

# Quality Improvement & Governance with Data

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# The State of Health Care Today

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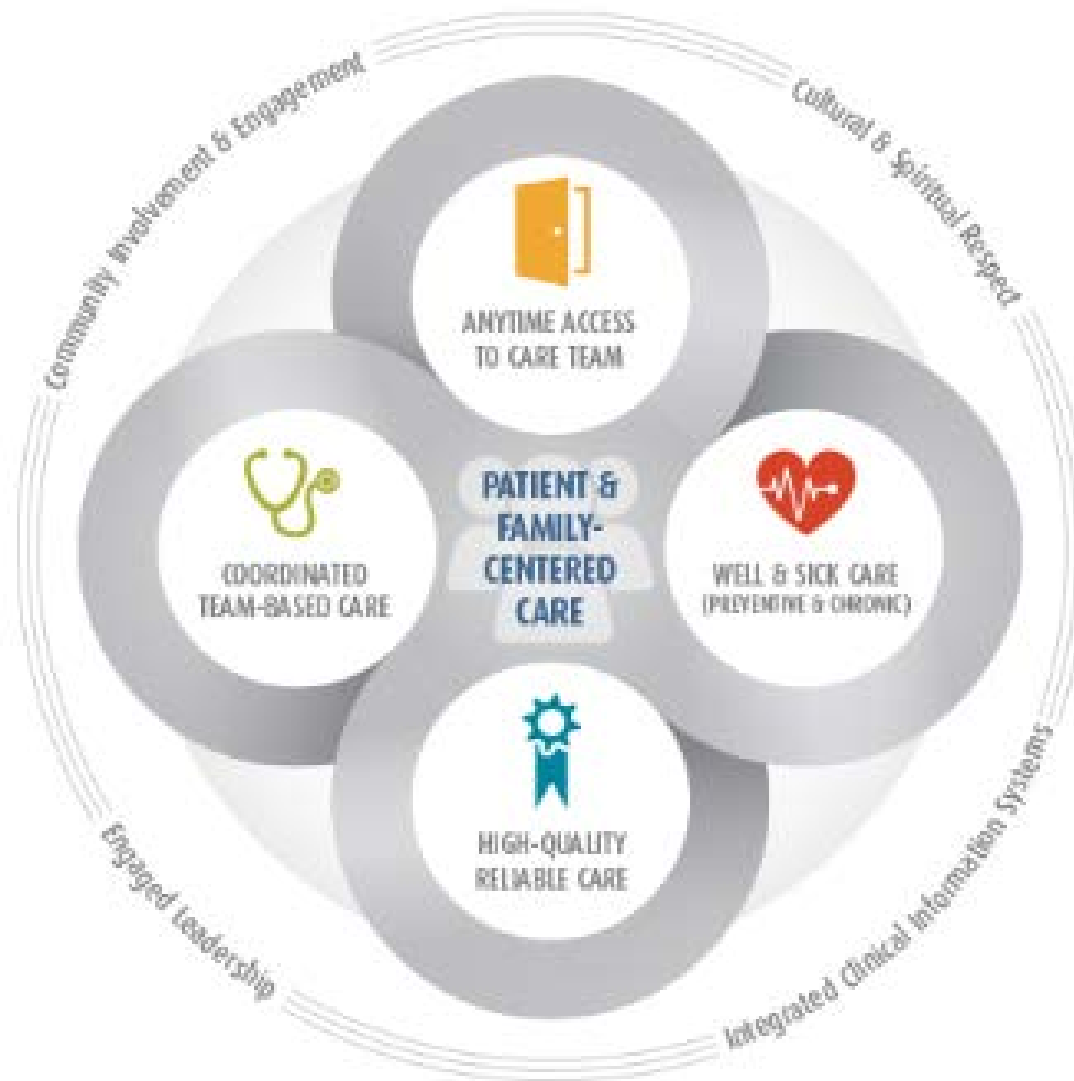
- ❑ Providers are becoming more specialized, leading to gaps in communication and care
- ❑ Populations are aging, with disease burden shifting toward chronic conditions
- ❑ Patients and families are better informed, wanting more personalized care
- ❑ Complicated procedures and expensive treatments are more available and desired

# New Quality Framework to Guide Delivery of Care at IHS

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- In 2016 the IHS Quality Framework developed to outline how the IHS will develop, implement, and sustain an effective quality program to:
  - 1. Strengthen Organizational Capacity to Improve Quality of Care and Systems**
  2. Meet and Maintain Accreditation for IHS Direct Service Facilities
  3. Align Service Delivery Processes to Improve Patient Experience
  4. Ensure Patient Safety
  - 5. Improve Transparency and Communication Regarding Patient Safety and Quality to IHS Stakeholders**
- The Quality Framework was developed by assessing current IHS quality policies, practices, and programs, incorporating standards from national experts, consulting with tribal leaders and including best practices from across the IHS system of care.

# IHS Model



# What is Governance?

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To **govern** is to steer, to control, and to influence from a position of authority. **Governance** deals with the legitimate distribution of authority throughout a system – whether a country or an organization.

-- BoardSource

# CMS Conditions of Participation

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To qualify for Medicare certification and reimbursement, providers and suppliers of health services must comply with minimum health and safety standards.

- “Conditions of Participation” (“CoPs”) or
- “Conditions for Coverage” (“CfCs”), depending on the type of Medicare-participating entity.

They are embodied in Title XVIII of the Social Security Act (“SSA”) and other regulations that the Secretary of the Department of Health and Human Services (“DHHS”) find to be necessary and in the interest of the health and safety of individuals who receive services in the institution, as authorized by SSA.

