

Clinton Regional Hospital
MINUTES FOR THE Quality Assurance/Performance Program Meeting– Date Nov 22, 2023

Present: Len Lacefield CEO, Janae Chittum CNO, Sarah Keys EVS Manager, Cris Hickerson Director of Pharmacy, Brenda Jennings Quality/Infection Control/Employee Health, Clint Honeycutt Director of ER, Austin Charles Director of M/S, Holly Woodson, Materials Manager, Janice Merrill Facilities Director

Excused: _____ Chief of Staff, David Barnett Director of Radiology

| Agenda Item | Discussion | Action/Recommendations | Responsible Party | Projected Completion Date |
|---------------------------------------|---|---|-------------------|---------------------------|
| Motion to call to order | Brenda Jennings recommended a motion to call October 30 th – November 22 nd Quality Assurance/Performance Meeting to order at 1334. | Cris Hickerson approval of November Quality Assurance/Performance Meeting being called to order, second by Sarah Keys, all in favor. | | |
| Old Business | | | | |
| October 2023 Quality Meeting minutes. | Brenda Jennings recommends approval of October 2023 Quality Meeting Minutes. | Len Lacefield made a motion to approve October 2023 Quality Meeting minutes, second by Cris Hickerson, all in favor. | | |
| New Business | | | | |
| Kitchen Observation | Brenda Jennings recommends approval of the Kitchen Surveillance done on River Valley Skilled Nursing and Therapy for dietary | Len Lacefield motion to approve the Kitchen Surveillance done on River Valley Skilled Nursing and Therapy, second by Cris Hickerson, all in favor | Brenda Jennings | Completed 11/21/2022 |
| | | | | |
| Consent Items | | | | |
| | | | | |
| Lab | | | | |
| Number of Blood Cx. Contaminated | Process will be reported from Diagnostic Labs, nothing reported at this time | No action currently due at this time due to no contaminated blood | DLO | Ongoing Monthly Reporting |
| Number of transfusion reactions | No report at this time due to no transfusions given | No action needed | Lab | Ongoing Monthly Reporting |
| Blood Utilization Monitoring | No report at this time due to no transfusions given | No action needed | Lab | Ongoing Monthly Reporting |
| Proficiency testing | Brenda Jennings recommends approval for the Laboratory in-house test menu for Chemistry, Hematology, | Len Lacefield motion to approve Laboratory in-house test menu list, | Lab | Ongoing Monthly |

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| | Urinalysis, Point of Care-Triage, Point of Care I-Stat, Waived Testing/Rapid Testing list. | second by Cris Hickerson, all in favor | | Reporting |
| Correlations and Calibration Verifications | Lab personal is in process of Correlations and Calibrations currently. | Verifications to be done after completion of all Correlations and Calibrations | Lab | Ongoing Monthly Reporting |
| Covid Report | Brenda Jennings recommends approval of Covid Test, positive. ED had a total of 4 patients that tested positive for Covid. | Cris Hickerson called motion to approve the Covid Test report, second by Austin Charles, all in favor. | Lab, Brenda Jennings | Completed for month of October |
| Peer Review | | | | |
| Physician Peer Review | None at this time, currently working on credentialing | Peer Review Quarterly, due December 31 st . | Quality Director | Ongoing Monthly Reporting |
| Anesthesia Peer Review | No Anesthesia performed in this facility | No action at this time | Quality Director | Ongoing Monthly Reporting |
| Unexpected Outcomes | No unexpected outcomes as of November 18th. | No action at this time | Quality Director | Ongoing Monthly Reporting |
| Mortality Review | No deaths as of November 18th | No action at this time | Quality Director | Ongoing Monthly Reporting |
| Supply Chain Management | | | | |
| Product Recalls/Backorders | <p>Brenda recommends motion to approve the Recall/Backorder Report listed below.</p> <ol style="list-style-type: none"> 1. Lab I-Stat Cartridge Product Notification - there was an update to cartridge-based instructions – the notice was sent to Arlene for future application. 2. Lab Immunohematology Reagent Product Notification – there were updates made to printer barcode labels for certain lots – the notice was sent to Arlene for future reference. 3. Surgery Valleylab FT10 Energy Platform | Cris Hickerson recommends the Recall/Backorder report, second by Holly Woodsen, all in favor | Materials Mgmt. | Ongoing Monthly Reporting |

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| | <p>Product Notification – this item was unable to be found in our facility – if it is found when surgery reopens, a software upgrade will need to take place for this item – the materials director completed the business reply form and emailed it back to the company, as requested on the product notification.</p> <p>4. Surgery Safelight Fiber Optic Cables (Clear and Gray) Voluntary Product Recall – these items were unable to be found in the facility – if they are found when surgery reopens, we can contact the manufacturer (Stryker) to get these replaced – certain lots lack adequate epoxy on proximal end, creating light output issues – the materials director completed the online business reply form and submitted it to the manufacturer, as requested on the recall notification.</p> <p>5. LifePak 15 AC Power Adapter (battery piece for defibrillators) – the materials director checked these for the facility – the facility did not have any of the effected serial numbers – this was a recall/replace situation as the effected serial numbers were not charging the defibrillators – the materials director completed the business reply form and emailed it back to the manufacturer (Stryker), as requested on the recall notification.</p> | | | |

