

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



Variances | 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, Protocall, 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

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)



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 overflow, for Chlamydia/Gonorrhea screening
0 rejected specimens in 2022 (goal <5 specimens)

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.

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.

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