# CMS and the Governing Board

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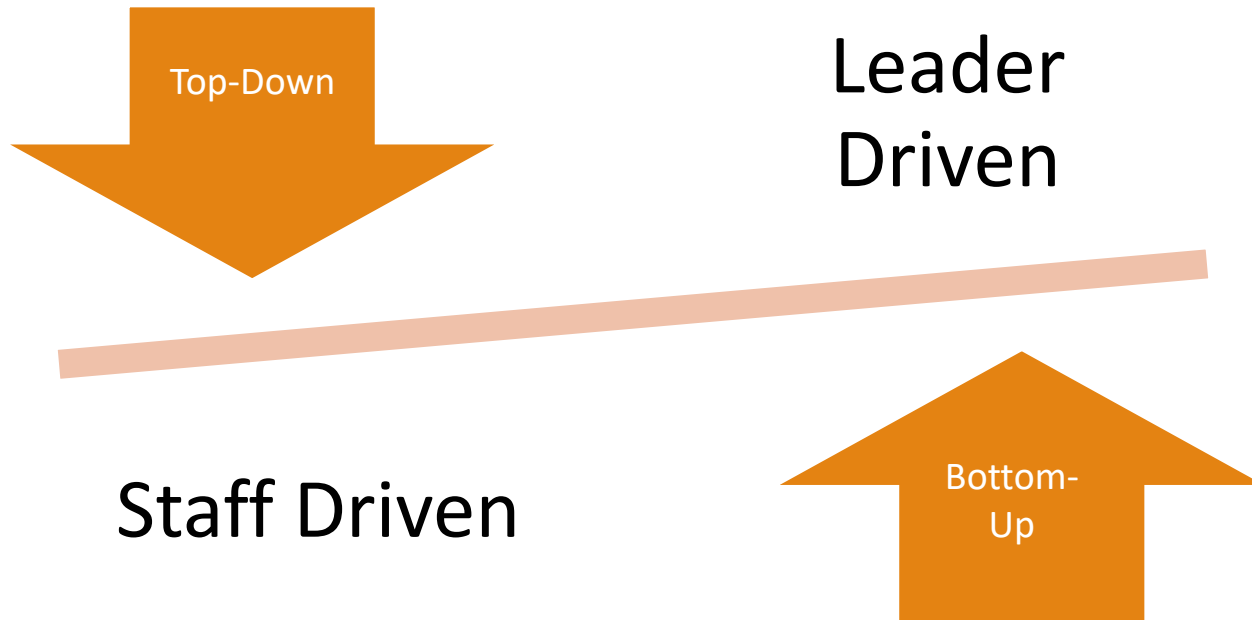
The Governing Board is responsible for the entire Medicare certified hospital/clinic and CMS holds it accountable for the quality of care provided and the facility's compliance with all Medicare applicable Conditions of Participations (CoP)





# Process Improvement

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GOOD		n/a = not available									
CAUTION				Bernidji Area - [SU Name]							
POOR											
FISCAL YEAR				2007				2008			
INDICATOR	YTD	THRESHOLD	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
<b>MAXIMIZE RESOURCES:</b>											
<b>CHS: [Staff name]</b>											
Open Documents: % open >90 days/all documents for quarter		good = <25% great = <10%									
Open > 90 days											
Total documents (Paid, open, cancelled)											
CHS Expenditures		Stay within budget allocation ± 80% good ± 90% caution ± >100% alert									
Total Budgeted											
Obligated											
Expended											
<b>Revenue Generation: [Staff Name]</b>											
Third party (collected/goal)		100%									
Collected		xxx									
Goal											
Write-Offs		xxx									
Denials: Medicare		goal < 25% caution 26-49% alert >50%									
Claims denied											
Claims generated											
Denials: Medicaid		goal < 25% caution 26-49% alert >50%									
Claims denied											
Claims generated											
Aged accounts		goal < 25% caution 26-49% alert >50%									
<b>Data Entry: [DE supervisor]</b>		great ≤ 24 hours good = 2-10 days alert > 10 days									
<b>(Days from service to data entry)</b>		Percent of budget expended									
<b>Overall Budget: [Budget Analyst]</b>											
Total Budgeted											
Expenditures											

<b>MEDICAL RECORDS: [ MR supervisor]</b>									
Signing verbal/telephone orders within 24		100%							
Completion of H&P within 24 hours		100%							
Medical Record Delinquency Rate**		Great ≤ 24 hours good = 2-10 days alert > 10 days							
Number of Medical Staff reviewed Inpatient records									
Number of Medical Staff reviewed ER/Otpt records									
<b>GPR-HP/DP Performance Improvement Coordinator - See GPR-HP Dashboard attached</b>									
<b>Infection Control:</b>									
Nosocomial infection rate		<1.0%							
Number of OSHA recordable worker injuries/illnesses									
<b>Environment of Care:</b>									
<b>Safety Management</b>									
EOC rounds identified issues corrected		xxx							
EOC rounds identified issues		xxx							
EOC % Issues corrected**		100%							
Plan up to date		Annual							
Annual report to governing body (date)		xxx							
<b>Security Management</b>									
Security Incidents		<5							
Plan up to date		Annual							
Annual report to governing body (date)		Annual							
<b>Life Safety Program</b>									
Fire Drills (date)		1st shift							
		2nd shift							
Smoke Detector Test (date)		Semi-annual							
Extinguisher Inspection (date)		Monthly							
Emergency Lighting Test (date)		Monthly							
Fire Alarm System Test (date)		Quarterly							
Plan up to date		Annual							
Annual report to governing body (date)		due 4th							
<b>Hazardous Materials and Waste</b>									
Haz Chem Inventory (date)		Yearly							
Biohaz waste disposal		gallons							
Plan up to date		Bi Annual							
Annual report to governing body (date)		Due 4th							

<b>Medical Equipment and Management</b>									
SMDA Incidents		0%							
Med Equip Failures		rate							
Plan up to date		Annual							
Annual report to governing body (date)		Due 4th							
<b>Utility Management</b>									
Utility Failures		# of incidents							
Plan up to date		Annual							
Annual report to governing body (date)		Due 4th							
<b>Emergency Planning</b>									
Disaster Drills-External		Annual							
Disaster Drills-Internal		semi-annual							
Plan up to date		Annual							
Annual report to governing body (date)		Due 4th							
<b>PHYSICAL RESOURCES (Insert dates of completion)</b>									
FEDS Report		Completed annually							
Biomedical Equipment Report									
Annual Equipment Inventory Review									
IT-Computer Equipment Review									
<b>IMPROVE MANAGEMENT:</b>									
<b>HUMAN RESOURCES:</b>									
<b>Competency assessment</b> completed within 30 days( # of employees)		xxx							
Total New Employees - Applicable		xxx							
% Compliance		100%							
<b>PMP Implementation for new employees within 30 days</b>		xxx							
Total Employees - Applicable		xxx							
% Compliance		100%							
<b>PMP, Completion of Final</b> (# of employees applicable, not including commissioned corp <120 days supervision )		Annual							
Total Employees (# of employees applicable, not including commissioned corp <120 days supervision)		xxx							
% Compliance		100%							
Individual Development Plan, Completion of (# of employees)		Annual							
Total Employees		xxx							
% Compliance		100%							
Employee/Contractor Background checks (completed within 7 days)		100%							
New Employee/Contractors									
% Compliance									
Vacancy Rate (vacancies/total positions)		<5%							
Turnover (positions vacated/total positions)		<5%							

