

Quality Committee Meeting Minutes

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Date: 04/14/2022 **Time:** 12:48 **Recorder:** Denise Jackson **Reporting Period Discussed:** March 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
Call to Order	first/second	Dr C. /Mary Barnes	
Review of Minutes	review/approve March min for Feb data	Dr C. /Mary Barnes	

Review of Committee Meetings

A. EOC/Patient Safety Committee	flooring in med room/nurse break area to be replaced when tile is ordered, replacement of 20 amps has started, lab ceiling has been replaced, double door glass has been replaced, ceiling tiles in pt area replacement for damage has began		
B. Infection Control Committee	New IP Claudia Collard, no hospital acquired infections to report for the month. Compliant on PPE and hand washing. Skills fair wa sin the month of March for IP education		
C. Pharmacy & Therapeutics Committee	47 after hrs access for the reporting period, 4 med errors for the reporting period		
D. HIM/Credentials Committee	Meetings in place to discuss concents, Kasi will reach out to other facilities to see their processes. No credentialing for the month		
E. Utilization Review Committee	tot ER 121, 0 OBS, 12 acute, 9 swing, tot admit 21, tot d/c 20, tot pt days 256, avg daily census 8		
F. Compliance Committee	working on schedule of meetings		
Old Business	none		

New Business	Revised Patient Consent for COVID-19 Emergency	Dr. C/ Erin Johnson	
Quality Assurance/Performance Improvement			
Volume & Utilization			
A. Hospital Activity	tot ER 121, 0 OBS, 12 acute, 9 swing, tot admit 21, tot d/c 20, tot pt days 256, avg daily census 8		
B. Blood Utilization	2 units transfused with no issues reported		
Care Management			
A. CAH/ER Re-Admits	1- 30 day readmission . 1 readmit d/t pt wanting to go home. physicians agreeable and d/c pt. pt returned to ER and was readmitted	Contiune to educate patients on disease process and progress towards discharge	
B. Discharge Follow Up Phone	9/9 completed on patients d/c home		
C. Patient Discharge Safety	9/9 completed on patients d/c home		
D. IDT Meeting Documentation	0/9 ALL IDT notes audited were incmplete by various departments	new case manager/ccco will talk with staff and encourage staff to complete notes in same day	
E. Case Management Assessment	100% (20/20 audited)	No action required.	
Risk Management			
A. Incidents	AMA - 3 - 1 er patient did not want to wait for retesting and prefered to follow up with pcp, 2 in-pt patients no longer wanted to be in-pt and prefeed to go home. OTHER 2 - 1 pt was give a food that they were allergic to, pt had mild allergic reaction/Benadryl give. Allergies have been updated to reflect all reported food allergies for this patient. 1 pt was found to have home meds in there hospital room, patient was taking thier home medications along with the hospital issued medications	AMA - all ama pt had risks/benefits presented at time of ama, encouraged to return to ed as needed OTHER - pt was educated on patient safety related to medications, meds sent home with spouse. Process for identification of food allergies in place, will contiune to monitor process	

B. Reported Complaints	no complaints for the the month of March		
C. Reported Grievances	no grievances for the the month of March	Grievance from 2/22/22 completed on 3/14/22 with no substantiated findings/final grievance response	
D. Patient Falls Without Injury	1 fall w/o injury for the reporting period; Pt ambulating in room indepently with walker, lost balance and fell. Small abrasions x 2 to back. Denies any change of LOC, hitting head or pain aside from "normal" chronic pain	pt education on using call light and assistance with all transfers	
E. Patient Falls With Minor Injury	no falls with major injury for the reporting period		
F. Patient Falls With Major	0		
G. Fall Risk Assessment	1		
H. Mortality Rate	none in reporting period		
I. Deaths Within 24 Hours of	none in reporting period	none	
J. OPO Notification/Tissue Donation	none in reporting period	none	
M. EDTC Measures	5/7 complete - 2 chart did not reflect all data was sent to transferring facility (home meds)	will educate nursing and providers on making sure all elements are in charts as well as documentation to reflect all information sent to receiving facility	
Nursing			
A. Critical Tests/Labs	30 critical labs / 2031 total labs for the month		
B. Restraints	none in reporting period		
C. RN Assessments	18/20 (90%)		
D. Code Blue	none in reporting period		
Emergency Department			
A. ED Log & Visits	121 er visits for the month		
B. MSE	120/121, 1 patient left ama		
C. EMTALA Form	7 completed		
D. Triage	18/20 (90%)		

E. Triage ESI Accuracy	20/20 (100%)		
F. ED Discharge/ Transfer	18/20 (90%)		
G. ED Readmit	1 re-admit for the reporting period. Pt d/c from in-pt, returned to er within 24 hrs	nursing will contiune to educate patients on dx process and anticipated discharge	
H. ED Transfers	7 transfers reported for the month		
I. Stroke Management Measures	none in reporting period		
J. Stroke Brain CT Scan	none in reporting period		
K. Suicide Management Measures	4 patients to the ED for SI/SH, evaluation completed by LMHP. Pt transferred to in-pt psych care	none, will contiune to monitor process in place	
L. STEMI Management Measures	none in reporting period		
M. Chest Pain Measures	57% 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	monitor current process, monitor patterns in care	
N. ED Departure	n/a		
Pharmacy & Medication Safety			
A. After Hours Access	47 after hrs access for the reporting period, verified by pharmacy		
B. Adverse Drug Reactions	none in reporting period		
C. Medication Errors	4 for reporting period; 1 Nurse ommitted administered dose. 3 missed doses	Pharmacist, Charge Nurse and CCO coached nurse. Nurse vebalized understanding and agreement.	Pharm/CCO to monitor
D. Bar Code Scanning	awaiting install of new scanners		
Respiratory Care Services			
A. Ventilator Days	none in reporting period		
B. Ventilator Wean Rate	none in reporting period		
C. Patient Self-Decannulation	none in reporting period		
D. Respiratory Care Equipment	HMEs 0, inner cannulas 0, suction set up 0, neb/masks 20, trach collars 0, vent circuts 0, trach 0, closed suction 0		
Wound Care Services			
A. Development of Pressure Ulcer	none in reporting period		

