

Mangum Regional Medical Center

Quality Assurance & Performance Improvement Committee Meeting

Meeting Minutes					
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Date: 06/15/2023	T 12:35 i m e :	Recorder: D. Jackson		Reporting Period: May 2023	
Members Present					
Chairperson: Dr. C		CEO: Kelly Martinez		Medical Representative: Dr C/ Mary Barnes	
Name	Title	Name	Title	Name	Title
Daniel	CNO		Bus Office		Lab
	HR		Credentialing		IT
	HIM		Maintenance/EOC		Dietary
	PT		Radiology	Claudia Collard	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 06/15/2023 by Dr. C/Chasity Howell		
II. REVIEW OF MINUTES					
A. Quality Council Committee	03/10/2023		Committee reviewed listed minutes A-F. Motion to approve minutes as distributed made by Dr. C and 2nd by Daniel Coffin 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	03/10/2023				
C. Infection Control Committee	03/07/2023				
D. Pharmacy & Therapeutics Committee	03/30/2023				
E. HIM/Credentialing Committee	03/08/2023				
F. Utilization Review Committee	03/07/2023				
III. REVIEW OF COMMITTEE MEETINGS					

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A. EOC/Patient Safety	04/11/2023		
B. Infection Control	04/07/2023		
C. Pharmacy & Therapeutics	03/30/2023 - Next meeting 06/2023		
D. HIM-Credentials	04/11/2023		
E. Utilization Review	04/07/2023		
F. Compliance	04/12/2023 - Next Meeting 07/12/2023		
IV. OLD BUSINESS			
A. Old Business	Quarterly Compliance Meeting – First Quarter 2023 Social Media Policy (revised) AMA/LWBS Review Tool (revised)	All Approved May 2023 by Quality/Med Staff/Board	
V. NEW BUSINESS			
A. New Business	Employee Health Standing Orders Employee Occupational Illness and Injury Policy Employee Health Manual TOC Signing of a Death Certificate Policy Mortality Review Tool Scanning Documents into the EHR Policy OBS Audit Sheet Access Maintenance EHR Policy Swing Bed Audit Sheet Discharge Summary Discharge Content Management Policy DC Record Reconciliation and Scanning Policy Incomplete Records Policy Clinical Records Requirement, Standard and Content Policy Location Security Maintenance and Destruction of Medical Records Policy INP Audit Sheet Employee/VIP Discount Policy HIPPA Security Officer Appointment – Jared Ballard HIPPA Privacy Officer Appointment – Jennifer Dreyer	First Approval – Dr C Second Approval – Daniel Coffin	
VI. QUALITY ASSURANCE/PERFORMANCE IMPROVEMENT			
A. Volume & Utilization			
1. Hospital Activity	Total ER – 148 Total OBS pt - 1		

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	Total Acute pt - 16 Total SWB - 12 Total Hospital Admits (Acute/SWB) - 28 Total Hospital DC (Acute/SWB) - 22 Total pt days - 412 Average Daily Census - 13		
2. Blood Utilization	4 total units administered without reaction		
B. Care Management			
1. CAH Readmissions	2 for the reporting period - 1.) admitted with primary dx, d/c and returned with continuing issues and readmitted. 2.) pt admitted with primary dx, d/c and returned with secondary dx		
2. IDT Meeting Documentation	3/4 (75%) - one note was completed but does not reflect that	CM reached out to Leslie (CPSI IT) for assistance with this issue	
3. Insurance Denials	0 for the reporting period		
4. IMM Notice	14/14 (100%)		
C. Risk Management			
1. Incidents	AMA - 1 inpt - pt admitted for wound care/IV ABT. In less than 48 hrs. pt decided they no longer wanted to be in the hospital. Signed out AMA. Risks/benefits discussed with pt. ER 1.) 1 pt to the ER with ob/gyn concerns, after eval pt decided to go to hospital with ob/gyn on staff. risks/benefits discussed with pt, pt signed out ama ER 2) Pt to er with c/o left hand swelling, unable to alleviate the source of swelling, pt decided to go to another hospital. Risks/benefits explained to pt, ama signed. ER 3) Pt to the ER for c/o chest pain/shob, after eval/testing provider wanted to admit pt for tx/further testing. Pt declined admission; risks/benefits explained to pt. Signed out AMA. ER 4) Pt to ER for episode of unresponsiveness, after		

