

Quality Committee Meeting Minutes

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Date: 12/15/2022 **Time:** 12:17 **Recorder:** Denise Jackson **Reporting Period Discussed:** Nov. 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
	Dietary	Daniel Coffin	CCO	Kaye Hamilton	Credentialing	Claudia Collard (off)
Pam Esparza	Radiology	Jennifer Dryer	HIM		Bus./RCM Dir	
Chasity Howell (off)	Case Management	Shelly Bowman	HR	Chealsea Church	Pharamcy	Lynda James

TOPIC	FINDINGS/CONCLUSIONS	ACTIONS/RECOMMENDATIONS
Call to Order	first/second	Lynda James/Dale Clayton
Review of Minutes	review/approve Oct min for Nov	Dr C/ Dale Clayton

Review of Committee Meetings		
A. EOC/Patient Safety Committee	A--FLOORING IN NURSES BREAK AREA AND MED PREP ROOM NEEDING REPLACED. ER PROVIDER OFFICE FLOORING NEEDING REPLACED	
B. Infection Control Committee	2 HAI for the month, increased mask useage with increased COVID cases	
C. Pharmacy & Therapeutics Committee	Suspended use of Bebtelovimab per FDA, no recalls. Shortage on all childrens suspenions	
D. HIM/Credentials Committee	Dr. C and Dr Gibson	
E. Utilization Review Committee	tot ER 203, 0 OBS, 12 acute, 8 swing, tot admit 20, tot d/c 19, tot pt days 259, avg daily census 9	
F. Compliance Committee	working on schedule of meetings	
Old Business	none	
New Business	Telemetry and Pulse Oximetry Monitoring Policy Remote Telemetry Monitoring Units Sign in/Sign Out Log	Dr C/ Dale Clayton

Quality Assurance/Performance Improvement

Volume & Utilization

A. Hospital Activity	tot ER 203, 0 OBS, 12 acute, 8 swing, tot admit 20, tot d/c 19, tot pt days 259, avg daily census 9	
B. Blood Utilization	6 units administered with no adverse reactions	
Care Management		
A. CAH/ER Re-Admits	1) Patient admitted on 11/08-11/11: Acute Non-ST segment Elevation MI; Transferred to higher level of care for Cardiology for NSTEMI, CHF, COPD. Returned to MRMC on 11/15 with dx: Atrial Flutter, Chronic Afib, Chronic combined systolic and diastolic heart failure, Acute exacerbation of COPD.	
B. Discharge Follow Up Phone Calls	10/10 - 100%	
C. Patient Discharge Safety Checklist	10/10 - 100%	
D. IDT Meeting Documentation	6 charts with 2 completed fully on date of IDT meeting; Dietary did not complete notes on 11/03, 11/17. 2 charts were not inpatient SWB on dates of IDT to complete an IDT note. 11/10: Patient discharged prior to CM completing IDT note d/t patient out of facility.	CM will continue to email supervisors when notes are not complete, Dietary is working on resolution to missing notes
E. Case Management Assessment	17/19 - 89% : Case Management out of office for conference and assessments did not get completed in a timely manner.	
Risk Management		

A. Incidents	AMA - 1 pt to the ED for c/o not feeling well. Nurse/provider assessments complete, while awaiting test results. Pt left the ED without notice to staff, nurse called pt with results and pt reports they will see PCP in the am. Education on DX provided, discussed risks/benefits and returning to ED as needed. AMA not signed. 1 pt to the ED for alcohol abuse/use, pt initially agreeable and cooperative with treatment. During treatment course, pt chose to not complete treatment or futher tx options. Risks/benefits discussed with pt and family, pt signed AMA. OTHER- 1 pt found to have a linear opening in the skin under the left fifth toe, pt who is AAO x 3 does not recall an event that would have lead to injury. Wound dressed and wound care referral placed. WC ordered xray of foot and results noted fx to left 5th toe. Pt contiunes to deny knowledge of injury to the foot or toe	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	FALLS; 1 in-pt became fearful for a fall during an indepent transfer, lowered self to floor and called for assistance. No injuries reported/noted. 1 in-pt was attempting independent transfer, nursing entered room noted pt weakness/inability to complete transfer and assisted pt to the floor. No injuries noted/reported	
E. Patient Falls With Minor Injury	none	
F. Patient Falls With Major Injury	none	
G. Fall Risk Assessment	2	
H. Mortality Rate	1 pt to the ER with CPR in progress, recusatation attempts were unsuccessful, pt expired.	
I. Deaths Within 24 Hours of Admit	0	
J. OPO Notification/Tissue Donation	1	

