Mangum Regional Medical Center
Quality Assurance & Performance Improvement Committee Meeting

Meeting Minutes							
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Date:	**12/14/2023**	**Time:**	**13:09**	**Recorder: D. Jackson**		**Reporting Period: Nov. 2023**	

Members Present					
Chairperson: Dr. C		CEO: Kelly Martinez		dical Representative: Dr C	
Name	**Title**	**Name**	**Title**	**Name**	**Title**
Nick Walker	CNO	Danielle Cooper	Bus Office	Tonya Bowen	Lab
Bethany Moore	HR	Kaye via Teams	Credentialing		IT
Jennifer Dryer	HIM	Mark Chapman	Maintenace/EOC	Marla Abernathy	Dietary
Chrissy Smith Chelsea Church/Lynda James	PT Pharmacy	Melissa Tunstall Chasity Howell	Radiology Case Management	Meghan Smith	IP

TOPIC	FINDINGS – CONCLUSIONS	ACTIONS – RECOMMENDATIONS	FOLLOW-UP
I. CALL TO ORDER			
Call to Order	The hospital will develop, implement, and maintain a performance improvement program that reflects the complexity of the hospital's organization and services; involves all hospital departments and services (including those services furnished under contract or arrangement); and focuses on indicators related to improved health outcomes and the prevention and reduction of medical errors.	This meeting was called to order on 12/14/2023 by 1st Kelley/ 2nd Meghan	
II. REVIEW OF MINUTES			
A. Quality Council Committee	11/16/2023	Committee reviewed listed minutes A-F. Motion to approve minutes as distributed made by Kelley / 2nd by Pam Minutes A-F approved. Present a copy of the Meeting Minutes at the next Medical Executive Committee and Governing Board meeting.	
B. EOC/ Patient Safety Committee	11/14/2023		
C. Infection Control Committee	11/07/2023		
D. Pharmacy & Therapeutics Committee	09/21/2023		
E. HIM/Credentialing Committee	11/07/2023		
F. Utilization Review Committee	11/08/2023		
III. REVIEW OF COMMITTEE MEETINGS			

A. EOC/Patient Safety	12/12/2023		
B. Infection Control	12/07/2023		
C. Pharmacy & Therapeutics	09/21/2023 [Next meeting 12/14/2023]		
D. HIM-Credentials	12/07/2023		
E. Utilization Review	12/08/2023		
F. Compliance	10/18/2023 - Next meeting 01/2024		
IV. OLD BUSINESS			
A. Old Business	1) HIPPA Officer Appointment – Tim Hopen 2) 340B Drug Policy – Revision 3) On-Call and Call Back Responsibilities Policy for Radiology 4) Nursing Education for Patient Belongings and Valuables 5) Drug Diversion Policy 6) Temporary Absence Release for Patients Policy 7) Patient Belongings and Valuables Policy 8) Temporary Absence Release Form 9) Patient Belongings List 10) Patient Valuables Record Form 11) Lost and Found Property Report 12) Lost and Found Log 13) Behavioral Observation Checklist 14) Medication Error and Near Miss Report 15) Extravasation Management Strategies – Appendix 16) Intravenous (IV) Extravasation Management and Treatment Policy	Approved 11/16/2023	
V. NEW BUSINESS			
A. New Business	Approval of policies/procedures - see below		
VI. QUALITY ASSURANCE/PERFORMANCE IMPROVEMENT			
A. Volume & Utilization			
1. Hospital Activity	Total ER – 145 Total OBS pt - 1		

	Total Acute pt - 22 Total SWB - 8 Total Hospital Admits (Acute/SWB) - 30 Total Hospital DC (Acute/SWB) - 26 Total pt days - 243 Average Daily Census - 8		
2. Blood Utilization	None for the reporting period		
B. Care Management			
1. CAH Readmissions	3 for the reporting period - 1) Pt admitted with primary dx; Readmitted with secondary dx, released then readmitted for the third time with different dx. 2) Pt admitted with primary dx, readmitted with different dx 3) Pt admitted with primary dx, readmitted with primary dx		
2. IDT Meeting Documentation	5/5 (100%) completed within 24 hours of IDT		
3. Insurance Denials	None for the reporting period		
4. IMM Notice	12/12 (100%) notices signed within 2 days prior to discharge		
C. Risk Management			

