Mangum Regional Medical Center
Quality Assurance & Performance Improvement Committee Meeting

Meeting Minutes

CONFIDENTIALITY STATEMENT: These minutes contain privileged and confidential information. Distribution, reproduction, or any other use of this information by any party other than the intended recipient is strictly prohibited.

Date: 04/13/2023	T 12:58 i m e :	Recorder: D. Jackson	Reporting Period: **March 2023**

Members Present					
Chairperson:		CEO: Cindy Tilman		dical Representative: Dr C/ Mary Barnes	
Name	**Title**	**Name**	**Title**	**Name**	**Title**
Daniel Coffin	CNO	Danielle	Bus Office		Lab
	HR	Kay Hamilton	Credentialing		IT
Jennifer Dreyer	HIM		Maintenace/EOC		Dietary
Chrissy	PT	Pam Esparza	Radiology	Claudia Collard	IP

TOPIC	FINDINGS – CONCLUSIONS	ACTIONS – RECOMMENDATIONS	FOLLOW-UP
I. CALL TO ORDER			
Call to Order	The hospital will develop, implement, and maintain a performance improvement program that reflects the complexity of the hospital's organization and services; involves all hospital departments and services (including those services furnished under contract or arrangement); and focuses on indicators related to improved health outcomes and the prevention and reduction of medical errors.	This meeting was called to order on 04/13/2023 by Dr C and M. Barnes	
II. REVIEW OF MINUTES			
A. Quality Council Committee	02/14/2023	Committee reviewed listed minutes A-F. Motion to approve minutes as distributed made by Dr. C and 2nd by M Barnes Minutes A-F approved. Present a copy of the Meeting Minutes at the next Medical Executive Committee and Governing Board meeting.	
B. EOC/ Patient Safety Committee	02/14/2023		
C. Infection Control Committee	02/14/2023		
D. Pharmacy & Therapeutics Committee	03/30/2023		
E. HIM/Credentialing Committee	02/08/2023		

F. Utilization Review Committee	02/07/2023		
III. REVIEW OF COMMITTEE MEETINGS			
A. EOC/Patient Safety	03/10/2023		
B. Infection Control	03/07/2023		
C. Pharmacy & Therapeutics	03/30/2023		
D. HIM-Credentials	03/08/2023		
E. Utilization Review	03/07/2023		
F. Compliance	Quarterly – Scheduled for April 12, 2023		
IV. OLD BUSINESS			
A. Old Business	MRMC 2023 Quality Plan MRMR 2022 Annual Review and Evaluation Speaking Valve Policy Cuff Pressure Management Policy Suctioning Policy Transporting the mechanically ventilated Patient Policy Speaking Valve Warning Sign Speaking Valve Core Competency Respiratory Policy Manuel Table of Contents Vancomycin Dosing and Monitoring Policy Medication Dose Rounding Policy	All Approved March 2023 by Quality/Med Staff Awaiting approval by Board in April 2023	
V. NEW BUSINESS			
A. New Business	HIM Policy Manuel (TOC attached) 380.0 Medical Records Policy 2023 TB Risk Assessment HIPPA Security Officer Appointment – Jennifer Dreyer HIPPA Privacy Officer Appointment – Jared Ballard Respiratory Protection Program Hazard Assessment Respiratory Protection Program Evaluation Checklist Respiratory Protection Program Evaluation Summary for 2022 Conditions of Admission Policy CONDITIONS OF ADMISSION FORM	First Approval – Dr C Second Approval – M. Barnes	

	Social Media Policy		
VI. QUALITY ASSURANCE/PERFORMANCE IMPROVEMENT			
A. Volume & Utilization			
1. Hospital Activity	Total ER – 168 Total OBS pt - 1 Total Acute pt - 19 Total SWB - 15 Total Hospital Admits (Acute/SWB) - 34 Total Hospital DC (Acute/SWB) - 34 Total pt days - 503 Average Daily Census - 16		
2. Blood Utilization	2 total units administered without reaction		
B. Care Management			
1. CAH Readmissions	0 for the reporting period		
2. IDT Meeting Documentation	4/10 (40%) 6 IDT notes incomplete d/t unforeseen circumstances for CM and no coverage for 03/02/2023.	CM Emailed QM/CEO regarding incomplete IDT notes for CM.	
3. Insurance Denials	10 for the reporting period		
4. IMM Notice	21/21 (100%)		
C. Risk Management			
1. Incidents	AMA 5 – OTHER 1 -		
2. Reported Complaints	None for reporting period		
3. Reported Grievances	None for reporting period		

