MANGUM REGIONAL MEDICAL CENTER

QUALITY REPORT TO THE MED STAFF & GOVERNING BOARDS

DATE OF MEETING: 08/24/2021

REPORTING PERIOD: JULY 2021

The Hospital Quality Assurance and Performance Improvement Committee is the central coordinating body for all performance improvement and patient safety activities within the hospital. The Quality Committee meets on a routine scheduled basis. The Quality Committee coordinates the performance improvement process by establishing a planned, systematic, organization-wide approach to performance measurement, analysis, and improvement. Membership includes representation from both leadership and staff levels.

CONFIDENTIALITY STATEMENT: This meeting contains privileged and confidential information. Distribution, reproduction, or any other use of this information by any party other than the intended recipient is strictly prohibited.

Table of Contents

I. Executive Summary

Mangum Regional Medical Center Quality Program

The Quality Assurance and Performance Improvement Department is pleased to share the February 2021 quality data with you.

Our medical staff and employees are committed to providing safe, high-quality care and exceptional service for every patient, every time. We look for ways to improve the patient care experience from beginning to end.

We use data to help us optimize outcomes of care and make improvements as needed to ensure the quality of care rendered to our patients is exceptional. The Quality Committee meets on a routine basis to review and analyze the service and performance of the hospital and its day-to-day operations. The annual quality and performance program plan will strive to set clearly defined goals to achieve optimal outcomes. The Quality department utilizes a system of indicators and benchmarks to measure and evaluate the effectiveness of our outcomes. This allows us to rapidly adjust, analyze, plan, and continuously improve our performance.

