

Name of Facility Quality Committee Meeting Minutes													
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Date: 08/12/2021	Time: 12:56	Recorder: Denise Jackson		Reporting Period Discussed: July 2021									
Members Present													
Chairperson:		CEO: Dale Clayton - not present		Medical Representative: Dr. Chiaffitelli									
Name	Title	Name	Title	Name	Title	Name	Title						
	Respiratory	Josey Kenmore	Materials Management	Amber Jackson - not	Clinic Manager		Lab Manager						
Sarah Dillahunty	Dietary	Daniel Coffin	CCO	Kaye Hamilton	Credentialing	Karli Bowles - not	Infection						
Matt Moran	IT	Pamela Esparza	Radiology Manager	Jennifer Dreyer	HIM	Kasi Hillley	Business/RCM Director						
Chasity Howell	CM			Chealsea Church	Pharamcy								
TOPIC	FINDINGS/CONCLUSIONS			ACTIONS/RECOMMENDATIONS			FOLLOW-UP						
Call to Order	Sarah Dillahunty/Chealsea Church			1st/2nd approval									
Review of Minutes	Approve minutes for June			approved Sarah Dillahunty/Lynda James			no concerns						
Review of Committee Meetings													
A. EOC/Patient Safety Committee	Meeting 8/10 - flooring updates in med room/nurses area, peg boards ordered, kitchen has ceiling tiles with cracks, working on replacing the												
B. Infection Control Committee	No CLABSI, CAUDIA, HAI. 100% hand hygiene.												
C. Pharmacy & Therapeutics Committee	meeting 8/5 - high cost meds for the month; inhalers												
D. HIM/Credentials Committee	meeting 8/4 - continue to work on an audit process for the charts to make sure all consents get signed, credentialing is working on 3 for the med staff; Jeff Brand, Juliana Lowell and Brett Grobman												
E. Utilization Review Committee	inpt; acute care admits - 21, swb - 7, acute discharges 13, total acute days 67, total admits swb; admits - 8, discharged - 8, total medicare days 310,												
F. Compliance Committee	quarterly meetings in Aug/Dec			working on scheduling Aug meeting									
Old Business	OBI contract renewal and BKD engagement form/Policies revised: sepsis,												
New Business	policy revisions - Life Safety; generator/HVAC/med gas/EES2,												
Quality Assurance/Performance Improvement													
Volume & Utilization													
A. Hospital Activity	144 er, 21 acute pt, 8 swing, 29 total admits, 388 total pt days, average												
B. Blood Utilization	4 units/3 patients, no infusion reactions												
Care Management													
A. CAH/ER Re-Admits	1												

B. Acute Transfers	5 for higher level of care		
D. Discharge Follow-Up Phone Calls	17		
E. Patient Discharge Safety Checklist	17		
Risk Management			
A. Incidents	4 ama/3 lwbs, 1 ama was a repeat pt who reports they are not able to be	monitor	
B. Reported Complaints	2 - pt c/o staff being rude/1 c/o long wait time	followed up with staff regarding pt communications, attempted to verify wait time/technical issues with surveillance so we will continue to monitor	
C. Reported Grievances	0		
D. Patient Falls Without Injury	6 - multiple transfers w/o assist, 1 reported fall, 1 therapy assisted to floor after weakness reported	continue to educate pts on calling for assist with all transfers, staff educated on safe transfers	
E. Patient Falls With Minor Injury	0		
F. Patient Falls With Major Injury	0		
G. Mortality Rate	3 - 2 er/1 in-pt		
H. Deaths Within 24 Hours of Admit	1 in-pt		
I. OPO Notification/Tissue Donation	3		
Nursing			
A. Critical Tests/Labs	28		
B. Restraints	2 - 1 chemical per documentation/1 due to pt intubation	physicians need to document on symptom management when appropriate	
C. RN Assessments	20		
D. Code Blue	2		
Emergency Department			
A. ER Log & Visits	146 pts		
B. MSE	20		
C. Provider ER Response Time	20		
D. ED RN Assessment (Initial)	20		
E. ED Readmissions	utd	working with cpsi to get this report	
F. EMTALA Transfer Form	5		
G. ED Transfers	5 - higher level of care required for		

