

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																		
Submitted by: ABC Employment Provider Employment Lead										FY 2023-2024								
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: 10/15/23, 1/15/24, 4/15/24, 7/15/24								
TARGET OBJECTIVE (TO) / BENCHMARK: Increase # of people working in CIE by 45% (to 16) by 6/30/2024. Baseline FY 2022-2023 = 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	
P/FDS	5	7	6	6	6	6	6	6	7	8	8	8	9	9	9	9	9	
CLW	2	2	2	2	2	3	3	3	3	3	2	2	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: Improvement strategies initiated in 2023 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 FY22-23, 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. Include findings, actions taken to improve quality and/or address risk, and effectiveness of those actions. (See analysis tool - 2nd tab)																		
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: 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 FY23-24, we have achieved our target objective of 16 individuals working in CIE. Include findings, actions taken to improve quality and/or address risk, and effectiveness of those actions. (See analysis tool - 2nd tab)																		
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: 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. Include findings, actions taken to improve quality and/or address risk, and effectiveness of those actions. (See analysis tool - 2nd tab)																		
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: 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. Include findings, actions taken to improve quality and/or address risk, and effectiveness of those actions. (See analysis tool - 2nd tab)																		
Annual Analysis																		
Include findings, actions taken to improve quality and/or address risk, and effectiveness of those actions.(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 FY23-24 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.																		

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 2023-2024																									
	First	Last	Program	July	August	September	Qtr1 New Hire	Employed as of 9/30/2023 (Y/N)	October	November	December	Qtr2 New Hire	Employed as of 12/31/2023 (Y/N)	January	February	March	Qtr3 New Hire	Employed as of 3/31/2024 (Y/N)	April	May	June	Qtr4 New Hire	Employed as of 6/30/2024 (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 inju	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	
				Total # New Hires			4			Total # New Hires			2		Total # New Hires			2		Total # New Hires			4		

	A	B	C	D	E	F	G	H	I	J
1	Governor Tom Wolf’s Executive Order: 2016-03 – Establishing “Employment First” Policy and Increasing Competitive Integrated Employment for Pennsylvanians with a Disability.									
2	<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>									
3	Operational Definitions									
4	Community Integrated Employment (CIE)	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.								
5	Unique (unduplicated) Individuals Newly Hired	Individuals counted only once within an identified time period. 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. Note: It is possible for a person to be considered newly hired multiple times during a 12-month period of time.								
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EXAMPLE 2: Here's an example of how Incident Finalization could be tracked and analyzed throughout the year.

Monthly Monitoring and Quarterly Analysis of Incident Finalization for ABC County FY 2023-2024																		
Submitted by: ABC County Risk Manager									Dates when shared quarterly with Executive Team: 10/25/23, 1/25/24, 4/25/24, and 7/25/24.									
Target Objective (TO): 95% compliance with incident finalization requirements by June 30, 2024. Baseline FY 22-23 = 89%																		
Analysis of Incident Finalization Compliance	Counts and Rates of Incident Finalization Compliance																	
	Jul	Aug	Sept	Qtr1 Jul-Sep Total	Oct	Nov	Dec	Qtr2 Oct-Dec Total	Jan	Feb	Mar	Qtr3 Jan-Mar Total	Apr	May	Jun	Qtr4 Apr-Jun Total	YTD Annual Total	TO
N: Number of incidents compliant with finalization requirements	110	88	116	314	132	118	136	386	105	89	94	288	95	86	106	287	1275	
D: Total number of incidents	125	101	134	360	148	144	156	448	118	98	102	318	104	92	110	306	1432	
Percentage of incidents compliant with finalization requirements	88%	87%	87%	87%	89%	82%	87%	86%	89%	91%	92%	91%	91%	93%	96%	94%	89%	95%
Monthly Monitoring Notes and Qtr 1 Analysis																		
July Review Notes	Incidents were finalized at a rate of 88%. Providers were notified of 15 incidents that were not finalized within the required timeframe. 10 were finalized and extensions were filed for five within five days of notification. Provider 123 explained they are not aware of tools to monitor incident finalization compliance. Technical assistance (TA) was provided that included functionality of the Workload Dashboard and the Incident Reporting Overview Dashboard.																	
August Review Notes	Incidents were finalized at a rate of 87%. This is a 1% decrease from the previous month. Providers were notified of 13 incidents that were not finalized within the required timeframe. All incidents were finalized within five days of notification.																	
