MANGUM REGIONAL MEDICAL CENTER

QUALITY REPORT TO THE MED STAFF & GOVERNING BOARDS

DATE OF MEETING: 3/23/21

REPORTING PERIOD: FEBRUARY 2021

The Hospital Quality Assurance and Performance Improvement Committee is the central coordinating body for all performance improvement and patient safety activities within the hospital. The Quality Committee meets on a routine scheduled basis. The Quality Committee coordinates the performance improvement process by establishing a planned, systematic, organization-wide approach to performance measurement, analysis and improvement. Membership includes representation from both leadership and staff levels.

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I. Executive Summary

Mangum Regional Medical Center Quality Program

The Quality Assurance and Performance Improvement Department is pleased to share the February 2021 quality data with you.

Our medical staff and employees are committed to providing safe, high-quality care and exceptional service for every patient, every time. We look for ways to improve the patient care experience from beginning to end.

We use data to help us optimize outcomes of care and make improvements as needed to ensure the quality of care rendered to our patients is exceptional. The Quality Committee meets on a routine basis to review and analyze the service and performance of the hospital and its day-to-day operations. The annual quality and performance program plan will strive to set clearly defined goals to achieve optimal outcomes. The Quality department utilizes a system of indicators and benchmarks to measure and evaluate the effectiveness of our outcomes. This allows us to rapidly adjust, analyze, plan, and continuously improve our performance.

The governance work is accomplished through a series of committees that interact. The hospital has established department level committees including: Utilization Review, Infection Control, Health Information Management, Pharmacy and Therapeutics, Environment of Care and Safety, and Compliance. These formally report up through the facility's Quality Committee (QC) which in turn reports through the Medical Staff Committee (MS) and the Governing Board (GB).

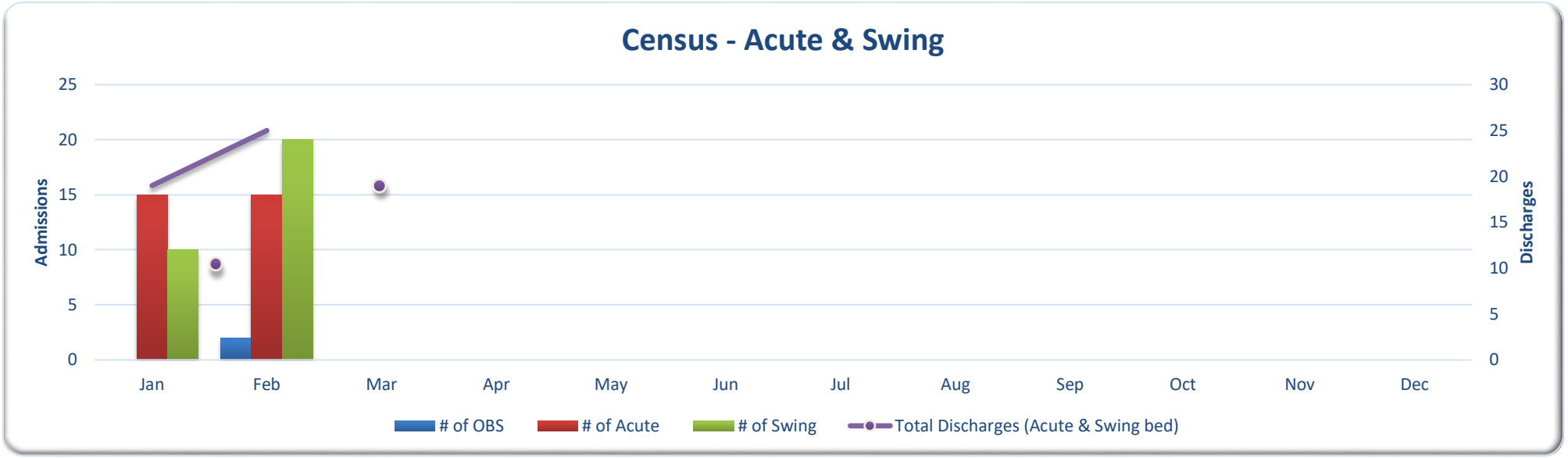
The hospital has a governing body that assumes full legal responsibility for determining, implementing and monitoring policies and programs governing the hospital's total operation and for ensuring that those policies and programs are administered so as to provide quality health care in a safe environment. The governing body assumes responsibility for the hospital's day-to-day operations and is fully responsible for its operations.

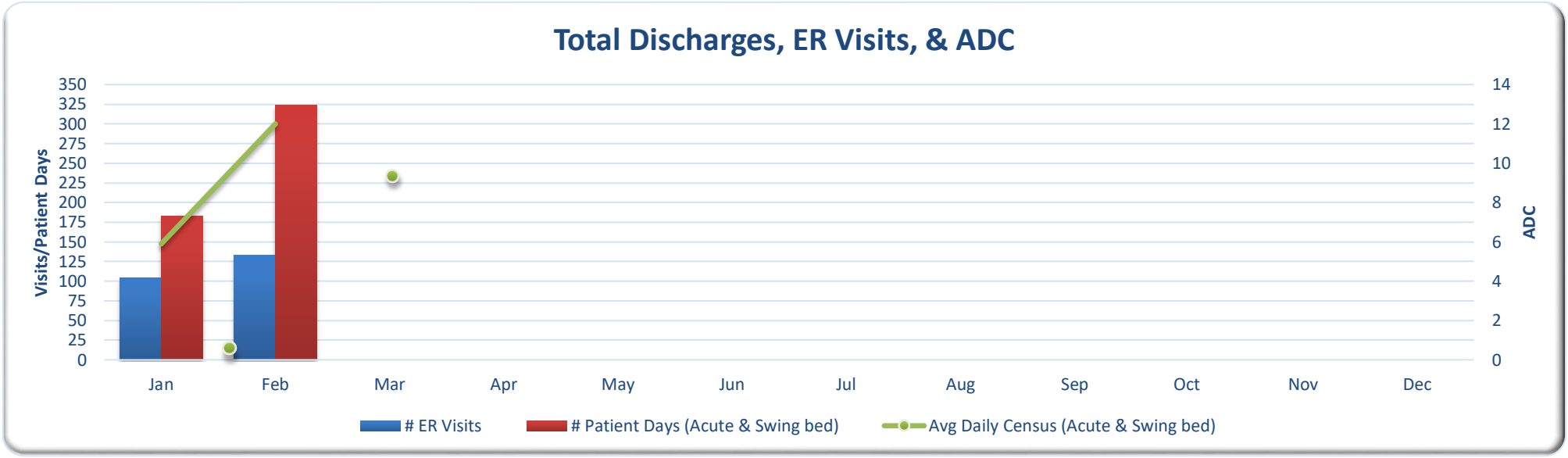
II. Scope

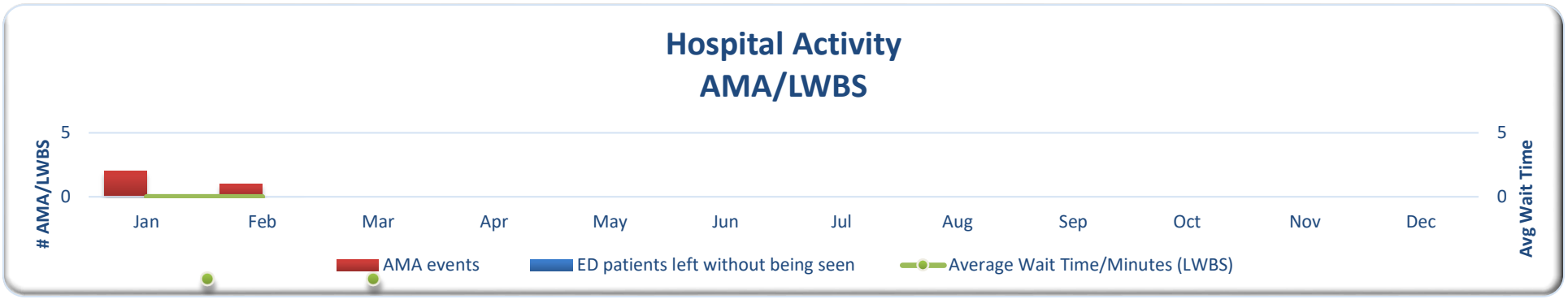
The Quality Assurance and Performance Improvement Program will apply facility-wide and to any contract provided services. It is the responsibility of every leader and every person providing and supporting care in our facility to ensure an environment where care is safe, effective and centered on patient's needs. Leaders foster performance improvement through planning, educating, setting priorities, and providing time and resources. Leaders play a major role in creating an environment where staff feel safe and free to engage in performance improvement and understand it is their responsibility to not only report quality and safety issues and concerns, but to participate in developing solutions and to ensure the right thing gets done.

