

### Quality Committee Meeting Minutes

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**Date:** 03/10/2022      **Time:** 12:30      **Recorder:** Denise Jackson      **Reporting Period Discussed:** Feb 2022

#### Members Present

<b>Chairperson:</b>				<b>CEO: Dale Clayton</b>		<b>Medical Representative: Dr. Chiaffitelli</b>	
Name	Title	Name	Title	Name	Title	Name	Title
Heather Larson	Respiratory	Josey Kenmore	Mat.	Tonya Bowen	Lab Manager	Jared Ballard	IT
Sarah Dillahunt	Dietary	Daniel Coffin	CCO	Kaye Hamilton	Credentialing		Infection
Pam Esparza	Radiology	Jennifer Dryer	HIM	Kasi Hiley	Bus./RCM Dir		Clinic Manager
	Case Management	Shelly Bowman	HR	Chealsea Church	Pharmacy	Lynda James	Pharmacy LPN

TOPIC	FINDINGS/CONCLUSIONS	ACTIONS/RECOMMENDATIONS	FOLLOW-UP
<b>Call to Order</b>	first/second	Karli Bowles./Daniel Coffin	
<b>Review of Minutes</b>	review/approve Feb min for Jan	Mary Barnes/Dr C	

#### Review of Committee Meetings

<b>A. EOC/Patient Safety Committee</b>	flooring in med room/nurse area scheduled, amp replacement started, glass on double doors to be installed week of the 17th, sink/stained ceiling in er replace. Mark appointed safety officer 01/2022		
<b>B. Infection Control Committee</b>	no hospital aquired infections to report for the the month		
<b>C. Pharmacy &amp; Therapeutics Committee</b>	contiune to monitor meds for back order/contiune to be consious of those meds in short supply. Pharmacy cost decrease for Feb		
<b>D. HIM/Credentials Committee</b>	Re-credentialing D Arles/Dr Nogi (pathologist)		
<b>E. Utilization Review Committee</b>	tot ER 114, 2 OBS, 12 acute, 3 swing, tot admit 15, tot d/c 17, tot pt days 236, avg daily census 8		
<b>F. Compliance Committee</b>	working on schedule of meetings		
<b>Old Business</b>	Hand-Off Communication Form Enteral Tube Management Policy	Compliance policies not taken to the Feb board meeting, will take in March per Cohesive	
<b>New Business</b>	none		

#### Quality Assurance/Performance Improvement

#### Volume & Utilization

<b>A. Hospital Activity</b>	tot ER 114, 2 OBS, 12 acute, 3 swing, tot admit 15, tot d/c 17, tot pt days 236, avg daily census 8		
<b>B. Blood Utilization</b>	none		
<b>Care Management</b>			
<b>A. CAH/ER Re-Admits</b>	1- 30 day readmission . Patient discharged to home on 02/08/2022 with home health referral. Patient returned to ER on 02/17/0222 with diagnosis of PE which was unrelated to the previous admission.	No follow up necessary due to readmission being unavoidable due to new onset of Pulmonary Embolus.	
<b>B. Discharge Follow Up Phone</b>	6		
<b>C. Patient Discharge Safety</b>	5		
<b>D. IDT Meeting Documentation</b>	0% Various departments charted on day of IDT. ALL IDT notes audited were incomplete by various departments	Interim case manager will educate staff on new quality indicator at next IDT meeting.	
<b>E. Case Management Assessment</b>	100%	No action required.	
<b>Risk Management</b>			
<b>A. Incidents</b>	AMA - 1) pt to er after physician assessment, pt declined futher treatment/testing. Risk/benefits explained. pt signed ama. 2) pt to the er, under went treatment and testing. pt became tired of waiting for additional testing and wanted to leave. risks/benefits explained, pt signed ama 3)pt to the er, under went treatment and testing. pt became tired of waiting for additional testing and wanted to leave. risks/benefits explained, pt signed ama Notifications for police - pt to er via ems, extented family member came to er, became beligerant to staff/PD called to escort family member off grounds. This family member was not POA nor had involvment in decision making for patient. Other - pt attempting to reposition bi-pap on face, scratched face. scratch cleaned/assisted pt in reposition of bi-pap	AMA - all ama pt had risks/benefits presented at time of ama, encouraged to return to ed as needed. Police notification - monitor current processes. Other - encouraged pt to call for assist with bi-pap as needed, cleaned scratch, monitor nails/file as needed	
<b>B. Reported Complaints</b>	0		
<b>C. Reported Grievances</b>	1 - family grievance, currently under investigative process	under investigation, will monitor outcome for necessary follow up/actions to be taken	

