

Quality Committee Meeting Minutes

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Date: 06/16/2022 **Time:** 12:01 **Recorder:** Denise Jackson **Reporting Period Discussed:** May 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
Caitlin	Dietary	Daniel Coffin	CCO	Kaye Hamilton	Credentialing	Claudia Collard
Pam Esparza	Radiology	Jennifer Dryer	HIM	Kasi Hiley	Bus./RCM Dir	Brittany W.
Chasity Howell/Erin Johnson (phone)	Case Management	Shelly Bowman	HR	Chealsea Church	Pharamcy	Lynda James

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

Review of Committee Meetings		
A. EOC/Patient Safety Committee	replacement started for damaged ceiling due to electric repairs, nurse call malfunction in rm 23 due to water leak, broken pipe in boiler room 6/12/22 - fixed	
B. Infection Control Committee	no hospital aquired infections to report for the the month	
C. Pharmacy & Therapeutics Committee	\$10957 for the month with \$5600 in high cost meds. IVP xanax/lasix/ ct contrast shortage	ordering contract whenever possible, will monitor current stock closely
D. HIM/Credentials Committee	Jeff Phillips PA - recredentailing for the month. Work continues on sorting old medical records in storage	
E. Utilization Review Committee	tot ER 144, 0 OBS, 13 acute, 13 swing, tot admit 26, tot d/c 26, tot pt days 320, avg daily census 10	
F. Compliance Committee	working on schedule of meetings	
Old Business	Surevy Round Tool (updated)	Approved in May 2022

New Business	Dietary Manuel: <ul style="list-style-type: none"> •Food & Nutrition Services Table of Contents •Introduction of Philosophy & Standards •General Employee Information •Sanitation Schedules •Infection Control for Food & Nutrition Services •Fire & Prevention for Food & Nutrition Services •Pest Control & Prevention for Food & Nutrition Services •Dish Care: Dish Machine and Manual Warewashing •Food Handling & Kitchen Safety •General Storage •Food from Outside Sources •Nourishment Room •Accepting Food Deliveries •Mealtimes & Guest Trays •Menu & Recipes •Diet Orders •Nutritional (oral) Supplementation •Emergency Operation Plan •Nutrition Assessment & Documentation •Authorization of Nutrition Order Writing •Nutrition Screening Process •Contracted Meal Service (Seiling only) •Competency Based Orientation •Daily Cleaning Schedule •Weekly Cleaning Schedule •Dish Machine Temperature & Sanitizer Log •Sanitizer Bucket Test Strip •Food Temperature Log •Refrigerator Temperature Log 	
Quality Assurance/Performance Improvement		
Volume & Utilization		
A. Hospital Activity	tot ER 144, 0 OBS, 13 acute, 13 swing, tot admit 26, tot d/c 26, tot pt days 320, avg daily census 10	
B. Blood Utilization	6 units ordered and administered without issue	
Care Management		

A. CAH/ER Re-Admits	4 - 1) readmit after surgery at Jackson County Memorial Hospital 2) readmit after being admitted to Saint Anthony's hospital by Dr. Morgan 3) readmit after being sent to Integris Canadian valley for G.I. bleed. 4) readmit after surgery at Great Plains regional Medical Center	Continue to educate patient and family on dx/dx processes as need. CM to continue to provide resources as needed for patient d/c home
B. Discharge Follow Up Phone Calls	10/13 - 3 patients left AMA	
C. Patient Discharge Safety Checklist	10/13 - 3 patients left AMA	
D. IDT Meeting Documentation	8/10 - various dept are not completing IDT note for IDT. CM to provide education.	
E. Case Management Assessment	100% - (26/26)	
Risk Management		

