Meeting Location: OR	<b>Reporting Period: March 2024</b>		
Chairperson: Dr Gilmore	Meeting Date: 04/11/24	Meeting Time: 14:00	
Medical Representative: Dr Gilmore	Actual Start Time: 1406	Actual Finish Time: 1439	
Hospital Administrator/CEO: Kelley Martinez	Next Meeting Date/Time: tentatively 05/09/2024 @ 14:00		

Mission: To provide our Mangum community and surrounding counties with convenient, gold-standard "dependable and repeatable" patient care, while assisting and supporting all their medical healthcare needs.

#### \* Items in blue italics denote an item requiring a vote

I. CALL TO ORDER					
Agenda Item	Presenter	Time	Discussion/Conclusions	Decision/Action Items	
		Allotted			
A. Call to Order	QM	1 min	Called to order at	Approval: First Kelley / Second -	
				Jennifer	
I	. COMMITTE	E MEETIN	G REPORTS & APPROVAL OF MIN	NUTES	
Agenda Item	Presenter	Time	Discussion/Conclusions	Decision/Action Items	
		Allotted			
A. Quality and Patient Safety	Denise	2 min	Meeting minutes – Feb 2024	Approval: First – Kelley, Second – Jennifer	
Committee	Jackson				
1. Approval of Meeting Minutes					
B. Environment of Care (EOC)	Mark	2 min	No changes in processes, operational	Approval: First – Kelley, Second – Nick	
Committee	Chapman		issues, site visits		
1. Approval of Meeting Minutes					
C. Infection Control Committee	Meghan	2 min	! CAUTI/1 CLASBI, 3 HAI UTIs, will	Approval: - First - Bethany, Second -	
1. Approval of Meeting Minutes	Smith		monitor for reoccurring problems, still	Brittany	
			waiting for AUR interface		

D. Pharmacy & Therapeutics (P&T)	Chelsea	2 min	P&T scheduled for March 28, 2024	
Committee	Church/			
1. Approval of Meeting Minutes	Lynda James			
E. Heath Information Management	Jennifer	2 min	100% in all areas, no operational issues	Approval; First – Kelley, Second - Danielle
(HIM)/Credentialing Committee	Dryer/Kaye			
1. Approval of Meeting Minutes	Hamilton			
D. Utilization Review (UR) Committee	Chasity	2 min	MyCare Corner issues on-going,	Approval: First – Nick , Second – Brittany
1. Approval of Meeting Minutes	Howell		working with QM to trouble shoot these	
		III DE	issues PARTMENT REPORTS	
Agenda Item	Presenter	Time	Discussion/Conclusions	Decision/Action Items
Agenua Item	1 resenter	Allotted	Discussion/Conclusions	Decision/Action Items
A. Nursing/Emergency Department	Nick Walker	5 min	0 restraints	
8 8 7 1		-	3 PRBC with no reactions	
			0 code blue,	
B. Radiology	Pam Esparza	2 min	0 films repeated for the month	
C. Laboratory	Tonya	5 min	1 rejected specimens - ER QNS due to	Education provided to tech
	Bowan		many samples	
D. Respiratory Care	Heather	2 min	18 neb changes for the month	RT to work on changing out 02 regulators in
	Larson			patient rooms
E. Therapy		2 min	Pt with assistive needs –	
			Total sessions for the month;	
			263 -PT	
			216 -OT	
			2 -ST	
			Improved Standard Assessment Scores:	
			8/8 PT	
			8/8 OT	
			1/1 ST	
F. Materials Management	Josey	2 min	5 Back order	MM directors to get NRAC log in and
	Kenmore		0 late orders due to vendors	education to all directors for recall
			- recalls affecting the hospital	monitoring within each department

			Requisition process implementation Removing inactive items from item master	
G. Business Office	Dannille Cooper	2 min	4 visits – no ID obtained or note written x 2, no insurance on ED visits x 2, ! OP that insurance was not verified at TOS – insurance was no longer active, no payment/payment plan obtained	Education to nursing and BO staff on obtaining this information or noting no idea in nurse note
H. Human Resources	Bethany Moore	2 min	2 background checks completed 4 license renewals	
I. Environmental Services	Mark Chapman	2 min	<ul> <li>24 extinguishers checked</li> <li>5 boiler inspections</li> <li>1 generator/transfer switch inspection</li> <li>4 generator inspections</li> <li>Fire drills completed</li> </ul>	No issues noted during inspections/drills
J. Facility/Plant Operations	Mark Chapman	2 min	State Boiler Inspection 3/12/24	No issues noted at this time
K. Dietary		2 min	100% on cleaning schedules for the month, corporate filling in until manager is hired	
L. Information Technology	Tim Hopen	2 min	Department manager not available, will defer reporting until next month's meeting	
		IV	. OLD BUSINESS	1
Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. Old Business	QM	2 min	Seasonal Influenza Patient Vaccine Consent/Declination Form Patient Pneumococcal Vaccine Consent/Declination Form Transmission-Based Precautions: Preventing Transmission of Infectious Agents Policy	Approved March 2024