B. Wound Healing Improvement	8/8 wounds		
C. Wound Care Documentation	100% (1/1 initial assessments and 2/2 d/c assessments)		
Radiology			
A. Radiology Films	9/170 repeated - Clipped anatomy, wrong technique, had to up the mA	No action needed.	
B. Imaging	13 / 0 repeated		
C. Radiation Dosimeter Report	6/6 (100%)		
Lab			
A. Lab Reports	2/2031 rejected; MSNT flu swab rejected due to being collected on wrong swab. ECNC brought a CBC specimen that was rejected due to being clotted.	Lab Manger Instructed lab tech to recollect on flu swab. ECNC was called to recollect CBC to due specimen being clotted.	
B. Blood Culture Contaminants	none in reporting period		
Infection Control & Employee Health			
A. CAUTI's	0/91; none in reporting period		
B. CLABSI'S	0/34; none in reporting period		
C. HA MDROs	0/256 total pt days; none in reporting period		
D. HA C. diff	0/256 total pt days; none in reporting period		
E. Hospital Acquired Infections	0/256 total pt days; none in reporting period		
F. Hand Hygiene/PPE & Isolation Surveillance	100% (PPE eval 12//12 and Hand Hygine eval 11/11) - patients in isolation 13, total isolation days 66		
H. Patient Vaccinations	none in reporting period		
I. Ventilator Associated Events	none in reporting period		

J. Employee Health	<p>1. 1 x Slip/fall in kitchen with knee contusion, ER eval without evidence of injury and employee RTW same day.</p> <p>2. 1 x GI illness with N/V/D and subjective fevers resulting in 2 missed shifts.</p> <p>3. 1 x Covid-19 pending approval for exemption.</p> <p>4. 1 x CXR performed for new Mangum employee h/o TB with negative results.</p> <p>5. 6 x TSTs performed on new Mangum employees, negative results with 6 associated TB questionnaires completed.</p> <p>6. 5 total days missed due to illness.</p>	<p>1. First Report to sent to W/C carrier - will continue to follow progress of case with carrier and consult with carrier.</p> <p>2. Continue to screen employees as needed for infection prevention.</p> <p>3. Monitor employee exemption submissions for approval.</p> <p>4. Continue to administer Tb screens prior to employee start dates with follow up as required</p>	
K. Employee COVID 19 Vaccination Indicators	0 administered this reporting period, 40/106 MRMC employees fully vaccinated, 25 of MRMC employees with approved exemptions	IC continues to work on getting all data reported to her monthly	IC cont to collect info
HIM			
A. H&P's	100% (23/23 complete)		
B. Discharge Summaries	90% (19/20 complete) - 1 swb to complete	physician aware of need to complete	HIM to monitor
C. Progress Notes (Swing &	100% (44/44 swb and 31/31 acute)		
D. Consent to Treat	87% (124/144) 19 ER consents missing	There have been many discussions about this. We are still working on a way to fix this issue. It has been discussed with Kasi and Daniel.	
E. Swing bed Indicators	100% (9/9)		
F. E-prescribing System	100% (509/510)		
G. Legibility of Records	100% (144/144)		
H. Transition of Care	100% (5/5)		
Dietary			
A.	100% (93/93)		
B.	100% (93/93)		
Therapy			
A. Therapy Indicators	100% (8/8 discharges and 9/9 with assistive		
B. Therapy Visits	138 visits completed/ 146 planned		

C. Standardized Assessment Outcomes	88% (7/8) 1 patient no d/c'd at PLOF	None taken. Patient that was not at PLOF at discharged was transferred to higher level of care	
Human Resources			
A. Compliance	100% (4 new employees)	Open posititons; 1 RN, 1 LPN, 1 houskeeping	
Registration Services			
Registration Services	100% (395/395)		
Environmental Services			
A. Terminal Room Cleans	8/8 completed		
Materials Management			
A. Materials Management Indicators	30 orders for the month - 8 ORDERS ON BACKORDER - 1 late order due to back order	MM following up weekly on back orders	
Plant Operations			
A. Fire Safety Management	100% (24/24)		
B. Transfer Switch Monthly	100% (1/1)		
C. Generator Monthly Checks	100% (1/1)		
Information Technology			
A. IT Indicators	2 IT malfunctions/ 1 internet outage/2 power issues/3 interface issues/93 other	Ongoing issue with CPSI not excepting newest version of Adobe, CPSI is looking for a fix and has been working on it about 2+ weeks now.	
Outpatient Services			
A. Outpatient Therapy Services	50 out patient sessions preformed for the month		
B. Outpatient Wound Services	5 outpatient wound services for the month		
Contract Services			
Contract Services	none		
Credentialing/New Appointments			
A. Credentialing/New	None for the month		
Adjournment			
A. Adjournment	04/14/2022 at 12:58	Dr. C/ Erin Johnson	