

**(HOSPITAL NAME HERE)
PI MEASURES**

MEASURE	STANDARD
CARE OF THE PATIENT	
Operative , other invasive, & noninvasive procedures that place patients at risk	
a. Selection of the appropriate procedure	PI.3.2.1
b. Patient preparation for the procedure	PI.3.2.1
c. Performance of the procedure and patient monitoring	PI.3.2.1
d. Postprocedure care	PI.3.2.1
e. Postprocedure patient education	PI.3.2.1
Medication Use	
a. Drug selection	PI.3.2.2
b. Prescribing or ordering	PI.3.2.2
c. Preparing and dispensing	PI.3.2.2
d. Administering	PI.3.2.2
e. Monitoring the effects on patients	PI.4.5.4
Blood Use (Blood and Blood Components)	
a. Ordering	PI.3.2.3
b. Distributing, handling, and dispensing	PI.3.2.3
c. Administering	PI.3.2.3
d. Monitoring blood and blood component effects on patients	PI.3.2.3
e. All confirmed transfusion reactions are intensively assessed.	PI.4.5.3
Miscellaneous Measures	
Adverse patterns or patterns of adverse events during anesthesia use are intensively assessed.	PI.4.5.2
Utilization Management activities, including appropriateness of admission and hospital stays	PI.3.2.4
Restraint and Seclusion, including identification of opportunities to reduce use	TX.7.1.3.2.3
Data on Important processes and outcomes are also collected from:	
autopsy results	PI.3.3.1
risk management activities	PI.3.3.2
Quality Control Activities	
Clinical Lab	PI.3.3.3
Diagnostic Radiology	PI.3.3.3
Nuclear Medicine	PI.3.3.3
Equipment: Medical, to include Pharmacy equipment	PI.3.3.3
PATIENT RIGHTS	
The needs, expectations, and satisfaction of patients	PI.3.2.5
HUMAN RESOURCES	
Staff views regarding performance and improvement opportunities	HR.4.3
Hospital regularly collects aggregate data on competence patterns and trends to identify and respond to the staff's learning needs.	HR.4.3
ENVIRONMENT OF CARE	
Safety Plan performance measure	EC.1.3
Security Plan performance measure	EC.1.4
Control of Hazardous Materials and Waste Plan performance measure	EC.1.5
Emergency Preparedness Plan performance measure	EC.1.6
Life Safety Plan performance measure	EC.1.7
Medical Equipment Plan performance measure	EC.1.8
Utility Systems Plan performance measure	EC.1.9
MANAGEMENT OF INFORMATION	
Medical records are reviewed at least quarterly for completeness, accuracy, and timely completion of information, and action is taken as necessary to improve this process.	IM.3.2.1

(HOSPITAL NAME HERE)
PI MEASURES

MEASURE	STANDARD
INFECTION CONTROL	
Case findings and identification of demographically important nosocomial infections provide surveillance data.	IC.2
NEW PROGRAMS	
Measures of new program affectiveness	PI.3
WITHHOLDING SERVICES	
Advance Directives	RI.1.2.5

(HOSPITAL NAME HERE)
PERFORMANCE IMPROVEMENT REPORT
4TH Quarter, 1997

STATISTICS			1ST QTR '97	2ND QTR '97	3RD QTR '97	4TH QTR '97	PREV. YR	12 MO TOTAL						
Admissions								0						
Discharges								0						
Patient Days								0						
Observation Patients								0						
Deliveries								0						
ER Visits								0						
IP/OP Operative Encounters								0						
OP Operative Encounters								0						
MEASURE	JCAHO STD	BENCHMARK	1ST QTR '97		2ND QTR '97		3RD QTR '97		4TH QTR '97		PREV. YR		12 MO TOTAL	
			#	%	#	%	#	%	#	%	#	%	#	%
CARE OF THE PATIENT														
Operative , other invasive, and noninvasive procedures that place patients at risk														
Discrepancies -- Pre-op/post-op/pathological	PI.3.2.1	0% (I)												
Procedure appropriateness: Appropriateness criteria not met	PI.3.2.1	0% (I)												
Patient preparation for procedure: Inadequate prep	PI.3.2.1	0% (I)												
Procedure performance & patient monitoring: Intraoperative incidents	PI.3.2.1	0% (I)												
Post-procedure care: PACU incidents	PI.3.2.1	0% (I)												
Post-procedure patient education	PI.3.2.1	100% (I)												
Medication Use														
a. Drug selection: DUE--Primaxin appropriateness	PI.3.2.2	100% (I)												
b. Prescribing or ordering: DUE--Toradol dosing appropriateness	PI.3.2.2	100% (I)												
c. Preparing and dispensing: Dispensing Errors	PI.3.2.2	0% (I)												

