

Mangum Regional Medical Center
Medical Staff Meeting
Thursday
April 18, 2024

MEMBERS PRESENT:

John Chiaffitelli, DO, Medical Director
Laura Gilmore, MD
Absent:
Guest:

ALLIED HEALTH PROVIDER PRESENT:

David Arles, APRN-CNP
Mary Barnes, APRN-CNP

NON-MEMBERS PRESENT:

Kelley Martinez, RN, CEO
Chelsea Church, PharmD
Nick Walker, RN, CCO
Denise Jackson, RN, Quality
Karly Banker, LPN
Meghan Smith, RN
Chasity Howell, RN

1. Call to order
 - a. The meeting was called to order at 12:24 pm by Dr. John Chiaffitelli, Medical Director.
2. Acceptance of minutes
 - a. The minutes of the March 21, 2024, Medical Staff Meeting were reviewed.
i.Action: Dr. Chiaffitelli, Medical Director, made a motion to approve the minutes.
3. Unfinished Business
 - a. None
4. Report from the Chief Executive Officer
 - a. The start date for Nelson Ogembo, APRN-CNP is May 8th. He will be working in the clinic four and a half days a week.

- Operations Overview
 - We posted an ad for a Licensed Counselor for the Strong Minds program.
 - Patient rounds continue to provide good feedback from our patients.
 - Looking at clinic collections for March we collected a total of \$4,061.61 at time of service.
 - The hospital collected \$8,482.86 in copays and collections for the month of February. This number was mainly due to a few high past due accounts.
 - We had our second managers training course of Effective Communication.
 - With the new changes of managed Medicaid, we have had to hire someone to do prior authorizations for outpatients and this does affect some ER procedures as well. The ER procedure prior authorizations will be done by our current staff.

Written report remains in the minutes.

5. Committee / Departmental Reports

a. Medical Records

1. Completed unsigned discharge instructions.
 2. Kelley visited with a Provider about “SOAP” progress notes.
- Written report remains in the minutes.

b. Nursing

Patient Care

- MRMC Education included:
 1. Skills fair provided to staff on March 28, 2024.
 2. Updates regarding CPSI documentation for nursing staff
- MRMC Emergency Department reports 1 patient Left Without Being Seen (LWBS).
- MRMC Laboratory reports 0 contaminated blood culture set(s).
- MRMC Infection Prevention reports 1 CAUTI.
- MRMC Infection Prevention report 1 CLABSI.
- MRMC Infection Prevention reports 5 HAI, or 0 MDRO for the month of March.

Client Service

- Total Patient Days increased with 448 patient days in March 2024 as compared to 352 patient days in February 2024. This represents an average daily census of 14.5. In addition, MRMC Emergency Department provided care to 131 patients in March 2024.
- MRMC Case Management reports 25 Total Admissions for the month of March 2024.
- March 2024 COVID-19 Stats at MRMC: Swabs (6 PCR & 50 Antigen) with 0 Positive.

Preserve Rural Jobs

- MRMC interviewed for 1 fill-time and 1 part-time CNA position.
- MRMC has RN and LPN position open currently
- Patients continue to voice their praise and appreciation for the care received at MRMC. We continue to strive for excellence and improving patient/community relations.

Written report remains in minutes.

c. Infection Control

- Old Business
 - a Sepsis Screening in ED. Sepsis screening has continued to improve in the ED; 5/5 patients who met criteria, the sepsis protocol was followed.
- New Business
 - a. N/A
- Data:
 - a, N/A
- Policy & Procedures Review:
 - a. Corporate Policy & Review Committee is currently looking at all policies associated with Influenza Vaccines.
- Education/In Services
 - a. Monthly EPIC meeting for IP education.
 - b. Weekly Call with Corp. IP.
 - c. Weekly Lunch and Learns.
 - d. Staff education
- Updates: No updates at this time.
- Annual Items:
 - a. Completed March 2023
 - b. ICRA approved by Board March, 2024.

Written report remains in minutes.

d. Environment of Care and Safety Report

- i. Evaluation and Approval of Annual Plans –
 - i.i. Old Business - -

- a. Chrome pipe needs cleaned and escutcheons replaced on hopper in ER- could not replace escutcheons due to corroded piping in wall – capped off leaking pipe under the floor to stop leak – hopper will be covered – remodel postponed.
 - b. ER Provider office flooring needing replaced. Tile is onsite.- Remodel is postponed.
 - c. Damaged ceiling tile in patient area due to electrical upgrade-will need more tile to complete. - - No tile in stock at Lowes.
 - d. Replace ceiling tile that do not fit properly – will need more tile to complete.
 - e. EOC, EM and Life Safety Plans will be evaluated and approved in the April EOC meeting.
 - f. Add additional sanitizer dispensers in patient wing – will need more dispensers.- - 3 Additional dispensers have been delivered.
- i.i.i. New Business
 - a. None

Written report remains in minutes.
- e. Laboratory
 - i. Tissue Report – None – March, 2024 – Approved
 - i.i. Transfusion Report – March, 2024 – Approved

Written report remains in minutes.
- f. Radiology
 - i. There was a total of – 151 X-Rays/CT/US
 - i.i. Nothing up for approval
 - i.i.i. Updates:
 - o PM was completed on 3/08/2024 on the GE CT machine..