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| Equipment Management | <p>Brenda Jennings recommends motion for the Equipment Management Report listed below. Stephen Cupps, Field Service Engineer with Space Labs, is on back on site. He is continuing to unpack and assemble the new SpaceLabs equipment, in addition to installing QUBE devices in the MedSurge department. All old equipment removed from the PACU and ICU areas during his previous visit have been shipped back to SpaceLabs headquarters.</p> <p>An incident occurred in the lab, leading to the triage analyzer being broken. A new triage analyzer machine has been overnighed to the hospital and is expected to arrive. Our facility will ship the broken machine back to the manufacturer. New controls will be ordered to calibrate the new machine, and proceed with use for the triage analyzer.</p> | Cris Hickerson recommends the Equipment Management report, second by Holly Woodsen, all in favor | Materials Mgmt. | Ongoing Monthly Reporting |
| Medical Records | | | | |
| Delinquent medical records >30 days | No delinquent medical records todote | No action required | HIM | Ongoing Monthly Reporting |
| Med/Surg | | | | |
| Critical Values | Brenda Jennings Recommends approval of the Critical Value Report. All fell out due to documentation. | Holly Woodson motion to approve Critical Value Report, second by Austin Charles, all in favor | MS | Education to be done by 12/1/23 by Austin Charles |
| Mortality Review of IP Deaths | No Mortality Review Report Deaths at this time. | No action required | MS | Ongoing Monthly Reporting |
| Airborne Infection Isolation Room Checklist | Rooms are only checked when Isolation patients are present. There has not been any Airborne Isolations admitted. | No action required | MS Director | As soon as part gets in, the room will |

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|---|--|---|--------------------|---------------------------|
| | | | | be fixed. |
| Number of Blood Consent obtained and documented appropriately | No Blood Transfusions have been done | No action required | MS Director | Ongoing Monthly Reporting |
| HAC Pressure Ulcers per 1000 patient days | No HAC pressure ulcers days | No action required | MS Director | Ongoing Monthly Reporting |
| Radiology | | | | |
| Radiology Report | Brenda Jennings Recommends approval of Radiology Committee report, no patient safety incidents to report; technologist repeat rates was from a small sample size and trial and error period learning new equipment accounts for repeat films; CT dose alerts, none; Exams awaiting results, small sample size, no useful reportable data at this time; Call back response times, none; Turnaround times for stat exams was at 92% within an hour; No critical findings. | Holly Woodson motion to approve November Radiology Report, second by Austin Charles, all in favor. | Radiology Director | Ongoing Monthly Reporting |
| ED/Radiologist Interpretation Discrepancies | No Radiologist Interpretation Discrepancies | No action required | Radiology Director | Ongoing Monthly Reporting |
| Imaging Critical Results <u>Communicated</u> within 60 minutes or less – AVG Time | No Critical Results communicated longer than 60 minutes. | No action required | Radiology Director | Ongoing Monthly Reporting |
| Imaging Critical Tests <u>Completed</u> within 60minutes or less of order time – AVG Time | No Critical Results completed longer than 60 minutes. | No action required | Radiology Director | Ongoing Monthly Reporting |
| High level of disinfection Revital Ox Solutions | Brenda Jennings recommends approval for Revital-Ox chemical strip monitoring log and updated patient log updated on 11-21-23. | Holly Woodson motion to approve Revital-Ox solution updated logs, second by Austin Charles, all in favor. | Radiology Director | Ongoing Monthly Reporting |
| Emergency Room | | | | |
| AMA's | Brenda Jennings recommends approval for 3 ER AMA. | | ED Director | Ongoing Monthly Reporting |

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| Appropriate ER Transfers | Brenda Jennings recommends approval for approx. 3 transfers out of ED for higher level of care since been open. Workorder has been placed to EVIDENT for Disposition choices. | Holly Woodson motion to approve Transfer report of 3 transfers out for higher level of care, second by Austin Charles, all in favor | Ed Director | Ongoing Monthly Reporting |
| Left without being seen in the ED | At this time EVIDENT does not have LWBS reporting options. | Workorder has been placed for EVIDENT for Disposition choices. | ED Director | Ongoing Monthly Reporting |
| Mortality Review of ED Deaths | No ED deaths to report as of November 18 th . | No action required | ED Director | Ongoing Monthly Reporting |
| Pharmacy | | | | |
| Order Sets | N/A | N/A | Pharmacy Director | Ongoing Monthly Reporting |
| Medication Variance | No medication variance to report as of November 18 th . | No action required | Pharmacy Director | Ongoing Monthly Reporting |
| Backorders/Supply Issues Recalls | Brenda Jennings recommends approval of supply issues with control substances and nationwide supply issues with Lorazepam injection and long-term shortages with Lidocaine, Lido w/epi. | Janae Chittum motion to approve Supply issues and shortages, second by Cris Hickerson, all in favor. | Pharmacy Director | Ongoing Monthly Reporting |
| # of adverse drug reactions reported | No adverse drug reactions to report as of November 18 th . | No action required. | Pharmacy Director | Ongoing Monthly Reporting |
| Adverse Drug Reaction Rate | No adverse drug reaction | No action required | Pharmacy Director | Ongoing Monthly Reporting |
| Pharmacy & Therapeutics Committee | Brenda Jennings recommends approval of Pharmacy & Therapeutic Committee Minutes for the month of October. | Janae Chittum motion to approve Pharmacy & Therapeutic Committee Minutes, second by Cris Hickerson, all in favor. | Pharmacy Director | Ongoing Monthly Reporting |
| Medication Verify Compliance | Brenda Jennings recommends approval for Medication Verification Compliance for M/S and ED departments at 76.47%. Out of total administrations of 438, 303 medications were verified. | Janae Chittum motion to approve Medication Verification Compliance for M/S and ED department, second by Cris Hickerson, all in favor. | MS and ED Director | Education done to staff by 12/1/2023 |
| Antibiotic Stewardship | Nothing to report | No action required | Pharmacy Director | Ongoing Monthly Reporting |