The governance work is accomplished through a series of committees that interact. The hospital has established department level committees including: Utilization Review, Infection Control, Health Information Management, Pharmacy and Therapeutics, Environment of Care and Safety, and Compliance. These formally report up through the facility's Quality Committee (QC) which in turn reports through the Medical Staff Committee (MS) and the Governing Board (GB).
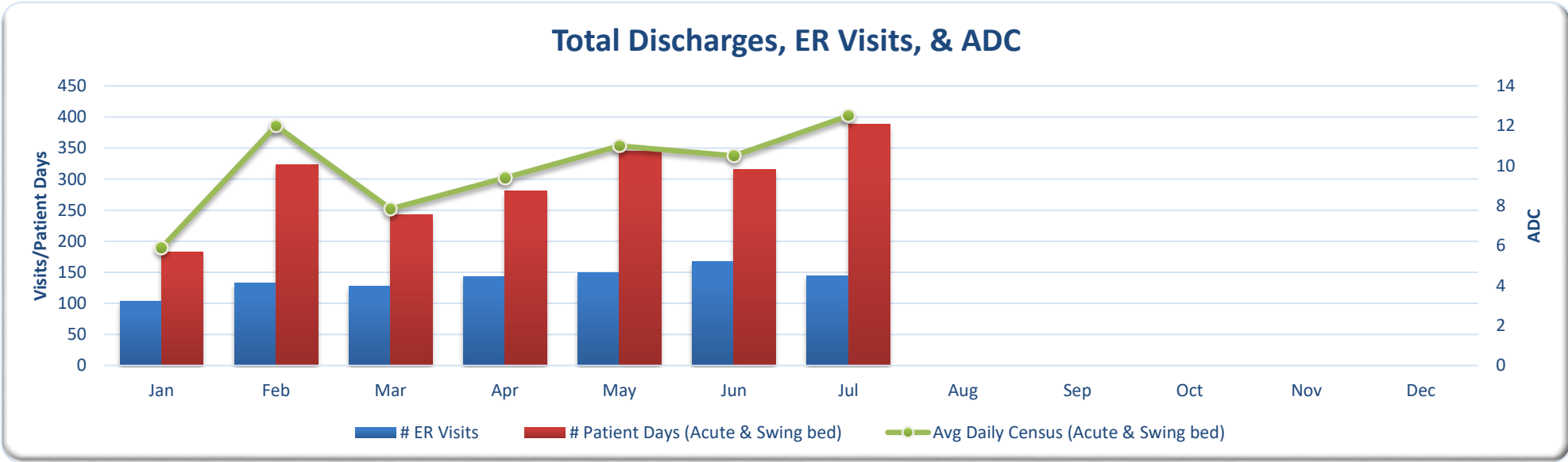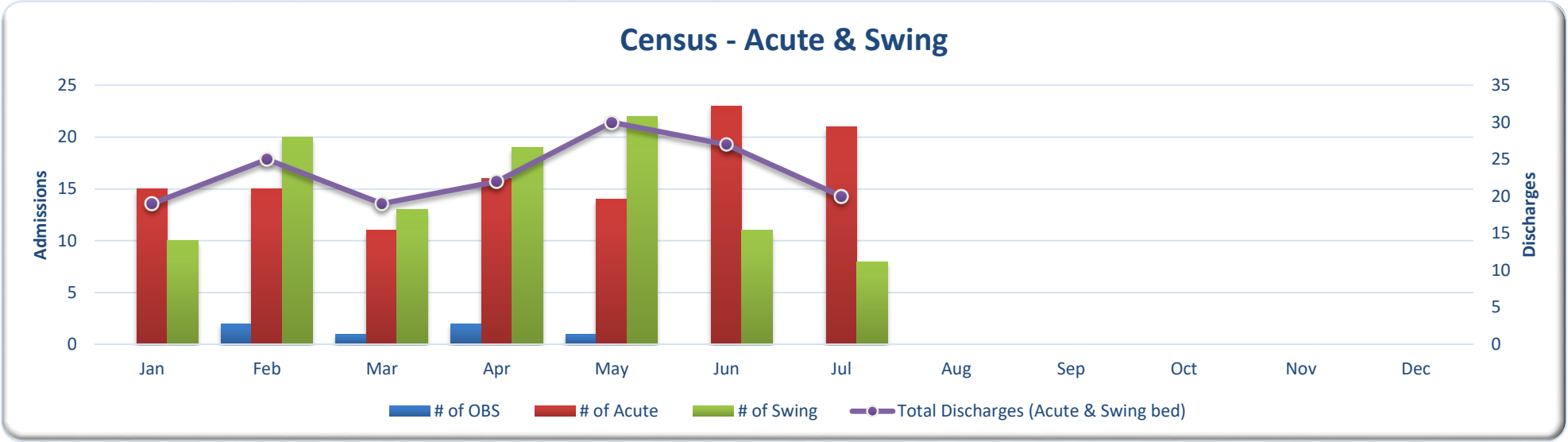
The hospital has a governing body that assumes full legal responsibility for determining, implementing and monitoring policies and programs governing the hospital's total operation and for ensuring that those policies and programs are administered so as to provide quality health care in a safe environment. The governing body assumes responsibility for the hospital's day-to-day operations and is fully responsible for its operations.
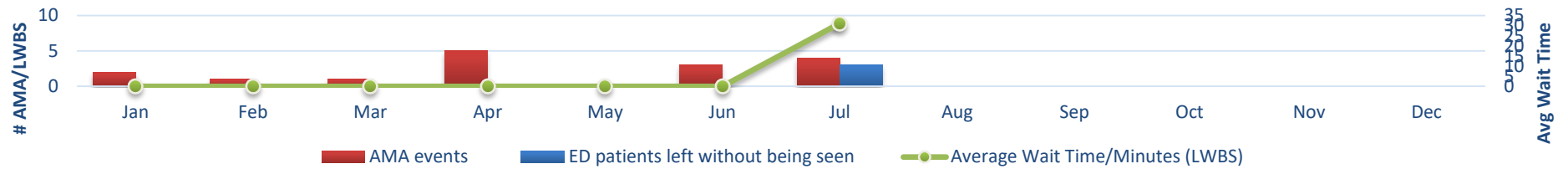
II. Scope

The Quality Assurance and Performance Improvement Program will apply facility-wide and to any contract provided services. It is the responsibility of every leader and every person providing and supporting care in our facility to ensure an environment where care is safe, effective and centered on patient's needs. Leaders foster performance improvement through planning, educating, setting priorities, and providing time and resources. Leaders play a major role in creating an environment where staff feel safe and free to engage in performance improvement and understand it is their responsibility to not only report quality and safety issues and concerns, but to participate in developing solutions and to ensure the right thing gets done.

The hospital strives to meet the needs of the community and surrounding areas. Mangum Regional Medical Center is an 18 bed hospital that provides emergency care, observation, acute, and swing bed services.

III. Hospital Activity

Census - Acute & Swing

Chart showing monthly data (Jan–Dec) with:
- # of OBS (blue bars)
- # of Acute (red bars)
- # of Swing (green bars)
- Total Discharges (Acute & Swing bed) (purple line)

Left axis: Admissions (0–25). Right axis: Discharges (0–35).

Total Discharges, ER Visits, & ADC

Chart showing monthly data (Jan–Dec) with:
- # ER Visits (blue bars)
- # Patient Days (Acute & Swing bed) (red bars)
- Avg Daily Census (Acute & Swing bed) (green line)

Left axis: Visits/Patient Days (0–450). Right axis: ADC (0–14).

