

Mangum Regional Medical Center
Quality Committee Meeting Minutes

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Date: 10/14/2021	Time: 13:10	Recorder: Denise Jackson	Reporting Period Discussed: September 2021										
Members Present													
Chairperson:	CEO: Dale Clayton					Medical Representative:							
Name	Title	Name	Title	Name	Title	Name	Title						
Sarah Dillahunty	Respiratory	Josey Kenmore (not	Materials Management	Kaye Hamilton	Clinic Manager	Tonya Bowen (not	Lab Manager						
Matt Moran (not	Dietary	Daniel Coffin	CCO	Jennifer Dreyer	Credentialing	Karli Bowles	Infection						
Chasity Howell (teams)	IT	Pamela Esperaza (not	Radiology Manager	HR	HIM	Kasi Hilley (not	Business/RCM Director						
	CM	Kim Houston		Chealsea Church	Pharamcy	Lynda James	Pharmacy						
TOPIC	FINDINGS/CONCLUSIONS					ACTIONS/RECOMMENDATIONS		FOLLOW-UP					
Call to Order	Daniel Coffin/Karli Bowles					first/second							
Review of Minutes	Review/Approve Aug Min for Sept meeting					Dr. Chiaffitelli / Sarah Dillahunty							
Review of Committee Meetings													
A. EOC/Patient Safety Committee	floor in med room/nurse area has been rescheduled, 02 headwalls completed, replacement of amp receptacles has started, cafeteria has been												
B. Infection Control Committee	one HO C. Diff event in hospital in month of September. Patient was admited with diagnosis of UTI and was on multipule IV and oral					Infection preventionist will continue to monitor patient throughout the length of his stay.							
C. Pharmacy & Therapeutics Committee	Monthly total: \$30,225.73 High Cost Medications: \$10,317.02 (Procrit, Santyl, Invega, Cathflo, Spiriva, Advair); Antibiotics: \$2,546.03; Vaccines: \$84.06 (Tubersol); Nutrition/IV Fluids: \$2,663.96; Radiology:												
D. HIM/Credentials Committee	Consents still remain to get missed. Fixing this issue is still in the works. Some of the departments are short-handed so this is taking more time. We are still waiting on bins before we get to work on the old charts at the building. 4 providers will be presented at med staff for credentialing/re-												
E. Utilization Review Committee	Acute 2.8 days/SWB 15 days; U071-COVID-19, C3490-Malignant neoplasm of lung, G210-Malignant neuroleptic syndrome, I2699-Other												
F. Compliance Committee	quarterly meetings in aug/dec, tentatively to be held in Sept					working on scheduling meeting for the 1st/2nd quarter							
Old Business	policy revisions -IDT Meeting Note, Updated COVID-19 Protocol					Updated Dr C that IT is working on the IDT note and will present it once							
New Business	REVIEW AND APPROVAL OF POLICIES & PROCEDURES:					approved by Dr C / Sarah Dillihunty (second)							
Quality Assurance/Performance Improvement													
Volume & Utilization													
A. Hospital Activity	178 er pts, 1 ob, 20 actue, 11 swing, 31 tot admits for the month, 29												
B. Blood Utilization	2 units transfused without incident												
Care Management													
A. CAH/ER Re-Admits	1												

B. Acute Transfers	0		
D. Discharge Follow-Up Phone Calls	12		
E. Patient Discharge Safety Checklist	13		
Risk Management			
A. Incidents	LWBS - pt to the ed for c/o weakness and not feeling well, pt was triaged	LWBS/AMA - continue to education patient's on risks and benefits of	
B. Reported Complaints	0		
C. Reported Grievances	0		
D. Patient Falls Without Injury	3 fwoi - pt found on the floor, reports tripping when them got out of bed, assisted up and to the bed, no injuries noted. Pt found on the floor, when	pt education to call with transfers, staff education to make sure all safety precautions are in place with each round, all to always use the appropriate	
E. Patient Falls With Minor Injury	0		
F. Patient Falls With Major Injury	0		
G. Mortality Rate	1 pt to ed unresponsive with no pulse. Administered ACLS care for 60 min		
H. Deaths Within 24 Hours of Admit	0		
I. OPO Notification/Tissue Donation	2		
Nursing			
A. Critical Tests/Labs	51		
B. Restraints	0		
C. RN Assessments	20		
D. Code Blue	2		
Emergency Department			
A. ER Log & Visits	178 pts		
B. MSE	20		
C. Provider ER Response Time	20		
D. ED RN Assessment (Initial)	20		
E. ED Readmissions	0		
F. EMTALA Transfer Form	8		
G. ED Transfers	8 - higher level of care required for pediatric care, cardiac, general		

