

Quality Committee Meeting Minutes

CONFIDENTIALITY STATEMENT: These minutes contain privileged and confidential information. Distribution, reproduction, or any other use of this information by any party ot

Date: 10/13/2022 **Time:** 13:02 **Recorder:** Denise Jackson **Reporting Period Discussed:** Sept. 2022

Members Present

Chairperson: _____ **CEO:** Dale Clayton **Medical Representative:** Dr. Chiaffitelli

Name	Title	Name	Title	Name	Title	Name
Heather Larson	Respiratory	Josey Kenmore	Mat.	Tonya Bowen	Lab Manager	Jared Ballard
Jackie Fowler	Dietary	Daniel Coffin	CCO	Kaye Hamilton	Credentialing	Claudia Collard
Pam Esparza	Radiology	Jennifer Dryer	HIM	Kasi Hiley	Bus./RCM Dir	Brittany W.
Chasity Howell	Case Management	Shelly Bowman	HR	Chealsea Church	Pharamcy	Lynda James

TOPIC	FINDINGS/CONCLUSIONS	ACTIONS/RECOMMENDATIONS
-------	----------------------	-------------------------

Call to Order	first/second	Mary Barnes/Chasity Howell
----------------------	--------------	----------------------------

Review of Minutes	review/approve Aug min for Sept.	Dr C/ Chasity Howell
--------------------------	----------------------------------	----------------------

Review of Committee Meetings

A. EOC/Patient Safety Committee	light fixtures in pt areas cleaned, north wall in nurses break room needs repair, working on fixing celing tiles, er provider office flooring needing to be replaced, receptacles at clininc need to be changed over to red receptacles	
B. Infection Control Committee	1 HAI for the reporting period, contiune to focus on HHE/PPE with a PIP in place	PIP submitted for Approval today
C. Pharmacy & Therapeutics Committee	P&T will be quarterly - Next meeting Dec 2022	
D. HIM/Credentials Committee	1 d/c summary that needs completion, contiuned missing concents with education to staff by CNO. No credentialing for the month	
E. Utilization Review Committee	tot ER 163, 1 OBS, 12 acute, 7 swing, tot admit 19, tot d/c 19, tot pt days 322, avg daily census 11	
F. Compliance Committee	working on schedule of meetings	
Old Business	Nursing Policy Manuel Clinical Procedure Policy Manuel Corporate Card Holder Policy and Attachments	

New Business	Environmental Services Policy and Procedure Manual; <ul style="list-style-type: none"> •EVS Policy Manuel TOC •EVS Program and Overview •Education and Training for EVS •EVS Infection Control and Prevention •Disease Specific Infectious Agents Room Cleaning •Cleaning Chemicals •Floor Care and Finishing •Cleaning Computers •Portable Fans •Flood Clean Up •Standard Operating Procedures for EVS •CDC Environmental Checklist for Monitoring Terminal Room Cleaning •EVS Department Orientation •Chemical Inventory List Emergency Preparedness Plan for Mangum Regional Medical Center Emergency Preparedness Appendices TOC and the appendices; <ul style="list-style-type: none"> •Hazard and Vulnerability Analysis •Disaster Contacts •Memorandums of Understanding •Emergency Preparedness Committee •Training and Testing •Emergency Codes •Command and Control •Evacuation Plan •Pandemic Disease Plan •Shelter in Place •After Action Reports 	Dr C/ Daniel Coffin - Approved
Quality Assurance/Performance Improvement		
Volume & Utilization		
A. Hospital Activity	tot ER 163, 1 OBS, 12 acute, 7 swing, tot admit 19, tot d/c 19, tot pt days 322, avg daily census 11	
B. Blood Utilization	4 units administered with no adverse reactions	
Care Management		

