

## ODP QM DIVISION TEMPLATE/TOOL

One of the most useful, widely available tools to support you in data monitoring and analysis is Microsoft Excel. ODP's QM Division used Excel to create a universal data monitoring and analysis template that could be a beneficial tool for use in any Quality Management or Risk Management project.

This tool:

- Can help with data monitoring, data analysis, and with documentation of your activities, all in one place
- Is universal — can be used to monitor whatever you want to - use for IM, CIE, tracking SCOs/providers (individually or collectively — e.g., an AE could choose to monitor an area with all SCOs together, on 1 tool, or monitor 1 SCO on multiple areas, on 1 tool), etc.
- Is modifiable — use as-is or change it to make it fit what you need
- Includes an analysis tool to help you consider components for a more complete analysis of the data
- Includes hyperlink to online support resources for Excel to help with formulas, etc.
- Is not required — intended to help you think through your data monitoring and analyzing setup — includes necessary components to be effective — use it or build your own, but ensure that you include everything you need to be complete and effective

Let's take a look at the tool and a few examples of how it could be used.

**EXAMPLE 1:** This shows monitoring and quarterly analysis for tracking the number of unique, unduplicated individuals who are working in Competitive Integrated Employment (CIE).

Monthly Monitoring & Quarterly Analysis of # of Individuals with CIE																											
FY 2022-2023																											
Submitted by: ABC Employment Provider Employment Lead										Do not add numbers across each month. Totals in each of these columns reflect counts of unique (unduplicated)									Dates when shared quarterly with agency Board of Directors: October, January, April, July								
TARGET OBJECTIVE (TO) / BENCHMARK: Increase # of people working in CIE by 45% (to 16) by 6/30/2023. Baseline FY21-22 = 11																											
Number of Individuals with Community Integrated Employment (CIE)																											
# of individuals with CIE	Jul	Aug	Sept	Qtr1 Total	Oct	Nov	Dec	Qtr2 Total	Jan	Feb	Mar	Qtr3 Total	Apr	May	Jun	Qtr4 Total	YTD Annual	TO/ Benchmark									
Consolidated	5	5	6	6	6	6	7	7	7	6	5	5	4	4	6	6	6	6									
P/FDS	5	7	6	6	6	6	6	6	7	8	8	8	9	9	9	9	9	9									
CLW	2	2	2	2	2	3	3	3	3	3	2	2	3	3	3	3	3	3									
STATEWIDE / ALL WAIVERS				14				16				15				18	18	16									
Monthly Monitoring Notes and Qtr 1 Analysis																											
July Review Notes	Consolidated: 1 new hire																										
August Review Notes	P/FDS: 2 new hires																										
September Review Notes	Consolidated: 1 new hire; P/FDS: 1 individual resigned due to work injury																										
Quarter 1 Analysis (See analysis tool - 2nd tab)	Improvement strategies initiated in 2021 included community outreach forums with local business owners and educational meetings with individuals/families about local employment opportunities--both of which received very positive responses. A local transportation provider also added 2 new routes to its transportation schedule. All of these efforts resulted in 4 new individuals obtaining CIE this quarter. This number, added to the 11 individuals already working at the end of FY21-22, resulted initially in a total of 15 people working in CIE. Unfortunately, 1 individual newly hired in August was injured on the job in September and had to resign from her position in order to recuperate. As a result, the final # of individuals working in CIE by the end of Q1 = 14.																										
Monthly Monitoring Notes and Qtr 2 Analysis																											
October Review Notes	No new hires																										
November Review Notes	CLW: 1 new hire																										
December Review Notes	Consolidated: 1 new hire																										
