

### Quality Committee Meeting Minutes

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**Date:** 05/12/2022      **Time:** 11:44      **Recorder:** Denise Jackson      **Reporting Period Discussed:** April 2022

#### Members Present

**Chairperson:** \_\_\_\_\_      **CEO:** Dale Clayton      **Medical Representative:** Dr. Chiaffitelli

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	Claudia	Infection
Pam Esparza	Radiology	Jennifer Dryer	HIM	Kasi Hiley	Bus./RCM Dir		Clinic Manager
Erin Johnson	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	Erin Johnson/Claudia Collard	
<b>Review of Minutes</b>	review/approve April min for March data	Dr C. /Chealsea Church	

#### Review of Committee Meetings

<b>A. EOC/Patient Safety Committee</b>	flooring in med room/nurse break area to be replaced when tile is ordered, replacement of 20 amps has started, glass on west hallway cut and ready for install, provider office flooring needs replaced, replacement of ceiling tiles in patient areas has started		
<b>B. Infection Control Committee</b>	No hospital acquired infections to report for the month. Compliant on PPE and hand washing.		
<b>C. Pharmacy &amp; Therapeutics Committee</b>	59 after hrs access for the reporting period, 12 med errors for the reporting period, no adverse drug reactions for the reporting period	CNO provided education to nursing staff regarding medication errors	
<b>D. HIM/Credentials Committee</b>	Continue to work on process for missing consents, DIA credentialing for the month (multiple changes at DIA)		
<b>E. Utilization Review Committee</b>	tot ER 118, 0 OBS, 15 acute, 11 swing, tot admit 26, tot d/c 22, tot pt days 303, avg daily census 10		
<b>F. Compliance Committee</b>	working on schedule of meetings		

<b>Old Business</b>	Revised Patient Consent for COVID-19 Emergency Use Medications and Treatment Standing Orders: Bebtelovimab Revised COVID-19 Standing Orders Standing Orders: Sotrovimab Rehabilitation Services Policies (Manuel)– see agenda, Claudia Collard New Infection Prevention Nurse	Approved 4/14/2022	
<b>New Business</b>	Survey Round Tool (updated)	Dr. C/ Erin Johnson	
<b>Quality Assurance/Performance Improvement</b>			
<b>Volume &amp; Utilization</b>			
<b>A. Hospital Activity</b>	tot ER 118, 0 OBS, 15 acute, 11 swing, tot admit 26, tot d/c 22, tot pt days 303, avg daily census 10		
<b>B. Blood Utilization</b>	7 units transfused with no issues reported, noted increase in outpatient blood transfusions from clinic		
<b>Care Management</b>			
<b>A. CAH/ER Re-Admits</b>	0 - 30 day readmission	Contiune to educate patients on disease process and progress towards discharge	
<b>B. Discharge Follow Up Phone</b>	7/7 completed on patients d/c home		
<b>C. Patient Discharge Safety</b>	7/7 completed on patients d/c home		
<b>D. IDT Meeting Documentation</b>	0/8 ALL IDT notes audited were incomplete by various departments	new case manager/ccO will talk with staff and encourage staff to complete notes in same day. Dicussed inportance of compliance with note completion	
<b>E. Case Management Assessment</b>	96% (25/26 audited) - CM reports 1 not done due to patient admitted on Friday and d/c on the weekend	No action required.	
<b>Risk Management</b>			