<b>Medical Staff Reappointment - Med Staff Secretary</b>										
# due for reappointment										
# re-appointed										
% Compliance**		100%								
<b>MAXIMIZE HEALTH RETURNS: PATIENT PERSPECTIVE</b>										
<b>Regulatory Compliance and Accreditation</b>										
Recommendations from Survey by licensing, accrediting or certifying body										
% of Patient Satisfaction Surveys										
# of patient complaints										
Total number of visits										
% of patient complaints										
<b>Clinical Safety: Pharmacist</b>										
Prescriptions filled										
Significant medication events (Category D-I or above)										
Rate of significant adverse medication events $\geq$ D-I or above		Category D-I $\leq$ 2%								
<b>Clinical Safety: Nursing/Medical Staff</b>										
Number of patient injuries		Great = 0 good = 1								
Number of patient falls										

**Bemidji Area Scorecard -**

<b>OPERATIONS:</b>						
<b>1. Service Unit Projected Budget:</b>	<b>FY2018</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	
Projected Allowances						
Projected Collections		<b>Actuals</b>	<b>Actuals</b>	<b>Actuals</b>	<b>Actuals</b>	
PY Carryover budget						
Equipment Allowance including PY Equipment Carryover		↓↓↓↓↓	↓↓↓↓↓	↓↓↓↓↓	↓↓↓↓↓	<i>Total Obligated</i>
<b>Total Funding</b>	<b>\$0</b>					
Salary Expense						<i>\$0</i>
Benefit Expense						<i>\$0</i>
Travel Expense						<i>\$0</i>
Transportation Expense						<i>\$0</i>
Utilities/Rent/Comm Expense						<i>\$0</i>
Printing Expense						<i>\$0</i>
Temporary Help Services Expense						<i>\$0</i>
Training Expense						<i>\$0</i>
Contractual Service Expense						<i>\$0</i>
Pharmacy Supply Expense						<i>\$0</i>
Medical/Dental Supply Expense						<i>\$0</i>
Laboratory Supply Expense						<i>\$0</i>
Administrative/Stock Supply Expense						<i>\$0</i>
Equipment Expense						<i>\$0</i>
Medical Equipment Expense						<i>\$0</i>
Commitments						<i>\$0</i>
Loan Payment						<i>\$0</i>
Other Expense not Identified						<i>\$0</i>
<b>Total Projected Expenses</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Actual Balance (carryover)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>2. Business Office:</b>	<b>Last Year Total</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>
Affordable Care Act Enrollments						<i>0</i>
Billing Backlog by # claims						<i>0</i>
Pending Claims Report						<i>0</i>
Number of Aged Claims						<i>0</i>
\$ Amount of Aged Claims						<i>\$0</i>

<b>3. PRC</b>	<b>Last Year Total</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>
Actual PRC Allowances						\$0
Sum of Current Year Funds Available						\$0
Prior Year Funds Available (X Funds)						\$0
Total of Undelivered Orders (FY13-FY14-FY15-FY16)						\$0
Total CHEF Cases Submitted						0
Total CHEF Eligible Cases						0
Total Dollar Amount for CHEF Cases before Reconciliation						\$0
<b>4. Meaningful Use</b>						<b>Total</b>
Did your facility meet MU in 2017						0
Did your facility meet MIPS in 2017						0
Are you on tract to meet MU in 18						0
Are you on tract to meet MIPS in 18						0
<b>5. Contracting</b>		<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>
# of New Requests Received in PRISM						0
Number of Requisitions Awarded						0
Number of Requisitions Canceled						0
<b>HUMAN CAPITAL:</b>						
<b>6. Position Control:</b>	<b>Last Year Total</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>
<b>Total Budgeted FTE Positions</b>						
Total Filled FTE Positions						
Total Unfilled FTE Positions	0	0	0	0	0	
<b>Vacancy Rate:</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>
Unbudgeted Position Requests						0
Positions Filled by a Contractor						0
New Hires						0
Resignations						0
Transfers to other IHS Facility						0
Terminations						0
Terminated on Probation						0
Retirements						0

Transfers to Other Facility							0
Terminations							0
Terminated on Probation							0
Retirements							0
Total Exits	0	0	0	0	0		0
Documented Exit Interviews							0
% of Completed exit interviews	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!
# with Recruitment Incentive							
# with Retention Incentive							
# with Relocation Incentive							
<b>7. BAO HR:</b>		<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>		<b>Total</b>
Positions Submitted							
Incomplete Track-It Tickets							
Average Time from Submission to Advertised Position							
Average Time from Panel to Selection:							
Average Time from Selection to Start Date							0
<b>QUALITY AND ACCESS TO CARE:</b>							
<b>8. Total ER &amp; UC Visits</b>	<b>Last Year Total</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>		<b>Total</b>
Emergency Room Visits							0
Urgent Care Visits							0
Left Without Being Seen (LWBS)							0
<b>9. Total Primary Care Visits:</b>		<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>		<b>Total</b>
Average # of days to 3rd next available appointment (Primary Care Medical Clinics excluding Pediatric)			0.00	0.00	0.00		0.00
Average # of days 3rd next available appointment (Pediatric clinic)			0.00	0.00	0.00		0.00
<b>10. Ancillary Services Workload:</b>	<b>Last Year Total</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>		<b>Total</b>
Lab Tests Accessioned							0
Radiology Exams Accessioned							0



<b>11. Hospital Services Workload:</b>	<b>Last Year Total</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	
Inpatient Admissions						0
Inpatient Days						0
Swing bed Admissions						0
Swing bed Days						0
Average Length of Stay (ALOS)						0
Average Daily Patient Load (ALDP)						0
<b>12. Pharmacy Visit Data</b>	<b>Last Year Total</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	
Total Prescriptions filled						0
Total Pharmacy Visits						0
RXs Controlled Substances Dispensed						0
Average Morphine Milligram Equivalent (MME)RX (RRIP)						0
# of hydrocodone tablets dispensed (all strengths)						0
Number of patients with average MME>90 (RRIP)						0
Number of patients with concurrent opioid + BZD (RRIP)						0
Number naloxone units dispensed (DUER)						0
Average Cost/RX						\$ -
Point of Service (POS) Revenue (A/R)						\$ -
Clinical Billing Revenue (B/O)						\$ -
<b>TRANSPARENCY AND ACCOUNTABILITY:</b>						
<b>13. Communication:</b>	<b>Last Year Total</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	
Date/Number of CEO quarterly communication to the Tribe						
Dates of Partnership activities with tribal and other stakeholders						
Date of CEO quarterly communication to Staff						
Date of attendance at a Tribal Council Meeting						