4

Hospital Activity
AMA/LWBS

Legend: ■ AMA events ■ ED patients left without being seen ●— Average Wait Time/Minutes (LWBS)

Hospital Activity
YTD

967	6	115	103	218	162	2080	10
Total ER visits	Total # of Observation Patients Admitted	Total # of Acute Patients Admitted	Total # of Swing Bed Patients Admitted	Total Hospital Admissions (Acute & Swing bed)	Total Discharges (Acute & Swing bed)	Total Patient Days (Acute & Swing bed)	Average Daily Census (Acute & Swing bed)
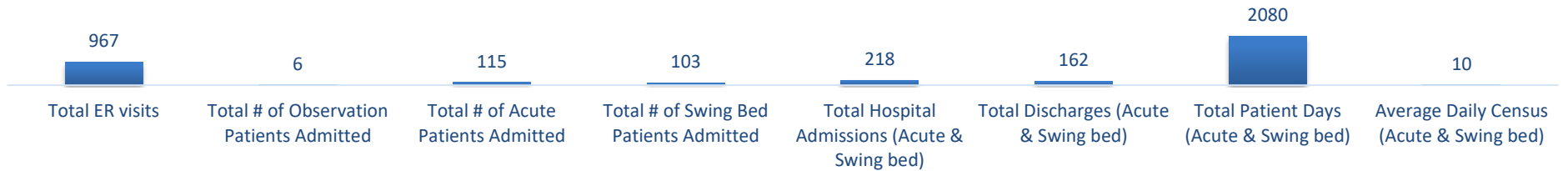
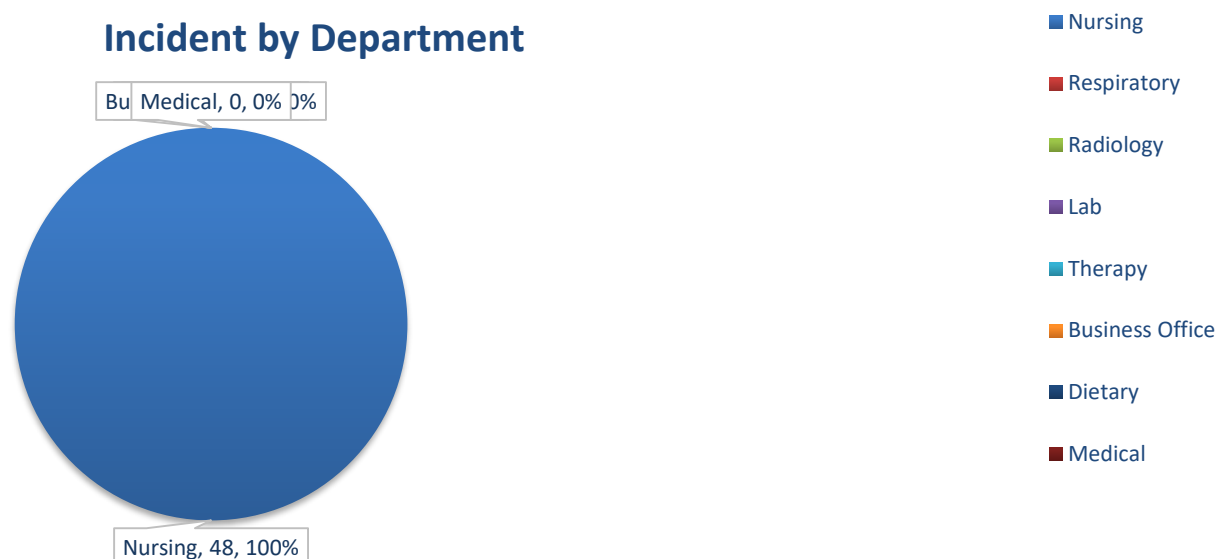| Type of Event (AMA/LWBS)	Count	Brief Description of Event	Actions
AMA	4	4 AMA – 1) 1 patient was seen in the ed, 2 separate times/pt declined admit both times 2) 1 pt to the ed, however became concern with ability to pay/signed out ama 3) 1 pt to ed per family request/concerns, pt declined admit for further testing and signed out ama	Staff did explain to patient the risks of leaving and the benefits of staying to the 4 patients that signed AMA