4. Patient Falls without Injury	3 for the reporting period - 1.) Pt attempting transfer from bed without assistance, nurse to room when bed alarm went off, however patient was found on the floor at nurse arrival, no injuries noted. 2.) Pt was being assisted with transfer from shower chair to room chair with assistive device, pt began transferring self-prior to shower chair being locked in place, chair rolled. The aide was able to assist patient to the floor without injury. 3.) Pt was being transferred in the shower chair, the chair began to tip forward when going over a threshold, aide was able to assist the patient to the floor prior to a fall, no injuries noted		
5. Patient Falls with Minor Injury	1 for reporting period – 1.) Pt found on the floor after transferring without assistance, abrasion to elbow and knee noted. No other injuries noted or reported		
6. Patient Falls with Major Injury	None for reporting period		
7. Fall Risk Assessment	4 completed for the reporting period		
8. Mortality Rate	2 for the reporting period		
9. Deaths Within 24 Hours of Admission	None for the reporting period		
10. Organ Procurement Organization Notification	2 for the reporting period, no tissue donations for the month		
D. Nursing			
1. Critical Tests/Labs	76 for the reporting period		
2. Restraint Use	None for reporting period		
3. Code Blue	1 for reporting period - pt admitted to in-pt care for bradycardia, pt began having abnormal rhythm and then became pulseless. Nurse at		

	bedside and quickly began CPR, AED pads applied with pulse noted. Pt was placed on cpap and DNR discussed and obtained from family.		
4. Acute Transfers	1 - 1.) 1 pt admitted s/p surgical procedure. Pt with GI bleed s/p surgery, transferred to higher level of care for GI bleed/ possible obstruction	All in-pt transfers for the reporting period appropriate for higher level of care	
5. Inpatient Transfer Forms	1 for the reporting period		
E. Emergency Department			
1. ED Nursing DC/ Transfer Assessment	19/20 (95%)		
2. ED Readmissions	4 for the reporting period		
3. ER Log & Visits	168 (100%)		
4. MSE	20/20 (100%)		
5. EMTALA Transfer Form	11/11 (100%)		
6. Triage	18/20 (90%)		
7. ESI Triage Accuracy	19/20 (95%)		
8. ED Transfers	11 for the reporting period - Patients transferred to Higher Level of Care for: 1.) Lumber fx s/p MVA – trauma center 2.) MSD – Oncology/ICU 3.) Appendicitis – Gen. Surgery 4.) Acute abdomen – Gen Surgery/OB services 5.) SI – In-pt psych 6.) Ventricular Hemorrhage – ICU/Neurology 7.) CHF – Cardiology 8.) Pneumonia/CHF – Cardiology 9.) AMS – Neurology 10.) AMS – Neurology	All ER transfers for the reporting period appropriate for higher level of care	

	11.) Lacrimal Canal Laceration –Ophthalmology		
9. Stroke Management	None for reporting period		
10. Brain CT Scan – Stroke (OP-23)	None for reporting period		
11. Suicide Management	1 for the reporting period		
12. STEMI Care	None for reporting period		
13. Chest Pain	6/7 EKG (86%) 5/7Xray (50%) - 1.) Xray order cx per provider evaluation of patient 2.) Xray order cx per provider evaluation of patient 3.) EKG on old machine d/t new EKG system issues		
14. ED Departure - (OP-18)	Quarterly		
F. Pharmacy & Medication Safety			
1. After Hours Access	140 for the reporting period		
2. Adverse Drug Reactions	None for reporting period		
3. Medication Errors	3 for the reporting period		
4. Medication Overrides	150 for the reporting period		
5. Controlled Drug Discrepancies	6 for the reporting period		
G. Respiratory Care Services			
1. Ventilator Days	31 for the reporting period		
2. Ventilator Wean	None for the reporting period		
3. Unplanned Trach Decannulations	None for the reporting period		

