	<td></td>																			
Sample Size: All Complaints Methoology: Report (Verhal, 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 Inclusion Inclusion Inclusion Inclusion Inclusion Inclusion Jun Aug Aug Sep Oct Nov Dec YTD Total number of Grievances Inclusion Inclusion <td>Rationale: High Risk, Problem Prone</td> <td></td>	Rationale: High Risk, Problem Prone																			
Methodology: Report (Verbal, Written), PDSA Inclusion Criteria: All complaints Jan Feb Mar Apr May Jul Jul Aug Sep Oct Nov Dec YTD Documentation Indicator Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec YTD Total number of Grievances Ia	Data Source: Patient, Family, Visitor																			
Inclusion Criteria: All complaints Occumentation Indicator Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec YTD Total number of Grievances Image: Comparison of Patient Days Image: Comparison of Patient Da	Sample Size: All Complaints																			
Documentation IndicatorJanFebMarAprMayJunJulAugSepOctNovDecYTDTotal number of GrievancesII<	Methodology: Report (Verbal, Written), PDSA																			
Total number of Grievances Image: Second	Inclusion Criteria: All complaints																			
Total number of Patient Days Image: Constraint of Patient Days Image: Constr	Documentation Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD						
Rate per 1000 patient days	Total number of Grievances												0							
January January Summary of Findings Plan of Correction February Plan of Correction Summary of Findings Plan of Correction March Plan of Correction Summary of Findings Plan of Correction March Plan of Correction Summary of Findings Plan of Correction March Plan of Correction Summary of Findings Plan of Correction May Plan of Correction Summary of Findings Plan of Correction	Total number of Patient Days													0						
Summary of Findings Plan of Correction February Summary of Findings Plan of Correction March Summary of Findings Plan of Correction May May Summary of Findings Plan of Correction	Rate per 1000 patient days																			
February Summary of Findings Plan of Correction March Summary of Findings April Summary of Findings Plan of Correction May Summary of Findings May Summary of Findings																				
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Nove	mber
Summary of Findings	Plan of Correction
Dece	mber
Summary of Findings	Plan of Correction

	Complaint Grouped by Type												
Complaint Type	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Basic Care (daily hygiene, oral care, peri care, etc.)													0
Medication related													0
Communication (follow-through on concerns, etc.)													0
Attitude and Customer Service													0
Preventative measures (turning, activity)													0
Nutrition (assistance, quality, diets, timeliness)													0
Call light response													0

Complaint Grouped by Department													
Department	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Business Office													0
Nursing													0
ED													0
IT													0
Lab													0

Provider							0
Dietary							0
Housekeeping							0
Radiology							0
Other							0

D. Patient Falls Without Injury

ratient rans 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										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													
			Jan	uary									
Summary of Findings								Plan of C	Correctio	n			
February													
Summary of Findings	Summary of Findings Plan of Correction												
			Ma	rch									
Summary of Findings	Summary of Findings Plan of Correction												
	April												
Summary of Findings	Summary of Findings Plan of Correction												
May													
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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									

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

inclusion criteria. An patients with rans																	
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD				
Total number of Patient Falls with Injury (except major)													0				
(Benchmark=rate 5 or <)																	
Total number of Patient Days													0				
Rate per 1000 patient days																	
January																	
Summary of Findings	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	Summary of Findings					Plan of Correction											
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Summary of Findings	Plan of Correction
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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													
			Jan	uary									
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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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 per	1												
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
# of deaths (Acute, Swingbed/Private Pay) during the reporting													0
period													
Total number of patient discharges (Benchmark=10%)													0
Percent of Total Discharges													
# of deaths (ER) during the reporting period													0
Yotal number of patient discharges Image: Contract of the second secon											0		
Percent of Total Discharges													
January													
Summary of Findings Plan of Correction													
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Summary of Findings								Plan of C	orrection	1			
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			M	ay									
Summary of Findings								Plan of C	orrection	1			
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
Oct	ober
Summary of Findings	Plan of Correction
Nove	ember
Summary of Findings	Plan of Correction
Dece	ember
Summary of Findings	Plan of Correction

H. Deaths within 24 hours of Admit

Deaths within 24 hours of Aunit													
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 per	iod												
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													
			Jan	uary									
Summary of Findings								Plan of C	Correction	n			
			Febr	uary									
Summary of Findings								Plan of C	Correction	n			
			Ma	rch									
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Summary of Findings	Plan of Correction
Nove	mber
Summary of Findings	Plan of Correction
Dece	mber
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

Percent of Deaths Reported													
Tissue Donations													0
				Jan	uary								
Sum	mary of Findings								Plan of C	Correction	n		
	e D'e d'			Febr	ruary					· · ·			
Sum	mary of Findings								Plan of C	Correction	n		
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				Ju	ine								
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				Jı	ıly								
Sum	mary of Findings								Plan of C	Correction	n		
	mount of Findings			Au	gust				Dlan of (Correction	-		
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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				-	1	1	1		1	-		[
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													0
period													
Total number of successful emergent intubations													0
Total number of attempted emergent intubations													0
Code Blue efforts which met ACLS recommendations													0
			Jan	uary									
Summary of Findings Plan of Correction													
			Febr	ruary									
Summary of Findings								Plan of C	Correctio	n			
			Ma	ırch									
Summary of Findings								Plan of C	Correctio	n			
			A	oril									
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			Μ	lay									
Summary of Findings								Plan of C	Correctio	n			
			Ju	ine									
Summary of Findings								Plan of C	Correctio	n			
			Jı	ıly									
Summary of Findings								Plan of C	Correctio	n			
August													
Summary of Findings								Plan of C	Correctio	n			

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Summary of Findings	Plan of Correction
Nov	ember
Summary of Findings	Plan of Correction
Dec	ember
Summary of Findings	Plan of Correction

K. ER Visits

EX 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													0					
facility																		
Total number of ER patients transferred with appropriate													0					
transfer/transport documentation																		
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	Summary of Findings								Plan of Correction									

February								
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March								
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November								
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December								
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L. Stroke Alerts

Stroke Aleris													
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 C	Correction	n				

April							
Summary of Findings	Plan of Correction						
May							
Summary of Findings	Plan of Correction						
June							
Summary of Findings	Plan of Correction						
	ıly						
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						
	l						
December							
Summary of Findings	Plan of Correction						

IV. Quality Control

A.	Quality	Checks
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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													
			Jan	uary									
Summary of Findings								Plan of C	Correction	n			
February													
Summary of Findings								Plan of (Correctio	n			
			Ma	rch									
Summary of Findings								Plan of (Correctio	n			
			Ar	oril									
Summary of Findings			•					Plan of C	Correction	n			
			Μ	ay									
Summary of Findings								Plan of (Correction	n			
			Ju	ne									
Summary of Findings								Plan of C	Correction	n			
									-				
			Jı	ıly									
Summary of Findings								Plan of C	Correction	n			
				1									
			Au	gust									
Summary of Findings				Í				Plan of C	Correction	n			
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L				I									

# IV. Quality Control

Septe	ember
Summary of Findings	Plan of Correction
Oct	ober
Summary of Findings	Plan of Correction
Nove	ember
Summary of Findings	Plan of Correction
Dece	mber
Summary of Findings	Plan of Correction

### 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	1	•	1	-	•		1	•	•	•	1	-	
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Critical results with documented MD/LIP contact within 1 hour													0
(Benchmark=90%)													
Total critical results logged during reporting period													0
Percentage of Critical Lab Results Completed													
			Jan	uary									
Summary of Findings	Summary of Findings     Plan of Correction												
			Febr	ruary									
Summary of Findings Plan of Correction													
March													
Summary of Findings								Plan of C	Correctio	n			
			A	pril					<b>N</b> (*				
Summary of Findings								Plan of C	Correctio	n			
				r									
			N	lay				Plan of C					
Summary of Findings								Plan of C	orrectio	n			
			T.										
Commons of Findings			JL	ine				Plan of (	Tommo office				
Summary of Findings								Plan of C	Jorrecuo	0			
			T.	ıly									
Summary of Findings			J	Пу				Plan of C	^T orrostia	n			
Summary of Findings								r lan of C	Jorrectio	11			
August													
Summary of Findings			Au	gust				Plan of C	orrectio	n			
Summary or Emdnigs									.01160110	11			
		_	Sent	ember		_	_		_		_		
Summary of Findings	Summary of Findings Plan of Correction												
Summary of Findings				I					-51100				

Oct	ober
Summary of Findings	Plan of Correction
Nove	ember
Summary of Findings	Plan of Correction
Dece	ember
Summary of Findings	Plan of Correction

<b>B.</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 Per													
]	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													
				Jan	uary									
	Summary of Findings Plan of Correction													
				Febr	uary									
	Summary of Findings								Plan of C	Correction	n			
				Ma	rch									
	Summary of Findings				Plan of Correction									
				Ap	oril									
	Summary of Findings								Plan of C	Correction	n			
	May													
	Summary of Findings					Plan of C	Correction	n						
				Ju	ne									
	Summary of Findings								Plan of C	Correction	n			

Ju	ıly
Summary of Findings	Plan of Correction
Aug	gust
Summary of Findings	Plan of Correction
Septe	mber
Summary of Findings	Plan of Correction
Oct	ober
Summary of Findings	Plan of Correction
Nove	mber
Summary of Findings	Plan of Correction
Dece	mber
Summary of Findings	Plan of Correction

C. RN Assessments

Function: Process Measure													
Rational: High Risk, Problem Prone													
Data Source: Patient Records													
Sample Size: All discharged patients for reporting month if les	s than 30												
Methodology: Patient Records													
Inclusion Criteria: All discharged inpatients (Acute & Swing)	1			1	1		1	•	•	-	•	•	
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total Number of RN assessments completed q24 hours													0
(Benchmark=100%)													
Total Number of assessments reviewed													0
Percent of Compliance													
January													
Summary of Findings Plan of Correction													
February													
Summary of Findings     Plan of Correction													
			Ma	ırch									
Summary of Findings								Plan of (	Correctio	n			
			Aj	oril									
Summary of Findings								Plan of C	Correctio	n			
			Μ	ay									
Summary of Findings								Plan of (	Correctio	n			
			Ju	ine									
Summary of Findings								Plan of C	Correctio	n			
			Jı	ıly									
Summary of Findings Plan of Correction													
August													
Summary of Findings Plan of Correction													
· · · · · · · · · · · · · · · · · · ·													
			Septe	ember									

Summary of Findings	Plan of Correction
Oct	ober
Summary of Findings	Plan of Correction
Nove	mber
Summary of Findings	Plan of Correction
Dece	mber
Summary of Findings	Plan of Correction