5

IV. Care Management

CAH 30 Day Readmissions

Month	Total Number of Readmits (Acute & SWB) Within 30 days of discharge	Total Discharges for the reporting month
Jan	1	19
Feb	0	25
Mar	1	19
Apr	1	22
May	1	30
Jun	0	27
Jul	1	21
Aug	#N/A	
Sep	#N/A	
Oct	#N/A	
Nov	#N/A	
Dec	#N/A	
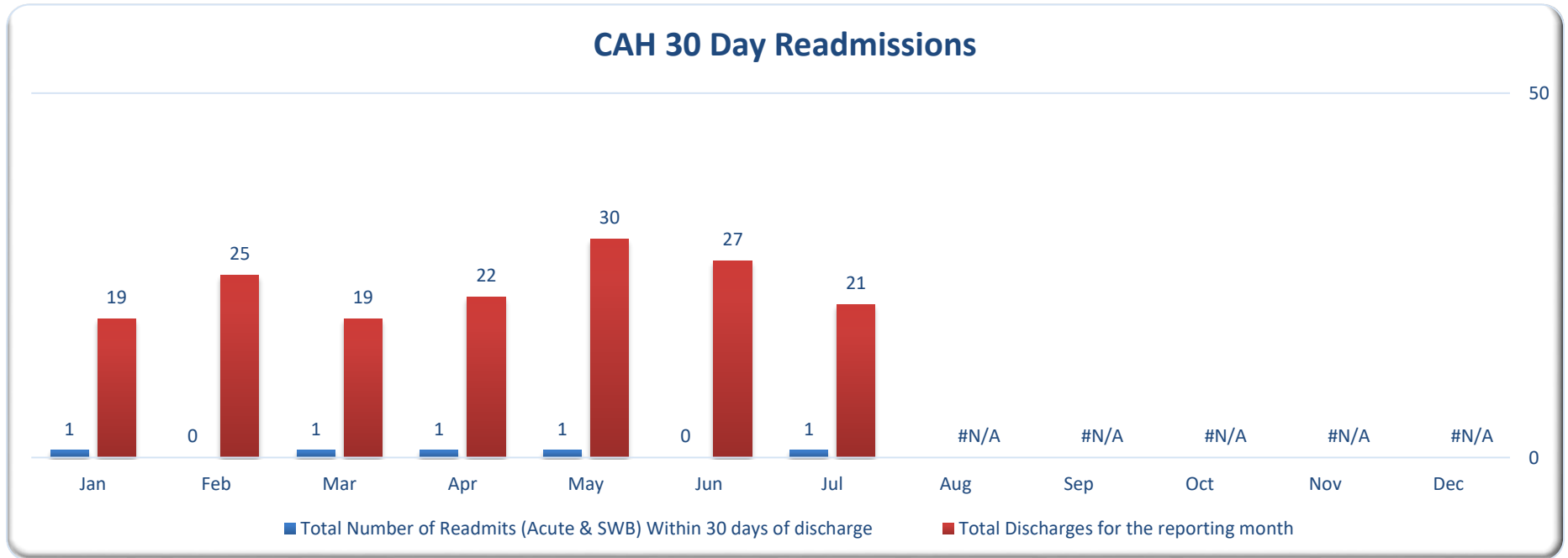
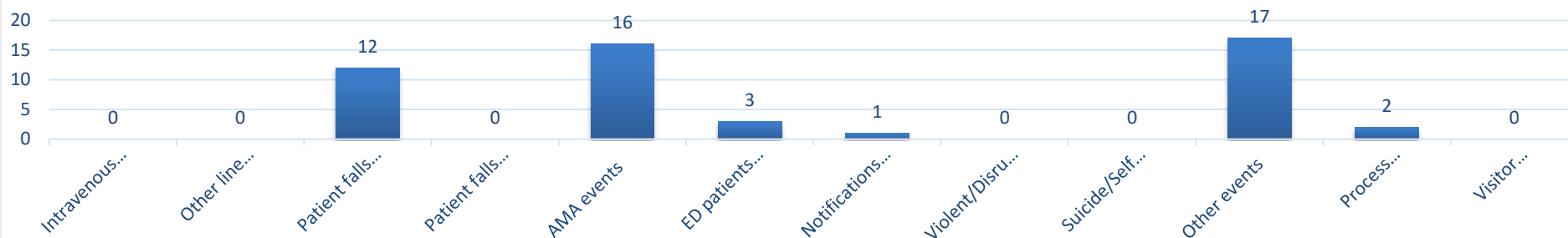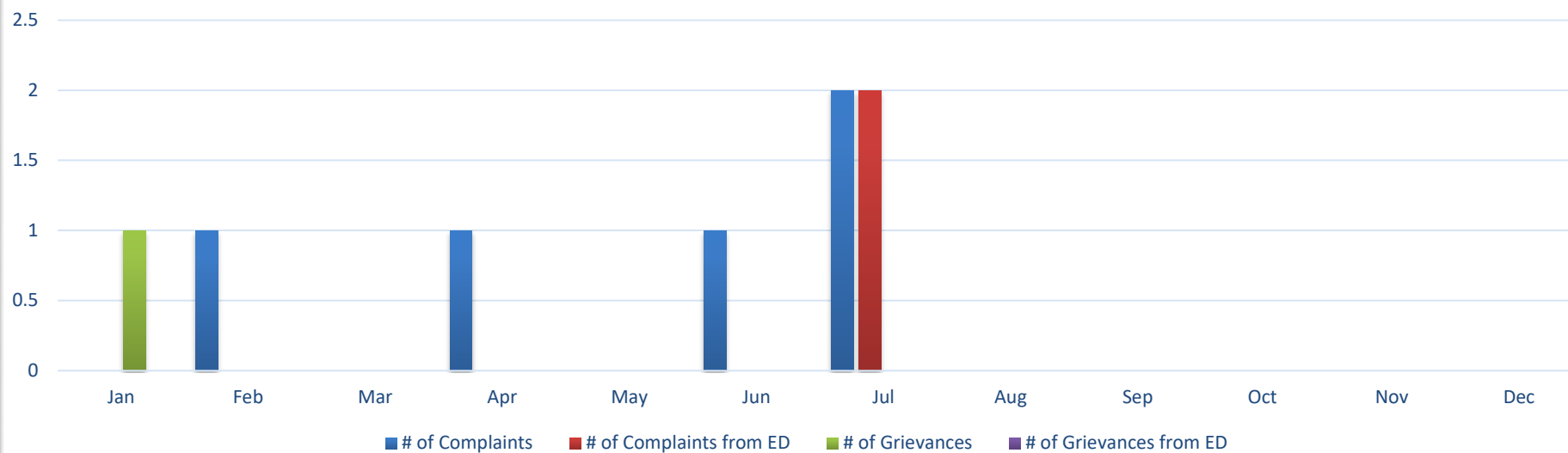| Event	Count	Comments	Actions
Re-admit	1	1 re-admit for the month of July, pt was d/c per request however due to unsafe environment and inability to care for self, pt returned to hospital	Case management/physician working on assist and discharge plan to fit patient's needs

