

Quality Committee Meeting Minutes

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Date: 08/11/2022 **12:19** **Recorder:** Denise Jackson **Reporting Period Discussed:** July 2022

Members Present

Chairperson:			CEO: Dale Clayton		Medical Representative: Dr. Chiaffitelli	
Name	Title	Name	Title	Name	Title	Name
Heather Larson	Respiratory - off	Josey Kenmore	Mat.	Tonya Bowen	Lab Manager	Jared Ballard
Caitlin / Rachel	Dietary	Daniel Coffin	CCO	Kaye Hamilton	Credentialing	Claudia Collard
Pam Esparza	Radiology	Jennifer Dryer	HIM	Kasi Hiley	Bus./RCM Dir	Brittany W.
Chasity Howell	Case Management	Shelly Bowman	HR	Chealsea Church	Pharamcy - off	Lynda James

TOPIC	FINDINGS/CONCLUSIONS	ACTIONS/RECOMMENDATIONS
Call to Order	first/second	Kasi Hiley/Mary Barnes
Review of Minutes	review/approve June min for July	Chasity Howell/Kaye Hamilton

Review of Committee Meetings		
A. EOC/Patient Safety Committee	flooring in med room/nurse awre rescheduled. Amp recepticles to be replaced throughout the hospital and clinic. Roof leak in 23 fixed as well as call light. On going replacement of ceiling tile, will need more tiles	
B. Infection Control Committee	no hospital aquired infections to report for the the month	
C. Pharmacy & Therapeutics Committee	No P&T reporting at this time	
D. HIM/Credentials Committee	No credentialing for the month, HIM contiunes to track concents/disharges, working on cleaning out storage records	
E. Utilization Review Committee	tot ER 141, 1 OBS, 11 acute, 6 swing, tot admit 17, tot d/c 18, tot pt days 339, avg daily census 11	
F. Compliance Committee	working on schedule of meetings	

Old Business	<p>Case Management Policy Manual:</p> <ul style="list-style-type: none"> •Case Management Policy Manuel TOC •Case Management Program •Case Management Admission & Discharge •Notification and Hospital Discharge Appeal Rights •Detailed Notice of Discharge <p>Swing Bed Policy Manuel:</p> <ul style="list-style-type: none"> •Swing Bed Policy Manuel TOC •Swing Bed Admission Policy •Swing Bed Admission Criteria •Swing Bed Comprehensive Assessment •Swing Bed Coordinator •Admission Discharge Transfer Rights •Dental Services Policy •Discharge Plan •Quality of Life •Social Services •Interdisciplinary Team Meeting Note •Important Message from Medicare •Patient Discharge Safety Checklist •Swing Bed Program Patient Orientation Packet <p>Incomplete Records Policy Patient Request for Restrictions on Use/Disclosure of PHI and Request for Confidential Communications 340B Program Policy Mangum Quality Review Evaluation Plan 2022</p>	Approved in July 2022
New Business	None	
Quality Assurance/Performance Improvement		
Volume & Utilization		
A. Hospital Activity	tot ER 141, 1 OBS, 11 acute, 6 swing, tot admit 17, tot d/c 18, tot pt days 339, avg daily census 11	
B. Blood Utilization	no blood administered for the month	
Care Management		

A. CAH/ER Re-Admits	1) Patient readmitted after leaving AMA during previous inpatient stay for same dx	
B. Discharge Follow Up Phone Calls	10/10 - 100%	
C. Patient Discharge Safety Checklist	10/10 - 100%	
D. IDT Meeting Documentation	0/6 - 0% - various dept did not complete IDT the day of IDT. CM is sending reminders to each dept to complete notes and to CEO/QM for those that are not getting them complete	Discussed compliance on completing IDT the day of, CM will continue to send reminders to dept as need and will monitor for trends
E. Case Management Assessment	7/7 - 100%	
Risk Management		
A. Incidents	6 AMA; (5 ER/1 in-pt) ER: 1.) pt to ed for back pain, meds given. pt became upset that they were having to wait. Staff explained that they would return as soon as possible (with a Level 1) pt became upset and left without signing AMA. 2.) Pt arrived to ed via ems, states they want to go to another ED, advised this is the closest. Risks/benefits discussed. Pt sign out AMA with family transferring in private vehicle to ER of choice. 3.) Pt to er for SHOB, after evaluation provider recommended admit and additional testing, pt declined/does not want any further care. Risks and benefits discussed, pt signed AMA. 4.) Pt to er for wound, triage preformed and pt advised there would be a short wait. Pt did not want to wait, risks/benefits discussed. AMA signed. 5.) Pt to ed with n/v, after stable symptoms, pt expressed the desire to leave and no further testing. Risks/benefits discussed, ama signed. IN-PT 1) Pt admitted to in-pt, pt was found attempting to smoke with O2 on. Education provided on not smoking with O2 as well as not smoking in the hospital and use of illegal substances in the hospital. Pt became upset, despite attempts to redirect pt they signed out ama, risks/benefits were discussed.	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	5 w/o injury - pts transferred w/o calling for assistance, fall precautions in place as appropriate for each pt.	
E. Patient Falls With Minor Injury	1- pt fall while transferring independently, received skin tear.	
F. Patient Falls With Major Injury	1- Pt fall while transferring w/o calling for assist, c/o pain to wrist and back, sustained wrist and 9th rib fracture.	Fx to wrist placed in splint per md orders, additional bed/chair alarm added to pt.
G. Fall Risk Assessment	7	
H. Mortality Rate	1 Pulseless/PEA Pt via EMS with ACLS and intubation initiated prior to Arrival. Attempts unsuccessful, pt expired	
I. Deaths Within 24 Hours of Admit	none	
J. OPO Notification/Tissue Donation	1	
M. EDTC Measures	100% (9/9)	
Nursing		
A. Critical Tests/Labs	24/46 - 52%	Lab staff will notify CCO about criticals and CCO will verify record for accuracy
B. Restraints	none	
C. RN Assessments	100% (20/20)	
D. Code Blue	1	
Emergency Department		
A. ED Log & Visits	141	
B. MSE	N/A	
C. EMTALA Form	9	
D. Triage	18/20 - 90%	CCO has provided education to nursing and rgristratin staff on triage expectations
E. Triage ESI Accuracy	19/20 - 95%	
F. ED Discharge/ Transfer Nursing	100% (20/20)	
G. ED Readmit	1 pt readmitted for related dx	
H. ED Transfers	9 - transferred to higher level of care for: STEMI, NSTEMI, DKA, COPD exasterbation, Psych in-pt, femur fx, OD, Acute MI, Endocarditis/sepsis	