Quarter 2 Analysis (See analysis tool - 2nd tab)	All 14 individuals working in CIE as of the end of Q1 continued to work throughout Q2. 2 new hires were added this quarter in November and December, resulting in the final # of individuals working in CIE by the end of Q2 = 16. Halfway through FY22-23, we have achieved our target objective of 16 individuals working in CIE.																										
Monthly Monitoring Notes and Qtr 3 Analysis																											
January Review Notes	P/FDS: 1 new hire																										
February Review Notes	Consolidated: 1 individual furloughed; P/FDS: 1 new hire																										
March Review Notes	Consolidated: 1 individual resigned; CLW: 1 individual resigned																										
Quarter 3 Analysis (See analysis tool - 2nd tab)	During January, the 16 individuals working as of the end of Q2 continued to work. 1 new hire was also added in January. 1 individual (who resigned her previous position in September) was hired in February, and another individual was furloughed when a local manufacturing company downsized to reduce costs. Additional problems were encountered in March when the transportation provider cut back on its schedule due to a sudden staff shortage. This unexpected transportation problem resulted in 2 individuals having to resign from their positions because they had no way to get to/from work. Taking into consideration the 2 new hires and 3 employment separations, the total # of individuals working in CIE as of the end of Q3 = 15.																										
Monthly Monitoring Notes and Qtr 4 Analysis																											
April Review Notes	Consolidated: 1 individual retired; P/FDS: 1 new hire; CLW: 1 new hire																										
May Review Notes	No new hires																										
June Review Notes	Consolidated: 2 new hires																										
Quarter 4 Analysis (See analysis tool - 2nd tab)	During April, 14 of the 15 individuals working as of the end of Q3 continued to work, and 1 individual retired. 2 new hires also occurred in April. Due to these changes in April, the total # individuals working in May = 16. In June, 1 of the individuals who previously resigned from his position in March, due to a transportation problem, was able to secure a job closer to home and can now walk to/from work. There was also 1 additional new hire in June. Taking into consideration the 4 new hires and 1 retirement, the total # of individuals working in CIE as of the end of Q4 = 18.																										
Annual Analysis (See analysis tool - 2nd tab)																											
The total # of individuals working in CIE as of June 30, 2023 = 18. This exceeds our target objective of 16. The total # of new individuals working in CIE for FY22-23 = 12. There is not a direct correlation between the total # of individuals working in CIE and the total # of new individuals working in CIE because when calculating the overall # of individuals working by the end of the fiscal year, you must consider the fact that individuals enter and/or exit the workforce throughout the fiscal year. Reasons for employment separation in FY22-23 included work injury, furlough, resignations, and retirement. 2 Individuals who resigned from their jobs in Q1 and Q3, were able to secure new jobs later on in the year. In both instances, these individuals were considered new hires, based on the definition of "newly hired" found on the definitions tab of this report.																											
Successful improvement strategies initiated during FY21-22 and continued during FY22-23, will remain in force for the upcoming fiscal year: Ongoing community outreach to employers (to maintain current job positions and inquire about new opportunities) and educating individuals/families about employment opportunities have proven especially helpful. The transportation provider has assured us that they are resolving their staffing issues through increased pay/benefits and should be running a full schedule of transportation options by August 2023.																											