<b>A. Incidents</b>	<p>FALLS; Pt was seen in the ED and released, pt was using appropriate DME upon exit and fell in parking lot, employee was entering building and noted patient post fall. Employee offered a nurse or returning to the ED, pt was adamant that they were okay and did not need any further care x multiple attempts. Pt left in personal vehicle. Employee reported to ER RN and CNO. ER RN called and followed up with patient the next day, patient continues to report that they are okay and do not need any further care. In-patient became weak during transfer and was slid to the ground with nursing assist, no injuries noted/denied any pain with assessment. AMA - 1 inpatient left AMA, pt became very agitated with staff as they preferred a non-safe method of patient care, when staff attempted to educate patient, patient became more agitated and became threatening towards staff. Patient was able to be redirected and calmed for short period of time but returned to agitated and threatening, police were called/patient did sign out AMA and was assisted out of facility by police.</p> <p>Other: 1 pt was given a food that they were allergic to, pt reported to staff and food was removed from pt room</p>	<p>FALLS; monitor for any potential fall risks, offer care when needed. Use appropriate number of staff for all transfers. AMA - staff will continue to provide safe patient care to all MRMC patients and educate patients/family as need. Will continue to monitor for threatening behavior from patients and family/police notification by staff as warrants. OTHER - Process for identification of food allergies in place/tray care system being used, education to dietary staff on monitoring for allergies/nursing staff education on eval of tray prior to delivery to patient will continue to monitor process</p>	
<b>B. Reported Complaints</b>	no complaints for the the month of April		
<b>C. Reported Grievances</b>	no grievances for the the month of April	Grievance from 2/22/22 completed on 3/14/22 with no substantiated findings/final grievance response	

<b>D. Patient Falls Without Injury</b>	2 falls w/o injury for the reporting period; Pt was seen in the ED and released, pt was using appropriate DME upon exit and fell in parking lot, employee was entering buliding and noted patient post fall. Employee offered a nurse or returning to the ED, pt was adamate that they were okay and did not need any futher care x multiple attempts. Pt left in personal vehicle. Employee reported to ER RN and CNO. ER RN called and followed up with patient the next day, patient contiunes to report that they are okay and do not need any futher care. In-patient beame weak during transfer and was slid to the ground with nursing assist, no injuries noted/denied any pain with assessment	monitor for any potential fall risks, offer care when needed. Use appropraite number of staff for all transfers	
<b>E. Patient Falls With Minor Injury</b>	no falls with major injury for the reporting period		
<b>F. Patient Falls With Major</b>	0		
<b>G. Fall Risk Assessment</b>	1		
<b>H. Mortality Rate</b>	3 deaths for the reporting period; 2 inpatient; pt admitted to swing, declined overall. DNR in place, pt expired while in-patient. 1 pt to ed unresponsive extensive health issues/family desires comfort care, admitted for comfort care, expired while inpatient. 1 ER patient; pt brought to ed with CPR in progress, CPR attempts in ED unsuccessful. Pt expired in the ED		
<b>I. Deaths Within 24 Hours of</b>	1 pt to ed unresponsive extensive health	none	
<b>J. OPO Notification/Tissue Donation</b>	inpatient x 2 deaths were not candidate for donation, er death was sent to ME - no donations to	none	
<b>M. EDTC Measures</b>	8/11 complete - 3 chart did not reflect all data was sent to transferring facility (home meds)	will contiune to educate nursing and providers on making sure all elements are in charts as well as documentation to reflect all information sent to receiving facility and monitor for trends	
<b>Nursing</b>			
<b>A. Critical Tests/Labs</b>	41 critical labs / 2154 total labs for the month		
<b>B. Restraints</b>	none in reporting period		

<b>C. RN Assessments</b>	19/20 (95%)		
<b>D. Code Blue</b>	2 code blues for the reporting period		
<b>Emergency Department</b>			
<b>A. ED Log &amp; Visits</b>	118 er visits for the month		
<b>B. MSE</b>	N/A (quarterly data reporting)		
<b>C. EMTALA Form</b>	10 completed		
<b>D. Triage</b>	19/20 (95%)		
<b>E. Triage ESI Accuracy</b>	19/20 (95%)		
<b>F. ED Discharge/ Transfer</b>	19/20 (95%)		
<b>G. ED Readmit</b>	1 re-admit for the reporting period. Pt d/c from er, returned to ED w/I 72 hrs	nursing will continue to educate patients on dx process and anticipated discharge	
<b>H. ED Transfers</b>	11 transfers reported for the month; transferred to higher level of care for; pneumothorax, NSTEMI x 4, Bowel obstruction x 2, EOD, meningioma, acute abdomen (further testing needed), elevated cardiac enzymes/dyspnea		
<b>I. Stroke Management Measures</b>	none in reporting period		
<b>J. Stroke Brain CT Scan</b>	none in reporting period		
<b>K. Suicide Management Measures</b>	1 patients to the ED for SI/SH, evaluation completed by LMHP. Pt transferred to in-pt psych care	Nursing to be educated on documentation expectations for er charts	
<b>L. STEMI Management Measures</b>	none in reporting period		
<b>M. Chest Pain Measures</b>	33%; 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. Also note trend with ekg without time, met with RT director to discuss issue: pt info is being covered by pt sticker	RT director took dates and chart info to meet with and educate RTs on not covering this info with sticker, will continue to monitor over all process. CNO is setting up mock cardiac/stroke with partnering agencies, this may lead to some disconnect with times.	
<b>N. ED Departure</b>	n/a		
<b>Pharmacy &amp; Medication Safety</b>			
<b>A. After Hours Access</b>	59 after hrs access for the reporting period, verified by pharmacy		
<b>B. Adverse Drug Reactions</b>	none in reporting period		

