

Quality Committee Meeting Minutes

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Date: 07/14/2022 **11:52** **Recorder:** Denise Jackson **Reporting Period Discussed:** June 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
Caitlin / Rachel	Dietary	Daniel Coffin	CCO	Kaye Hamilton	Credentialing	Claudia Collard
Pam Esparza	Radiology	Jennifer Dryer	HIM - off	Kasi Hiley	Bus./RCM Dir	Brittany W.
Chasity Howell	Case Management	Shelly Bowman	HR	Chealsea Church	Pharamcy	Lynda James

TOPIC	FINDINGS/CONCLUSIONS	ACTIONS/RECOMMENDATIONS
Call to Order	first/second	Daniel Coffin/Claudia Collard
Review of Minutes	review/approve May min for June	Shelly Bowman/Claudia Collard

Review of Committee Meetings

A. EOC/Patient Safety Committee	flooring in the med room/nurse break area scheduled, glass was replaced in the west hall way, shelving in cafeteria no longer needed, pt area celing tiles has began and will be on-going	
B. Infection Control Committee	no hospital aquired infections to report for the the month	
C. Pharmacy & Therapeutics Committee	drug shortages - clinimix, Intralipids, IV fluids, Optiray, lorazepam inj., furosemide inj. Total drug cost - \$ 17607.22	
D. HIM/Credentials Committee	No credentialing for the month, HIM contiunes to track concents/discharges, working on cleaning out storage records	
E. Utilization Review Committee	tot ER 144, 0 OBS, 17 acute, 12 swing, tot admit 29, tot d/c 24, tot pt days 292, avg daily census 10	
F. Compliance Committee	working on schedule of meetings	

<p>Old Business</p>	<p>Dietary Manuel:</p> <ul style="list-style-type: none"> •Food & Nutrition Services Table of Contents •Introduction of Philosophy & Standards •General Employee Information •Sanitation Schedules •Infection Control for Food & Nutrition Services •Fire & Prevention for Food & Nutrition Services •Pest Control & Prevention for Food & Nutrition Services •Dish Care: Dish Machine and Manual Warewashing •Food Handling & Kitchen Safety •General Storage •Food from Outside Sources •Nourishment Room •Accepting Food Deliveries •Mealtimes & Guest Trays •Menu & Recipes •Diet Orders •Nutritional (oral) Supplementation •Emergency Operation Plan •Nutrition Assessment & Documentation •Authorization of Nutrition Order Writing •Nutrition Screening Process •Contracted Meal Service (Seiling only) •Competency Based Orientation •Daily Cleaning Schedule •Weekly Cleaning Schedule •Dish Machine Temperature & Sanitizer Log •Sanitizer Bucket Test Strip •Food Temperature Log •Refrigerator Temperature Log 	<p>Approved in June 2022</p>
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New 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>	
Quality Assurance/Performance Improvement		
Volume & Utilization		
A. Hospital Activity	tot ER 144, 0 OBS, 17 acute, 12 swing, tot admit 29, tot d/c 24, tot pt days 292, avg daily census 10	
B. Blood Utilization	no blood administered for the month	
Care Management		

A. CAH/ER Re-Admits	1) Patient readmitted after discharge to OU Medical for Nephrostomy tube replacement and was unable to be inpatient to have procedure completed. 2) Patient's family requested discharge to home with family and Triad Home Health. Patient stable when discharged and returned 5 days later with differing diagnosis of left-sided abdominal/flank pain.	
B. Discharge Follow Up Phone Calls	8/8 - 100%	
C. Patient Discharge Safety Checklist	8/8 - 100%	
D. IDT Meeting Documentation	8/10 - 80%, idt notes incomplete by various dept	IDT are a required documentation, in order to maintain compliance they must be done on time. CM notified each dept today that they are due today.
E. Case Management Assessment	18/24 - 75%, CM staff change over during the month	will note improvement with new CM
Risk Management		
A. Incidents	3 AMA; 1 ER - 1.) pt to ed for generalized concerns, patient became anxious and tired of waiting. Pt left AMA, did not sign AMA. 2 in-pt - 1.) pt admitted to in-pt for IV ABT, after 1 day pt reports feeling better and requested to go home. Provider educated on risks and benefits AMA signed. 2.) pt admitted to in-pt for hyperglycemia, uncontrolled. education attempts by staff for patient non-compliance with hospital prescribed regime were met with resistance/agression/beligerance. Patient became very upset after staff education and demanded to leave, education provided to patient on risks/benefits/complinance, ama signed. Police notification; police were notified to assist patient out of facility for patient behaviore after unsuccessful attempt to deescalate patient's behavior	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 - Pt was being assisted by PT during a transfer, prior to completing the transfer. Patient went to sit in the chair, chair began to move out from under the patient. Patient was assisted to the floor with no reported injury or pain.	PT to check to ensure DME is properly ensure prior to all transfers
E. Patient Falls With Minor Injury	patient taken outside by family member, family reported that when they were returning inside that patient fell back and hit head. Pt was assessed by nurse, noted to have a small raised area to the back of the right side of head. No change in LOC noted, provider made aware of patient fall with head CT ordered. CT normal.	pt/family education on safe transfers/ambulation
F. Patient Falls With Major Injury	0	
G. Fall Risk Assessment	2	
H. Mortality Rate	none	
I. Deaths Within 24 Hours of Admit	none	
J. OPO Notification/Tissue Donation	none	
M. EDTC Measures	69% (9/13) - Noted the charts with specific documentation not sent were the same nurse, 1 instance of home meds reported as see list with no list scanned	CNO provided education to agency nurse on documentation expectations/format for transfers
Nursing		
A. Critical Tests/Labs	68% (13/19)	
B. Restraints	none	
C. RN Assessments	100% (20/20)	
D. Code Blue	none	
Emergency Department		
A. ED Log & Visits	144	
B. MSE	99% (143/144)	
C. EMTALA Form	12	
D. Triage	85% (17/20)	
E. Triage ESI Accuracy	100% (20/20)	
F. ED Discharge/ Transfer Nursing	100% (20/20)	
G. ED Readmit	0	