**EXAMPLE 1 (continued):** This is an example of how additional ad hoc tabs in your tool can be used. In this case, one tab was added to help to track the individuals receiving CIE and another tab provides specific operational definitions related to the data.

Individuals with Community Integrated Employment (CIE) - New Hires/Employment Separations																								
FY 2022-2023																								
	First	Last	Program	July	August	September	Qtr1 New Hires	Employed as of 9/30/2022 (Y/N)	October	November	December	Qtr2 New Hires	Employed as of 12/31/2022 (Y/N)	January	February	March	Qtr3 New Hires	Employed as of 3/31/2023 (Y/N)	April	May	June	Qtr4 New Hires	Employed as of 6/30/2023 (Y/N)	
1	John	Smith	Consolidated	15-Jul			1	Y				Y			Furlough			N					N	
2	Amy	Jones	P/FDS		15-Aug		1	Y				Y						Y					Y	
3	Wayne	Garcia	CLW					Y				Y						Y					Y	
4	Alice	Parton	P/FDS					Y				Y						Y					Y	
5	John	James	Consolidated					Y				Y				Resign		N			15-Jun	1	Y	
6	Celia	George	P/FDS					Y				Y						Y					Y	
7	Mary	Washington	Consolidated					Y				Y						Y					Y	
8	Jerry	Johnson	Consolidated					Y				Y						Y					Y	
9	Samantha	Shoemaker	P/FDS		25-Aug	Work injur	1	N				N			15-Feb		1	Y					Y	
10	Walter	Rodriguez	P/FDS					Y				Y						Y					Y	
11	Sophia	Summers	Consolidated					Y				Y						Y		Retire				N
12	Howard	Mason	P/FDS					Y				Y						Y					Y	
13	David	Tripoli	CLW					Y				Y						Y					Y	
14	Winston	Lee	Consolidated			15-Sep	1	Y				Y						Y					Y	
15	Juanita	Sanchez	P/FDS					Y				Y						Y					Y	
16	Jason	Wyatt	CLW							8-Nov		1	Y			Resign		N						N
17	Wanda	Brown	Consolidated							15-Dec		1	Y					Y						Y
18	Mia	Davis	P/FDS											15-Jan			1	Y						Y
19	Gigi	Damian	P/FDS																	30-Apr			1	Y
20	Jane	Doe	CLW																	30-Apr			1	Y
21	Barbara	McDonald	Consolidated																			1-Jun	1	Y
23	<b>Total # New Hires</b>						4		<b>Total # New Hires</b>			2		<b>Total # New Hires</b>			2		<b>Total # New Hires</b>			4		

Governor Tom Wolf's Executive Order: 2016-03 – Establishing "Employment First" Policy and Increasing Competitive Integrated Employment for Pennsylvanians with a Disability.									
<i>There is dignity in work, as it provides an individual not only the income necessary to meet basic living needs but can help contribute to his or her self-identity, self-worth and self-respect, and offer a sense of accomplishment; a job can also provide opportunities for social interaction, meaningful friendships, and to be and feel included.</i>									
Operational Definitions									
<b>Community Integrated Employment (CIE)</b>			Full or part time work at minimum wage or higher, receiving the same wages and benefits as co-workers without disabilities while doing the same work as and fully integrated in the work setting with co-workers without disabilities.						
<b>Unique (unduplicated) Individuals</b>			Individuals counted only once within an identified time period.						
<b>Newly Hired</b>			A newly hired employee is someone who either: hasn't previously been employed by the company, or was formerly hired by the company, but has been separated from such prior employment for at least 60 consecutive days. <b>Note:</b> It is possible for a person to be considered newly hired multiple times during a 12-month period of time.						

**EXAMPLE 2:** Here's an example of how an IM4Q Local Program could track interviews completed/to be completed throughout the year.