September Review Notes	Incidents were finalized at a rate of 87%. Providers were notified of 18 incidents that were not finalized within the required timeframe. All incidents were adequately addressed within five days of notification. A quarterly Provider meeting was utilized to facilitate TA via a presentation of the Workload Dashboard and Incident Reporting Overview Dashboard. Good participation by all attending.																	
Q1 Analysis: Include findings, actions taken to improve quality and/or address risk, and effectiveness of those actions. (See analysis tool - 2nd tab)	In Q1, 87% of overall incidents were compliant in meeting the finalization requirements. Providers were informed monthly of any outstanding incidents. Providers responded positively to outreach and all incidents were adequately addressed within the given timeframe. TA was provided to Provider 123 and was specific to the Incident and Risk Managers. TA included use of the Workload Dashboard and the Incident Reporting Overview Dashboard. TA was also provided via a presentation of dashboards at a quarterly Provider meeting. This was very effective in getting information and TA to many providers. There was good participation and information sharing between providers. *We may consider making this a standing agenda item (rotate IM topics and tools) at future provider meetings.																	
Monthly Monitoring Notes and Qtr 2 Analysis																		
October Review Notes	Incidents were finalized at a rate of 89%. This is a 2% increase from the previous two months but remains below the target objective of 95%. Providers were notified of 16 incidents that were not finalized within the required timeframe. 15 incidents were finalized and an extension was filed for one within five days of notification.																	
November Review Notes	Incidents were finalized at a rate of 82%. This is a 7% decrease from the previous month. Provider 123 contributed to 25 of the 26 incidents that were not finalized within the required timeframe. All incidents were adequately addressed within five days of notification. Provider 123 explained that they recently hired a new Incident Management Representative who is still receiving training. ABC County provided onsite, targeted TA with the IM Rep and other administrative staff. TA included review of IM Rep requirements as outlined in the IM Bulletin, training on EIM functionality, including management reviews and dashboards, and assistance with developing a process to aid the provider in meeting regulatory requirements regarding timeframes. ABC County will complete weekly monitoring of Provider 123's incidents to ensure effectiveness.																	
December Review Notes	Incidents were finalized at a rate of 87%. This is a 5% increase from the previous month but remains below the target objective of 95%. Providers were notified of 20 incidents that were not finalized within the required timeframe. All incidents were finalized within five days of notification. Provider 123 contributed to 10 of the incidents. Weekly monitoring of Provider 123 indicates TA is effective; monitoring will continue for two more weeks. Reviewed dashboards again at the quarterly provider meeting, per providers' request. Higher attendance noted this quarter, good participation.																	
Q2 Analysis: Include findings, actions taken to improve quality and/or address risk, and effectiveness of those actions. (See analysis tool - 2nd tab)	In Q2, 86% of incidents were compliant in meeting the finalization requirements. This is a 1% decrease from the previous quarter and is below the target objective of 95%. In November, Provider 123 contributed to 25 of 26 incidents that were not compliant. All incidents were adequately addressed within the given timeframes. ABC County met with Provider 123 and provided targeted technical assistance and training in the area of EIM functionality, process development, and IM Rep responsibilities, as outlined in the IM Bulletin, including incident finalization. ABC County increased monitoring of Provider 123's incidents. TA proves to be effective as the rate of compliance increased from November to December. IM topics are a standing agenda item, at quarterly provider meetings, attendance and participation has increased, good feedback from providers.																	
Monthly Monitoring Notes and Qtr 3 Analysis																		
January Review Notes	Incidents were finalized at a rate of 89%. Providers were notified of 13 incidents that were not finalized within the required timeframe. All incidents were finalized within five days of notification.																	
February Review Notes	Incidents were finalized at a rate of 91%. While this remains below the target objective of 95%, it is an overall improvement from the beginning of the FY. Providers were notified of nine incidents that were not finalized within the required timeframe. Eight incidents were finalized and an extension was filed for one, all within five days of notification.																	
March Review Notes	Incidents were finalized at a rate of 92%. This is the third, consecutive month with an increase in compliance. Providers were notified of eight incidents that were not finalized within the required timeframe. All incidents were addressed within five days of notification.																	
Q3 Analysis: Include findings, actions taken to improve quality and/or address risk, and effectiveness of those actions. (See analysis tool - 2nd tab)	In Q3, 91% of incidents were compliant in meeting finalization requirements. This is a 5% increase from the previous quarter but remains below the target objective of 95%. All providers have been responsive to notification of incidents, that have not been finalized, by either finalizing or filing extensions. Use of extensions has been justified and minimal. Provider 123 has shown a significant improvement. Their rate of compliance is currently 94%. This is a 10% increase from the previous quarter. Including IM topics as a standing agenda item has proven to be effective in meeting provider needs and improving compliance rates.																	