4. Respiratory Care Equipment	25 nebs and mask changes for the reporting period, 31 HME, 10 inner cannula, 12 trach collars/tubing, 14 closed suction kit		
H. Wound Care Services			
1. Development of Pressure Ulcer	None for the reporting period		
2. Wound Healing Improvement	4 for the reporting period		
3. Wound Care Documentation	100%		
I. Radiology			
1. Radiology Films	5 films repeated – 160 total for the reporting period		
2. Imaging	29 for the reporting period		
3. Radiation Dosimeter Report	5		
J. Laboratory			
1. Lab Reports	76 repeated /2804 total for the reporting period		
2. Blood Culture Contaminations	None for the reporting period		
K. Infection Control and Employee Health			
1. Line Events	2 for the reporting period - 2 x IUC events secondary to patient's level of confusion. Both patients had StatLock catheter stabilization devices in place at time of event. Trial of new stabilization device: SafeSecure Foley securement device initiated.		
2. CAUTI's	None for the reporting period		
3. CLABSI's	None for the reporting period		

4. Hospital Acquired MDRO's	None for the reporting period		
5. Hospital Acquired C-diff	None for the reporting period		
6. HAI by Source	None for the reporting period		
7. Hand Hygiene/ PPE & Isolation Surveillance	100%		
8. Patient Vaccinations	1 received influenza vaccine / 1 received pneumococcal vaccine		
9. VAE	None for the reporting period		
10. Employee Health Summary	0 employee event/injury, 13 employee health encounters (vaccines/testing) 3 reports of employee illness/injury		
11. Staff COVID19 Vaccine Compliance	100%		
L. Health Information Management (HIM)			
1. History and Physicals Completion	20/20 (100%)		
2. Discharge Summary Completion	20/20 (100%)		
3. Progress Notes (Swing bed & Acute)	SWB – 20/20 (100%) Acute – 20/20 (100%)		
4. Swing Bed Indicators	15/15 (100%)		
5. E-prescribing System	88/88 (96%)		

6. Legibility of Records	20/20 (100%)		
7. Transition of Care	Obs to acute – none for the reporting period, Acute to SWB – 11/11 (100%)		
8. Discharge Instructions	20/20 (100%)		
9. Transfer Forms	12/12 (100%)		
M. Dietary			
1. Weekly Cleaning Schedules	44/45 (98%) missed one action one week, used all of the delimer after orders were cut off.		
2. Daily Cleaning Schedules	403/403 (100%)		
3. Wash Temperature	93/93(100%)		
4. Rinse Temperature	93/93 (100%)		
N. Therapy			
1. Discharge Documentation	24/24 (100%)		
2. Equipment Needs	11/11 (100%)		
3. Therapy Visits	PT 247 – OT 219 – ST 8		
4. Supervisory Log	4 completed for the 1st quarter		
5. Functional Improvement Outcomes	PT 10/11 (91%) – OT 11/12 (92%) – ST 1/1 (100%)		
O. Human Resources			

1. Compliance	93 % on CPR certifications, class set up for April 6, 2023		
2. Staffing	Hired – 3, Termed - 3		
P. Registration Services			
1. Compliance	13/13 indicators above benchmark for the reporting period		
Q. Environmental Services			
1. Terminal Room Cleans	8/8 (100%)		
R. Materials Management			
1. Materials Management Indicators	6 – Back orders, 0 – Late orders, 0 – Recalls, 937 items checked out properly		
S. Life Safety			
1. Fire Safety Management	1 fire drills for the reporting period – 24 fire extinguishers checked		
2. Range Hood	(100%)		
3. Biomedical Equipment	(100%)		
T. Emergency Preparedness			
1. Orientation to EP Plan	2/3		
U. Information Technology			
A. IT Incidents	77 events for the reporting period		
V. Outpatient			
1. Therapy Visits	35/61 (57%) 17 visits cancelled per pt request due to outside factors on the pt end, therapy attempted re-schedule of all cancelled appointments		
2. Discharge Documentation	7/7 (100%)		