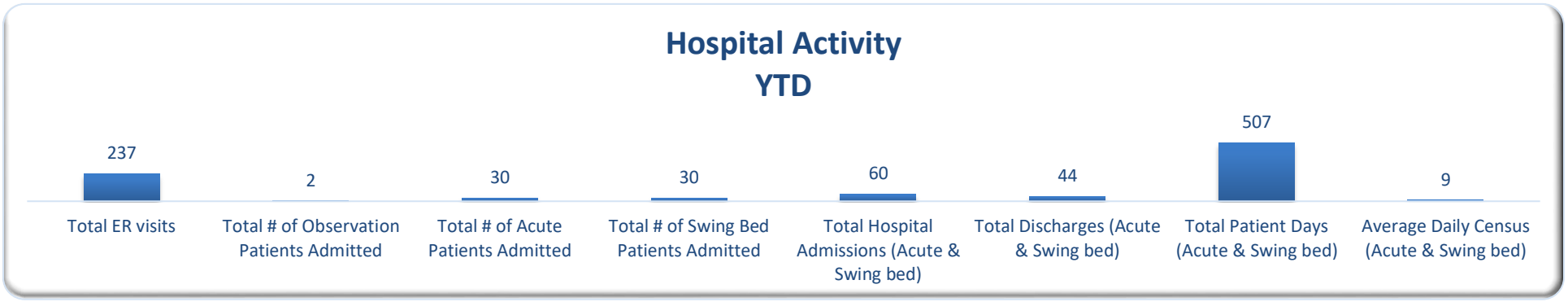
The hospital strives to meet the needs of the community and surrounding areas. Mangum Regional Medical Center is an 18 bed hospital that provides emergency care, observation, acute, and swing bed services.

III. Hospital Activity



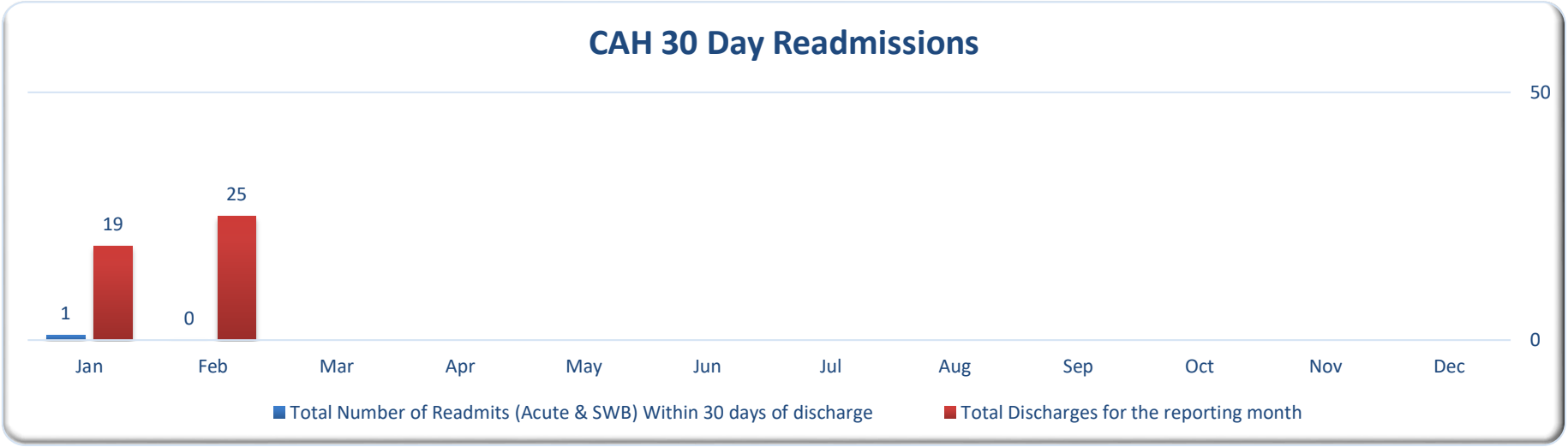






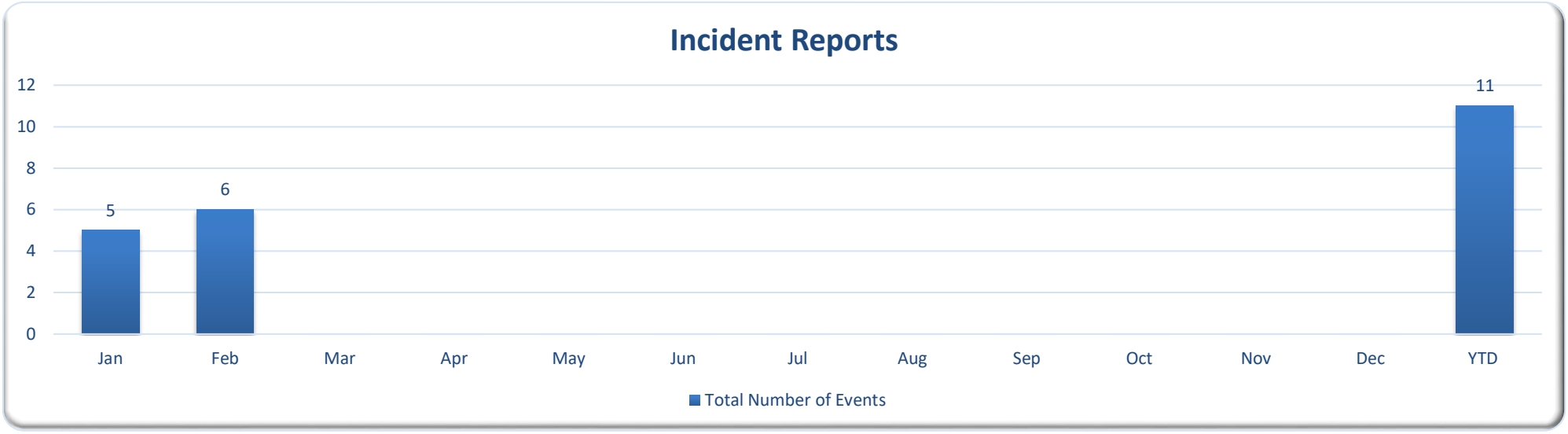
Type of Event (AMA/LWBS)	Count	Brief Description of Event	Actions
AMA	1	Patient presented to the ED @ 15:15 Patient was triaged and seen by Provider. Patient left AMA due to home emergency. Patient was informed of risks of leaving and the benefits of staying before signing AMA.	Staff did explain to patient the risks of leaving and the benefits of staying. Patient was being treated but had emergency.

