

Quality Committee Meeting Minutes

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Date: 01/12/2023 **Time:** 1335 **Recorder:** Denise Jackson **Reporting Period Discussed:** Dec. 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
Pam Esparza	Radiology	Jennifer Dryer	HIM		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/Chasity Howell
Review of Minutes	review/approve Nov min for Dec	Dr. C / Mary Barnes

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, flooring picked up today	
B. Infection Control Committee	3 HAI's for Dec	
C. Pharmacy & Therapeutics Committee	Quarterly Meetings	
D. HIM/Credentials Committee	DIA/ Heart Land providers to be credentialed/re-credentialed	
E. Utilization Review Committee	tot ER 209, 0 OBS, 16 acute, 6 swing, tot admit 22, tot d/c 17, tot pt days 281, avg daily census 9.1	
F. Compliance Committee	working on schedule of meetings	
Old Business	Telemetry and Pulse Oximetry Monitoring Policy Remote Telemetry Monitoring Units Sign in/Sign Out Log	
New Business	Life Safety Policy Manuel, Materials Management Policy Manuel	Dr. C/ Claudia Collard - approved

Quality Assurance/Performance Improvement
Volume & Utilization

A. Hospital Activity	tot ER 209, 0 OBS, 16 acute, 6 swing, tot admit 22, tot d/c 17, tot pt days 281, avg daily census 9.1	
B. Blood Utilization	2 units administered with no adverse reactions	
Care Management		
A. CAH/ER Re-Admits	2 - 1) Patient admitted with COVID Pneumonia and readmitted with dx: SARS-CoV-2, Room Air Hypoxia, Mild Hypokalemia. 2) Patient admitted to acute and was transported to higher level of care/cardiac services for outpatient testing for upcoming procedure and was admitted d/t abnormal labs. Patient readmitted when testing completed and normal lab values	
B. Discharge Follow Up Phone Calls	10/10 - 100%	
C. Patient Discharge Safety Checklist	10/10 - 100%	
D. IDT Meeting Documentation	1/6 - 6 charts with 1 completed fully on date of IDT meeting; Dietary, Therapy, RT, Nursing and IC did not complete sections in the other 5 charts. All supervisors notified.	
E. Case Management Assessment	6/6 - 100%	
Risk Management		

A. Incidents	ER 1.) Pt to the er for c/o weakness, assessed and testing preformed. Pt recieved phone call and began upset wanting to leave, risks/benefits discussed with patient. Provider gave script for outpt therapy. AMA signed. 2.) Pt to er for c/o weakness, assessed when pt was advised that ER was not able to prescribe requested medications, pt became upset and wanted to leave. risks/benefits discussed, AMA singed. 3.) Pt to er with c/o N/V, pt offered testing and refused, pt was educated that ER was not able to prescribed requested medications and a follow up with PCP was recommended. Pt became upset and wanted to leave, AMA signed. Risks and benefits discussed. IN-pt AMA 1.) Pt admitted in-pt for respiratory dx, pt wanted to smoke, advised that they are not able to smoke in the facility/or grounds. Pt became upset and requested AMA to be able to go home and smoke when they wanted. Risks/benefits explained, ama signed.	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	1.) ER patient assisted to restroom by nurse, when ambulating back, pt indepentently dropped self down to knees then laid over on the floor and began having jerking like motions. Assessed by nurse with no injury noted/reported, provider aware of incident with no new orders. Pt was able to stand and ambulate back to the bed without issue. 2.) ER patient assisted to the restroom by nurse, when pt was transfering self from the toliet to standing poisiton, pt lunged forward into the wall. No injury noted or reported. Pt was able to ambulate back to the bed without issue, provider aware of incident.	Staff will contiune to assist pts when needed and use all safety precautions with transfers as needed per patient
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	6/17 - 6 charts do not have documentation supporting that ER visit information was sent to the accepting facility	Read and sign education has been presented to the nursing staff for expectations of transfer documentation to include the specific documents sent with each transfer
Nursing		
A. Critical Tests/Labs	53/53- 100%	
B. Restraints	none	
C. RN Assessments	20/20 - 100%	
D. Code Blue	1 pt to the ER with CPR in progress, recusatation attempts were unsuccessful, pt expired	
Emergency Department		
A. ED Log & Visits	209	
B. MSE	207/210-99% (3 AMA)	
C. EMTALA Form	17	
D. Triage	1	
E. Triage ESI Accuracy	19/20 -95%	
F. ED Discharge/ Transfer Nursing	20/20 - 100%	
G. ED Readmit	3 pt readmitted	

