

SV CQI Indicator Dashboard

| T = Total A = Average P = Percentage | | | | | | | | | | |
|---|--|-------------------------------------|---|------------------|------------------------------------|---------------------------------|------------------------------------|------------------------------------|------------------|-----|
| Meeting where reported: | Item | Regulation/P&P | | G O A L | 1st Qrt FY 20/21 1315 pbd | 2nd Qrt FY 20/21 1197 pbd | 3rd Qrt FY 20/21 1063 pbd | 4th Qrt FY 20/21 1045 pbd | FY 20/21 avg. | 462 |
| CLINICAL INDICATORS | | | | | | | | | | |
| Morbidity & Mortality Reviews (M&Ms) | | | | | | | | | | |
| SVCQI | Morbidity & Mortality - # of cases necessitating M&M | P&P Off Dashboard - track quarterly | T | | 2 | 2 | 2 | 4 | 3 | |
| SVCQI | Morbidity & Mortality - cases with departure in standard of care | Off Dashboard - track quarterly | P | | 0% | 0% | 0% | 0% | 0% | |
| Acute Transfers | | | | | | | | | | |
| SVCQI | Acute transfers per 1,000 patient days | P&P Off Dashboard - track quarterly | T | | 2.28 | 4.18 | 1.88 | 2.87 | 2.80 | |
| Medication Reconciliation | | | | | | | | | | |
| SVCQI | Medication Reconciliation-Percentage of forms initiated within 24 hours of admit(30 charts reviewed per qtr.) | P&P Off Dashboard - track quarterly | P | ≥75% | 80% | 80% | 80% | 97% | 84% | |
| SVCQI | Medication Reconciliation-Percentage of the required fields completed within 36 hours of admit (30 charts reviewed per qtr.) | P&P Use as key indicator | P | ≥75% | 7% | 17% | 37% | 77% | 35% | |
| SVCQI | Medication Reconciliation-Percentage of Medications with no Discrepancy | P&P Use as key indicator | P | | 43% | 39% | 38% | 41% | 40% | |
| Seclusion and Restraint | | | | | | | | | | |
| SVCQI | Seclusions per 1,000 patient days | 42 CFR §482.13 WIC 4436.5 | T | ≤40 | 12 | 17 | 15 | 28 | 18 | |
| SVCQI | Average Time in seclusions (minutes) | 42 CFR §482.13 WIC 4436.5 | A | ≤45 | 78 | 21 | 43 | 43 | 46 | |
| SVCQI | Restraints per 1,000 patient days | 42 CFR §482.13 WIC 4436.5 | T | ≤23 | 11 | 16 | 11 | 22 | 15 | |
| SVCQI | Average Time in restraints (minutes) | 42 CFR §482.13 WIC 4436.5 | A | ≤45 | 34 | 19 | 14 | 27 | 24 | |

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| Dietary Reports | | | | | | | | | |
| SVCQI | Accuracy of dietary rand card | Off Dashboard - track semiannually | P ≥90% | no data | no data | no data | no data | no data | no data |
| SVCQI | CRD was faxed complete nutrition screens for 5 or more | Off Dashboard - track semiannually | P ≥90% | no data | no data | no data | no data | no data | no data |
| SVCQI | CRD response within 24 hours | Off Dashboard - track semiannually | P ≥90% | no data | no data | no data | no data | no data | no data |
| SVCQI | Percentage of high risk patients with a dietary questionnaire completed * | Off Dashboard - track semiannually | P ≥90% | no data | no data | no data | no data | no data | no data |
| SVCQI | Monthly dietary and food quality control inspections completed by RD? | Per CQI committee | P ≥90% | no data | no data | no data | no data | no data | no data |
| SVCQI | Dietary staff correctly fills out quaternary ammonium logs, correct label and dating and dented can removal.) | Per CQI committee | P ≥90% | no data | no data | no data | no data | no data | no data |
| SV Documentation Monitoring | | | | | | | | | |
| SVCQI | SV Documentation Monitoring- Psychiatric Prescribers | SV By-laws, article X, section 8 (item not specified) | P ≥90% | 82% | 85% | 78% | 81% | 82% | |
| SVCQI | SV Documentation Monitoring- Social Workers | SV By-laws, article X, section 8 (item not specified) | P ≥90% | 96% | 99% | 98% | 98% | 98% | |
| SVCQI | SV Documentation Monitoring- Nursing | SV By-laws, article X, section 8 (item not specified) | P ≥90% | 74% | 73% | 91% | 84% | 81% | |
| Peer Review | | | | | | | | | |
| SVCQI | MD Peer Review completion rate | | P ≥90% | not done | not done | not done | not done | not done | not done |
| Medication | | | | | | | | | |
| P&T | Number of Medication Errors per 1,000 patient days | SV By-laws, article X, section 6 (item not specified) | T 0 | 1.52 | 0.00 | 0.00 | | 0.51 | |
| P&T | Medication adverse reactions per 1,000 patient days | SV By-laws, article X, section 6.8 | T ≤5 | 0 | 0 | 0 | | 0 | |
| Infections | | | | | | | | | |