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	testing/dx/treatment. Pt family decided to take pt home without completion of treatment, risks/benefits explained and pt signed out ama.		
2. Reported Complaints	None for reporting period		
3. Reported Grievances	1 for reporting period - pt to the ER, c/o care nurse having poor attitude post visit. Does not have c/o or concerns with care received	Spoke with D Coffin CNO and Staffing Agency HR, letter mailed to patient 06/01/2023	
4. Patient Falls without Injury	0 for the reporting period		
5. Patient Falls with Minor Injury	1 for reporting period – fall with minor injury 1.) pt attempting to transfer w/o assist. fell and received skin tear to UE. Staff increased rounding, items of need/call light within reach at all times, bed/chair alarm in place		
6. Patient Falls with Major Injury	None for reporting period		
7. Fall Risk Assessment	1 completed for the reporting period		
8. Mortality Rate	1 SWB/ 1 ER - pt for the reporting period		
9. Deaths Within 24 Hours of Admission	None for the reporting period		
10. Organ Procurement Organization Notification	2 for the reporting period, no tissue donations for the month		
D. Nursing			
1. Critical Tests/Labs	12 for the reporting period		
2. Restraint Use	None for reporting period		
3. Code Blue	1 for reporting period		
4. Acute Transfers	1 for reporting period - cardiology		
5. Inpatient Transfer Forms	1 for the reporting period		
E. Emergency Department			
1. ED Nursing DC/ Transfer Assessment	20/20 (100%)		

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2. ED Readmissions	1 for the reporting period - 1.) pt to the ED for primary c/o, returned for continued symptoms and additional tx		
3. ER Log & Visits	148 (100%)		
4. MSE	Quarterly		
5. EMTALA Transfer Form	7/7 (100%)		
6. Triage	20/20 (100%)		
7. ESI Triage Accuracy	20/20 (100%)		
8. ED Transfers	7 for the reporting period - Patients transferred to Higher Level of Care for: 1.) NVST – Cardiology 2.) Appendicitis – Gen. Surgery 3.) Trauma – Trauma 4.) SI – Inpt Psych 5.) Necrotizing fasciitis/Osteomyelitis – Ortho/possibly Infectious disease 6.) SI – Inpt Psych 7.) SI – Inpt 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	3 for the reporting period		
12. STEMI Care	None for reporting period		
13. Chest Pain	4/6 EKG (67%) 5/6 Xray (83%) - 1 ekg with pt sticker over time, 1 ekg preformed on old machine. 1 x-ray - unknown, during the work week day	met with RT director about issues noted in the month of May. CNO/Rad director/QM discussed findings. Rad director to meet with staff/Leslie (CPSI/IT) about completion times	

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14. ED Departure - (OP-18)	Quarterly		
F. Pharmacy & Medication Safety			
1. After Hours Access	167 for the reporting period		
2. Adverse Drug Reactions	None for reporting period		
3. Medication Errors	4 for the reporting period - 1-3) Nurse failed to administer correct dose of Zosyn as well as Medication administration process failed to safeguard and clarify correct dosing. 4) Nurse failed to administer dose of Vanc.	1-3) Nurses were given med variance for review. CCO reeducated nurses regarding MPMC Policy DRM-033. CCO encouraged pharmacy team to ensure clear instructions and override parameters for medication administration process especially pertaining to combining doses. Pharmacy team acknowledged and agreed	
4. Medication Overrides	57 for the reporting period		
5. Controlled Drug Discrepancies	11 for the reporting period		
G. Respiratory Care Services			
1. Ventilator Days	7 for the reporting period		
2. Ventilator Wean	1 for the reporting period		
3. Unplanned Trach Decannulations	None for the reporting period		
4. Respiratory Care Equipment	20 nebs and mask changes for the reporting period, 8 HME, 0 inner cannula, 11 trach collars/tubing, 2 closed suction kit, 10 suction set ups, 0 vent circuit, 1 trach		
H. Wound Care Services			
1. Development of Pressure Ulcer	None for the reporting period		

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2. Wound Healing Improvement	7 for the reporting period		
3. Wound Care Documentation	100%		
I. Radiology			
1. Radiology Films	2 films repeated due to technical error – 132 total for the reporting period		
2. Imaging	16 for the reporting period		
3. Radiation Dosimeter Report	quarterly		
J. Laboratory			
1. Lab Reports	12 repeated /2191 total for the reporting period, 1 rejected; lab will double check lid securement		
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	None for the reporting period		
4. Hospital Acquired MDRO's	0 for the reporting period		
5. Hospital Acquired C-diff	None for the reporting period		
6. HAI by Source	0 for the reporting period		
7. Hand Hygiene/ PPE & Isolation Surveillance	90% - 1 episode of nursing not using hand sanitizer/sanitizer empty. 1 episode of nursing not don PPE prior to entering pt room	Maintenace aware and sanitizer added to machine/just in-time education provided to nursing staff	