H. ED Transfers	Transferred to a higher level of care for: 1)COVID+/Co-morbidities - treatment/care not available at MRMC (ICU) 2)Acute Resp Distress - ICU/Cardiology 3)NSTEMI - Cardiology 4)Resp Failure - ICU 5)Stroke - Neurology 6)EOD/SI - IN-pt Psych 7)NSTEMI - Cardiology 8)Seizure - Neurology 9)NSTEMI - Cardiology 10)NSTEMI - Cardiology 11)Disorder of preg/testing not available at MRMC - OBGYN 12) Asthenia - Neurology/Cardiology/ICU 13)Stroke - Neurology 14)Injury to muscle - Trauma/Surgical Services 15)Subarachnoid Hemorrhage - Neurosurgery 16)DKA - PICU 17)Repetitive speech/aphasia - further testing not available at MRMC/Neurology	
I. Stroke Management Measures	2 strokes for the reporting period; 1.) 1 pt to the er for stroke like symptoms. LKWT unknown. pt door to transfer time 46 min. 2.) 1 pt to the er for HA/stroke like symptoms. LKWT unknown. Stroke center contacted 22 min after patient arrival, airvac arrival 1hr 9 min after patient arrival. Pt door to transfer time 2 hrs 4 min. Provider contacted 3 stroke centers before patient was accepted for a stroke bed and airvac was able to transfer	
J. Stroke Brain CT Scan	2 for the reporting period - On both stroke patients in the reporting period, there was no way to determine the last known well. Neither patient or family was able to report a last known well. Both patients had CT preformed upon arrival to ER	
K. Suicide Management Measures	1 pt to the ED for in-pt psych needs for EOD due to SI	
L. STEMI Management Measures	no STEMI for the reporting periodno STEMI for the reporting period	

M. Chest Pain Measures	EKG - 1 ekg was completed in 11 mins, 1 ekg the order appears to have been discontinued by the provider. Xray - 1 canceled per provider, 1 xray does show completed until 1hr 40 min after pt arrival/weekday during working hours, 1 xray was completed in 33 min	
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	5 - 1) 2 times nurses failed to administer houes supplements, 2) 2 times nurses failed to document administration of ointment. 30 3 times nurse failed to document IV fluid administration. 3) 1 Nurse administered wrong dose	
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 - 0, Nebs&Masks - 19, 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	3/90 - artifact on exam/pt motion	
B. Imaging	26 /0 repeated	
C. Radiation Dosimeter Report	5	
Lab		
A. Lab Reports	2337 labs for the reporting period	
B. Blood Culture Contaminants	1 for the reporting period	
Infection Control & Employee Health		

A. CAUTI's	1 - Urine culture positive for Enterococcus faecalis dated 12/19. PT incont with cath in place. Treated with IV ABT	
B. CLABSI'S	0	
C. HA MDROs	0	
D. HA C. diff	0	
E. Hospital Acquired Infections By Source	3 x HAIs in December - one inpatient positive for SARS-CoV-2 infection, testing initiated after symptoms of temperature elevation/not feeling well. One pt with Non-Cauti, testing for c/o pain to lower quad. Urine culture positive for proteus mirabilis. treated with IV ABT. one inpatient with urine culture positive for Enterococcus faecalis dated 12/19. PT incont with cath in place. Treated with IV ABT	q
F. Hand Hygiene/PPE & Isolation Surveillance	1. 100% overall hand hygiene compliance for Dec. (15/15 observations). 2. 88% overall PPE compliance for Dec. (14/16 observations).	
H. Patient Vaccinations	1 pneumonia vaccine / 0 flu vaccines	
I. Ventilator Associated Events	0	
J. Employee Health	1. Employee Events/Injuries: None. No Work Comp Cases. 2. Employee Health: 0 influenza vaccines; 2 declinations (previously received at outside facility this season). 2 Covid declinations from new employees. 2 N95 Fit tests done on new employees; 2 done on agency staff; 1 Hepatitis vaccine (series completed), 2 TB questionnaire, 0 TB tests performed. 3. Employee Illness: 6 x URI, 2 x Influenza A, 7 x COVID-19. 4. Total Number of Missed Work Days/shifts: 48.	
K. Employee COVID 19 Vaccination Indicators	COVID vaccine status - 100%	
HIM		

A. H&P's	24/24 - 100%	
B. Discharge Summaries	19/19 - 100%	
C. Progress Notes (Swing & Acute)	51/51 SWB (100%) - 40/41 Acute(98%) one acute missing a progress note, in provider's box for completion	
D. Consent to Treat	6 er's missing consents.	
E. Swing bed Indicators	100%	
F. E-prescribing System	100%	
G. Legibility of Records	99% - initial scan was not ledgible, rescanned for better ledgibility	
H. Transition of Care	100%	
Dietary		
A.	100%	
B.	100%	
Therapy		
A. Therapy Indicators	100%	
B. Therapy Visits	PT - 133, OT - 123, ST - 1	
C. Standardized Assessment Outcomes	50% - 1 patient did not return from appointment, unexpectidely discharging from this facility. 1 patient discharged for surgical procedure. 1 patient transferred to higher level of care.	
Human Resources		
A. Compliance	Healthstream cancelled on 12/2/2022 - Carelearning Contract Approved. Employee information in process of being set up on Carelearning, first departmental education to be sent to employees set for January 25th.	
Registration Services		
Registration Services	84% - nights and weekends are noted to contiune to be issues with regristration process	Lead Bus. Specialist monitoring daily and emailing CNO/QM
Environmental Services		
A. Terminal Room Cleans	8	
Materials Management		

A. Materials Management Indicators	BACKORDERS: 15 ORDERS, 23 ITEMS. LATE ORDERS: 10 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, new server quest put in	
Outpatient Services		
A. Outpatient Therapy Services	49 treatments preformed/54 planned treatments	
B. Outpatient Wound Services	8	
Contract Services		
Contract Services	none	
Credentialing/New Appointments		
A. Credentialing/New Appointment Updates	DIA/ Heart Land providers to be credentialed/re-credentialed	
Adjournment		
A. Adjournment	01/12/2023@1348	Dr C/ Mary Barnes