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| Infection Prevention | | | | |
| Dashboard | Brenda Jennings recommends approval of Infection Control Dashboard for October 2023 | Cris Hickerson motioned to approve Infection Control Dashboard, second by Austin Charles, all in favor | Infection Control | Ongoing Monthly Reporting |
| IC Department Surveys | No IC Surveys | No action to report | IC Nurse | Ongoing Monthly Reporting |
| Hand Hygiene Compliance | No Hand Hygiene Compliance Report | | IC Nurse | Ongoing Monthly Reporting |
| Disinfectant Compliance | No Disinfectant Compliance, no surgeries performed | NO action to report | IC Nurse | Ongoing Monthly Reporting |
| Sterilization | No sterilization report, no surgeries performed | No action to report | IC Nurse | Ongoing Monthly Reporting |
| SSI Identification | No surgeries performed | No action to report | IC Nurse | Ongoing Monthly Reporting |
| Housekeeping | Brenda Jennings Recommends approval of Housekeeping Report. | Cris Hickerson motion to approve Housekeeping report, second by Austin Charles, all in favor | IC Nurse | Ongoing Monthly Reporting |
| Influenza Program | See Employee Health Report | No action required | IC Nurse | Ongoing Monthly Reporting |
| Rounding Report | Brenda Jennings recommends approval of Infection Control Rounds of water damage to ceiling tiles throughout the hospital. See report | Cris Hickerson motion to approve Infection Control rounds report, second by Austin Charles, all in favor. | IC Nurse & EOC Director | Replacing ceiling tiles by 12/1/2023 |
| Credential Committee | | | | |
| Credential Report | Brenda Jennings recommends approval of Credential Report showing 7 out of 22 providers have completed their paperwork; ten waiting on Med Trainer; one waiting on documents from provider; one awaiting application; one sign release; two code of ethics and consent | Cris Hickerson motion to approve Credential Report, second by Austin Charles, all in favor | Deby Landis | Ongoing Monthly Reporting |
| Employee Health | | | | |
| Employee Health new employee | Brenda Jennings recommends approval for Employee | Cris Hickerson motion to approve the | Employee | Paperwork |

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| paperwork and flu vaccines. | Health Report for completing employee health paperwork and flu vaccine. Flu - CRH 40% vaccinated Total Vaccinated CRH – 27 Total Vaccinated Other – 14 Total Refused Flu – 15 New employee paperwork, 90%, only 7 needs to finish their all their paperwork forms. | Employee Health Report for new employee paperwork and flu vaccines. Second by Austin Charles, all in favor. | Health/Infection Control | and Flu Info. 12/1/23 Flu Totals turned into NHSN by March 2024 |
| Employee Illnesses | Brenda Jennings recommends approval for Employee illness report, since October 30 th , 5 employees have called in and 2 of the 5 was positive with Covid. | Cris Hickerson motion to approve the Employee Illness Report, second by Austin Charles, all in favor | Infection Control Nurse | Ongoing Monthly Reporting |
| Bloodborne exposures, Sharp injuries, Employee Injuries | No Bloodborne exposures, sharps, or employee injuries | No action required | Infection Control Nurse | Ongoing Monthly Reporting |
| Process Improvement | | | | |
| Dashboard Review | Brenda Jennings recommends approval for the Quality Improvement Dashboard. | Austin Charles motion to approve the Quality Dashboard, second by Janae Chittum, all in favor. | Quality Director | Ongoing Monthly Reporting |
| Airborne Isolation | No Airborne Isolation admissions | No action required | MS Director | Ongoing Monthly Reporting |
| Order Sets | No order sets to report | No action required | MS Director | Ongoing Monthly Reporting |
| LifeShare | No deaths to report | No action required | ED Director and MS Director | Ongoing Monthly Reporting |
| Medication Variance | No medication variance report | No action required | Pharmacy Director | Ongoing Monthly Reporting |
| Left without being seen in ED | | N/A | ED Director | Ongoing Monthly Reporting |
| Falls | No falls to report | No action required | MS Director | Ongoing Monthly Reporting |
| Boiler Room Review | N/A | N/A | EOC Director | Ongoing Monthly |

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| | | | | Reporting |
| Influenza Vaccination counts for staff | Brenda Jennings recommends approval of Employee Flu Vaccination counts of 40% vaccination at CRH and 61% vaccination at CRH and Other Facilities. | Chanae Chittum motion to approve Employee Flu Vaccination counts, second by Austin Charles, all in favor. | Employee Health/Infection Control | Ongoing Monthly Reporting |
| Patient Satisfaction | No Patient Satisfaction Report as of November 18 th . | No action required | Quality Director | Ongoing Monthly Reporting |
| Contracted Services | | | | |
| Contracts | Brenda Jennings recommends approval of Contract Equipment Evaluations of Northeast Oklahoma Management Services Organization and Termination of G&S Laboratory Associates on the 7 th of October. | Austin Charles made a motion to approve the Contract report, second by Janae Chittum, all in favor. | Len Lacefield | Ongoing Monthly Reporting |
| Risk Management | | | | |
| Incident Reports | Brenda Jennings recommends approval of Med/Surge Incident report on the 14 th of Nov. at 1600, for medications were not given on the previous shift on Med/Surge. The nurse did not give medications due to the system not allowing medications to be verified. It was found that one of the steps was missed by this staff nurse. She was educated on the steps that needed to happen in order to verify medications. The Patient did receive two different antibiotics late. Provider was notified no orders received. No harm noted to patient. | Cris Hickerson made a motion to approve Med/Surge incident report dated Nov. 14 th at 1600. Second by Sarah Keys, all in favor. | MS Director | Completed 11/16/2023 |
| Root Cause Analysis | No root cause analysis as of November 18 th . | No action required | Quality Director | Ongoing Monthly Reporting |
| Complaints/Grievances | Brenda Jennings recommends approval of Complaint on 11/3/23 for ED Provider, Jeff Barlow received a complaint from a patient thinking they did not receive the correct care in ED. Pt. was educated about the treatment explaining they were already receiving the correct treatment for the diagnosis. A letter was also sent out to the patient. | Austin Charles motion made to recommend approval of patient complaint on 11/3/23 against Jeff Barlow ED provider. Second by Cris Hickerson, all in favor. | Quality Director | Completed 11/4/2023 |

