

Mangum Regional Medical Center
Quality Assurance & Performance Improvement Committee Meeting

Meeting Minutes					
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Date:	10/12/2023	T i m e:	12:20	Recorder: D. Jackson	Reporting Period: Sept. 2023
Members Present					
Chairperson: Dr. C		CEO: Kelly Martinez		Medical 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	Maintenance/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 10/12/2023 by 1 st Melissa/ 2 nd Kelley		
II. REVIEW OF MINUTES					
A. Quality Council Committee	09/14/2023		Committee reviewed listed minutes A-F. Motion to approve minutes as distributed made by Melissa 2nd by Kelley. Minutes A-F approved.		
B. EOC/ Patient Safety Committee	09/12/2023		Present a copy of the Meeting Minutes at the next Medical Executive Committee and Governing Board meeting.		
C. Infection Control Committee	09/21/2023				
D. Pharmacy & Therapeutics Committee	06/15/2023				
E. HIM/Credentialing Committee	09/07/2023				
F. Utilization Review Committee	09/08/2023				

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III. REVIEW OF COMMITTEE MEETINGS

A. EOC/Patient Safety	10/10/2023		
B. Infection Control	10/05/2023		
C. Pharmacy & Therapeutics	09/21/2023 [Next meeting 12/2023]		
D. HIM-Credentials	10/05/2023		
E. Utilization Review	10/05/2023		
F. Compliance	07/12/2023 - Next meeting 10/2023		

IV. OLD BUSINESS

A. Old Business	None		
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V. NEW BUSINESS

A. New Business	Staff Influenza Vaccine Program Seasonal Influenza Form	Chasity/Megan	
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VI. QUALITY ASSURANCE/PERFORMANCE IMPROVEMENT

A. Volume & Utilization			
1. Hospital Activity	Total ER – 160 Total OBS pt - 1 Total Acute pt - 13 Total SWB - 8 Total Hospital Admits (Acute/SWB) - 21 Total Hospital DC (Acute/SWB) - 25 Total pt days - 256 Average Daily Census - 9		
2. Blood Utilization	total units administered 11 for the reporting period with no adverse reactions		
B. Care Management			
1. CAH Readmissions	3 for the reporting period - 1) Pt admitted with primary dx Debilitation; Readmitted with secondary dx 2) Pt admitted with primary dx, readmitted with primary dx, readmitted for another dx 3) Pt admitted with primary dx, readmitted with primary dx		
2. IDT Meeting Documentation	9/9 (100%) completed within 24 hours of IDT		
3. Insurance Denials	1 insurance denials for the reporting period – insurance denied In-pt status, pt switched to OBS		

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4. IMM Notice	9/9 (100%) notices signed within 2 days prior to discharge		
C. Risk Management			
1. Incidents	<p>6 ER AMA; 1.) pt to the ER for SHOB, diagnostic results discussed with pt as well as the need for transfer, however pt did not want to be transferred and expressed that they no longer want aggressive care. Will follow up with PCP for further options, risk/benefits discussed, pt signed AMA. 2.) Pt to the ER with c/o fall, once in the ER would not allow the provider to preform MSE, provider discussed risks/benefits however pt remained adamant against no exam and leaving. Signed AMA. 3.) Pt to the ER with c/o pain, would not allow provider exam nor would patient speak to the provider, wanted to DC. Risks/benefits discussed, pt signed AMA. 4.) Pt to the ER for c/o not feeling good, treated for findings and pt watched over night. Pt feeling better and refused any further testing/treatment, wanted to DC. Discussed risks/benefits, AMA signed 5.) Pt to the ER or c/o CP, agreeable to testing and treatment, when advised that repeat lab testing was needed pt abruptly declined stating that they were afraid of needles and wanted no further testing. Risks/benefits discussed, AMA signed. 6.) Pt to the ER for c/o N/V/D, exam and dx preformed, provider discussed findings and best course of treatment via admit with pt who is agreeable, all admit information completed by provider who then followed up with pt who decided to DC and not admit for further tx. Risks/benefits discussed, AMA signed.</p> <p style="text-align: right;">OTHER</p>	<p>AMAs - 1 pt in the ER during the reporting period refused to visit with CM for home assistance, provider advised APD referral for this patient. All AMAs for the reporting period reviewed with CEO/CNO and discussed with Med. Director at Quality - all deemed appropriate care, will monitor OTHER - 1.) Staff educated on need for gentle care with handling due to skin fragility 1.) Visitor event - Visitor met with CEO, explained their side of the story and feelings regarding pt hospitalization. CEO/Visitor discussed both visitor/staff concerns and feelings regarding event both parties came to a mutual agreement on visitation and visitor will come to CEO/CNO with any needs. No complaints voiced during the meeting.</p>	

