

Alaska Psychiatric Institute  
2022 Quality Assurance and Performance Improvement



Target Goal Met/Exceeded within 1%	★
Target Goal Almost Met within 15%	✓
Target Goal Not Met, over 15%	⊘
No External Benchmark	◆
Monthly Data Unavailable	⌚
Not Applicable	
No Data/Goal	

PI.01.01.01: the hospital collects data to monitor its performance.

Rehab: new goals - the percentage of failed discharges (goal ≤ 5%), 30 day readmissions (goal ≤ 10%) and 90 day readmissions (goal ≤ 15%), and 180 day readmission (goal ≤ 20%)

Med Management: starting January 2022, the discharge process errors will not be counted as Med Errors

EOC: Annual inspection of fire rated doors are being completed on 7-17-22 and 7-15-22.

2022 FMEA is Patient Rights

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		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
		Q4				Q1			Q2		Q3			Q4		
<b>Utilization</b>		<b>Goal</b>	<b>2021</b>				<b>2022</b>									
Total Inpatient Bed Days		1640	1681	1854	1787	1580	1945	1953	1926	1797	1636	1796	1840	2108		
Total Admissions		55	56	72	39	41	53	36	36	68	41	46	57	68		
Total Discharges		59	50	69	43	39	47	42	35	69	45	43	48	66		
Average Daily Census (ADC)		52.9	56.0	59.8	57.7	56.4	62.4	65.1	62.1	59.9	52.8	57.9	61.3	68.0		
Average Length of Stay (LOS) (excludes outlier stays of > 90 days)		15.5	9.7	12.3	20.3	13.3	15.8	19.4	21.3	12.3	14.8	18.2	12.7	15.4		
API Monthly 30 day Patient Readmission Rate		13.6%	14.0%	13.0%	9.3%	12.8%	4.3%	14.3%	5.7%	4.3%	11.1%	4.7%	10.4%	7.6%		
API Monthly 180 day Patient Readmission Rate		25.4%	36.0%	29.0%	23.3%	33.3%	12.8%	28.6%	20.0%	15.9%	20.0%	20.9%	25.0%	22.7%		
<b>Suicide Assessment</b>		<b>Goal</b>	<b>2021</b>				<b>2022</b>									
High & Moderate Risk follow up documented timely (<24hrs)	100%	100%	100%	100%	89%	100%	100%	100%	100%	95%	100%	100%	100%	93%		
High & Moderate Risk follow up documented late (>24hrs)	0%	0%	0%	0%	11%	0%	0%	0%	0%	5%	0%	0%	0%	0%		
<b>Discharge Planning</b>		<b>Goal</b>	<b>2021</b>				<b>2022</b>									
Completed Discharge Summaries Rate	100%	100%			100%			100%		100%						
Court Ordered Discharges (CoSW Audit)					1.6%			1.4%		0						
Homeless Discharge Type: Home (HOME)					25.0%			37.0%		36.00%						
Assisted Living Facility (ALF)					19.0%			18.5%		10.40%						
In Home Related (IHR)					19.0%			5.0%		5.20%						
In Home Not Related (IHNR)					0.0%			0.0%		0.00%						
Independent (IND)					7.0%			3.5%		6.00%						
Shelter/Street (Shelter)					19.0%			27.0%		24.60%						