			Patient Influenza and Pneumococcal Vaccination Policy Seasonal Influenza Patient Vaccine Standing Order	
			Personal Dress and Appearance Policy	
	1	V.	NEW BUSINESS	1
Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. New Business	QM	2 min	See Policy and Appointment below	
VI. QU	ALITY ASSURAN	CE/PERFO	RMANCE IMPROVEMENT DASHB	OARD REPORT
Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. Volume & Utilization	СМ	2 min	AMA 1 in- pts; 1 in-pt demanding pain medications. Provider PMP'd patient with noted pain management hx, Provider wrote script for Tramadol. Family and Pt did not want prescribed pain med, demanding something stronger and willing to bring in own pain meds without telling staff. Education provided to pt and family, they remained adamant that they only wanted strong pain meds and would leave if they didn't get it. Provider would not change script, Pt signed out AMA.	No issues noted with AMA
B. Case Management	СМ	8 min	My Care Corner	QM/CM to meet with Leslie about MyCare Corner for futher education on findings
C. Risk Management	QM	10 min	1 complaint / 0 grievances - 1 ER pt complaint to CEO about ER nurse attitude while attempting to be seen in the	CEO/CNO discussed c/o nurse attitude, CNO notified Agency HR

ER, pt did not check in and reported to
CEO
Other – 2 events
1 in-pt; pt reports "stubbing toe" on the
way to the restroom, noted bruising and
c/p pain, provider notified with order for
xray obtained.
1 in-pt began choking while eating
prescribed diet, nursing preformed
Heimlich with resp recovery noted.
Provider notified with chest xray ordered,
no change in diet per provider at this time.
Falls w/o injury - 2
1 inpt was found on the floor after nurse
hear "commotion" from patient room, pt
reports attempting to get up to go smoke.
Denies any injuries or hitting head,
assessment with no abnormal findings.
Fall precautions in place; low bed, bed
locked, nonskid socks, call light in reach,
obstacle free room, bed alarm. Nurse
reports bed-alarm did not sound.
1 ER pt; pt was being transferred with x 2
assist from er bed to w/c for dc home, pt
reports feeling like they are going to pass
out mid-transfer, pt became weak and
was lower to floor as transfer could not be
completed. No injuries noted, provider
notified for eval

			Pt fall w/minor injury – 1 1 inpt found on the floor, is not able to recall events, noted to have skin tear and abrasion post fall. Denies any other issues. Pre-fall precautions; low bed, non- skid socks, routine rounding, call light in reach, room close to nurses station Mortality - 1 in-pt; pt brough into the ER post fall at home with c/o pain. admitted with diverticulitis/dehydration. Began treatment for all dx, during the course of the hospital stay, pt had progressive decline. Pt has DNR on file and reports "ready to go". Family remains at bedside during hospital course and supportive of pt wishes. pt expired while in-pt	
D. Nursing	CCO	2 min	Total number of charts with pain medication administration were accounted for, excluding duplicate charts. Post assessment, 4 PO and 7 IV, administration(s) not completed. The majority of missed reassessments were in the ER.	CPSI continues to show past incomplete pain reassessment notifications. Nurses again educated on need to not rely on system for reminder to reassess the patients pain level.
E. Emergency Department	CCO/QM	5 min	4 ER readmits - No trends or patterns were identified, no further action needed	Readmits were not due to lack of education, care on MRMC part