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	<p>- 1.) Pt was noted to have skin tear during pt care. Unknown cause, pt high risk for skin tears. Area cleaned and dressed. 1.) Visitor event - Visitor in with pt, could be heard speaking to pt loudly with what staff felt could be negative conversation. Staff felt the visitor no longer needed to be present due to their concern for visitor's assumed demeanor towards pt. Visitor did not want to leave and attempted to express feelings to staff, staff remained adamant that visitor needed to leave. GCS in with another pt and assistance requested in asking visitor to leave. Visitor left with follow up appointment scheduled the next am with CEO</p>		
<p>2. Reported Complaints</p>	<p>1 for reporting period - 1 ER pt spoke with CEO c/o ER nurse being rude to pt. CEO/CNO expressed to pt that staff would be addressed regarding this concern, pt satisfied with this resolution.</p>	<p>CEO/CNO spoke with Nurse regarding c/o rudeness, therapeutic communication advised. Nurse did express that there was a miscommunication during the visit that may be the cause of this concern</p>	
<p>3. Reported Grievances</p>	<p>None for reporting period</p>		
<p>4. Patient Falls without Injury</p>	<p>1 for reporting period - 1 in-pt was being assisted by nursing staff with witnessed fall, pt sitting on buttocks on the floor, staff called for assistance, pt with no injuries noted. Mobility device and fall precautions in place prior to fall. Pt will be assisted x 2 staff for all transfers post-fall for</p>		

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	safety		
5. Patient Falls with Minor Injury	None for reporting period		
6. Patient Falls with Major Injury	None for reporting period		
7. Fall Risk Assessment	1 completed post fall for reporting period		
8. Mortality Rate	1 in pt - 1 SWB admitted with pneumonia, during the hospital stay pt continued to decline despite ABT/resp support, family/provider discussed comfort care, family agreeable. Pt expired in-pt.		
9. Deaths Within 24 Hours of Admission	None for the reporting period		
10. Organ Procurement Organization Notification	1 reported deaths with 1 declines for reporting period		
D. Nursing			
1. Critical Tests/Labs	74 for the reporting period		
2. Restraint Use	1 for reporting period – Patient was restrained using bilateral soft wrist and ankle restraints. The patient was violent in nature, attempting to harm self and staff. Documentation was complete and accurate with appropriate observation/monitoring. All measures exhausted in regards to attempting to distract/calm/redirect the patient before and during restraint use. No visible harm noted/documented to patient.		
3. Code Blue	None for the reporting period		
4. Acute Transfers	1 for the reporting period		
5. Inpatient Transfer Forms	1 completed for reporting period		
E. Emergency Department			
1. ED Nursing DC/ Transfer Assessment	20/20 (100%)		

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2. ED Readmissions	<p>13 for the reporting period - 1) Pt presented to ED for constipation, returned the next day for the same complaint. 2) Pt diagnosed with ear infection and returned the next day due to non-compliance. 3) Pt was examined for LLE post procedure and was scheduled for a f/u outpatient exam. 4) Pt presented to ED due to ETOH abuse and was d/c home with the plan to f/u with their PCP. 5) Pt was first examined for lower extremity nerve pain, returned a few days later with unrelated cardiac issues. 6) Pt arrived to the ED to be examined for possible UTI. Labs collected, pt did not qualify for admittance with immediate lab results. Other labs were sent out for results. 7, 8, 9, 10, 11) Pt is an alcoholic who fell at home and then calls EMS to bring them to the ED. Depending on the patient's level of intoxication, the patient will allow treatment or choose to leave AMA. 12) Pt fell at home and was examined after small external head injury with appropriate scans completed. Pt returned later in the day with new symptoms r/t fall. 13) The patient fell while at work and only reported injuring an upper extremity. Pt was treated for a sprain after no fx's were noted on film. Pt returned two days later, now complaining of nausea/vomiting and ataxia.</p>	<p>1) The pt's MOC was again educated and to f/u with PCP. 2) Treatment again administered and the patient was again educated on treatment plan. 3) Pt checked in to be seen but decided to leave and drive to see her specialist, they were educated on risks involved. 4) Pt returned the next day, intoxicated again, and stated they were unable to pay copay to see PCP. 5) Pt returned due to cardiac event, treated, and discharged to f/u with her established cardiologist. 6) Pt was admitted for treatment of UTI after send out labs returned. 7, 8, 9, 10, 11) Pt is an alcoholic who is noncompliant with treatment. APS and family are involved with hope to find long term placement for the patient. The patient continues to refuse to allow help or need for long term placement. 12) The patient's scans and neuro assessment did not change. Pt was again provided with education in regards to head injury/concussion post fall. 13) Since the patient did not report hitting their head on the initial visit, full neuro work up was initiated with no deficits and negative imaging. Pt educated on post-fall treatment.</p>	
3. ER Log & Visits	160 (100%)		
4. MSE	20/20 (100%)		
5. EMTALA Transfer Form	14/14 (100%)		
6. Triage	20/20 (100%)		