Written report remains in minutes.
- g. Pharmacy
 - i. Verbal Report by PharmD.
 - i.i. COVID-19 Medications-Have 1 dose of Bebtelovimab, 30 doses of Remdesivir and 18 Paxlovid doses in-house.
 - i.i.i. P & T Committee Meeting – P&T Meeting was held on March 28, 2024.
 - iv. Solu-Medrol has been added to the shortage list. We have plenty in house at this time.
 - v. Reminder to the Staff that Nurse Practitioners cannot write for C 2 medications. They also can't write for ketamine and midazolam (unless if an emergency situation). Nurse Practitioners must put their attending physician name on orders, not theirs.
The Nurse Practitioner's exclusionary Formulary verbiage is attached with the minutes.

Written report remains in the minutes.
- h. Physical Therapy

- i. No report.
- i. Emergency Department
 - i. No report
- j. Quality Assessment Performance Improvement
 - Risk
 - Risk Management
 - Grievance – 0
 - 4 - Fall with no injury
 - 0 - Fall with minor injury
 - 0– Fall with major injury
 - Death – 3
 - AMA/LWBS – 4/0
 - Quality
 - Quality Minutes from previous month included as attachment.
 - HIM – H&P – 1 H&P not complete – 1 Progress note not complete (1 Acute/1 SWB)
 - Med event – P&T reports quarterly
 - Afterhours access was – P&T reports quarterly
 - Compliance
 - Written report remains in minutes.
- k. Utilization Review
 - i. Total Patient days for March: 449
 - i.i. Total Medicare days for March: 413
 - i.i.i. Total Medicaid days for March: 1
 - iv. Total Swing Bed days for March: 405
 - v. Total Medicare SB days for March: 384
 - Written report remains in the minutes.

Motion made by Dr. John Chiaffitelli, Medical Director to approve Committee Reports for April, 2024.

6. New Business

- a. Review & Consideration of Approval of Policy & Procedure: MRMC – Extravasation Management Strategies
 - i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve MRMC – Extravasation Management Strategies.
- b.Review & Consideration of Approval of Policy & Procedure: MRMC – Conditions of Admission
 - i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve MRMC Conditions of Admission.
- c.Review & Consideration of Approval of Policy & Procedure: MRMC – Enteral Tube Management Policy

- i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve MRMC – Enteral Tube Management Policy..
- d.Review & Consideration of Approval of Policy & Procedure: MRMC - Intravenous (IV) Extravasaion Management and Treatment Policy
- i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve MRMC – Intravenous (IV) Extravasaion Management and Treatment Policy.
- e.Review & Consideration of Approval of Annual Plan: MRMC – 2024 Mangum Annual Quality and Safety Plan
- i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve MRMC – 2024 Mangum Annual Quality and Safety Plan.
- f.Review & Consideration of Approval of Annual Evaluation: MRMC - 2024 Mangum Annual Quality Plan Evaluation
- i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve MRMC – 2024 Mangum Annual Quality Plan Evaluation
- g.Review & Consideration of Approval of Policy & Procedure: MRMC – Lab Policy Manual – Table of Contents Attached – The following are additional Lab Policies & Procedures for review and approval:
1. Reporting COVID to State
 2. Specimen Labeling Policy
 3. Lab Plan of Care
 4. Quality Management Plan
 5. Competency and Orientation Plan
 6. Employee Signatures
 7. Lab Ergonomic Plan
 8. Performance Improvements Plan
 9. Blood and Urine Centrifuges
 10. Delegation of Duties
 11. Error Investigation and Documentation
 12. Use and Care of PPE
 13. Pathologist review of Results
 14. Proficiency Testing Policy
 15. Reporting to OSDH
 16. Specimen Rejection
 17. Specimen Storage
 18. Turn-Around Times
 19. Corrected Reports
 20. Chemical Hygiene and Exposure Control
 21. Blood Bank Alarm System
 22. Blood Culture Collection
 23. Evacuated Tube Collection
 24. FDA Medical Device Reporting Procedure
 25. Look back for Transmitted Disease Policy
 26. Platelet Poor Plasma
- i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve MRMC – Lab Policy Manual – Table of Contents Attached – The additional Lab Policies listed from 1. through 26. were approved.
- h.Review & Consideration of Approval of Policy & Procedure: MRMC – Strong Minds

Policy Manual – Table of Contents attached

i.Motion: made by John Chiaffitelli, DO, Medical Director, to approve Strong Minds Policy Manual – Table of Contents attached.

i.Review & Consideration of Approval of Assessment: MRMC – Annual TB Risk Assessment.

i.Motion: made by John Chiaffitelli, DO, Medical Director, to approve Annual TB Risk Assessment.

7. Adjourn

- a. Dr Chiaffitelli made a motion to adjourn the meeting at 12:57 pm.

Medical Director/Chief of Staff

Date