

**Mangum Regional Medical Center**  
**Quality Committee Meeting Minutes**

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Date: 09/16/2021	Time: 12:29	Recorder: Denise Jackson	Reporting Period Discussed: August 2021												
<b>Members Present</b>															
<b>Chairperson:</b>	<b>CEO: Dale Clayton</b>					<b>Medical Representative: Dr. Chiaffitelli</b>									
Name	Title	Name	Title	Name	Title	Name	Title								
Jerry Roberson	Respiratory	Josey Kenmore	Materials Management	Amber Jackson	Clinic Manager			Lab Manager							
Sarah Dillahunty	Dietary	Daniel Coffin	CCO	Kaye Hamilton	Credentialing	Karli Bowles		Infection							
Matt Moran	IT	Pamela Esparza	Radiology Manager	Jennifer Dreyer	HIM	Kasi Hillley		Business/RCM Director							
Chasity Howell	CM			Chealsea Church	Pharmacy										
TOPIC	<b>FINDINGS/CONCLUSIONS</b>				<b>ACTIONS/RECOMMENDATIONS</b>			<b>FOLLOW-UP</b>							
<b>Call to Order</b>	Dr. Chiaffitelli / Kim Houston				first/second										
<b>Review of Minutes</b>	Review/Approve July Min for Aug meeting				Dr. Chiaffitelli / Kim Houston										
<b>Review of Committee Meetings</b>															
<b>A. EOC/Patient Safety Committee</b>	waiting on tile for med room/break area, new headwall near 1, ceiling of lab needs repair, cafeteria walls need repairs, 0r 2 ceiling repaired,														
<b>B. Infection Control Committee</b>	No CLABSI, CAUDIA, HAI. 100% hand hygiene.														
<b>C. Pharmacy &amp; Therapeutics Committee</b>	\$21, 807 for the month, med-dispense being installed, this will help with after hours access. Regeneron shortage, follow protocol very close, NS shortage														
<b>D. HIM/Credentials Committee</b>	no credentialing for the month, him; purging of records sorted, waiting on shred bins to begin. Working on fix for missing consents, multiple meetings to discuss options to help capture consents on more consistent basis														
<b>E. Utilization Review Committee</b>	1 swb expired, multiple preexisting conditions, poor intake/overall decline. Top idc 10 - N390: Urinary Tract Infection, Site not specified; E876:														
<b>F. Compliance Committee</b>	quarterly meetings in aug/dec, tentatively to be held in Sept				working on scheduling meeting for the 1st/2nd quarter										
<b>Old Business</b>	policy revisions - Life Safety; generator/HVAC/med gas/EES2,														
<b>New Business</b>	Updated COVID-19 Protocol				approved - Dr. Chiaffitelli / Chealsea Church										
<b>Quality Assurance/Performance Improvement</b>															
<b>Volume &amp; Utilization</b>															
<b>A. Hospital Activity</b>	total 175, 0 OBS, 12 acute, 10 swing bed, total admits 22, discharges 21,														
<b>B. Blood Utilization</b>	6 units with no recactions reported														
<b>Care Management</b>															
<b>A. CAH/ER Re-Admits</b>	1 - pt d/c to LTC returned within 24 hrs was re-admitted with different dx														

<b>B. Acute Transfers</b>	none		
<b>D. Discharge Follow-Up Phone Calls</b>	8		
<b>E. Patient Discharge Safety Checklist</b>	8		
<b>Risk Management</b>			
<b>A. Incidents</b>	2 iv line events, pt had on going issues with picc line. 4 ama/1 lwbs - 2 pt	monitor	
<b>B. Reported Complaints</b>	2 - pt c/o staff being rude	followed up with staff regarding pt communications	
<b>C. Reported Grievances</b>	0		
<b>D. Patient Falls Without Injury</b>	2- found on floor, no injures	contiuene to educate pts on calling for assist with all transfers, staff educated on safe transfers/fall precautions put into place	
<b>E. Patient Falls With Minor Injury</b>	1 - pt attempting to transfer w/o assist, sat down on the floor. Pt was noted to have hematoma on arm with post fall assessment	contiuene to educate pts on calling for assist with all transfers, staff educated on safe transfers/fall precautions put into place	
<b>F. Patient Falls With Major Injury</b>	0		
<b>G. Mortality Rate</b>	2 - 1 er/1 in-pt; 1 er pt - pt to er in cardiac arrest, cpr unsuccessful, 1 in-		
<b>H. Deaths Within 24 Hours of Admit</b>	0		
<b>I. OPO Notification/Tissue Donation</b>	2		
<b>Nursing</b>			
<b>A. Critical Tests/Labs</b>	48		
<b>B. Restraints</b>	0		
<b>C. RN Assessments</b>	20		
<b>D. Code Blue</b>	1		
<b>Emergency Department</b>			
<b>A. ER Log &amp; Visits</b>	175 pts		
<b>B. MSE</b>	20		
<b>C. Provider ER Response Time</b>	20		
<b>D. ED RN Assessment (Initial)</b>	20		
<b>E. ED Readmissions</b>	1		
<b>F. EMTALA Transfer Form</b>	7		
<b>G. ED Transfers</b>	7 - higher level of care required for psych/cardiac/gen surgery x 2/post-		

