Performance Improvement Outcomes

2023

*Infection Control Inspections | sharps management, damaged ceiling tiles, unsecured sharps containers, other infection control items
99% Compliance inspections with infection control standards

*Hand Hygiene | clinicians observed washing or sanitizing hands by staff or patients
84% 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
87% compliance (goal of 95%)
self-reported metric

*Environment of Care | facilities, hazardous materials, utility management
92% compliance 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 Antibiotic Stewardship using Updated CDC Guidelines on STI treatment for chlamydia with Doxycycline vs. Azithromycin

Patient Comments & Satisfaction Surveys
53 logged comments
23 Positive
30 Negative
Satisfaction surveys for primary care, gynecology, nutrition, pharmacy, physical therapy, sports medicine, and telehealth completed as after visit surveys

Policy and Procedure Review
136 policies reviewed and/or revised in 2023
Policies available on intranet/SharePoint

Variances | medication and patient safety variances. No variance resulted in a serious adverse patient outcome.
28 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**
14 minutes (Goal < 20 min)

**Pharmacy Drug Utilization Evaluation – Opioid Prescribing/UTI review**
Clinically reviewing care, ensuring policy/documentation compliance
Completed

**Radiology**

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

**Expedited Reports**
Return times for x-rays requested as expedited review from UNCH
107 minutes avg. (goal <100 minutes)

**Medical**

**Chart Reviews**
Clinically reviewing care provided by looking at medical records.
Completed for asthma | anticoagulation | diabetes | gender-affirming care.

**No-Show Completion**
Monitor percent of no-shows incomplete per policy–closing the loop on no-shows.
0.46% (goal <2%)

**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, and CAPS overall completed.

**Laboratory**

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

**Corrected Lab Reports**
Lab result has to be corrected after reporting
.04% of reports corrected (goal <5%)

**Timely Notification of Critical Lab Results**
Quickly notifying providers when a result needs their attention. Per policy PC-45
97% compliance (goal >90%)

**Reverted Urine Specimens**
Due to overfill, for Chlamydia/Gonorrhea screening
100% compliance (Goal <5 specimens per month)

**Urine Turn Around Time**
Speed between accepting specimen and receiving results
97% compliance (goal for routine <30 minutes)

**Proficiency Testing**
Determines performance of labs for specific tests or measurements
97% compliance (goal >80%)

**PAP Cytology Data**
930 pap smears performed
7 Reactive
72 ASCUS
3 ASC-H
37 LSIL
2 AGUS
2 HSIL
37 Unsatisfactory