<b>C. Medication Errors</b>	12 for reporting period; 9 x nurse failed to admin meds per orders. 3 x Nurse failed to document administration of meds	CCO re-educated staff members regarding 6 rights of med adminisrtations as well as per P&P NUR-017	Pharm/CCO to monitor
<b>D. Bar Code Scanning</b>	awaiting install of new scanners		
<b>Respiratory Care Services</b>			
<b>A. Ventilator Days</b>	none in reporting period		
<b>B. Ventilator Wean Rate</b>	none in reporting period		
<b>C. Patient Self-Decannulation</b>	none in reporting period		
<b>D. Respiratory Care Equipment</b>	HMEs 0, inner cannulas 0, suction set up 0, neb/masks 27, trach collars 0, vent circuits 0, trach 0, closed suction 0		
<b>Wound Care Services</b>			
<b>A. Development of Pressure Ulcer</b>	none in reporting period		
<b>B. Wound Healing Improvement</b>	10/10 wounds		
<b>C. Wound Care Documentation</b>	100% (4/4 intial assessments and 5/5 d/c assessments)		
<b>Radiology</b>			
<b>A. Radiology Films</b>	10/147 repeated - Clipped anatomy, patient motion.	No action needed.	
<b>B. Imaging</b>	20/ 0 repeated		
<b>C. Radiation Dosimeter Report</b>	6/6 (100%) Reports are received quarterly. All techs withing range.		
<b>Lab</b>			
<b>A. Lab Reports</b>	2/2154 rejected; Qunatity not sufficient/Expired tube sent to LabCorp	Lab Manger Instructed staff to collect more specimen. Instructed team to check all expiration dates in lab.	
<b>B. Blood Culture Contaminants</b>	none in reporting period		
<b>Infection Control &amp; Employee Health</b>			
<b>A. CAUTI's</b>	0/58; none in reporting period		
<b>B. CLABSI'S</b>	0/40; none in reporting period		
<b>C. HA MDROs</b>	0/303 total pt days; none in reporting period		
<b>D. HA C. diff</b>	0/303 total pt days; none in reporting period		
<b>E. Hospital Acquired Infections</b>	0/303 total pt days; none in reporting period		