## A. Quality Control Monitoring

Function: Process Measure Rationale: Stepartment Logs Methodology: Audit Logs, PDSA Benchmark = 100%. Pridge Temps - Planmacy Quality Control Monitoring Jan Feb Mar Apr May Jan Jut Aug Sep Oct Nov Dec YTD Fridge Temps - Planmacy Quality Control Monitoring Jan Feb Mar Apr May Jan Jut Aug Sep Oct Nov Dec YTD Fridge Temps - Planmacy Quality Control Monitoring Jan Feb Mar Apr May Jan Jut Aug Sep Oct Nov Dec YTD Fridge Temps - Planmacy Quality Control Monitoring Jan Feb Mar Apr May Jan Jut Aug Sep Oct Nov Dec YTD Fridge Temps - Planmacy Quality Control Monitoring Jan Feb Mar Apr May Jan Jut Aug Sep Oct Nov Dec YTD Fridge Temps - Planmacy Quality Control Monitoring Jan Feb Mar Apr May Jan Jut Aug Sep Oct Nov Dec YTD Fridge Temps - Planmacy Quality Control Monitoring January Ja														
Data Source: Department Logs         Sample Size: Department Logs         Methodology: Audit Logs, PDSA         Benchmark = 100%         Time Quality Control Monitoring       Jan       Feb       Mar Apr       May       Jun       Jun         Plarmacy Quality Control Monitoring       Jan       Feb       VTD         Plarmacy Quality Control Monitoring       January         January         January         January         Gonrolled Substance Audit (Monthy)       January         January         January         Summary of Findings       Plan of Correction         March         Summary of Findings       Plan of Correction         Mary         Mary         March         Summary of Findings       Plan of Correction         June         June         June       June         January       Fin of	Function: Process Measure													
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       YTT         Pharmacy Quality Control Monitoring       Jan       Feb       Mar       Apr       May       Jun       Jul       Aug       Sep       Oct       Nov       Dec       YTT         Fridge Temps - Pharmacy       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII														
Methodogy : Audit Logs, PDSA         Benchmark = 100%         Pharmacy Quality Control Monitoring       Jan       Feb       Mar       Apr       May       Jun       Jut       Aug       Sep       Oct       Nov       Dec       YTD         Fridge Temps - Pharmacy       Image Minitoring       Image Min														
Benchmark = 100%         Pharmacy Quality Control Monitoring         Jan         Feb         Mar         Apr         May         Jun         Jun         Aug         Sep         Oet         Nov         Dec         YTD           Fridge Temps, Pharmacy         Image														
Pharmacy Quality Control Monitoring         Jan         Feb         Mar         Apr         May         Jun         Jul         Aug         Sep         Oct         Nov         Dec         YTD           Fridge Temps - Pharmacy         Interpretion (Monthly)         <														
Fridge Temps - Pharmacy       Image: Control (Monthly)       Image: Contrection       Image: Contro (Monthly														
Narsing Unit Inspection (Monthly)         Image: Controlled Substance Audit (Monthly)         Image: Control Subst	Pharmacy Quality Control Monitoring	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
Controlled Substance Audit (Monthly)         January         Plan of Correction         #DTV/01           Summary of Findings         Plan of Correction														
Summary of Findings     Plan of Correction       Summary of Findings     Plan of Correction       Summary of Findings     Plan of Correction       March     Plan of Correction       Summary of Findings     Plan of Correction       March     Plan of Correction       Summary of Findings     Plan of Correction       March     Plan of Correction       Summary of Findings     Plan of Correction       June     June       Summary of Findings     Plan of Correction       July     Plan of Correction       August     Plan of Correction       Summary of Findings     Plan of Correction														
Summary of Findings     Plan of Correction       February       Summary of Findings     Plan of Correction       March       Summary of Findings     Plan of Correction       June       Summary of Findings     Plan of Correction       June       Summary of Findings     Plan of Correction       June       Summary of Findings     Plan of Correction       Summary of Findings     Plan of Correction       August       Summary of Findings     Plan of Correction       August       Summary of Findings     Plan of Correction       Summary of Findings       Plan of Correction       Summary of Findings       Plan of Correction       Summary of Findings       Plan of Correction       Summary of Findings       Plan of Corr	Controlled Substance Audit (Monthly)													#DIV/0!
February       Summary of Findings       Plan of Correction       March       Summary of Findings       April       Summary of Findings       Plan of Correction       May       Summary of Findings       Plan of Correction       June       Summary of Findings       Plan of Correction       June       Summary of Findings       Plan of Correction       June       Summary of Findings       Plan of Correction       August       Summary of Findings       Plan of Correction				Jan	uary									
Summary of Findings     Plan of Correction       March     March       Summary of Findings     Plan of Correction       April     Plan of Correction       Summary of Findings     Plan of Correction       June     June       Summary of Findings     Plan of Correction       July     July       Summary of Findings     Plan of Correction	Summary of Findings Plan of Correction													
Summary of Findings     Plan of Correction       March     March       Summary of Findings     Plan of Correction       April     Plan of Correction       Summary of Findings     Plan of Correction       June     June       Summary of Findings     Plan of Correction       July     July       Summary of Findings     Plan of Correction														
March       Summary of Findings       April       Summary of Findings       Plan of Correction       May       Summary of Findings       Plan of Correction       June       Summary of Findings       June       Summary of Findings       Plan of Correction       June       Summary of Findings       June       Summary of Findings       Plan of Correction       July       Summary of Findings       Plan of Correction       July       Summary of Findings       Plan of Correction       Summary of Findings														
Summary of Findings     Plan of Correction       April     Plan of Correction       Summary of Findings     Plan of Correction       May     Plan of Correction       Summary of Findings     Plan of Correction       June     Plan of Correction       Summary of Findings     Plan of Correction       June     June       Summary of Findings     Plan of Correction       July     Plan of Correction       Summary of Findings     Plan of Correction	Summary of Findings Plan of Correction													
Summary of Findings     Plan of Correction       April     Plan of Correction       Summary of Findings     Plan of Correction       May     Plan of Correction       Summary of Findings     Plan of Correction       June     Plan of Correction       Summary of Findings     Plan of Correction       June     June       Summary of Findings     Plan of Correction       July     Plan of Correction       Summary of Findings     Plan of Correction														
April April April Plan of Correction April April Plan of Correction Ag				Ma	rch									
Summary of Findings       Plan of Correction         May       May         Summary of Findings       Plan of Correction         June       June         Summary of Findings       Plan of Correction         June       June         Summary of Findings       Plan of Correction         June       June         Summary of Findings       Plan of Correction         July       July         Summary of Findings       Plan of Correction         Summary of Findings       September	Summary of Findings								Plan of (	Correctio	n			
Summary of Findings       Plan of Correction         May       May         Summary of Findings       Plan of Correction         June       June         Summary of Findings       Plan of Correction         June       June         Summary of Findings       Plan of Correction         June       June         Summary of Findings       Plan of Correction         July       July         Summary of Findings       Plan of Correction         Summary of Findings       September														
May       Summary of Findings       June       Summary of Findings       July       Summary of Findings       August       Summary of Findings				Aj	oril									
Summary of Findings       Plan of Correction         June       June         Summary of Findings       Plan of Correction         July       July         Summary of Findings       Plan of Correction         August       Plan of Correction         Summary of Findings       Plan of Correction	Summary of Findings								Plan of (	Correctio	n			
Summary of Findings       Plan of Correction         June       June         Summary of Findings       Plan of Correction         July       July         Summary of Findings       Plan of Correction         August       Plan of Correction         Summary of Findings       Plan of Correction														
June       Summary of Findings       July       Summary of Findings       Plan of Correction       August       Summary of Findings       Plan of Correction       Summary of Findings       Plan of Correction       Summary of Findings       Summary of Findings       Summary of Findings       Plan of Correction       Summary of Findings       Summary of Findings       Summary of Findings				Μ	ay									
Summary of Findings       Plan of Correction         July         Summary of Findings       Plan of Correction         August         Summary of Findings       Plan of Correction	Summary of Findings								Plan of (	Correctio	n			
Summary of Findings       Plan of Correction         July         Summary of Findings       Plan of Correction         August         Summary of Findings       Plan of Correction														
July         Summary of Findings       Plan of Correction         August         Summary of Findings       Plan of Correction         September       September				Ju	ine									
Summary of Findings       Plan of Correction         August       August         Summary of Findings       Plan of Correction         September       September	Summary of Findings								Plan of (	Correctio	n			
Summary of Findings       Plan of Correction         August       August         Summary of Findings       Plan of Correction         September       September														
August       Summary of Findings       Plan of Correction       September				Jı	ıly									
Summary of Findings     Plan of Correction       September	Summary of Findings								Plan of (	Correctio	n			
Summary of Findings     Plan of Correction       September														
September				Au	gust									
	Summary of Findings								Plan of (	Correctio	n			
Summary of Findings     Plan of Correction				Septe	ember									
	Summary of Findings								Plan of (	Correctio	n			

Oct	ober
Summary of Findings	Plan of Correction
Nove	mber
Summary of Findings	Plan of Correction
Dece	mber
Summary of Findings	Plan of Correction

#### B. Pharmacy Utilization

r nar macy of mzation													
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													
Medications CPPD-Swing Bed													0
High Cost Medications													0
			Jan	uary									
Summary of Findings								Plan of (	Correction	n			
			Febr	uary									
Summary of Findings								Plan of C	Correction	n			
			Ma	rch									
Summary of Findings								Plan of C	Correction	n			
			A	pril									
Summary of Findings								Plan of C	Correction	n			
			Μ	ay									
Summary of Findings								Plan of C	Correction	n			
			Ju	ine									
Summary of Findings								Plan of C	Correction	n			
			Jı	ıly									
Summary of Findings								Plan of C	Correction	n			

Au	gust
Summary of Findings	Plan of Correction
Sept	ember
Summary of Findings	Plan of Correction
Oct	ober
Summary of Findings	Plan of Correction
Nove	ember
Summary of Findings	Plan of Correction
Dece	ember
Summary of Findings	Plan of Correction

#### C. Medication Overrides

<b>U</b> •	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 C	Correction	n			
				Febr	uary									
	Summary of Findings								Plan of C	Correction	n			
		Ma	rch											
	Summary of Findings								Plan of C	Correction	n			
				Ap	oril									
	Summary of Findings								Plan of C	Correction	n			

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Summary of Findings	Plan of Correction
Ju	ne
Summary of Findings	Plan of Correction
Ju	ly
Summary of Findings	Plan of Correction
Au	gust
Summary of Findings	Plan of Correction
Septe	ember
Summary of Findings	Plan of Correction
Oct	ober
Summary of Findings	Plan of Correction
Nove	mber
Summary of Findings	Plan of Correction
Dece	mber
Summary of Findings	Plan of Correction

### A. Adverse Drug Reactions

Definition: "a response to a drug which is noxious and unintended,				ormally u	sed in ma	n for the p	prophylax	is, diagno	sis, or the	rapy of di	isease, or	for the		
modification of physiological function." reference: WHO (World H	lealth Org	ganization	ı)											
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 Du	uring Rep	porting P	eriod											
Mehodology: Patient Reords, Incident Reports, PDSA			-		-	1	1	1						
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														
······································			Jan	uary	<u>.</u>	1	1			<u> </u>				
Summary of Findings									Correctio	n				
February														
Summary of Findings						Plan of C	Correctio	n						
	Ma	rch												
Summary of Findings								Plan of C	Correctio	n				
			Aj	oril										
Summary of Findings				Plan of Correction										
			Μ	ay					<b>X</b>					
Summary of Findings								Plan of C	Correctio	n				
			Tu	ine										
Summary of Findings			JL					Plan of (	Correctio	n				
Summary or Emailings														
	Jı	ıly												
Summary of Findings						Plan of C	Correctio	n						
			Au	gust										
Summary of Findings								Plan of (	Correctio	n				

September									
Summary of Findings	Plan of Correction								
Oct	ober								
Summary of Findings	Plan of Correction								
Nove	mber								
Summary of Findings	Plan of Correction								
Dece	mber								
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, Probleme 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

