

**CONFIDENTIALITY STATEMENT:** These minutes contain privileged and confidential information. Distribution, reproduction, or any other use of this information by any party other than the intended recipient is strictly prohibited.

Date: 7/15/2021

Time: 11: 56

Recorder: Denise Jackson

Reporting Period Discussed: June 2021

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

Members Present via Teams Meeting						Medical Representative: Dr. Chiaffielli		
Name	Title	Name	Title	Name	Title	Name	Title	
Jennifer Waxell	Respiratory	Josey Kenmore	Materials Management	Chasity Howell	Case Manager	Lab Manager		
Sarah Dillahunt	Dietary	Daniel Coffin	CCO	Kaye Hamilton	Credentialing	Infection		
Linda James	Pharmacy			Jennifer Dreyer	HIM	Business/RCM Director		
Matt Moran	IT					Kasi Hillley		
TOPIC	FINDINGS/CONCLUSIONS			ACTIONS/RECOMMENDATIONS			FOLLOW-UP	
Call to Order	Sarah Dillahunt/Chasity Howell							
Review of Minutes	June QAPI mintues			approved - Daniel Coffin/Karli Bowles				
<b>Review of Committee Meetings</b>								
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 Jillian 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							

<b>New Business</b>	OBI contract renewal/Policies revised; sepsis, hourly rounding, ED TOC, Nursing TOC, photo/multimedia policy, fire management plan, equipment management, security management, utility systems,
<b>Quality Assurance/Performance Improvement</b>	
<b>Volume &amp; Utilization</b>	
A. Hospital Activity	167 er visits/11 admissions/27 discharges
B. Blood Utilization	5 units - Product was administered without problems
<b>Care Management</b>	
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)
<b>Risk Management</b>	
A. Incidents	1 pt fall w/o injury, 3 ama
B. Reported Complaints	1 complaint
C. Reported Grievances	no grievances
D. Patient Falls Without Injury	1 fall w/o injury
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/unsuccesful/family declined further tx, 1 to er/family declined aggressive tx
H. Deaths Within 24 Hours of Admit	0
I. OPO Notification/Tissue Donation	Lifeshare was called within the 60 minute time frame. Lifeshare declined

<b>Nursing</b>	
<b>A. Critical Tests/Labs</b>	160(160)
<b>B. Restraints</b>	0
<b>C. RN Assessments</b>	20
<b>D. Code Blue</b>	2
<b>E. Acute Transfers</b>	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 er for urology placement of indwelling urinary catheter
<b>Emergency Department</b>	
<b>A. ER Log &amp; Visits</b>	167
<b>B. MSE</b>	
<b>C. Provider ER</b>	w/i 20 minutes
<b>Response Time</b>	
<b>D. ED RN Assessment</b>	20
<b>(Initial)</b>	
<b>E. ED Readmissions</b>	
<b>F. EMTALA Transfer</b>	7
<b>Form</b>	
<b>G. ED Transfers</b>	7 - were transferred due to higher level of care needed.
<b>H. Stroke Care</b>	2
<b>I. Suicide Management</b>	3
<b>J. Triage</b>	167

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

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

<b>J. Employee Health Summary</b>	1. 1 light duty case continued until 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 Migrained, 1 URI
<b>HIM</b>	
<b>A. H&amp;P's</b>	33
<b>B. Discharge Summaries</b>	97% - 1 acute H&P missing
<b>C. Progress Notes (Swing bed &amp; Acute)</b>	43
<b>D. Consent to Treat</b>	99%
<b>E. Swing bed Indicators</b>	
<b>F. E-prescribing System</b>	843
<b>G. Legibility of Records</b>	100%
<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>	9
<b>B. Therapy Visits</b>	157
<b>C. Standardized Assessment Outcomes</b>	100%
<b>Human Resources</b>	
<b>A. Compliance</b>	100%
<b>Registration Services</b>	
<b>Registration Services</b>	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
D. Annual Appointment of Safety Officer	
E. Annual Appointment of Security Officer	Matt Moran
F. Annual Appointment of Compliance Officer	Denise Jackson
G. Annual Review of Infection Control Risk Assessment (ICRA)	n/a
H. Annual Review of Hazard Vulnerability Analysis (HVA)	n/a
<b>Credentialing/New Appointments</b>	
A. Credentialing/New Appointment Updates	1.) Randy Benish PA 2.) Sureech Chandrasekaran MD
<b>Education &amp; Training</b>	
A. Education & Training	BLSS/ACLS/PALS
<b>Performance Improvement Projects</b>	
A. Performance Improvement Projects	Stroke door to transfer time decrease. ROADI.

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