Patient Outcomes

1. Our facility has several ways to measure and report patient outcomes. First, we have several different committees which ensure safety and positive patient outcomes. These committees are the Infection Control Committee, Safety Committee, Quality Assurance Committee, and Peer Review Committee. Each committee has at least one physician member and one staff member. The Quality Assurance Committee also has one non-owner physician member. The physician board member in the group is responsible for follow-up chart audits on any readmits within 48hours. Post-op infections are reported by the physicians to the Infection Control Committee. There have not been any reports of post-op infections. Physicians also code post-op infections to a 998.59 code in the office chart. A report is pulled for this code to ensure proper reporting. Any deviations from standards of care that could result in harm to the patient are reported to the Safety Committee. These items can include faulty equipment, medication errors, and wrong site, wrong surgery, wrong physician. There have not been any incidents of faulty equipment or wrong site, wrong surgery, wrong physician, or medication errors. The Peer Review Committee is made up of three physicians, one is a board member, one is the medical director, and one is a non-owner staff member. The members of this committee perform chart audits for the physicians on 25% of the charts monthly. They also audit charts to make sure that the diagnosis matches the procedure that was performed. All three of these committees report to the Quality Assurance Committee. There are several different ways that data is collected and delivered to the Quality Assurance Committee. One, there is a transfer log that is kept to record any patient transfers to a hospital. There is another log book that tracks a readmit to surgery within a 48 hour time frame. Finally, a monthly data spreadsheet is kept to collect data while auditing. Furthermore, 100% of patient records are reviewed by the staff Quality Assurance Committee member and spreadsheets are kept to collect data. This spreadsheet is attached to this report to provide supporting documentation of the facility's process. If there are deviations from our normal standard of care the nursing supervisor and administrator speak directly to the employee to decrease the chance of a repeat occurrence. Items audited are as follows:

Post- operative infections ✓
Readmit to surgery within 48 hours
Number of transfers
Number of medication errors ✓
Hair removal
Number of equipment failures resulting in harm of the patient
Patient falls
Patient burns
Wrong site
Wrong procedure
Wrong implant
Wrong patient
Wrong surgeon
Number of unexpected complications:

Cardiac/respiratory arrest ✓
Unintentional retained foreign object ✓

Patient Outcomes	Number	Percentage
Post- operative infections	0	0%
Readmit to surgery within 48 hours	2	0.0012771%
Number of transfers	1	0.0006386%
Number of medication errors	0	0%
Hair removal	2	N/A
Number of equipment failures resulting in harm of the patient	0	0%
Patient falls	0	0%
Patient burns	0	0%
Wrong site	0	0%
Wrong procedure	0	0%
Wrong implant	0	0%
Wrong patient	0	0%
Wrong surgeon	0	0%
Number of unexpected complications:	0	0%
Cardiac/respiratory arrest	0	0%
Unintentional retained foreign object	0	0%