

Quality Committee Meeting Minutes

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Date: 02/10/2022	Time: 12:22	Recorder: Denise Jackson
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Members Present

Chairperson:	CEO: Dale Clayton
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Name	Title	Name	Title	Name
Heather Larson	Respiratory	Josey Kenmore	Mat. Mangement	Tonya Bowen
Sarah Dillahunt	Dietary	Daniel Coffin	CCO	Kaye Hamilton
Pam Esparza	Radiology	Jennifer Dryer	HIM	Kasi Hilley
Chasity Howell	Case Management	Shelly Bowman	HR	Chealsea Church

TOPIC	FINDINGS/CONCLUSIONS	ACTION
Call to Order	first/second	Dr. Chiaffitelli/Da
Review of Minutes	review/approve Jan min for Dec	Dr. Chiaffitelli/Cha

Review of Committee Meetings		
A. EOC/Patient Safety Committee	flooring in nurse break room rescheduled, receptacle replacement has	
B. Infection Control Committee	no hospital aquired infections to report for the the month	
C. Pharmacy & Therapeutics Committee	Due to computer issues - no P&T at this this time. Pharmacist to enter data as	
D. HIM/Credentials Committee	Credentialing - Tiffany Forster ARNP, HIM working on missing concents and	
E. Utilization Review Committee	tot ER 181, 1 OBS, 23 acute, 16 swing, tot admit 39, tot d/c 36, tot pt days 420,	
F. Compliance Committee	working on schedule of meetings	
Old Business	PATIENT CONSENT FORM FOR COVID-19 TREATMENT PURPOSE OF	
New Business	Hand-Off Communication Form	Dr. Chiaffitelli/Da

Quality Assurance/Performance Improvement

Volume & Utilization		
A. Hospital Activity	tot ER 181, 1 OBS, 23 acute, 16 swing, tot admit 39, tot d/c 36, tot pt days 420,	
B. Blood Utilization	10 units ordered and administered without issue	

Care Management		
A. CAH/ER Re-Admits	2 readmits – 1) pt admitted with primary dx, transferred to higher level of care	Continue to educat
B. Discharge Follow Up Phone Calls	14	
C. Patient Discharge Safety Checklist	14	
D. IDT Meeting Documentation	33%	issues with CPSI /
E. Case Management Assessment	92%	issues with CPSI /

Risk Management		
A. Incidents	AMA - 1.) 1 ama – pt in the er for treatment, left the er without notice prior to	AMA/LWBS - con

B. Reported Complaints	0	
C. Reported Grievances	0	
D. Patient Falls Without Injury	1, pt assisted to floor during therapy session d/t weakness, pt was able to rest for	therapy to offer res
E. Patient Falls With Minor Injury	1 pt became weak during transfer, slid to floor before able to sit back in seat,	increased assistanc
F. Patient Falls With Major Injury	0	
G. Fall Risk Assessment	2	
H. Mortality Rate	total 4 /0 ED /4 inpatient – all expected due to disease process/decline	
I. Deaths Within 24 Hours of Admit	1, pt admitted in very poor health, expired w/I 24 hrs of admit	
J. OPO Notification/Tissue Donation	4 notifications, 2 declined	
M. EDTC Measures	100%	
Nursing		
A. Critical Tests/Labs	64 % - nursing and lab logs not matching	lab requesting nurs
B. Restraints	14	
C. RN Assessments	85%	education provided
D. Code Blue	1	
Emergency Department		
A. ED Log & Visits	187	
B. MSE	n/a	
C. EMTALA Form	7	
D. Triage	90%	
E. Triage ESI Accuracy	95%	
F. ED Discharge/ Transfer Nursing Assessment	85%	
G. ED Readmit	2	
H. ED Transfers	7	
I. Stroke Management Measures	0	
J. Stroke Brain CT Scan	0	
K. Suicide Management Measures	3 pts to the er for psych issues, 2 pt transferred for in-pt treatment, 1 pt sent	
L. STEMI Management Measures	100%	some delay due to
M. Chest Pain Measures	0	
N. ED Departure	x	
Pharmacy & Medication Safety		
A. After Hours Access	Due to computer issues - no P&T at this this time. Pharmacist to enter data as	
B. Adverse Drug Reactions	Due to computer issues - no P&T at this this time. Pharmacist to enter data as	
C. Medication Errors	7	

