Mangum Regional Medical Center
Quality Assurance & Performance Improvement Committee Meeting

Meeting Minutes					
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Date: 02/16/2023	T i m e : 12:00	Recorder: D. Jackson		Reporting Period: January 2023	

Members Present					
Chairperson:		CEO: Dale Clayton		dical Representative: Dr C/ Mary Barnes	
Name	**Title**	**Name**	**Title**	**Name**	**Title**
	CNO	Danielle	Bus Office		Lab
	HR		Credentialing		IT
	HIM		Maintenace/EOC	Marla Abernathy	Dietary
	PT		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 02/16/2023 by Dr. C	
II. REVIEW OF MINUTES			
A. Quality Council Committee	01/12/2023	Committee reviewed listed minutes A-F. Motion to approve minutes as distributed made by Marla Abernathy and 2nd by Dr. C. Minutes A-F approved. Present a copy of the MeetingMinutes at the next Medical Executive Committee and Governing Board meeting.	
B. EOC/ Patient Safety Committee	01/10/2023		
C. Infection Control Committee	01/09/2023		
D. Pharmacy & Therapeutics Committee	12/15/2022		
E. HIM/Credentialing Committee	01/05/2023		
F. Utilization Review Committee	01/06/2023		
III. REVIEW OF COMMITTEE MEETINGS			

A. EOC/Patient Safety	02/14/2023		
B. Infection Control	02/14/2023		
C. Pharmacy & Therapeutics	Next meeting 03/2023		
D. HIM-Credentials	02/08/2023		
E. Utilization Review	02/07/2023		
F. Compliance	Quarterly – Scheduled for April 2023		
IV. OLD BUSINESS			
A. Old Business	Life Safety Policy Manuel Materials Management Policy Manuel	Approved Jan 2023 Approved Jan 2023	
V. NEW BUSINESS			
A. New Business	Respiratory Policy Manuel (See TOC) Annual Infection Control Risk Assessment Infection Preventionist Appointment Risk Manager Appointment Compliance Officer Appointment		
VI. QUALITY ASSURANCE/PERFORMANCE IMPROVEMENT			
A. Volume & Utilization			
1. Hospital Activity	Total ER – 159 Total OBS pt - 1 Total Acute pt - 13 Total SWB - 14 Total Hospital Admits (Acute/SWB) - 27 Total Hospital DC (Acute/SWB) - 25 Total pt days - 427 Average Daily Census - 14		
2. Blood Utilization	None for the Reporting period		
B. Care Management			
1. CAH Readmissions	1 for the reporting period		
2. IDT Meeting Documentation	6/10 (60%) 3 IDT notes incomplete for the week of 1/19 (1 CM note and 2 Nurses notes) and 1 IDT note incomplete for the week of 01/05 for nurses, CM out sick.	CM to email team member/CEO/CNO/QM with incomplete note information for individual education	CM to monitor Feb data in March 2023
3. Insurance Denials	None for reporting period		

4. IMM Notice	10/15 (67%) IMMs not signed and/or dated by patient prior to discharge. Paperwork missed at discharge.	CM will complete IMM paperwork with patient prior to discharge unless weekend or holiday discharges arise. Then, ward clerks are to complete IMM in entirety. Ward clerks to be educated on this information. Ward Clerks have been verbally educated on 02/08/23 and 02/09/23	CM to monitor Feb data in March 2023
C. Risk Management			
1. Incidents	AMA 7 - 1.) Pt to the ER, treated for complaints, prior to completion of treatment and repeating testing. Pt expressed desire to leave ED, risks/benefits explained and pt signed AMA. 2.) Pt to the ER for med refills, while waiting on nurse to return, pt left ED. No AMA signed. 3.) Pt to ER, was willing to have treatment but declined transfer to higher level of care. Risks/benefits explained, AMA signed. 4.) Pt to the ER, accepting of treatment in ER, however pt declined in-pt admission and transfer to higher level of care. Risks and benefits explained, AMA signed. 5.) Pt to the ER, agreeable with assessment/testing, was not pleased with comfort level of some testing and desired no further care. Risks/benefits explained. AMA signed. 6.) Pt to the ER with request for med clearance, pt agreeable with testing initially then no longer wanted testing preformed. Risks/benefits explained. AMA signed. 7.) In-pt expressed desire to be discharged, provider with other patients. Pt did not want to wait on provider any longer, signed AMA. Risks/benefits explained.		
2. Reported Complaints	None for reporting period		