<b>H. Stroke Care</b>	0		
<b>I. Suicide Management</b>	2		
<b>J. Triage</b>	20		
<b>K. Stemi Care</b>	1 - NSTEMI; difficulty with locating an accepting hospital, with		
<b>L. ED Nursing Assessment (Discharge/Transfer)</b>	20		
<b>Pharmacy &amp; Medication Safety</b>			
<b>A. Pharmacy Utilization</b>	\$21,807		
<b>B. After Hours Access</b>	122	med dispense is being installed - Sept . With med dispense being installed the after hours access numbers are anticipated to decrease	
<b>C. Adverse Drug Reactions</b>	0		
<b>D. Medication Errors</b>	4 - tpn rate incorrect, 1 beta-blocker d/c accidentally, 1 additional anxiolytic	education provided on the 6 medication rights to staff/proper d/c of medication by nursing staff only	
<b>Respiratory Care Services</b>			
<b>A. Ventilator Days</b>	0		
<b>B. Ventilator Wean Rate</b>	0		
<b>C. Patient Self-Decannulation Rate</b>	0		
<b>D. Respiratory Care Equipment</b>	2 suction set ups, 2 neb changes		
<b>Wound Care Services</b>			
<b>A. Development of Pressure Ulcer</b>	1 - developed in may with pt d/c in aug. wound with improvement on d/c		
<b>B. Wound Healing Improvement</b>	5		
<b>C. Wound Care Documentation</b>	5		
<b>D. Debridement/Wound Care Procedures</b>	2		
<b>E. Wound Vac Application</b>	0		
<b>Radiology</b>			
<b>A. Radiology Films</b>	131		

<b>B. Imaging</b>	26 ct		
<b>C. Radiation Dosimeter Report</b>	6		
<b>D. Physicist's Report</b>	on scheduled for physicist	verified date with Pam - 09/16/2021 visit date	
<b>Lab</b>			
<b>A. Lab Reports</b>	2682 labs - none repeated		
<b>B. Blood Culture Contaminants</b>	2 due to not received in a timely manner, specimen not properly labeled	education was provided on; timely delivery of specimens to the lab and correct labelling of specimens	
<b>Infection Control &amp; Employee Health</b>			
<b>A. CAUTI's</b>	0		
<b>B. CLABSI'S</b>	0		
<b>C. HA MDROs</b>	0		
<b>D. HA C. diff</b>	0		
<b>E. Hospital Acquired Infections By Source</b>	0		
<b>F. Hand Hygiene/PPE &amp; Isolation Surveillance</b>	100%		
<b>G. Public Health Reporting</b>	0		
<b>H. Patient Vaccinations</b>	0		
<b>I. Ventilator Associated Events</b>	0		
<b>J. Employee Health Summary</b>	5 tb tests for new employees, 35 employee lost days d/t illness (1gi/26 days ofr 3 covid + employees/1other/1fever/1migraine/1 vaccine reaction)		
<b>HIM</b>			
<b>A. H&amp;P's</b>	21		
<b>B. Discharge Summaries</b>	21		
<b>C. Progress Notes (Swing bed &amp; Acute)</b>	71		
<b>D. Consent to Treat</b>	186 of 197, 11 ers	still working on process to make sure concents are not missed, i.e;	
<b>E. Swing bed Indicators</b>	10		
<b>F. E-prescribing System</b>	844		

<b>G. Legibility of Records</b>	197		
<b>Dietary</b>			
<b>A. Food Test Tray Eval</b>	100%		
<b>B. Dietary Checklist Audit</b>	100%		
<b>Therapy</b>			
<b>A. Therapy Indicators</b>	100%		
<b>B. Therapy Visits</b>	199		
<b>C. Standardized Assessment Outcomes</b>	5 discharges		
<b>Human Resources</b>			
<b>A. Compliance</b>	100% on all areas except cpr/acls/pals - 98%		
<b>Registration Services</b>			
<b>Registration Services</b>	100%		
<b>Environmental Services</b>			
<b>A. Terminal Room Cleans</b>	100%		
<b>Materials Management</b>			
<b>A. Materials Management Indicators</b>	38 orders/9 back orders/ 0 recalls		
<b>Plant Operations</b>			
<b>A. Fire Safety Management</b>	100%		
<b>Information Technology</b>			
<b>A. IT Indicators</b>	DHCP server issue caused a brief outage, DHCP was rebuilt with no		
<b>Outpatient Services</b>			
<b>A. Outpatient Orders and Assessments</b>	3		
<b>B. Outpatient Therapy Services</b>	7		
<b>C. Outpatient Wound Services</b>	11 wound debridments		
<b>Contract Services</b>			
<b>Contract Services</b>	SAINTS 1st PATIENT TRANSFER PROGRAM AGREEMENT	approved - Dr. Chiaffitelli / Chealsea Church	
<b>Regulatory &amp; Compliance</b>			

<b>A. OSDH &amp; CMS Updates</b>	Quarterly meetings in Aug/Dec	working on scheduling meeting for the 1st/2nd quarter	
<b>Policy &amp; Procedure Review</b>			
<b>Policy &amp; Procedure</b>	Updated COVID-19 Protocol	approved - Dr. Chiaffitelli / Chealsea Church	
<b>Credentialing/New Appointments</b>			
<b>A. Credentialing/New Appointment Updates</b>	none		
<b>Other</b>			
<b>A. Other</b>	concerns/comments/questions?	none voiced	
<b>Adjournment</b>			
<b>A. Adjournment</b>	09/16/2021 at 12:43	Dr. Chiaffitelli / Daniel Coffin	