1. Incidents	4 ER/1 in-pt; ER1.) Pt to the ER for testing post accident, pt attempted to give false sample for testing, this was noted and reported to nursing staff. Pt became upset and left without completing testing. Did not sign AMA form. 2.) Pt in for complaint of dizziness, when discussed specimens needed for testing, pt declined testing and left the er, provider attempted to speak with pt but they would not respond to provider. Pt left without signing AMA. 3.) Pt in for c/o shob, testing/treatment in ED, provider recommended admit, pt declined admit and signed out ama. 4.) Pt to ER for c/o allergic reaction, testing/treatment provided in the ER, when discussing test results pt wanted to leave, pt would not wait for provider to give discharge orders, signed out ama. 1 in-pt AMA - pt admitted for wc and IV ABT, pt became anxious and wanted to leave, provider in to discuss the patient's current dx needs, pt continued to be adamant that they wanted to leave. pt signed out ama.	AMAs 1-5; MRMC will continue to provide care to the patients based on needs, however patient's have the right to refuse care at anytime, education will be provided as needed to patient/families	
2. Reported Complaints	None for reporting period		
3. Reported Grievances	None for reporting period		
4. Patient Falls without Injury	2 for the reporting period - 1.) pt became weak during assisted transfer, CNA lowered pt to the floor, no injuries noted 2.) Pt called out for assistance mid-self-transfer d/t dizziness. Nurse to pt side and assisted pt to floor as they were not able to complete transfer. Pt noted to have low b/p, provider notified, and medication adjusted, no injuries noted		
5. Patient Falls with Minor Injury	None for reporting period		

6. Patient Falls with Major Injury	None for reporting period		
7. Fall Risk Assessment	2 assessments completed post 2 in-pt fall for the reporting period		
8. Mortality Rate	1 - (1 inpt) - 1 SWB, admitted with complications and decline multiple time since initial stroke in Sept 2023, during this hospital stay pt continued with significant decline, pt was dnr and expired while in patient		
9. Deaths Within 24 Hours of Admission	None for the reporting period		
10. Organ Procurement Organization Notification	1 reported death with 1 decline for reporting period		
D. Nursing			
1. Critical Tests/Labs	69 for the reporting period - 2 not entered into pt chart/15 not documented in the critical lab book.	CNO is auditing book weekly and reminding staff that critical labs must be documented in both the book and pt chart	
2. Restraint Use	None for the reporting period		
3. Code Blue	None for the reporting period		
4. Acute Transfers	None for the reporting period		
5. Inpatient Transfer Forms	None completed for reporting period		
E. Emergency Department			
1. ED Nursing DC/ Transfer Assessment	20/20 (100%)		
2. ED Readmissions	2 for the reporting period - 1) Pt was seen for primary c/o. Treated and released. Pt returned to ED for continued c/o. 2) Pt was seen for primary c/o, treated and released. returned to er for primary complaint. Treated for dx found during exam, with improvement and discharged	1) Pt did not follow d/c instructions as previously directed, admitted for further care. 2) Treatment administered and the patient was educated on treatment plan and need for specialist outpatient follow up.	

3. ER Log & Visits	145 (100%)		
4. MSE	Quarterly		
5. EMTALA Transfer Form	4/4 (100%)		
6. Triage	20/20 (100%)		
7. ESI Triage Accuracy	20/20 (100%)		
8. ED Transfers	4 for the reporting period - Patients transferred to Higher Level of Care for: 1.) Back pain – testing not available at MRMC/Neuro 2.) NSTEMI – Cards 3.) NSTEMI – Cards 4.) SI/SH – In-pt psych	All ER transfers for the reporting period appropriate for higher level of care	
9. Stroke Management	None for reporting period		
10. Brain CT Scan – Stroke (OP-23)	None for reporting period		
11. Suicide Management	2 for the reporting period - 1 sent home with safety plan per LMHP recommendations		
12. STEMI Care	No STEMIs for reporting period 2- NSTEMIs 1.) pt did not present or c/o any cardiac s/sx, complete work up and treatment based on s/sx at presentation, NSTEMI noted with EKG and troponin. Total ER time 2 hrs 48 min, extended ER time due to pt initial decline for transfer, after family discussion pt agreeable to transfer. 2.) pt did not present or c/o any cardiac s/sx, complete work up and treatment based on s/sx at presentation, NSTEMI found at work up, Total ER	Pt will continue to be worked up based on c/o and immediate needs as deemed necessary by provider, staff will continue to attempt transfer options as available however weather and staff conditions will determine their capabilities	

	time; 19 hrs 29 min, delay in transportation due to monitoring of labs before determining need for higher level of care, difficulty with ground and air transport (ground – no availability/air - weather conditions)		
13. Chest Pain	4/5 EKG (80%) 1 ekg is documented in pt chart as being completed at bedside upon arrival, RT was not able to get printer to work until later time (greater than 5 min post arrival) ekg scanned in patient chart reflects later than 5 min	Will continue to trouble shoot space lab issues as needed, only issue noted with chest pain patients. RT director continues to monitor for any trends with operational issues	
14. ED Departure - (OP-18)	Quarterly		
F. Pharmacy & Medication Safety			
1. After Hours Access	48 for the reporting period		
2. Adverse Drug Reactions	None for reporting period		
3. Medication Errors	None for the reporting period		
4. Medication Overrides	40 for the reporting period		
5. Controlled Drug Discrepancies	2 for the reporting period - All discrepancies were from nurses miscounting medications at shift change.		
G. Respiratory Care Services			
1. Ventilator Days	0 for the reporting period		
2. Ventilator Wean	0 for the reporting period		
3. Unplanned Trach Decannulations	None for the reporting period		
H. Wound Care Services			
1. Development of Pressure Ulcer	None for the reporting period		

