

**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												
<b>Members Present</b>															
<b>Chairperson:</b>	<b>CEO: Dale Clayton</b>					<b>Medical Representative: Dr Chiaffitelli</b>									
Name	Title	Name	Title	Name	Title	Name	Title								
Heather Larson	Respiratory	Josey Kenmore	Materials Management	Grace Smith	Clinic Manager	Tonya Bowen	Lab Manager								
Sarah Dillahunty	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	<b>FINDINGS/CONCLUSIONS</b>					<b>ACTIONS/RECOMMENDATIONS</b>		<b>FOLLOW-UP</b>							
<b>Call to Order</b>	Dr. Chiaffitelli/ Chasity Howell					first/second									
<b>Review of Minutes</b>	Review/Approve Nov Min for Dec meeting					Kaye Hamilton/Dr. Chiaffitelli									
<b>Review of Committee Meetings</b>															
<b>A. EOC/Patient Safety Committee</b>	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>B. Infection Control Committee</b>	no hospital aquired infections for the reporting period														
<b>C. Pharmacy &amp; Therapeutics Committee</b>	\$42,709 for the month, 177 after hours access, no adverse reactions/med errors - none														
<b>D. HIM/Credentials Committee</b>	no credentialing for the month														
<b>E. Utilization Review Committee</b>	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														
<b>F. Compliance Committee</b>	quarterly meetings in aug/dec					working on scheduling meetings									
<b>Old Business</b>	REVIEW AND APPROVAL OF POLICIES & PROCEDURES:														
<b>New Business</b>	REVIEW AND APPROVAL OF POLICIES & PROCEDURES:					Dr. Chiaffitelli/Daniel Coffin									
<b>Quality Assurance/Performance Improvement</b>															
<b>Volume &amp; Utilization</b>															
<b>A. Hospital Activity</b>	166 er pts, 1 obs, 30 actue, 17 swing, 47 tot admits for the month, 48														
<b>B. Blood Utilization</b>	8 - no issues														
<b>Care Management</b>															
<b>A. CAH/ER Re-Admits</b>	6 readmits-1) Admitted for intial dx. Patient discharged home with home health. Patient readmitted for other dx other than intial. 2) Patient refused														

<b>B. Acute Transfers</b>	2 - transferred for higher level of care		
<b>D. Discharge Follow-Up Phone Calls</b>	14		
<b>E. Patient Discharge Safety Checklist</b>	14		
<b>Risk Management</b>			
<b>A. Incidents</b>	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 - continue to education patient's on risks and benefits of medical eval/further testing/admit as needed	
<b>B. Reported Complaints</b>	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 further concerns for the rest of their visit	
<b>C. Reported Grievances</b>	0		
<b>D. Patient Falls Without Injury</b>	0		
<b>E. Patient Falls With Minor Injury</b>	0		
<b>F. Patient Falls With Major Injury</b>	0		
<b>G. Mortality Rate</b>	5: 1 ER/4 inpatients; all due to patients conditions	all deaths anticipated, will continue to monitor	
<b>H. Deaths Within 24 Hours of Admit</b>	0		
<b>I. OPO Notification/Tissue Donation</b>	4		
<b>Nursing</b>			
<b>A. Critical Tests/Labs</b>	46		
<b>B. Restraints</b>	0		
<b>C. RN Assessments</b>	20		
<b>D. Code Blue</b>	1 - pt to er with cpr in progress, attempts unsuccessful		
<b>Emergency Department</b>			
<b>A. ER Log &amp; Visits</b>	166		
<b>B. MSE</b>	20		
<b>C. Provider ER Response Time</b>	20		
<b>D. ED RN Assessment (Initial)</b>	20		
<b>E. ED Readmissions</b>	2		

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

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

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

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