<p>A. Incidents</p>	<p>AMA - 3 ER pt - 1) pt to ed for vomiting, provider wanted to admit due to dx in er, however pt was not local and desired to return to home state for further treatment. risks/benefits explained/ama signed 2) pt to ed for rever/dyspnea. Evluation shows sepsis, pt was agreeable to treatment in the er initially. pt had episodic of anxiety while in the ed, staff was able to clam/redirect pt. pt became very anxious wanting to leave, staff made aware that current treatment had about 30 min left, pt agreeable to completeing IV treatment but signed ama and would not stay for further care. risks/benefits explained 3) pt to ed for ha/dizziness. pt has been seen by multiple medical facilities over the past 2 weeks approx, reports that since being home symptoms have not improved.all appropriate testing/assements done while in the ed, pt cleared for d/c. family desired additional treatment/testing/admintance despite negative diagnostic results/lack of symptoms for qualifing hospital admit. Provider provided edication to family and pt multiple times, however family became upset and demanded ama/pt agreeadble with ama, ama signed, risks/benefits discussed; 3 IN-PT AMA - 1.) pt admitted for opoid toxicity, pt began demanding that all benzos/opoids be resumed, provider explained current dx and agreed to resume pm dose of zyprexa only. pt begame very upset the next day demanding all meds be resumed, provider again explained dx. pt demanded that meds be resumed or they would leave, provider did not resume meds/pt signed out ama. risks/benefits explained. 2.) pt admitted for codp,</p>	<p>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, staff will contiune to provide safe patient care to all MRMC patients and educate patients/family as need.</p>
<p>B. Reported Complaints</p>	<p>0</p>	
<p>C. Reported Grievances</p>	<p>0</p>	
<p>D. Patient Falls Without Injury</p>	<p>3</p>	

E. Patient Falls With Minor Injury	none	
F. Patient Falls With Major Injury	0	
G. Fall Risk Assessment	3	
H. Mortality Rate	none	
I. Deaths Within 24 Hours of Admit	none	
J. OPO Notification/Tissue Donation	none	
M. EDTC Measures	78% (7/9)	
Nursing		
A. Critical Tests/Labs	100% (37/37)	
B. Restraints	none	
C. RN Assessments	95% (19/20)	
D. Code Blue	none	
Emergency Department		
A. ED Log & Visits	144	
B. MSE	n/a	
C. EMTALA Form	9	
D. Triage	95%	
E. Triage ESI Accuracy	90%	
F. ED Discharge/ Transfer Nursing	95%	
G. ED Readmit	0	
H. ED Transfers	9 - transferred to higher level of care for; cardiac syncope d/t severe tachycardia, si/sh x 2, plureal effusion/anasrca, femer fx, dm uncontrolled (requiring ICU), acute chole., hip fx, acute appendicitis	Dr. C would like these cases followed, look for oppertunites to bring pts back to MRMC for skilled services when possible. CM will monitor and follow up with these pts and recieving hospitals (CNO sent email to CM during meeting in regards to this plan) QM will assist CM when needed. Will monitor to see if readmits increase, follow up in 30 and 60 days
I. Stroke Management Measures	0	
J. Stroke Brain CT Scan	0	
K. Suicide Management Measures	2 pts to the er for psych issues, 2 pt transferred for in-pt treatment per LMPH evaluation/recommendations	