3. Reported Grievances	None for reporting period		
4. Patient Falls without Injury	1 for the 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	1 completed for the reporting period		
8. Mortality Rate	1 in-pt death for the reporting period		
9. Deaths Within 24 Hours of Admission	None for reporting period		
10. Organ Procurement Organization Notification	1 notification for the month w/o donation		
D. Nursing			
1. Critical Tests/Labs	39 for the reporting period		
2. Restraint Use	None for reporting period		
3. Code Blue	None for reporting period		
4. Acute Transfers	3 - 1.) pt admitted to SWB with CHF, transferred to higher level of care for cardiology services for cardiogenic shock 2.) Pt admitted to acute care with cirrhosis, transferred to higher level of care for hepatology/transplant services for cirrhosis/sepsis. 3.) Pt admitted to SWB with NSTEMI, transferred to higher level of care for cardiology services for CHF exacerbation	All in-pt transfers for the reporting period appropriate for higher level of care	
5. Inpatient Transfer Forms	3 for the reporting period		
E. Emergency Department			
1. ED Nursing DC/ Transfer Assessment	19/20 (95%)		
2. ED Readmissions	2 for the reporting period		

3. ER Log & Visits	159 (100%)		
4. MSE	Quarterly		
5. EMTALA Transfer Form	5/5 (100%)		
6. Triage	18/20 (90%)		
7. ESI Triage Accuracy	19/20 (95%)		
8. ED Transfers	5 for the reporting period - Patients transferred to Higher Level of Care for: 1.) Pneumonia/CF - Pulmonology/Infectious Disease 2.) CHF/ARF/Sepsis/Necrosis – Cardiology/Nephrology/Ortho 3.) AMS – Neurology 4.) SH/SI – In-Pt Phych 5.) CHF vs NSTEMI – Cardiology	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	1 for the reporting period		
12. STEMI Care	None for reporting period		
13. Chest Pain	2/6 (33%) EKG 1 pt label covering date and time, 1 ekg preformed on old machine, does not keep accurate date and time. Xray 2 preformed on call weekends (1 completed in 49 min/1 completed in 32 min) Xray 1 preformed at 36 min, high patient volume in the ER	Still working on improving these numbers and reminding staff of on-call responsibilities	
14. ED Departure - (OP-18)	Quarterly		
F. Pharmacy & Medication Safety			

1. After Hours Access	76 for the reporting period		
2. Adverse Drug Reactions	None for reporting period		
3. Medication Errors	2 for the reporting period - 1) 1 nurse administered wrong dose of lorazepam, 2) 1 nurse failed to administer dose of solumedrol.		
4. Medication Overrides	177 for the reporting period		
5. Controlled Drug Discrepancies	10 for the reporting period		

G. Respiratory Care Services			
1. Ventilator Days	None 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	26 nebs and masks changes for the reporting period		

H. Wound Care Services			
1. Development of Pressure Ulcer	None for the reporting period		
2. Wound Healing Improvement	None for the reporting period		
3. Wound Care Documentation	100%		

I. Radiology			
1. Radiology Films	5 films repeated – 130 total for the reporting period		
2. Imaging	26 for the reporting period		
3. Radiation Dosimeter Report	Quarterly		

