

**ALLEN MEMORIAL HOSPITAL  
Performance Improvement Plan  
QUARTERLY TREND ANALYSIS**

<b>Department:</b> DHC Logan	<b>Reviewed By Director:</b> Barb Burkle	<b>Date:</b> 7/15/15
<b>Completed By:</b> J. Miller RN, BSN, CGRN	<b>Reviewed By CEO/VP:</b>	<b>Date:</b>
<b>Period of Report:</b> January 1, 2015 – December 31, 2015	<b>Reviewed By QI: Tammy Spier</b>	<b>Date:</b> 5/19/2015

INDICATORS/CRITERIA	TFA	JAN	FEB	MAR	QTR	APR	MAY	JUN	QTR	JUL	AUG	SEP	QTR	OCT	NOV	DEC	QTR	AVG
1. Patient/Family Experience-	<85	69.4	83.3	85.0	79.2	93.2	75.0	88.9	85.7	90.4	100	97.7	96.0					
2. Waiting time before procedure	<80	76.1	83.3	78.8	79.4	90.0	84.6	89.3	88.0	85.6	91.1	89.8	88.8					
3. Degree pain was controlled	<92	91.1	96.1	92.9	93.4	99.0	91.7	93.8	94.8	86.3	98.4	98.4	94.4					
4. Helpfulness of phone personnel	<87	91.7	94.3	85.7	90.6	95.7	93.8	94.2	94.6	90.8	98.6	98.7	96.0					
5. Helpfulness of registration person	<87	87.5	98.1	92.5	92.7	98.3	88.5	95.0	93.9	91.0	95.5	96.2	94.2					
<b>QUALITY CONTROLS</b>																		
6. Outdate checks monthly	<100	100	100	100	100	100	100	100	100	100	100	100	100					
7. Code cart daily check	<100	100	100	100	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	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 Performance Improvement Summary Quarterly Report.
2. Submit the Performance Improvement Quarterly Summary and Trend Analysis to your Director by the 15<sup>th</sup> of the month following the quarter. The Director will review, sign, date, and forward to the President/CEO or Vice President.
3. All documentation is saved on SharePoint Site. Keep a copy in your department in the event that computers are down.