Dept of Correction (DOC)					6.0%	6.0%	9.70%									
Other Psych/ Tx Facility (PSYCH)					0.0%	0.0%	4.50%									
Hospital Medical (MED)					2.0%	1.5%	0.70%									
Crisis Respite Step Down (CRC)					0.0%	0.8%	0.70%									
Other (Other)					0.0%	0.0%	0.70%									
Regular Discharge (REG)					86.0%	87.0%	85.00%									
AMA - AMA by Court (AMA)					6.5%	6.0%	4.50%									
Admin Discharge - Judicial (ADJ)					6.5%	6.0%	10.00%									
Admin Discharge - Hospital (ADH)					1.0%	1.0%	0.70%									
Discharge Trips (Dr. McMahon)			2		2	21	21									
Failed Discharges	≤5%				0.0%	0.0%	0.0%									
30-Day Readmission	≤10%				5.0%	4.8%	4.8%									
90-Day Readmission	≤15%				5.6%	4.8%	4.8%									
180-Day Readmission	≤20%				16.7%	16.7%	14.3%									
<b>Infection Control</b>	<b>Goal</b>	<b>2021</b>				<b>2022</b>										
Hand Hygiene Compliance Rate	99%	80%	67%	83%	76%	85%	84%	100%	100%	97%	100%	97%	🕒	🕒		
Number of Hand Hygiene Observations		170	109	199	110	93	197	40	22	34	38	69	🕒	🕒		
API Staff Flu Immunization		62	4	5	5	4	7	97%	0%	0%	0%	0%	🕒	🕒		
Hospital Acquired Infections (HAI) Rate per 1000 Inpatient Days	0	0	2.38	3.24	13.43	11.39	3.60	1	0	0.56	3.67	1.67	🕒	🕒		
COVID-19 Vaccine		5	2	121	5	4	7	0	0	1	0	3	🕒	🕒		
<b>Clinical Care</b>	<b>Goal</b>	<b>2021</b>				<b>2022</b>										
Suicidal Behavior/1000 Inpatient Days (UOR)		0.62	3.00	0.60	0.00	0.63	0.00	0.50	0.00	0.00	0.00	0.60	2.20	0.00		
Self-harm/1000 Inpatient Days (UOR)		10.98	8.90	7.00	5.00	2.57	5.10	3.60	5.20	3.30	6.70	2.70	3.80	2.40		
Patient Falls with Injury/1000 Inpatient Days (Meditech)		2.44	2.38	1.08	2.24	1.27	3.08	3.07	1.04	1.11	0.00	0.56	0.54	0.47		
Patient Falls with No Injury/1000 Inpatient Days (Meditech)		3.66	3.57	5.39	2.80	1.27	2.06	1.54	3.63	2.78	1.22	0.00	0.00	0.95		
Brief Manual Hold/1000 Pt Days (Meditech)		73.17	58.89	64.72	48.68	44.94	42.67	20.48	23.88	22.26	47.07	43.99	46.74	44.12		
Gurney/1000 Pt Days (Meditech)		6.10	6.54	7.01	5.04	3.16	8.23	4.61	6.23	2.23	3.06	3.90	14.13	11.86		
Seclusion/1000 Pt Days (Meditech)		17.68	19.63	22.65	10.63	15.19	15.42	7.68	4.15	7.23	9.78	3.34	20.65	18.03		
Restraint/1000 Pt Days (Meditech)		0.00	0.00	0.54	0.00	0.00	1.03	2.05	3.12	0.00	2.44	0.00	0.00	0.47		
<b>Rehab Therapy</b>																
Weekly RT/OT Small Groups (25/wk.)	95%	67%			92%			100%			100%					
Rehab Assessments Completed within 72hrs of Admission	75%	85%			82%			87%			87%					
1:1 Weekly Sessions (20/wk.)	95%	53%			100%			95%			100%					

All Small Groups and Assessments Entered in Treatment Plans	70%	74%	60%	50%	64%											
<b>Grievance/ Family Support</b>	<b>Goal</b>	<b>2021</b>			<b>2022</b>											
Number of Patient Compliments		20	18	40	26	16	18	15	4	12	14	7	3	14		
Number of Patient Grievances		8	13	21	9	6	9	8	2	7	3	1	14	9		
Grievances Receiving a Written Response Within 7 Working Days	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
Patient Satisfaction Survey	80%	67.8%	78.0%	79.7%	79%	74%	81%	80%	80%	78%	80%	58%	35%	44%		
<b>EOC and Safety</b>	<b>Goal</b>	<b>2021</b>			<b>2022</b>											
Reviewing generator test results prior to end of the month and submitting UOR for all failed tests.	100%	100%			100%			100%			100%					
Conduct 2022 Annual inspection of Fire Rated doors per NFPA 80. (Due July)	0	0			🕒											
All Bio-hazard manifest are manifested by trained staff	100%	100%			100%			100%			100%					
<b>Medication Management</b>		<b>2021</b>			<b>2022</b>											
Medication Error Reports		21	29	15	7	8	6	4	7	3	8	6	10	11		
Medication Error Doses		29	126	176	9	19	6	4	11	3	19	20	24	15		
Total Doses		14821	16006	17239	15664	13428	15787	17963	16410	15048	13483	15069	16466	20296		
Rate of Med Variance (Doses in error/10,000 Doses adm)	≤30	20	79	102	5.75	14.15	3.80	2.23	6.70	1.99	14.09	13.27	14.58	7.39		
Medication Errors of Severity ≥ 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Completion of Adverse Drug Reaction Reports	≥ 4	1	1	1	0	0	0	3	2	0	0	2	1	0		
Therapeutic Duplication Identified (Duplicate PRN Reasons)	≤2%	4	2	2	0.86%	0.19%	0.75%	0.71%	0.24%	0.74%	0.91%	0.41%	0.73%	1.23%		
#Errors					4	1	4	3	1	5	5	2	4	9		
# PRN Orders					464	514	530	423	421	676	551	491	549	730		
Once One Reason for Use Missing	≤2%	1	3	0	0%	1%	1%	0%	1%	1%	3%	0%	0%	3%		
#Errors					0	1	2	0	2	1	4	0	0	6		
# 1x Orders					123	103	135	127	173	165	142	113	170	208		
HBIPS-5 - Multiple Antipsychotic w/Approp Justification - Overall	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
Barcode Scan Rate-Meds Adjusted	98%	97%	97%	97%	97.79%	97.39%	98.04%	98.75%	97.81%	97.93%	98.05%	99.04%	98.72%	98.81%		