2. Wound Healing Improvement	None for the reporting period		
3. Wound Care Documentation	100% for initial assessment and discharge assessment documentation completed on time		
I. Radiology			
1. Radiology Films	4 films repeated due to technical error – 144 total for the reporting period; 1-3 anatomy clipped, 4 films with artifacts on film		
2. Imaging	14 for the reporting period; with 14 consents for CT obtained		
3. Radiation Dosimeter Report	Quarterly		
J. Laboratory			
1. Lab Reports	1 repeated /2063 total for the reporting period – 1 incorrect specimen sent for specific test ordered	Redraw preformed, tech educated on correct specimen requirements	
2. Blood Culture Contaminations	None for the reporting period		
K. Infection Control and Employee Health			
1. Line Events	1 for the reporting period – inserted device incidentally removed; device denied by patient, provider was notified of event		
2. CAUTI's	1 for the reporting period - uti dx while in-pt, pt treated per results	Staff educated on CAUTI prevention	
3. CLABSI's	0 for the reporting period		
4. Hospital Acquired MDRO's	0 for the reporting period		
5. Hospital Acquired C-diff	0 for the reporting period		
6. HAI by Source	3 for the reporting period – 1) uti dx while in-pts due to febrile state. Treated per recommendations on C&S. 2) Pt with lethargy. Dx with uti. Treated per recommendations on C&S	Staff educated on UTI prevention, new foley procedures	

7. Hand Hygiene/ PPE & Isolation Surveillance	100 % HH / 100 % PPE		
8. Patient Vaccinations	0 received influenza vaccine / 0 received pneumococcal vaccine		
9. VAE	None for the reporting period		
10. Employee Health Summary	0 employee event/injury, 9 employee health encounters (vaccines/testing) 10 reports of employee illness/injury		
L. Health Information Management (HIM)			
1. History and Physicals Completion	20/20 (100%) completed within 24 hrs of admit		
2. Discharge Summary Completion	20/20 (100%) completed within 72 hrs of discharge		
3. Progress Notes (Swing bed & Acute)	Weekly SWB notes – 20/20 (100%) Daily Acute notes – 20 /20 (100%)		
4. Swing Bed Indicators	8/8 (100%) SWB social HX completed within 24 hrs/first business day after admit		
5. E-prescribing System	20/20 (100%) of medications were electronically sent this reporting period		
6. Legibility of Records	20/20 (100%)		
7. Transition of Care	Obs to acute – none for the reporting period, Acute to SWB – 6/6 (100%) of appropriate orders for admit from Acute to SWB status		
8. Discharge Instructions	9/20 (45%) - There were 10 er's/1 swb missing the d/c instructions. D/c instructions were created but	HIM sent out an email to the CEO, CCO and Quality. CCO let the nurses know to start	

	a signed copy did not make it to HIM.	printing the d/c instructions, getting signature and then scanning back in.	
9. Transfer Forms	4/4 (100%) for ER and in-pt transfers to higher level of care for the reporting period		
M. Dietary			
1. Weekly Cleaning Schedules	49/62 (79%) a whole week of QAPI data is missing (cleaning sheet)	make sure the sheets are put in the right place, Director has designated area for sheets	
2. Daily Cleaning Schedules	390/390 (100%)		
3. Wash Temperature	45/45 (100%) - dishwasher was out of service for the first two weeks of November. temps monitored for working weeks	Maintenace/dishwasher company notified of issue/visit made/parts ordered for fix	
4. Rinse Temperature	45/45 (100%) - dishwasher was out of service for the first two weeks of November. temps monitored for working weeks	Maintenace/dishwasher company notified of issue/visit made/parts ordered for fix	
N. Therapy			
1. Discharge Documentation	14/14 (100%) completed within 72 hours of discharge		
2. Equipment Needs	13/13 (100%)		
3. Therapy Visits	PT 107– OT 90 - ST 5		
4. Supervisory Log	0 PTA supervisory logs completed for reporting period		
5. Functional Improvement Outcomes	PT 4/6 (67%) – OT 6/6 (100%) – ST 1/1 (100%) - pts discharged during the reporting period with improvement outcomes PT - 2 PT patients discharged with no change in standardized assessment scores on admission vs discharge. Limited motivation to further functional abilities demonstrated by both patients/both patients did discharge at prior level of function.		