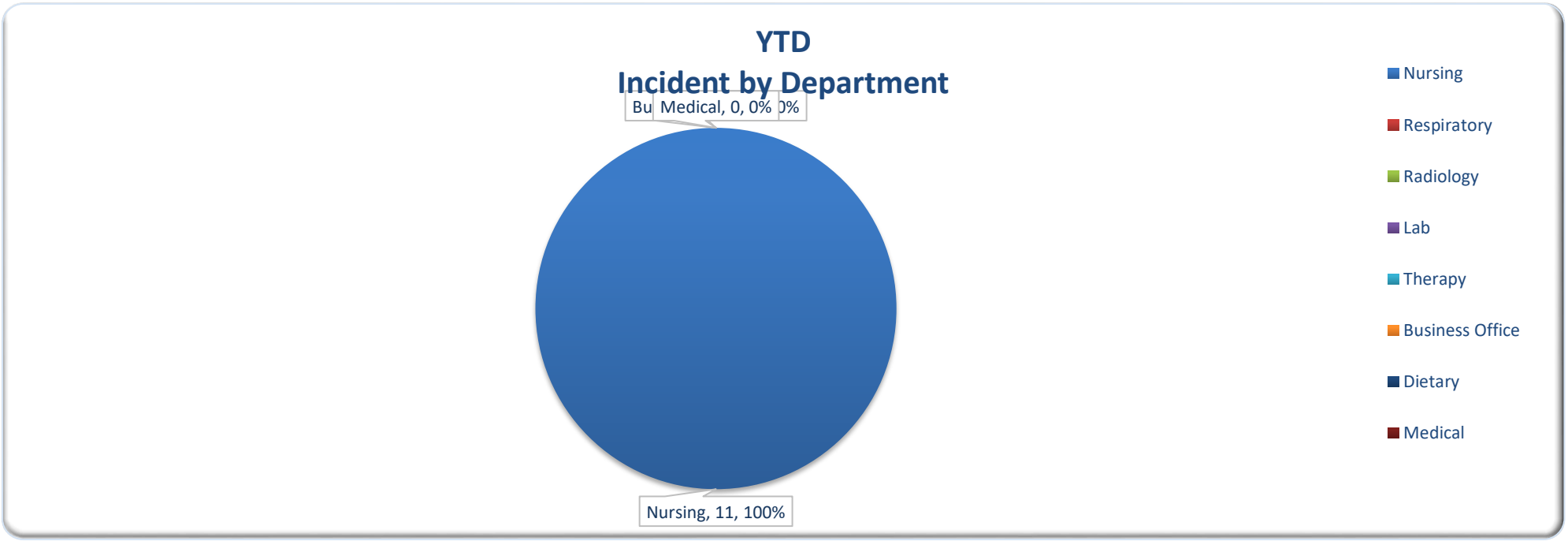
IV. Care Management

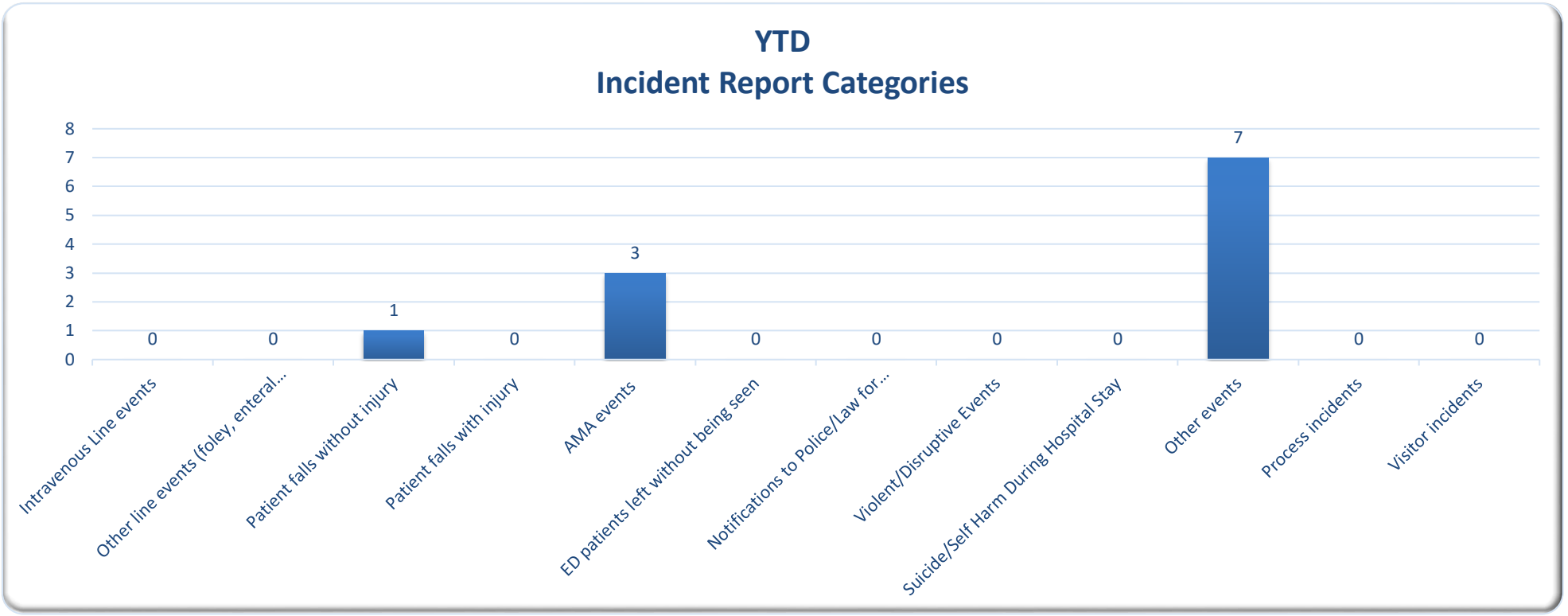


Event	Count	Comments	Actions
	0	No readmissions	Will continue to monitor

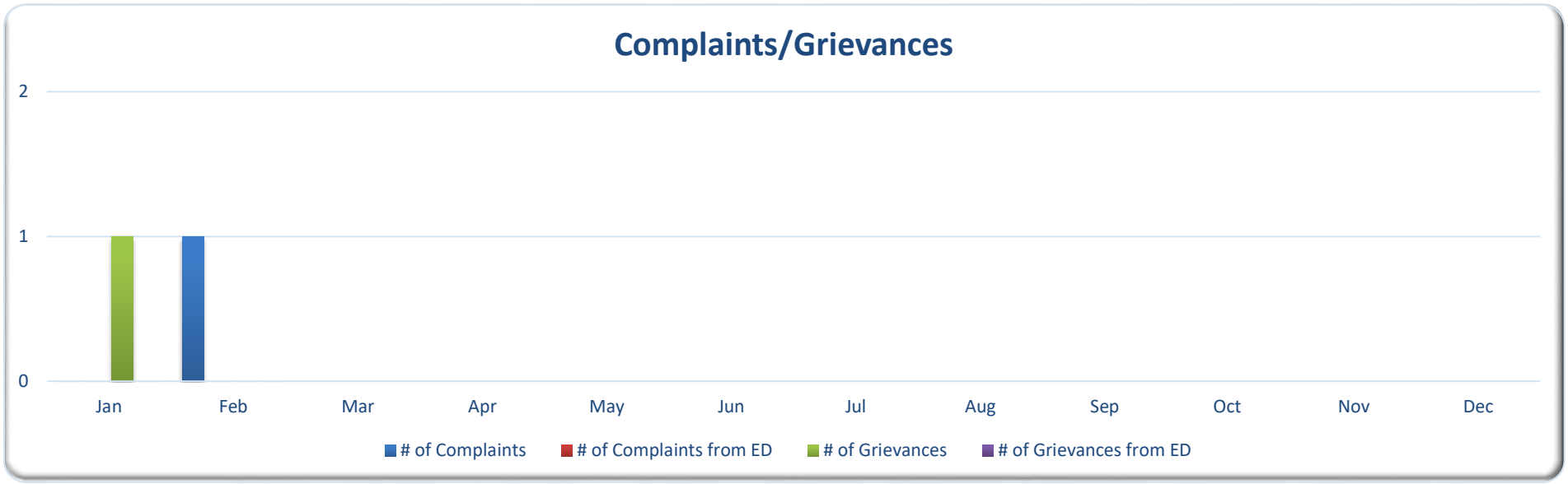
V. Risk Management

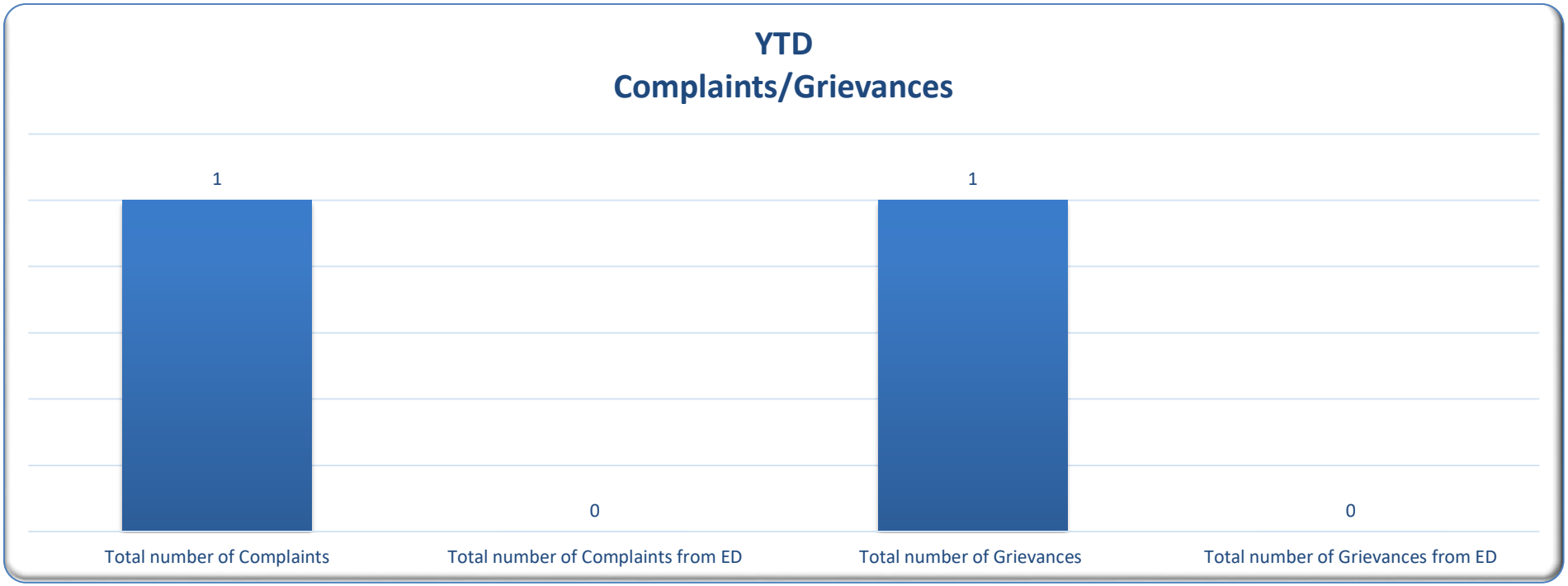


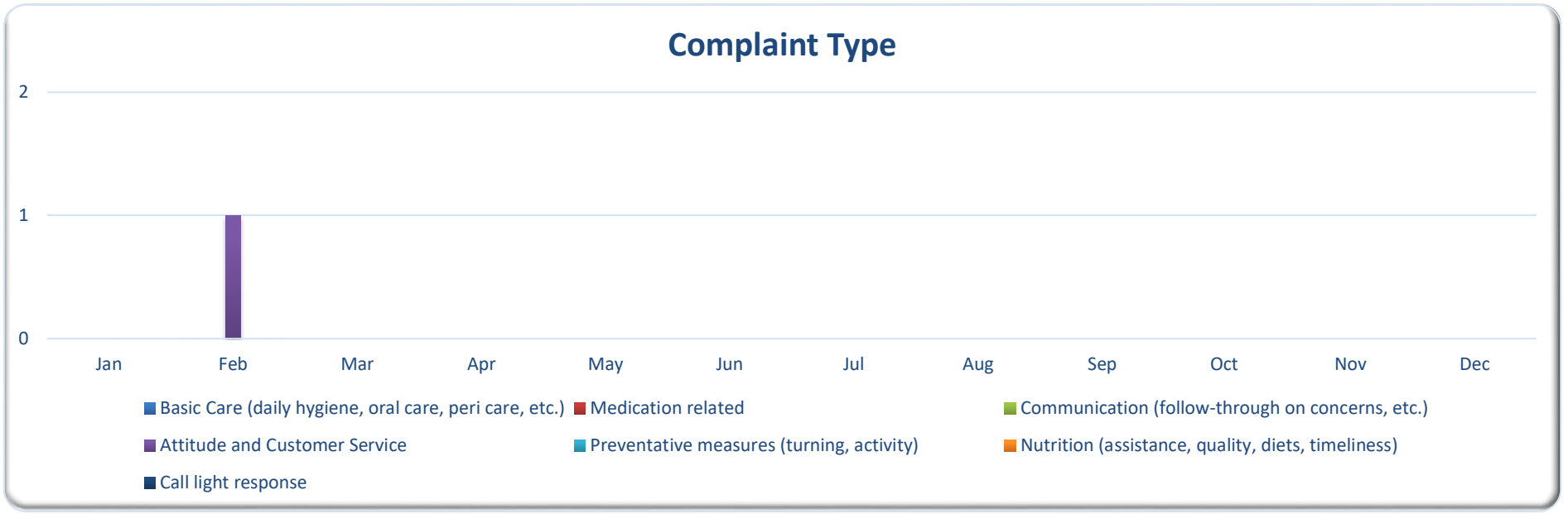


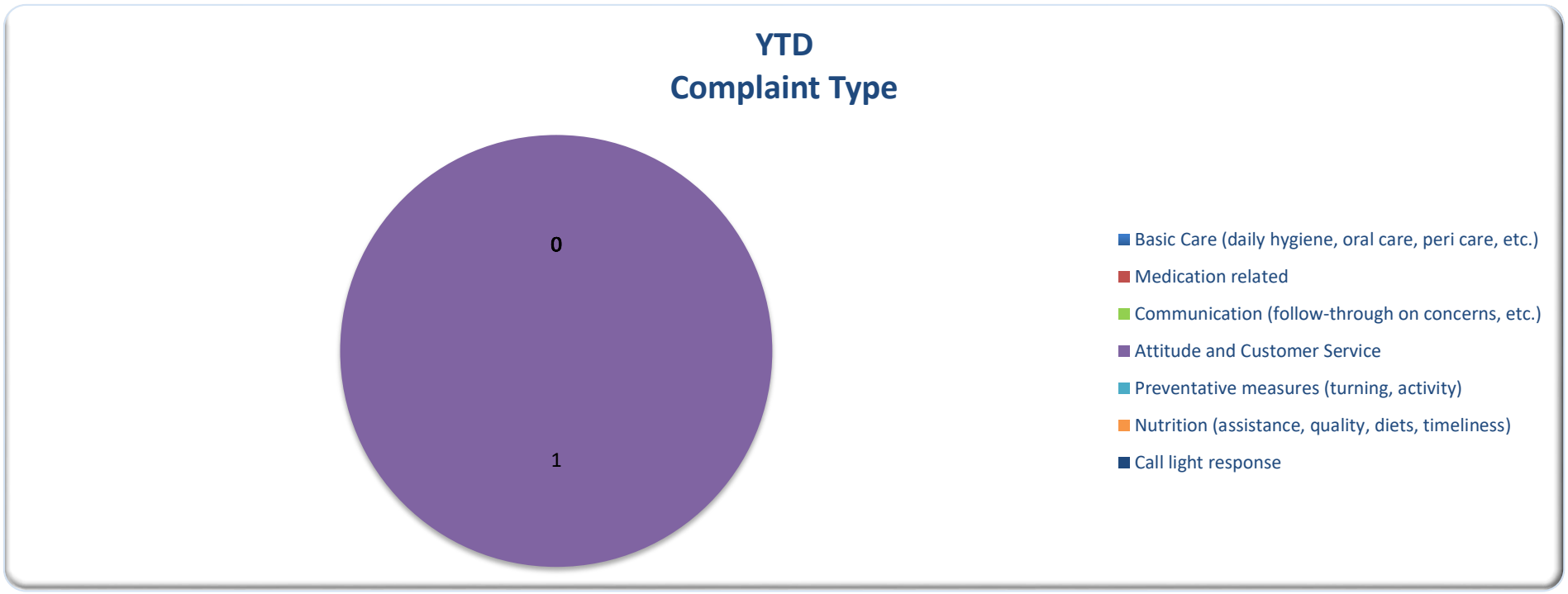


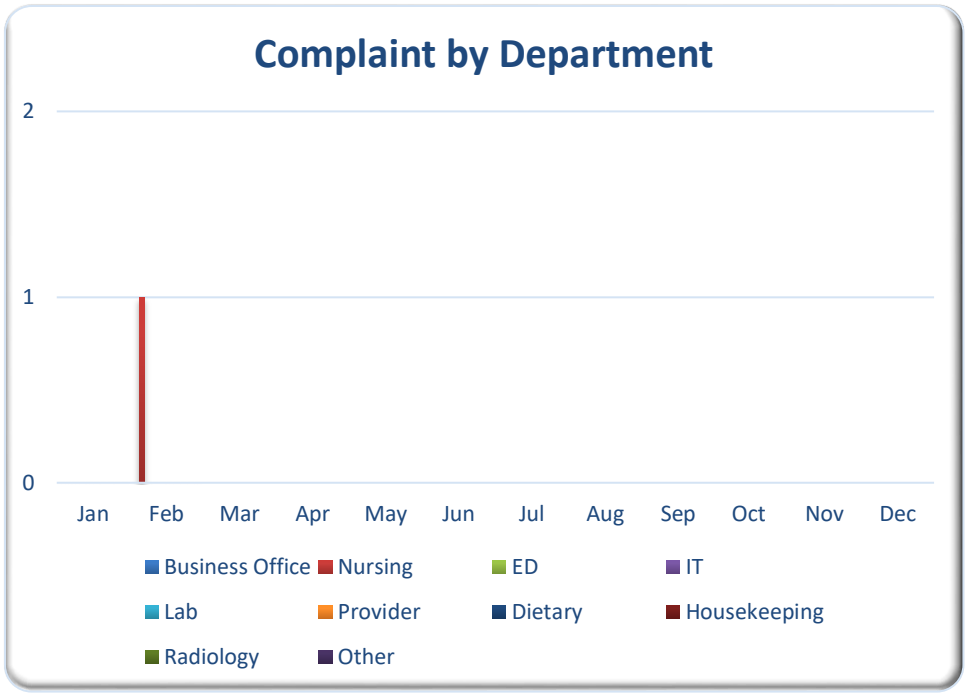
Incident Type	Count	Brief Description of Event & Outcome	Actions