L. STEMI Management Measures	100%	some delay due to difficulty finding accepting hospital,
M. Chest Pain Measures	7/9 ECG w/I 5 minutes = 78%; 4/9 = 44% chest xray w/I 30 min - Noted delay in testing with non-typical chest pain. Delay in chest x-ray noted with no pattern	Times on EKG improved greatly with meetings between QM/CNO/RT director, RT director has educated staff on proper time and date stamp on EKG as well as quick response time. Will meet with Rad director to discuss times and monitor for trends in delay of chest xray, may need to provide re-education to all staff on chest pain protocol, including providers
N. ED Departure	x	
Pharmacy & Medication Safety		
A. After Hours Access	95 - 18 times for medications not stocked in MedDispense; and 3 times for no reason when medications were in MedDispense	
B. Adverse Drug Reactions	none	
C. Medication Errors	1 - enema administered but not documented as given	
D. Bar Code Scanning	awaiting install of new scanners	
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 21, trach collars 0, vent circuits 0, trach 0, closed suction 0	
Wound Care Services		
A. Development of Pressure Ulcer	none	
B. Wound Healing Improvement	2 wounds	
C. Wound Care Documentation	100%	
Radiology		
A. Radiology Films	156 / 12 repeated due to clipped anatomy/patient motion	The patient was moved to acquire all the anatomy, patient was asked to hold still
B. Imaging	22 / 0 repeated	
C. Radiation Dosimeter Report	6	
Lab		
A. Lab Reports	2459 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	0	
F. Hand Hygiene/PPE & Isolation Surveillance	90% (20/22)- patients in isolation 22, total isolation days 87	1. Continue monitoring staff for adherence to protocols. 2. Provide Just In Time teaching to be done when deficit identified.
H. Patient Vaccinations	Out of flu season, no eligible patients for pneumonia	
I. Ventilator Associated Events	0	
J. Employee Health	1. No new events/injuries; 1 ongoing W/C case. 2. 2 employees with GI s/s of N/V/D resulting in 2 missed shifts. 3. 4 N95 Fit tests performed.	
K. Employee COVID 19 Vaccination Indicators	COVID vaccine status - 100%	
HIM		
A. H&P's	100% (26/26)	
B. Discharge Summaries	100% (27/27)	now complete, delayed due to providers out, 1 missed
C. Progress Notes (Swing & Acute)	100% (20/20 SWB - 30/30 Acute)	
D. Consent to Treat	96% (163/170) 7 er concents missing; HIM is	
E. Swing bed Indicators	54% (7/13) - 6 social hx missing, New CM is aware, education has been provided both locally and from Corporate on correct procedure for completion of social hx	
F. E-prescribing System	100%	
G. Legibility of Records	100%	
H. Transition of Care	100%	
Dietary		

A.	0% (0/93) - Wash temperature must be at least 165 degrees F per Chapter 257. Manufacturer directions state wash temperature minimum is at least 150 degrees F which that was only met 17/93 times. All other temperatures were noted as <150 degrees F. Corrective action - reported to QM, met with manufacture company, revisited state regs.	Dietician will monitor temps/recording process close, contiune to educate staff as needed.
B.	97% - (90/93) three values were missing, education provided to current employees by Corperate Supervisor	Dietician will monitor temps/recording process close, contiune to educate staff as needed.
Therapy		
A. Therapy Indicators	100%	
B. Therapy Visits	PT - 165, OT - 115, ST - 0	
C. Standardized Assessment Outcomes	90% (9/10) 1 pt discharged not a PLOF due to requiring a higher level of care	
Human Resources		
A. Compliance	1 employee hired w/o PALS/ACLS, given time frame for completion. Met goal and is now certified	
Registration Services		
Registration Services	Noted a few regristration errors for the month, corrected when possible	
Environmental Services		
A. Terminal Room Cleans	7	
Materials Management		
A. Materials Management Indicators	33 orders for the month - 21 ORDERS ON BACKORDER, 1 late order from vendor, 1 recall (JIF peanut butter products; products destroyed)	
Plant Operations		
A. Fire Safety Management	100%	
B. Transfer Switch Monthly Checks	100%	
C. Generator Monthly Checks	100%	
Information Technology		
A. IT Indicators	3 malfunctions/ 3 power failure/ 30 other - outages due to storm	
Outpatient Services		

A. Outpatient Therapy Services	37 treatments preformed/46 planned treatments	
B. Outpatient Wound Services	15	
Contract Services		
Contract Services	none	
Credentialing/New Appointments		
A. Credentialing/New Appointment	Jeff Phillips PA - reccredentialing	
Adjournment		
A. Adjournment	06/16/2022 @ 12:11	Dale Clayton/Lynda James