

Mangum Regional Medical Center

Quality Assurance & Performance Improvement Committee Meeting

Meeting Minutes					
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Date: 08/10/2023	T 1314 i m e :	Recorder: D. Jackson		Reporting Period: July 2023	
Members Present					
Chairperson: Dr. C		CEO: Kelly Martinez		Medical Representative:	
Name	Title	Name	Title	Name	Title
Nick	CNO	Danielle	Bus Office		Lab
	HR	Kaye via Teams	Credentialing		IT
	HIM		Maintenace/EOC		Dietary
	PT	Pam	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 08/10/2023 by Kelly Martinez/ Dr C		
II. REVIEW OF MINUTES					
A. Quality Council Committee	07/13/2023		Committee reviewed listed minutes A-F. Motion to approve minutes as distributed made by Kelly Martinez 2nd by Dr. C 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	06/13/2023				
C. Infection Control Committee	06/07/2023				
D. Pharmacy & Therapeutics Committee	03/30/2023				
E. HIM/Credentialing Committee	06/13/2023				

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F. Utilization Review Committee	06/07/2023		
III. REVIEW OF COMMITTEE MEETINGS			
A. EOC/Patient Safety	07/11/2023		
B. Infection Control	07/11/2023		
C. Pharmacy & Therapeutics	Next meeting 09/2023		
D. HIM-Credentials	07/11/2023		
E. Utilization Review	07/11/2023		
F. Compliance	07/12/2023		
IV. OLD BUSINESS			
A. Old Business	340B Drug Policy (updated) First Quarter 2023 Compliance Committee Meeting Minutes	All Approved July 2023 by Quality/Med Staff/Board	
V. NEW BUSINESS			
A. New Business	None		
VI. QUALITY ASSURANCE/PERFORMANCE IMPROVEMENT			
A. Volume & Utilization			
1. Hospital Activity	Total ER – 152 Total OBS pt - 2 Total Acute pt - 12 Total SWB - 10 Total Hospital Admits (Acute/SWB) - 22 Total Hospital DC (Acute/SWB) - 22 Total pt days - 295 Average Daily Census - 10		
2. Blood Utilization	10 total units administered, 1 pt c/o itching with transfusion. Medicated/transfusion completed per provider orders. Transfusion completed with no further c/o	Education to staff over consistent use of blood transfusion forms w/i CPSI in 8/2023 and 9/2023	
B. Care Management			
1. CAH Readmissions	1 for the reporting period - 1.) admitted with primary dx, d/c for surgical services and readmitted with both primary dx and different dx		
2. IDT Meeting Documentation	10/10 (100%)	CPSI team aware of on-going issues with notes not saving	

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3. Insurance Denials	2 for the reporting period, Insurance denied acute hospital stays		
4. IMM Notice	21/21 (100%)		
C. Risk Management			
1. Incidents	AMA 4 - 1.) er pt in for c/o, pt was agreeable to exam/treatment, once tx was received, pt did not want to stay for treatment follow up. Risks/benefits discussed with pt/AMA signed. 2.) er pt in for c/o, agreeable to exam/treatment but did not want to wait for treatment completion. Risks/benefits discussed with pt/AMA signed. 3.) er pt in for c/o, agreeable to exam/treatment, provider recommended further testing however pt/family declined further testing. Risks/benefits discussed with pt/AMA signed. 4.) In-pt admit for primary dx, pt expressed desire to be d/c home prior to completion of IV therapy, Risks/benefits discussed with pt/AMA signed. CM set pt up with HH for continued services based on pt needs at home.		
2. Reported Complaints	2 for reporting period - 1.) inpt c/o to CEO that staff member addressed pt in an inappropriate manner, CEO voiced that it would be addressed with staff and pt expressed satisfaction with resolution 2.) Pt expressed to CN that staff member was rude during shift, CN assured pt that staff member would no longer be assigned to pt	1.) CEO met with staff member regarding appropriate communication with patient 2.) CNO (DC) and HR met with staff regarding c/o, staff was assigned education and required to complete prior to returning to work	

