

**Quality Assurance Performance Improvement Quarterly Report-2014**

**Each Department Director should submit report to Director of Performance Excellence and Facility Executive Director/Healthcare Administrator/CEO(whichever is applicable) two weeks prior to the quarterly meeting.**

Campus: BH x PP \_\_\_\_\_ Corporate \_\_\_\_\_ Dept.: Activity Room

This Report is for: 1st Qtr \_\_x\_\_\_ 2nd Qtr \_\_\_\_\_ 3rd Qtr \_\_\_\_\_ 4th Qtr \_\_\_\_\_

If Indicators done monthly, please write score accomplished:

1st Month 30\_\_\_\_\_\_ out of \_\_\_\_30\_\_\_

2nd Month \_\_30\_\_\_\_ out of \_\_\_\_\_30\_\_

3rd Month \_\_29\_\_\_\_ out of \_\_\_30\_\_\_\_

If indicators done quarterly, please write score accomplished:

1st quarter \_\_\_\_\_\_ out of \_\_\_\_\_\_\_

2nd quarter \_\_\_\_\_\_ out of \_\_\_\_\_\_\_

3rd quarter \_\_\_\_\_\_ out of \_\_\_\_\_\_\_

4th quarter \_\_\_\_\_\_ out of \_\_\_\_\_\_\_

Annual Employee In-service Attendance:

1st Month Number of employees due to attend\_\_\_\_\_1\_\_\_\_ Number of employees that did attend \_\_1\_\_\_\_\_

2nd Month Number of employees due to attend\_\_0\_\_\_\_\_\_\_ Number of employees that did attend \_\_\_\_0\_\_\_

3rd Month Number of employees due to attend\_\_\_\_\_0\_\_\_\_ Number of employees that did attend \_\_\_\_0\_\_

Stay Interview (Do not include new hires):

1st Month Number of employees due \_\_\_0\_\_\_\_ Number of interviews completed \_\_\_\_\_\_0\_

2nd Month Number of employees due \_\_\_0\_\_\_\_ Number of interviews completed \_\_\_\_\_0\_\_

3rd Month Number of employees due \_\_0\_\_\_\_\_ Number of interviews completed \_\_\_\_\_0\_\_

Attach Action Plans for any indicators not accomplished and prepare to discuss at quarterly meeting.

**The following reports are also required quarterly**

**Skilled Nursing-**Infection Control, Wounds, Falls, Survey Issues, Antipsychotics, 30 day hospital re-admission

**Personal Care-**Infection Control, Falls, Survey Issues, Antipsychotics, 30 day hospital re-admissions

**Pharmacy-**Medication Errors, Antipsychotic Drugs, Physician Recommendations, Survey Issues

**All Departments-**Adverse Events