Fall	**1**	**Patient fell unassisted w/o injury on 2/24/21 Patient did not activate call light.**	**Patient was assessed and assisted back to bed. Re-educated patient to use call light. Bed alarm turned on**

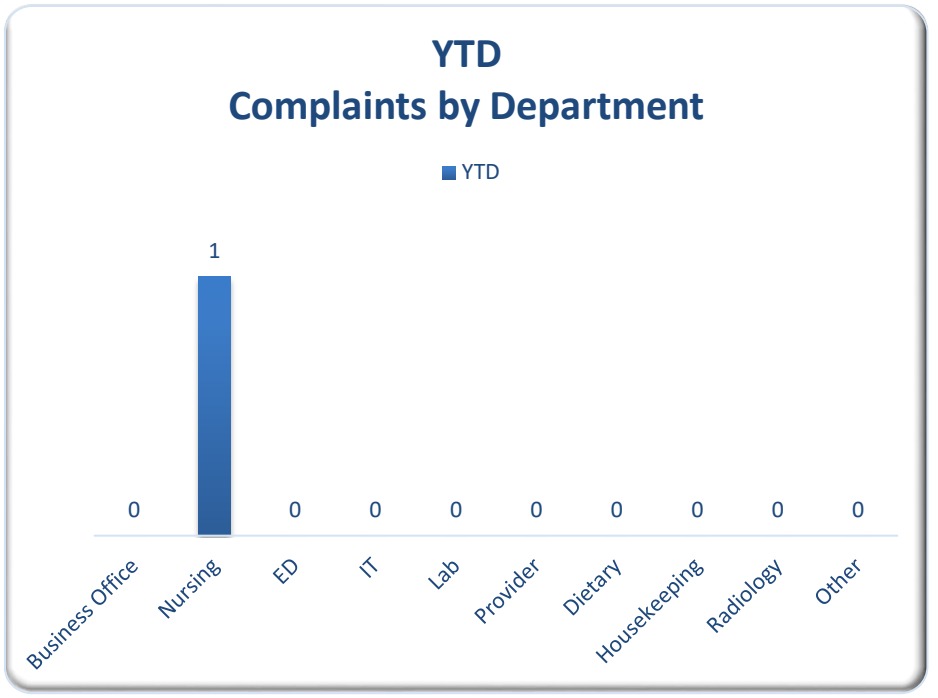

Complaints/Grievances
2
1
0
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
# of Complaints
# of Complaints from ED
# of Grievances
# of Grievances from ED