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| Inf Cntrl | Community acquired infections (CAI) per 1,000 patient days | SV By-laws, article X, section 7.1 | T | 9.12 | 25.06 | 25.40 | 22.01 | 20.40 | |
| Inf Cntrl | Hospital acquired infections (HAI) - Nosocomial per 1,000 patient days | SV By-laws, article X, section 7.1 | T | ?* | 2.28 | 7.52 | 8.47 | 1.91 | 5.05 |
| UTILIZATION REVIEW | | | | | | | | | |
| Admission and Length of Stay | | | | | | | | | |
| SVCQI/UR | Admissions - # per quarter (starting 7/1/17) | SV By-Laws Article X, section 5; CMS Measure 1789; UR Plan | A | 115 | 97 | 100 | 103 | 104 | |
| SVCQI/UR | Length of stay - Average per quarter (starting 7/1/17) | SV By-Laws Article X, section 5; CMS Measure 1789; UR Plan | A | 11.4 | 12.3 | 10.6 | 10 | 11.1 | |
| Readmissions | | | | | | | | | |
| SVCQI/UR | Readmissions to SV in 7 days - per quarter | SV By-Laws Article X, section 5; CMS Measure 1789; UR Plan | A | ≤12 | 7 | 4 | 3 | 7 | 5 |
| SVCQI/UR | Readmission Rate to SV within 7 days | | | 6% | 4% | 3% | 7% | 5% | |
| SVCQI/UR | Readmissions to SV in 30 days - per quarter | SV By-Laws Article X, section 5; CMS Measure 1789; UR Plan | A | ≤22.5 | 14 | 14 | 13 | 15 | 14 |
| SVCQI/UR | Readmission Rate to SV within 30 days | HEDIS Measure | P | ≤14% | 12% | 14% | 13% | 15% | 14% |
| Short-Doyle Denials and Medical Necessity | | | | | | | | | |
| SVCQI/UR | Short Doyle denial days per 1,000 patient days | SV By-Laws Article X, section 5; CMS Measure 1789; UR Plan | T | ≤64 | 296 | 137 | 145 | 168 | 187 |
| SVCQI | No medical necessity days per 1,000 patient days | SV By-Laws Article X, section 5; CMS Measure 1789; UR Plan | T | ≤10.5 | 14 | 2 | 6 | 5 | 7 |
| SVCQI | Patient Days for "Need New Placement" | SV CQI Committee Request | | 53 | 126 | 116 | 186 | 120 | |
| SVCQI | Patient Days for "Will not be Placed by County" | SV CQI Committee Request | | 278 | 141 | 142 | 124 | 171 | |

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| SVCQI | Patient Days for "Waiting to Be Conserved" | SV CQI Committee Request | | 19 | 0 | 0 | 0 | 5 | | |
| Follow-up Med Support | | | | | | | | | | |
| SVCQI | Percentage of follow up med support appointments after SV discharge w/in 7 days ** | HEDIS Measure | P ≥75% | 84% | 88% | 84% | 70% | 82% | | |
| SVCQI | Follow up med support appts after SV discharge w/in 30 dys ** | HEDIS Measure | P ≥90% | | | | | | | |
| PATIENT SATISFACTION | | | | | | | | | | |
| Patient Satisfaction Surveys | | | | | | | | | | |
| SVCQI | SV Patient Satisfaction Surveys - Response Rate | SV CQI Committee Request | P ≥25% | 27% | 34% | 18% | 26% | 26% | | |
| SVCQI | Pt. Satis. Surveys - Patients selecting the best possible score | SV CQI Committee Request | P ≥72% | 77% | 69% | 51% | 75% | 68% | | |