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD					
												1					
												0					
												0					
January																	
Summary of Findings						Plan of Correction											
		Febr	uary														
			Plan of Correction														
		Ma	rch														
Summary of Findings					Plan of Correction												
April																	
Summary of Findings							Plan of C	orrection	1								
			Janu Febr Ma		January January February March	January January February March	January January February March April	January Plan of C February Plan of C April	January Plan of Correction February March Plan of Correction Plan of Correction Plan of Correction April	January Plan of Correction February Narch Plan of Correction Plan of Correction Plan of Correction	January Plan of Correction February March Plan of Correction April	January Plan of Correction February Narch Plan of Correction April					

. Medication Safety	
N	ſay
Summary of Findings	Plan of Correction
Ju	ine
Summary of Findings	Plan of Correction
J	uly
Summary of Findings	Plan of Correction
Au	gust
Summary of Findings	Plan of Correction
	ember
Summary of Findings	Plan of Correction
	ober
Summary of Findings	Plan of Correction
	ember
Summary of Findings	Plan of Correction
	ember
Summary of Findings	Plan of Correction

## 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>B-</b> Error occurred but did not reach patient (does not include "error of omission")													0
C- Error occurred that reached patient- no harm													0
<b>D-</b> 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
<b>Class I:</b> Antacids, Antidiarrheal agents, Cathartics/Laxatives, Plain IV solutions, Antipyretics, Proton-pump inhibitor, Vitamins, Topical skin agents, Gastrointestinal drugs, Expectorants/Antitussives													0
<b>Class II:</b> Antiemetics, Antidepressants, Antihistamines, Histamines, Anti- inflammatory agents, Estrogens, Progesterones, Muscle relaxants, Complex IV solutions, EENT drugs													0
<b>Class III:</b> 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
<b>Class IV:</b> Anticoagulants, Bronchial agents, CNS stimulants, Cardiovascular drugs, Antiarrhythmic, Vasoactive/Vasodilators, Narcotic analgesics, Electrolytes, Sedative/Hypnotic/Sleeper													0
<b>Class V:</b> Heparin, Blood products, Chemotherapy, Antineoplastic, Hyper alimentation, Insulin, Thrombolytic agents, Epidural / Intrathecal													0
Total Medication Errors	0	0	0	0	0	0	0	0	0	0	0	0	0

## 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

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 Repo	orting Per	riod											
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total Ventilator Days													0
	Jan	uary											
Summary of Findings				Plan of Correction									
			Febr	uary									
Summary of Findings								Plan of (	Correction	n			
March													
Summary of Findings Plan of Correction													
April													
			AI	oril					<u> </u>				
Summary of Findings						Plan of G	Correction	n					
			N										
Summow of Findings			Μ	ay				Dlan of (	Correction				
Summary of Findings								Fian of C	Jorrection	1			
			Tu	ne									
Summary of Findings			JU					Plan of (	Correction	n			
Summary or Emuligs										11			
			Jı	llv									
Summary of Findings			JL	i j				Plan of (	Correction	n			
Summary of Emonigs										•			
			An	gust						_	_		
Summary of Findings	114					Plan of (	Correction	n					
Summing of Emange						- 1011 01 (							
			Septe	mber									
Summary of Findings			Joph					Plan of (	Correction	n			
			Oct	ober									
Summary of Findings								Plan of (	Correction	n			
		1											

## VIII. Respiratory Care Services

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

#### **B.** Ventilator Wean Rate

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														
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD		
												0		
												0		
January														
Summary of Findings			Plan of Correction											
February														
Summary of Findings			Plan of Correction											
		Ma	rch											
Summary of Findings							Plan of (	Correction	n					
April														
Summary of Findings							Plan of (	Correction	n					
May														
	g Program Jan	g Program Jan Feb	3 Program Jan Feb Mar   Jan Jan  Jan Jan Jan	3 Program Jan Feb Mar Apr Apr Apr Apr Apr Apr Apr Apr	3 Program         Jan       Feb       Mar       Apr       May         Jan       Feb       Mar       Apr       May         Jan       Feb       Jan       Apr       May         Jan       Jan       Feb       Jan       Apr       May         Jan       Jan       Jan       Apr       May         Jan       Jan       Jan       Jan       Jan         Jan       Jan       Jan       Apr       May         Jan       Jan       Jan       Jan       Jan         Jan       Jan       Jan       Jan       Jan       Jan         Jan       Jan       Jan       Jan       Jan       Jan       Jan         Jan       Jan       Jan       Jan       Jan       Jan       Jan       Jan       Jan       Jan       Jan       Jan       Jan       Jan       Jan       Jan       Jan       Jan       Jan       Jan       Jan       Jan       Jan       Jan       Jan       Jan       Jan       Jan       Jan       Jan       Jan       Jan       Jan       Jan       Jan       Jan       Jan       Jan       Jan       Jan	3 Program         Jan       Feb       Mar       Apr       May       Jun         Image: Second stress stre	3 Program       Jan       Feb       Mar       Apr       May       Jun       Jul         Jan       Feb       Mar       Apr       May       Jun       Jul         Image: Second state stat	Program         Image: Second sec	Program           Jan         Feb         Mar         Apr         May         Jun         Jul         Aug         Sep           Jan         Feb         Mar         Apr         May         Jun         Jul         Aug         Sep           Jan         Image         Image         Image         Image         Image         Image         Sep           Image         Image </td <td>Program       Jan     Feb     Mar     Apr     May     Jun     Jul     Aug     Sep     Oct       Image: Im</td> <td>Program         Jan       Feb       Mar       Apr       May       Jun       Jul       Aug       Sep       Oct       Nov         Image: Sep in the second seco</td> <td>Program         Jan       Feb       Mar       Apr       May       Jun       Jul       Aug       Sep       Oct       Nov       Dec         Jan       Feb       Mar       Apr       May       Jun       Jul       Aug       Sep       Oct       Nov       Dec         Jan       Jan       Jan       Jan       Jan       Jun       Jun</td>	Program       Jan     Feb     Mar     Apr     May     Jun     Jul     Aug     Sep     Oct       Image: Im	Program         Jan       Feb       Mar       Apr       May       Jun       Jul       Aug       Sep       Oct       Nov         Image: Sep in the second seco	Program         Jan       Feb       Mar       Apr       May       Jun       Jul       Aug       Sep       Oct       Nov       Dec         Jan       Feb       Mar       Apr       May       Jun       Jul       Aug       Sep       Oct       Nov       Dec         Jan       Jan       Jan       Jan       Jan       Jun       Jun		

### 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

. Tatient Sen Decamulation Nate														
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

Summary of Findings     Plan of Correction       March     March       Summary of Findings     Plan of Correction       April     Plan of Correction       Summary of Findings     Plan of Correction       May     May       Summary of Findings     Plan of Correction       June     June       Summary of Findings     Plan of Correction	
Summary of Findings       Plan of Correction         April       Plan of Correction         Summary of Findings       Plan of Correction         May       Plan of Correction         Summary of Findings       Plan of Correction         June       June	
Summary of Findings       Plan of Correction         April       Plan of Correction         Summary of Findings       Plan of Correction         May       Plan of Correction         Summary of Findings       Plan of Correction         June       June	
April Summary of Findings May Summary of Findings Plan of Correction Nay Plan of Correction June	
Summary of Findings     Plan of Correction       May       Summary of Findings       Plan of Correction       June	
Summary of Findings     Plan of Correction       May       Summary of Findings       Plan of Correction       June	
May Summary of Findings June	
Summary of Findings Plan of Correction June	
Summary of Findings Plan of Correction June	
June	
Summary of Findings Plan of Correction	
Summary of Findings     Plan of Correction	
August Summary of Findings Plan of Correction	
Summary of Findings Fian 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 Equipmen Methodology: Patient Records, Log, PDSA	L													
(Benchmark = 100%)														
Inclusion Criteria: All Patients with Respiratory Care Equi	pment													
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	centage of Compliance													
Inner Cannulas Changed Every Day & PRN	er 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														
			Jan	uary										
Summary of Findings								Plan of (	Correctio	n				
			Febr	uary										
Summary of Findings								Plan of (	Correction	n				
			Ma	rch										
Summary of Findings								Plan of (	Correction	n				
			Ар	April										
Summary of Findings				Plan of Correction										

# VIII. Respiratory Care Services

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Plan of Correction
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Plan of Correction

A. I	Development of Pressure Ulcers																
I	Function: Outcome & Process Measure																
]	Rationale: High Risk, Problem Prone																
I	Data Source: Patient Records																
5	ample Size: All Patients who Develop a Stage II PU or >																
I	Aethodology: Patient Records, Incident Reports, PDSA																
]	nclusion Criteria: All Patients who Develop a Stage II PU or >	edy Ulce	rs														
]	Formula: All patients who develop Stage II PU or > (Count on I	arges for	the Mon	th													
	Indicator	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD						
	of patients that develop hospital acquired pressure ulcers during he stay: Stage II or higher, including eschar													0			
]	otal number of patients discharged during the reporting period													0			
	Percent of patients developing 1 or more pressure ulcers																
		lanuary															
	Summary of Findings						Plan of Correction										
	Febr																
L	Summary of Findings								Plan of C	Correction	n						
- F																	
-	Ma																
⊢	Summary of Findings								Plan of C	orrection	n						
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- F	Summary of Findings			A	April Plan of Correction												
F	Summary or Emuligs																
ŀ				Μ	av												
F	Summary of Findings			111					Plan of C	Correction	n						
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	Summary of Findings								Plan of C	Correction	n						
F	v O																
F				Ju	ıly												
	Summary of Findings								Plan of C	Correction	n						
F																	
				Au	gust												
	Summary of Findings								Plan of C	Correction	n						

Septe	ember
Summary of Findings	Plan of Correction
Oct	ober
Summary of Findings	Plan of Correction
Nove	mber
Summary of Findings	Plan of Correction
Dece	mber
Summary of Findings	Plan of Correction

#### B. Wound Healing Improvement

would freaking improvement											 	
Function: Outcome & Process Measure												
Rationale: High Risk, Problem Prone												
Data Source: Patient Records												
Sample Size: All Discharged Patients Receiving Wound Care for	or PU Du	ring Rep	orting Pe	riod								
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	d Healing Rate										 	
January												
Summary of Findings					Plan of C	Correction	n					
February												
Summary of Findings								Plan of C	Correction	n		
			Ma	rch								
Summary of Findings								Plan of C	Correction	n		
			Ap	oril								
Summary of Findings								Plan of C	Correction	n		
			Μ	ay								
Summary of Findings								Plan of C	Correction	n		

Ju	ne						
Summary of Findings	Plan of Correction						
Ju	ıly						
Summary of Findings	Plan of Correction						
	gust						
Summary of Findings	Plan of Correction						
September							
Summary of Findings	Plan of Correction						
Oct	ober						
Summary of Findings	Plan of Correction						
Nove	mber						
Summary of Findings	Plan of Correction						
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Summary of Findings	Plan of Correction						

C. Wound Care Documentation

Wound Care Documentation															
Function: Outcome & Process Measure															
Rationale: High Risk, Problem Prone															
Data Source: Patient Records	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															
	Jan	Plan of Correction													
Summary of Findings					Plan of C	Correction	n								
funning of Findings	uary				Dlam of (	Correction	-								
Summary of Findings	Summary of Findings							Fian of C	Jorrection	1					
			Ma	rch											
Summary of Findings								Plan of C	Correction	n					
			Ap	April Plan of Correction											
Summary of Findings				Plan of Correction											
			М	May											
Summary of Findings			171	May           Plan of Correction											
			Ju	ne											
Summary of Findings								Plan of C	Correction	n					
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Summary of Findings			Ju	uy				Plan of (	Correction	n					
Summary or Findings															
			Au	gust											
Summary of Findings								Plan of C	Correction	n					
			Septe	mber											