J. Laboratory			
1. Lab Reports	39 repeated /2542 total for the reporting period		
2. Blood Culture Contaminations	None for the reporting period		
K. Infection Control and Employee Health			
1. Line Events	None for the reporting period		
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	2 received influenza vaccine / 1 received pneumococcal vaccine		
9. VAE	None for the reporting period		
10. Employee Health Summary	1 employee event/injury, 9 employee health encounters (vaccines/testing) 13 reports of employee illness/injury		

11. Staff COVID19 Vaccine Compliance	100%		
L. Health Information Management (HIM)			
1. History and Physicals Completion	27/27 (100%)		
2. Discharge Summary Completion	27/27 (100%)		
3. Progress Notes (Swing bed & Acute)	SWB – 73/73 (100%) Acute – 62/62 (100%)		
4. Swing Bed Indicators	14/14 (100%)		
5. E-prescribing System	95/95 (100%)		
6. Legibility of Records	186/186 (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	8/8 (100%)		
M. Dietary			
1. Weekly Cleaning Schedules	10/14 (71%) weekly cleaning schedule had four items that did not show documentation.	New FT dietary manager in place, who will monitor processes	
2. Daily Cleaning Schedules	393/403 (98%) daily cleaning schedule had 10 items that did not show documentation	New FT dietary manager in place, who will monitor processes	

3. Wash Temperature	92/93 (99%) 1 item did not show documentation	New FT dietary manager in place, who will monitor processes
4. Rinse Temperature	92/93 (99%) 1 item did not show documentation	New FT dietary manager in place, who will monitor processes
N. Therapy		
1. Discharge Documentation	11/11 (100%)	
2. Equipment Needs	9/10 (90%) - amputee had appointment for prosthesis fitting post hospital discharge	
3. Therapy Visits	PT 222 – OT 191 – ST 0	
4. Supervisory Log	Quarterly	
5. Functional Improvement Outcomes	PT 8/8 (100%) – OT 8/8 (100%) – ST 0 (none for the reporting period)	
O. Human Resources		
1. Compliance	Certifications 1 LPN 1 RN need BLS, ACLS, PALS; CNA needs BLS. New annual education being implemented through Care-learning to begin on 02/16/2023	
2. Staffing	Hired – 3, Terminated - 2	
P. Registration Services		
1. Compliance	7/13 indicators below benchmark, there are still issues with areas of registration being missed upon pt arrival. After hours continues to be the area of high numbers of missing documents	Bus Office is monitoring charts daily for missing data, emailing CNO/QM and staff is being educated on individual basis by CNO
Q. Environmental Services		
1. Terminal Room Cleans	8/8 (100%)	
R. Materials Management		
1. Materials Management Indicators	11 – Back orders, 0 – Late orders, 0 – Recalls, 816 items checked out properly	

S. Life Safety			
1. Fire Safety Management	No 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	3/3 (100%)		
U. Information Technology			
A. IT Incidents	66 events for the reporting period		
V. Outpatient			
1. Therapy Visits	Therapy treatments preformed - 46		
2. Discharge Documentation	1/1 (100%)		
3. Functional Improvement Outcomes	1/1 (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	Respiratory Policy Manuel (See TOC) Annual Infection Control Risk Assessment	Approved by Dr. C and Dale Clayton Approved by Dr. C and Dale Clayton	
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	Both Proposed PIP projects for 2023 are at Corporate for final approval	

	who present to the Emergency Department at least 65% of the time or greater by December 2023.		
XI.	**CREDENTIALING/NEW APPOINTMENT UPDATES**		
A. Credentialing/New Appointment Updates	Benjamin Love, M.D.(Pathologist) Greg Morgan, MD (wound care) Kenna Wenthold APRN (ER/Clinic) Amy Sims APRN (Clinic)		
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	N/A for Feb meeting		
XV.	**STANDING AGENDA**		
A. Annual Approval of Strategic Quality Plan	At Corporate for final approval		
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	N/A for Feb meeting		
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 Dale Clayton seconded by Dr. C at 12:10.	The next QAPI meeting will be held (tentatively scheduled) 03/14 2023.