V. Risk Management

Incident Reports

Bar chart showing Total Number of Events: Jan 5, Feb 6, Mar 4, Apr 9, May 7, Jun 4, Jul 47, Aug (none), Sep (none), Oct (none), Nov (none), Dec (none), YTD 82.
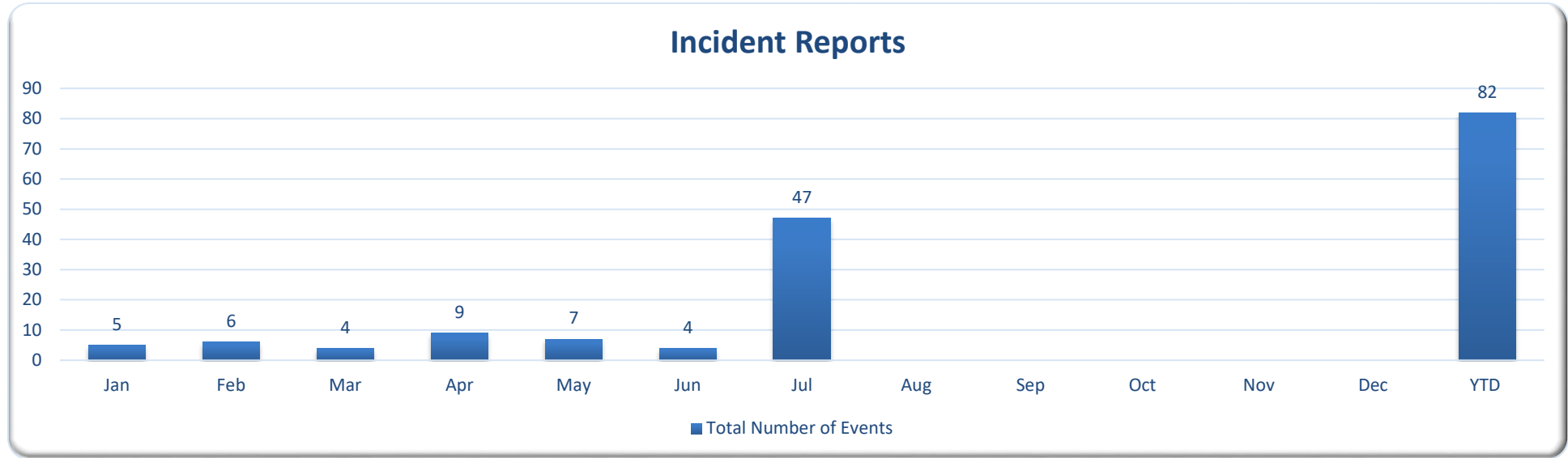
YTD
Incident by Department