Summary of Findings	Plan of Correction					
Oct	ober					
Summary of Findings	Plan of Correction					
Nove	mber					
Summary of Findings	Plan of Correction					
Dece	mber					
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 Debridem	ents Duri	ng Repor	ting Peri	od										
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	tients with consents completed prior to the procedure												0	
# of patients with wound debridement's/wound procedures performed during reporting period	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	ercent of time outs completed prior to the procedure													
	Jan	uary		•						•				
Summary of Findings					Plan of C	Correctio	n							
February														
Summary of Findings								Plan of C	Correctio	n				
			Ma	March										
Summary of Findings				Plan of Correction										
			Ap	April										
Summary of Findings								Plan of C	Correctio	n				
			Μ	ay										
Summary of Findings								Plan of C	Correctio	n				
			Ju	ine										
Summary of Findings								Plan of C	Correctio	n				
			Jı	ıly										
Summary of Findings								Plan of C	Correctio	n				
			Au	gust										

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Summary of Findings				Plan of Correction											
			Septe	mber											
Summary of Findings			Бери	Plan of Correction											
Summary of Findings															
			Oct	ober											
Summary of Findings				Plan of Correction											
	vember														
Summary of Findings	vember Plan of Correction														
Summary of Findings	Plan of Correction														
			Dece	mber											
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															
			Jan	uary											
Summary of Findings				Plan of Correction											
			Fahr												
Summary of Findings			Febr	uary				Plan of C	orractio	n					
Summary of Findings															
			Ma	rch											
Summary of Findings								Plan of (	Correctio	n					
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Summary of Findings								Plan of (	orrectio	n					
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Ju	ne							
Summary of Findings	Plan of Correction							
Ju	ıly							
Summary of Findings	Plan of Correction							
Au	gust							
Summary of Findings	Plan of Correction							
September								
Summary of Findings	Plan of Correction							
Oct	ober							
Summary of Findings	Plan of Correction							
Nove	mber							
Summary of Findings	Plan of Correction							
Dece	mber							
Summary of Findings	Plan of Correction							

E. Wound Vac Application

Would Vac Application													
Function: Outcome & Process Measure													
Rationale: High Risk, Problem Prone													
Data Source: Patient Records													
Sample Size: All Discharged Patients Receiving Wound Vac Tr	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													0
period													
Percent of patients receiving consent for wound vac													
intervention prior to first treatment													
January													
Summary of Findings Plan of Correction													
# of patients initiating wound vac therapy during the reporting period Percent of patients receiving consent for wound vac intervention prior to first treatment													0

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	ruary
Summary of Findings	Plan of Correction
Ma	rch
Summary of Findings	Plan of Correction
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A	oril
Summary of Findings	Plan of Correction
Μ	ay
Summary of Findings	Plan of Correction
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Ju	ine
Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
Septe	ember
Summary of Findings	Plan of Correction
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Oct	ober
Summary of Findings	Plan of Correction
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Nove	mber
Summary of Findings	Plan of Correction
Dece	mber
Summary of Findings	Plan of Correction

## A. Radiology Films

Radiology Finits														
Function: Outcome & Process Measure														
Rationale: High Risk, High Volume, Problem Prone														
Data Source: Patient Records														
Sample Size: All Radiology Performed During Reporting Perio	d													
Methodology: Patient Records, PDSA														
Inclusion Criteria: All Radiology Reports Performed During R	eporting			-	-					-			_	
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														
Technical Error														
													0	
January														
Summary of Findings	Summary of Findings Plan of Correction													
February														
Summary of Findings								Plan of C	Correction	n				
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Summary of Findings								Plan of C	Correction	n				
			Al	pril										
Summary of Findings								Plan of C	Correctio	n				
			Μ	ay										
Summary of Findings								Plan of C	Correction	n				
			Ju	ine										
Summary of Findings								Plan of C	Correction	n				
			Jı	ıly										
Summary of Findings								Plan of C	Correction	n				
			Au	gust										
Summary of Findings								Plan of C	Correction	n				

Sep	tember
Summary of Findings	Plan of Correction
0	ctober
Summary of Findings	Plan of Correction
No	vember
Summary of Findings	Plan of Correction
De	cember
Summary of Findings	Plan of Correction

## B. Imaging

Imaging													
Function: Outcome & Process Measure													
Rationale: High Risk, High Volume, Problem Prone													
Data Source: Patient Records													
Sample Size: All CT Imaging Performed During Reporting Per	riod												
Methodology: Patient Records, PDSA													
Inclusion Criteria: All CT Imaging Performed During Reporti	ng 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
												0	
Percentage of Contrast CT scan consents													
January													
Summary of Findings     Plan of Correction													
			Febr	uary									
Summary of Findings								Plan of C	Correction	n			
			Ma	rch									
Summary of Findings								Plan of C	Correction	n			
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Summary of Findings								Plan of C	Correction	n			
			Μ	ay									
Summary of Findings								Plan of C	Correction	n			
			Ju	ine									
Summary of Findings								Plan of C	Correction	n			
			Jı	ıly									
Summary of Findings								Plan of C	Correction	n			
			Au	gust									

Summary of Findings	Plan of Correction
Sep	tember
Summary of Findings	Plan of Correction
Oc	tober
Summary of Findings	Plan of Correction
Nov	ember
Summary of Findings	Plan of Correction
Dec	ember
Summary of Findings	Plan of Correction

## C. Radiation Dosimeter Report

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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 C	Correctio	n			
			Ma	rch									
Summary of Findings								Plan of C	Correctio	n			
			Al	oril									
Summary of Findings								Plan of C	Correctio	n			
			Μ	ay									
Summary of Findings								Plan of C	Correctio	n			
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Summary of Findings								Plan of (	Correctio	n			
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Summary of Findings								Plan of (	Correctio	n			
			Au	gust									
Summary of Findings								Plan of C	Correctio	n			

Sept	ember
Summary of Findings	Plan of Correction
Oc	tober
Summary of Findings	Plan of Correction
Nov	ember
Summary of Findings	Plan of Correction
Dec	ember
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 C	Correction	1			

- XI. Laboratory
- A. Lab Reports

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 Perio	od												
Methodology: Lab Reports, PDSA													
Inclusion Criteria: All Lab Reports Performed During Reporting	g 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
pecimen Identification Error												0	
January													<u> </u>
Summary of Findings Plan of Correction													
February													
Summary of Findings Plan of Correction													
			Ma	rch									
Summary of Findings								Plan of C	Correction	1			
			A	oril									
Summary of Findings								Plan of C	Correction	1			
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Summary of Findings								Plan of C	Correction	1			
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Summary of Findings								Plan of (	Correction	1			
			A11	gust									
Summary of Findings			110					Plan of C	Correction	n			
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			Sente	ember									
Summary of Findings			Bepti					Plan of (	Correction	n			
Summary or Findings									.01160101	1			
			Oct	ober		_		_		_			
			Oct	ober									

## XI. Laboratory

Summary of Findings	Plan of Correction
Nove	ember
Summary of Findings	Plan of Correction
Dece	mber
Summary of Findings	Plan of Correction

B. Blood Culture Contaminations

21000 Culture Containing Cont													
Function: Outcome & Process Measure													
Rationale: High Risk, High Volume, Problem Prone													
Data Source: Lab Reports													
Sample Size: All Blood Culture Lab Reports Performed During	Reportin	g Period											
Methodology: Lab Reports, PDSA													
Inclusion Criteria: All Blood Culture Lab Reports Performed D	uring Rej	porting P	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													
Percentage of contaminated blood cultures													
January													
Summary of Findings         Plan of Correction													
			Febr	ruary									
Summary of Findings Plan of Correction													
			Ma	arch									
Summary of Findings								Plan of C	Correction	n			
			Aj	pril									
Summary of Findings								Plan of C	Correction	n			
			Μ	lay									
Summary of Findings								Plan of C	Correction	n			
			Ju	ine									
Summary of Findings								Plan of C	Correction	n			
			Jı	uly									
Summary of Findings								Plan of C	Correction	n			
			Au	gust									
Summary of Findings								Plan of C	Correction	n			

## XI. Laboratory

Septe	ember
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				-	, i i i i i i i i i i i i i i i i i i i								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) TB Questionnaire													0
CXR (check for TB)		<u> </u>						<u> </u>	<u> </u>				0
Employee Illness/Injury	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Gastrointestinal Symptoms (N/V/D)	Jall	TED	1VIAI	Арг	wiay	Juii	Jui	Aug	Beh	00	1101	Det	0
Sore Throat													0
Urinary Symptoms													0
Conjunctivitis													0
Conjunctivitis		I				l	l	I	I	l			U

# XII. Employee Health

				r	r	1	T	1	-	T	1	1			
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								Complian	ce				
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)

-•	Calleter Associated Officially Tract Infections (CAUTES)													
	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!
				Janı	uary									
	Summary of Findings								Plan of C	Correction	n			
				Febr	uary									
	Summary of Findings								Plan of C	Correction	n			
March														
Summary of Findings         Plan of Correction														
	April													
	Summary of Findings Plan of Correction													
				Μ	ay									
	Summary of Findings								Plan of C	Correction	n			
				Ju	ne									
	Summary of Findings								Plan of C	Correction	n			
				Ju	ily									
	Summary of Findings Plan of Correction													
	August													
	Summary of Findings								Plan of C	Correction	<u>n</u>			
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Septe	ember
Summary of Findings	Plan of Correction
Oct	ober
Summary of Findings	Plan of Correction
Nove	mber
Summary of Findings	Plan of Correction
Dece	mber
Summary of Findings	Plan of Correction

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

Central Line Associated biooustream infections (CLADSI'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													0
(Benchmark=0.5)													
# of Total Central Line Days During the Reporting Period													0
Infection Rate per 1000 central line days													
CLABSI Bundle Compliance (Benchmark=90%)													#DIV/0!
			Jan	uary									
Summary of Findings								Plan of C	Correctio	n			
			Febr	uary									
Summary of Findings								Plan of C	Correction	n			
			Ma	rch									
Summary of Findings								Plan of C	Correction	n			
			A	pril									
Summary of Findings								Plan of C	Correction	n			

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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Au	gust
Summary of Findings	Plan of Correction
Septe	mber
Summary of Findings	Plan of Correction
Oct	ober
Summary of Findings	Plan of Correction
Nove	mber
Summary of Findings	Plan of Correction
Dece	mber
Summary of Findings	Plan of Correction

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 da	avs After	Admissi	on										
Methodology: Patient Records, Lab Reports, PDSA		111111551											
Inclusion Criteria: All Patients who Develop MRSA bacteremia	>3 davs	After Ad	Imission										
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total # of LAB ID EVENT MRSA BACTEREMIA (Hospital	0 411	100		p-	112005				ъчр		1101	200	0
Onset identified >3 days after admission)													
Total # of Patient Days													0
LAB ID EVENT MRSA Rate per 1000 patient days		· · · · · · · · · · · · · · · · · · ·											
Total # of LAB ID EVENT MRSA BACTEREMIA (Community												0	
Onset identified within 3 days of admission)													
		-	Jan	uary									-
Summary of Findings         Plan of Correction													
February													
Summary of Findings								Plan of C	Correction	n			
			Ma	rch									
Summary of Findings								Plan of C	Correction	n			
			Ap	oril									
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Summary or Findings										11			