Monthly Monitoring & Quarterly Analysis of IM4Q Interviews Completed																			Note: These 2 columns were added to track the final number of interviews to be finalized for each county/joinder and statewide.			
Submitted by: Patti Smith, Program Director, Advocates United									Dates when shared quarterly with Monitoring Team: 10/15/22, 1/12/23, 4/11/23										Total Assigned Interviews	Total Declined Interviews		
Counts of IM4Q Interviews																						
COUNTY/JOINDER	Jul	Aug	Sept	Qtr1 Total	Oct	Nov	Dec	Qtr2 Total	Jan	Feb	Mar	Qtr3 Total	Apr	May	Jun	Qtr4 Total	Annual Total of Finalized Interviews (Q1+Q2+Q3+Q4)	Total to be Completed (Assigned-Declined)	Total Assigned Interviews	Total Declined Interviews		
Carbon/Monroe/Pike	NA	NA	13	13	20	14	0	34	19	5	4	28	NA	NA	NA	NA	75	75			100	25
Lackawanna/Susquehanna	NA	NA	15	15	17	14	3	34	20	11	0	31	NA	NA	NA	NA	80	80	91	11		
Lebanon	NA	NA	0	0	3	5	2	10	27	20	3	50	NA	NA	NA	NA	60	60	87	27		
Lehigh	NA	NA	18	18	22	16	4	42	29	11	15	55	NA	NA	NA	NA	115	115	137	22		
<b>Monthly Monitoring Notes and Qtr 1 Analysis</b>																			415	85	STATEWIDE TOTAL	
July Review Notes	N/A – Interviews not assigned yet																				20%	PERCENT DECLINED
August Review Notes	N/A – Interviews not assigned yet																					
September Review Notes	Interviews were assigned on 9/7 and 3 of the counties/joinders are off to a good start.																					
Quarter 1 Analysis (See analysis tool - 2nd tab)	We are currently on target with the exception of Lebanon County. All Lebanon monitors from the previous year were unavailable and Advocates United spent September recruiting and hiring.																					
<b>Monthly Monitoring Notes and Qtr 2 Analysis</b>																						
October Review Notes	Interviews for most counties/joinders are being completed at a good pace. As of 10/12, Lebanon has 2 new trained monitors and was able to begin interviews.																					
November Review Notes	Interviews for most counties/joinders are being completed at a good pace. Two more monitors were added to the Lebanon team and their training was completed on 11/7. Lebanon will need to play catch-up to complete their allotment of interviews.																					
December Review Notes	December was a slow month due to the holidays.																					
Quarter 2 Analysis (See analysis tool - 2nd tab)	<p>All counties except Lebanon appear to be on pace to complete assigned interviews. As expected, all counties have encountered individuals/families who are declining to be interviewed. According to ODP, during FY 21-22, 36% of individuals/families declined interviews statewide. These are the numbers for the four counties/joinders in this report, keeping in mind that approximately 25% of individuals/families have not been contacted yet:</p> <p>For Carbon/Monroe/Pike, 20 of the assigned interviews (20%) were declined so far.                      For Lackawanna/Susquehanna, 2 of the assigned interviews (2%) were declined so far.                      For Lebanon, 23 of the assigned interviews (26%) were declined so far.                      For Lehigh, 16 of the assigned interviews (15%) were declined so far.</p> <p>The Program Director for Advocates United will analyze the reasons for declining to determine a strategy to get more individuals and families on board with IM4Q interviews in hopes of decreasing the number of declined interviews in the next quarter.</p>																					
<b>Monthly Monitoring Notes and Qtr 3 Analysis</b>																						
January Review Notes	All counties/joinders finalized a large number of their interviews in January, as expected when looking at previous years.																					
February Review Notes	Interviews continued at a good pace in February, especially for Lebanon (doing some catch up) and Lehigh (has the highest number of interviews assigned).																					
March Review Notes	During this final month for interview completion, all counties were able to finalize all interviews assigned (minus interviews declined).																					
Quarter 3 Analysis (See analysis tool - 2nd tab)	All counties were able to complete the assigned interviews, minus the interviews declined. (See column U for the total declined interviews by county/joinder.) Lebanon really stepped up to the plate to complete all the interviews by the deadline, which was a challenge due to a slow start on having a full cohort of program monitors.																					
<b>Monthly Monitoring Notes and Qtr 4 Analysis</b>																						
April Review Notes	N/A – All interviews completed prior to 4/1																					
May Review Notes	N/A – All interviews completed prior to 4/1																					
June Review Notes	N/A – All interviews completed prior to 4/1																					
Quarter 4 Analysis (See analysis tool - 2nd tab)	N/A – All interviews completed prior to 4/1																					
<b>Annual Analysis (See analysis tool - 2nd tab)</b>																						
Advocates United can report that all interviews were finalized for FY 22-23. It is notable that for this fiscal year, just 20% of individuals/families declined an interview, a decrease from 36% from FY 21-22. When reviewing the reasons for fewer refusals, it was noted that the move to virtual interviews was the biggest factor as individuals/families were less anxious than when the monitors planned a visit to the residence. The Program Director for Advocates United will continue to monitor the reasons for declining. We will keep an eye on all counties/joinders to avoid the issues experienced in Lebanon related to not having enough monitors trained and ready to go at the beginning of the cycle.																						

**EXAMPLE 3:** In this example, we're tracking the number of waiver individuals utilizing Community Participation Support (CPS).

