

Mangum Regional Medical Center Quality Committee Meeting Minutes							
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Date: 12/16/2021	Time: 12:21	Recorder: Denise Jackson			Reporting Period Discussed: November 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		HR	Chealsea Church	Pharamcy	Lynda James	Pharmacy
TOPIC	FINDINGS/CONCLUSIONS			ACTIONS/RECOMMENDATIONS			FOLLOW-UP
Call to Order	Sarah Dillahunt/Karli Bowles			first/second			
Review of Minutes	Review/Approve Oct Min for Nov meeting			Dr. Chiaffitelli/Kaye Hamilton			
Review of Committee Meetings							
A. EOC/Patient Safety Committee	med room/nurse break area has been rescheduled, head wall installation began 11/15/21, replacment of receptacles has began/will plan on						
B. Infection Control Committee	no infections or public health reporting for the month. 0 Employee Injury: 5 Lost work days. 0 Light duty case continued. 0 employee injuries, 0						
C. Pharmacy & Therapeutics Committee							
D. HIM/Credentials Committee	privacy practice documents are being added to the charts. Kaye is working on courtesy privlages for 3 providers this month						
E. Utilization Review Committee	166 er pts, 0ob, 24 actue, 13 swing, 37 tot admits for the month, 35 discharges, 329 total pt days, 11 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/Karli Bowles			
Quality Assurance/Performance Improvement							
Volume & Utilization							
A. Hospital Activity	166 er pts, 0 ob, 24 actue, 13 swing, 37 tot admits for the month, 35						
B. Blood Utilization	4 - no issues						
Care Management							
A. CAH/ER Re-Admits	2 - 1) Patient discharged home after 2 days of admission. Agreed to return if needed. Patient returned to ED the next day and was readmitted.						

B. Acute Transfers	2 - transferred for higher level of care for respiratory distress/icu		
D. Discharge Follow-Up Phone Calls	16		
E. Patient Discharge Safety Checklist	16		
Risk Management			
A. Incidents	LWBS -1; 1) pt to the er, computer systems where down, pt did not feel like their issues was urgent and left to come back at a later time. AMA - 4; AMA - 1.) pt to the er multiple time while in custody, once released, pt left the er/did not sign ama 2) pt to the er, became very upset when told	LWBS/AMA - contiune to education patient's on risks and benefits of medical eval/futher testing/admit as needed	
B. Reported Complaints	0		
C. Reported Grievances	0		
D. Patient Falls Without Injury	fwoi - 1; pt being seen for out-pt therapy, coming to scheduled visit using back entrance, tripped over landscaping and fell. Reported event the	education provided to pt to not use the back entrance, to only use the front patient entrance for scheduled visits. Encouraged ice/rest for soreness.	
E. Patient Falls With Minor Injury	1 - pt in the shower, became weak when standing, cna assisted pt to the floor. Nursing notified, s/t noted to arm and small abrasion to the back,	staff was educated on 2 pt transfers with this patient during the stay to prevent any further falls	
F. Patient Falls With Major Injury	0		
G. Mortality Rate	3 in pt - 2 swb deaths and 1 acute expected DNR's in place / all expected		
H. Deaths Within 24 Hours of Admit	1		
I. OPO Notification/Tissue Donation	3		
Nursing			
A. Critical Tests/Labs	39		
B. Restraints	0		
C. RN Assessments	20		
D. Code Blue	0		
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	7		
G. ED Transfers	7 - , 1 for OB services, 1 for neurology, 2 higher level of care/critical		
H. Stroke Care	0		
I. Suicide Management	1 - pt brought to er for SI/med clearance, LMPH was contacted and patient transferred to in-pt psych	contiune to provide education on SI/SH documentation	
J. Triage	18	education provded to agency/staff regarding expectations of care	
K. Stemi Care	0		
L. ED Nursing Assessment (Discharge/Transfer)	17	education provded to agency/staff regarding expectations of care	
Pharmacy & Medication Safety			
A. Pharmacy Utilization	\$20,941		
B. After Hours Access	131		
C. Adverse Drug Reactions	0		
D. Medication Errors	4 - x 3 nurse Administered wrong dose of medicine. x 1 nurse documented as given but ned was not pulled from dispense.	CCO reeducated 1 nurse on the 6 rights of medication administration and MRMC policy on medication administration. Nurse reviewed such;	
Respiratory Care Services			
A. Ventilator Days	17		
B. Ventilator Wean Rate	3		
C. Patient Self-Decannulation Rate	0		
D. Respiratory Care Equipment	15 HME, 3 suction set up, 18 nebs, 6 trach collars, 0 vent circuit, inner cannulas 22, closed suction 13		
Wound Care Services			
A. Development of Pressure Ulcer	0		
B. Wound Healing Improvement	1		
C. Wound Care Documentation	7		
D. Debridement/Wound Care Procedures	4		

E. Wound Vac Application	0		
Radiology			
A. Radiology Films	139, 1 repeated; no xray room at this time d/t new equipment install.	staff contiunes to learn the best techniques for using the portable xray and	
B. Imaging	21		
C. Radiation Dosimeter Report	6		
D. Physicist's Report	physist here 9/16/21, all equipment passed		
Lab			
A. Lab Reports	2474 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	1 - One C-diff care identified over three days after admission. Patient had	When discharged, clean room with bleach prouduct and let dry	
E. Hospital Acquired Infections By Source	0		
F. Hand Hygiene/PPE & Isolation Surveillance	100%		
G. Public Health Reporting	0		
H. Patient Vaccinations	4 flu, 2 pneumonia		
I. Ventilator Associated Events	0		
J. Employee Health Summary	1. 1 TB screenings on new employees. 2. 7 lost work days due to illness.		
HIM			
A. H&P's	48		
B. Discharge Summaries	37		
C. Progress Notes (Swing bed & Acute)	45 swing/62 actue		
D. Consent to Treat	190 out of 203 completed	working on a process to decrease number of missed consents, it has been	

E. Swing bed Indicators	13		
F. E-prescribing System	412		
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	131		
C. Standardized Assessment Outcomes	9		
Human Resources			
A. Compliance	100%		
Registration Services			
Registration Services	100%		
Environmental Services			
A. Terminal Room Cleans	100%		
Materials Management			
A. Materials Management Indicators	3 back orders, 36 orders for the month, no recalls		
Plant Operations			
A. Fire Safety Management	100%		
Information Technology			
A. IT Indicators	internet outage	dawdson came and redid their fiber optics in order to finish a incomplete	
Outpatient Services			
A. Outpatient Orders and Assessments	5		
B. Outpatient Therapy Services	3		

C. Outpatient Wound Services	11		
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	Barry Davenport MD – Courtesy Privileges Trent Elliot DO – Courtesy Privileges		
Other			
A. Other	concerns/comments/questions?	none	
Adjournment			
A. Adjournment	12/16/2021 @ 12:31	Sarah Dillahunty/Karli Bowles	