YTD
Complaints/Grievances
1
0
1
0
Total number of Complaints
Total number of Complaints from ED
Total number of Grievances
Total number of Grievances from ED

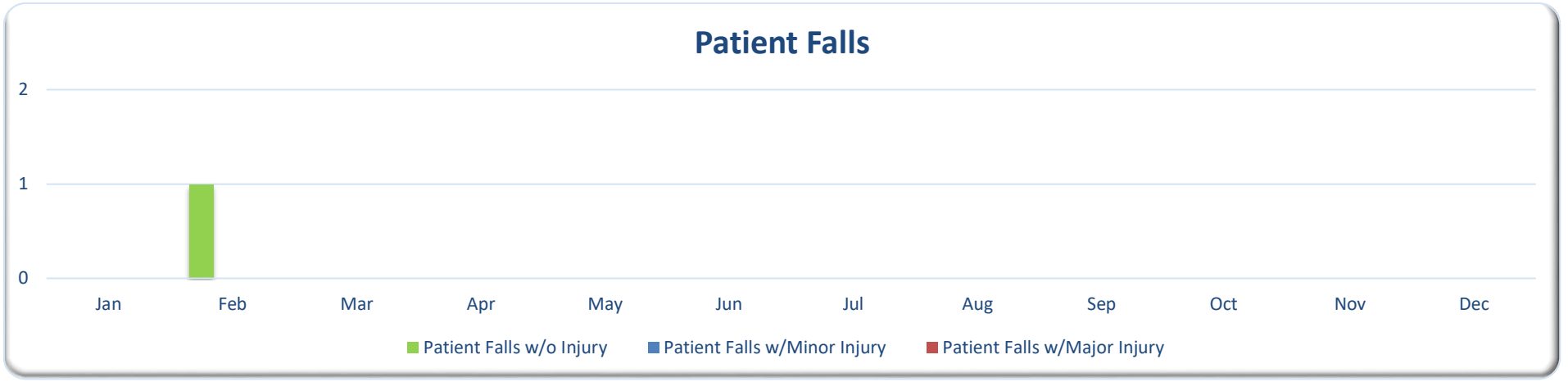

Complaint Type
2
1
0
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Basic Care (daily hygiene, oral care, peri care, etc.)
Medication related
Communication (follow-through on concerns, etc.)
Attitude and Customer Service
Preventative measures (turning, activity)
Nutrition (assistance, quality, diets, timeliness)
Call light response

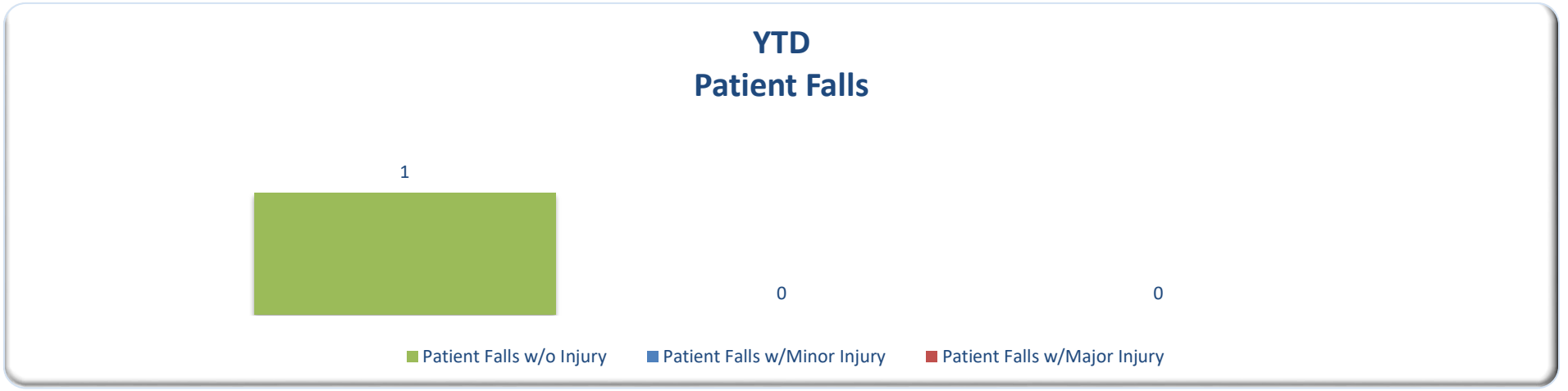

YTD
Complaint Type
0
1
Basic Care (daily hygiene, oral care, peri care, etc.)
Medication related
Communication (follow-through on concerns, etc.)
Attitude and Customer Service
Preventative measures (turning, activity)
Nutrition (assistance, quality, diets, timeliness)
Call light response



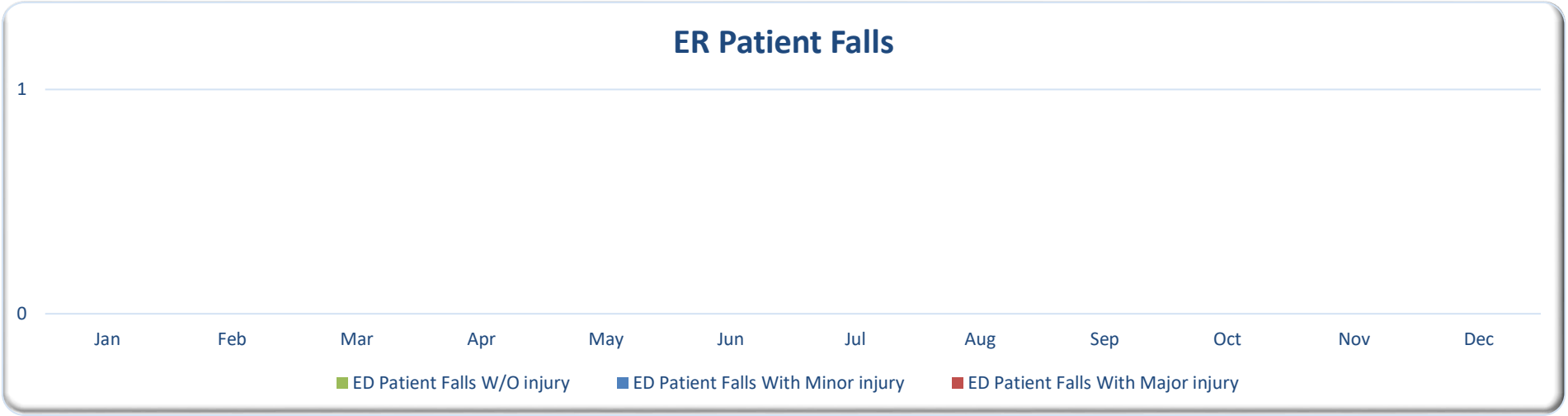


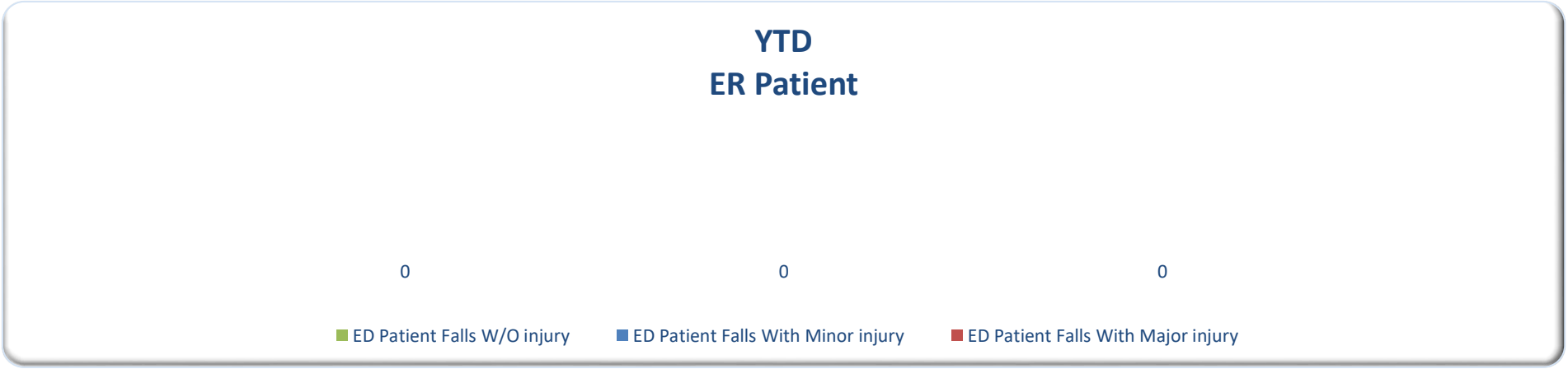
Brief Description of Complaint & Outcome	Actions
Patient voiced a complaint to the charge nurse. CCO and QM spoke with patient and found patient didn't like a comment an LPN made to her.	**CCO and QM spoke with patient. Found actions at bedside to make the patient happy. CCO had LPN read and sign education about incident.**