<b>Monthly Monitoring &amp; Quarterly Analysis of Community Participation Support (CPS) for ABC Provider Inc.</b>																	
Submitted by: Program Director, ABC Provider Inc.									Dates when shared quarterly with (Executive Director and Quality Team): 10/13, 1/15, 4/12, 7/16								
Target Objective (TO) / Benchmark: Increase percent of individuals who received CPS in community settings to 75% by 6/30/22; Baseline FY20-21 = 68%																	
Data Description	#/% of Individuals who Received CPS is a Community Setting																TO / Benchmark
	Jul	Aug	Sept	Qtr1 Total	Oct	Nov	Dec	Qtr2 Total	Jan	Feb	Mar	Qtr3 Total	Apr	May	Jun	Qtr4/Annual Total	
Number of Individuals Served	28	28	29	29	28	28	28	28	28	28	28	28	29	29	29	29	
Number of individuals who received CPS in a community setting	20	20	21	21	19	18	17	17	19	20	20	20	22	23	24	24	
Percent of individuals who received CPS in a community setting	71%	71%	72%	72%	68%	64%	61%	61%	68%	71%	71%	71%	76%	79%	83%	83%	75%
<b>Monthly Monitoring Notes and Qtr 1 Analysis</b>																	
July Review Notes	20 of 28 individuals served received CPS in a community setting, for a score of 71%. Individuals participated in different activities in the community, including but not limited to, movie night, arcade night, visits with friends, and going to the park and church. Good weather during the month increased the time available for outings to the park and visiting friends. 5 of the 8 individuals didn't participate due to sickness and 3 didn't have the motivation and refused to participate. Exploring new options/activities to encourage all individuals to participate in the community.																
August Review Notes	20 of 28 individuals served received CPS in a community setting, for a score of 71%. Individuals participated in different activities in the community, including but not limited to, movie night, arcade night, visits with friends, and going to the park and church. Continued to take advantage of the good weather to encourage individuals to visit friends and participate in community activities. The number of individuals didn't increase but the amount of hours spent in the community increased by 5%.																
September Review Notes	Beginning this month, 1 new individual was enrolled in services. 21 of the 29 individuals now served received CPS in a community setting, for a score of 72%. The new individual was added to the weekly church visit. Sickness and refusal continued to be the main factors behind some individuals' lack of participation but the need for new ideas might be helpful in some cases.																
Quarter 1 Analysis (See analysis tool - 2nd tab)	As of the end of Q1, 21 of 29 individuals served (72%) received CPS in a community setting. This overall performance is 3% less than the 75% target objective, but slightly higher than the performance at the beginning of the quarter. Good weather during the summer motivated individuals to actively participate in community activities. Sickness and refusal were the two main reasons for lack of participation. We'll continue to focus on the non-participating individuals and explore options/activities that interest all individuals.																
<b>Monthly Monitoring Notes and Qtr 2 Analysis</b>																	
October Review Notes	In early October, 1 individual disenrolled from services. 19 of the remaining 28 individuals received CPS in a community setting, for a score of 68%. 2 individuals lost interest in the park and would like something different to do. 3 individuals were sick, and 4 refused. Added 2 new community activity options for individuals to explore.																
November Review Notes	18 of 28 individuals served received CPS in a community setting, for a score of 64%. Bad weather impacted individuals' appetite for going out in the community. 8 individuals refused and 2 were sick. The new community activities didn't increase the number of participants due to the counter effect of the weather.																
December Review Notes	17 of 28 individuals served received CPS in a community setting, for a score of 61%. Bad weather during the month impacted individuals ability to be in the community as desired. 7 refused and 4 were sick.																
Quarter 2 Analysis (See analysis tool - 2nd tab)	As of the end of Q2, 17 of 28 individuals served (61%) received CPS in a community setting. This overall performance is 11% less than Q1 and 14% less than the 75% target objective. Bad weather was the biggest factor for individuals' refusal to go out in the community. The two new indoor community activities didn't increase the number of participants but did engage different individuals who had been on the refusal list. Will explore more indoor options to accommodate community activities during the bad weather days to engage more individuals who are on the refusal list.																
<b>Monthly Monitoring Notes and Qtr 3 Analysis</b>																	
January Review Notes	19 of 28 participants served received CPS in a community setting, for a score of 68%. 8 individuals refused to participate and 1 was sick. The weather continued to be the biggest reason for lack of interest in going out in the community.																
February Review Notes	20 of 28 participants served received CPS in a community setting, for a score of 71%. 6 individuals refused to participate and 2 were sick.																
March Review Notes	20 of 28 participants served received CPS in community setting for a score of 71%. 5 individuals refused to participate and 3 were sick.																
Quarter 3 Analysis (See analysis tool - 2nd tab)	As of the end of Q3, 20 of 28 individuals served (71%) received CPS in a community setting. This overall performance is 10% more than Q2 but 4% less than the 75% target objective. The increase in participation is mainly attributed to having more indoor activities/options to choose from. However, winter weather still prevented some individuals from participating and sickness continued to be a problem. We anticipate that participation will continue to increase as warmer weather arrives and additional indoor/outdoor activities are offered.																
<b>Monthly Monitoring Notes and Qtr 4 Analysis</b>																	
April Review Notes	Beginning this month, 1 new individual was enrolled in services. 22 of 29 participants now served received CPS in a community setting, for a score of 76%. 3 didn't participate due to sickness and 4 were not interested in the current options. Planning to have a meeting with other facilities in the area to exchange ideas and possibly connect participants for friendship opportunities.																
May Review Notes	23 of 29 participants served received CPS in a community setting, for a score of 79%. 3 didn't participate due to sickness and 3 weren't interested. Linking with other agencies in the area is creating more opportunities for individuals to make new friends.																
June Review Notes	24 of 29 participants served received CPS in a community setting, for a score of 83%. 3 didn't participate due to sickness and 2 weren't interested.																
Quarter 4 Analysis (See analysis tool - 2nd tab)	As of the end of Q4, 24 of 29 individuals served (83%) received CPS in a community setting. Improved weather, adding new activities and linking with other agencies in the area positively impacted community participation.																
<b>Annual Analysis (See analysis tool - 2nd tab)</b>																	
Overall performance for the year was 83%, which is 8% higher than the 75% target objective. The sizeable improvement is attributed to adding new indoor activities and linking with other agencies in the area. Encouraged by this improvement, we plan to renew the QM plan for the next fiscal year, with the following revised target objective: Increase percent of individuals who receive CPS in a community setting to 90% by 6/30/23.																	