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|---|---|--|-------------------|---------------------------|
| Sentinel Events | No Sentinel Event to report | N/A | Quality Director | Ongoing Monthly Reporting |
| Education | | | | |
| New/Pending/Staff | Brenda Jennings recommendation for approval for education Inservice done by Eugen Durbin on Portable Fire Extinguisher Use Training done on 10/27/23. | Len Lacefield motion to approve the Education Inservice on Portable Fire Extinguishers, second by Austin Charles, all in favor | Eugene Durbin | Completed 10/27/23 |
| Competencies/Education material | Brenda Jennings recommendation for approval for Med Trainer to provide online required Employee Education. They will provide CRH with a list then employees will be assigned to the proper Education. | Len Lacefield motion to approve Med Trainer to provide online Employee Education, second by Austin Charles, all in favor. | Deby Landis | 12/8/2023 |
| Annual Training | N/A | N/A | | Ongoing |
| Ongoing Education | N/A | N/A | | Ongoing |
| New Procedures or Techniques | N/A | N/A | | Ongoing |
| Disaster Preparedness | | | | |
| Disaster Preparedness | N/A | N/A | | Ongoing |
| Drills | Brenda Jennings recommends approving Fire Drill done on November 9 th . | Janae Chittum motion to approve Fire Drill, second by Austin Charles, all in favor | Eugene Durbin | Completed 11/9/2023 |
| Emergency Operation Plan | N/A | N/A | EOC Director | Ongoing |
| Environment of Care | | | | |
| Temperature & Humidity Levels | Brenda Jennings recommends approval of Humidity Report | Janae Chittum motion to approve the Humidity Report, second by Cris Hickerson, all in favor. | EOC Director | Ongoing |
| Utility Management – Domestic Water Program Study | N/A | N/A | EOC Director | Ongoing |
| Fire/Safety/Life Safety | N/A | N/A | EOC Director | Ongoing |
| Hazardous Waste/Chemical Management/ | N/A | N/A | EOC Director | Ongoing |
| Log Management | Brenda Jennings recommends approval of Environmental report showing 100% on logs; ED daily negative pressure monitor control chart for November shows Rm 4 reported to facilities on 11/07 that it was out of range. EOC is aware and someone has been contacted to come take a look. | Len Lacefield motion to approve Environmental Report for logs and the ED Report for negative pressure monitoring, second by Cris Hickerson, all in favor | EOC Director | 11/11/2023 |

| Agenda Item | Discussion | Action/Recommendations | Responsible Party | Projected Completion Date |
|--|---|--|---|---------------------------|
| Rounding Report | N/A | N/A | EOC Director | Ongoing Monthly Reporting |
| Policies & Procedures/Forms | | | | |
| Policies & Procedures | <p>1) Brenda Jennings recommends approval of a Hypoglycemic Protocol Policy and Negative Pressure Rooms Policy and Log.</p> <p>2) Brenda Jennings recommends approval of the Authorization to use and disclose protected health information form.</p> <p>3) Brenda Jennings recommends approval of Radiology policies and procedures listed below.</p> <p>4) Brenda Jennings recommends approval for High Level Disinfectant Use – Revital-Ox HLD Solution Policy, Revital-Ox competency validation guide, QC Check Log Sheet, Patient Log Revital-Ox , Cidex OPA Test Strip Log</p> <p>5) Brenda Jennings recommends approval for the Utility Failure Report form.</p> | <p>1) Len Lacefield made a motion to approve the Hypoglycemia Protocol Policy and Negative Pressure Rooms Policy and Log attached below, second by Cris Hickerson, all in favor.</p> <p>2) motion made to approve the Authorization to use and disclose protected health information form, second by, all in favor.</p> <p>3) Len Lacefield motions made to approve the policies and procedures listed below for Radiology, second by Austin Charles, all in favor.</p> <p>4) Len Lacefield motion to approve Revital-Ox Policies and Procedures, second by Austin Charles, all in favor.</p> <p>5) Len Lacefield motion to approve Utility Failure Report Form, second by Austin Charles, all in favor.</p> | <p>MS Director Radiology Director EOC Director</p> | Ongoing Monthly Reporting |
| Environmental Services | | | | |
| Environmental Services | Brenda Jennings recommends approval of Environmental reports, 100% on Check list audit/patient rooms, Emergency eyewash/shower weekly test log, daily cleaning inspection common area log, blanket warmers log, water fountain log, daily refrigerator log, ice machine log | Cris Hickerson motion to approve Environmental report, second by Austin Charles, all in favor | EVS Manager | Ongoing Monthly Reporting |
| ICRA for Construction & Remodel | | | | |
| Motion to adjourn | Brenda Jennings recommended a motion to adjourn Quality Meeting at 1435. Next Quality Meeting will be on 12/20/2023. | Cris Hickerson made a motion to adjourn, second by Austin Charles, all in favor | | |

