

Mangum Regional Medical Center Quality Committee Meeting Minutes							
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Date:01/13/2022	Time: 12:34	Recorder: Denise Jackson			Reporting Period Discussed: December 2021		
Members Present							
Chairperson:		CEO: Dale Clayton			Medical Representative: Dr Chiaffitelli		
Name	Title	Name	Title	Name	Title	Name	Title
Heather Larson	Respiratory	Josey Kenmore	Materials Management	Grace Smith	Clinic Manager	Tonya Bowen	Lab Manager
Sarah Dillahunt	Dietary	Daniel Coffin	CCO	Kaye Hamilton	Credentialing	Karli Bowles	Infection
Jared Ballard	IT	Pamela Esparza	Radiology Manager	Jennifer Dreyer	HIM	Kasi Hilley	Business/RCM Director
Chasity Howell	CM	Shelly Bowman	HR	Chealsea Church	Pharamcy	Lynda James	Pharmacy
TOPIC	FINDINGS/CONCLUSIONS			ACTIONS/RECOMMENDATIONS			FOLLOW-UP
Call to Order	Dr. Chiaffitelli/ Chasity Howell			first/second			
Review of Minutes	Review/Approve Nov Min for Dec meeting			Kaye Hamilton/Dr. Chiaffitelli			
Review of Committee Meetings							
A. EOC/Patient Safety Committee	flooring in med room/nurse break area rescheduled, replacement of amps starte, glass on the double door to be replaced the week of the 17th,						
B. Infection Control Committee	no hospital aquired infections for the reporting period						
C. Pharmacy & Therapeutics Committee	\$42,709 for the month, 177 after hours access, no adverse reactions/med errors - none						
D. HIM/Credentials Committee	no credentialing for the month						
E. Utilization Review Committee	166 er pts, 1 obs, 30 actue, 17 swing, 47 tot admits for the month, 48 discharges, 422 total pt days, 13.6 avg daily census						
F. Compliance Committee	quarterly meetings in aug/dec			working on scheduling meetings			
Old Business	REVIEW AND APPROVAL OF POLICIES & PROCEDURES:						
New Business	REVIEW AND APPROVAL OF POLICIES & PROCEDURES:			Dr. Chiaffitelli/Daniel Coffin			
Quality Assurance/Performance Improvement							
Volume & Utilization							
A. Hospital Activity	166 er pts, 1 obs, 30 actue, 17 swing, 47 tot admits for the month, 48						
B. Blood Utilization	8 - no issues						
Care Management							
A. CAH/ER Re-Admits	6 readmits-1) Admitted for inital dx. Patient discharged home with home health. Patient readmitted for other dx other than inital. 2) Patient refused						

B. Acute Transfers	2 - transferred for higher level of care		
D. Discharge Follow-Up Phone Calls	14		
E. Patient Discharge Safety Checklist	14		
Risk Management			
A. Incidents	LWBS - 1/ AMA - 2; LWBS - pt to the er became very upset with nurse assessment questions, nurse attempted to educated pt that it was part of assessment and that nurse would get physician, MD made aware and went to see pt. however pt left without being seen. AMA - 1 \ pt in the er	LWBS/AMA - contiune to education patient's on risks and benefits of medical eval/futher testing/admit as needed	
B. Reported Complaints	1 - pt became upset with assigned nurse for the shift requesting that the assigned nurse not provide them care for the duration of their stay	nurse switched out and patient had no futher concerns for the rest of their visit	
C. Reported Grievances	0		
D. Patient Falls Without Injury	0		
E. Patient Falls With Minor Injury	0		
F. Patient Falls With Major Injury	0		
G. Mortality Rate	5: 1 ER/4 inpatients; all due to patients conditions	all deaths anticipated, will contiune to monitor	
H. Deaths Within 24 Hours of Admit	0		
I. OPO Notification/Tissue Donation	4		
Nursing			
A. Critical Tests/Labs	46		
B. Restraints	0		
C. RN Assessments	20		
D. Code Blue	1 - pt to er with cpr in progress, attempts unsuccessful		
Emergency Department			
A. ER Log & Visits	166		
B. MSE	20		
C. Provider ER Response Time	20		
D. ED RN Assessment (Initial)	20		
E. ED Readmissions	2		

