

Mangum Regional Medical Center
Governing Board Summary
May Quality Data 06/16/2022

Hospital Activity

- Hospital Admission
 - Acute Care Admits: 13 – down from April (15)
 - Swing-Bed Admits: 13 – up from April (11)
 - Total Discharges: 26 – down from April (22)
- Total Patient Days, ED Visits, ADC
 - Total Patient: 320 - up from April (303)
 - ED Visits: 144 - up from April (118)
 - Average Daily Census: 10 – no change from April (10)

AMA/LWBS

- AMA: 6 – up from April (6)
- LWBS: 0 – no change from April (0)

Type of Count (AMA/LWBS)	Count	Brief Description of Event	Actions
AMA	6	AMA 3 ER pt. - 1) pt. to ed for vomiting, provider wanted to admit due to dx in er, however pt. was not local and desired to return to home state for further treatment. risks/benefits explained/ama signed 2) pt. to ed for fever/dyspnea. Evaluation shows sepsis, pt. was agreeable to treatment in the er initially. pt. had episodes of anxiety while in the ed, staff was able to calm/redirect pt. pt. became very anxious wanting to leave, staff made aware that current treatment had about 30 min left, pt. agreeable to completing IV treatment but signed ama and would not stay for further care. risks/benefits explained 3) pt. to ed for ha/dizziness. pt. has been seen by multiple medical facilities over the past 2 weeks approx., reports that since being home symptoms have not improved. All appropriate testing/assessments done while in the ed, pt. cleared for d/c. family desired additional treatment/testing/admittance despite negative diagnostic results/lack of symptoms for qualifying hospital admit. Provider provided education to family and pt. multiple times, however family	AMA - all ama pt. had risks/benefits presented at time of ama, encouraged to return to ed as needed, discharge education will continue to be provided to pt. based on specific dx/needs, staff will continue to provide safe patient care to all MRMC patients and educate patients/family as need.

		<p>became upset and demanded ama/pt. agreeable with ama, ama signed, risks/benefits discussed; 3 IN-PT AMA - 1.) pt. admitted for opioid toxicity, pt. began demanding that all benzos/opioids be resumed, provider explained current dx and agreed to resume pm dose of Zyprexa only. pt. became very upset the next day demanding all meds be resumed, provider again explained dx. pt. demanded that meds be resumed, or they would leave, provider did not resume meds/pt. signed out ama. risks/benefits explained. 2.) pt. admitted for copd, during the stay pt. had elevated b/p. routine meds given, with no improvement noted. provider aware with new orders obtained/administered. recheck of b/p with continued elevated b/p noted, pt. demanded to leave, provider and nurse spoke with pt. about current state and med changes, pt. continued with desire to leave. ama signed. risks/benefits explained. 3) pt. admitted for uncontrolled dm/ileus, pt. npo due to ileus tolerating well. pt. expressed desire to eat, diet advanced after exam cleared pt. for advancement. pt. contacted family via phone, when family arrived at the facility, pt. demanded to go home. provider discussed dx with patient as well as risks/benefits, pt. signed out ama.</p>	
LWBS	0	none	none

Care Management

- 30 Day Readmissions
 - 4 for May

Event	Count	Comments	Actions
Readmit	4	1) readmit after surgery at Jackson County Memorial Hospital 2) readmit after being admitted to Saint Anthony's hospital by Dr. Morgan 3) readmit after being sent to Integris Canadian valley for G.I. bleed. 4) readmit after surgery at Great Plains regional Medical Center	None – pt's required higher level of care, returned for continued/skilled care

Risk Management

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

Incident Type	Count	Brief Description of Event & Outcome	Actions
Falls without injury	3	See below	
AMA/LWBS	6/0	See above	
Other events	2	1.) Nurse to room to assist pt. with restroom use, noted skin tear to hand, pt. reports that hand hit table during initial transfer. first aide administered. 2.) Dietician noted that dishwasher temps have been recorded incorrectly. Immediate corrective action: notified maintance to check dishwasher, notified manufacture for on-site check, re-visited state regulations. No harm as it was adequately preforming washes within regs.	1.) pt. encouraged to be mindful with position changes, staff will provide skin care regularly 2.) Dietician provided education to MRMC dietary staff on regs/current temp requirements and correct temp monitoring for dishwasher

- Complaints and Grievances
 - 0 grievance

Brief Description of Complaint/Grievance & Outcome	Actions
None for May	None

- Patient Falls
 - Fall with no injury – 3
 - Fall with minor injury – 0
 - Fall with major injury – 0

Count	Brief Description of Event & Outcome	Actions
3 FWOI	1.) during transfer with assist x 2, pt. became weak and no longer to bear weight. Pt was assisted to the floor. No injuries noted/reported. 2.) pt. slid off the bed while attempting to transfer self independently to the bsc. f. No injuries noted/reported. assisted back to bed without incident. 3.) pt. attempting to transfer independently, slid down on the bed and to the floor. all precautions in place; nonskid socks/bed alarm, low bed, call light in reach. no injuries noted/reported	educated to transfer with appropriate number of staff when need, education provided to patients to call for assist with all transfers, staff will continue to monitor all fall precautions that were in place prior to the fall to make sure they remain in place at all times
0 Fall w/minor injury	None	None

- Mortality Rate
 - Acute/Swing-Bed Deaths
 - 0 (0%) (YTD = 9%)
 - Emergency Department Deaths
 - 0 (0%) (YTD = (0%))

Count	Brief Description of Event & Outcome	Actions
0 acute 0 swing	None for the reporting period	none
0 ER	None for the reporting period	none

- Organ Bank Notifications within 60 minutes of Death (Benchmark 100%)
 - 0 notification within 60 minutes of death/ 0 death for reporting period

Count	Compliance	Action
0	None for the reporting period	none

Infection Control

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

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

Health Information Management

- History & Physical Completion (Benchmark 100%)
 - 26/26 = 100 %
- Discharge Summary Completion (Benchmark 100%)
 - 27/27 = 100 %

Type of Documentation (H&P/Discharge)	Count	Actions
H&P	26	none
Discharge Summary	27	none

Nursing

- Code Blue
 - 0
- Transfers
 - Acute Transfers – 0
 - ED Transfers – 9

Event	Count	Comments	Actions
Acute Transfers	0	none	Continue operating capacities for this CAH.
ED Transfers	9	9 - transferred to higher level of care for; cardiac syncope d/t severe tachycardia, si/sh x 2, pleural effusion/anasarca, femur fx., dm uncontrolled (requiring ICU), acute chole., hip fx., acute appendicitis	Continue operating capacities for this CAH.