Bu Medical, 0, 0% 0%

Nursing, 48, 100%

- Nursing
- Respiratory
- Radiology
- Lab
- Therapy
- Business Office
- Dietary
- Medical

YTD
Incident Report Categories

Category	Count
Intravenous…	0
Other line…	0
Patient falls…	12
Patient falls…	0
AMA events	16
ED patients…	3
Notifications…	1
Violent/Disru…	0
Suicide/Self…	0
Other events	17
Process…	2
Visitor…	0

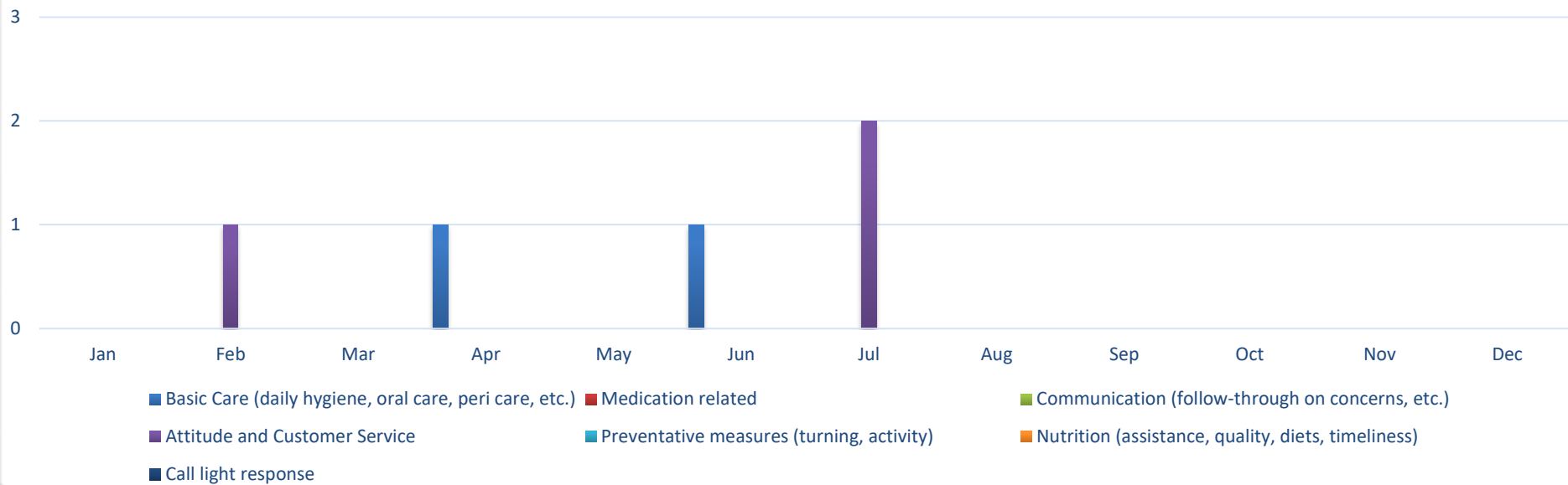| Incident Type	Count	Brief Description of Event & Outcome	Actions
Other	**3**	1 pt d/c prior to orders written, orders written. 1 pt left w/o iv removal, returned for removal w/o issue 1 pt left w/o staff notification, returned with orders to decrease blood sugar checks per pt request	Education provided to staff on complete visual checks on pt prior to d/c, verification of written orders and education to pt on communication with staff of questions and concerns

Complaints/Grievances
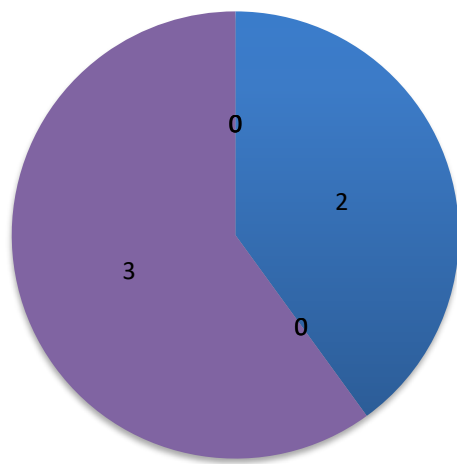
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

Legend:
- ■ # of Complaints
- ■ # of Complaints from ED
- ■ # of Grievances
- ■ # of Grievances from ED

YTD Complaints/Grievances

Total number of Complaints	Total number of Complaints from ED	Total number of Grievances	Total number of Grievances from ED
5	2	1	0