H. Stroke Care	0		
I. Suicide Management			
J. Triage	17	education provded to agency regarding expectations of care	
K. Stemi Care	0		
L. ED Nursing Assessment (Discharge/Transfer)	18	education provded to agency regarding expectations of care	
Pharmacy & Medication Safety			
A. Pharmacy Utilization	\$30,226		
B. After Hours Access	106		
C. Adverse Drug Reactions	0		
D. Medication Errors	0		
Respiratory Care Services			
A. Ventilator Days	3		
B. Ventilator Wean Rate	0		
C. Patient Self-Decannulation Rate	0		
D. Respiratory Care Equipment	3 HME, 1 suction set up 10 nebs, 3 trach collars, 1 vent circuit		
Wound Care Services			
A. Development of Pressure Ulcer	0		
B. Wound Healing Improvement	0		
C. Wound Care Documentation	2		
D. Debridement/Wound Care Procedures	2		
E. Wound Vac Application	0		
Radiology			
A. Radiology Films	147, 2 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	29		
C. Radiation Dosimeter Report	6		
D. Physicist's Report	physist here 9/16/21, all equipment passed		
Lab			
A. Lab Reports	2760 labs completed, 2 repeated	staff eduation provided	
B. Blood Culture Contaminants	2	staff education provided	
Infection Control & Employee Health			
A. CAUTI's	0		
B. CLABSI'S	0		
C. HA MDROs	0		
D. HA C. diff	one HO C. Diff event in hospital in month of September. Patient was	Infection preventionist will continue to monitor patient throughout the	
E. Hospital Acquired Infections By Source	0		
F. Hand Hygiene/PPE & Isolation Surveillance	100%		
G. Public Health Reporting	1 - reported STI to health dept		
H. Patient Vaccinations	0		
I. Ventilator Associated Events	0		
J. Employee Health Summary	3 tb screenings on new employees, 27 lost days, employee illness; 1 gi, 25 work days for +covid employees, 3 other, 1 uti		
HIM			
A. H&P's	32		
B. Discharge Summaries	30		
C. Progress Notes (Swing bed & Acute)	60 swing/40 actue		
D. Consent to Treat	201 out of 23 completed (missed 3 er/4acute/5 swing)	contiune to work on process to not miss concents	
E. Swing bed Indicators	11		
F. E-prescribing System	829		

G. Legibility of Records	100%		
Dietary			
A. Food Test Tray Eval	100%		
B. Dietary Checklist Audit	100%		
Therapy			
A. Therapy Indicators	100%		
B. Therapy Visits	184		
C. Standardized Assessment Outcomes	11		
Human Resources			
A. Compliance	100%		
Registration Services			
Registration Services	100%		
Environmental Services			
A. Terminal Room Cleans	100%		
Materials Management			
A. Materials Management Indicators	7 back orders, 44 orders for the month, no recalls		
Plant Operations			
A. Fire Safety Management	100%		
Information Technology			
A. IT Indicators	1 unavoidable power outage on 9/16/2021 caused network outage for		
Outpatient Services			
A. Outpatient Orders and Assessments	3		
B. Outpatient Therapy Services	3		
C. Outpatient Wound Services	4		
Contract Services			
Contract Services			
Regulatory & Compliance			

A. OSDH & CMS Updates	Quarterly meetings in Aug/Dec	working on scheduling meeting for the 1st/2nd quarter	
Policy & Procedure Review			
Policy & Procedure	REVIEW AND APPROVAL OF POLICIES & PROCEDURES:		
Credentialing/New Appointments			
A. Credentialing/New Appointment Updates	Barry Davenport MD – Temporary Courtesy Privileges Trent Elliot DO - Temporary Courtesy Privileges		
Other			
A. Other	concerns/comments/questions?	none	
Adjournment			
A. Adjournment	10/14/2021 at 13:20	Karli Bowles/Sarah Dillahunty	