# Performance Improvement Outcomes

2023



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

99%

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

# **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**

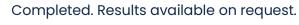
Monitor percent of no-shows incomplete per policy-closing the loop on no-shows. 0.46% (goal <2%)

# CAPS



# **Medication Management Chart Reviews** & Clinical Review of Care

Clinically reviewing care provided by looking at records





#### **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%)

### **Rejected 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