Sep	tember
Summary of Findings	Plan of Correction
0	ctober
Summary of Findings	Plan of Correction
No	vember
Summary of Findings	Plan of Correction
De	cember
Summary of Findings	Plan of Correction

## D. Hospital Acquired MDRO

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													
			Jan	uary									
Summary of Findings								Plan of C	Correction	n			
			Febr	uary									
Summary of Findings								Plan of C	Correction	n			
			Ma	rch									
Summary of Findings								Plan of C	Correction	n			
			Ap	oril					u				
Summary of Findings								Plan of C	Correction	n			
			M	ay									

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Summary of Findings	Plan of Correction
Septo	ember
Summary of Findings	Plan of Correction
Oct	ober
Summary of Findings	Plan of Correction
Nove	mber
Summary of Findings	Plan of Correction
Dece	mber
Summary of Findings	Plan of Correction

#### E. Hospital Acquired C-diff

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 Adn	nission												
Methodology: Patient Records, Lab Reports, PDSA													
Inclusion Criteria: All Patients who Develop C. diff > days Afte	er Admiss	sion											
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													0
days after admission													
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													0
within 3 days of admission)													
January													
Summary of Findings         Plan of Correction													
			Febr	ruary									
Summary of Findings								Plan of (	Correction	n			
			Ma	ırch									
Summary of Findings								Plan of (	Correction	n			
			Al	pril					~				
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			A	mat									
			Au	gust									

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. 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
			Jan	uary									
Summary of Findings								Plan of C	Correction	n			
February													
Summary of Findings	Summary of Findings Plan of Correction												
			Ma	irch									
Summary of Findings								Plan of C	Correction	n			
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			Al	pril									
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Oct	ober
Summary of Findings	Plan of Correction
Nove	mber
Summary of Findings	Plan of Correction
Dece	mber
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	<b>—</b>							<b>I</b>	~			_	
% 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!
			Janı	uary									
Summary of Findings								Plan of C	Correction	n			

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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
Septe	mher
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Octo	ber
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Nover	mber
Summary of Findings	Plan of Correction
Decer	
Summary of Findings	Plan of Correction

H. Public Health Reporting

Function: Outcome Measure

Rationale: Regulatory Compliance													
Data Source: Patient Records, Lab Records													
Sample Size: All Inhouse Patients with A Reportable Disease C	ondition												
Methodology: Patient Records, Lab Records, PDSA													
Inclusion Criteria: All Inhouse Patients with A Reportable Dis	ease Cond	lition											
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Reports to the Health Department													0
			Janu	iary									
Summary of Findings	Summary of Findings Plan of Correction												
			Febr	uary									
Summary of Findings								Plan of C	Correction	n			
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			Septe	mher									
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			Octo	ober									
Summary of Findings								Plan of (	Correctio	n			

November								
Summary of Findings	Plan of Correction							
Dece	mber							
Summary of Findings	Plan of Correction							

# 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 isol	otion												
Indicator	Jan	Feb	Mar	Apr	Mav	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total number of patients in isolation	Jall	reb	Iviai	Арі	wiay	Juli	Jui	Aug	Sep	001	TNUV	Dec	0
Total number of isolation patient days													0
Total number of isolation patient days			Jan	10.837									U
Summary of Findings			Jan	ual y				Plan of (	Correctio	n			
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Summary of Findings								Plan of (	Correctio	n			
August													
Summary of Findings								Plan of (	Correctio	n			
			Septe	mber									
Summary of Findings								Plan of (	Correction	n			

Oct	ober
Summary of Findings	Plan of Correction
Nove	mber
Summary of Findings	Plan of Correction
Dece	mber
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														
				Jan	lary										
	Summary of Findings				Plan of Correction										
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	Summary of Findings				Plan of Correction										
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				М	ay										
	Summary of Findings								Plan of C	Correction	n				

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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
Septe	ember
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
	mber
Summary of Findings	Plan of Correction

K. Sepsis Care

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													0
Following Protocol													
Total number of Patients With Sepsis Diagnosis													0
Percentage of Compliance													
			Jan	uary									
Summary of Findings								Plan of C	Correction	n			
			Febr	uary									
Summary of Findings								Plan of C	Correction	n			

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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
Au	gust
Summary of Findings	Plan of Correction
Septe	ember
Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
Nove	mber
Summary of Findings	Plan of Correction
	mber
Summary of Findings	Plan of Correction
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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

Inclusion Criteria: All Patients with Ventilators During Report	ing Perio	d														
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!			
	of Findings Plan of Correction															
Summary of Findings																
	February           Summary of Findings         Plan of Correction															
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			Nove	mber												
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			Dece	mber												

Summary of Findings	Plan of Correction

# XIV. Health Information Management (HIM)

A. History and Physicals Completion

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													
			Jan	uary									
Summary of Findings								Plan of C	Correction	n			
February													
Summary of Findings								Plan of C	Correction	n			
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Summary of Findings Plan of Correction													
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Summary of Findings								rian of C	Correction	11			

October										
Summary of Findings	Plan of Correction									
November										
Summary of Findings	Plan of Correction									
Dece	mber									
Summary of Findings	Plan of Correction									

#### B. Discharge Summary Completion

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														
			Jan	uary										
Summary of Findings						Plan of Correction								
			Febr	uary										
Summary of Findings				Plan of Correction										
			Ma	rch										
Summary of Findings								Plan of (	Correction	n				
			A	oril										
Summary of Findings								Plan of C	Correction	n				
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Summary of Findings	Plan of Correction									
J	uly									
Summary of Findings	Plan of Correction									
August										
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									
Nov	ember									
Summary of Findings	Plan of Correction									
	ember									
Summary of Findings	Plan of Correction									

C. Progress Notes (Swingbed)

i i ogress i totes (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													
			Jan	ıary									
Summary of Findings				Plan of Correction									
			Febr	uary									
Summary of Findings								Plan of C	Correction	1			
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Nove	ember
Summary of Findings	Plan of Correction
Dece	ember
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

inclusion criteria. An Acute & Observation ratients		I — -	T					<b>.</b> .		-		_			
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															
			Jan	uary											
Summary of Findings				Plan of Correction											
			Febr	uary											
Summary of Findings								Plan of (	Correctio	n					
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Summary of Findings								Plan of (	Correctio	n					
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Summary of Findings				Plan of Correction											
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			Ju	ıly											
Summary of Findings								Plan of (	Correctio	n					
			Au	gust											
Summary of Findings								Plan of (	Correctio	n					
			Septe	ember											
Summary of Findings								Plan of (	Correctio	n					
			Oct	ober											

Summary of Findings	Plan of Correction							
November								
Summary of Findings	Plan of Correction							
Dece	mber							
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				1				8					0	
(Benchmark=100%)														
Total # of Medical Exam Screenings													0	
MSE Percent of completion														
			Jan	uary										
Summary of Findings				Plan of Correction										
			Febr	uary										
Summary of Findings				Plan of Correction										
			Ma	rch										
Summary of Findings				Plan of Correction										
			Ap	April										
Summary of Findings				Plan of Correction										
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			М	ay					· · ·					
Summary of Findings								Plan of C	orrection	n				
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Summary of Findings			Ju	June Plan of Correction										
Summary of Findings									01100101	1				

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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
Sept	ember
Summary of Findings	Plan of Correction
Oct	ober
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Nove	ember
Summary of Findings	Plan of Correction
Dece	mber
Summary of Findings	Plan of Correction

## F. ED RN Assessment

Summary of Findings	Plan of Correction							
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Summary of Findings	Plan of Correction							
J	une							
Summary of Findings	Plan of Correction							
	uly							
Summary of Findings	Plan of Correction							
August								
Summary of Findings	Plan of Correction							
	ember							
Summary of Findings	Plan of Correction							
	tober							
Summary of Findings	Plan of Correction							
	ember							
Summary of Findings	Plan of Correction							
	ember							
Summary of Findings	Plan of Correction							

G. Provi	der ER Response Time																	
	tion: Outcome & Process Measure																	
Ratio	nale: 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																		
	sion 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				-									0				
	der notification to provider arrival time) (Benchmark=90%)																	
Total	number of ER visits													0				
ER Pi	rovider Response Time																	
January																		
	Summary of Findings				Plan of Correction													
				Febr	ebruary													
	Summary of Findings						Plan of Correction											
		Ma	rch															
	Summary of Findings						Plan of C	Correctio	n									
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	Summary of Findings				Plan of Correction													
				Μ	May													
	Summary of Findings				Plan of Correction													
				Ju	ne													
	Summary of Findings				Plan of Correction													
				Ju	ly													
	Summary of Findings								Plan of C	Correctio	n							
				Aug	gust					-								
	Summary of Findings								Plan of C	Correctio	n							
				Septe	Plan of Correction													
	Summary of Findings								Plan of C	Correctio	n							

October							
Summary of Findings Plan of Correction							
Nove	ember						
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														
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%)	0 411	2.00			1.249		0 44		~~p		1101	200	0	
Total number of admissions													0	
Consent To Treat Percent of completion														
			Jan	uary										
Summary of Findings				Plan of Correction										
			Febr	uary										
Summary of Findings				Plan of Correction										
			Ma	rch										
Summary of Findings				Plan of Correction										
			Ap	oril										
Summary of Findings								Plan of C	Correction	n				
			Μ	ay										
Summary of Findings					Plan of Correction									
	June													
Summary of Findings								Plan of C	Correction	n				
	July													

Summary of Findings	Plan of Correction
	August
Summary of Findings	Plan of Correction
S	eptember
Summary of Findings	Plan of Correction
	October
Summary of Findings	Plan of Correction
N	ovember
Summary of Findings	Plan of Correction
I	ecember
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 0 post admission (Benchmark=95%) Total number of swingbed admissions 0 Percent of completion ---------------------------------------Activities Assessment completed within 24 hours or first business 0 day post admission (Benchmark=95%) 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 **Plan of Correction Summary of Findings** Julv

Summary of Findings	Plan of Correction
	August
Summary of Findings	Plan of Correction
S	eptember
Summary of Findings	Plan of Correction
	October
Summary of Findings	Plan of Correction
N	ovember
Summary of Findings	Plan of Correction
I	ecember
Summary of Findings	Plan of Correction

XV. Dietary Department

A. Food Temperature

roou remperature													
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											Dec	YTD
# of food trays with appropriate temperature (Benchmark=95%)													0
Number of Patient Trays Audited for Accurate Temperature													0
Accuracy Rate													
			Jan	uary									
Summary of Findings								Plan of C	Correctio	n			
			Febr	uary									
Summary of Findings								Plan of (	Correctio	n			
			Ma	rch									
Summary of Findings								Plan of (	Correctio	n			
			A	oril					~				
Summary of Findings								Plan of (	Correctio	n			
May													
Summary of Findings								Plan of (	Correctio	n			
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			Ju	ne									
Summary of Findings								Plan of C	Correctio	n			
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			Jı	lly									
Summary of Findings Plan of Correction													
Commence of D'a 1'			Au	gust				Diama e c	1				
Summary of Findings								rian of (	Correctio	n			
			Conto										
Summary of Findings Plan of Correction													
Summary of Findings								rian of (	Jorrectio	11			

# XV. Dietary Department

October									
Summary of Findings	Plan of Correction								
November									
Summary of Findings	Plan of Correction								
Decer	mber								
Summary of Findings	Plan of Correction								