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PERFORMANCE IMPROVEMENT REPORT
 4TH Quarter, 1997

MEASURE	JCAHO STD	BENCHMARK	1ST QTR '97		2ND QTR '97		3RD QTR '97		4TH QTR '97		PREV. YR		12 MO TOTAL	
			#	%	#	%	#	%	#	%	#	%	#	%
c. Preparing and dispensing: Medication Delivery Time-- Pre-op Antitotics	PI.3.2.2	90% < 2 hr. (N)												
d. Administering: DUE-- Aminoglycoside appropriatenes (peak/trough)	PI.3.2.2	100% (I)												
e. Monitoring the effects on patients: Adverse Drug Reactions	PI.4.5.4	0% (I)												
Blood Use (Blood and Blood Components)														
a. Ordering: Blood usage appropriateness	PI.3.2.3	100% (I)												
a. Ordering: Written order for blood/component: Timing of blood dispensing	PI.3.2.3	100% (I)												
b. Distributing, handling, and dispensing: Protocol for checking unit out of bloodbank	PI.3.2.3	100% (I)												
c. Administering: Blood hung within 20 min. of dispensing	PI.3.2.3	100% (I)												
c. Administering: Blood slips posted in chart	PI.3.2.4	100% (I)												
c. Administering: Blood slips completed	PI.3.2.5	100% (I)												
c. Administering: Crossmatch: Transfusion Ratio	PI.3.2.3	<2:1 (I)												
d. Monitoring blood and blood component effects on patients: Potential transfusion reactions	PI.3.2.3	1 (I)												
e. Confirmed transfusion reactions	PI.4.5.3	0 (I)												
Miscellaneous Measures														

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PERFORMANCE IMPROVEMENT REPORT
4TH Quarter, 1997

MEASURE	JCAHO STD	BENCHMARK	1ST QTR '97		2ND QTR '97		3RD QTR '97		4TH QTR '97		PREV. YR		12 MO TOTAL	
			#	%	#	%	#	%	#	%	#	%	#	%
Adverse events during anesthesia	PI.4.5.2	0% (I)												
Restraint and Seclusion: Documented evidence of less restrictive measures used	TX.7.1.3.2.3	100% (I)												
Data on Important processes and outcomes are also collected from:														
Mortality Rate	PI.3.3	1.4% (L)												
Autopsy Results: # Performed/# Met Criteria	PI.3.3.1													
Risk management activities (See Safety & Risk Management Report)	PI.3.3.2	--												
C-section Rate	PI.3.3	17% (L)												
ORYX Indicator: e.g., Vaginal Deliveries with Complications	PI.3.3													
VBAC Rate	PI.3.3	36% (S)												
Attempted VBAC Rate	PI.3.3	35% (L)												
ORYX Indicator: e.g., Joint Replacements with Complications	PI.3.3													
Quality Control Activities														
Clinical Lab: # QC functions completed/# required to be completed	PI.3.3.3	100% (I)												
Diagnostic Radiology: # QC functions completed/# required to be completed.	PI.3.3.3	100% (I)												
Dietary: # QC functions completed/# required to be completed.	PI.3.3.3	100% (I)												
Equipment used to administer medication: # QC activities completed/# required to be completed.	PI.3.3.3	100% (I)												