Monthly Monitoring Notes and Qtr 4 Analysis																		
April Review Notes	Incidents were finalized at a rate of 91%. Providers were notified of nine incidents that were not finalized within the required timeframe. All incidents were adequately addressed within the given timeframes after notification. Compliance rate is maintained but remains below the target objective of 95%.																	
May Review Notes	Incidents were finalized at a rate of 93%. This is a 2% increase from the previous month and is the 6th consecutive month with an increase in compliance however this remains below the target objective of 95%. Providers were notified of six incidents that were not finalized within the required timeframe. All incidents were adequately addressed within the given timeframes after notification.																	
June Review Notes	Incidents were finalized at a rate of 96%. While this unique rate exceeds the target objective of 95%, the overall rate remains below. Providers were notified of the four incidents that were not finalized within the required timeframe.																	
Q4 Analysis: Include findings, actions taken to improve quality and/or address risk, and effectiveness of those actions. (See analysis tool - 2nd tab)	In Q4, 93% of incidents were compliant in meeting finalization requirements. This is a 2% increase from the previous quarter and a combined increase of 7% over the last 2 quarters. Although increased compliance has been observed over the last two quarters, the compliance rate remains below the target objective of 95%. Providers were notified of incidents that were not finalized within required timeframes and all responses were adequate and timely.																	
Annual Analysis (See analysis tool - 2nd tab)																		
<i>Include findings, actions taken to improve quality and/or address risk, and effectiveness of those actions. (See analysis tool - 2nd tab)</i>																		
Overall compliance, of incident finalization, for FY 2023-2024, was 89% which was 6% below the target objective of 95%. In November, the rate of compliance was 82%. One provider contributed to 96% of the noncompliant incidents, for that month. ABC County provided targeted TA which resulted in significant improvements in compliance for that provider. A consistent increase in rate of compliance was noted after adding IM topics as a standing agenda item on quarterly provider meetings. ABC County will continue to monitor monthly, include IM presentations at provider quarterly meetings, and provide targeted TA when needed or requested.																		

EXAMPLE 3: 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 for FY 23-24																			Note: These 2 columns were added to track the final number of interviews to be finalized for each county/joiner and statewide.		
Submitted by: Patti Smith, Program Director, Advocates United									Dates when shared quarterly with Board of Directors: 10/15/23, 1/12/24, 4/11/24, 7/15/24												
COUNTY/JOINER	Counts of IM4Q Interviews																Annual Total of Finalized Interviews (Q1+Q2+Q3+Q4)	Total to be Completed (Assigned-Declined)	Total Assigned Interviews	Total Declined Interviews	
	Jul	Aug	Sept	Qtr1 Total	Oct	Nov	Dec	Qtr2 Total	Jan	Feb	Mar	Qtr3 Total	Apr	May	Jun	Qtr4 Total					
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	
Monthly Monitoring Notes and Qtr 1 Analysis																			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/joiners are off to a good start.																				
Quarter 1 Analysis:	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.																				
Include findings, actions taken to improve quality and/or address risk, and effectiveness of those actions. (See analysis tool - 2nd tab)																					
Monthly Monitoring Notes and Qtr 2 Analysis																					
October Review Notes	Interviews for most counties/joiners 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/joiners 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:	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 22-23, 36% of individuals/families declined interviews statewide. These are the numbers for the four counties/joiners in this report, keeping in mind that approximately 25% of individuals/families have not been contacted yet:																				
Include findings, actions taken to improve quality and/or address risk, and effectiveness of those actions. (See analysis tool - 2nd tab)	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. 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.																				
Monthly Monitoring Notes and Qtr 3 Analysis																					
January Review Notes	All counties/joiners 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:	All counties were able to complete the assigned interviews, minus the interviews declined. (See column U for the total declined interviews by county/joiner.) 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.																				