<b>D. Patient Falls Without Injury</b>	during pt transfer, pt abducted legs and staff was unable to complete transfer. Pt slid to the floor. Assessed with no injury or c/o noted	staff education on proper transfers and using assist for transfer with this pt	
<b>E. Patient Falls With Minor Injury</b>	none		
<b>F. Patient Falls With Major</b>	0		
<b>G. Fall Risk Assessment</b>	1		
<b>H. Mortality Rate</b>	tot 6; 1 ER/5 in-pt - 1 er - pt to er with cpr in progress, cpr unsuccessful, pt expired. 4 in-pt all expected due to disease process/decline. 1 in-pt coded, cpr initiated pt intubated/family declined futher heroic efforts. Pt expired		
<b>I. Deaths Within 24 Hours of</b>	none	none	
<b>J. OPO Notification/Tissue Donation</b>	5 notifications, 1 pt death - had to be sent to ME/not applicable for tissue donation	none	
<b>M. EDTC Measures</b>	100%		
<b>Nursing</b>			
<b>A. Critical Tests/Labs</b>	100		
<b>B. Restraints</b>	0		
<b>C. RN Assessments</b>	85%	education provided to nurses as needed on documentation expectations	
<b>D. Code Blue</b>	2		
<b>Emergency Department</b>			
<b>A. ED Log &amp; Visits</b>	114		
<b>B. MSE</b>	n/a		
<b>C. EMTALA Form</b>	9		
<b>D. Triage</b>	95%		
<b>E. Triage ESI Accuracy</b>	90%		
<b>F. ED Discharge/ Transfer</b>	90%		
<b>G. ED Readmit</b>	1		
<b>H. ED Transfers</b>	9		
<b>I. Stroke Management Measures</b>	0		
<b>J. Stroke Brain CT Scan</b>	0		

<b>K. Suicide Management Measures</b>	1 patient brought into the ED for SI, evaluation completed by LMHP. Pt transferred to in-pt psych care.		
<b>L. STEMI Management Measures</b>	100%	some delay due to difficulty finding accepting hospital, air/ground transport.	
<b>M. Chest Pain Measures</b>	57% noted delay in ekg/chest xray when patient presents with vague chest pain, non-typical cardiac. MD will often order as a rule out measure	monitor current process, monitor patterns in care	
<b>N. ED Departure</b>	n/a		
<b>Pharmacy &amp; Medication Safety</b>			
<b>A. After Hours Access</b>	109		
<b>B. Adverse Drug Reactions</b>	0		
<b>C. Medication Errors</b>	3		
<b>D. Bar Code Scanning</b>	awaiting install of new scanners		
<b>Respiratory Care Services</b>			
<b>A. Ventilator Days</b>	5		
<b>B. Ventilator Wean Rate</b>	0		
<b>C. Patient Self-Decannulation</b>	0		
<b>D. Respiratory Care Equipment</b>	HMEs 3, inner cannulas 0, suction set up 0, neb/masks 21, trach collars 0, vent circuits 0, trach 0, closed suction 0		
<b>Wound Care Services</b>			
<b>A. Development of Pressure Ulcer</b>	0		
<b>B. Wound Healing Improvement</b>	7		
<b>C. Wound Care Documentation</b>	100%		
<b>Radiology</b>			
<b>A. Radiology Films</b>	150/7 repeated - Technologist error, poor	No action needed.	
<b>B. Imaging</b>	13 / 0 repeated		
<b>C. Radiation Dosimeter Report</b>	6		
<b>Lab</b>			
<b>A. Lab Reports</b>	1888, 1 rejected due to Qunatity not sufficient	Lab Manger will instruct lab staff to obtain greater quantities for specimens	