3. Functional Improvement Outcomes	7/7 (100%)		
4. Outpatient Wound Services	(100%)		
W. Strong Mind Services			
1. Record Compliance	N/A	N/A	N/A
2. Client Satisfaction Survey	N/A	N/A	N/A
3. Master Treatment Plan	N/A	N/A	N/A
4. Suicidal Ideation	N/A	N/A	N/A
5. Scheduled Appointments	N/A	N/A	N/A
VII. POLICY AND PROCEDURE REVIEW			
1. Review and Retire	None for this reporting period		
2. Review and Approve	MRMC 2023 Quality Plan MRMC 2022 Annual Review and Evaluation Speaking Valve Policy Cuff Pressure Management Policy Suctioning Policy Transporting the mechanically ventilated Patient Policy Speaking Valve Warning Sign Speaking Valve Core Competency Respiratory Policy Manuel Table of Contents Vancomycin Dosing and Monitoring Policy Medication Dose Rounding Policy	Approved by Daniel Coffin Approved by Chasity Howell	
VIII. CONTRACT EVALUATIONS			

1. Contract Services			
IX. REGULATORY AND COMPLIANCE			
A. OSDH & CMS Updates	None for this reporting period		
B. Surveys	None for this reporting period		
C. Product Recalls	None for this reporting period		
D. Failure Mode Effect Analysis (FMEA)	Water Line Break – Final at Corporate for approval		
E. Root Cause Analysis (RCA)	None for this reporting period		
X. PERFORMANCE IMPROVEMENT PROJECTS			
A. PIP	Proposed – STROKE; The Emergency Department will decrease the door to transfer time to < 60 minutes for all stroke patients who present to the Emergency Department at least 65% of the time or greater by December 2023. Proposed –STEMI/CP; The Emergency Department will decrease the door to transfer time to < 60 minutes for all STEMI patients who present to the Emergency Department at least 80% of the time or greater by December 2023.		
XI. CREDENTIALING/NEW APPOINTMENT UPDATES			
A. Credentialing/New Appointment Updates	None		
XII. EDUCATION/TRAINING			
A. Education/ Training	1/17/23 - PPE use, Hand-Hygiene, and		

	Transmission-Based Precautions (CNA)		
XIII. ADMINISTRATOR REPORT			
A. Administrator Report			
XIV. CCO REPORT			
A. CCO Report			
XV. STANDING AGENDA			
A. Annual Approval of Strategic Quality Plan	Presented at March 2023 Quality/Med Staff/Board Meetings for approval	Held at March 2023 Board meeting, representing at April 2023 Board meeting	
B. Annual Appointment of Infection Preventionist	02/16/2023 - Feb Quality Meeting	IP appointment of Claudia Collard RN approved by Marla Abernathy and Dale Clayton	
C. Annual Appointment of Risk Manager	02/16/2023 - Feb Quality Meeting	Risk Manager Appointment of Denise Jackson RN approved by Marla Abernathy and Dale Clayton	
D. Annual Appointment of Security Officer	4/13/2023 - March Quality Meeting	Security Officer Appointment of Jared Ballard approved by Dr C and M. Barnes	
E. Annual Appointment of Compliance Officer	02/16/2023 - Feb Quality Meeting	Compliance Office Appointment of Denise Jackson approved by Dr. C and Dale Clayton	
F. Annual Review of Infection Control Risk Assessment (ICRA)	02/16/2023 - Feb Quality Meeting	Annual Review of Infection Control Assessment approved by Dr. C and Dale Clayton	
G. Annual Review of Hazard Vulnerability Analysis (HVA)	N/A for Feb meeting		
Department Reports			
A. Department reports			
Other			
A. Other	None		
Adjournment			

A. Adjournment	There being no further business, meeting adjourned by Dr. C seconded by Chasity Howell at 1:08.	The next QAPI meeting will be held 05/18/2023.	