Include findings, actions taken to improve quality and/or address risk, and effectiveness of those actions. (See analysis tool - 2nd tab)																					
Monthly Monitoring Notes and Qtr 4 Analysis																					
April Review Notes	N/A -- All interviews completed prior to 4/1/24																				
May Review Notes	N/A -- All interviews completed prior to 4/1/24																				
June Review Notes	N/A -- All interviews completed prior to 4/1/24																				
Quarter 4 Analysis:	N/A -- All interviews completed prior to 4/1/24																				
Include findings, actions taken to improve quality and/or address risk, and effectiveness of those actions. (See analysis tool - 2nd tab)																					
Annual Analysis (See analysis tool - 2nd tab)																					
Include findings, actions taken to improve quality and/or address risk, and effectiveness of those actions. (See analysis tool - 2nd tab)																					
Advocates United can report that all interviews were finalized for FY 23-24. It is notable that for this fiscal year, just 20% of individuals/families declined an interview, a decrease from 36% for FY 22-23. 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/joiners 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 4: This example tracks medication errors.

Monthly Monitoring & Quarterly Analysis of Medication Errors for Provider XYZ																			
Submitted by: Provider XYZ Clinical Team									Dates when shared quarterly with Quality Team: 10/15/23, 1/15/24, 4/15/24, 7/15/24										
Target Objective (TO)/Benchmark		10% decrease overall from last year's overall Avg/Qtr (70) to 63																	
Categories of medication errors being monitored monthly and analyzed quarterly		Counts of Medication Errors																	
		Jul	Aug	Sept	Qtr1 Avg/Qtr	Oct	Nov	Dec	Qtr2 Avg/Qtr	Jan	Feb	Mar	Qtr3 Avg/Qtr	Apr	May	Jun	Qtr4 Avg/Qtr	YTD Annual Avg/Qtr	Target
Overall		58	64	60	61	67	37	41	48	88	49	69	69	65	50	20	45	56	63
Wrong Dose		31	36	33	33	38	15	18	24	53	24	41	39	36	25	13	25	30	
Wrong Person		19	21	20	20	21	16	16	18	25	18	22	22	21	18	5	15	19	
Omission		8	7	7	7	8	6	7	7	10	7	6	8	8	7	2	6	7	
Monthly Monitoring Notes and Qtr 1 Analysis																			
July Review Notes		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.																	
August Review Notes		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.																	
September Review Notes		Slight decrease in overall number of errors from previous month, including wrong dose category. No repeat staff involved in incidents this month.																	
Q1 Analysis: Include findings, actions taken to improve quality and/or address risk, and effectiveness of those actions. (See analysis tool - 2nd tab)		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.																	
Monthly Monitoring Notes and Qtr 2 Analysis																			
October Review Notes		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.																	
November Review Notes		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.																	
December Review Notes		The data from November to December remains steady with the initial decrease from October being maintained. Training is ongoing.																	
Q2 Analysis: Include findings, actions taken to improve quality and/or address risk, and effectiveness of those actions. (See analysis tool - 2nd tab)		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.																	
Monthly Monitoring Notes and Qtr 3 Analysis																			
January Review Notes		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.																	
February Review Notes		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.																	
March Review Notes		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.																	
Q3 Analysis: Include findings, actions taken to improve quality and/or address risk, and effectiveness of those actions. (See analysis tool - 2nd tab)		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.																	
Monthly Monitoring Notes and Qtr 4 Analysis																			
April Review Notes		The numbers for this month have remained similar to the previous month with no significant changes in any category.																	
May Review Notes		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.																	
June Review Notes		This month there has been a significant decrease in the numbers of errors overall and within each category.																	
Q4 Analysis: Include findings, actions taken to improve quality and/or address risk, and effectiveness of those actions. (See analysis tool - 2nd tab)		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.																	
Annual Analysis																			
Include findings, actions taken to improve quality and/or address risk, and effectiveness of those actions. (See analysis tool - 2nd tab)																			
While the target objective set by the QI Team has been met, we will continue tracking through FY 24/25. 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	Analysis	
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	NOTE: All information below can be copied and pasted into the data monitoring and analysis template (1st tab).	
4	<i>check below after each have been considered</i>	
5	x	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	x	Why do the numbers look the way they do (address both positives/compliant and negatives/ noncompliant)?
7	x	Would a further breakdown of the data be meaningful?
8		
9	x	Look at previous quarters'/years' data and explain any variations from one quarter/year to the next.
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11	x	Are there known causes/themes for low or high performance? (e.g., regions, entities, process issues, individuals, etc.)
12	x	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>	
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20	Remediation Activities	
21	x	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	Quality Improvement (QI) Activities	
27	x	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	x	Should a QI Team be convened to address compliance concerns (if issues are systemic)?
29	x	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.	
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