В.	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 Evalu	ated														
	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															
				Jan	uary											
	Summary of Findings						Plan of Correction									
				Febr	ebruary											
	Summary of Findings				Plan of Correction											
				М-												
	Summary of Findings			Ma	Aarch Dien of Connection											
	Summary of Findings				Plan of Correction											
				Ar	oril											
	Summary of Findings					Plan of Correction										
				Μ	ay											
	Summary of Findings								Plan of C	Correction	n					

# 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

# XVI. Therapy

#### A. Therapy Volume

Indicators	Jan	Feb	Mar	Apr	Mav	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total Number of Swingbed Patients Admitted to PT Services							0.02	8	~				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 Patient 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													0
Completed Within 72H of Order (Excludes Day of Admit,													
Holidays, Weekends)													
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!	<b>#REF!</b>	<b>#REF!</b>	#REF!	<b>#REF!</b>	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
Total Number of SLP Days													0
Total Number of Patient Days													0
Percentage of Therapy Days	<b>#REF!</b>	#REF!	<b>#REF!</b>	<b>#REF!</b>	<b>#REF!</b>	<b>#REF!</b>	<b>#REF!</b>	<b>#REF!</b>	<b>#REF!</b>	#REF!	<b>#REF!</b>	<b>#REF!</b>	#REF!
			Jan	uary									
Summary of Findings								Plan of C	Correction	1			
			Febr	uary									
Summary of Findings								Plan of C	Correction	1			
			Ma	rch									
Summary of Findings				Plan of Correction									

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June									
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Summary of Findings	Plan of Correction								
Oat	ober								
Summary of Findings	Plan of Correction								
Summary of Findings									
Nove	mber								
Summary of Findings	Plan of Correction								
Dece	mber								
Summary of Findings	Plan of Correction								

**B.** Therapy Visits

inclupy 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 treat	ment sess	ions											
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									
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Summary of Findings	Plan of Correction									
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	pril									
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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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Au	gust									
Summary of Findings	Plan of Correction									
Septe	ember									
Summary of Findings	Plan of Correction									
Oct	ober									
Summary of Findings	Plan of Correction									
Nove	November									
Summary of Findings	Plan of Correction									
	mber Blan of Connection									
Summary of Findings	Plan of Correction									

. Functional Improvement Outcomes													
Function: Outcome Measure													
Rationale: Problem Prone													
Data Source: Patient Records													
Sample Size: All discharged patients in the therapy program t	for reporti	ng montl	ı										
Methodology: Patient records; PDCA	•	8											
Inclusions: Patients: admit from home, ambulatory preadmit,	receive at	least 2 P	T visits, N	Medical I	)x								
Exclusions: Deaths, Surgical Admissions, W/C or bed bound J						ate PT							
Formula: total number of patients discharged with improved	FIM score	/ total nu	mber of <b>j</b>	patients v	vith docu	mented F	IM score	on admi	ssion				
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total # of patients discharged with improved FIM score													0
(Benchmark=15%)													
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													
Summary of Findings	Summary of Findings							Plan of C	Correction	n			
February           Summary of Findings         Plan of Correction													
Summary of Findings	Summary of Findings							Plan of C	Jorrectio	0			
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Summary of Findings			1710					Plan of (	Correction	n			
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Summary of Findings				Plan of Correction									
			Μ	lay									
Summary of Findings								Plan of (	Correction	n			
			Ju	ine									
Summary of Findings								Plan of (	Correction	n			
			Jı	uly									
Summary of Findings								Plan of (	Correction	n			
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Summary of Findings								rian of (	Jorrectio	11			
			Sont	ember									
			Septe	ember									

Summary of Findings	Plan of Correction							
00	ctober							
Summary of Findings	Plan of Correction							
November								
Summary of Findings	Plan of Correction							
Dec	eember							
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) 0 Quarterly Reporting (Benchmark=100%) 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 **Plan of Correction Summary of Findings** July **Summary of Findings Plan of Correction** August **Summary of Findings Plan of Correction** September **Plan of Correction Summary of Findings** October **Summary of Findings Plan of Correction** 

Nove	mber
Summary of Findings	Plan of Correction
Dece	mber
Summary of Findings	Plan of Correction

B. Trauma Registry Report

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
			Jan	iary									
Summary of Findings	Summary of Findings							Plan of C	Correctio	n			
February													
Summary of Findings								Plan of C	Correctio	n			
	rch												
Summary of Findings								Plan of C	Correctio	n			
April Summary of Findings Plan of Correction													
Summary of Findings	Summary of Findings							Plan of C	Correction	n			
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Summary of Findings				Plan of Correction									
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			Ju	ne									
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Summary of Findings Plan of Correction													
Summary of Findings								Plan of C	orrectio	n			

October									
Summary of Findings	Plan of Correction								
November									
Summary of Findings	Plan of Correction								
Dece	mber								
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 C	Correction	n				
			Febr	uary										
Summary of Findings				Plan of Correction										
			Ma	rch										
Summary of Findings								Plan of C	Correction	n				
			A	oril										
Summary of Findings								Plan of C	Correction	n				
			Μ	ay										
Summary of Findings								Plan of C	Correction	n				
			Ju	ine										
Summary of Findings								Plan of C	Correction	n				
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Summary of Findings	Plan of Correction								
August									
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	September								
Summary of Findings	Plan of Correction								
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	November								
Summary of Findings	Plan of Correction								
	December								
Summary of Findings	Plan of Correction								

В.	Turnover	&	Staffing
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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	Mav	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD		
Total number of voluntary separations	oun	100			ivitay	oun	oui	ing	Sep	000	1107	200	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															
Former		<u> </u>	Jan	uarv		1	<u> </u>				<u>I</u>		<u>.</u>		
Summary of Findings	Plan of Correction														
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			Febr	uary											
Summary of Findings				· ·				Plan of C	Correction	n					
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Summary of Findings								Plan of C	Correction	n					
			A	oril											
Summary of Findings								Plan of C	Correction	n					
			Μ	ay											
Summary of Findings								Plan of C	Correction	n					
			Ju	ine											
Summary of Findings								Plan of C	Correction	n					
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
Oct	ober
Summary of Findings	Plan of Correction
Nove	mber
Summary of Findings	Plan of Correction
Dece	mber
Summary of Findings	Plan of Correction

## C. Employee Satisfaction 30 Day Survey

Employee Satisfaction 50 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		1	1		1	1				1	1	1	0	
Rating														
Does the organization give you the tools and technologies you													0	
need to do your job well? (Excellent)													U	
Total Number of Questions													0	
Rating														
Does management seem invested in the success of the team?													0	
(Excellent)													v	
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														
			Jan	uary			1							
Summary of Findings								Plan of C	Correctio	n				
	February													
Summary of Findings	February       Plan of Correction													
			Ma	arch										
Summary of Findings								Plan of C	Correctio	n				
			A	pril										
Summary of Findings								Plan of C	Correctio	n				
			Μ	lay										
Summary of Findings								Plan of C	Correctio	n				
			Ju	ine										
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	Nove	mber													
Summary of Findings								Plan of C	Correction	n					
			Dece	mber											
Summary of Findings								Plan of C	Correction	n					
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		
Total Number of Questions													0		
Percentage of Fair Ratings															
Total Number of Questions With Good Rating													0		
Total Number of Questions													0		
Percentage of Good Ratings															

D. Employee Satisfaction Annual Survey

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)		I		r	I	<u> </u>							0
Total Number of Questions	-												0
Rating	-												
Does the organization give you the tools and technologies you													0
													U
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													
		1	Jan	uary	1		<u>I</u>					<u>I</u>	
Summary of Findings			•	,				Plan of C	Correctio	n			
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Dece	mber
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
Total Number of Questions													0
Percentage of Fair Ratings													
Total Number of Questions With Good Rating													0
Total Number of Questions													0
Percentage of Good Ratings													

#### 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!
			Jan	uary									
Summary of Findings								Plan of (	Correctio	n			
			Febr	ruary									
Summary of Findings								Plan of (	Correctio	n			
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Summary of Findings	Plan of Correction

# B. Revenue A/R

<b>Definition:</b> Days Revenue in AR is a measure of how long it takes	the hospit	al to colle	ect on bill	ings after	the date of	of service	or discha	rge						
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Days Revenue in A/R													0	
			Jan	uary										
Summary of Findings								Plan of C	Correction	n				
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Summary of Findings								Plan of C	Correction	n				

### XX. Environmental Services

A. Sharps Containers

Snarps 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)													0
(Benchmark=95%)													
Total Number of Sharps Containers Checked													0
Percent of Compliance													
			Jan	uary									
Summary of Findings Plan of Correction													
			Febr	uary									
Summary of Findings								Plan of C	Correction	n			
March													
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			Septe	ember									
Summary of Findings								Plan of C	Correction	n			
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Summary of Findings	Plan of Correction						
November							
Summary of Findings	Plan of Correction						
Dece	mber						
Summary of Findings	Plan of Correction						

B. Terminal Room Cleans

													1
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													0
(Benchmark=100%)													
Total Number of Rooms Inspected													0
Percent of Compliance													
			Jan	uary									
Summary of Findings								Plan of C	Correction	n			
February													
Summary of Findings								Plan of C	Correction	n			
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Nov	ember
Summary of Findings	Plan of Correction
Dec	ember
Summary of Findings	Plan of Correction

C. Linen Services

~•	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									
				Febr	uary									
	Summary of Findings				Plan of Correction									
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	Summary of Findings								Plan of C	Correction	1			
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	Summary of Findings								Plan of C	Correction	1			

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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
Nove	mber
Summary of Findings	Plan of Correction
Dece	mber
Summary of Findings	Plan of Correction

XXI. Materials Management

A. Materials Management Indicators

Materials Management Indicators													
Function: Process & Outcome Measure													
Rational: High Risk, Problem Prone													
Data Source: Order Sheets, Invoices													
Methodology: Order Sheets, Invoices, PDSA		1	1	•	•	1	•	•	•	1	•		
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										0			
Charge Codes Meeting Compliance (5 audits/month) 0										0			
Total Number of Items Checked Out Properly													0
Total Number of Items Checked Out													0
Percent of Compliance													
			Jan	uary									
Summary of Findings Plan of Correction													
February													
Summary of Findings	Summary of Findings Plan of Correction												
			Ma	rch									
Summary of Findings								Plan of C	Correction	n			
			A	pril									
Summary of Findings								Plan of C	Correction	n			
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July													
Summary of Findings Plan of Correction													
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September								
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XXII. Plant Operations

A. Plant Operations

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	ork Order Turn Around in 3 days or less												0
Total Number of Work Orders													0
Percentage of Compliance													
January													
Summary of Findings								Plan of C	Correction	<u>1</u>	,	,	
February													
Summary of Findings Plan of Correction													
March													
Summary of Findings	Summary of Findings Plan of Correction												
April													
Summary of Findings								Plan of C	Correction	1			
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Nove	mber
Summary of Findings	Plan of Correction
Dece	mber
Summary of Findings	Plan of Correction

XXIII. Information Technology

A. Work Orders

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													
				Feb	ruary								
Summary of Findings Plan of Correction													
March													
Summary of Findings								Plan of C	orrection	n			
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Summary of Findings								Plan of C	Correction	n			
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	November
Summary of Findings	Plan of Correction
	December
Summary of Findings	Plan of Correction

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	YT	
Equipment Malfunction										1	1	1	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														
				Jan	uary									
Summary of Findings				Plan of Correction										