D. Bar Code Scanning	Due to computer issues - no P&T at this this time. Pharmacist to enter data as	
Respiratory Care Services		
A. Ventilator Days	4	
B. Ventilator Wean Rate	0	
C. Patient Self-Decannulation Rate	0	
D. Respiratory Care Equipment	HMEs 3, inner cannulas 0, suction set up 0, neb/masks 37, trach collars 0, vent	
Wound Care Services		
A. Development of Pressure Ulcer	1	
B. Wound Healing Improvement	8	
C. Wound Care Documentation	100%	
Radiology		
A. Radiology Films	193 / 10 repeated due to transformer issue	transformer switch
B. Imaging	23 / 0 repeated	
C. Radiation Dosimeter Report	6	
Lab		
A. Lab Reports	2833, 2 rejected due to QNS	
B. Blood Culture Contaminants	2 - same patient/tech	education provided
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% - patients in isolation 18, total isolation days 140	
H. Patient Vaccinations	0	
I. Ventilator Associated Events	0	
J. Employee Health	1 TB admin, 29 missed work days (9 employees; 3 uri/25 covid/1 non-work	
K. Employee COVID 19 Vaccination Indicators	COVID vaccine status - we are working on figuring out all staff and where to find these records (MRMC employees only; fully 32, partial 1, med exemp 2 (submitted), religious 16(submitted))	
HIM		
A. H&P's	98%	in providers box fo
B. Discharge Summaries	84%	now complete, del
C. Progress Notes (Swing bed & Acute)	100%	

D. Consent to Treat	83%	
E. Swing bed Indicators	94%	
F. E-prescribing System	100%	
G. Legibility of Records	100%	
H. Transition of Care	100%	
Dietary		
A.	100%	
B.	100%	
Therapy		
A. Therapy Indicators	100%	
B. Therapy Visits	179	
C. Standardized Assessment Outcomes	75% - 2 pt transferred, 1 expired	
Human Resources		
A. Compliance	100%	
Registration Services		
Registration Services	100%	
Environmental Services		
A. Terminal Room Cleans	8	
Materials Management		
A. Materials Management Indicators	45 orders for the month - 8 ORDERS ON BACKORDER (18 ITEMS TOTAL)	
Plant Operations		
A. Fire Safety Management	100%	
B. Transfer Switch Monthly Checks	100%	
C. Generator Monthly Checks	100%	
Information Technology		
A. IT Indicators	56 malfunctions/ 1 power failure/ 4 other	most were password
Outpatient Services		
A. Outpatient Therapy Services	5 evals / 19 sessions	
B. Outpatient Wound Services	8	
Contract Services		
Contract Services	none	
Credentialing/New Appointments		
A. Credentialing/New Appointment Updates	Tiffany Forster ARNP	
Adjournment		

A. Adjournment	02/10/2022 at 12:32	Dr. Chiaffitelli/Kay
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party other than the intended recipient is strictly prohibited.		
Reporting Period Discussed: Jan 2022		
Medical Representative: Dr. Chiaffitelli		
Title	Name	Title
Lab Manager	Jared Ballard	IT
Credentialing		Infection Prevention
Bus./RCM Director	Grace Smith	Clinic Manager
Pharmacy	Lynda James	Pharmacy LPN
DONS/RECOMMENDATIONS		FOLLOW-UP
Daniel Coffin		
Massey Howell		
Daniel Coffin		
e patient and family on dx/dx processes as		
CM out		
CM out		
continue to education patient's on risks and		

st periods	
e to complete transfer and cold pack	
ing fax info daily	
l to nurses as needed on documentation	
difficulty finding accepting hospital,	

ed out, GE preformed inspection on	
l to tech and lab manger is monitoring	
or completion	
ayed due to providers out, 1 missed	

[illegible]

ye Hamilton	
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