

# Mangum Regional Medical Center Quality Assurance & Performance Improvement Committee Meeting

## Meeting Minutes

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<b>Date:</b> 11/16/2023	<b>13:02</b>	<b>Recorder:</b> D. Jackson	<b>Reporting Period:</b> Oct. 2023
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### Members Present

<b>Chairperson:</b> Dr. C		<b>Medical Representative:</b> Dr C	
<b>Name</b>	<b>Title</b>	<b>Name</b>	<b>Title</b>
Nick Walker	CNO	Danielle Cooper	Bus Office
Bethany Moore	HR	Kaye via Teams	Credentialing
Jennifer Dryer	HIM	Mark Chapman	Maintenace/EOC
Chrissy Smith	PT	Melissa Tunstall	Radiology
Chelsea Church/Lynda James	Pharmacy	Chasity Howell	Case Management

TOPIC	FINDINGS – CONCLUSIONS	ACTIONS – RECOMMENDATIONS	FOLLOW-UP
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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 11/16/2023 by 1 <sup>st</sup> Kelley/ 2 <sup>nd</sup> Nick	
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### II. REVIEW OF MINUTES

A. Quality Council Committee	10/12/2023	Committee reviewed listed minutes A-F. Motion to approve minutes as distributed made by Kelley / 2nd by Dr C. 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	10/10/2023		
C. Infection Control Committee	10/05/2023		
D. Pharmacy & Therapeutics Committee	09/21/2023		
E. HIM/Credentialing Committee	10/05/2023		
F. Utilization Review Committee	10/05/2023		

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<b>III. REVIEW OF COMMITTEE MEETINGS</b>	
A. EOC/Patient Safety	11/14/2023
B. Infection Control	11/07/2023
C. Pharmacy & Therapeutics	09/21/2023 [Next meeting 12/2023]
D. HIM-Credentials	11/07/2023
E. Utilization Review	11/08/2023
F. Compliance	10/18/2023 - Next meeting 01/2024
<b>IV. OLD BUSINESS</b>	
A. Old Business	Staff Influenza Vaccine Program Seasonal Influenza Form
<b>V. NEW BUSINESS</b>	
A. New Business	Approval of policies/procedures - see below
<b>VI. QUALITY ASSURANCE/PERFORMANCE IMPROVEMENT</b>	
<b>A. Volume &amp; Utilization</b>	
1. Hospital Activity	Total ER – 138 Total OBS pt - 3 Total Acute pt - 11 Total SWB - 11 Total Hospital Admits (Acute/SWB) - 22 Total Hospital DC (Acute/SWB) - 21 Total pt days - 263 Average Daily Census - 9
2. Blood Utilization	total units administered 6 for the reporting period with no adverse reactions
<b>B. Care Management</b>	
1. CAH Readmissions	4 for the reporting period - 1) Pt admitted with primary dx ; Readmitted with secondary dx 2) Pt admitted with primary dx, readmitted with primary dx 3) Pt admitted with primary dx, readmitted with primary dx 4) Pt admitted with primary dx ; Readmitted with secondary dx
2. IDT Meeting Documentation	9/9 (100%) completed within 24 hours of IDT
3. Insurance Denials	2 insurance denials for the reporting period – insurance denied In-pt status, pt switched to OBS

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4. IMM Notice	13/13 (100%) notices signed within 2 days prior to discharge	
<b>C. Risk Management</b>		
1. Incidents	<p>3 ER AMA; 1.) 1 pt to the ER requesting meds for c/o anxiety/depression sx, pt reports that med for c/o previously prescribed are not being taken with no follow up in regards to c/o. Provider spoke with pt about importance of compliance with previously prescribed meds/treatment, pt not receptive to education and left ER. Pt left ER w/o signing AMA. 2.) Pt to the ER for N/V, agreeable to all testing and treatments, Provider wanted to admit pt to in-pt for further treatment, pt declined and wanted to go home. Risks/benefits explained, pt signed AMA. 3.) Pt to the ER for c/o esophagus pain. Pt allowed testing/treatment, after provider discussed findings with pt, pt left the ER before final nurse assessment/discharge. Left before signing AMA.</p>	AMAs - We will continue to default to provider recommendations for treatment/care of patients and provide education as needed to patients/families 2-4) MRMC will continue to provide care to the patients based on needs, however patients 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	None for reporting period	
5. Patient Falls with Minor Injury	None for reporting period	
6. Patient Falls with Major Injury	None for reporting period	
7. Fall Risk Assessment	None for reporting period	
8. Mortality Rate	2 - (1 ER/ 1 inpt) - 1 pt to the ER with CPR in	