H. Stroke Care	1		
I. Suicide Management	2		
J. Triage	167		
K. Stemi Care	0		
L. ED Nursing Assessment (Discharge/Transfer)	20		
Pharmacy & Medication Safety			
A. Pharmacy Utilization	\$18,628		
B. After Hours Access	99		
C. Adverse Drug Reactions	1 - pt had reaction (rash) to cipro		
D. Medication Errors	8 - documentation of med given/med was not given, no trough prior to med therapy, wrong med dose and wrong time transcribed	education provided on the 6 medication rights to staff. Discussed the qod order (med documented as given), this does not work in cpsi. Physicians	
Respiratory Care Services			
A. Ventilator Days	1		
B. Ventilator Wean Rate	0		
C. Patient Self-Decannulation Rate	0		
D. Respiratory Care Equipment	7 nebs reported		
Wound Care Services			
A. Development of Pressure Ulcer	0		
B. Wound Healing Improvement	4		
C. Wound Care Documentation	2		
D. Debridement/Wound Care Procedures	4		
E. Wound Vac Application	0		
Radiology			
A. Radiology Films	137		

B. Imaging	28 ct		
C. Radiation Dosimeter Report	6		
D. Physicist's Report	due july 2021	email sent to physicist, they report MRMC is on the list to service/pam	
Lab			
A. Lab Reports	2681 labs - none repeated		
B. Blood Culture Contaminants	2 due to skin contamination	education was provided on proper collection technique to staff	
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%		
G. Public Health Reporting	2 - 47 prc completed with 2+	contiuene to monitor ever changing covid outbreak/cases	
H. Patient Vaccinations	2 pneumonia vaccines administered	contiuene to monitor vaccines	
I. Ventilator Associated Events	0		
J. Employee Health Summary	4 tb tests for new employees, 5 employee lost days d/t illness (2gi/2uri/1other)		
HIM			
A. H&P's	44		
B. Discharge Summaries	35 of 36 - 1 due to d/c completed later than the 24 hr period	contiuene to monitor	
C. Progress Notes (Swing bed & Acute)	61		
D. Consent to Treat	184 of 188	still working on audit process to make sure concents are not missed	
E. Swing bed Indicators	8		
F. E-prescribing System	743		

G. Legibility of Records	188		
Dietary			
A. Food Test Tray Eval	100%		
B. Dietary Checklist Audit	100%		
Therapy			
A. Therapy Indicators	100%		
B. Therapy Visits	185		
C. Standardized Assessment Outcomes	7 discharges		
Human Resources			
A. Compliance	100%		
Registration Services			
Registration Services	100%		
Environmental Services			
A. Terminal Room Cleans	100%		
Materials Management			
A. Materials Management Indicators	37 orders/12 back orders/ 1 recall on iodine	iodine was collected and sent back per recall	
Plant Operations			
A. Fire Safety Management	100%		
Information Technology			
A. IT Indicators	1 planned server reboot, 1 internet outage on 7/9, er printer needed new		
Outpatient Services			
A. Outpatient Orders and Assessments	3		
B. Outpatient Therapy Services	5		
C. Outpatient Wound Services	12 wound debridements		
Contract Services			
Contract Services	none		
Regulatory & Compliance			

A. OSDH & CMS Updates	Quarterly meetings in Aug/Dec	working on scheduling Aug meeting	
Policy & Procedure Review			
Policy & Procedure	Approval of Policy & Procedure: 301 Generator	table per Dr. Chiaffitelli - idt meeting note until a more user friendly one	
Credentialing/New Appointments			
A. Credentialing/New Appointment Updates	Jeff Brand PA - courtest privileges, Julian Lowell APRN - courtesy privileges, Brett Grobman DO - temp privileges		
Other			
A. Other	concers/comments/questions?	none voices	
Adjournment			
A. Adjournment	08/12/2021 at 1313	Sarah Dillahunty/Mark Chapman	