Radiology Policies and Procedures

- 1) OVERVIEW
 - a) Medical Staff Bylaws Concerning Radiology
 - b) Mission Statement
 - c) Department Definition
 - d) Standards For Improvement
 - e) Call Back Policy
 - f) Policy Review Timeline
 - g) Policy for Equipment Malfunction
- 2) PATIENT POLICIES
 - a) Patient and Exam Verification
 - b) Screening Policy
 - c) Informed Consent
 - d) Preoperative Marking Biopsy/Needle Localization Site
- 3) INFECTION CONTROL
 - a) Ultrasound Gel Infection Risk Reduction
 - b) Portable Machine Infection Control
 - c) Infection Control during Contrast or Radionuclide Injection
- 4) Radiation Safety
 - a) Radiation Safety
 - b) Radiation Exposure Reports
 - i) ALARA Letters
 - c) Pregnancy Policy for Radiation Worker
 - i) US NRC Instruction Concerning Prenatal Radiation Exposure
 - d) Portable C-arm Usage
- 5) PROCEDURE ORDERING AND INFORMATION
 - a) Procedure Ordering and Completion Guidelines
 - b) Radiology Procedure Protocols
 - c) Radiology Record Retention
 - d) Radiograph Labeling
- 6) Injectable contrast usage
 - a) Contrast Media Injection
 - b) Acute Adverse Contrast Media Reaction
- 7) NUCLEAR MEDICINE

- a) NM Scope of service
 - b) NM Patient and Exam Verification
 - c) NM Radioactive Pharmaceuticals Administration Verification
 - d) NM Appropriateness Based on Patient Considerations
 - e) NM Physics Inspection
 - f) NM PM Policy
 - g) NM Quality Control
 - h) NM Radiation Safety and Training
 - i) NM Radiation Safety and Security- NM and Hot Lab Procedures
 - j) Rules for Handling Radioactive Materials
- 8) COMPUTED TOMOGRAPHY
- a) CT Quality Control
 - b) CT Patient and Exam Verification
 - c) CT Appropriateness Based on Patient Considerations
 - d) CT Physics Inspection
 - e) CT Preventative Maintenance
- 9) MAGNETIC RESONANCE IMAGING
- a) Access to MRI
 - b) Managing MRI Safety Risks
 - c) MRI Gadolinium Based Contrast Agent Medication Guide Distribution
 - d) MRI Quench Policy
 - e) MRI Fire Preparedness
 - f) MRI Appropriateness Based on Patient Considerations
 - g) MRI Reporting Safety Incidents
 - h) MRI Patient and Exam Verification Policy
 - i) MRI Personnel Level Policy
 - j) MRI Safety, Training, and Education
 - k) MRI Zones Policy
 - l) MRI Physics Inspection
 - m) MRI Preventative Maintenance
 - n) MRI Quality Control
- 10) MAMMOGRAPHY
- 11) FORMS
- a) Authorization to Use and Disclose Protected Health Information
 - b) MRI Screening Questionnaire

- c) MRI Safety- Patient Education Tattoos
- d) Spine Questionnaire
- e) MRI of Lumbar Spine for Low Back Pain Questionnaire
- f) MRI Contrast Patient Education
- g) Medication Guide MULTIHANCE
- h) Breast Implant Screening Consent
- i) Contrast Media Questionnaire Form
- j) Contrast Media Consent Form
- k) Post Iodinated Contrast Media Instructions
- l) Medication Reconciliation Form
- m) Release for Childbearing Age Female**

Clinton Regional Hospital
MINUTES FOR THE Quality Assurance/Performance Program Meeting– Date Oct 18, 2023

Present: Len Lacefield CEO, Janae Chittum CNO, Sarah Keys EVS Manager, Cris Hickerson Director of Pharmacy, Brenda Jennings Quality/Infection Control/Employee Health,

Excused: _____ Chief of Staff, Janice Merrill EOC Director, David Burchett Radiology Director, Austin Charles M/S Director, Clint Honeycutt, ED Director, Gustavo Deleon Lab Director

| Agenda Item | Discussion | Action/Recommendations | Responsible Party | Projected Completion Date |
|---|--|---|---|---|
| Motion to call to order | Brenda Jennings recommended a motion to call October Quality Assurance/Performance Meeting to order at 1500. | Cris Hickerson approval of October Quality Assurance/Performance Meeting being called to order, second by Janae Chittum, all in favor. | | |
| Old Business | | | | |
| 1) Recommend approval for the August Quality Meeting minutes. | 1) Brenda Jennings motion to recommend approval of August Quality Meeting Minutes. | 1) Cris Hickerson made a motion to approve August Quality Meeting minutes, second by Janae Chittum, all in favor. | IC | GB |
| New Business | | | | |
| 1) Recommend approval for a total of 38 Infection Control Policies and Forms listed below. 2) Recommend approval for the Clinton regional Hospital Chemical List for EVS. 3) Recommend approval for Cardiopulmonary Respiratory Therapy Policies and Procedures #1-81 listed below. 4) Recommend approval for the Pharmacy Provider Order Sets Policy. | 1) Brenda Jennings motion to recommend approval of 38 policies and forms for Infection Control listed below #IC 9.0i-IC 9.62B. 2) Brenda Jennings motion to recommend approval of the CRH chemical list for EVS. 3) Brenda Jennings motion to recommend approval of the Respiratory Therapy Policies and Procedures 1-81. 4) Brenda Jennings motion to recommend approval for the Pharmacy Provider Order Sets Policy. 5) Brenda Jennings motion to recommend approval for the Emergency Department Policies 1-14. 6) Brenda Jennings motion to recommend approval for the Infection Control Annual Dashboard. 7) Brenda Jennings motion to recommend approval for the M/S Policy and Procedures as follows: | 1) Cris Hickerson made a motion to approve the 38 Policies & Forms for Infection Control attached below, second by Janae Chittum, all in favor. 2) Cris Hickerson made a motion to approve chemical list for CRH EVS, second by Janae Chittum, all in favor. 3) Cris Hickerson made a motion to approve Respiratory Therapy Policies and Procedures 1-81, second by Janae Chittum, all in favor. 4) Cris Hickerson made a motion to approve the Pharmacy Provider Order Sets Policy, second by Janae Chittum, all in favor. 5) Cris Hickerson made a motion to approve the Emergency Department | IC Director EVS Manager RT Director Pharmacy Director Ed Director M/S Director | Ongoing Ongoing Ongoing Ongoing Ongoing |