M. EDTC Measures	3 charts lacked documentation supporting specific items sent to accepting facility, 1 chart was noted to have requested home med list from the pharamcy, received by ER but is not found in the chart	education provided to nurses of required documentation for transfers, Dr C agreeable
Nursing		
A. Critical Tests/Labs	50/50- 100%	
B. Restraints	none	
C. RN Assessments	20/20 - 100%	
D. Code Blue	1 pt to the ER with CPR in progress, recusation attempts were unsuccessful, pt expired	
Emergency Department		
A. ED Log & Visits	203	
B. MSE	n/a	
C. EMTALA Form	10	
D. Triage	18/20 - 2 Nurses triaged patients in 7-9 minutes	
E. Triage ESI Accuracy	100%	
F. ED Discharge/ Transfer Nursing	20/20 - 100%	
G. ED Readmit	2 pt readmitted	
H. ED Transfers	10 -TTransferred to higher level of care for; 1 pt transferred to the CF unit and pulmonology for CF with pneumonia, 1 pt transferred to ICU for sepsis/pneumonia/resp failure, 1 pt transferred to peds critical care for snake bite, 1 pt transferred to orthopedics for right femur fx, 1 pt transferred to in-pt psych for hallucinations/med management, 1 pt transferred to neurosurgery for thoracic vertebral fx with additional need for further testing not available at MRMC, 1 pt transferred to orthopedics for right hip fx, 1 pt transferred to neurology for hemiplegia/stroke like symptoms to confirm stroke with additional need for further testing not available at MRMC, 1 pt transferred to ICU care for unstageable decub with perianal gangrene and the additional need for surgical consult, 1 pt transferred to ICU care for DKA	

I. Stroke Management Measures	1 pt to the ER for the reporting period with stroke like symptoms approx 30 prior to arrival to ED. Airvac notification 31 min after pt arrival. Accepting hospital accepted pt 36 min after arrival. Airvac arrival 48 mins after pt arrival. With total door to transfer time of 108 min. Transferred to higher level of care for neurology for hemiplegia/stroke like symptoms to comfirm stroke with additional need for futher testing not avaiable at MRMC	Discussed findings with CNO and CEO, will meet with provider and nurse to dicuss process used with this specific case and re-visit stroke protocol and processes.
J. Stroke Brain CT Scan	1 for the reporting period. CT competed 7 min after pt arrival/read 26 min after arrival/resulted 43 min after pt arrival	
K. Suicide Management Measures	0	
L. STEMI Management Measures	no STEMI for the reporting periodno STEMI for the reporting period	
M. Chest Pain Measures	EKG - 1 completed in 6 min, 1 ekg greater than 5 min d/t provider felt CP was not cardiac, 1 time and date stamp on strip not accurate, 1 completed in 6 min, 1 completed in 10 min uncertain of delay cause/RT potentially unavailable at time of code call, EKG preformed but not found in pt chart x 2. XRAY - 1 completed in 41 min/after hours delay due to on call staff, 1 completed in 32 min, 1 no xray ordered	findings presented to RT/Rad directors and CCO for internal dept/individual education and investigation
N. ED Departure	x	
Pharmacy & Medication Safety		
A. After Hours Access	no unauthorized after hrs access reported	
B. Adverse Drug Reactions	none reported at this time	
C. Medication Errors	none reported at this time	
Respiratory Care Services		
A. Ventilator Days	none	
B. Ventilator Wean Rate	none	
C. Patient Self-Decannulation Rate	none	

