

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

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Date: 7/15/2021 Time: 11: 56 Recorder: Denise Jackson

Reporting Period Discussed: June 2021

Members Present via Teams Meeting									
Chairperson:		CEO: Dale Clayton			Medical Representative: Dr. Chiaffrelli				
Name	Title	Name	Title	Name	Title	Name	Title		
Jennifer Waxell	Respiratory	Josey Kenmore	Materials Management	Chasity Howell	Case Manager		Lab Manager		
Sarah Dillahunty	Dietary	Daniel Coffin	CCO	Kaye Hamilton	Credentialing	Karli Bowles	Infection		
Linda James	Pharmacy			Jennifer Dreyer	HIM	Kasi Hilleley	Business/RCM Director		
Matt Moran	IT								
TOPIC	FINDINGS/CONCLUSIONS			ACTIONS/RECOMMENDATIONS			FOLLOW-UP		
Call to Order	Sarah Dillahunty/Chasity Howell								
Review of Minutes	June QAPI minutes			approved - Daniel Coffin/Karli Bowles					
Review of Committee Meetings									
A. EOC/Patient Safety Committee	policies to board this month - ceiling tiles and flooring repaired, nurse/med room flooring rescheduled, outlets in hall scheduled for this month, waiting on head wall 02, glass fro pegboards. Started on replacing receptacles throughout the hospital. needing to work on ceiling in ultrasound/or2/lab, cafeteria walls								
B. Infection Control Committee	3 positive covid in june, follow up call to covid patients this week for 14 day quarantine, updated tx for covid discussed, no in house infections.			limited visitation due to rising number, n95 use in direct patient care areas					
C. Pharmacy & Therapeutics Committee	numbers discussed per qapi entries, T&P scheduled for 7/22/21								
D. HIM/Credentials Committee	100%, working on credentialing for the board approval this month for Jeff Brand PA and Jililian Lowell APRN								
E. Utilization Review Committee	167 er visits/11 admissions/27 discharges , 0 re-admits, 1 acute transfer to higher level of care								
F. Compliance Committee	stroke policy time discussed with patient cases reported								
Old Business	none								

New Business	OBI contract renewal/Policies revised: sepsis, hourly rounding, ED TOC, Nursing TOC, photo/multimedia policy, fire management plan, equipment management plan, electric wiring, elevator, hazardous materials management, security management, utility systems,		
Quality Assurance/Performance Improvement			
Volume & Utilization			
A. Hospital Activity	167 cr visits/11 admissions/27 discharges		
B. Blood Utilization	5 units - Product was administered without problems	Will continue to monitor	
Care Management			
A. CAH/ER Re-Admits	0		
B. Acute Transfers	1		
C. Transition of Care			
D. Discharge Follow-Up Phone Calls	12		
E. Patient Discharge Safety Checklist	12 (12)		
Risk Management			
A. Incidents	1 pt fall w/o injury, 3 ama	no f/u required for fall, provider education on documentation to be provided	
B. Reported Complaints	1 complaint	resolved at bedside	no further f/u required
C. Reported Grievances	no grievances		
D. Patient Falls Without Injury	1 fall w/o injury	no f/u required for fall	
E. Patient Falls With Minor Injury	no reported falls		
F. Patient Falls With Major Injury	no reported falls		
G. Mortality Rate	1 in-pt / 3 ER deaths - in-pt expected due to age/condition, 2 pt to er with cpr in progress/unsuccessful/family declined further tx, 1 to er/family declined aggressive tx	no f/u required	
H. Deaths Within 24 Hours of Admit	0	0	
I. OPO Notification/Tissue Donation	Lifeshare was called within the 60 minute time frame.	Lifeshare declined	

Nursing				
A. Critical Tests/Labs	160(160)			
B. Restraints	0			
C. RN Assessments	20			
D. Code Blue	2			
E. Acute Transfers	ACUTE/SWING 2 Transfers - 2 patients for reporting period transferred to tertiary facilities. 1. one patient to higher level of care for respiratory distress 2. one patient to tertiary facility for urology placement of indwelling urinary catheter			
Emergency Department				
A. ER Log & Visits	167			
B. MSE				
C. Provider ER Response Time	w/i 20 minutes			
D. ED RN Assessment (Initial)	20			
E. ED Readmissions				
F. EMTALA Transfer Form	7			
G. ED Transfers	7 - were transferred due to higher level of care needed.	no f/u required		
H. Stroke Care	2	education on transfer time/stroke policy		
I. Suicide Management	3	no f/u needed		
J. Triage	167			

