

Date: 2026-03-28 | Author: Dr. Robert Kim

---

## QUALITY & PATIENT SAFETY COMMITTEE ? MEETING MINUTES

Date: March 28, 2026 | Chair: Dr. Robert Kim, Chief Quality Officer

Attendees: 14 of 16 committee members present

### AGENDA ITEM 1: PATIENT FALL REDUCTION

Q1 falls: 47 (Q4 2025: 62), a 24% reduction. Falls with injury: 8 (Q4: 14). The new bed alarm protocol and hourly rounding initiative appear to be effective. However, the committee noted that the majority of falls (31 of 47) occurred during night shifts, correlating with reports of reduced staffing. ACTION ITEM: Request nightshift staffing data from HR for correlation analysis.

### AGENDA ITEM 2: HOSPITAL-ACQUIRED INFECTION DISCREPANCY

The committee reviewed conflicting reports regarding hospital-acquired infections. The Surgical Department reports a historic low of 1.2% SSI rate, while the ICU reports a concerning 4.5% HAI rate. Dr. Bailey and Nurse Kelly presented their respective data. The committee concluded that both reports are accurate for their respective departments, but that the hospital needs a unified infection reporting dashboard. ACTION ITEM: Task IT with developing a real-time infection tracking dashboard by end of Q2.

### AGENDA ITEM 3: PATIENT EXPERIENCE DISCREPANCY

Members discussed the apparent contradiction between the Patient Relations Q1 Survey (showing 20% satisfaction improvement) and the Emergency Department Incident Log (showing 25% increase in complaints). After reviewing both documents, the committee noted that the Patient Relations survey primarily captures inpatient satisfaction (discharged patients), while the Emergency Department data reflects outpatient/walk-in experience. Both may be accurate simultaneously, but the hospital should not present only the positive data to the Board. ACTION ITEM: Request combined patient experience report for Board presentation.

### AGENDA ITEM 4: READMISSION RATES

30-day readmission rate improved to 11.8% (Q4: 13.2%, national average: 15.2%). Heart failure readmissions showed the most improvement (18.3% to 12.7%) following implementation of the transition-of-care nursing program.

### AGENDA ITEM 5: CORE MEASURES

CMS Core Measure compliance: 96.4% overall. AMI measures: 98.1%. Heart failure: 95.7%. Pneumonia: 97.2%. Surgical care: 94.6%. All measures exceed CMS benchmarks.

Next Meeting: April 25, 2026

Signed: Dr. Robert Kim, MD, MPH

Chief Quality Officer