**EXAMPLE 3 (continued):** Below is an example of how the analysis tool can be used to help think through your analysis, which was then copied over to the Annual Analysis in the above CPS example.

	A	B
1	<b>Analysis</b>	
2	When presenting analysis of data it's important to consider and include the areas below, <i>if applicable</i> . Assume the audience is unfamiliar with what you're presenting and paint the whole picture.	
3	<b>NOTE: All information below can be copied and pasted into the data monitoring and analysis template (1st tab).</b>	
4	<i>check below after each have been considered</i>	
5	<b>x</b>	Provide a high-level description of the process to "set the scene" but only include what is necessary to describe the data and what happened.
6	<b>x</b>	Why do the numbers look the way they do (address both positives/compliant and negatives/ noncompliant)?
7	<b>x</b>	Would a further breakdown of the data be meaningful?
8	<b>x</b>	Look at previous quarters'/years' data and explain any variations from one quarter/year to the next.
9	<b>x</b>	Are there known causes/themes for low or high performance? (e.g., regions, entities, process issues, individuals, etc.)
10		Other
11		
12		
13		
14	Overall performance for the year was 69% which was 6% less than the 75% target objective. Bad weather and shortage of indoor activities negatively impacted the overall percentage and were the main two reasons for lack of community participation for some individuals. Noticeable improvement occurred after adding new indoor activities. Linking with other agencies in the area is showing promising opportunity for participants to make new friends and eventually be more active in the community.	
15		
16		
17		
18		
19		
20	<b>Remediation Activities</b>	
21		What were the high-level, most common types of activities used to address low performance/ compliance issues (at least top 2 or 3 issues)?
22		
23	Added new indoor activities. Linked with other agencies in the area.	
24		
25		
26	<b>Quality Improvement (QI) Activities</b>	
27	<b>No</b>	Is there a QI team/QM plan with Action Plan to address issues related to this low performance? If yes, what activities have they been doing? Are you seeing results?
28	<b>TBD</b>	Should a QI Team be convened to address compliance concerns (if issues are systemic)?
29	<b>TBD</b>	Have targeted trainings/technical assistance been offered? On what topics? By whom and to whom?
30		
31	Agency plan to monitor performance for six months to evaluate the impact of the additional improvement activities and make a decision regarding QI team.	
32		
33		