O. Human Resources			
1. Compliance	100%		
2. Staffing	Hired – 2, Termed - 2		
P. Registration Services			
1. Compliance	100%		
Q. Environmental Services			
1. Terminal Room Cleans	10/10 (100%)		
R. Materials Management			
1. Materials Management Indicators	10 – Back orders, 0 – Late orders, – Recalls, 1023/1035 items checked out properly		
S. Life Safety			
1. Fire Safety Management	0 fire drills for the reporting period – 24 fire extinguishers checked		
2. Range Hood	Quarterly		
3. Biomedical Equipment	Quarterly		
T. Emergency Preparedness			
1. Orientation to EP Plan	2/2 (100%)		
U. Information Technology			
A. IT Incidents	10		
V. Outpatient			
1. Therapy Visits	49/65 (75%) 5 no show/no call missed visits, 11 visits which patients called and rescheduled. 1 non-visit discharge		
2. Discharge Documentation	3/3 (100%) discharge notes completed within 72 hrs of discharge		

3. Functional Improvement Outcomes	2/3 (67%) 1 non-visit discharge (unable to obtain standard testing with non-visits)		
4. Outpatient Wound Services	(100%)		
W. Strong Mind Services			
1. Record Compliance	N/A	N/A	N/A
2. Client Satisfaction Survey	N/A	N/A	N/A
3. Master Treatment Plan	N/A	N/A	N/A
4. Suicidal Ideation	N/A	N/A	N/A
5. Scheduled Appointments	N/A	N/A	N/A
VII. POLICY AND PROCEDURE REVIEW			
1. Review and Retire	None for this reporting period		
2. Review and Approve	1) Radiology Policy Manuel (See TOC attached) 2) Emergency Department Policy Manuel (See TOC attached) 3) Quality Policy Manuel (See TOC attached) 4) IT Policy Manuel (See TOC attached) 5) Drug Room Policy Manuel (See TOC attached) 6) Hospital Policy/Form/Order Set/Protocol and other Document Review Process Policy 7) Policy, Protocols, Forms, or other Document Development, Review, and Implementation Process Policy	1-5 – Approved by Kelley/Dr C 6-7 – Approved by Kelley/Dr C	
VIII. CONTRACT EVALUATIONS			

1. Contract Services			
IX. REGULATORY AND COMPLIANCE			
A. OSDH & CMS Updates	None for this reporting period		
B. Surveys	Life Safety complaint survey 11		
C. Product Recalls	None for this reporting period		
D. Failure Mode Effect Analysis (FMEA)	Water Line Break – Final at Corporate for approval		
E. Root Cause Analysis (RCA)	None for this reporting period		
X. PERFORMANCE IMPROVEMENT PROJECTS			
A. PIP	Proposed – STROKE; The Emergency Department will decrease the door to transfer time to < 60 minutes for all stroke patients who present to the Emergency Department at least 65% of the time or greater by December 2023. Proposed –STEMI/CP; The Emergency Department will decrease the door to transfer time to < 60 minutes for all STEMI patients who present to the Emergency Department at least 80% of the time or greater by December 2023.		
XI. CREDENTIALING/NEW APPOINTMENT UPDATES			
A. Credentialing/New Appointment Updates	Credentialing/Re-credentialing at Med Staff		
XII. EDUCATION/TRAINING			

A. Education/ Training			
XIII. ADMINISTRATOR REPORT			
A. Administrator Report			
XIV. CCO REPORT			
A. CCO Report			
XV. STANDING AGENDA			
A. Annual Approval of Strategic Quality Plan	Approved 04/2023	Approved 04/2023	
B. Annual Appointment of Infection Preventionist	Approved 02/2023	Approved 02/2023	
C. Annual Appointment of Risk Manager	Approved 02/2023	Approved 02/2023	
D. Annual Appointment of Security Officer	Approved 11/2023	Approved 11/2023	
E. Annual Appointment of Compliance Officer	Approved 02/2023	Approved 02/2023	
F. Annual Review of Infection Control Risk Assessment (ICRA)	Approved 02/2023	Approved 02/2023	
G. Annual Review of Hazard Vulnerability Analysis (HVA)	Approved 10/2023	Approved 10/2023	
Department Reports			
A. Department reports			
Other			
A. Other	None		
Adjournment			
A. Adjournment	There being no further business, meeting adjourned by Chasity seconded by Pam at 13:29	The next QAPI meeting will be – tentatively scheduled for 01/11/2024	