Performance Improvement Outcomes 2022

*Infection Control Inspections | sharps management, disinfection, storage, PPE
98% Compliance
inspections with infection control standards

*Hand Hygiene | clinicians observed washing or sanitizing hands by staff or patients
92% compliance (goal of 95%)
observations by staff, satisfaction surveys and patient surveys at the time of visit

*Employee Flu Vaccination | do staff receive and report flu shot
90% (goal of 95%)
self-reported metric

*Environment of Care | facilities, hazardous materials, utility management
Deferred due to vacancy. Summer 2022 multiple items identified on inspection and completed by facilities services.
inspections with standards set by Joint Commission, State and Federal Guidelines

*Peer Review | Staff members look at processes to ensure highest standards of care
Completed for SSRI Initiation and follow-up.

Patient Comments & Satisfaction Surveys
82 logged comments
30 Positive
45 Negative
07 Positive internal
Satisfaction surveys for primary care, gynecology, nutrition, pharmacy, physical therapy, sports medicine, and telehealth completed April and November 2022
Work Climate and Patient Safety Survey completed 10/22

Policy and Procedure Review
90 policies reviewed and/or revised in 2022
Policies available on intranet/SharePoint

Variance | medication and patient safety variances and near misses
36 Medication
21 Patient Safety

Service Contracts | Review of contracted service compliance (e.g., Equipment, eCW, Orchard, contracted providers and radiology, titanium, Health Link, Protocol, etc.)
Data Collected and available for review.

* = Joint Commission Requirement
Pharmacy

Prescription Fill Time
Average fill time 19 min.
100% compliance (goal < 20 min)

Pharmacy Drug Utilization Evaluation – Benzodiazepine prescribing
Clinically reviewing care, ensuring policy/documentation compliance
Completed

Medical

Chart Reviews
Clinically reviewing care provided by looking at medical records
Completed for asthma | anticoagulation | diabetes management | stimulant medication, HIM elements of documentation, PHQ9 and GAD7, Informed Consent
Results available on request.

Radiology

Repeat Procedures
Percentage of radiology procedures needing to be repeated
Average 1% (goal <5%)

On-Call Response Time
When not on site but called in to provide radiology service
Average 22.5 min. (goal <30 minutes)

CAPS

Medication Management Chart Reviews & Clinical Review of Care
Clinically reviewing care provided by looking at records
Completed. Results available on request.

Surveys
Satisfaction surveys for triage, brief therapy, overall care completed. Results available on request.

Laboratory

Hemolyzed Specimens
Blood specimen cannot be run; red blood cells broken down.
100% compliance, 0% hemolyzed (goal <1%)

Corrected Lab Reports
Lab result must be corrected after reporting
.08% of reports corrected (goal <5%)

Timely Notification of Critical Lab Results
Quickly notifying providers when a result needs their attention. Per policy PC-45
98% compliance (goal >90%)

Rejected Urine Specimens
Due to overfill, for Chlamydia/Gonorrhea screening
0 rejected specimens in 2022 (goal < 5 specimens)

Turn Around Time
Speed between accepting specimen and receiving results
99% compliance (goal for routine urine <30 min.)
Stat urine TAT sunsetted
94% compliance (goal for routine CBC <30min.)
82% compliance (goal for stat CBC <23 min.)

Proficiency Testing
Determines performance of labs for specific tests or measurements
94% compliance (goal >80%)

PAP Cytology Data
848 pap smears performed.
  08 Reactive
  62 ASCUS
  04 ASC-H
  45 LSIL
  02 HSIL
  01 AGUS
  60 Unsatisfactory