Complaint Type

Legend:
- Basic Care (daily hygiene, oral care, peri care, etc.)
- Medication related
- Communication (follow-through on concerns, etc.)
- Attitude and Customer Service
- Preventative measures (turning, activity)
- Nutrition (assistance, quality, diets, timeliness)
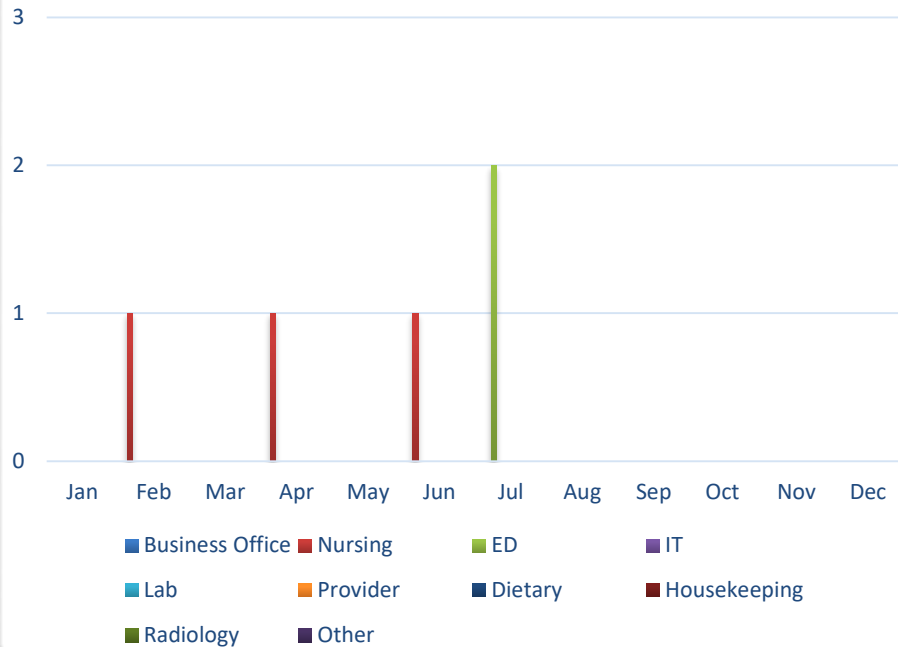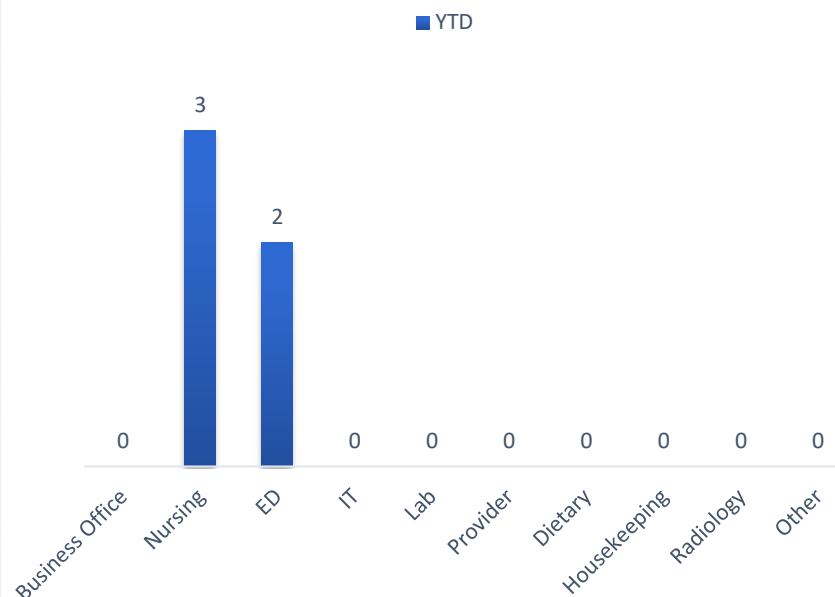- Call light response