I. Stroke Management Measures	0	
J. Stroke Brain CT Scan	0	
K. Suicide Management Measures	none	
L. STEMI Management Measures	100%	some delay due to difficulty finding accepting hospital,
M. Chest Pain Measures	7/8 ECG w/i 5 minutes; 4/10 = 50 % chest xray w/i 30 min - Noted delay in chest xray, some cases are noted to have delay on physician order	Dr C aware of the noted delay in x-ray order
N. ED Departure	x	
Pharmacy & Medication Safety		
A. After Hours Access	No P&T reporting at this time	
B. Adverse Drug Reactions	No P&T reporting at this time	
C. Medication Errors	No P&T reporting at this time	
Respiratory Care Services		
A. Ventilator Days	none	
B. Ventilator Wean Rate	none	
C. Patient Self-Decannulation Rate	none	
D. Respiratory Care Equipment	HMEs 0, inner cannulas 0, suction set up 0, neb/masks 6, trach collars 0, vent circuits 0, trach 0, closed suction 0	
Wound Care Services		
A. Development of Pressure Ulcer	none	
B. Wound Healing Improvement	3 wounds	
C. Wound Care Documentation	100%	
Radiology		
A. Radiology Films	129 / 3 repeated due to patient motion and increased MAS	
B. Imaging	17 / 0 repeated	
C. Radiation Dosimeter Report	5	
Lab		
A. Lab Reports	2108 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	0	
F. Hand Hygiene/PPE & Isolation Surveillance	91% (27/30) HH: 80% PPE (32/40) - IP continues to monitor compliance with HH/PPE, education on mask policy as needed	1. Continue monitoring staff for adherence to protocols. 2. Monitoring mask compliance
H. Patient Vaccinations	Out of flu season, 1 pneumonia vaccine administered to eligible patient	
I. Ventilator Associated Events	0	
J. Employee Health	1. Employee Events/Injuries: No events/injuries; 1 ongoing W/C case. 2. Employee Health: 4 N95 fit tests performed, 4 Hepatitis B immunizations given, and 8 TSTs performed. 3. Employee Illness: 3 with GI s/s of N/V/D resulting in 3 missed shifts and 4 who tested positive for Covid resulting in 6 missed shifts.	
K. Employee COVID 19 Vaccination Indicators	COVID vaccine status - 99%, 1 agency staff with unknown status. IP is attempting to find a good contact at staffing agency for this information	Daniel to provide IP with contact info at staffing to be able to obtain vaccine info on any/all staff employees as needed
HIM		
A. H&P's	19/19 - 100%	
B. Discharge Summaries	22/22 - 100%	
C. Progress Notes (Swing & Acute)	100% (60/60 SWB - 27/27 Acute)	
D. Consent to Treat	94% (153/162) 9 ER - HIM monitors missing and provides chart to CCO/QM, CCO educates nurses individually on missing consents	still monitoring as to why this is the form getting missed
E. Swing bed Indicators	100% (6/6)	
F. E-prescribing System	99% - (612/613)	
G. Legibility of Records	100%	
H. Transition of Care	100%	
Dietary		

A.	92% (86/93) - Six values were blank on the log; One value was <150 degrees F. Education is being provided to new employees	Will discuss temp log with dietary employee as initials indicate one particular employee. Will do verbal training with her.
B.	89% - (83/93) Nine values were blank; One value was <180 degrees. Education is being provided to new employees	
Therapy		
A. Therapy Indicators	100%	
B. Therapy Visits	PT - 163, OT - 137, ST - 11	
C. Standardized Assessment Outcomes	86% (6/7) - Patient was noncompliant with Therapy despite interventions from various staff members, no discharged at PLOF	
Human Resources		
A. Compliance	Hired two Monitor Techs full-time; two Dietary Aides full-time; one Dietary Manager. Hired internal employee for Business Department Specialist.	
Registration Services		
Registration Services	Noted a few registration errors for the month, corrected when possible	
Environmental Services		
A. Terminal Room Cleans	8	
Materials Management		
A. Materials Management Indicators	21 orders for the month - 16 ORDERS ON BACKORDER, 0 late order from vendor, 1 recall - Mag. Citrate (all flavors)	Pharmacy has already pulled this per guidance
Plant Operations		
A. Fire Safety Management	100%	
B. Transfer Switch Monthly Checks	100%	
C. Generator Monthly Checks	100%	
Information Technology		
A. IT Indicators	1 malfunctions/ 1 power failure/ 1 server failure/ 43 other - CSPI tickets and smal things like password resets	
Outpatient Services		
A. Outpatient Therapy Services	36 treatments preformed/37 planned treatments	

B. Outpatient Wound Services	none	
Contract Services		
Contract Services	none	
Credentialing/New Appointments		
A. Credentialing/New Appointment	none	
Adjournment		
A. Adjournment	08/11/2022 @ 12:29	Kaye Hamilton/Dr C