

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 other than intended recipients is strictly prohibited.

Date: 11/10/2022 **Time:** 12:57 **Recorder:** Denise Jackson **Reporting Period Discussed:** Oct. 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	
Chasity Howell	Case Management	Shelly Bowman	HR	Chealsea Church	Pharamcy	Lynda James

TOPIC	FINDINGS/CONCLUSIONS	ACTIONS/RECOMMENDATIONS
Call to Order	first/second	Dr C/Kaye Hamilton
Review of Minutes	review/approve Sept min for October	Chasity Howell/Daniel Coffin

Review of Committee Meetings

A. EOC/Patient Safety Committee	A--FLOORING IN NURSES BREAK AREA AND MED PREP ROOM NEEDING REPLACED----RESCHEDULED----ADDITIONAL TILE WILL NEED TO BE ORDERED. B--15 AMP RECEPTICLES--ALL 15 AMP RECEPTICLES WILL BE REPLACED WITH 20 AMP RECEPTICLES THROUGHOUT. C--REPLACE ALL RECEPTACLES ON GENERATOR CIRCUIT AT CLINIC WITH RED RECEPTACLES HOSPITAL--REPLACEMENT HAS STARTED. D--ER PROVIDER OFFICE FLOORING NEEDING REPLACED. E--DAMAGED CEILING TILE IN PATIENT AREA DUE TO ELECTRICAL UPGRADE--REPLACEMENT STARTED. F--REPLACE CEILING TILE THAT DO NOT FIT PROPERLY---WILL NEED MORE TILE TO COMPLETE. G--NORTH WALL IN NURSES BREAKROOM IN NEED OF REPAIR. H--CLEAN LIGHT FIXTURES IN PATIENT AREA--STARTED 9-12-2022--COMPLETE 9-14-2022	
B. Infection Control Committee	No HAI for the month, contiuning with IP PIP	

C. Pharmacy & Therapeutics Committee	Next P&T in Dec - providers and staff being made aware of shortage of Amoxicillin and Augmentin	
D. HIM/Credentials Committee	Credentialing for the month; Sara McDade and Mary Barnes	
E. Utilization Review Committee	tot ER 139, 0 OBS, 12 acute, 8 swing, tot admit 20, tot d/c 19, tot pt days 260, avg daily census 8	
F. Compliance Committee	working on schedule of meetings	
Old Business	Environmental Services Policy and Procedure Manual; •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; •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	approved in october

New Business	none	
Quality Assurance/Performance Improvement		
Volume & Utilization		
A. Hospital Activity	tot ER 139, 0 OBS, 12 acute, 8 swing, tot admit 20, tot d/c 19, tot pt days 260, avg daily census 8	
B. Blood Utilization	13 units administered with no adverse reactions	
Care Management		
A. CAH/ER Re-Admits	1) Patient admitted with dx: Peripheral Edema and readmitted with dx: Acute Exacerbation COPD; 2) Patient was discharged with dx: Debility, UTI and readmitted with dx: Fall, UTI. 3) Patient discharged with dx: Hypokalemia and readmitted with dx: N/V	
B. Discharge Follow Up Phone Calls	11/11 - 100%	
C. Patient Discharge Safety Checklist	11/11 - 100%	
D. IDT Meeting Documentation	1/9 - One chart was completed out of the 9 discharge charts for this month. Unfortunately, CM was out ill at home and did not receive laptop until IDT was over and no notes available d/t unable to attend meeting. Therapy did not document on 10/06/22 for any patients that were in-house on IDT day.	CM will continue to email supervisors when notes are not complete
E. Case Management Assessment	8/9- 89% More discharges than admissions for this month (8 admissions in October and 9 discharges)	
Risk Management		
A. Incidents	AMA - 1 pt to the ED for reported episode of unresponsiveness. While in the ER, pt became upset with questioning by provider for assessment. Pt left AMA, AMA signed	AMA - all ama pt had risks/benefits presented at time of ama, encouraged to return to ed as needed, discharge education will continue 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, reports they slid down to the floor while transferring. No injuries noted. Precautions in place prior to fall	

E. Patient Falls With Minor Injury	Pt was being transferred via shower chair out of the shower room, wheel caught flooring and patient fell forward out of the chair. Reported hitting head and recent orthopedic surgical site was noted to no longer have staples in place. Pt was assessed and transferred to w/c, LOC normal. On site provider evaluated patient post fall as well as nurse. Provider contacted ortho with orders to transfer to ortho's hospital for evaluation of site post fall	Pt out to ortho for eval post fall, maintenance notified with urgent request for repair
F. Patient Falls With Major Injury	none	
G. Fall Risk Assessment	2	
H. Mortality Rate	1 pt to the ER with resp distress. Pt with extensive resp and cardiac disease. Admitted to in-pt for stabilization and treatment, symptoms worsened after admit. Difficulty with transfer due to transportation. Pt continued to decline, ACLS protocols were initiated yet unsuccessful, pt expired while in-pt. 1 swb pt, pt with noted sudden drop in HR on cardiac monitor, nursing to room pt found to be unresponsive. Provider notified, pt dnr. Pt expired.	
I. Deaths Within 24 Hours of Admit	1	
J. OPO Notification/Tissue Donation	2	
M. EDTC Measures	3/5; 3 charts lacked documentation supporting specific items sent to accepting facility	education provided to nurses of required documentation for transfers
Nursing		
A. Critical Tests/Labs	38/38- 100%	
B. Restraints	none	
C. RN Assessments	19/20 - 95%	
D. Code Blue	1 - 1 pt to the ER with resp distress. Pt with extensive resp and cardiac disease. Admitted to in-pt for stabilization and treatment, symptoms worsened after admit. Difficulty with transfer due to transportation. Pt continued to decline, ACLS protocols were initiated yet unsuccessful, pt expired while in-pt.	