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| 5) Recommend approval for Emergency Department Policies 1-14 listed below. 6) Recommend approval for the Infection Control Annual Dashboard 7) Recommend approval for M/S Policy and Procedures. | Telemetry Tech, Restraint, Fall Prevention, Critical Test Reporting, Crash Cart Check Policies. | Policies 1-14, second by Janae Chittum, all in favor. 6) Cris Hickerson made a motion to approve the Infection Control Dashboard, second by Janae Chittum, all in favor. 7) Cris Hickerson made a motion to approve the M/S Telemetry Tech, Restraint, Fall Prevention, Critical Test Reporting, Crash Cart Check Policy, and Procedures, second by Janae Chittum, all in favor. | | |
| Standing QA/PI Items | | | | |
| Consent Items | | | | |
| Lab | | | | |
| Number of Blood Cx. Contaminated | N/A | N/A | Gustavo Deleon | |
| Number of transfusion reactions | N/A | N/A | Gustavo Deleon | |
| Transfusion Utilization Review | N/A | N/A | Gustavo Deleon | |
| ED Report | | | | |
| Left without being seen in the ED | N/A | N/A | Clint Honeycutt | |
| Mortality Review of ED Deaths | N/A | N/A | Clint Honeycutt | |
| Availability & Response Times of on-call staff specialists | N/A | N/A | Clint HOneycutt | |
| Peer Review | | | | |
| Physician Peer Review | N/A | N/A | Brenda Jennings | |
| Anesthesia Peer Review | N/A | N/A | Brenda Jennings | |
| Unexpected Outcomes | N/A | N/A | Brenda Jennings | |
| Mortality Review | N/A | N/A | Brenda Jennings | |
| Supply Chain Management | | | | |
| Product Recalls/Backorders | N/A | N/A | Janice Merrill | |
| Equipment Management | N/A | N/A | Janice Merrill | |
| Medical Records | | | | |
| Clinical Documentation Findings | N/A | N/A | HIM | |
| Med/Surg | | | | |

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|--|---|--|--------------------------|----------------------------------|
| Critical Values | N/A | N/A | Austin Charles | |
| Mortality Review of IP Deaths | N/A | N/A | Austin Charles | |
| Airborne Infection Isolation Room Checklist | N/A | N/A | Austin Charles | |
| Number of Blood Consent obtained and documented appropriately | N/A | N/A | MS Director | |
| Radiology | | | | |
| Radiology Report | N/A | N/A | Radiology Director | Ongoing |
| Pharmacy | | | | |
| Standing Orders | N/A | N/A | Pharmacy Director | Ongoing |
| Medication Variance | N/A | N/A | Pharmacy Director | Ongoing |
| Backorders/Supply Issues Recalls | N/A | N/A | Pharmacy Director | Ongoing |
| Pharmacy & Therapeutics review | N/A | N/A | Pharmacy Director | Ongoing |
| Antibiotic Stewardship | N/A | N/A | IC Nurse | Ongoing |
| Infection Prevention | | | | |
| IC Department Surveys | N/A | N/A | IC Nurse | Ongoing |
| Hand Hygiene Compliance | N/A | N/A | IC Nurse | Ongoing |
| Disinfectant Compliance | N/A | N/A | IC Nurse | Ongoing |
| Sterilization | N/A | N/A | IC Nurse | Ongoing |
| SSI Identification | N/A | N/A | IC Nurse | Ongoing |
| Housekeeping | N/A | N/A | IC Nurse | Ongoing |
| Influenza Program | N/A | N/A | IC Nurse | Ongoing |
| Rounding Report | | | IC Nurse | Ongoing |
| Credential Committee | | | | |
| Credential Report | N/A | N/A | | |
| Employee Health | | | | |
| Employee Illnesses | N/A | N/A | Infection Control Nurse | Ongoing |
| Bloodborne exposures, Sharp injuries, Employee Injuries | N/A | N/A | Infection Control Nurse | Ongoing |
| Process Improvement | | | | |
| Dashboard Review | N/A | N/A | Quality Director | Ongoing |
| PI Studies | N/A | N/A | Quality Director | Ongoing |
| Recommend approval for PI Studies - Airborne Isolation, Availability & Response Times of | Brenda Jennings motion to recommend approval for the listed Performance Improvement Studies: Airborne | Cris Hickerson made a motion to approve the listed Performance | Quality Director | Ongoing |

