

**Quality Management and Improvement Study
(10 Steps)**

Title: _____

Date: _____

Type of Study: Administrative Cost Patient Care

Purpose: (State Problem/Concern/Area for Improvement and significance to surgery center)

Goal:

Description of Data to be Collected

Evidence of Actual Data Collected

Data Analysis (frequency, severity, sources of problem)

Comparison of Actual Performance vs. Identified Performance Goal

Corrective Measures Implemented

Re-measurement/Results to Determine Achievement/Sustained Improvement

Additional Action Needed: Yes No Time Frame: Responsible Person:

Final Evaluation/Outcome

Communication/Report Findings to QI/MAC/Board

Date

Quality Management and Improvement Study
(10 Steps)

Title: Patient Cancellation at preop

Date: 12/10/2020

Type of Study: Administrative Cost Patient Care

Purpose: (State Problem/Concern/Area for Improvement and significance to surgery center)

to prevent the amount of cancellation during pre op. It will be screen thoroughly the day before and during waiting area to determine any health care that would result in cancellation of procedure

Goal: to decreased the amount of cancellation of pt during pre op.

Description of Data to be Collected

Amount of Patient cancel during pre op.

Evidence of Actual Data Collected

100 than 1% cancellation in 12 months
Surgery center monthly indicator log for the next 3 months.

Data Analysis (frequency, severity, sources of problem)

will monitor center monthly indicator log every quarter to identify the main reason for increased in cancellation of patient procedures during pre op.

Comparison of Actual Performance vs. Identified Performance Goal 3.62%

Compare month of sept

Corrective Measures Implemented

Re-measurement/Results to Determine Achievement/Sustained Improvement

0.98% compare to ~~3~~ 1% goal met

Additional Action Needed: Yes No Time Frame: Responsible Person:

Final Evaluation/Outcome

Communication/Report Findings to QI/MAC/Board

Date

TOPIC: Compliance of AAAHC Standards – Study #9

TYPE OF STUDY: Compliance of Allergy documentation, allergy responses and completion of H&P to be able to attest that “the patient is appropriate for the planned procedure in the outpatient venue.”

PROBLEM: Capturing any change in allergies and the response to these allergies at every patient interaction. To assure H & P’s have been done within 30 days of patient procedures. The response to the patient’s allergies has not been captured on the chart consistently.

Goal: To achieve 100% documentation on all allergies, their responses, and H&P’s.

DATA COLLECTION: A total of 20 charts were reviewed between the dates of 8.1.19 thru 8.30.19 taking the first different procedures by each provider in any given week for a total of 2 providers.

ANALYSIS:

Allergies documented:	100%
Allergy response documented:	100%
H & P within 30 days of procedure	100%

CORRECTIVE ACTION: Staff has done a good job of documentation of allergy responses on patient chart.

Great improvement in documentation of allergy responses, as this is the second month, we are at one-hundred percent compliancy.

H & P documentation remains steady.

Since this is a random ongoing study, this will be a long term process to improve our percentages each month as the study continues, our goal is to capture 100% on a continuous basis.

Restudy Due: September, 2019. RGilmore RN completed on October 18, 2019

Study Tool

Patient Identifier: 2240
DOB: 5/21/44 Procedure Date: 9/24/19

1. Were allergies documented in a prominent and uniform location on the medical record? YES
2. Were allergy responses noted as a part of documentation? YES
3. Was H&P completed within 30 days of the procedure? YES
4. If you answered no to any of the above questions (1, 2, and 3), how was it corrected? N/A