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7. ESI Triage Accuracy	20/20 (100%)		
8. ED Transfers	14 for the reporting period - Patients transferred to Higher Level of Care for: 1.) Psychosis – In-pt psych 2.) Resp failure – ICU 3.) Ileus – Gen Surgery 4.) STEMI – Cardiology 5.) Bowel Obs – Gen Surgery 6.) SI/SH – In-pt psych 7.) DKA – ICU 8.) Bowel Obs – Gen Surgery 9.) STEMI – Cardiology 10.) Weakness – further testing not available at MRMC 11.) Psychosis – In-pt psych 12.) SI/SH – In- pt psych 13.) Unresponsive – ICU 14.) NSTEMI - Cardiology	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	4 for the reporting period		
12. STEMI Care	2 for reporting period - 2 STEMI; 1 delay in airvac notification d/t pt urgent need for b/p management to stabilize pt, 1 delay in transport notification d/t ER nurse with pt for med management during 20 min window, began transport calls at 37 min; no air transport d/t weather, ground x 3 declined d/t no coverage, air transport not available until 0633. Delay in fibrinolytic therapy d/t management of b/p and need for stabilization prior to admin, treated	MOUs in place for multiple facilities. Staff will continue to document attempts to locate appropriate facility for patient that has the ability (room availability/staff) to accept patient, pt will be stabilized/treated to all capable efforts of MRMC. Providers will stabilize pt prior to transfer and provide work up based on symptoms. Providers will remain in contact with Cards for delayed transports and	

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	once pt stabilized. 1 NSTEMI – pt presented with n/v, denied CP prior to or during visit. Work up with elevated trop, repeat trop remains elevated. Contacted Cards for accepting with additional testing requesting prior to accepting. Treated for initial c/o and transferred once accepted by cards.	defer to Cards recommendations	
13. Chest Pain	9/12 EKG (75%) 3 EKG during the reporting period with time stamp covered by the pt sticker, 2 instances were by RT and 1 by the provider	RT director educated RT staff member and provider that time staff must be visible	
14. ED Departure - (OP-18)	Median time – 105 min		
F. Pharmacy & Medication Safety			
1. After Hours Access	97 for the reporting period		
2. Adverse Drug Reactions	None for reporting period		
3. Medication Errors	3 for the reporting period: 1) Pharmacy tech left one unopened vial of Ativan outside of locked meddispense machine. Found by RN and given to administration, med returned to pharmacy and correct count established with no missing medication. 2) Pharmacy tech did not check if enough insulin was stocked. It was also found that the shipment for the insulin was delayed so the providers should have been notified so they could make appropriate changes. One patient did not receive their long acting insulin, the provider was notified and modifications were made to the patient's MAR. No harm was caused and the patient's glucose remained WNL. 3) Pharmacy tech stocked incorrect dose of Hydralazine in Meddispense, 10 mg instead of 25 mg. This was found when scanning medication for the	1) Procedures in regards to restocking medication, especially high risk medications, reviewed with pharmacy tech. 2) Pharmacy tech educated on need to check insulin stock and review meddispense prior to leaving. 3) Pharmacy tech educated on need to double check medications prior to loading the meddispense. This is also why we scan the patient and then their medications prior to administration!	

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	patient and the charge nurse was notified. The correct dose, 25 mg, was then obtained from pharmacy by the charge nurse and administered to the patient.		
4. Medication Overrides	72 for the reporting period - 19 overrides were from the nursing station MedDispense. The remainder 53 were from the ER MedDispense.	CNO will set up education with the nursing staff to wait for order in CPSI prior to pulling medication unless Emergent Situation, to help decrease overrides	
5. Controlled Drug Discrepancies	7 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	4/4 (100%) for the reporting period		
3. Wound Care Documentation	100% for initial assessment and discharge assessment documentation completed on time		

I. Radiology

1. Radiology Films	5 films repeated due to technical error – 106 total for the reporting period; 1 artifact on film, 2 anatomy was clipped, pt was rotated, 1 another body part was obstructing view		
2. Imaging	23 for the reporting period; with 23 consents for CT obtained		
3. Radiation Dosimeter Report	5/5 (100%)		