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XXIV. Clinic

A. Volume

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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

-	-						-	-				-	
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
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C. Reported Complaints

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																			
			Janu	lary															
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Complaint Grouped by Type													
Complaint Type	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Prolonged Wait Time													0
Medication related													0
Communication (follow-through on concerns, etc.)													0
Attitude and Customer Service													0
Other													0

	Complaint Grouped by Staff													
Complaint by Staff	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Provider													0	
Nurse													0	
Office													0	

D.	Rationale: High Risk, Problem Prone													
	Data Source: Patient Records													
	Sample Size: All Medication Errors													
	Methodology: Patient Records, PDSA													
	Inclusion Criteria: All Medication Errors		БТ	м		м	Ŧ			G		N		N/DD
	Documentation Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD 0
	Total number of Medication Errors Total number of Medications Given													0
	Percentage of Medication Errors													
	recentage of Medication Errors		anuary											
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		Febr	bruary											
	Summary of Findings						Plan of C	orrection	1					
	March													
	Summary of Findings		Plan of Correction											
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				Ju	ly									
	Summary of Findings								Plan of C	orrection	1			
				Aug	gust									
	Summary of Findings								Plan of C	orrection	1			
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	Summary of Findings		Plan of Correction											
				Octo	ctober									
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				Nove	vember									
	Summary of Findings								Plan of C	orrection	1			

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

Referruis 10 Hospital Inputient 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									
			Febr	uary									
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	March												
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Summary of Findings	Plan of Correction

F. Quality Checks

. Quanty 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													0
current													
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	Environment of Care Rounds Completed & Issues Addressed 0												
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Summary of Findings	Plan of Correction									
Summary of rindings										

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	Jun	100			Intug	oun	our	ing	Bep		1107	200	#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!				
			Jan	uary													
Summary of Findings				Plan of Correction													
			Febr	uary													
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Summary of Findings				Plan of Correction													
			Aug	gust													
Summary of Findings				ļ				Plan of C	orrection	n							
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			Novo	mber	_	_	_	_									
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Summary or Findings									01100101	LI.							
			Dece	mber													
Summary of Findings			Ditt					Plan of C	orrection	n							
Summery or Findings										-							

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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)				L	2			8	•				0
Total Number of Injections Meeting Compliance Bundle													0
Percentage of Compliance													
January													
Summary of Findings								Plan of C	Correction	ı			
			Febr	uary									
Summary of Findings				Plan of Correction									
Commence of Fig. discon			Ma	rch				Dlass of C	orrection				
Summary of Findings								Plan of C	orrection	1			
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Summary of Findings			Ap				•	Plan of (orrection	`			
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Summary of Findings			141					Plan of C	orrection	1			
	Summary of Findings												
			Ju	ne									
Summary of Findings						Plan of C	orrection	1					
· · ·													
	July												
Summary of Findings	Summary of Findings							Plan of C	Correction	1			
			Aug	gust									

Summary of Findings	Plan of Correction
Septe	mber
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Oct	ober
Summary of Findings	Plan of Correction
Nove	mber
Summary of Findings	Plan of Correction
Dece	mber
Summary of Findings	Plan of Correction

H. Health Information Management

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		-					1	1		1		-	
Documentation Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Correct Patient Identification With Unique Patient Identifiers													0
(Benchmark=90%)													
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													
			Janu	lary									
Summary of Findings]	Plan of C	orrectior	1			
February													
Summary of Findings]	Plan of C	orrectior	1			
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March													

Summary of Findings	Plan of Correction								
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Ju	ne								
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Ju	ly								
Summary of Findings	Plan of Correction								
August									
Summary of Findings	Plan of Correction								
Septe	mber								
Summary of Findings	Plan of Correction								
	ober								
Summary of Findings	Plan of Correction								
Nove	mber								
Summary of Findings	Plan of Correction								
Dece	mber								
Summary of Findings	Plan of Correction								

I. Risk Management													
Function: Outcome & Process Measure													
Rationale: High Risk, Problem Prone													
Data Source: Patient Records, Incident Reports													
Sample Size: All patients/visitors with unplanned events/inciden	its												
Methodology: Incident reports, patient records, PDSA													
Inclusion Criteria: All patients/visitors with unplanned events/in	ncidents												
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total number of patient falls without injury													0
Total number of patient falls with injury													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 clinic patients left without being seen																
													0			
Total number of other events Total number of IT events													0			
	_															
Total number of process incidents													0			
Total number of visitor incidents		0	0	0	0	0	0	0	0	0	0	0	0			
Total Number of Events	0	0	0	0	0	0	0	0	0	0	0	0	0			
Total number of Clinic Visits													0			
Rate per 1000 clinic visits																
			Jan	uary												
Summary of Findings				Plan of Correction												
			Febr	uary												
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				April												
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			Ju	ne												
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			Jı	July												
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			Au	gust												
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			Septe	September												
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	Oct	October														
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			Nove	November												
Summary of Findings								Plan of C	Correction	n						
			Dece	mber												
Summary of Findings		Plan of Correction														

J. Employee Satisfaction 30 Day Survey
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	Employee Saustaction 50 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	<u> </u>					_		I .	~	-	I	_	
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													0
need to do your job well? (Excellent)													
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													
1			Janu										
Summary of Findings			Jailt	July J				Plan of C	orrection	1			
Summary or Findings										1			
			Febr	uarv									
February													

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Summary of Findings	Plan of Correction
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Octo	her
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Nover	mber
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Decer	mber
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
Total Number of Questions													0
Percentage of Fair Ratings													

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	8	~				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													0
need to do your job well? (Excellent)													
Total Number of Questions													0
Rating													
Does management seem invested in the success of the team?													0
(Excellent)													
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													
			Janu	lary									
Summary of Findings				Plan of Correction									

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Summary of Findings	
Nove	mber
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	mber
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

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

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 **Plan of Correction Summary of Findings** 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

Reports 10 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	o 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													
				Januai	·у								
Summary of Findings								Plan of C	Correction	1			
				Februa	ry								
Summary of Findings							Plan of C	Correction	1				
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Summary of Findings	Plan of Correction
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	November
Summary of Findings	Plan of Correction
	December
Summary of Findings	Plan of Correction

C. Outpatient Therapy 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											
(Benchmark=)													
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total # of Pediatric Patients													0
Total # of Oupatients													0

Percentage of Pediatric Patients	 														
Total # of Adult Patients	 											0			
Total # of Oupatients												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												
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			June												
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			July												
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			Augus	t											
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			Septemb	ber											
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	 November														
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Summary or Findings			<u> </u>						14						
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	December
Summary of Findings	Plan of Correction

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 outpatien	t thorony	corvicos												
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Total Number of Wound Debridements					v								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														
				Januar	y									
Summary of Findings								Plan of C	Correctio	n				
				Februa	ry									
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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					24	T			G		Ът		L/DD
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!
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Summary of Findings	Plan of Correction
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	November
Summary of Findings	Plan of Correction
	December
Summary of Findings	Plan of Correction

B. Client Satisfaction Surveys

Chefit Satisfaction Surveys													
Function: Outcome Measure													
Rationale: High Risk, Problem Prone													
Data Source: Client Surveys													
Sample Size: All discharged clients in program													
Mehodology: Client Surveys; PDCA													
Inclusions: All clients in program discharged during	, reportin	g month											
Formula: # of surveys completed/# of surveys return	ed												
Indicators (Active Clients)	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total number surveys returned													0
Total number of surveys distributed (active clients)													0
Return Rate (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!
Satisfaction Score Results (composite score/active													
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!
Indicators (Discharged Clients)	ig 4 more	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total number surveys returned													0
Total number of surveys distributed (discharged													
clients)													0
Return Rate (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!

Satisfaction Score Results (composite																						
score/discharged clients)													0									
Total Score Percentage of satisfaction (Benchmark=80%)	#DIX/01	#DIX/0		#DIV/01			#DIX/01		#DIX/01	#DIV/0!		#DIX/01	0 #DIV/01									
rercentage of satisfaction (Benchmark=80%)	#DIV/0:	#DIV/0		Januar		#DIV/0:	#DIV/0:	#DIV/0:	#DIV/0:	#DIV/0:	#DIV/0:	#D1V/0:	#DIV/0:									
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Summary of Findings	Plan of Correction

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 with		vs/# of ma	aster treat	tment nla	ins											
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!			
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				April												
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				May												
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	October
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	November
Summary of Findings	Plan of Correction
	December
Summary of Findings	Plan of Correction

D. Suicidal Ideation

. 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 clien	nts with tr	eatment	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!		
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	December
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E. Scheduled Appointments

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

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!				
				Januar													
Summary of Findings					•			Plan of C	Correction	n							
				February													
Summary of Findings				Plan of Correction													
				Manul													
Conservation of D'an I've a				March Plan of Correction													
Summary of Findings								Plan of C	orrection	n							
				April													
Summary of Findings								Plan of C	Correction	n							
				May													
Summary of Findings								Plan of C	Correction	n							
				June													
Summary of Findings								Plan of C	Correction	n							
				Taalaa													
Summary of Findings				July				Plan of (Correction	n							
Summary of Findings										u							
				Augus	t												
Summary of Findings					-			Plan of C	Correction	n							
				Septemb	er												
Summary of Findings								Plan of C	Correction	n							
C				Octobe	r			Dlan of C	Yamma - 4.	-							
Summary of Findings								rian of C	Correction	0							
				Novemb	er												
Summary of Findings								Plan of C	Correction	n							

	December
Summary of Findings	Plan of Correction

XXVII Surgical Services

A. H&P's

H&PS													
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													
				Januar	·у								
Summary of Findings								Plan of C	Correction	n			
				Februa	ry								
Summary of Findings								Plan of C	Correction	n			
				Marcl	1								
Summary of Findings								Plan of C	Correction	n			
				April									
Summary of Findings								Plan of C	Correction	n			
				May									
Summary of Findings								Plan of C	Correction	n			
				June									
Summary of Findings								Plan of C	Correction	1			
				July									
Summary of Findings								Plan of C	Correction	n			
				Augus	t								
Summary of Findings								Plan of C	Correction	n			

	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. Informed Consent

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														
				Januar	у									
Summary of Findings				Plan of Correction										
				Februa	ry									
Summary of Findings								Plan of C	Correction	1				
				March	h									
Summary of Findings								Plan of C	Correction	1				
				April										
Summary of Findings								Plan of C	Correction	1				

	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. Operating Room Register

U .	operating Room Register													
	Function: Process Measure													
	Rational: High Risk, Problem Prone													
	Data Source: Operating Room Register Log, Patien	t Records	s (At a mi	nimum r	egister sh	ould incl	ude: patie	ent name,	patient (CAH iden	tification	number,	, date of	
	of operation, name of surgeon & assistant(s), name of	of nursing	g personn	el (scrub	& circul	ating), ty	pe of anes	sthesia us	ed & nan	ne of pers	son admir	nistering i	it, operati	on
	pre & post-op diagnosis, age of patient)													
	Sample Size: All OR Cases													
	Methodology: Operating Room Register Log, Patier	nt Record	ls, 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	 	 		 					
		Januar	У					-	
Summary of Findings					Plan of C	Correction	n		
Summour of Finding		Februa	ry		Dlam of (Correction	-		
Summary of Findings					Plan of C	orrection	n		
		March	1						
Summary of Findings			•		Plan of C	Correction	n		
· · · · · · · · · · · · · · · · · · ·									
	 	 April		 					
Summary of Findings					Plan of C	Correction	n		
		May							
Summary of Findings					Plan of C	Correction	n		
		T							
Summary of Findings		June			Plan of (Correction	n		
Summary of Findings							LL		
		July							
Summary of Findings					Plan of C	Correction	n		
		Augus	t						
Summary of Findings					Plan of C	Correction	n		
Common of D'a line of		Septemb	er		Dlam of C	10 mm 0 04 ²			
Summary of Findings					rian of C	Correction	<u>n</u>		
	 	Octobe	r						
Summary of Findings					Plan of C	Correction	n		
~									
		Novemb	er						
Summary of Findings					Plan of C	Correction	n		
		Decemb	er						
Summary of Findings					Plan of C	Correction	n		