| Agenda Item | Discussion | Action/Recommendations | Responsible Party | Projected Completion Date |
|---|--|--|---|-------------------------------|
| on call Staff Specialists, Boiler Room Review, Falls, Influenza Immunization, Left without being seen in ED, Medication Variance, LifeShare, Standing Orders, | Isolation, Availability & Response Times of on call Staff Specialists, Boiler Room Review, Falls, Influenza | Improvement Studies, second by Janae Chittum, all in favor. | | |
| Falls | N/A | N/A | Quality Director | |
| Influenza Immunization Received for Current Flu Season | N/A | N/A | Quality Director | |
| Life Share | N/A | N/A | Quality Directory | |
| | | | | |
| Patient Satisfaction | N/A | N/A | Quality Director | Ongoing |
| Contracted Services | | | | |
| Recommend approval Contract/Equipment Evaluation for the following: Archmedical, Commercial Medical, DirecTV, DIA, DLO, DLO Employee Health, Linen King, The OKLA Blood Institute, CLIA | Brenda Jennings motion to recommend approval for the listed Contract/Equipment Evaluations: Archmedical, Commercial Medical, DirecTV, DIA, DLO, DLO Employee Health, Linen King, The OKLA Blood Institute, CLIA | Cris Hickerson made a motion to approve the listed Contract/Equipment Evaluations, second by Janae Chittum, all in favor. | Quality Director | Ongoing |
| Risk Management | | | | |
| Incident Reports | N/A | N/A | Quality Director | Ongoing |
| Root Cause Analysis | N/A | N/A | Quality Director | Ongoing |
| Complaints/Grievances | N/A | N/A | Quality Director | Ongoing |
| Sentinel Events | N/A | N/A | Quality Director | Ongoing |
| Education | | | | |
| New/Pending/Staff | | | | |
| 1) Recommend approval of M/S Education Competency for Blood Administration and Phlebotomy for all new RN and LPN staff. 2) Recommend approval for M/S New Hire Nursing Skills Education & Competencies 3) Recommend approval for M/S CAN Skills Education & Competencies for all new hires. | 1) Brenda Jennings motion to recommend approval of M/S Education Competency for Blood Administration and Phlebotomy for all new RN and LPN staff. 2) Brenda Jennings motion to recommend approval for M/S New Hire Nursing Skills Education & Competencies. 3) Brenda Jennings motion to recommend approval for M/S CNA Skills Education & Competencies for all new hires. | 1) Cris Hickerson motion made to recommend approval for M/S Competency Education for Blood Administration and Phlebotomy for all new RN and LPN staff, second by Janae Chittum, all in favor. 2) Cris Hickerson motion made to recommend approval for M/S Nursing Skills Education & Competencies for all | 1, 2, 3) M/S Director 4) ED Director 5) EVS Manager | Ongoing Ongoing Ongoing |

| Agenda Item | Discussion | Action/Recommendations | Responsible Party | Projected Completion Date |
|--|---|--|-------------------|---------------------------|
| 4) Recommend approval for the Emergency Department Nurse Competency Based Orientation 5) Recommend approval for the Education done for the EVS staff on Chemical Training | 4) Brenda Jennings motion to recommend approval of the Education for the Competency Based Orientation for the Emergency Department Nurse. 5) Brenda Jennings motion to recommend approval for the Education for EVS staff on Chemical Training done by Linen King's representatives. | new hires, second by Janae Chittum, all in favor. 3) Cris Hickerson motion made to recommend approval for M/S CNA Skills Education & Competencies for all new hires, second by Janae Chittum, all in favor. 4) Cris Hickerson motion made to recommend approval for Competency Based Orientation for the Emergency Department Nurse, second by Janae Chittum, all in favor. 5) Cris Hickerson motion made to recommend approval for the Chemical Training done for EVS Staff by Linen King, second by Jnae Chittum, all in favor. | | |
| Annual Training | N/A | N/A | | Ongoing |
| Ongoing Education | N/A | N/A | | Ongoing |
| New Procedures or Techniques | N/A | N/A | | Ongoing |
| Disaster Preparedness | | | | |
| Disaster Preparedness | N/A | N/A | | Ongoing |
| Drills | N/A | N/A | | Ongoing |
| Emergency Operation Plan | N/A | N/A | | Ongoing |
| Environment of Care | | | | |
| Temperature & Humidity Levels | N/A | N/A | | Ongoing |
| Utility Management – Domestic Water Program Study | N/A | N/A | | Ongoing |
| Fire/Safety/Life Safety | N/A | N/A | | Ongoing |
| Hazardous Waste/Chemical Management/ | N/A | N/A | | Ongoing |
| Log Management | N/A | N/A | | Ongoing |
| Rounding Report | N/A | N/A | | Ongoing |
| Policies & Procedures/Forms | | | | |
| Policies & Forms | Infection Control Policies & Procedures 9.0i-9.62B | See above | IC | Ongoing |

| Agenda Item | Discussion | Action/Recommendations | Responsible Party | Projected Completion Date |
|--|---|---|-------------------------|---------------------------|
| Form | EVS Chemical List | See Above | EVS | Ongoing |
| Policy | Respiratory Policies & Procedures 1-81 | See above | RT | Ongoing |
| Policy | Provider Order Sets Policy | See above | Pharmacy | Ongoing |
| Policy | Emergency Department Policies 1-14 | See above | ED | Ongoing |
| Competencies/Education material | See above on New Employees | See above | Directors & Managers | Ongoing |
| Environmental Services | | | | |
| Environmental Services | Brenda Jennings recommend a motion to accept Linen King contract for Clinton Regional Hospital's laundry service. | Cris Hickerson made a motion to accept Linen King's contract for our laundry service, second by Janae Chittum, all in favor | EVS Manager | Ongoing |
| ICRA for Construction & Remodel | N/A | N/A | Infection Control Nurse | Ongoing |
| Motion to adjourned | Brenda Jennings recommended a motion to adjourned Quality Meeting at 1545 time. | Cris Hickerson made a motion to adjourned, second by Janae Chittum, all in favor | | |
| | | | | |

Policies and Procedures for Cardiopulmonary Department at Clinton Regional Hospital

1. ABG Labeling and Transport
2. Adverse Reactions to Therapy and Medications
3. Administering Aerosol Treatments
4. Agency Respiratory Therapy Personnel
5. Arterial Blood Sampling
6. Assessment of Adult Patient
7. Bipap and Cpap
8. Bronchoscopy Intubation at Bedside
9. Change of Shift
10. Checking Crash Carts
11. Chest Percussion (CPT) Therapy and Postural Drainage
12. Cleaning and Sterilization of Equipment