<b>F. Hand Hygiene/PPE &amp; Isolation Surveillance</b>	90% Hand Hygeine compliance (18/20); 80% Compliance with PPE (16/20). Variation most likely due to increased surveillance and FT IP. Still meets Benchmark of 80%	Continue monitoring staff for adherence to protocols. Just in time teaching to be done when deficit identified.	
<b>H. Patient Vaccinations</b>	1 patient eligible for Pneumonia vaccine; administered in-house.		
<b>I. Ventilator Associated Events</b>	none in reporting period		
<b>J. Employee Health</b>	<ol style="list-style-type: none"> <li>1. 1 fall in employee office resulting in LLE laceration; sutured in ER and RTW.</li> <li>2. 4 cases N/V/D GI illness (1 emp x 2) resulting in 8 missed shifts.</li> <li>3. 1 case Fever/Cough/Sore Throat - Negative Covid and Influenza testing - resulting in 3 missed shifts.</li> <li>4. 1 non-work related injury (knee pain) resulting in 1 missed shift.</li> <li>5. 1 missed shift to care for family member (child).</li> <li>6. 1 W/C case ongoing and pending MRI for further evaluation (to be scheduled).</li> <li>7. 2nd Hepatitis B administered to employee.</li> <li>8. 7 TSTs performed with negative results.</li> <li>9. 11 total days missed due to employee illness/injury.</li> </ol>	<ol style="list-style-type: none"> <li>1. First report to W/C carrier; no further follow up needed. Sutures removed in ER.</li> <li>2. Continue screening of all employees with s/s reportable illnesses for purposes of infection prevention.</li> <li>3. Follow W/C case with respect to pending MRI to determine scheduled date. Continue to work with Stonetrust Adjuster as needed.</li> <li>4. Employee due for 3rd Hepatitis B immunization 10/1/2022; added to log as reminder.</li> <li>5. Continue to administer Tb screens prior to employee start dates with follow up as required.</li> </ol>	
<b>K. Employee COVID 19 Vaccination Indicators</b>	Reporting data tool has been updated, data collection simplified for reporting more accurate numbers. 100 out of total 103 staff with known vaccination status/exemption resulting in 97% compliance.	Continue to obtain vaccine status from incoming new hires. Obtain exemptions as applicable.	
<b>HIM</b>			
<b>A. H&amp;P's</b>	100% (26/26 complete)		
<b>B. Discharge Summaries</b>	100% (22/22 complete) -all complete within allotted time frame		
<b>C. Progress Notes (Swing &amp;</b>	100% (50/50 swb and 35/35 acute)		
<b>D. Consent to Treat</b>	83% (120/145) 25 ER concents missing	We have had several meetings over this. Starting next month, i will be logging whether they are being missed at day time, night time or weekend.	

<b>E. Swing bed Indicators</b>	64% (7/11) There are four Social Histories missing	HIM has emailed Erin Johnson, case manager, and informed her.	
<b>F. E-prescribing System</b>	100% (494/494)		
<b>G. Legibility of Records</b>	100% (145/145)		
<b>H. Transition of Care</b>	100% (7/7)		
<b>Dietary</b>			
<b>A.</b>	100% (180/180)		
<b>B.</b>	100% (180/180)		
<b>Therapy</b>			
<b>A. Therapy Indicators</b>	100% (5/5 discharges and 9/9 with assistive		
<b>B. Therapy Visits</b>	141 visits completed/ 155 planned		
<b>C. Standardized Assessment Outcomes</b>	100% (6/6)		
<b>Human Resources</b>			
<b>A. Compliance</b>	100% (2 new employees)		
<b>Registration Services</b>			
<b>Registration Services</b>	only found a few registration errors registration staying top of getting all info	RCM Manager and Cohesive Director have put processes in place and they are working, registration clerk is using the auditing tool and we are making progress	HIM/RCM Manger/CNO/QM to monitor processes
<b>Environmental Services</b>			
<b>A. Terminal Room Cleans</b>	6/6 completed		
<b>Materials Management</b>			
<b>A. Materials Management Indicators</b>	37 orders for the month - 31 ORDERS ON BACKORDER - 12 late order due to back order	MM following up weekly on back orders	
<b>Plant Operations</b>			
<b>A. Fire Safety Management</b>	100% (24/24)		
<b>B. Transfer Switch Monthly</b>	100% (1/1)		
<b>C. Generator Monthly Checks</b>	100% (1/1)		
<b>Information Technology</b>			
<b>A. IT Indicators</b>	5 IT malfunctions/2 power issues/50 other - implementing web client	slowly introducing web client to people	
<b>Outpatient Services</b>			



<b>A. Outpatient Therapy Services</b>	30 out patient sessions preformed for the month		
<b>B. Outpatient Wound Services</b>	9 outpatient wound services for the month		
<b>Contract Services</b>			
<b>Contract Services</b>	N/A		
<b>Credentialing/New Appointments</b>			
<b>A. Credentialing/New Appointment Updates</b>	Multiple DIA provider changes to go through Med Staff this month		
<b>Adjournment</b>			
<b>A. Adjournment</b>	05/12/2022 at 11:54	Dr. C/ Erin Johnson	