<b>B. Blood Culture Contaminants</b>	1	Lab Manager re-educated staff member regarding collection procedure.	
<b>Infection Control &amp; Employee Health</b>			
<b>A. CAUTI's</b>	0		
<b>B. CLABSI'S</b>	0		
<b>C. HA MDROs</b>	0		
<b>D. HA C. diff</b>	0		
<b>E. Hospital Acquired Infections</b>	0		
<b>F. Hand Hygiene/PPE &amp; Isolation Surveillance</b>	100% - patients in isolation 18, total isolation days 52		
<b>H. Patient Vaccinations</b>	0		
<b>I. Ventilator Associated Events</b>	0		
<b>J. Employee Health</b>	One lower back injury for the month of February. Employee was seen in ER and released back to work. No follow up needed. First incident report sent to WC. 4 COVID-19 vaccinations administered. 6 employee illness days.		
<b>K. Employee COVID 19 Vaccination Indicators</b>	4 administered this reporting period		
<b>HIM</b>			
<b>A. H&amp;P's</b>	100%		
<b>B. Discharge Summaries</b>	87%	These are in the Dr.'s boxes and emails have been sent out.	
<b>C. Progress Notes (Swing &amp;</b>	100%		
<b>D. Consent to Treat</b>	86%	There have been many discussions about this. We are still working on a way to fix this issue. It has been discussed with Kasi and Daniel.	
<b>E. Swing bed Indicators</b>	100%		
<b>F. E-prescribing System</b>	97%		
<b>G. Legibility of Records</b>	100%		
<b>H. Transition of Care</b>	100%		
<b>Dietary</b>			
<b>A.</b>	100%		
<b>B.</b>	100%		
<b>Therapy</b>			

<b>A. Therapy Indicators</b>	100%		
<b>B. Therapy Visits</b>	74		
<b>C. Standardized Assessment Outcomes</b>	63% - Not compliant in either category secondary to increased # of patient deaths at facility.	None taken. Patient's that were not at PLOF or discharged with higher assesement scores were from patients that had expired.	
<b>Human Resources</b>			
<b>A. Compliance</b>	100%		
<b>Registration Services</b>			
<b>Registration Services</b>	100%		
<b>Environmental Services</b>			
<b>A. Terminal Room Cleans</b>	7		
<b>Materials Management</b>			
<b>A. Materials Management Indicators</b>	29 orders for the month - 15 ORDERS ON BACKORDER		
<b>Plant Operations</b>			
<b>A. Fire Safety Management</b>	100%		
<b>B. Transfer Switch Monthly</b>	100%		
<b>C. Generator Monthly Checks</b>	100%		
<b>Information Technology</b>			
<b>A. IT Indicators</b>	3 malfunctions/ 1 internet outage/1 server outage/40 other	CPSI went down at 20+ hospitals, fixed within 4 hrs	
<b>Outpatient Services</b>			
<b>A. Outpatient Therapy Services</b>	21 sessions		
<b>B. Outpatient Wound Services</b>	9		
<b>Contract Services</b>			
<b>Contract Services</b>	none		
<b>Credentialing/New Appointments</b>			
<b>A. Credentialing/New</b>	none		
<b>Adjournment</b>			
<b>A. Adjournment</b>	03/10/2022 at 12:38	Karli Bowles/Chealsea Church	