**EXAMPLE 4:** This example tracks medication errors.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S			
2	<b>Monthly Monitoring &amp; Quarterly Analysis of Medication Errors for Provider XYZ</b>																					
3	Submitted by: Provider XYZ Clinical Team										Dates when shared quarterly with Quality Team: 10/15/21, 1/15/22, 4/15/22, 7/15/22											
4	Target Objective (TO)/Benchmark 10% decrease overall from last year's overall Avg/qtr (175) to 157																					
5	<b>Counts of Medication Errors</b>																					
6	<b>Categories of medication errors being monitored monthly and analyzed quarterly</b>																					
7																						
8																						
9																						
10																						
11																						
12	<b>Monthly Monitoring Notes and Qtr 1 Analysis</b>																					
13	<b>July Review Notes</b>	Overall number of medication errors remains high, with a similar breakdown of the top three categories as has been seen in past months. Corrective actions are geared towards specific staff and consists of retraining on the proper procedures for medication administration.																				
14	<b>August Review Notes</b>	Overall number of medication errors remains high, with a slight increase in the category of wrong dose. One person accounted for eight of the incidents as the errors occurred over several days until discovered by staff. One staff received discipline in addition to retraining as they had been involved in several other medication errors the previous months. Other corrective actions consisted of retraining on proper procedures for medication administration. Consider adding a return demonstration component to the training or supervisory audits of medication passes with specific staff members.																				
15	<b>September Review Notes</b>	Slight decrease in overall number of errors from previous month, including wrong dose category. No repeat staff involved in incidents this month.																				
16	<b>Quarter 1 Analysis</b>	Overall number of medication errors remains high. New nursing staff hired last quarter. Retraining has been completed for specific nursing staff as corrective actions. Clinical manager to review process regarding labeling, storing and dispensing, of medications and revise procedures and training as necessary.																				
17	(See analysis tool - 2nd tab)																					
18	<b>Monthly Monitoring Notes and Qtr 2 Analysis</b>																					
19	<b>October Review Notes</b>	Another increase in overall numbers for this month, and specifically an increase of five "wrong dose" occurrences. Both new and repeat staff are involved in the incidents. No adverse effects have been noted.																				
20	<b>November Review Notes</b>	Significant decrease in the number of overall incidents since November, and specifically the category of "wrong dose". Both "wrong person" and "omission" categories also had decreases this month.																				
21	<b>December Review Notes</b>	The data from November to December remains steady with the initial decrease from October being maintained. Training is ongoing.																				
22	<b>Quarter 2 Analysis</b>	There has been a decrease in the overall number of errors this past quarter compared to the previous quarter. It is thought that the efforts around revising the process, retraining both targeted and general, are the reason for the decrease. There has also been an increase in attention to and communication around the importance of reporting errors timely this quarter. Corrective actions will continue into the following quarter.																				
23	(See analysis tool - 2nd tab)																					
24	<b>Monthly Monitoring Notes and Qtr 3 Analysis</b>																					
25	<b>January Review Notes</b>	January numbers were the highest for the calendar year. A significant increase from December and in all three categories, with "wrong dose" having the largest increase. One person suffered ill effects from a wrong dose medication error this quarter. No new staff have been hired since the first quarter of the fiscal year. Clinical staff will reconvene to review possible causes of the increase.																				
26	<b>February Review Notes</b>	The data this month shows a decrease from last month overall. The numbers are also slightly lower than there were in the first four months of the year. Training continues and no new corrective actions have been put into practice since October.																				
27	<b>March Review Notes</b>	March shows an increase in the overall data. These numbers are similar to those reported in the first quarter of the fiscal year, prior to revisions and retraining efforts.																				
28	<b>Quarter 3 Analysis</b>	Clinical review of the last nine months of the data shows no specific cause of the errors or the increase in errors during January and February. Retraining has had a positive impact, however this has been a temporary improvement as the numbers have returned to their previous high levels. Clinical staff will reach out to the HCQU for assistance.																				
29	(See analysis tool - 2nd tab)																					
30	<b>Monthly Monitoring Notes and Qtr 4 Analysis</b>																					
31	<b>April Review Notes</b>	The numbers for this month have remained similar to the previous month with no significant changes in any category.																				
32	<b>May Review Notes</b>	May has shown an overall decrease in errors. The clinical staff and the HCQU have developed additional corrective actions and a QI team has also been formed to continue to address the ongoing challenges around medication errors.																				
33	<b>June Review Notes</b>	This month there has been a significant decrease in the numbers of errors overall and within each category.																				
34	<b>Quarter 4 Analysis</b>	The last quarter of the year has had an overall decrease in medication errors from previous quarters. The numbers of errors remain high however, so additional efforts to reduce errors are necessary in order to prevent potential harm to residents.																				
35	(See analysis tool - 2nd tab)																					
36	<b>Annual Analysis (See analysis tool - 2nd tab)</b>																					
37	Please see the second tab for an in depth reporting of this fiscal year's incidents of medication errors. For the next reporting cycle (FY), monthly and quarterly data will continue to be collected, reviewed and analyzed. Each quarterly report will also include a review of the QI Team's action plan and progress.																					

