

This Performance Improvement Story Summary Sheet serves as the one-page executive summary for every major deficiency or QI project in your Hybrid Evidence Repository. It provides the full narrative—from problem to sustained solution—in a concise, consistent format.

Performance Improvement Story Summary Sheet

1. Deficiency & Risk Profile (The Problem)

TJC Standard / EP:	Original Finding Date:	SAFER™ Matrix Rating:
e.g., PC.02.01.11, EP 5		e.g., High / Widespread
Deficiency/Problem Statement: Concise description of the original non-compliance.		
e.g., Inconsistent read-back protocol for verbal/telephone orders observed across multiple nursing units.		

1. Deficiency & Risk Profile (The Problem)

Core Root Cause Identified (RCA):	Implementation Date:	TJC ESC Submission Date:
e.g., Lack of standardized documentation forms and inconsistent staff training on new policy.		
Primary Corrective Action Plan: The main intervention implemented (e.g., policy, education, IT change).		
e.g., Implemented mandatory electronic read-back sign-off in the EHR. Conducted 100% staff competency validation on new policy.		

3. Monitoring & Proof of Sustainability (The Evidence)

Current Monitoring Metric:	Target Goal:	Current Compliance Rate (Last 30 Days):
e.g., Verbal Order Read-Back Compliance Rate	e.g., 98%	e.g., 99.1% (Sustained for 6 months)
Key Governance Evidence: Where is the oversight of this issue documented?		
Reality Check Status: Is the process still being tracked (Sustain) or was it dropped (Restart)?		
<input type="checkbox"/> Sustain & Validate List	<input type="checkbox"/> Restart & Rescue List	

4. Narrative of Closure & Current Status

This section provides the clear, auditable narrative of the deficiency lifecycle.

The original finding of inconsistent verbal order read-back was addressed by implementing mandatory electronic sign-off in the EHR and requiring 100% staff training. The Verbal Order Audit was initiated as a QI project and achieved its goal of 98% compliance by Month 6. Governance oversight was confirmed through monthly reviews by the Quality Committee for the first year. The metric is now considered sustained and has been integrated into the routine annual nursing competency. The current process is validated and maintained on the Sustain & Validate List with a low risk of recurrence.

Required Evidence Location (For Quick Audit)

Indicates where the full supporting documents (run charts, policies, audit logs) are filed within the repository.

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