Positive Feedback Cases						0
Negative Feedback Cases						0
<b>14. Medical Staff Priviliging</b>	<b>Last Year Total</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	
# of Initial Appointments						0
# of Rapid Privileges Granted						0
# of reappointments						0
Appointments or privileges denied						0
# working with expired privileges						0
# working with expired license						0
# of Disciplinary Action						0
# of Reports to NPDB or Licensing Authorities						0
<b>15. License Verification</b>	<b>100 % validation</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	
Nursing Licenses Validated						
Active Med Staff Licenses Validated						
Allied Health Staff Licenses Validated						
Associate Med Staff Licenses						
Lab Staff Verified Certification ASCP						
Dental Staff Verified License (Not DDS)						
Radiology Staff Verified Certified ARRT						

Key:

Active Medical Staff = Physicians, Dentists, Podiatrists, Advance practice Nurse practitioners, Licensed Independent Clinical Psychologists, Optometrists  
 Allied Health Staff = Pharmacists, Physician Assistants, Licensed Clinical Social Workers, Physical Therapists,/Occupational Therapists, Audiologist  
 Associated Med Staff = Contractors (locums & specialists); Consultants, part time staff of less than 20 hours, or LIP volunteers

<b>ADDITIONAL REPORTS DUE QUARTERLY</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Final</b>
<b>Complete Operation Summary Report by dates; year</b>					
<b>GPRA</b>					
<b>QI Snapshot</b>					
<b>IC Dashboard</b>					
<b>EoC &amp; Safety Dashboard</b>					
<b>3rd Party Graphs (BAO will provide)</b>					
<b>Satisfaction Surveys</b>					

**{Insert Facility Name} Environment of Care Reporting Dashboard - Fiscal Year 2018**

**Quality Assurance/Performance Improve/Risk Management Internal/Deliberative Document**

**Environment of Care, Life Safety, and Emergency Management Requirements**

X = ACTION, RE = REVIEW/EVALUATE

C = COMPLETE; X = INCOMPLETE, S = SCHEDULED, N/A = Not Applicable

Requirement	Responsibility <sup>1</sup>	Weekly	Monthly	Quarterly	Semi-Annual	Annual	O	N	D	J	F	M	A	M	J	J	A	S	ANNUAL REVIEW
							C	O	E	A	E	A	P	A	U	U	U	U	
EOC/Safety Committee Meeting <sup>2</sup>	Safety Officer		(X)																N/A
<b>Management Plans/Policies and Annual Evaluations<sup>4</sup> (AAAHC facilities may fulfill these reporting requirements with policies/procedures for these subject areas)</b>																			
Safety Management	Safety Officer/Safety & Security Committee					X													
Security	Security Supervisor/Safety Officer/Safety & Security Committee																		
Hazardous Material & Waste	Safety Officer/Facilities																		
Fire Safety	Safety Officer /Facilities /Safety & Security Committee																		
Utility	Facility Management/Safety & Security Committee																		
Medical Equipment	Biomed/Safety & Security Committee																		
Emergency Operations Plan	Safety Officer/Safety & Security Committee					X													
Safety Management Risk Assessment	Safety Officer/Safety & Security Committee					X													
Security Risk Assessment	Security/Safety & Security Committee					X													
<b>Mock Surveys</b>																			
Performed	Area Office					every 3yrs													
Corrective Actions	Multi-Disciplinary					every 3yrs													
<b>Environmental Rounds</b>																			
Clinical Environment	Safety Officer				X														N/A
Non-Clinical Environment	Safety Officer					X													N/A
<b>Consultant Reports</b>																			
Ventilation Testing (Isolation, OR)	Facility Mgt/Safety/IEH		rel pressure <sup>3</sup>			X=ACH <sup>3</sup>													
Ventilation Testing(CSR, Soiled Utility Rm)	Facility Mgt/Safety/IEH		rel pressure <sup>3</sup>			X=ACH <sup>3</sup>													
Ventilation Testing (Lab: Gen, Bact, Path...)	Facility Mgt/Safety/IEH		rel pressure <sup>3</sup>			X=ACH <sup>3</sup>													
Rad Protection Surveys-Med	IEH					every 2yrs													
Rad Protection Surveys-Dental	IEH					every 3yrs													
Nitrous Oxide Monitoring (Dental, Cryo)	IEH					every 2yrs													
Other Routine IEH Consultant Surveys	N/A					RE													
<b>Emergency Management</b>																			
Exercises (Code Blue/Disaster)	Safety & Security Committee				X														
EOP	Safety & Security Committee					RE													
Hazard Vulnerability Assessment (HVA)	Safety & Security Committee					X													
96-Hour Evaluation & EM Inventory <sup>4</sup> (TJC only)	N/A - WESU AAAHC not TJC					RE													
COOP	Safety & Security Committee					RE													
<b>Life Safety/Fire Safety</b>																			
<b>Fire Drills</b>																			
Day Shift	Safety Officer			X															N/A
Evening Shift	Safety Officer			X															N/A
Night Shift	Facility Management			X															N/A
Health Centers: Name	Facility Management					X													
<b>Fire Extinguishers</b>																			
Inspection	Maintenance Staff		X																
Maintenance	Contract					X													
Statement of Conditions (TJC) <sup>4</sup> (TJC only)	N/A - AAAHC not TJC					X													
PM's for Life Safety and Utility Systems	Facilities Management																		see Tab "Facility Dashboard". Missing PM's need notes in QTR Comments

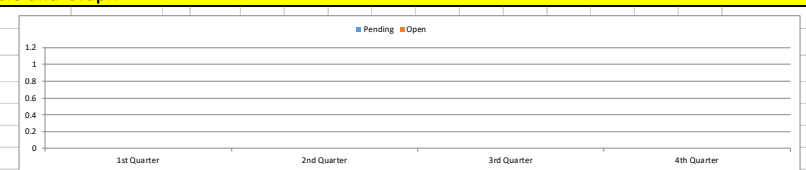
Generator Testing and Evaluation						
Monthly Test	Facility Management		X			N/A
Annual Test	Facility Management				X	
ILSM (<45 Day Duration)						
ILSM Monitoring/Implementation	Facility Management				RE	
Plans for Improvement (PFI's) <sup>4</sup> (TJC only)	Description	Due Date	Status	ILSM eval	ILSM(s) (Y/N)	PCRA (Y/N)
PFI #1						
PFI #2						
PFI #3						
Construction and Renovation Projects	Description	Start Date	Status	ILSM Eval	ILSM(s) (Y/N)	PCRA (Y/N)