13. Collection of Sputum Specimen/induction
14. Compressed Medical Gas Safety and Storage
15. Computer Down Time Receipt of Orders
16. Concurrent Therapy
17. Contacting an Attending Physician
18. Continuous Aerosol
19. Continuous Nebulizer Therapy
20. Cough Assist
21. Credentialing Guidelines
22. Critical Values for Arterial Blood Gases
23. Daily Oxygen Rounds
24. Disposable Supplies Use and Disposition
25. Emergency Airway Bags
26. Endotracheal Suctioning of Patients on Ventilators
27. Esophageal Detector
28. Extubation
29. Generic Equivalent of Respiratory
30. Glidescope
31. Handheld Nebulizer
32. Holter Monitor
33. Home Cpap
34. Incentive Spirometry
35. Incomplete Physician Orders
36. Intermittent Positive Pressure Breathing (EX-PAP)
37. Medical Device Reporting
38. Medical Necessity
39. Metered Dose Inhaler (MDI) and Powered Dose Inhaler (PDI)
40. Metered Dose Inhaler Administration
41. Nasopharyngeal Airway Insertion
42. Nasotracheal Suctioning
43. Non-invasive Ventilator
44. Oropharyngeal Airway
45. Oxygen Analyzer
46. Oxygen Humidification
47. Oxygen Saturation Intervention
48. Oxygen Therapy Cannulas and Masks
49. Oxygen Use Without Physician Orders
50. Oxygen Warning Signs

51. Peak Flow Measurement
52. Peak Flow Meter
53. Prioritization of Patient Acuity
54. Procedure for Administering Aerosol Treatments
55. Procedure for Initiating and Maintaining Volume Ventilators
56. Procedure for Maintaining Portable Oxygen on the Nursing Units
57. Procedure for Measurement of Weaning Ventilator Criteria
58. Procedure for Oximetry
59. Procedure for Recording/Noting Physicians Verbal Orders
60. Procedure for Starting New Patients on Therapy
61. Procedure Transport and Storage of Cylinder Gases
62. Pulmonary Function Testing
63. Pulse Oximetry
64. Pulse Oximetry for Titration
65. Pursed Lipped and Diaphragmatic Breathing
66. Rapid Response Team Anaphylaxis
67. Reporting of Arterial Blood Gas Analysis
68. Respirator Monitor Patients Transport
69. Respiratory Therapy Department Orientation
70. Standing Orders for Continuous Ventilation (Adult Patients)
71. Tobacco Cessation Education
72. Tracheostomy Speaking Valve
73. Tracheostomy Tube Change Out,
74. Use of Oxygen Mask
75. Use of Patient's Personal Equipment
76. Vapotherm Precision Flow
77. Vapotherm Cleaning and Disinfecting
78. Vent Cleaning and Maintenance
79. Ventilator Management
80. Ventilator Weaning Protocol
81. Use of Prefilled Disposable Humidifiers

Infection Control Policies and Procedures

| | |
|--------------|--|
| 9.0i | Infection Prevention and Control Surveillance |
| 9.0j | Infection Control Surveillance |
| 9.14 | Approved Surgical Site Preparation Agents |
| 9.14A | Nurse guided Anesthesia |
| 9.14B | Safe Procedure Review Policy |
| 9.15 | Aseptic Technique |

| | |
|-------|---|
| 9.16 | Autoclave Cleaning and Maintenance |
| 9.17 | Sterility of Items |
| 9.18 | Care of Surgical Instruments During and After |
| 9.19 | Processing Surgical Instruments |
| 9.19a | Definition of Biohazard Waste |
| 9.23 | Reprocess of limited use devices |
| 9.23a | Sterile Processing |
| 9.25 | Sterilization Care of Fiber-Optic Instruments |
| 9.28 | Cleaning of Patient Care Equipment |
| 9.31 | Housekeeping in the OR |
| 9.32 | Operating Room Cleaning Procedure for S |
| 9.25A | Sterility of Implants |
| 9.25B | Instrument Cleaning, Wrapping, Packaging and Sterilization |
| 9.25C | Guidelines for Linen Handling & Processing |
| 9.25D | Updated Cleaning and Disinfection of Endoscopy |
| 9.31c | Refrigerator & Microwave Cleaning Policy |
| 9.40A | Daily Cleaning Inspection Form (647) |
| 9.45a | Guidelines for Isolation Precautions 30.1 |
| 9.45b | MRSA Surveillance Policy |

| | |
|-------|--|
| 9.45c | Bed Bug Control Policy |
| 9.45D | CRH Pest and Vector Policy |
| 9.48 | Intravenous Access Devices Central Ven |
| 9.49 | Pandemic Influenza Vaccination Program 33.1 |
| 9.49D | Influx of infectious patients |
| 9.49a | COVID-19 PPE Policy |
| 9.49b | COVID-19 Guidance |
| 9.49c | COVID-19 Discontinuing of Isolation Pre |
| 9.52A | Employee Health Program |
| 9.60 | Hospital Staff Infection Prevention Education |
| 9.60A | OSHA 300 Form Process |
| 9.62A | Ice Machine Cleaning Log |
| 9.62B | Ice and Water Dispenser Cleaning |

Emergency Department Policies

1. Blood transfusion Reaction Policy
2. Ambulance Service Policy
3. AMA Policy
4. Addendum to Informed Consent Policy
5. Patient Transfer Policy
6. Crash Cart Check Policy
7. CRH Code Yellow Policy
8. CRH Code Red Policy
9. CRH Code Lake Policy

10. CRH Code Bronze Bomb Plan

11. Code Blue Plan Policy

12. Code Black Policy

13. Code Silver Policy

14. Code Pink Policy