D. Respiratory Care Equipment	HME - 0, Inner Cannulas - 0, Suction Set ups - 1, Nebs&Masks - 22, Trach collars - 0, Vent Circuits - 0, Trach - 0, Closed Suction kits - 0	
Wound Care Services		
A. Development of Pressure Ulcer	none	
B. Wound Healing Improvement	benchmark met	
C. Wound Care Documentation	100%	
Radiology		
A. Radiology Films	1/124 - artifact on exam	
B. Imaging	24 / 0 repeated	
C. Radiation Dosimeter Report	5	
Lab		
A. Lab Reports	2232 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	2 x HAIs in November - two inpatients positive for SARS-CoV-2 infection, testing initiated after symptoms of temperature elevation. Patients were immediately moved to airborne isolation in Covid wing and all remaining inpatients tested; PCRs returned negative. Both inpatients meet criteria for HAI designation with admission dates more than fourteen days prior to positive test. Patients treated per facility protocol with good response noted in one patient who was able to return to patient floor after designated time in quarantine. Second patient, admitted for previously present pulmonary processes, noted to worsen and transferred to higher level of care.	

F. Hand Hygiene/PPE & Isolation Surveillance	90% overall hand hygiene compliance for Nov. (9/10 observations). 2. 100% overall PPE compliance (13/13 observations).	
H. Patient Vaccinations	0 pneumonia vaccine / 2 flu vaccines	
I. Ventilator Associated Events	0	
J. Employee Health	1. Employee Events/Injuries: None. No Work Comp Cases. 2. Employee Health: 1 influenza vaccine administered to staff; 1 declination. 2 N95 Fit tests done on new hires, 1 Hepatitis vaccine (series completed), 1 TB questionnaire, 1 TB test performed. 3. Employee Illness: 1 GI illness, 2 URI, 1 Influenza A, 4 COVID-19, 1 other (GYN). 4. Total Number of Missed Work Days: 18.	
K. Employee COVID 19 Vaccination Indicators	COVID vaccine status - 100%	
HIM		
A. H&P's	20/20 - 100%	
B. Discharge Summaries	19 /20 - 100% - 1 out greater than 30 was completed on 12/14/22	
C. Progress Notes (Swing & Acute)	100% (37/37 SWB - 42/42 Acute)	
D. Consent to Treat	9 er's missing consents.	
E. Swing bed Indicators	100%	
F. E-prescribing System	100%	
G. Legibility of Records	100%	
H. Transition of Care	100%	
Dietary		
A.	100%	
B.	A total of 8 temperatures failed to reach benchmark. (82/90)	Employees instructed to perform the manual sanitizing procedure when temperature's don't reach proper benchmark. A mandatory Dietary staff meeting was held on 12/1/2022 training all staff on proper temperature recording and the correct procedure if not reaching benchmarks.

Therapy		
A. Therapy Indicators	100%	
B. Therapy Visits	PT - 122, OT - 109, ST - 4	
C. Standardized Assessment Outcomes	100%	
Human Resources		
A. Compliance	Healthstream will be cancelled in 12/2022, Employees are not able to access healthstream accounts or education as needed for annual requirements	
Registration Services		
Registration Services	86%	Several changes in the dept, several deficits noted, will meet with Laurie to discuss Indicators and make sure they are being addressed correctly
Environmental Services		
A. Terminal Room Cleans	8	
Materials Management		
A. Materials Management Indicators	RECALLS: none BACKORDERS: 22 ORDERS. LATE ORDERS: 0 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	Network outage causing hospital to go into divert status	
Outpatient Services		
A. Outpatient Therapy Services	45 treatments performed/50 planned treatments	
B. Outpatient Wound Services	13	
Contract Services		
Contract Services	none	
Credentialing/New Appointments		
A. Credentialing/New Appointment	Dr. C / Dr. Gibson	
Adjournment		
A. Adjournment	12/15/2022 @ 12:27	Lynda James/Dale Clayton