

**Allen Hospital
PERFORMANCE IMPROVEMENT
DEPARTMENT PLAN**

Department: DHC Logan	Year: 2016
Completed By: J. Miller RN, BSN, CGRN	Date Developed: 1-2016
Reviewed By:	Revision:

1. Scope of Service (located in policy Plan of Care/Service)



2. Customers We Serve

- Patients
- Family
- Physicians
- Community Members/Organizations

3. Indicators to be Measured

Indicator (what to measure)	Threshold for Action (what is considered unacceptable performance)	Criteria (how it will be measured)	Benchmark (internal / external)
1. Patient/Family Experience Information about delays	<85%	Press Ganey	87%
2. Waiting time before procedure	<83%	Press Ganey	88%
3. Nurses concern for comfort	<92%	Press Ganey	96%
4. Helpfulness of phone personnel	<90%	Press Ganey	95%
5. Helpfulness of registration person	<90%	Press Ganey	95%

4. Quality Controls

Threshold for Action

Benchmark

Outdate checks monthly	100%	100%
Code Cart daily check	100%	100%
Control strip checks (Rapicide PA, Cidex)	100%	100%

5. Documentation of Team Training is required. Refer to Quarterly Report Form.

Threshold for Action (TFA): Any finding meeting the threshold of action requires immediate response. All TFAs are a minimum of 90% or other approved value; patient safety which includes the National Patient Safety Goals is 100%.

Benchmarks: What the “best hospitals” have achieved. Cite your source.