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	progress, attempts unsuccessful and pt expired in the ER. 1 SWB pt admitted to in-pt and transitioned to SWB, over the course of hospital stay patient declined and acquired pneumonia, pt continued to decline and family agreed on comfort measures due to patient's overall decline, pt expired while in SWB status		
9. Deaths Within 24 Hours of Admission	None for the reporting period		
10. Organ Procurement Organization Notification	2 reported deaths with 2 declines for reporting period – 1 reported greater than 60 min d/t delay in provider bedside response time.	Education to nurse about contacting LS with RN TOD	
<b>D. Nursing</b>			
1. Critical Tests/Labs	82 for the reporting period		
2. Restraint Use	None for the reporting period		
3. Code Blue	1 - Pt arrived to the ER with CPR in progress, attempts unsuccessful and pt expired in the ER.		
4. Acute Transfers	2 for the reporting period		
5. Inpatient Transfer Forms	2 completed for reporting period		
<b>E. Emergency Department</b>			
1. ED Nursing DC/ Transfer Assessment	20/20 (100%)		
2. ED Readmissions	5 for the reporting period - 1) Pt was seen for primary c/o and dx with secondary. During visit pt refused imaging services and advised to f/u with specialist on outpatient basis. Pt returned to ED for secondary complications r/t secondary dx at last er visit 2) Pt was seen for primary c/o, treated and released. returned to er for primary complaint. 3) Pt was initially seen for primary c/o, treated and released, returned with continued c/o and found secondary dx at this visit. Pt was	1) Pt did not follow up with specialist as primarily advised, continued to advise and stress the need for the outpatient specialist 2) Treatment again administered and the patient was again educated on treatment plan. 3) Pt was advised on the need for specialty services on outpatient basis 4) Upon return pt was admitted for further treatment 5) No further treatment deemed necessary, educated on treatment plan and f/u as needed	

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	treated and released with instructions to f/u with specialist on out-pt basis. 4) Pt initially seen and diagnosed with kidney stone. The pt later returned c/o increased pain and was admitted for pain control. 5) Pt seen for primary c/o, treated and released, returned with same c/o		
3. ER Log & Visits	138 (100%)		
4. MSE	Quarterly		
5. EMTALA Transfer Form	10/10 (100%)		
6. Triage	20/20 (100%)		
7. ESI Triage Accuracy	20/20 (100%)		
8. ED Transfers	10 for the reporting period - Patients transferred to Higher Level of Care for: 1.) Renal Failure – ICU 2.) V-Tach – Cardiology 3.) SI/SH – InPt Psych 4.) GI Bleed – ICU 5.) SI/SH – InPt Psych 6.) Pneumonia/ICU 7.) Metabolic Acidosis – ICU 8.) Gastric Ulcer – ICU/Surgical Services 9.) NSTEMI – Cardiology 10.) Appendicitis – Gen Surgery	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		

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12. STEMI Care	No STEMIs for reporting period  1 NSTEMI for the reporting period; pt did not present or c/o any cardiacs/sx, complete work up and treatment based on s/sx at presentation, NSTEMI noted with EKG and troponin. Total ER time 4 hrs 19 min, extended ER time due to work up needed for initial complaints and treatments for stabilization prior to transfer	Will continue to defer to providers recommendations for needed treatment prior to transfers as needed for patient stabilization	
13. Chest Pain	4/6 EKG (67%) 1 delay in EKG time due to spacelabs not functioning, required rest for proper function. 1 ekg completed in 10 min, RT reports responding to bedside for ekg as soon as called	Spacelabs has been functioning without issue, RT response as soon as called. RT will monitor these issues for any further trends noted	
14. ED Departure - (OP-18)	Quarterly		
<b>F. Pharmacy &amp; Medication Safety</b>			
1. After Hours Access	81 for the reporting period		
2. Adverse Drug Reactions	None for reporting period		
3. Medication Errors	1 for the reporting period: 1) A bag of Climimax was not properly activated/mixed. The provider was notified, a new bag was obtained, mixed properly and hung. This did not result in harm to the patient.	1) Procedures in regards to properly activating/mixing Clinimix was discussed with staff. Advised that we need to take our time and ensure it is completely mixed, especially since this is a two person sign off medication.	
4. Medication Overrides	51 for the reporting period		
5. Controlled Drug Discrepancies	8 for the reporting period - All discrepancies were from nurses miscounting medications at shift change.		
<b>G. Respiratory Care Services</b>			
1. Ventilator Days	0 for the reporting period		

