

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

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

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

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| B. Imaging | 26 ct | | |
| C. Radiation Dosimeter Report | 6 | | |
| D. Physicist's Report | on scheduled for physicist | verified date with Pam - 09/16/2021 visit date | |
| Lab | | | |
| A. Lab Reports | 2682 labs - none repeated | | |
| B. Blood Culture Contaminants | 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 | |
| Infection Control & Employee Health | | | |
| A. CAUTI's | 0 | | |
| B. CLABSI'S | 0 | | |
| C. HA MDROs | 0 | | |
| D. HA C. diff | 0 | | |
| E. Hospital Acquired Infections By Source | 0 | | |
| F. Hand Hygiene/PPE & Isolation Surveillance | 100% | | |
| G. Public Health Reporting | 0 | | |
| H. Patient Vaccinations | 0 | | |
| I. Ventilator Associated Events | 0 | | |
| J. Employee Health Summary | 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) | | |
| HIM | | | |
| A. H&P's | 21 | | |
| B. Discharge Summaries | 21 | | |
| C. Progress Notes (Swing bed & Acute) | 71 | | |
| D. Consent to Treat | 186 of 197, 11 ers | still working on process to make sure concents are not missed, i.e; | |
| E. Swing bed Indicators | 10 | | |
| F. E-prescribing System | 844 | | |

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

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