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	per pt request, pt states satisfaction with resolution		
3. Reported Grievances	None for reporting period		
4. Patient Falls without Injury	None for reporting period		
5. Patient Falls with Minor Injury	None for reporting period		
6. Patient Falls with Major Injury	None for reporting period		
7. Fall Risk Assessment	None for reporting period		
8. Mortality Rate	None for reporting period		
9. Deaths Within 24 Hours of Admission	None for the reporting period		
10. Organ Procurement Organization Notification	None for reporting period		
D. Nursing			
1. Critical Tests/Labs	34 for the reporting period		
2. Restraint Use	None for reporting period		
3. Code Blue	1 for reporting period – pt w/respiratory arrest. ACLS protocol/precautions followed. No chest compressions or intubation per pt needs/provider assessment		
4. Acute Transfers	None for reporting period		
5. Inpatient Transfer Forms	None for reporting period		
E. Emergency Department			
1. ED Nursing DC/ Transfer Assessment	20/20 (100%)		
2. ED Readmissions	5 for the reporting period - 1.) pt to the ED for primary c/o, returned for different dx w/i 72 hrs. 2.) pt to the ED for primary c/o, returned for continued symptoms d/t non-compliance and additional tx w/i		

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	72 hrs 3.) pt to the ED for primary c/o, returned for continued symptoms and additional tx w/i 72 hrs 4.) pt to the ED for primary c/o, returned for continued symptoms d/t non-compliance and additional tx w/i 72 hrs. 5.) pt to the ED for primary c/o, returned for continued symptoms d/t non-compliance tx w/i 72 hrs		
3. ER Log & Visits	152 (100%)		
4. MSE	Quarterly		
5. EMTALA Transfer Form	7/7 (100%)		
6. Triage	20/20 (100%)		
7. ESI Triage Accuracy	20/20 (100%)		
8. ED Transfers	7 for the reporting period - Patients transferred to Higher Level of Care for: 1.) Atrial Tachy – Cardiology 2.) EOD/SI/SH – InPt Psych 3.) FB – GI/Specialty Unit 4.) AMS – Neurology 5.) SI – ICU 6.) EOD – InPt Psych 7.) DKA - ICU	All ER transfers for the reporting period appropriate for higher level of care	
9. Stroke Management	None for reporting period		
10. Brain CT Scan – Stroke (OP-23)	None for reporting period		
11. Suicide Management	3 for the reporting period		
12. STEMI Care	None for reporting period		

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13. Chest Pain	4/5 EKG (80%) 4/5 Xray (80%) - 1 ekg completed in 7 min, per documentation/leads in place for cardiac monitoring as soon as pt transferred to exam bed. 1 chest x-ray not requested by provider due to patient exam findings.	RT reminded of 5 min window. Xray - orders may not be desired based on provider exam/provider orders	
14. ED Departure - (OP-18)	83 min		

F. Pharmacy & Medication Safety

1. After Hours Access	78 for the reporting period – high volume of refrigerated meds required for the month (fridge in med room)		
2. Adverse Drug Reactions	None for reporting period		
3. Medication Errors	3 for the reporting period: 1) Nurse failed to use correct insulin order which resulted in the patient's FSBS to remain high, and they did not contact provider. 2) Antibiotic was diluted incorrectly, not labeled properly, and also not fully scanned. 3) Pharmacy tech restocked the incorrect Insulin in the medication drawer but was quickly caught and corrected with no harm/administration to any patients.	1) Call and email sent to staffing for follow up with this contract nurse. The contract nurse will no longer be working at this facility. 2) Education in regard to the 6 rights of medication administration by CEO and Pharmacist. 3) Pharmacy ensuring that only 1 vial be restocked at a time to ensure accuracy. Pharmacy tech also acknowledged the 6 rights of medication administration.	
4. Medication Overrides	62 for the reporting period		
5. Controlled Drug Discrepancies	8 for the reporting period	Verified order entry error and no drug diversion with Pharmacist	

G. Respiratory Care Services

1. Ventilator Days	0 for the reporting period		
2. Ventilator Wean	0 for the reporting period		
3. Unplanned Trach Decannulations	None for the reporting period		

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4. Respiratory Care Equipment	6 nebs and mask changes for the reporting period, 0 HME, 0 inner cannula, 0 trach collars/tubing, 0 closed suction kit, 0 suction set ups, 0 vent circuit, 0 trach		
H. Wound Care Services			
1. Development of Pressure Ulcer	None for the reporting period		
2. Wound Healing Improvement	6 for the reporting period		
3. Wound Care Documentation	100%		
I. Radiology			
1. Radiology Films	2 films repeated due to technical error – 133 total for the reporting period		
2. Imaging	27 for the reporting period		
3. Radiation Dosimeter Report	Quarterly		
J. Laboratory			
1. Lab Reports	30 repeated /1987 total for the reporting period – repeated 29 critical labs per protocol, 1 due to hemolyzed specimen	Will redraw labs as needed. Will reposition and stabilize the patient as needed for safe blood draw.	
2. Blood Culture Contaminations	None for the reporting period		
K. Infection Control and Employee Health			
1. Line Events	1 for the reporting period, foley cath incidentally removed secondary to pt level of confusion. No adverse outcome/injury noted.		
2. CAUTI's	0 for the reporting period		
3. CLABSI's	1 for the reporting period - All preventative measures were taken to prevent CLABSI in a high-risk patient with multiple risk factors.		