D.	Operative Report	
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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

inclusion criteria. Surgical I attents												-			
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD		
													0		
Total Number of OR Cases													0		
Percent of Compliance															
				Januar	y										
Summary of Findings						Plan of C	Correction	n							
		Februa	ry												
Summary of Findings	Summary of Findings							Plan of C	Correction	n					
		March	ı												
Summary of Findings								Plan of C	Correction	n					
				April											
Summary of Findings								Plan of C	Correction	n					
				May											
Summary of Findings								Plan of C	Correction	n					
				June											
Summary of Findings	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

Meeting adjourned at 12:17 Z. CANADAY AND B. WHITE

E. Procedures													
Function: Process Measure													
Rational: High Risk, Problem Prone													
Data Source: Patient Records													
Sample Size: All Procedures													
Methodology: Patient Records, PDSA													
Inclusion Criteria: Surgical Patients													
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Gastrointestinal (GI) Procedures													0
Pain Injections													0
Surgical Procedures													0
Other													0
Total Number of Procedures	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Number of Inpatient Admissions													0
Total Number of Procedures													0
Percent of Admissions													
Total Number of Inpatient Discharges													0
Inpatient													0
Total Inpatient Days													0

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
				Januar	y						
Summary of Findings							Plan of (Correction	n		
				Februa	ry						
Summary of Findings							Plan of (Correction	n		
				March	1						
Summary of Findings							Plan of C	Correction	n		
				April							
Summary of Findings							Plan of (Correction	n		
				May							
Summary of Findings							Plan of (Correction	n		
				June							
Summary of Findings							Plan of (Correction	n		
				July							
Summary of Findings							Plan of (Correction	n		

	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. Quality Checks

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
												0
												0
												0
												0
												0
												0
												0
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												0
			Januar	·y								
							Plan of C	Correction	1			
	Jan	Jan Feb	Jan Feb Mar Image: Im		Jan Feb Mar Apr May Image: Imag		Image: Sector of the sector	Image: Second	Image: state of the state o		Image: Solution of the second seco	Image: Solution of the second state of the second

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	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
	1	
	November	
Summary of Findings		Plan of Correction
	December	
Summary of Findings		Plan of Correction
Summary of Emungs		

G. Terminal OR Room Cleans Meeting Inspection Standards Function: Process & Outcome Measure

Rational: High Risk, Problem Prone													
Data Source: Observation, EOC rounds report, inci	ident rep	orts											
Sample Size: Two rooms per week													
Methodology: Observation, EOC rounds report, ind	cident rep	orts, PD	SA										
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													
				Januar	у								
Summary of Findings								Plan of C	Correction	n			
				Februa	ry								
Summary of Findings								Plan of C	Correction	n			
Commence of Etherstein				March	1			Diama 6 (N	-			
Summary of Findings								Plan of C	Correction	n			
				April									
Summary of Findings		Арги				Plan of (Correction	n					
Summary of Findings								11					
				May									
Summary of Findings								Plan of (Correction	n			
				June									
Summary of Findings								Plan of C	Correction	n			
				July									
Summary of Findings								Plan of C	Correctio	n			
				Augus	t								
Summary of Findings								Plan of C	Correction	n			
				Septemb	er								
Summary of Findings								Plan of C	Correction	n			
				Octobe	r				N				
Summary of Findings								Plan of C	Correction	n			

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

Mangum Regional Medical Center Ouality Committee Meeting Minutes

CONFIDENTIALITY STATEMENT: These minutes contain privileged and confidential information. Distribution, reproduction, or any other use of this information by any party other than the intended recipient is strictly

prohibited. Date: 2/11/2021 Time: 13:30 Recorder: Melissa Tunstall **Reporting Period Discussed: JANUARY 2021 Members Present CEO:** Marie Harrington Medical Representative: Dr. J. Chiaffitelli, D.O. Chairperson: Name Title Name Title Name Title Name Title CCO LPN Daniel Coffin Melissa Tunstall **Ouality Manager** Candy Denney CM Lynda James Jennifer Waxell Zach Canadav IT Radiology Respiratory Pamela Esparza Sarah Dillahunty Dietary Chelsea Church Clinic Manager Tanya Knight Lab Director Pharm D Amber Jackson Business Manager Jennifer Drever HIM Josey Kenmore Materials Management Kasi Hillev 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 Reviewed CT in use light still wiring was done. Awaiting CT repairman to hook Safety Committee 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. Josev 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. Reves Electric coming to wire Covid wing. Participated in OSDH Region 5 Vaccine planning Phizer/Moderna **B. Infection Control** Reviewed vaccinations & Phases. Employees can inform IP or Karina Norris-Veirs Committee 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 & OTRLY Had their quarterly meeting in January Therapeutics Committee D. HIM/Credenitals Missing one consent to treat for swingbed. Data is still showing Reviewed Committee improvement. Provider response times has moved to the ED tab, but is at 100% E. Utilization Review Reviewed Total patient admissions to acute care - 15 Total discharges from acute Committee care - 14 Disccharge to Swb 7 No obesrvations F. Compliance FORMED No meeting held yet. Committee

IV. Old Business		1. Lippincot and InQuidocs back on agenda for approval	
		2. Safety Officer is working with Mangum PD for Active shooter drill	
		2. Surety Officer is working white Munguin i D for freuve should urm	
V. New Business	1. Covid vacinations were given. Administered the Pfizer-BioNTech	1. 1st phase of vaccinations - ER providers, clinical team working with	
	Vaccin to Phase 1 recipients.n.	covid patient, housekeepers, first responders.	
	2. Policies that were up for review were: Respiratory Policies and	2. GB wants Cohesive to find out if the GB has	
	Procedures and Drug Room Policies and Procedures, Clinical Policies	to vote on policies and procedures? They were informed that they do not	
	and Procedures and ED Policies and Procedures. The Forms	have knowledge to be relied upon to vote on hospital policies and	
	accompanying them. The policies were put on hold by Governing	procedures. They said they will not vote until they have direction about	
	Board.	the approval process. NO POLICIES OR PROCEDURES WERE	
		APPROVED.	
	/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			
III. KISK Management			
	2 - AMA 3 Nursing incidents	2 AMA - All documenation was completed. The patients were informed	
A. Incidents	2 - AMA 3 Nursing incidents	2 AMA - All documenation was completed. The patients were informed of risks of leaving and the benefits of staving.	
	2 - AMA 3 Nursing incidents	2 AMA - All documenation was completed. The patients were informed of risks of leaving and the benefits of staying.	
	2 - AMA 3 Nursing incidents		
	2 - AMA 3 Nursing incidents		
	2 - AMA 3 Nursing incidents		
A. Incidents			
A. Incidents B. Reported	2 - AMA 3 Nursing incidents 0		
A. Incidents B. Reported Complaints		of risks of leaving and the benefits of staying.	
A. Incidents B. Reported Complaints C. Reported		of risks of leaving and the benefits of staying. QM reviewed chart, reviewed , inverviewed staff. Process was completed	
A. Incidents B. Reported Complaints		of risks of leaving and the benefits of staying.	
A. Incidents B. Reported Complaints C. Reported Grievances		of risks of leaving and the benefits of staying. QM reviewed chart, reviewed , inverviewed staff. Process was completed	
A. Incidents B. Reported Complaints C. Reported Grievances D. Patient Falls	0	of risks of leaving and the benefits of staying. QM reviewed chart, reviewed , inverviewed staff. Process was completed	
A. Incidents B. Reported Complaints C. Reported Grievances D. Patient Falls Without Injury	0	of risks of leaving and the benefits of staying. QM reviewed chart, reviewed , inverviewed staff. Process was completed	
A. Incidents B. Reported Complaints C. Reported Grievances D. Patient Falls Without Injury	0	of risks of leaving and the benefits of staying. QM reviewed chart, reviewed , inverviewed staff. Process was completed	
A. Incidents B. Reported Complaints C. Reported Grievances D. Patient Falls Without Injury E. Patient Falls With Minor Injury		of risks of leaving and the benefits of staying. QM reviewed chart, reviewed , inverviewed staff. Process was completed	
A. Incidents B. Reported Complaints C. Reported Grievances D. Patient Falls Without Injury E. Patient Falls With	0	of risks of leaving and the benefits of staying. QM reviewed chart, reviewed , inverviewed staff. Process was completed	

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	0		
Event			
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 & Thera	peutics		1
A. Quality Control Monitoring	Fridge temps monitored hourly now		
-			
B. Pharmacy Utilization	After hours access.	Refridgerator will be put in nurses station that will eleviate a lof of after hours access.	
C. Medication Overrides			
VII. Medication Safety			
A. Adverse Drug Reactions			
B. Medication Error Rate	Med Event - 3	 Respiratory had one intance of not administering a nebulized treatment. Nursing had one instance of not administering a oral diabetic agent. 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 Servio	ces	
A. Development of	0	
Pressure Ulcer		
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	Jonuary report in and no outstanding numbers	
	January report in and no outstanding numbers	
Dosimeter Report		
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 Contro	l & Prevention		
A. CAUTI's	0		
B. CLABSI'S	0		
C. HA MRSA	0		
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	WORKING WITH HIM TO GET MORE DESCRIP	TIVE 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		
(Builden)			

D. Daily Progress			
Notes (Acute &			
Observation)			
E. Medical Screening			
Exam			
F. ED RN Assessment			
G. Provider Response		PROVIDERS HAVE GAINED REMOTE ACCESS TO EHR.	
Time			
TT CL AL TT A	000/		
H. Consent to Treat	99%	One swb missing consent	
I. Swingbed Indicators			
XV. Dietary	I		
A. Food Tray Temps			
B. Food Tray Eval			
C. Quality Checks			
D. Nutrition Screening	J		
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 Resour			
A VIII. Human Resour			

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 Se	rvices	
A. Sharps Containers		
B. Terminal Room Cleans		
C. Linen		
XXI. Materials Manag	ement	
A. Materials Management Indicators		
XXII. Plant Operation	S	
A. Plant Operations Indicators		
XXIII. Plant Operation	as	
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 Servi	ices		
A. Oupatient Orders			
and Assessments			
B. Lab and			
Diagnostic Reports to			
C. Outpatient			
Therapy Services			
D. Outpatient Wound			
Services			
VIII. Regulatory & Co	mpliance		
A. OSDH & CMS			
Updates			
B. Surveys			
C. Compliance Report			
D. Product Recalls			
IX. Policy & Procedur	e Review		
	1. Patient discharge safety plan	Approved by: 1. D. COFFIN AND MARIE HARRINGTON	
	2. Blood transfusion outcome review		
		2 D. COFFIN AND TANVA KNICHT	

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

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

XVII. Other	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	Tetel
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