

**Mangum Regional Medical Center**  
**Governing Board Summary**  
**Quality Data 10/14/2021**

**Hospital Activity**

- Hospital Admission
  - Acute Care Admits: 20 – up from August (12)
  - Swing-Bed Admits: 11 – up from August (10)
  - Total Discharges: 29 – up from August (21)
- Total Patient Days, ED Visits, ADC
  - Total Patient: 381 – up from August 379
  - ED Visits: 178 – up from August 175
  - Average Daily Census: 13 – up from August (12)

**AMA/LWBS**

- AMA: 8 – up from August (4)
- LWBS: 1 – no change from August (1)

Type of Count (AMA/LWBS)	Count	Brief Description of Event	Actions
AMA	8	pt to the ed for exacerbation of copd, md attempted to admit pt for further treatment, pt declined admit/agreed to follow up with pcp/prescribed steroids and signed ama, Pt to the ed for N/V, was treated/examined, reported she ws better/left/did not sign ama, pt to the ed for fever, dx with covid/md attempted to admit, pt declined admit/was prescribed outpt meds/signed ama. pt was admitted with cellulitis, treatment with iv abt, pt decided they no longer wanted in-pt treatment and sign out ama. pt (child) to the ed for possible Tylenol ingestion, poison control advised lab check in 5 hrs, family did not want to stay in the ed for 5 hrs to wait for test, agreed to return for testing, md advised to stay for monitoring/family signed ama. pt admitted in-pt for joint sepsis from jail, treatment of iv abt, pt released from police custody while in-pt and pt then decided to leave the hospital, signed ama. Pt admitted in-pt x 16 days for copd/pneumonia, pt decided they were ready to go home and no longer desire in-pt care, family did not want pt to return	continue to education patient's on risks and benefits of medical eval/further testing/admit as needed

		home yet, however pt is able to make decisions/signed ama. pt to the er with exacerbation of copd, pt no longer wanted treatment, states 'vehicle is more important than health, signed ama/md sent in out-pt abt	
LWBS	1	pt to the ed for c/o weakness and not feeling well, pt was triaged and then refused the medical exam and any further testing, signed ama.	continue to education patient's on risks and benefits of medical eval/further testing/admit as needed

## **Care Management**

- 30 Day Readmissions
  - None for July

Event	Count	Comments	Actions
Readmit	1	One-Patient discharged to home with spouse, physician spoke with patient and attempted to encourage and educate patient on staying for further treatment but patient refused and insisted on going home. Patient returned via EMS from md clinic with c/o dizziness and lightheadedness. Patient was discharged from this hospital two days prior with similar symptoms.	Patient was educated and encouraged to continue the previous stay to continue with regimen to assist with stability

## **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	8/1	See above	
Other events	2	pt was noted to have skin tear to upper arm after transfer, cleaned; pt was noted to have hematoma to flank region, pt was reported to have a lot of restlessness/required anti-anxiety medications, site monitored by staff	educated staff of safe transfers to avoid injury, educated staff on thorough assessments/safety

- Complaints and Grievances
  - None

Brief Description of Complaint/Grievance & Outcome	Actions
None	

- Patient Falls
  - Fall with no injury – 3
  - Fall with minor injury – **None**
  - Fall with major injury – **None**

Count	Brief Description of Event & Outcome	Actions
3 FWOI	pt found on the floor, reports tripping when them got out of bed, assisted up and to the bed, no injuries noted. Pt found on the floor, when asked about event, pt reported that they fell and sat down on the floor, assisted up and to the chair, no injuries noted. pt was being assisted from bed to chair with x 3 staff, pt knees gave out and staff assisted pt to the floor. no injuries noted or reported	pt education to call with transfers, staff education to make sure all safety precautions are in place with each round, all to always use the appropriate number of staff for transfers

- Mortality Rate
  - Acute/Swing-Bed Deaths
    - **1 (3%) (YTD = 3 %)**
  - Emergency Department Deaths
    - **1 (1%) (YTD = (1%)**

Count	Brief Description of Event & Outcome	Actions
1 Acute	1 patient arrived via EMS with massive ICH and ineffective respiratory effort. Intubated in ED. Pt admitted to in-pt for comfort care expired in-pt due to respiratory failure secondary to ICH.	Continue operating capacities for this CAH.
1 ER	1 pt to ed unresponsive with no pulse. Administered ACLS care for 60 min without success.	Continue operating capacities for this CAH.

- Organ Bank Notifications within 60 minutes of Death (Benchmark 100%)
  - **2** notification within 60 minutes of death/ **2** death for reporting period

Count	Compliance	Action
2	100%	Continue operating capacities for this CAH.

### Infection Control

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

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

### Health Information Management

- History & Physical Completion (Benchmark 100%)
  - $32/32 = 100\%$
- Discharge Summary Completion (Benchmark 100%)
  - $30/30 = 100\%$

Type of Documentation (H&P/Discharge)	Count	Actions
H&P	32	Benchmark met
Discharge Summary	30	Benchmark met

### Nursing

- Code Blue
  - 2 - 1 Patient arrived in unresponsive with no pulse. Administered ACLS care for 60 minutes without success. 1 patient arrived via EMS with massive ICH and ineffective respiratory effort. Intubated in ED. Pt admitted to in-pt for comfort care expired in-pt due to respiratory failure secondary to ICH.
- Transfers
  - Acute Transfers – **0**
  - ED Transfers – **8**

Event	Count	Comments	Actions
Acute Transfers	0		
ED Transfers	8	8 Patients transferred for higher level of care; pediatrics, cardiac, neurology, obstetrics, general surgery x 2, in-pt psych, urology	Continue operating capacities for this CAH.