

**Allen Hospital
PERFORMANCE IMPROVEMENT
QUARTERLY TREND ANALYSIS**

Department:	DHC Logan	Reviewed By Director:		Date:	
Completed By:	J. Miller RN, BSN, CGRN	Reviewed By President/CEO, VP:		Date:	
Period of Report:	January 1, 2016- December 31, 2016	Reviewed By QI:		Date:	

INDICATORS/CRITERIA	TFA	JAN	FEB	MAR	QTR	APR	MAY	JUN	QTR	JUL	AUG	SEP	QTR	OCT	NOV	DEC	QTR	AVG
1. Patient/Family – Information about delays	<85	78.6	83.3	83.8	81.9	91.7	82.1	86.1	86.6									
2. Waiting time before procedure	<83	79.4	86.5	83.5	83.1	88.5	88.2	88.1	88.3									
3. Nurses concern for comfort	<92	89.7	90.6	95.1	91.8	93.3	97.1	97.5	96.0									
4. Helpfulness of phone personnel	<90	79.6	92.7	93.1	88.5	93.1	97.9	88.6	93.2									
5. Helpfulness of registration person	<90	85.9	86.5	92.1	88.2	94.0	92.7	87.5	91.4									
QUALITY CONTROLS																		
6. Outdate checks monthly	<100	100	100	100	100	100	100	100	100									
7. Code Cart daily check	<100	100	100	100	100	100	100	100	100									
8. Control strip checks (Rapicide PA, Cidex)	<100	100	100	100	100	100	100	100	100									

Benchmark: All TFAs are a minimum of 90% or other approved value; patient safety which includes the National Patient Safety Goals is 100%.

1. Attach this form to a copy of the completed quarterly Performance Improvement Summary Report.
2. Submit the quarterly Performance Improvement Summary Report and Trend Analysis to your Director by Apr 15, Jul 15, Oct 15, Jan 15. The Director will review, sign, date, and forward to the President/CEO, CQO/CMIO, or Vice President.
3. All documentation is saved on SharePoint Site. Keep a copy in your department in the event that computers are down.