ALLEN HOSPITAL PERFORMANCE IMPROVEMENT TREND ANALYSIS/MONTHLY MONITORING

Department: DHC Logan								Reviewed b	by Director/	Executive D	irector:				
Completed By: J. Miller RN, BSN, CGRN								Reviewed b							
Period of Report: Jan 2017 - Dec 2017															
INDICATORS/CRITERIA	Target	TFA	JAN	FEB	MAR	QTR	APR	MAY	JUN	QTR	JUL	AUG	SEP	QTR	
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Quality Controls:															
Scope tagging weekly check	100%	<100%													<u> </u>
Outdate checks	100%	<100%	100	100	100	100									
Outdate checks	10070	<100%	100	100	100	100									-
Code cart daily check	100%	<100%	100	100	100	100									
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															1

Summary/Discussion:

(Address Indicators not covered on report form or within LEM):							
Quarter 1:							
Quarter 2:							

EFFICIENT & EFFICITIVE OPERATIONS
Date:
Date:
Date:

2	ОСТ	NOV	DEC	QTR	AVG

Quarter 3:	
Quarter 4:	

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 or LEM 90 day action plan, as applicable.

- 2. Submit the quarterly Performance Improvement Summary Report/LEM 90 day action plan and Trend Analysis/Monthly Monitoring to your Director by Apr 30, Jul 31, Oct 31, Jan 31. The Director will review, sign, date, prepare a summation 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.