

SCH&DC Risk Assessment 2019 Q1

Incident Reports:

- There were 5 incidents in Q1.

Safety:

- Safety Committee is still working on finding active shooter training.
- Midmark vital sign monitors were returned after repeated instances of inaccurate results despite staff training and company support.

Training: No training to report for Q1.

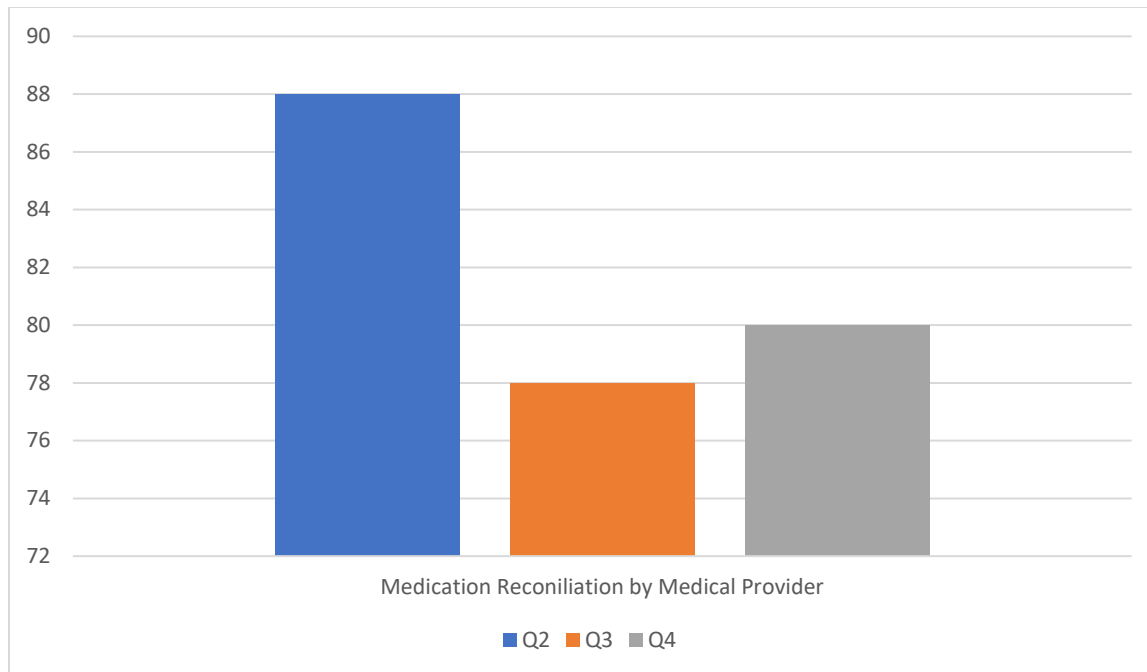
High Risk Area Projects: There is no update to the high-risk areas due to reporting software issues. The high-risk areas continue to be monitored in monthly chart reviews at this time.

Medication Reconciliation

Problem Statement: Medication reconciliation is routinely performed by the Medical Assistant (MA) or Nurse that rooms the patient. Sometimes the MA may not have the knowledge of pharmacology to complete the task accurately. Inaccuracies in medication reconciliation inhibit the medical provider's ability to make precise changes to plan of care including prescribing medications.

Action Plan: Medical providers will start doing the medication reconciliation portion during a patient visit. A licensed nurse shall complete the reconciliation when a patient is new to the Center or if the patient comes for a hospital follow up visit where there may need to be a large number of changes to the med list.

Target: The target for medication reconciliation completion by the provider is 90%.



Uncontrolled Diabetes

Problem Statement: SCH&DC has a population of patients with uncontrolled diabetes that is above the state average of 33.61%. Uncontrolled diabetes can have a profound effect on the health and well-being of our patients and may contribute to other health problems.

Action Plan: Review fallouts to identify those without a completed test and add alerts to chart, outreach patients overdue, re-educate nursing staff on A1C standing orders and chart scrubbing process, increase referrals to health educators.

Target: The target for patients who have uncontrolled diabetes is 35% by the end of Q4.