### Safety Management

#### WebCident Status - Table and Graph

2a

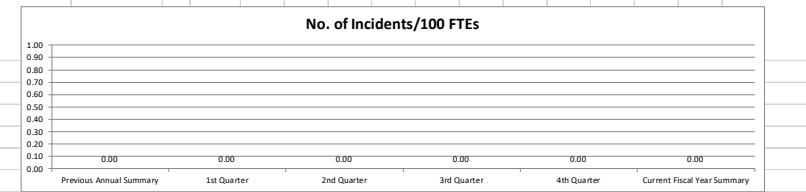
WebCident Status	Incident Reports	Pending	Open	Closed
FY 2018	Previous Annual Summary			
	1st Quarter			
	2nd Quarter			
	3rd Quarter			
	4th Quarter			
Current Fiscal Year Summary		0	0	0



#### Incidents - Table and Graphs

2b

ALL WORKER INCIDENTS	No. of Incidents	No. of FTEs	No. of Incidents/100 FTEs
FY 2018	Previous Annual Summary		#DIV/0!
	1st Quarter		#DIV/0!
	2nd Quarter		#DIV/0!
	3rd Quarter		#DIV/0!
	4th Quarter		#DIV/0!
Current Fiscal Year Summary	0		#DIV/0!



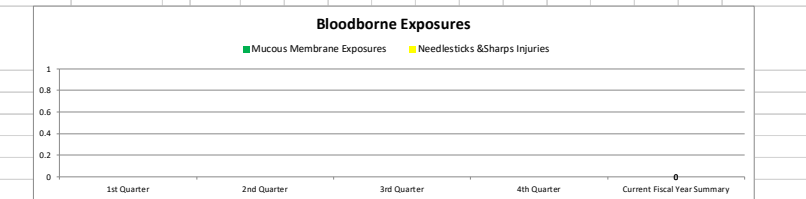
2c

ALL WORKER INCIDENTS	LOCATION	Inside Facility	On Facility Grounds (Outside)	Off Premises
FY 2018	1st Quarter			
	2nd Quarter			
	3rd Quarter			
	4th Quarter			
	Current Fiscal Year Summary	0	0	0

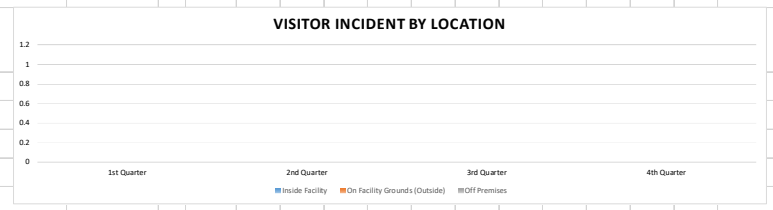


2d

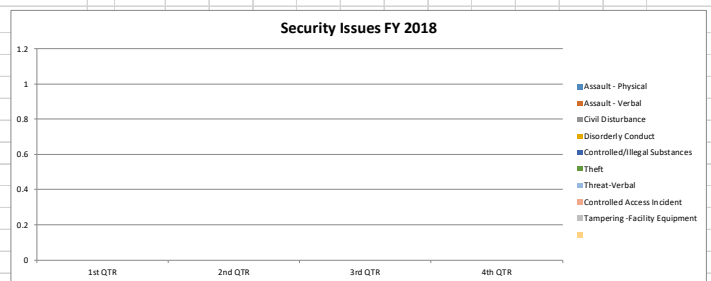
Bloodborne Exposure	Bloodborne Exposures	Mucous Membrane Exposures	Needlesticks & Sharps Injuries	Total No. of BBP Exposures
FY 2018	Previous Annual Summary			
	1st Quarter			
	2nd Quarter			
	3rd Quarter			
	4th Quarter			
Current Fiscal Year Summary	0	0	0	0



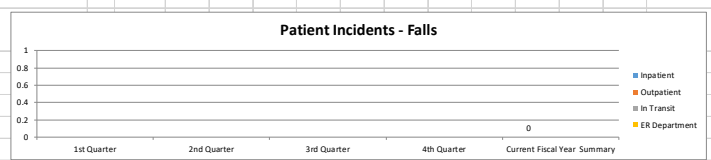
2e	VISITOR INCIDENTS	LOCATION	Inside Facility	On Facility Grounds (Outside)	Off Premises
FY 2018	1st Quarter				
	2nd Quarter				
	3rd Quarter				
	4th Quarter				
	<b>Current Fiscal Year Summary</b>	<b>0</b>	<b>0</b>	<b>0</b>	



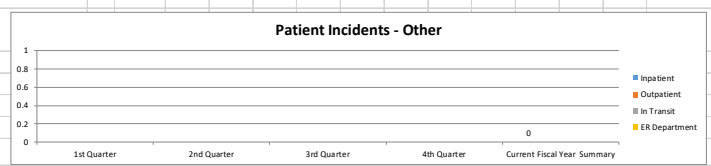
2f	SECURITY INCIDENTS	TYPE	1st QTR	2nd QTR	3rd QTR	4th QTR
FY 2018	Assault - Physical					
	Assault - Verbal					
	Civil Disturbance					
	Disorderly Conduct					
	Controlled/Illegal Substances					
	Theft					
	Threat-Verbal					
	Controlled Access Incident					
	Tampering -Facility Equipment					
	<b>Current Fiscal Year Summary</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>



2g	PATIENT INCIDENTS-FALLS	LOCATIONS	Inpatient	Outpatient	In Transit	ER Department
FY 2018	1st Quarter					
	2nd Quarter					
	3rd Quarter					
	4th Quarter					
	<b>Current Fiscal Year Summary</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>



2h	PATIENT INCIDENTS-OTHER	LOCATIONS	Inpatient	Outpatient	In Transit	ER Department
FY 2018	1st Quarter					
	2nd Quarter					
	3rd Quarter					
	4th Quarter					
	<b>Current Fiscal Year Summary</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>



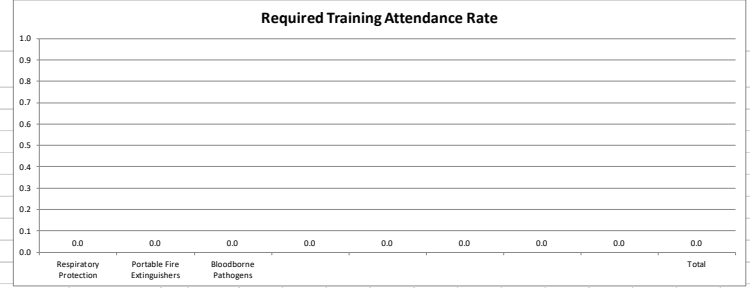
**Medication Error or Medication-Related Adverse Event- Table and Graph**