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8. Patient Vaccinations	0 received influenza vaccine / 0 received pneumococcal vaccine		
9. VAE	None for the reporting period		
10. Employee Health Summary	2 employee event/injury, 6 employee health encounters (vaccines/testing) 9 reports of employee illness/injury		
11. Staff COVID19 Vaccine Compliance	100%		
L. Health Information Management (HIM)			
1. History and Physicals Completion	20/20 (100%)		
2. Discharge Summary Completion	20/20 (100%)		
3. Progress Notes (Swing bed & Acute)	SWB – 20/20 (100%) Acute – 20/20 (100%)		
4. Swing Bed Indicators	12/12 (100%)		
5. E-prescribing System	89/89 (100%)		
6. Legibility of Records	20/20 (100%)		
7. Transition of Care	Obs to acute – none for the reporting period, Acute to SWB – 8/8 (100%)		
8. Discharge Instructions	20/20 (100%)		

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9. Transfer Forms	4/4 (100%)		
M. Dietary			
1. Weekly Cleaning Schedules	60/60 (100%)		
2. Daily Cleaning Schedules	403/403 (100%)		
3. Wash Temperature	93/93 (100%)		
4. Rinse Temperature	93/93 (100%)		
N. Therapy			
1. Discharge Documentation	11/11 (100%)		
2. Equipment Needs	11/11 (100%)		
3. Therapy Visits	PT 195 – OT 178– ST 0		
4. Supervisory Log	1 completed for May		
5. Functional Improvement Outcomes	PT 3/3 (100%) – OT 4/4 (100%) – ST 0/0 (100%)		
O. Human Resources			
1. Compliance	100 %		
2. Staffing	Hired – 3, Termed - 5		
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	9 – Back orders, 0 – Late orders, 1 – Recalls, 1005 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	(100%)		
3. Biomedical Equipment	(100%)		
T. Emergency Preparedness			
1. Orientation to EP Plan	None for the reporting period – 3 new hires to be oriented at a later time		
U. Information Technology			
A. IT Incidents	88 events for the reporting period		
V. Outpatient			
1. Therapy Visits	39/49 (80%) 8 missed/cancelled visits/1 no call no show appointments/ 2 on hold per provider		
2. Discharge Documentation	3/3 (100%)		
3. Functional Improvement Outcomes	1/3 (33%) 1 patient with poor adherence to HEP and symptoms did not improve.		
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	Employee Health Standing Orders Employee Occupational Illness and Injury Policy Employee Health Manual TOC Signing of a Death Certificate Policy Mortality Review Tool Scanning Documents into the EHR Policy OBS Audit Sheet Access Maintenance EHR Policy Swing Bed Audit Sheet Discharge Summary Discharge Content Management Policy DC Record Reconciliation and Scanning Policy Incomplete Records Policy Clinical Records Requirement, Standard and Content Policy Location Security Maintenance and Destruction of Medical Records Policy INP Audit Sheet Employee/VIP Discount Policy HIPPA Security Officer Appointment – Jared Ballard HIPPA Privacy Officer Appointment – Jennifer Dreyer	First Approval – Dr. C Second Approval – Daniel Coffin	

VIII. CONTRACT EVALUATIONS

1. Contract Services			
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IX. REGULATORY AND COMPLIANCE

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A. OSDH & CMS Updates	None for this reporting period		
B. Surveys	None for this reporting period		
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	<p>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.</p> <p>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.</p>		
XI. CREDENTIALING/NEW APPOINTMENT UPDATES			
A. Credentialing/New Appointment Updates	None		
XII. EDUCATION/TRAINING			
A. Education/ Training	May - Ventilator & Respiratory Competencies New Admission Guidelines per Cohesive COVID-19 task force		
XIII. ADMINISTRATOR REPORT			
A. Administrator Report			

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XIV. CCO REPORT			
A. CCO Report			
XV. STANDING AGENDA			
A. Annual Approval of Strategic Quality Plan	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 (ICRA)	Approved 02/2023	Approved 02/2023	
G. Annual Review of Hazard Vulnerability Analysis (HVA)	N/A for June meeting		
Department Reports			
A. Department reports			
Other			
A. Other	None		
Adjournment			
A. Adjournment	There being no further business, meeting adjourned by Dr. C seconded by Chasity Howell at 12:45.	The next QAPI meeting will be – tentatively scheduled for 7/13/2023	