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2. Ventilator Wean	0 for the reporting period		
3. Unplanned Trach Decannulations	None for the reporting period		
<b>H. Wound Care Services</b>			
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		
<b>I. Radiology</b>			
1. Radiology Films	3 films repeated due to technical error – 118 total for the reporting period; 1-3 artifact on film		
2. Imaging	12 for the reporting period; with 12 consents for CT obtained		
3. Radiation Dosimeter Report	Quarterly		
<b>J. Laboratory</b>			
1. Lab Reports	0 repeated /2078 total for the reporting period		
2. Blood Culture Contaminations	None for the reporting period		
<b>K. Infection Control and Employee Health</b>			
1. Line Events	1 for the reporting period – surgically inserted device incidentally removed, sent for replacement		
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		

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5. Hospital Acquired C-diff	0 for the reporting period		
6. HAI by Source	3 for the reporting period – 1) pt reported weakness, dx with uti. Treated per recommendations on C&S. 2) Pt with significant respiratory hx, developed productive cough while in-pt. Dx with pneumonia. Treated per recommendations on C&S 3) Pt with drainage post surgical procedure, site cultured, pt treated per C&S recommendations	All nursing protocols and procedures were followed. No IC recommendations at this time	
7. Hand Hygiene/ PPE & Isolation Surveillance	86 % HH / 90 % PPE	1.) Education provided about importance of hand hygiene and PPE. Will have further education at skills fair. 2.) Planning with maintenance to place more hand sanitizer stations outside of patient rooms.	
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, 73 employee health encounters (vaccines/testing) 8 reports of employee illness/injury		
<b>L. Health Information Management (HIM)</b>			
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%)		



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4. Swing Bed Indicators	11/11 (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	16/20 (80%) - There were 4'er's missing the d/c instructions. D/c instructions were created but a signed copy did not make it to HIM. Noted all the same ER nurse, spoke with nurse who reports using e-signature	Met with CEO/CNO/QA/Nurse, spoke with IT to verify that there is not a malfunction with CPSI capturing the signature	
9. Transfer Forms	12/12 (100%) for ER and in-pt transfers to higher level of care for the reporting period		
<b>M. Dietary</b>			
1. Weekly Cleaning Schedules	64/64 (100%)		
2. Daily Cleaning Schedules	403/403 (100%)		
3. Wash Temperature	75/75 (100%)		
4. Rinse Temperature	75/75 (100%)		
<b>N. Therapy</b>			
1. Discharge Documentation	9/9 (100%) completed within 72 hours of discharge		
2. Equipment Needs	9/9 (100%)		

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3. Therapy Visits	PT 137– OT 124 - ST 2		
4. Supervisory Log	2 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		
<b>O. Human Resources</b>			
1. Compliance	100%		
2. Staffing	Hired – 1, Termed - 1		
<b>P. Registration Services</b>			
1. Compliance	100%		
<b>Q. Environmental Services</b>			
1. Terminal Room Cleans	8/8 (100%)		
<b>R. Materials Management</b>			
1. Materials Management Indicators	6 – Back orders, 1 – Late orders, 1 – Recalls, 1064 items checked out properly		
<b>S. Life Safety</b>			
1. Fire Safety Management	0 fire drills for the reporting period – 24 fire extinguishers checked		
2. Range Hood	100%		
3. Biomedical Equipment	100%		
<b>T. Emergency Preparedness</b>			
1. Orientation to EP Plan	1/1 (100%)		
<b>U. Information Technology</b>			
A. IT Incidents	20		
<b>V. Outpatient</b>			