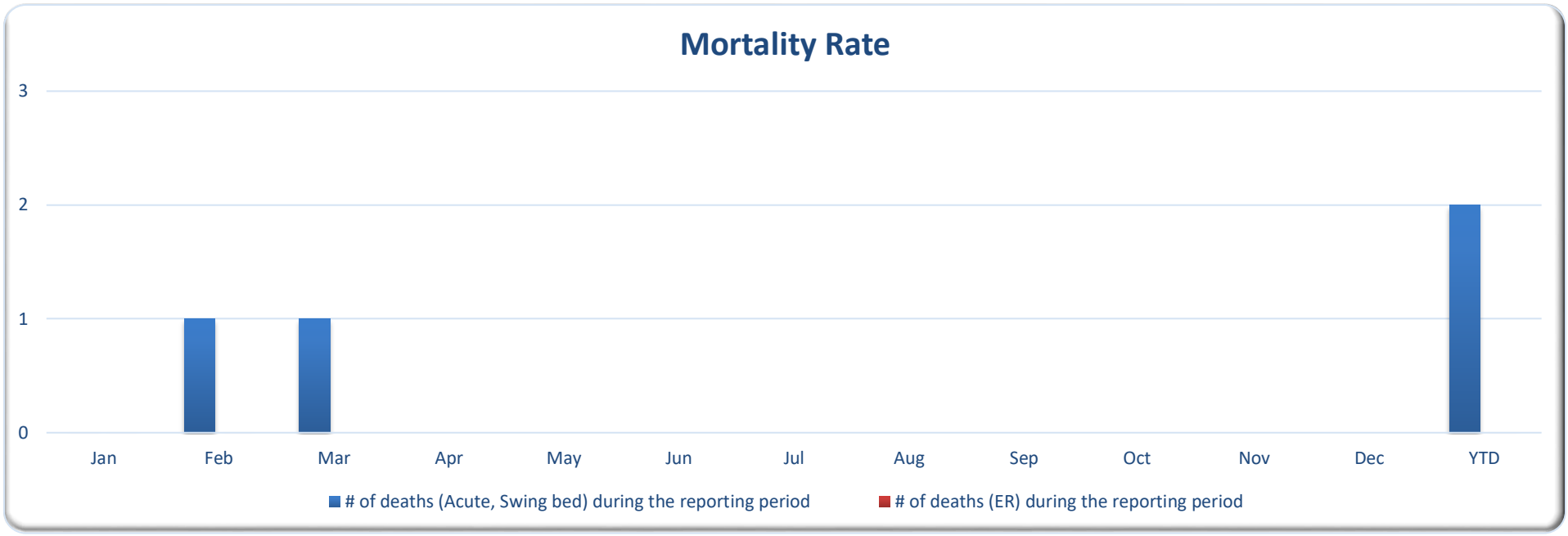


Count	Brief Description of Event & Outcome	Actions
1	Patient fell, unassisted w/o injury on 2/24/21 Patient did not activate call light.	Patient was assessed and assisted back to bed. Re-educated patient to use call light. Bed alarm turned on

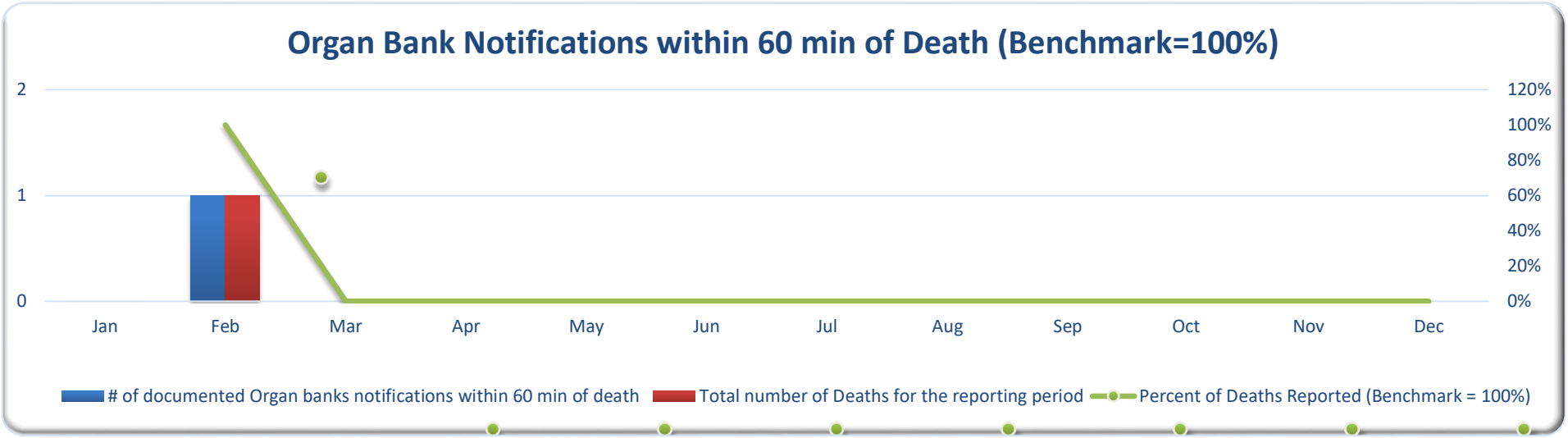


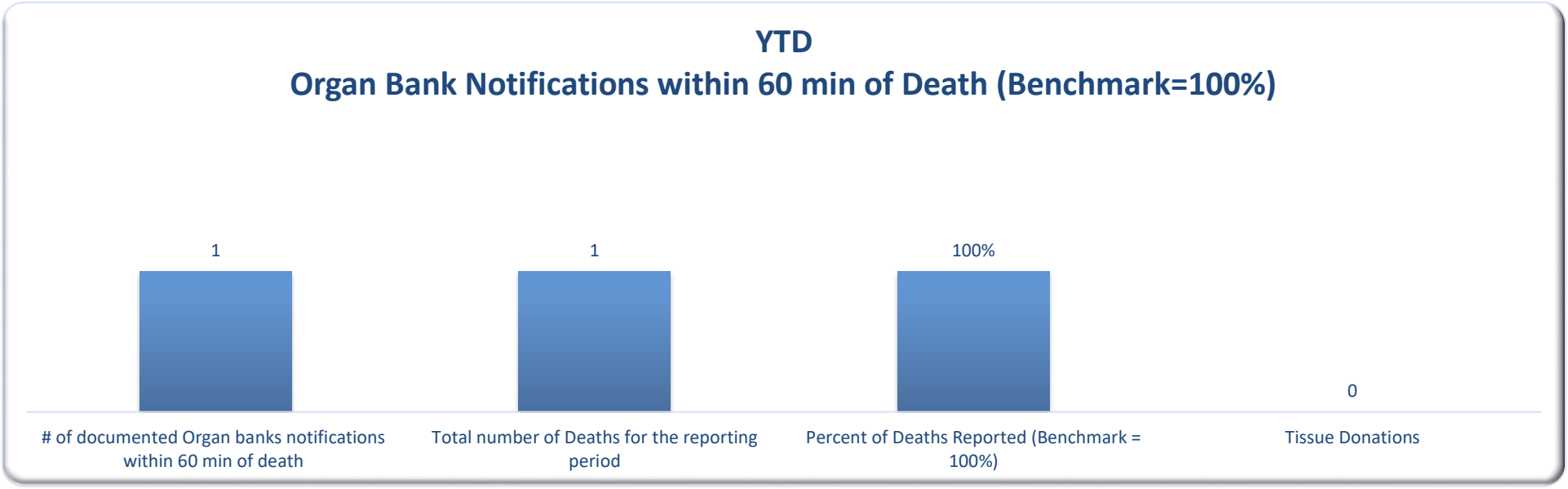


Count	Brief Description of Event & Outcome	Actions
0	No patient falls for February	Will continue to monitor