A. CAH/ER Re-Admits	1 re-admit for secondary dx	
B. Discharge Follow Up Phone Calls	12/12 - 100%	
C. Patient Discharge Safety Checklist	12/12 - 100%	
D. IDT Meeting Documentation	6/8 - 1 pt not in-pt for IDT, 1 incomplete by dietary	
E. Case Management Assessment	8/8 - 100%	
Risk Management		
A. Incidents	AMA - 4) 1 pt to the er for c/o N/V, high anxiety upon arrival,. Reports that anxiety is normal for patient while in abnormal settings. Anxiety increased with length of visit, when nurse returned for testing/etc. pt refused any futher care and wanted to leave. risks/benefits discussed. ama signed. 1 pt to er for concern with accidental OD, concerns voiced by family for other issues, pt does not request for other issues to be addressed and is able to make that decisiion. Pt became anxious, left ama. Risks/benefits discussed, ama was not signed. 1 pt to er for htn/hyponutremia. initally pt was agreeable to inpatient admit for futher monitoring/treatment, pt then change thier mind due to animal at home that would need care while inpatient. risks/benefits discussed, outpt therapy sent in, ama signed. 1 pt to the er for cp/hypokalemia. Treatment provided in the er, pt decided they did not want to wait for follow up testing/treatment. risks/benefits discussed, outpt therapy sent in, ama signed. LWBS - 1 pt to er for not feeling well, left prior to MSE.	AMA - all ama pt had risks/benefits presented at time of ama, encouraged to return to ed as needed, discharge education will contiune to be provided to pt based on specific dx/needs.
B. Reported Complaints	0	
C. Reported Grievances	0	
D. Patient Falls Without Injury	1 pt found on the floor, precautions in place prior to fall, no injuries noted. 1 pt became fatigued/weak during therapy, unable to complete transfer, assisted to the ground by 2 staff, no injuries. 1 pt found on the floor, precautions in place prior to fall, no injuries noted	

E. Patient Falls With Minor Injury	none	
F. Patient Falls With Major Injury	none	
G. Fall Risk Assessment	3	
H. Mortality Rate	1 pt to the ER with CPR in progress, resuscitation attempts were unsuccessful, pt expired. 2 SWB - 1 pt with end stage disease process, pt dnr, family aware and in agreement with end of life care. Pt expired while in patient. 1 pt with sudden rapid decline, found with no pulse, cpr began with successful attempts, family then signed dnr. pt expired while in-patient.	
I. Deaths Within 24 Hours of Admit	none	
J. OPO Notification/Tissue Donation	3	
M. EDTC Measures	67% - 4 charts lacked documentation supporting specific items sent to accepting facility	education provided to nurses of required documentation for transfers
Nursing		
A. Critical Tests/Labs	43/43 - 100%	
B. Restraints	none	
C. RN Assessments	100% (20/20)	
D. Code Blue	2	
Emergency Department		
A. ED Log & Visits	163	
B. MSE	97% - 4 AMA/1 LWBS	
C. EMTALA Form	12	
D. Triage	18/20 - 90%	
E. Triage ESI Accuracy	19/20 - 95%	
F. ED Discharge/ Transfer Nursing	19/20 - 95%	
G. ED Readmit	1 pt readmitted	
H. ED Transfers	transferred to higher level of care for; chf x 2, eod x 2, stemi, atrial tach, femur fx x 2, unstable angina, aspiration of blood/post mva, gi bleed, med clearance	
I. Stroke Management Measures	0	
J. Stroke Brain CT Scan	0	
K. Suicide Management Measures	2	

L. STEMI Management Measures	1 pt to er with c/o elevated bp and dizziness, no c/o chest pain. Initial dx htn urgency vs htn emergency. Initial ekg without ST elevation. Chest xray done on arrival outside of 30 min window. While in the ED, pt became diaphoretic with chest pain complaint. Repeat EKG shows active MI, significant delay with finding accepting hospital for patient. Thombolytic was began w/i 30 min of inital CP c/o and MI dx, pt was also unstable for transport. Once stable and accepting hospital were established, airvac notified for pt transfer	
M. Chest Pain Measures	1/7 - 14% EGC, 4/7 - 57% Xray; Delay noted with after hours/weekend radiology, also noted issues with ekg time/date stamp and one instance of no patient label on ekg. cno/quality visited with radiology director/rad dept and discussed the importance of response time, with emphasis on on-call times. Discussed ekg times with resp director, director reports that there has been issues with ekg machines and wifi, during this time thier dept used old machine, verified that the ekgs in question where from old machine. Director reports that wifi has been fixed and there should be no futher issues. will monitor next month for issues and time improvements	
N. ED Departure	x	
Pharmacy & Medication Safety		
A. After Hours Access	DR accessed 73 times after hours: 10 times for inhalers/topicals; 26 times for ER patient medications; 10 times for IV medications/fluids; 4 times to restock the MedDispense; 4 times for vaccines; 5 times to restock the RT box; 1 time for bulk item; 4 times for medications not stored in MedDispense; and 6 times for no reason when medications loaded in MedDispense	
B. Adverse Drug Reactions	none reported at this time	