2i	Medication Errors or Medication-related Adverse Events	Webcident Reports	Category A/B	Category C	Category D or higher
FY 2018	Previous Annual Summary				
	1st Quarter				
	2nd Quarter				
	3rd Quarter				
	4th Quarter				
<b>Current Fiscal Year Summary</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	



**Training and Competency Development - Table and Graph**

2j	Training and Competency Development	Topical Area See "Training Requirements" Tab for additional information	Number of Attendees	No. of Required Attendees	Required Training Attendance Rate
	Date of Completed Training(s)				
		Respiratory Protection			#DIV/0!
		Portable Fire Extinguishers			#DIV/0!
		Bloodborne Pathogens			#DIV/0!
					#DIV/0!
					#DIV/0!
					#DIV/0!
					#DIV/0!
					#DIV/0!
	<b>Total Number of Attendees</b>	<b>Total</b>	<b>0</b>	<b>0</b>	<b>#DIV/0!</b>



3a	<b>First Quarter Summary</b>	<b>Accomplishments, Sentinel Events, Critical Issues, and Challenges</b>
3b	<b>Second Quarter Summary</b>	<b>Accomplishments, Sentinel Events, Critical Issues, and Challenges</b>
3c	<b>Third Quarter Summary</b>	<b>Accomplishments, Sentinel Events, Critical Issues, and Challenges</b>
3d	<b>Fourth Quarter Summary</b>	<b>Accomplishments, Sentinel Events, Critical Issues, and Challenges</b>

Footnotes  
 1="Responsibility" of Staff for EC/LS/EM/Safety Management vary by Service Unit and health care facility.  
 2=EOC meetings may be monthly, bimonthly, or quarterly  
 3="rel pressure" is relative pressure to adjacent areas. ACH is "Air Changes per Hour", calculated from supply or exhaust ventilation flowrates)  
 4=Joint Commission requirement

**EOC - Facilities Management Department (Insert Facility Name) FY 2018**

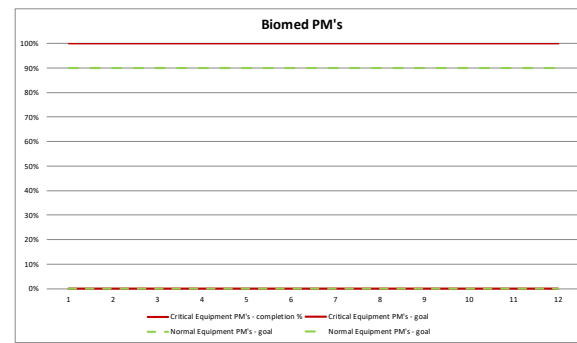
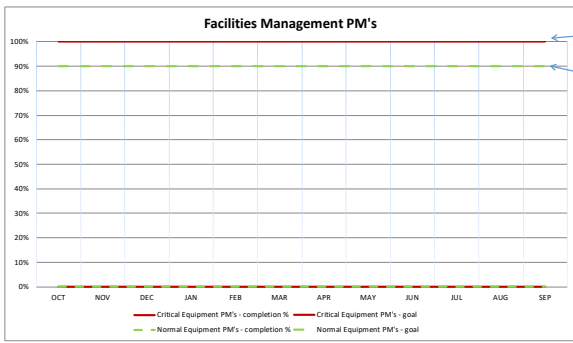
CMS Standard	Joint Commission Standard	Requirement	Responsibility	Weekly	Monthly	Quarterly	Semi-Annual	Annual	O	N	D	J	F	M	A	M	J	J	A	S	ANNUAL REVIEW
									C	O	E	A	E	A	P	A	U	U	U	U	
									X = ACTION, RE = REVIEW/EVALUATE												
									Type the following in the areas below: C (for complete), S (for scheduled), X (for incomplete) or N/A												
<b>LS.01.01.01</b>		<b>Buildings serving patients comply with NFPA 101 Life Safety Code (LSC) (2012 edition)</b>																			
§482.41(b)(2)	LS.01.01.01 EP 2	Current Statement of Conditions (SOC) has been prepared	FM					RE													
§482.41(b)(2)	LS.01.01.01 EP 2	Review Joint Commission or AAAHC equivalencies (if any)	FM					RE													
§482.41(b)(8)	LS.01.01.01 EP 3	Review Plans for Improvement (PFI) check for timeliness	FM					RE													
§482.41(b)(8)	LS.01.01.01 EP 3	Sufficient progress toward PFIs in previous SOC	FM					RE													
		Annual Above the Ceiling Inspection	FM					X													
<b>EC.02.03.05</b>		<b>Fire Alarm Testing and Inspection</b>																			
§482.41(c)(2)	EC.02.03.05 EP 1	Supervisory Signals (except tamper switches)	FM			X															
§482.41(c)(2)	EC.02.03.05 EP 2	Water flow devices	FM			X															
§482.41(c)(2)	EC.02.03.05 EP 2	Tamper switches	FM				X														
§482.41(c)(2)	EC.02.03.05 EP 3	Duct, heat, smoke detectors, pull boxes, elect. releasing devices	FM					X													
§482.41(c)(2)	EC.02.03.05 EP 4	Notification devices (audible & visual)	FM					X													
§482.41(c)(2)	EC.02.03.05 EP 5	Emergency services notification transmission equipment	FM			X															
§482.41(c)(2)	EC.02.03.05 EP 6	Fire pump(s) tested under no-load conditions	FM	X																	
§482.41(c)(2)	EC.02.03.05 EP 7	Water storage tank high & low level alarms	FM				X														
§482.41(c)(2)	EC.02.03.05 EP 8	Water storage tank low water temp alarms (cold weather only)	FM		X																
§482.41(c)(2)	EC.02.03.05 EP 9	Sprinkler systems main drain tests on all risers	FM					X													
§482.41(c)(2)	EC.02.03.05 EP 10	Fire department connections inspected	FM			X															
§482.41(c)(2)	EC.02.03.05 EP 11	Fire pump(s) tested annually underflow	FM					X													
§482.41(c)(2)	EC.02.03.05 EP 12	Standpipe systems tested with water flow (NFPA 25)	FM					5Y													
§482.41(c)(2)	EC.02.03.05 EP 13	Kitchen auto extinguishing systems inspected (no discharge reqd)	FM				X	X													
§482.41(c)(2)	EC.02.03.05 EP 14	Gaseous extinguishing systems inspected (no discharge reqd)	FM					X													
§482.41(c)(2)	EC.02.03.05 EP 15	Portable fire extinguishers inspected monthly	FM		X																
§482.41(c)(2)	EC.02.03.05 EP 16	Portable fire extinguishers maintained annually	FM					X													
		Annual Inventory Update for Fire Extinguishers						X													
§482.41(c)(2)	EC.02.03.05 EP 17	Fire hoses hydro tested 5 yrs after install, every 3 yrs after	FM					5Y/3Y													
§482.41(c)(2)	EC.02.03.05 EP 18	Smoke & fire dampers tested (fusible links removed when applicable)	FM					6Y													
§482.41(c)(2)	EC.02.03.05 EP 19	Smoke detection shutdown devices for HVAC tested	FM					X													
§482.41(c)(2)	EC.02.03.05 EP 20	All horizontal & vertical roller & slider doors tested	FM					X													
		5 Year NFPA Sprinkler Inspection	FM					5Y													
		Annual Sprinkler head Inspection	FM					X													
		Annual Inventory Update for Sprinkler System	FM					X													
<b>LS.01.02.01</b>		<b>Interim Life Safety Measures (ILSM)</b>																			
§482.41(b)(1)(i)	LS.01.02.01 EP 3	ILSM policy developed and in place	FM					RE													
§482.41(b)(1)(i)	LS.01.02.01 EP 3	Criteria for evaluating deficiencies & hazards to determine when and to what extent ILSM measures apply	FM					RE													
§482.41(b)(1)(i)	LS.01.02.01 EP 3	The organization implements ILSMs as defined in its policy	FM					RE													
<b>EC.02.05.07</b>		<b>Emergency Power Systems are Maintained and Tested</b>																			
§482.41(b)(4)	EC.02.05.07 EP 1	Battery powered lights tested @ 30 days for 30 sec. and annually for 1.5 hrs	FM		X																
§482.41(b)(4)	EC.02.05.07 EP 2	Stored Emerg. Pow. Sup. Sys. (SESS) for Life Safety tested 5 min.	FM			X															
§482.41(c)(2)	EC.02.05.07 EP 3	Annually @ full load for 60% of its class or rating for recharge	FM					X													
§482.41(c)(2)	EC.02.05.07 EP 4,5	Generators tested 12 X Yr cont. 30 min. under load that is at least 30% of the nameplate rating <i>Note: Alternate to load bank test allowed (must meet criteria) of maint. &amp; inspection activities &amp; monitor exhaust gas temp</i>	FM		X																
§482.41(c)(2)	EC.02.05.07 EP 6	Transfer switches 12 X Yr	FM		X																
§482.41(c)(2)	EC.02.05.07 EP 7	Emergency generator test for a minimum of 4 continuous hours	FM					3Y													
<b>EC.02.05.09</b>		<b>Medical Gas and Vacuum Systems are Inspected and Tested</b>																			
§482.41(c)(2)	EC.02.05.09 EP 1	Review maintenance program and testing documentation						RE													
§482.41(c)(2)	EC.02.05.09 EP 2	Review installation and modification of med gas test results for: cross connection, purity & pressure						RE													
§482.41(c)(2)	EC.02.05.09 EP 3	Med gas supply and zone valves are accessible and clearly labeled						X													
<b>EC.02.06.01</b>		<b>The facility establishes and maintains a safe, functional environment.</b>																			
§482.41(c)(4)	EC.02.06.01 EP 13	Ventilation Testing (Isolation, OR)	FM		X <sup>3</sup>			X <sup>3</sup>													
§482.41(c)(4)	EC.02.06.01 EP 13	Ventilation Testing (CSR, Soiled Utility Rms)	FM		X <sup>3</sup>			X <sup>3</sup>													
§482.41(c)(4)	EC.02.06.01 EP 13	Ventilation Testing (Lab: Gen, Bact, Path...)	FM		X <sup>3</sup>			X <sup>3</sup>													
§482.41(c)(4)	EC.02.06.01 EP 13	Humidity Levels (test per policy)	FM																		