Emergency Department		
A. ED Log & Visits	139	
B. MSE	n/a	
C. EMTALA Form	5	
D. Triage	19/20	
E. Triage ESI Accuracy	9/10	
F. ED Discharge/ Transfer Nursing	19/20 - 95%	
G. ED Readmit	2 pt readmitted	
H. ED Transfers	Transferred to higher level of care; 1 pt transferred to in-pt psych for hallucinations, 1 pt transferred to in-pt psych for SI, 1 pt transferred to cardiology for NSTEMI, 1 pt transferred to cardiology/critical care services for STEMI and 1 pt transferred to ICU care for severe sepsis with MODS	
I. Stroke Management Measures	0	
J. Stroke Brain CT Scan	0	
K. Suicide Management Measures	2	
L. STEMI Management Measures	1 pt to the er unresponsive, pt nor family were able to give any hx as to events prior to unresponsiveness. Complete work up done to include stroke, potential OD and stemi, pt dx with stemi. No fibrolytics given due to concern with potential stroke and risk of bleeding. Pt in the er greater than 6 hrs, difficulty with accepting hospitals and limited transportation.	
M. Chest Pain Measures	EKG/Xray 40% - 1 ekg used old machine, it does not keep accurate date/time. Unable to determine exact time of EKG. 1 ekg was greater than 5 min, RT potentially providing care to other pt. 3 chest xrays greater than 30 mins, all noted to be during after hour on-call time	findings presented to RT/Rad directors and CCO for internal dept 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	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	(1) 3 times nurse omitted dose insulin x 1 , proboitic x 1 and lisinopril x 1 (2) 2 times nurse failed to document IV fluids (NS) (3) 1 time nurse failed to verify order for 1 x dose of ativan (4) 2 times nurse failed to prepare medication properly - clinimix	
Wound Care Services		
A. Development of Pressure Ulcer	none	
B. Wound Healing Improvement	benchmark met	
C. Wound Care Documentation	100%	
Radiology		
A. Radiology Films	96/3 repeated due to Necklace on patient. Did not have the joint opened up all the way on a oblique L-spine.	
B. Imaging	25 / 0 repeated	
C. Radiation Dosimeter Report	5	
Lab		
A. Lab Reports	1826 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	0	
F. Hand Hygiene/PPE & Isolation Surveillance	100% (20/20) HH: 90% PPE (18/20) - IP continues to monitor compliance with HH/PPE. PIP in place.	

H. Patient Vaccinations	1 pneumonia vaccine / 13 flu vaccines	
I. Ventilator Associated Events	0	
J. Employee Health	1. Employee Events/Injuries: 1 needlestick injury, 1 ongoing work comp case. 2. Employee Health: 50 influenza vaccines administered to staff; 1 N95 Fit tests done on new hire, 1 TB questionnaire, 1 TB test. 1 Hepatitis vaccine given (3/3). 3. Employee Illness: 1 URI, 2 Headache/body aches. 4. Total Number of Missed Work Days: 8	
K. Employee COVID 19 Vaccination Indicators	COVID vaccine status - 100%	
HIM		
A. H&P's	20/20 - 100%	
B. Discharge Summaries	20 /20 - 100%	
C. Progress Notes (Swing & Acute)	100% (39/39 SWB - 26/26 Acute)	
D. Consent to Treat	14 er's missing consents.	HIM to resume email of missing consents
E. Swing bed Indicators	100%	
F. E-prescribing System	100%	
G. Legibility of Records	99%, 1 document illegable, rescanned for better image	
H. Transition of Care	100%	
Dietary		
A.	99% (92/93) - one wash temp was 149 on 10-16-22	
B.	99% - 92/93, on 10-13-22 the dish machine was not working, on 10-10-22 one temp was under 180	
Therapy		
A. Therapy Indicators	100%	
B. Therapy Visits	PT - 129, OT - 114, ST - 1	
C. Standardized Assessment Outcomes	78% (7/9) - 2 patient not discharged at PLOF; 1 patient passed away, 1 patient transferred to another facility for surgical procedure.	

Human Resources		
A. Compliance	Hired 1RN, 1CNA, 1RT, 1RT Manager	
Registration Services		
Registration Services	79%	
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	2 equipment malfunctions, 1 interface issue, 1 server outage, 42 other issues for the month.	
Outpatient Services		
A. Outpatient Therapy Services	29 treatments preformed/30 planned treatments	
B. Outpatient Wound Services	12	
Contract Services		
Contract Services	none	
Credentialing/New Appointments		
A. Credentialing/New Appointment	Sara McDade, Mary Barnes	
Adjournment		
A. Adjournment	11/10/2022 @ 1307	Dr C/ Chasity Howell