**EXAMPLE 4 (continued):** Below is an example of how the analysis tool can be used to help think through your analysis, which was then copied over to the Annual Analysis in the above medication errors example.

	A	B
1	<b>Analysis</b>	
2	When presenting analysis of data it's important to consider and include the areas below, <i>if applicable</i> . Assume the audience is unfamiliar with what you're presenting and paint the whole picture.	
3	<b>NOTE: All information below can be copied and pasted into the data monitoring and analysis template (1st tab).</b>	
4	<i>check below after each have been considered</i>	
5	<b>x</b>	Provide a high-level description of the process to "set the scene" but only include what is necessary to describe the data and what happened.
6	<b>x</b>	Why do the numbers look the way they do (address both positives/compliant and negatives/ noncompliant)?
7	<b>x</b>	Would a further breakdown of the data be meaningful?
8		
9	<b>x</b>	Look at previous quarters'/years' data and explain any variations from one quarter/year to the next.
10		
11	<b>x</b>	Are there known causes/themes for low or high performance? (e.g., regions, entities, process issues, individuals, etc.)
12	<b>x</b>	Other
13		
14	<i>Data on medication errors is collected monthly by the clinical department. Data is collected from incident forms completed for each error that occurs. Overall the data shows that the most frequent errors each month are consistently wrong dose, wrong person, and omission. Monthly data for wrong dose shows significant variation from month to month. This may indicate a systemic issue within the process, training or oversight component of the medication administration program. There is less monthly variation in the other two categories, however improvements should be made especially in the category of wrong person. A further breakdown of the category of wrong dose may be necessary to better determine the most appropriate corrective action for this category.</i>	
15		
16		
17		
18		
19		
20	<b>Remediation Activities</b>	
21	<b>x</b>	What were the high-level, most common types of activities used to address low performance/ compliance issues (at least top 2 or 3 issues)?
22		Retraining, both targeted (specific topics and specific staff) and general.
23		Review and revision of process and procedures to ensure efficiency, safety and clarity for staff and residents.
24		Increased focus on and communication regarding the importance of following proper procedures and reporting issues timely. This should include sharing what is learned about the data and any planned system improvements with all levels of staff as well as residents and other stakeholders.
25		
26	<b>Quality Improvement (QI) Activities</b>	
27	<b>x</b>	Is there a QI team/QM plan with Action Plan to address issues related to this low performance? If yes, what activities have they been doing? Are you seeing results?
28	<b>x</b>	Should a QI Team be convened to address compliance concerns (if issues are systemic)?
29	<b>x</b>	Have targeted trainings/technical assistance been offered? On what topics? By whom and to whom?
30	A QI team has recently been formed to continue to address and work on system and process improvements with medication administration. Targeted trainings have been provided to all involved staff regarding proper medication administration procedures. This training has been conducted by nursing staff from the local HCQU.	
31		
32		
33		