C. Medication Errors	1 - nurse omitted dose of ABT. CCO re-educated staff member regarding 6 rights of med admin	
Respiratory Care Services		
A. Ventilator Days	none	
B. Ventilator Wean Rate	none	
C. Patient Self-Decannulation Rate	none	
D. Respiratory Care Equipment	HMEs 0, inner cannulas 0, suction set up 0, neb/masks 23, trach collars 0, vent circuits 0, trach 0, closed suction 0	
Wound Care Services		
A. Development of Pressure Ulcer	none	
B. Wound Healing Improvement	No patient with PU's discharged in the month of September	
C. Wound Care Documentation	100%	
Radiology		
A. Radiology Films	121 / 2 repeated due to patient motion	
B. Imaging	23 / 0 repeated	
C. Radiation Dosimeter Report	5	
Lab		
A. Lab Reports	2028 labs for the reporting period	
B. Blood Culture Contaminants	none	
Infection Control & Employee Health		
A. CAUTI's	0	
B. CLABSI'S	0	
C. HA MDROs	0	
D. HA C. diff	0	

E. Hospital Acquired Infections By Source	1 - 1 x HAI discovered in September No clear determination made of how patient acquired Klebsiella. No clear source site: no central line in place; Foley catheter present with negative urine culture. Pt. is a high-fall risk and plan of care included being kept in line of site of nursing staff for safety. Pt treated with IV antibiotics with good response as evidenced by cessation of fevers and normotensive readings. Pt discharged to home in stable condition off antibiotics.	PIP submitted for Approval today with follow up on 11/30
F. Hand Hygiene/PPE & Isolation Surveillance	91% (20/22) HH: 90% PPE (18/20) - IP continues to monitor compliance with HH/PPE. PIP in place.	
H. Patient Vaccinations	0 pneumonia vaccine / flu reporting begins 10/1/22	
I. Ventilator Associated Events	0	
J. Employee Health	1. Employee Events/Injuries: No events/injuries for September. 1 ongoing work comp case. 2. Employee Health: 4 N95 Fit tests done on new hires, 4 TB questionnaires, 2 TB tests, 1 CXR, and 1 pending records from previous facility. 1 Hepatitis vaccine given (series initiated) 3. Employee Illness: 1 GI illness, 2 URIs, 2 COVID. 4. Total Number of Missed Work Days: 11	
K. Employee COVID 19 Vaccination Indicators	COVID vaccine status - 100%	
HIM		
A. H&P's	20/20 - 100%	
B. Discharge Summaries	21/21 - 100%	
C. Progress Notes (Swing & Acute)	100% (63/63 SWB - 35/35 Acute)	
D. Consent to Treat	91% (166/183) There are 17 er's missing consents.	
E. Swing bed Indicators	100% (7/7)	
F. E-prescribing System	98% - 274/278	
G. Legibility of Records	100%	
H. Transition of Care	100%	

Dietary		
A.	89% (83/93) - 10 temps under 150 , Education is being provided to employees	
B.	91% - 85-93, 8 temps under 180, education to employees	
Therapy		
A. Therapy Indicators	100%	
B. Therapy Visits	PT - 153, OT - 141, ST - 0	
C. Standardized Assessment Outcomes	75% (6/8) - 3 patient not discharged at PLOF; 2 passed away and 1 patient was discharged to home with appropriate DME..	
Human Resources		
A. Compliance	Hired; 2 CNAs, 2 Dietary, 1 LPN.	
Registration Services		
Registration Services	98%	
Environmental Services		
A. Terminal Room Cleans	8	
Materials Management		
A. Materials Management Indicators	RECALLS: Suction Catheter- Removed and replaced by vendor. BACKORDERS: 18 ORDERS, 23 ITEMS. LATE ORDERS: 14 ITEMS OVER 30 DAYS OLD.	
Plant Operations		
A. Fire Safety Management	100%	
B. Transfer Switch Monthly Checks	100%	
C. Generator Monthly Checks	100%	
Information Technology		
A. IT Indicators	3 equipment malfunctions, 51 other issues for the month. ECW and Nurse call system has been completed installation wise	
Outpatient Services		
A. Outpatient Therapy Services	23 treatments preformed/28 planned treatments	
B. Outpatient Wound Services	16	
Contract Services		

Contract Services	none	
Credentialing/New Appointments		
A. Credentialing/New Appointment	None	
Adjournment		
A. Adjournment	10/13/2022 @ 1312	Dr C/ Daniel Coffin