K. Semi Care	0		
L. ED Nursing Assessment (Discharge/Transfer)	100%		
Pharmacy & Medication Safety			
A. Pharmacy Utilization	52,117		
B. After Hours Access	107	meddispensing machine to be purchased next month	
C. Adverse Drug Reactions	0		
D. Medication Errors	0		
Respiratory Care Services			
A. Ventilator Days	7		
B. Ventilator Wean Rate	0		
C. Patient Self-Decannulation Rate	0		
D. Respiratory Care Equipment	100%		
Wound Care Services			
A. Development of Pressure Ulcer	0		
B. Wound Healing Improvement	9		
C. Wound Care Documentation	8		
D. Debridement/Wound Care Procedures	4		

E. Wound Vac Application	0		
Radiology			
A. Radiology Films	113		
B. Imaging	20		
C. Radiation Dosimeter Report	6		
D. Physicist's Report	n/a	Due in July 2021	
Lab			
A. Lab Reports	0		
B. Blood Culture Contaminants	0		
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 Surveillance	100%		
G. Public Health Reporting	3	3 positive COVID	
H. Patient Vaccinations	1		
I. Ventilator Associated Events	0		

Environmental Services				
A. Terminal Room Cleans	8			
Materials Management				
A. Materials Management Indicators	100%			
Plant Operations				
A. Fire Safety Management	100%			
Information Technology				
A. IT Indicators	1 power outage/1 server outage		plan routine updates/reboot checks	
Outpatient Services				
A. Outpatient Orders and Assessments	2			
B. Outpatient Therapy Services	8 evaluations			
C. Outpatient Wound Services	20 debridments			
Contract Services				
Contract Services	OBI contract renewal, BKD engagement for this months approval	approved in quality		to Med Staff and Board
A. OSDH & CMS Updates				
B. Surveys				
C. Product Recalls	none			
D. FMEA				
E. RCA				
Policy & Procedure Review				
Policy & Procedure	Policy Revisions: 1. Critical Lab policy update 2. Alcohol policy update 3. Suicide policy update			
Standing Agenda				

J. Employee Health Summary	1. 1 light duty case continued untill 6/15/2021 2. 6 TB screenings on new employees 3. 7 Lost Work days due to illness 4. 1 reported fall during working hours with no missed work days 5. employee illness 4 GI, 2 Migrated, 1 URI				
HIM					
A. H&P's	33				
B. Discharge Summaries	97% - 1 acute H&P missing				
C. Progress Notes (Swing bed & Acute)	43				
D. Consent to Treat	99%				
E. Swing bed Indicators					
F. E-prescribing System	843				
G. Legibility of Records	100%				
Dietary					
A. Food Test Tray Eval	100%				
B. Dietary Checklist Audit	100%				
Therapy					
A. Therapy Indicators	9				
B. Therapy Visits	157				
C. Standardized Assessment Outcomes	100%				
Human Resources					
A. Compliance	100%				
Registration Services					
Registration Services	100%				

A. Annual Approval of Strategic Quality Plan	Approved 06/22/21		
B. Annual Appointment of Infection Preventionist	n/a		
C. Annual Appointment of Risk Manager	Denise Jackson	Approved 06/22/21	
D. Annual Appointment of Safety Officer			
E. Annual Appointment of Security Officer	Matt Moran	Approved 06/22/21	
F. Annual Appointment of Compliance Officer	Denise Jackson	Approved 06/22/21	
G. Annual Review of Infection Control Risk Assessment (ICRA)	n/a		
H. Annual Review of Hazard Vulnerability Analysis (HVA)	n/a		
Credentiaing/New Appointments			
A. Credentiaing/New Appointment Updates	1.) Randy Benish PA 2.) Surech Chandrasekaran MD	re-credentialing approved by board on 06/22/2021	
Education & Training			
A. Education & Training	BLS/ACLS/PALS		
Performance Improvement Projects			
A. Performance Improvement Projects	Stroke door to transfer time decrease. ROADL.		

Department Reports			
A. Department			
Other			
A. Other	Karli Bowles - Respiratory Prevention Program administrator	approved in quality	to Med staff and board
Adjournment			
A. Adjournment	12:07 - Daniel Coffin/Sarah Dillahunty		