F. EMTALA Transfer Form	5		
G. ED Transfers	5 - transferred for higher level of care for neuro x 2, psych x 1, respiratory		
H. Stroke Care	1 stroke in the reporting period - ; pt to the ed for initial dx, while in the	nursing education on documentation provided. CEO/CNO met with air	
I. Suicide Management	none	contiune to provide education on SI/SH documentation	
J. Triage	17	education provded to agency/staff regarding expectations of care	
K. Stemi Care	0		
L. ED Nursing Assessment (Discharge/Transfer)	18	education provded to agency/staff regarding expectations of care	
Pharmacy & Medication Safety			
A. Pharmacy Utilization	\$42,709		
B. After Hours Access	177		
C. Adverse Drug Reactions	0		
D. Medication Errors	0		
Respiratory Care Services			
A. Ventilator Days	10		
B. Ventilator Wean Rate	5		
C. Patient Self-Decannulation Rate	0		
D. Respiratory Care Equipment	10 HME, 1 suction set up, 27 nebs, 35 trach collars, 0 vent circuit, 7 inner cannulas , 5 closed suction		
Wound Care Services			
A. Development of Pressure Ulcer	0		
B. Wound Healing Improvement	7		
C. Wound Care Documentation	5		
D. Debridement/Wound Care Procedures	6		

E. Wound Vac Application	0		
Radiology			
A. Radiology Films	199 total 6 repeated; no xray room at this time d/t new equipment install.	staff contiunes to learn the best techniques for using the xray and	
B. Imaging	26		
C. Radiation Dosimeter Report	6		
D. Physicist's Report	physist here 9/16/21, all equipment passed		
Lab			
A. Lab Reports	3082 labs completed, 1 repeated		
B. Blood Culture Contaminants	0		
Infection Control & Employee Health			
A. CAUTI's	0		
B. CLABSI'S	0		
C. HA MDROs	0		
D. HA C. diff	0		
E. Hospital Acquired Infections By Source	0		
F. Hand Hygiene/PPE & Isolation Surveillance	100%		
G. Public Health Reporting	0		
H. Patient Vaccinations	3 flu, 1 pneumonia		
I. Ventilator Associated Events	0		
J. Employee Health Summary	1. 1 TB screenings on new employees. 2. 4 lost work days due to illness.		
HIM			
A. H&P's	48		
B. Discharge Summaries	45 of 50		
C. Progress Notes (Swing bed & Acute)	57 swing/ 98 acute		
D. Consent to Treat	193 out of completed 216	working on a process to decrease number of missed consents, it has been	

E. Swing bed Indicators	17		
F. E-prescribing System	432		
G. Legibility of Records	100%		
Dietary			
A. Food Test Tray Eval	100%		
B. Dietary Checklist Audit	98%		
Therapy			
A. Therapy Indicators	100%		
B. Therapy Visits	159		
C. Standardized Assessment Outcomes	12		
Human Resources			
A. Compliance	100%		
Registration Services			
Registration Services	100%		
Environmental Services			
A. Terminal Room Cleans	100%		
Materials Management			
A. Materials Management Indicators	23 back orders, 48 orders for the month, 1 no recalls	increase in back orders likely due to pandemic	
Plant Operations			
A. Fire Safety Management	100%		
Information Technology			
A. IT Indicators	1		
Outpatient Services			
A. Outpatient Orders and Assessments	6		
B. Outpatient Therapy Services	6		

C. Outpatient Wound Services	8		
Contract Services			
Contract Services			
Regulatory & Compliance			
A. OSDH & CMS Updates	Quarterly meetings in Aug/Dec	working on scheduling meeting	
Policy & Procedure Review			
Policy & Procedure	REVIEW AND APPROVAL OF POLICIES & PROCEDURES:		
Credentialing/New Appointments			
A. Credentialing/New Appointment Updates	none		
Other			
A. Other	concerns/comments/questions?	none	
Adjournment			
A. Adjournment	01/13/2022 @ 12:44	Chealsea Church/Dr. Chiaffitelli	