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4. Hospital Acquired MDRO's	0 for the reporting period		
5. Hospital Acquired C-diff	None for the reporting period		
6. HAI by Source	1 for the reporting period - CAUTI (All preventative measures were taken to prevent CLABSI in a high-risk patient with multiple risk factors.)		
7. Hand Hygiene/ PPE & Isolation Surveillance	100%		
8. Patient Vaccinations	0 received influenza vaccine / 1 received pneumococcal vaccine	1 pt with abrupt discharge prior to receiving vaccine, nursing will administer sooner during pt stay	
9. VAE	None for the reporting period		
10. Employee Health Summary	1 employee event/injury, 11 employee health encounters (vaccines/testing) 3 reports of employee illness/injury		
11. Staff COVID19 Vaccine Compliance	No longer a requirement per CMS		
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	10/10 (100%)		

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5. E-prescribing System	68/85 (80%) pt was given hard scripts at discharge as they do not have established pharmacy at discharge date/time and preferred hard scripts	providers will utilize e-sripts as primary source however in the instance that hard scripts are a better option for the patient, this will be utilized	
6. Legibility of Records	20/20 (100%)		
7. Transition of Care	Obs to acute – none for the reporting period, Acute to SWB – 7/7 (100%)		
8. Discharge Instructions	20/20 (100%)		
9. Transfer Forms	7/7 (100%)		
M. Dietary			
1. Weekly Cleaning Schedules	56/56 (100%)		
2. Daily Cleaning Schedules	403/403 (100%)		
3. Wash Temperature	93/93 (100%)		
4. Rinse Temperature	93/93 (100%)		
N. Therapy			
1. Discharge Documentation	18/18 (100%)		
2. Equipment Needs	10/10 (100%)		
3. Therapy Visits	PT 123– OT 110 - ST 2		
4. Supervisory Log	None for reporting period		

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5. Functional Improvement Outcomes	PT 8/8 (100%) – OT 10/10 (100%) – ST 0/0 (100%)		
O. Human Resources			
1. Compliance	100 %		
2. Staffing	Hired – 4, Termed - 1		
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, 1 – Recalls, 935 items checked out properly		
S. Life Safety			
1. Fire Safety Management	0 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	4/4 (100%)		
U. Information Technology			
A. IT Incidents	62 events for the reporting period		
V. Outpatient			
1. Therapy Visits	87/105 (83%) 7 no show/no call missed visits, 11 visits which patients called and cancelled.		

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2. Discharge Documentation	4/4 (100%)		
3. Functional Improvement Outcomes	4/4 (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	None for this reporting period		
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		

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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	<p>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.</p> <p>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.</p>		
XI. CREDENTIALING/NEW APPOINTMENT UPDATES			
A. Credentialing/New Appointment Updates	None		
XII. EDUCATION/TRAINING			
A. Education/ Training	<p>Q2 competencies and check-offs:</p> <ol style="list-style-type: none"> 1. Bolus/Gravity tube feeding 2. Continuous/Pump tube feeding 3. TPN/Lipids Administration 4. Transmission-based Precautions (test only) <p>IUC and CVC line necessity charting in CPSI PICC line displacement Lunch and Learn: with Dr Rumsey</p>		
XIII. ADMINISTRATOR REPORT			

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A. Administrator Report			
XIV. CCO REPORT			
A. CCO Report			
XV. STANDING AGENDA			
A. Annual Approval of Strategic Quality Plan	Approved 04/2023		
B. Annual Appointment of Infection Preventionist	Approved 02/2023	Approved 02/2023	
C. Annual Appointment of Risk Manager	Approved 02/2023	Approved 02/2023	
D. Annual Appointment of Security Officer	Approved 04/2023	Approved 04/2023	
E. Annual Appointment of Compliance Officer	Approved 02/2023	Approved 02/2023	
F. Annual Review of Infection Control Risk Assessment (ICRA)	Approved 02/2023	Approved 02/2023	
G. Annual Review of Hazard Vulnerability Analysis (HVA)	N/A		
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 13:46.	The next QAPI meeting will be – tentatively scheduled for 9/14/2023	