H. ED Transfers	12 - transferred to higher level of care for: resp distress, AMS/dialysis, NSTEMI, appendicitis, Septic shock, LE fxr, Resp distress/peds, Anaphylaxis, oncology, hypoxia/meth abuse, GI bleed, TIA v CVA	
I. Stroke Management Measures	0	
J. Stroke Brain CT Scan	0	
K. Suicide Management Measures	1 pt to the er for psych issues, 1 pt transferred for in-pt treatment per LMPH evaluation/recommendations	
L. STEMI Management Measures	100%	some delay due to difficulty finding accepting hospital,
M. Chest Pain Measures	5/10 ECG w/i 5 minutes = 50 %; 5/10 = 50 % chest xray w/i 30 min - Noted delay in testing with non-typical chest pain. Delay in chest x-ray noted with no pattern	education to providers regarding chest pain policy
N. ED Departure	x	
Pharmacy & Medication Safety		
A. After Hours Access	62 times after hours: 8 times for topicals/inhalers; 3 times for bulk medications; 20 times for ER patient medications; 10 times for IV medications/fluids; 6 times to restock MedDispense; 1 time to restock RT box; 4 times for vaccines; 6 times for medications not stocked in MedDispense; 1 time for COVID-19 medication; and 4 times for no reason when medications were in MedDispense	
B. Adverse Drug Reactions	none	
C. Medication Errors	2 variances in which nurse omitted dose without orders.. 1 variance in which nurse administered wrong dose of medication	CCO re-educated staff members regarding 6 rights of medication administration.
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 21, trach collars 0, vent circuits 0, trach 0, closed suction 0	
Wound Care Services		
A. Development of Pressure Ulcer	1 - 1 patient developed a PU during the month of June. Educated nurses on PU prevention.	
B. Wound Healing Improvement	6 wounds	
C. Wound Care Documentation	100%	
Radiology		
A. Radiology Films	135 / 2 repeated due to patient wearing jewelry, removed and film retaken	
B. Imaging	17 / 0 repeated	
C. Radiation Dosimeter Report	5	
Lab		
A. Lab Reports	2653 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	88% (21/24)- patients in isolation 19, total isolation days 109	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: 1 emp event: employee struck by cognitively-impaired patient without reported injury; 1 ongoing W/C case. 2. Employee health: 1 Covid vaccine declination in new hire; 63 N95 fit tests performed; 1 employee Hep B series started; 4 TSTs for new hires. 3. Employee illness: 3 days lost due to upper-respiratory syndrome.	

K. Employee COVID 19 Vaccination Indicators	COVID vaccine status - 100%	
HIM		
A. H&P's	96% (27/28) provider aware of need for H&P completion	
B. Discharge Summaries	88% (23/26) - 3 acute missing d/c summary, providers aware of need for completion	
C. Progress Notes (Swing & Acute)	100% (51/51 SWB - 43/43 Acute)	
D. Consent to Treat	85% (146/172) 13 ER/ 3 Acute - monitoring missing consents, packets are together for weekends ad after hours.	
E. Swing bed Indicators	100% (11/11)	
F. E-prescribing System	100%	
G. Legibility of Records	100%	
H. Transition of Care	100%	
Dietary		
A.	93% (84/93) - Three temps were scratched out on the log with no new temp written; Two temps were <150 degrees F per manufacture recs; One temp was missing.	Will discuss temp log with dietary employee as initials indicate one particular employee. Will do verbal training with her.
B.	99% - (89/90) One value missing - breakfast on 06/23.	
Therapy		
A. Therapy Indicators	100%	
B. Therapy Visits	PT - 138, OT - 122, ST - 9	
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 - dietary, LPN. Resigned - CM, Hskg	
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	40 orders for the month - 24 ORDERS ON BACKORDER, 0 late order from vendor, 1 recall (4 oz Medline alcohol, product returned)	
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	28 treatments preformed/36 planned treatments	
B. Outpatient Wound Services	none	
Contract Services		
Contract Services	none	
Credentialing/New Appointments		
A. Credentialing/New Appointment	none	
Adjournment		
A. Adjournment	07/14/2022 at 12:02	Dr. C / Shelly Bowman