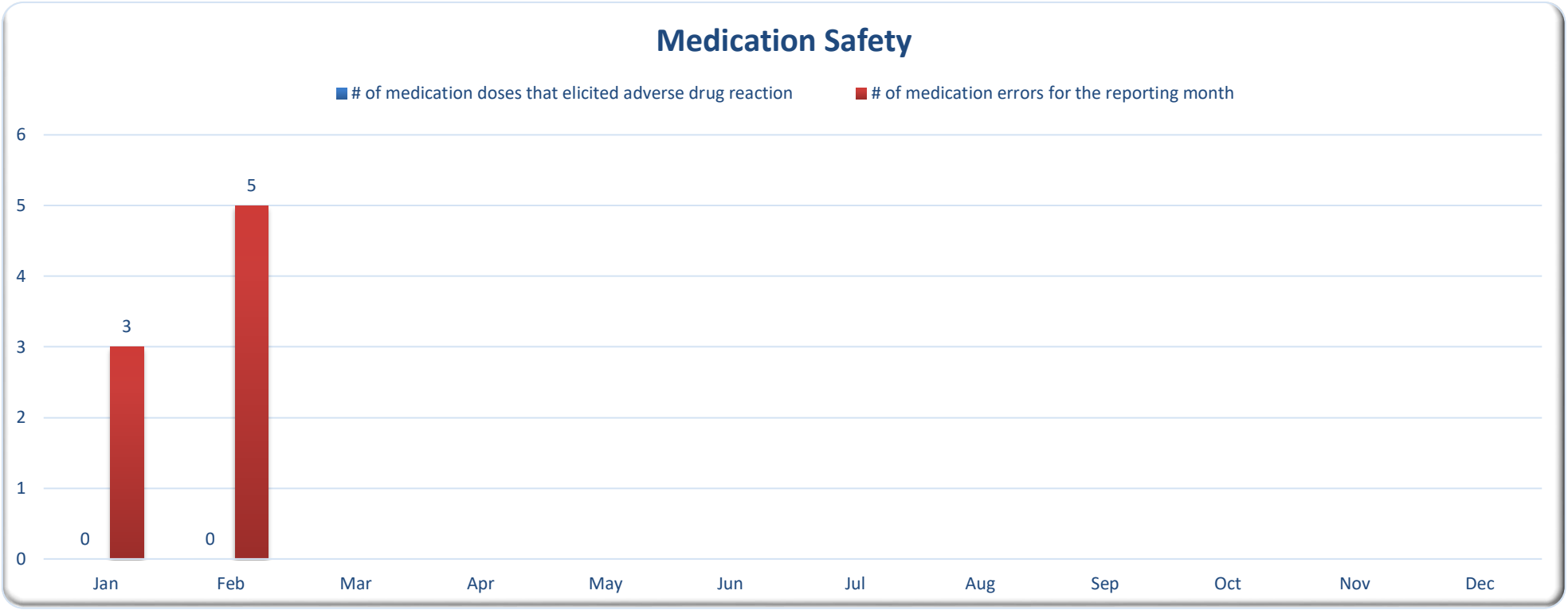
Count	Brief Description of Event & Outcome	Actions
1	One patient death in reporting period. Pt was admitted with worsening of a chronic condition. During stay patient became unresponsive. ACLS protocols appropriately administered with an unsuccessful outcome	Mortality review completed. No indicated outcomes at this time.





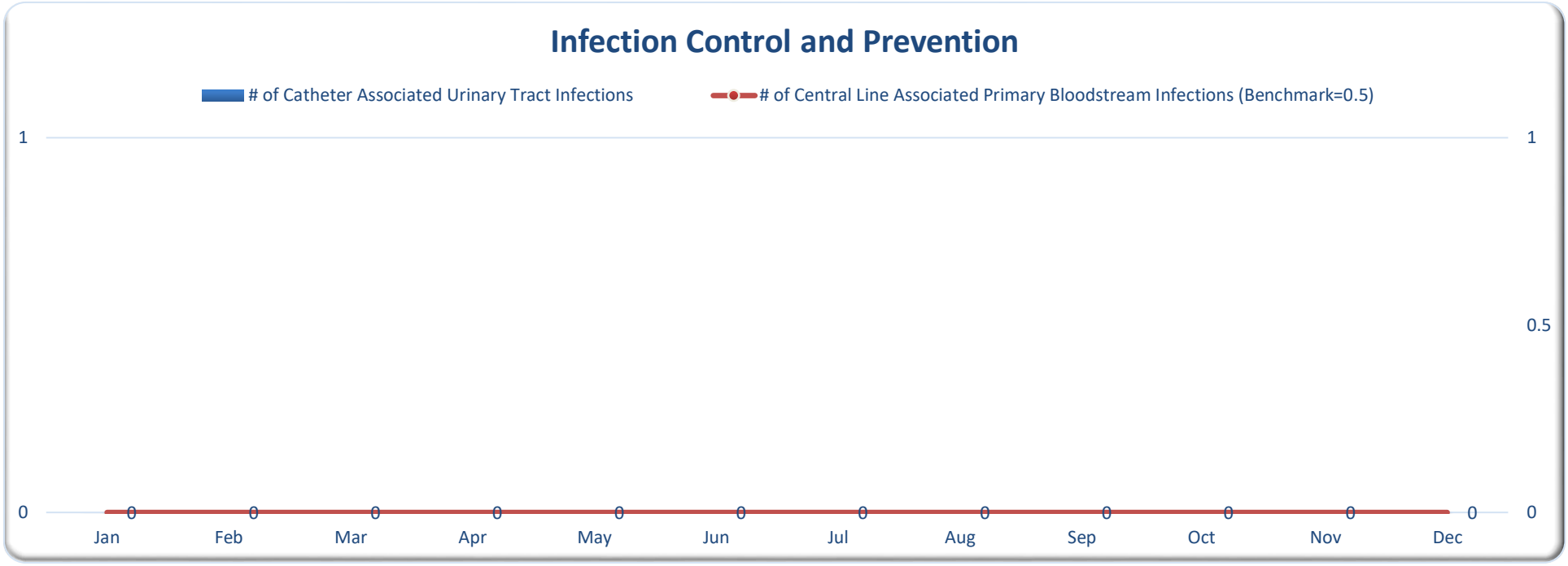
Count	Compliance	Action
1	Life share was called within 60 minutes	No action needed

VI. Medication Report



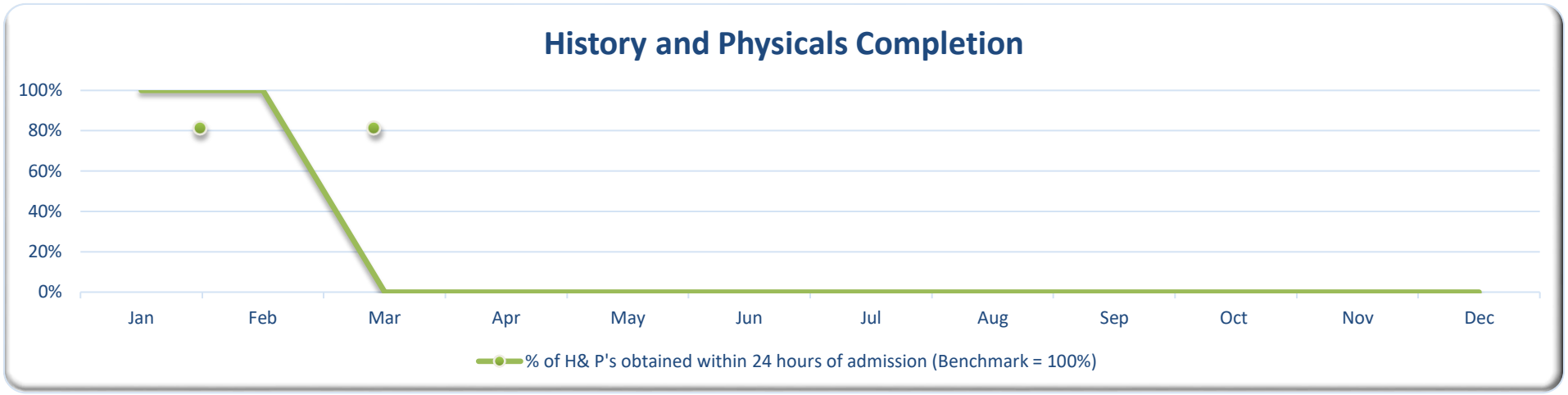
Type of Event (Med Error/ADR)	Count	Brief Description of Event & Outcome	Actions
Med Error	5	1) IV antibiotics 2) IV antibiotics 3) IV antibiotics 4) wrong solution of IV TPN 5)Proper mix IV TPN prior to administration.	1-4) CCO re-educated staff regarding 6 rights of medication administration. Staff acknowledged understanding via signature. 5) Nurse's agency offered re-education and counseling to this nurse on an unrelated matter. Nurse terminated contract and will not be returning to MRMC.

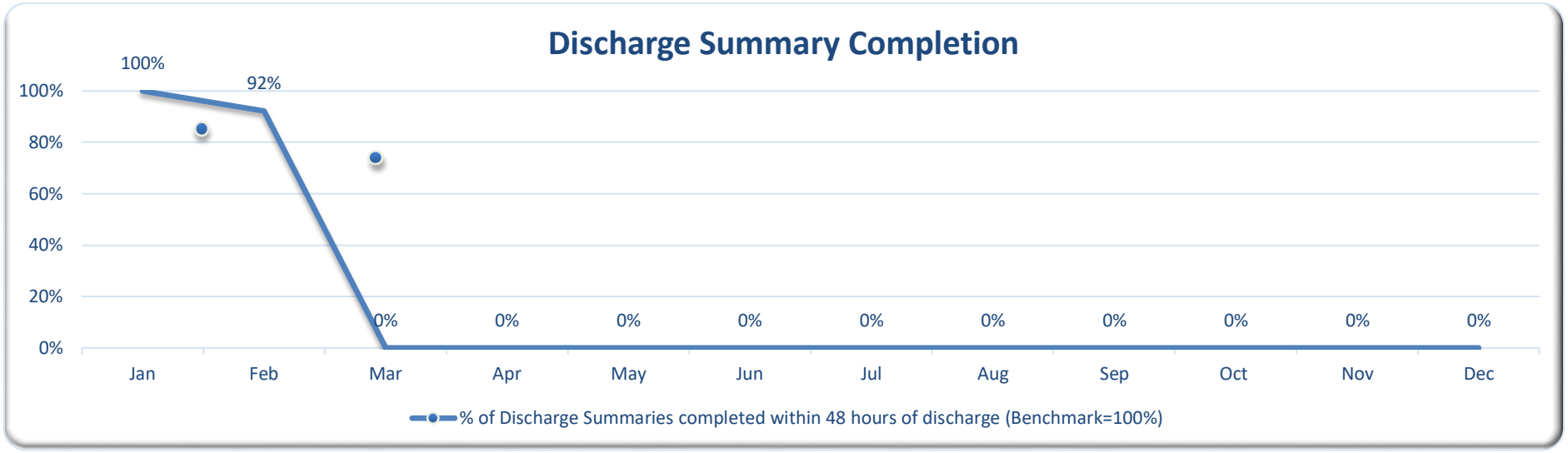
VII. Infection Control



Type of Event (CLABSI/CAUTI)	Count	Brief Description of Event & Outcome	Actions
CLABSI/CAUTI	0	None for February	Will continue to monitor