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			#	%	#	%	#	%	#	%	#	%	#	%
Pharmacy equipment used to prepare medications: # QC functions completed/# required to be completed.	PI.3.3.3	100% (I)												
Nuclear Medicine: #QC functions completed/# required to be completed.	PI.3.3.3	100% (I)												
Equipment: Medical (See Safety & Risk Mgmt. Report)	PI.3.3.3	100% (I)												
CONTINUUM OF CARE														
Utilization Mgmt: Patients admitted to observation, should have been IP.	PI.3.2.4	0% (I)												
Utilization Mgmt: Patients admitted IP, meeting appropriateness criteria on admission.	PI.3.2.4	100% (I)												
Utilization Mgmt: Pts. Admitted IP, meeting continued stay appropriateness criteria	PI.3.2.4	100% (I)												
Utilization Mgmt: Patients remaining IP after discharge criteria met (Administrative Days).	PI.3.2.4	0% (I)												
Utilization Mgmt: Discharge planning completed	PI.3.2.4	100% (I)												
PATIENT RIGHTS														
Patient Satisfaction: Inpatient	PI.3.2.5	93% (C)												
Patient Satisfaction: Outpatient Tests & Treatment	PI.3.2.5	93% (C)												
Patient Satisfaction: Outpatient Surgery	PI.3.2.5	93% (C)												

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			#	%	#	%	#	%	#	%	#	%	#	%
Patient Satisfaction: Emergency Room	PI.3.2.5	93% (C)												
HUMAN RESOURCES														
Staff views regarding performance & improvement opportunities: Overall Annual Employee Satisfaction Rate	HR.4.3	(Annual) 90% (I)												
Hospital regularly collects aggregate data on competence patterns & trends to identify & respond to staff's learning needs: Completion of annual competency testing	HR.4.3	(Annual) 100% (I)												
Hospital regularly collects aggregate data on competence patterns & trends to identify & respond to staff's learning needs: Quarterly turnover Rate	HR.4.3	<15% (I)												
Hospital regularly collects aggregate data on competence patterns & trends to identify & respond to staff's learning needs: New employee attends orientation within 30 days of hire.	HR.4.3	100%												
Hospital regularly collects aggregate data on competence patterns & trends to identify & respond to staff's learning needs: Average Performance Rating for Hospital Staff	HR.4.3	(Annual) 96% with rating of 3 or higher (I)												

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			#	%	#	%	#	%	#	%	#	%	#	%
ENVIRONMENT OF CARE (See Safety & Risk Management Report)														
MANAGEMENT OF INFORMATION														
Data Quality Monitoring-- Documentation requirements met	IM.3.2.1	80% (I)												
Medical Record Delinquency: Overall	IM.3.2.1	<50% (J)												
Medical Record Delinquency: H&P's	IM.3.2.1	<2% (J)												
Medical Record Delinquency: Operative Reports	IM.3.2.1	<2% (J)												
Medical Staff Delinquency Suspensions	IM.3.2.1	0 (I)												
INFECTION CONTROL														
Overall Nosocomial Infection Rate	IC.2	<1% (I)												
Overall Surgical Infection	IC.2	0.8% (L)												
NEW PROGRAMS														
Measures of new program affectiveness	PI.3	No new programs for qtr		N/A		N/A		N/A		N/A				N/A
WITHHOLDING SERVICES														
Advance Directives: Patients asked if they have an advanced directive.	RI.1.2.5	100% (I)												
Advance Directives: Patients provided info about advance directives.	RI.1.2.5	100% (I)												
Advance Directives: # Pts stating they have an advance directive & hospital has a copy in record.	RI.1.2.5	100% (I)												
MEDICAL STAFF PEER REVIEW														
Medical Staff Peer Review (see separate report)	MS.3.1.6.1.5	--												

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			#	%	#	%	#	%	#	%	#	%	#	%

Benchmark Codes:
N = National
J = JCAHO
S = State
L = Local
I = Internal
C = Corporate

(Sample)

Delinquency Stats for JCAHO Survey Preparation with Related Graph

	Benchmark	4th Qtr '96	1st Qtr '97	2nd Qtr '97	3rd Qtr '97	Average
Medical Record Delinquency: Overall	50%	32%	29%	17%	11%	22%
Medical Record Delinquency: H&P's	2%	0%	0%	0%	1%	0%
Medical Record Delinquency: Operative Reports	2%	0%	1%	1%	1%	1%