

Performance Improvement Outcomes

2023



99%

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



84%

***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



%87

***Employee Flu Vaccination** | do staff receive and report flu shot
87% compliance (goal of 95%)
self-reported metric



92%

***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



53

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



136

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, Protocol, 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)



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)

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.



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