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1. Therapy Visits	66/75 (88%) 5 no show/no call missed visits, 4 visits which patients called and rescheduled.		
2. Discharge Documentation	4/4 (100%) discharge notes completed within 72 hrs of discharge		
3. Functional Improvement Outcomes	3/4 (100%) 1 non-visit discharge (unable to obtain standard testing with non-visits)		
4. Outpatient Wound Services	(100%)		
<b>W. Strong Mind Services</b>			
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
<b>VII. POLICY AND PROCEDURE REVIEW</b>			
1. Review and Retire	None for this reporting period		
2. Review and Approve	<ul style="list-style-type: none"> <li>1) HIPPA Officer Appointment – Tim Hopen</li> <li>2) 340B Drug Policy – Revision</li> <li>3) On-Call and Call Back Responsibilities Policy for Radiology</li> <li>4) Nursing Education for Patient Belongings and Valuables</li> <li>5) Drug Diversion Policy</li> <li>6) Temporary Absence Release for Patients Policy</li> <li>7) Patient Belongings and Valuables Policy</li> <li>8) Temporary Absence Release Form</li> </ul>	<ul style="list-style-type: none"> <li>1.) Approved - Kelley/Melissa</li> <li>2 - 16) Approved – Kelley / Dr C</li> <li>17- 21) Tabled – Nick / Kelley</li> </ul>	

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	<ul style="list-style-type: none"> <li>9) Patient Belongings List</li> <li>10) Patient Valuables Record Form</li> <li>11) Lost and Found Property Report</li> <li>12) Lost and Found Log</li> <li>13) Behavioral Observation Checklist</li> <li>14) Medication Error and Near Miss Report</li> <li>15) Extravasation Management Strategies – Appendix</li> <li>16) Intravenous (IV) Extravasation Management and Treatment Policy</li> <li>17) Radiology Policy Manual (See TOC attached)</li> <li>18) Emergency Department Policy Manual (See TOC attached)</li> <li>19) Quality Policy Manual</li> <li>20) Risk Policy Manual</li> <li>21) Drug Room Policy Manual (See TOC attached)</li> </ul>		
<b>VIII. CONTRACT EVALUATIONS</b>			
1. Contract Services			
<b>IX. REGULATORY AND COMPLIANCE</b>			
A. OSDH & CMS Updates	None for this reporting period		
B. Surveys	None for this reporting period		
C. Product Recalls	Med Line trach care kit		
D. Failure Mode Effect Analysis (FMEA)	Water Line Break – Final at Corporate for approval		
E. Root Cause Analysis (RCA)	None for this reporting period		
<b>X. PERFORMANCE IMPROVEMENT PROJECTS</b>			
A. PIP	Proposed – STROKE; The Emergency Department will decrease the door to		

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	<p>transfer time to &lt; 60 minutes for all stroke patients who present to the Emergency Department at least 65% of the time or greater by December 2023.</p> <p>Proposed –STEMI/CP; The Emergency Department will decrease the door to transfer time to &lt; 60 minutes for all STEMI patients who present to the Emergency Department at least 80% of the time or greater by December 2023.</p>		
<b>XI. CREDENTIALING/NEW APPOINTMENT UPDATES</b>			
A. Credentialing/New Appointment Updates	Credentialing/Re-credentialing at Med Staff		
<b>XII. EDUCATION/TRAINING</b>			
A. Education/ Training	Lunch and Learn: with Dr Rumsey HH/PPE Education – All Staff		
<b>XIII. ADMINISTRATOR REPORT</b>			
A. Administrator Report			
<b>XIV. CCO REPORT</b>			
A. CCO Report			
<b>XV. STANDING AGENDA</b>			
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	On 11/16/2023 appointed - Tim Hopen	First - Kelley / Second - Melissa	
E. Annual Appointment of Compliance Officer	Approved 02/2023	Approved 02/2023	

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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		
<b>Department Reports</b>			
A. Department reports			
<b>Other</b>			
A. Other	None		
<b>Adjournment</b>			
A. Adjournment	There being no further business, meeting adjourned by Chasity seconded by Josey at 13:46	The next QAPI meeting will be – tentatively scheduled for 12/14/2023	