			9 incomplete logs – QM notifying CNO and Nurse directly though Tiger Connect	
F. Pharmacy & Therapeutics (P&T)	Pharmacy	2 min	Next P&T – March 28, 2024	
G. Respiratory Care	RT	2 min	100% on chart checks	
H. Wound Care	WC	2 min	No in-pt wound development for the month	
I. Radiology	RAD	2 min	No delay in CT reads for the month	
J. Laboratory	LAB	5 min	7 expired orders – called and got new orders Medtox drug screens switched to CLIA waived, Medtox items sent back to company Medtox analyzer was down, chem analyzer had software update, LOCI reader issues/ LOCI replaced	Multi-Clin Drug Screen Device and Chemistry Historical Standard Deviation sent to QM for review process
K. Infection Control/Employee Health	IC/EH	5 min	<ul> <li>2 hospital acquired; 1 CAUTI/ 1CLASBI</li> <li>1.) CAUTI - Pt with change in vitals and status, sepsis protocol started post evaluation. Had indwelling catheter, ua ordered/obtained and foley changed</li> <li>2.) CLASBI – Picc site found to be red/swollen, provider notified, picc removed and culture obtained. Dressing had been changed per policy, pt with history of "messing" with lines</li> </ul>	1-2.) Monitor infections, education to staff, more frequent rounding and close monitoring of lines with confused patients
L. Health Information Management (HIM)	HIM	2 min	100% H&P completion 100% Progress Note Completion	
M. Dietary	Dietary	2 min	100 % on cleaning scheduled	

N. Therapy	Therapy	2 min	100%	
O. Human Resources (HR)	HR	2 min	1 90-day competency - not given to employee that started in Jan 2024, HR has contacted employee for completion Annual education – 14 employees have	HR now monitors annual education and is contacting employees regarding education due dates
			not completed education requirements	
P. Business Office	BOM	2 min	1 OP did not collect the cost share/payment agreement for the patient at TOS	Education to BO staff on collecting this at TOS
Q. Environmental Services	EVS	2 min	10/10 on room cleans	
R. Materials Management	MM	2 min	Requisition system still in process; Manager working with Daniel and CPSI on this	
S. Life Safety	РО	2 min	NO issues	
T. Emergency Preparedness	EP	2 min	2 employees oriented, Tornado drill on 3/19/24	
U. Information Technology	IT	2 min	Department manager not available, will defer reporting until next month's meeting	
V. Outpatient Services	Therapy	2 min	Data tool being added to workbook	Email out to creator regarding this still not on workbook
W. Strong Minds	N/A	N/A	N/A	N/A
		VII. POL	ICIES & PROCEDURES	
Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. Review and <i>Approve</i>	QM	10 min	Extravasation Management Strategies Conditions of Admission	First approval – Nick Second approval – Anna
			Enteral Tube Management Policy	

Intravenous (IV) Extravasation
Management and Treatment Policy
2024 Mangum Annual Quality and
Safety Plan
2024 Mangum Annual Quality Plan
Evaluation
MRMC Lab Policy Manual (see TOC)
and the following lab policies:
1. Reporting COIVD 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 Improvement
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

B. Infection Preventionist		1 min <b>X</b>	Approved – March 2024 ADJOURNMENT	
A. Risk Manager Appointment B. Infection Preventionist	QM OM	1 min	Approved - Feb 2024 Approved – March 2024	
Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
			IX. OTHER	
A. Performance Improvement Project (PIP)	QM	2 min	<ol> <li>Bed side scanning</li> <li>Pain Assessment</li> <li>Stroke</li> </ol>	Schedule meeting for follow up on 1st Quarter data
Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	<b>Decision/Action Items</b>
	1	1	NCE IMPROVEMENT PROJECTS	
B. Review and <i>Approve to Retire</i>				
			Annual TB Risk Assessment	
			Strong Minds Policy Manual (see TOC)	
			26. Platelet Poor Plasma	
			Disease Policy	
			Procedure 25. Look back for Transmitted	
			24. FDA Medical Device Reporting	
			23. Evacuated Tube Collection	
			21. Blood Bank Alarm System 22. Blood Culture Collection	
			Exposure Control	
			20. Chemical Hygiene and	
			19. Corrected Reports	
			18. Turn-Around Times	

Agenda Item	Presenter	Time	Discussion/Conclusions	<b>Decision/Action Items</b>
		Allotted		
A. Adjournment	QM	1 min	There being no further business, meeting adjourned by seconded by Nick/Melissa	

MEMBERS & INVITED GUESTS				
Voting MEMBERS				
Kelley Martinez	Nick Walker	Chasity Howell	Meghan Smith	Danielle Cooper
Anna Ford	Pam Esparza	Heather Larson	Jennifer Dreyer	Brittany Gray
	Bethany Moore		Kaye Hamilton (teams)	Mark Chapman
Melissa Tunstall	Dr Gilmore (teams)			
Non-Voting MEMBERS				
Denise Jackson				
INVITED GUESTS				

Date Minutes Approved:	
Signature of ChairPerson:	