VIII. Health Information Management

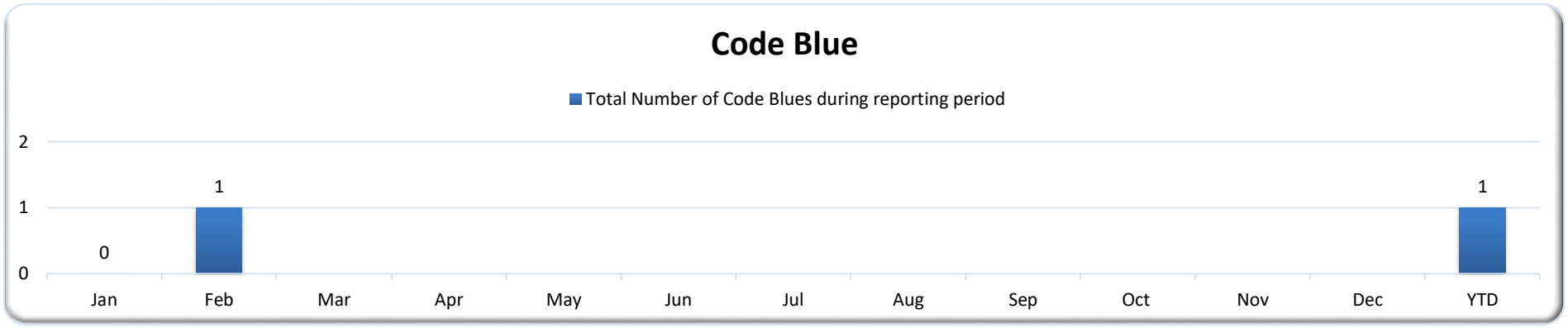




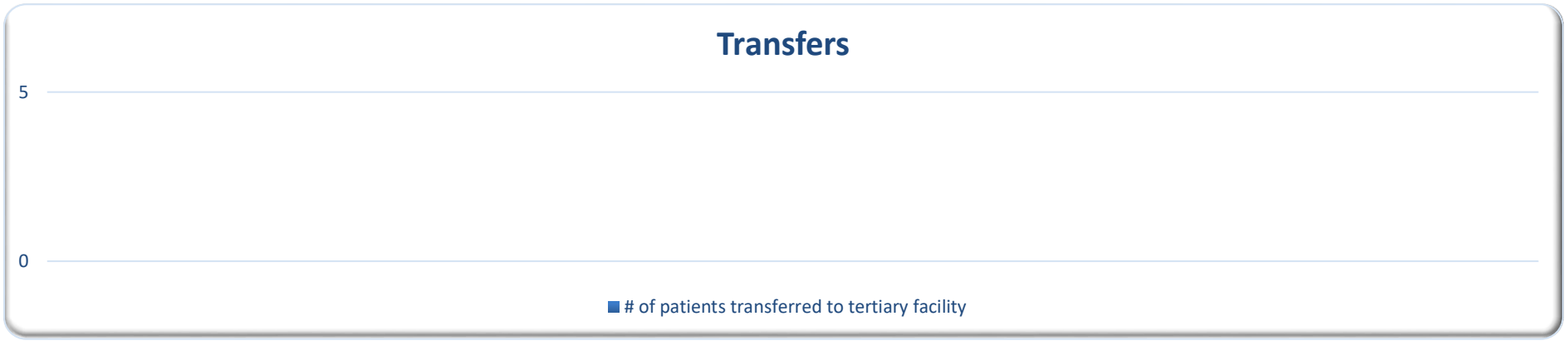
Type of Documentation (H&P/Discharge)	Count	Actions
History and Physicals	100%	No action needed. Will continue to monitor

Discharge Summary	92%	HIM put these in the dr.'s boxes to be done. HIM sent out an email to both physicians letting them know that these are missing on 3/5/21. 3/9/21 Sent out an email to CEO and Credentialing and they are going to send the message along to get these matters completed.

IX. Nursing



Count	Brief Description of Event & Outcome	Actions
1	One code blue reported during reporting period. Pt was admitted with worsening of a chronic condition. During stay patient became unresponsive. ACLS protocol appropriately administered with an unsuccessful outcome.1	Airway was maintained by suction and bagging via RT



Event	Count	Comments	Actions
Ip Transfer	1	Inpatient transfer to a higher level of care from Acute care	No action needed. Will continue to monitor
ER Transfer	10	6 - Higher level of care needed. 2 - Surgical repair needed. 2 - Inability to keep at facility due to inability to heat Covid rooms at time of presentation	The inability to keep POI in covid wing was due to breakers not being able to hold enough current to run several items at once. Electrician is due to come out ASAP and replace breakers and upgrade electrical.

X. Additional Information

1. Contract Services**Error! Not a valid link.**

2. Education and Training

Date	Main Objectives	Audience	Compliance
01/25/21	Provider time study 2/15-2/28	Providers	
03/04/21	ACLS		
03/18/21	BLS		

3. Performance Improvement Projects

Date	Title	Goals	Status	Progress
01/25/21				

4. Committee Review:

a) Environment of Care/Safety
b) Infection Control & Prevention
c) Pharmacy & Therapeutics
d) Health Information Management & Credentialing
e) Utilization Review
f) Compliance

5. Regulatory & Compliance

a) Surveys

Date	Type of Survey	Results of Survey	Actions Taken
01/25/21			

b) Product Recalls

Date	Product/Equipment	Action Taken
01/01/21	Derma bond	Did not have product

c) FMEA

Date	Project Title	Actions Taken
01/25/21		

d) RCA

Date	Type of Event	Outcome of Event	Actions Taken
01/25/21			

6. Blood Utilization

Date	# of Transfusion Episodes	# of Blood Products	Transfusion Reaction
01/25/21	**4**		**No**

7. HIPAA Breaches

Date	Event	Action Taken
01/25/21		

8. Facility/Equipment Issues/Concerns/PM Reports

Date	Brief Description of Issue	Actions Taken	PM Report Summary

01/25/21			

9. Emergency Preparedness

Date	Type of Drill	Emergency Disaster Event	After Action Summary
01/25/21			

10. Mandatory or Routine Inspections

Date	Inspection Type	Inspection Date	Results
01/25/21			

11. Policy & Procedure Review & Approval

See GB packet

12. Staffing

Date	New Employee	Voluntary Separations	Involuntary Separations	Open Positions
01/25/21				

13. Credentialing & New Appointments

See GB Packet

14. Administrator Report

15. Chief Clinical Officer Report

16. Other

ANNUAL REVIEW AND EVALUATION OF QUALITY PROGRAM

A. Annual Items

a) Annual Review & Approval of Quality Plan
b) Policies & Procedures
c) Appointment of Infection Preventionist
d) Appointment of Risk Manager
e) Appointment of Safety Officer
f) Appointment of Compliance Officer
g) Annual Review of the Infection Control Risk Assessment & Evaluation
h) Annual Review of the Hazard Vulnerability Assessment (HVA)
i) Annual Review of the TB Risk Assessment

B. Annual Review & Summary of the Hospital Quality Program

The 2021 annual report highlights the hospital's Quality Assurance and Performance Improvement (QAPI) activities, hard work and dedicated effort of the staff. Our overarching aim is to fulfill our:

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.

Vision: Provide patient-centric care, positioning us to achieve unparalleled standards of excellence in the healthcare industry through the eyes of rural healthcare.

Goals: To improve our valued and loyal patient's overall health outcomes, increase their access to exceptional healthcare, while exceeding their expectations, from the first encounter to the last, acquiring patients for the lifetime of all their healthcare needs.

C. Key Performance Indicators for 2021

The hospital quality indicators are a set of measures that provide a perspective on hospital quality of care using hospital data. These indicators reflect quality of care inside the hospital. The quality indicators can be used to help the hospital identify potential problem areas that might need further study; provide the opportunity to assess quality of care inside the hospital using collected data and implement improvement processes.

Inpatient
Swing Bed
Observation
Emergency Room

Outpatient
Measures
Mortality Rate
Readmissions
Pressure Ulcer
Discharges Home
Emergency Room Transfers
Acute/Swing Bed Transfers
Medication Errors
Falls
Against Medical Advice
Left Without Being Seen
Hospital Acquired Infection
Complaint
Grievance
Turnover
Total
Voluntary
Hiring
New Hires

D. Activities and Changes During the 2021

- Change
- Change
- Change

E. **Recommendations & Plans for 2021**