Footnotes

- 1 = Responsibility of Staff for Management Plans may vary by Service Unit and health care facility.
- 2 = Report only if Facilities Management is responsible for the function, otherwise it is N/A
- 3 = Recommend: Monthly test for relative pressure to adjacent areas. Annual Test for Air Changes per Hour, calculated from supply or exhaust ventilation flowrates







**Quarters Program**

Quarters Occupied: -

Rate: #VALUE!

RS Vacant > 6 months	Justification

**Budget Information**

Funding Account	Current Year	Prior Year
M&I (Bench Stock)	\$ -	\$ -
M&I (Project Funded)	\$ -	\$ -
FSA - Salaries	\$ -	\$ -
FSA - Utilities	\$ -	\$ -
Quarters	\$ -	\$ -
Medical Equipment	\$ -	\$ -
<b>Totals</b>	<b>\$ -</b>	<b>\$ -</b>

Accomplishments, Sentinel Events, Critical Issues, and Challenges

Accomplishments, Sentinel Events, Critical Issues, and Challenges

Accomplishments, Sentinel Events, Critical Issues, and Challenges

Accomplishments, Sentinel Events, Critical Issues, and Challenges

First Quarter Summary

Second Quarter Summary

Third Quarter Summary

Fourth Quarter Summary

**Infection Preventionist's Reporting Dashboard - FY2018 for**

**Infection Control Basic Program Elements**

Requirement	Description and Responsibility	Weekly	Monthly	Quarterly	Semi-Annual	Annual	O	N	D	J	F	M	A	M	J	J	A	S	ANNUAL REVIEW
							C	O	E	A	E	A	A	U	U	U	E	P	

X = ACTION, RE = REVIEW/EVALUATE

C = COMPLETE; X= MISSED, S = SCHEDULED, N/A = Not Applicable

<b>Infection Control Committee Meeting</b>	Infection Prevention and Control Officer (IP&C Officer)				X															
--	---	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

<b>Infection Control Rounds</b>																				
<b>Outpatient</b>	Clinical areas are completed semi-annually				X															
<b>Departmental</b>	Nonclinical departments are completed annually					X														
<b>Central Sterile</b>	Clinical areas are completed semi-annually				X															
<b>Dental</b>	Clinical areas are completed semi-annually				X															
<b>Clinical Laboratory</b>	Clinical areas are completed semi-annually				X															