J. Laboratory

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1. Lab Reports	0 repeated /2156 total for the reporting period 1 processing error - 2 units of platelets received for pt admin. 1 unit was directly admin per orders to pt, the 2nd unit of platelets was put in refrigerator instead of being put on agitator until administration, then administered to patient without incident. Called OBI for clarification on handling and make aware of refrigerated platelets, advised by OBI that they can be refrigerated and not agitated up to 8 hrs, there is potential for decrease in platelet numbers but this handling will not harm patient.	Inservice was done for entire lab on how to handle platelets.	
2. Blood Culture Contaminations	None for the reporting period		
K. Infection Control and Employee Health			
1. Line Events	None for the reporting period		
2. CAUTI's	0 for the reporting period		
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	0 for the reporting period		
7. Hand Hygiene/ PPE & Isolation Surveillance	100%		
8. Patient Vaccinations	0 received influenza vaccine / 0 received pneumococcal vaccine		

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9. VAE	None for the reporting period		
10. Employee Health Summary	0 employee event/injury,5 employee health encounters (vaccines/testing) 1 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 – 19 /20 (100%) - 1 missing, provider emailed and chart put in provider box for completion		
4. Swing Bed Indicators	8/8 (100%) SWB social HX completed within 24 hrs/first business day after admit		
5. E-prescribing System	52/52 (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 – 7/7 (100%) of appropriate orders for admit from Acute to SWB status		
8. Discharge Instructions	20/20 (95%)		
9. Transfer Forms	14/14 (100%) for ER and in-pt transfers to higher level of care for the reporting period		
M. Dietary			

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1. Weekly Cleaning Schedules	48/48 (100%)		
2. Daily Cleaning Schedules	390/390 (100%)		
3. Wash Temperature	90/90 (100%)		
4. Rinse Temperature	90/90 (100%)		
N. Therapy			
1. Discharge Documentation	18/18 (100%) completed within 72 hours of discharge		
2. Equipment Needs	9/9 (100%)		
3. Therapy Visits	PT 125– OT 119 - ST 1		
4. Supervisory Log	1 PTA supervisory logs completed for reporting period		
5. Functional Improvement Outcomes	PT 9/9 (100%) – OT 9/9 (100%) – ST 0/0 (100%) - pts discharged during the reporting period with improvement outcomes		
O. Human Resources			
1. Compliance	96% - Annual Licensure; One nurse with license expired in July 67% - CPR; expired x 3 staff 67% ACLS; not required by previous employer HR staff change over during this time period (Aug/Sept)	1.) Nurse taken off schedule until proof of renewal received 2. & 3.) All employees are signed up for BLS/ACLS classes in 10/2023	
2. Staffing	Hired – 1, Termed - 1		
P. Registration Services			
1. Compliance	13/13 indicators above benchmark for the reporting period		
Q. Environmental Services			

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1. Terminal Room Cleans	8/8 (100%)		
R. Materials Management			
1. Materials Management Indicators	6 – Back orders, 0 – Late orders, 2 – Recalls, 1029 items checked out properly		
S. Life Safety			
1. Fire Safety Management	1 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	1/1 (100%)		
U. Information Technology			
A. IT Incidents	Aug – 57 Sept – 49		
V. Outpatient			
1. Therapy Visits	42/51 (82%) 6 no show/no call missed visits, 3 visits which patients called and rescheduled.		
2. Discharge Documentation	7/7 (100%) discharge notes completed within 72 hrs of discharge		
3. Functional Improvement Outcomes	3/3 (100%)		
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

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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	Staff Influenza Vaccine Program Influenza Form	Seasonal	Approved 1 st Chasity/ 2 nd Meghan
VIII. CONTRACT EVALUATIONS			
1. Contract Services			
IX. REGULATORY AND COMPLIANCE			
A. OSDH & CMS Updates	None for this reporting period		
B. Surveys	None for this reporting period		
C. Product Recalls	Plum 360 Infusion System - ICU Medical Hamilton Medical - Ventilator - HAMILTON - T1		
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		

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	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			
XII. EDUCATION/TRAINING			
A. Education/ Training	Lunch and Learn: with Dr Rumsey		
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 04/2023	Approved 04/2023	
E. Annual Appointment of Compliance Officer	Approved 02/2023	Approved 02/2023	
F. Annual Review of Infection Control Risk Assessment	Approved 02/2023	Approved 02/2023	

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(ICRA)			
G. Annual Review of Hazard Vulnerability Analysis (HVA)	Due 10/2023	Reviewed with Melissa EP/Mark	
Department Reports			
A. Department reports			
Other			
A. Other	None		
Adjournment			
A. Adjournment	There being no further business, meeting adjourned by Nick seconded by Melissa at 13:03	The next QAPI meeting will be – tentatively scheduled for 11/09/2023	