

**Mangum Regional Medical Center**  
**Governing Board Summary**  
**Quality Data 11/10/2021**

**Hospital Activity**

- Hospital Admission
  - Acute Care Admits: 15 – down from Sept (20)
  - Swing-Bed Admits: 14 – up from Sept (11)
  - Total Discharges: 31 – up from Sept (29)
- Total Patient Days, ED Visits, ADC
  - Total Patient: 400 – up from Sept (381)
  - ED Visits: 142 – down from Sept (178)
  - Average Daily Census: 13 – no change from Sept

**AMA/LWBS**

- AMA: 5 – down from Sept (8)
- LWBS: 0 – down from Sept (1)

Type of Count (AMA/LWBS)	Count	Brief Description of Event	Actions
AMA	5	AMA - 4; 1) pt to er for hip pain, decided to leave after pain adequately controlled in the er, did not want to wait for lab results, signed ama, discussed risks/benefits/return to ed as needed 2) pt to ed for ha, after exam/testing pt was advised for more in-depth tx, pt declined at this time to discuss with support system, signed ama, discussed risks/benefits/return to ed as needed 3) pt to er for hyperglycemia, hx of non-compliance with diet/treatment, pt initially agreeable to admit then declined admit, signed ama, discussed risks/benefits/return to ed as needed 4) pt to ed for insect bite and shob x 6 mo, treated for both with improvement, advised to admit for shob, pt declined admit, signed ama, discussed risks/benefits/return to ed as needed 5) pt admitted in-pt for liver failure, pt has hx of non-compliance with treatment/dietary habits, pt decided they no longer wanted to be in-pt and agreeable to cont treatment out-pt, md advised against d/c due to complexity of health issues, pt	continue to education patient's on risks and benefits of medical eval/further testing/admit as needed

		declined, signed ama, discussed risks/benefits/return to ed as needed.	
LWBS	0	none	none

### **Care Management**

- 30 Day Readmissions
  - 4 for October

<b>Event</b>	<b>Count</b>	<b>Comments</b>	<b>Actions</b>
Readmit	4	1) Patient discharged home after ABT completion per Family/caretaker request. Returned with in 2 days for different dx. 2)Patient discharged to home after extended admission. Pt returned 2 weeks later with different dx 3) Patient discharged to home after extended hospitalization, returned at almost 30 days with recurrent symptoms/dx 4) Patient discharged to home d/t refusal of SWB status. Pt returned in 2 weeks with recurrent symptoms	Continue to set up available services and provide education prior to patient discharge

### **Risk Management**

- Incidents
  - Falls without Injury
  - AMA/LWBS
  - Other Events

<b>Incident Type</b>	<b>Count</b>	<b>Brief Description of Event &amp; Outcome</b>	<b>Actions</b>
Falls without injury	4	See below	
AMA/LWBS	5/0	See above	
Other events	3	1) pt with fragile skin, blister noted post restroom use 2) active patient with noted skin tear x 2, unable to describe event, areas clean/dressed/monitored 3) confused patient called police with family related complaint, police to facility to talk to patient and give reassurance on perceived situation	Educate on skin precautions, continue to assure patients when needed

- Complaints and Grievances
  - None

<b>Brief Description of Complaint/Grievance &amp; Outcome</b>	<b>Actions</b>
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None	

- Patient Falls
  - Fall with no injury – 4
  - Fall with minor injury – None
  - Fall with major injury – None

Count	Brief Description of Event & Outcome	Actions
4 FWOI	1) pt fell out of bed, alarm in place but not working properly/alarm changed and checked working status, no injuries noted 2) pt found on floor after attempting to get out of bed per pt, no alarm in places/initiated post fall, no injuries noted 3) pt sitting up in chair, at next check pt was found on floor, no chair alarm in place/all other fall precautions in place/chair alarm initiated/no injuries noted 4) pt returning from the bathroom, fell hit head, does report hitting head, "bump" noted, no change in loc, provider notified fall precautions in place prior to fall/alarm added post fall as precaution	pt education to call with transfers, staff education to make sure all safety precautions are in place with each round, fall precautions on patients as warranted

- Mortality Rate
  - Acute/Swing-Bed Deaths
    - 4 (13%) (YTD = 5 %)
  - Emergency Department Deaths
    - 0 (0%) (YTD = (1%)

Count	Brief Description of Event & Outcome	Actions
4 Acute	1) pt admitted with covid, pt declined overall, d/t age/dx pt expire/death expected. 2) pt admitted with terminal dx, declined overall due to dx, expired in-pt 3) admitted with resp dx, resp status declined. Pt expired in-pt. 4)pt admitted with sepsis, over all declined due to dx, expired in-pt	Continue operating capacities for this CAH.
0 ER	none	none

- Organ Bank Notifications within 60 minutes of Death (Benchmark 100%)
  - 4 notification within 60 minutes of death/ 4 death for reporting period

Count	Compliance	Action
4	100%	Continue operating capacities for this CAH.

### **Infection Control**

- Catheter Associated Urinary Tract Infections (CAUTIs) – 0
- Central Line Associated Primary Bloodstream Infections (CLABSI) – 0

Type of Event (CLABSI/CAUTI)	Count	Brief Description of Event & Outcome	Actions
None			
None			

### **Health Information Management**

- History & Physical Completion (Benchmark 100%)
  - 30/30 = 100 %
- Discharge Summary Completion (Benchmark 100%)
  - 29/32 = 91 %

Type of Documentation (H&P/Discharge)	Count	Actions
H&P	30	Benchmark met
Discharge Summary	29	Waiting physician signature

### **Nursing**

- Code Blue
  - 0
- Transfers
  - Acute Transfers – 0
  - ED Transfers – 2

Event	Count	Comments	Actions
Acute Transfers	0		
ED Transfers	2	2 Patients transferred for higher level of care for in-pt psych	Continue operating capacities for this CAH.