<b>Plan Management</b>																				
<b>ANNUAL SUMMARY (i.e., summary of risk-based goal results)</b>	IP&C Officer.					X														
<b>Infection Control Management Plan</b>	IP&C Officer.					X														
<b>Infection Control Risk Assessment</b>	IP&C Officer. DO attached AMB Risk Assessment					X														
<b>Exposure Control Plan</b>	IP&C Officer.					X														
<b>TB Risk Assessment</b>	IP&C Officer.					X														
<b>TB Plan</b>	IP&C Officer.					X														

<b>Major Policies and Procedures</b>																				
<b>High-Level Disinfection and Sterilization</b>																				
<b>Hand Hygiene</b>																				
<b>Exposure Incident Management</b>																				
<b>Respiratory Protection</b>																				
<b>Autoclave Cleaning and Disinfection</b>																				
<b>Nosocomial Surveillance Policy(s)</b>																				
<b>Patient Influx</b>																				
<b>Cough Etiquette/Respiratory Hygiene</b>																				
<b>Antimicrobial Use</b>																				
<b>Department: Housekeeping</b>																				
<b>Department: Medical</b>																				
<b>Department: Nursing</b>																				
<b>Department: Dental</b>																				
<b>Department: Laboratory</b>																				
<b>Department: Pharmacy</b>																				

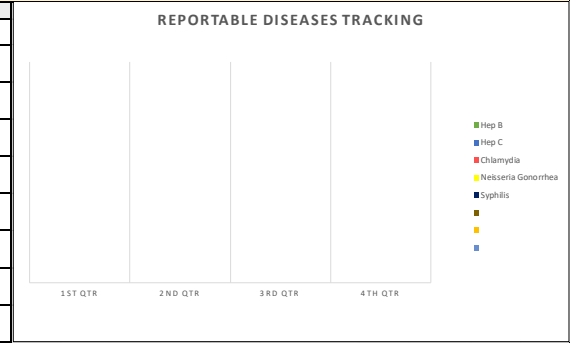
**Surveillance**

Requirement	Description and Responsibility	Daily	Weekly	Monthly	Qtrly.	Semi-Annual	Annual	O	N	D	J	F	M	A	M	J	J	A	S	ANNUAL REVIEW
								C	O	E	A	E	A	A	U	U	U	E	P	
<b>Laboratory Surveillance Data Review</b>	Mandatory Reporting - Daily per IP&C Officer							RE												
<b>Employee Tb Screening</b>	Annually per Employee Health							RE												
<b>ALL Standard Precautions</b>								RE												
<b>Monitor Community Infectious Events</b>								RE												
<b>Hand Hygiene</b>								RE												
<b>MDRO</b>								RE												
<b>C. difficile</b>								RE												
<b>ICRA (required for any construction projects, includes cabling)</b>								RE												

\*For daily or weekly reviews: If a day or week is missed, indicate with an "X" in the month where reviews are missing. RE = annual evaluation required.

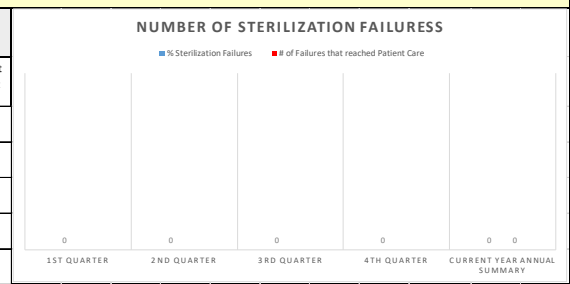
**Reportable Diseases Tracking**

Description	STI & Reportable Disease	Current Year			
		1st QTR	2nd QTR	3rd QTR	4th QTR
FY2018	Hep B				
	Hep C				
	Chlamydia				
	Neisseria Gonorrhoea				
	Syphilis				



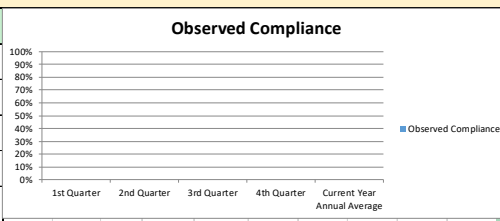
**Environmental Services**

Description	CY Qtr.	Sterilization Failures			
		# of Sterilization Loads	# of Sterilization Failures	% Sterilization Failures	# of Failures that reached Patient Care
FY2018	CSR Sterilization				
	1st Quarter			#DIV/0!	
	2nd Quarter			#DIV/0!	
	3rd Quarter			#DIV/0!	
	4th Quarter			#DIV/0!	
	<b>Current Year Annual Summary</b>	0	0	#DIV/0!	0



**Hand Hygiene**

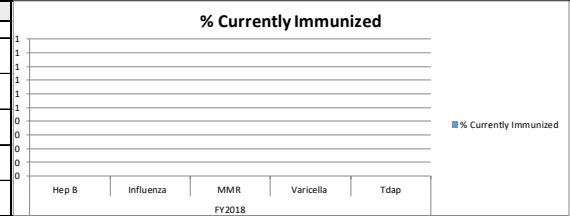
Observed Compliance %	%	
FY2018	1st Quarter	
	2nd Quarter	
	3rd Quarter	
	4th Quarter	
	<b>Current Year Annual Average</b>	



**Goal 90%**

**Immunization Tracking**

Description	Immunization	Current Immunizations per Required # of Staff		
		No. Required	No. Immunized	% Immunized
FY2018	Hep B	0	0	#DIV/0!
	Influenza			#DIV/0!
	MMR			#DIV/0!
	Varicella			#DIV/0!
	Tdap			#DIV/0!
<b>First Quarter Summary</b>	<b>Accomplishments, Sentinel/Adverse Events, Critical Issues, and Challenges</b>			




<b>Second Quarter Summary</b>	<b>Accomplishments, Sentinel/Adverse Events, Critical Issues, and Challenges</b>
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# Why Do Quality Improvement?

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CMS Conditions of Participation

Accreditation – Standards of Care

Facility Initiative – Overall PI Plan

GPRA

Pay for Performance

- Assists with risk management and risk reduction

# Healthcare Value Equation

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$$\text{Value} = \frac{\text{Quality} + \text{Experience}}{\text{Cost}}$$

# Continuous Improvement

A mindset and way of thinking that's focused on improving processes while also seeking out ways to improve the lives of people



# Thank you!

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**“THE SECRET OF  
CHANGE IS TO FOCUS  
ALL OF YOUR ENERGY,  
NOT ON FIGHTING THE  
OLD, BUT ON BUILDING  
THE NEW.”**

**— SOCRATES**

# Questions?

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