YTD
Complaint Type

Legend:
- Basic Care (daily hygiene, oral care, peri care, etc.)
- Medication related
- Communication (follow-through on concerns, etc.)
- Attitude and Customer Service
- Preventative measures (turning, activity)
- Nutrition (assistance, quality, diets, timeliness)
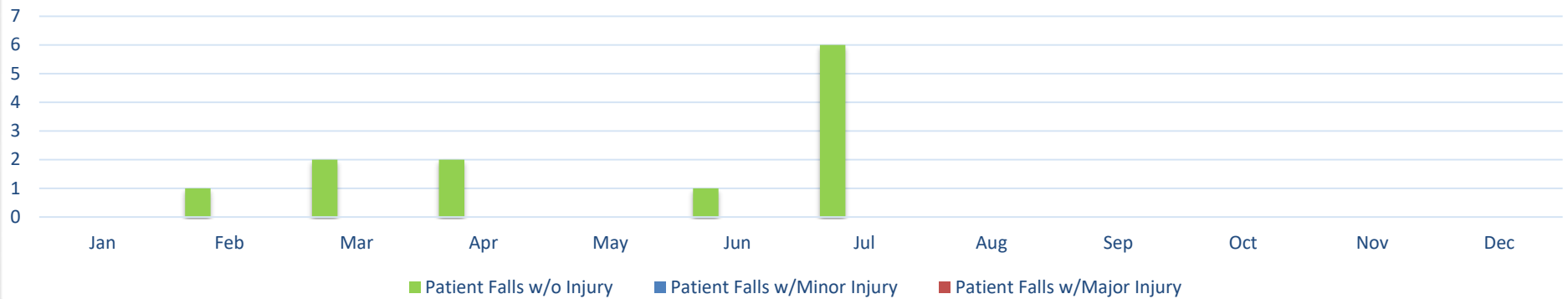- Call light response

Complaint by Department
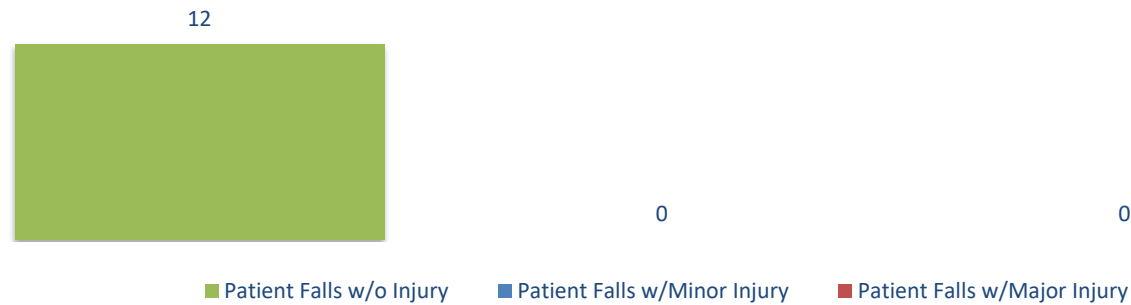

YTD Complaints by Department

Brief Description of Complaint & Outcome	Actions
2 patient complaints; 1 of staff being "rude" during visit, 1 c/o long wait time	Education provided to staff regarding communication with patients, unable to verify wait time due to technical issues with surveillance system, will continue to monitor for any other wait time concerns

Patient Falls

Legend: Patient Falls w/o Injury ■ Patient Falls w/Minor Injury ■ Patient Falls w/Major Injury

YTD
Patient Falls

Legend: Patient Falls w/o Injury ■ Patient Falls w/Minor Injury ■ Patient Falls w/Major Injury
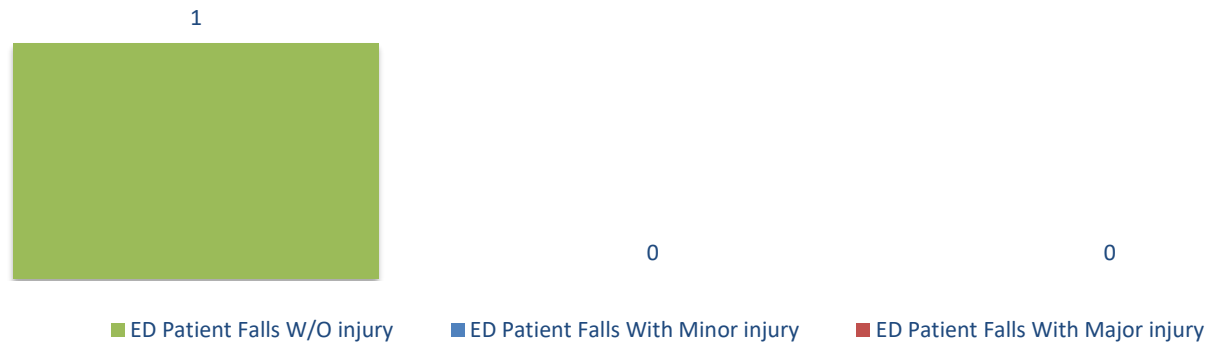
Count	Brief Description of Event & Outcome	Actions
6	6 in-pt falls for the month of July – 4 pt had falls while transferring independently, 1 pt was ambulating with therapy, became weak and was assisted to the floor, 1 pt reported	continue to educate on safe transfers, encourage all patients to call for assistance with transfers

ER Patient Falls

Legend: ED Patient Falls W/O injury — ED Patient Falls With Minor injury — ED Patient Falls With Major injury

Y-axis: 0, 1, 2
X-axis: Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec

YTD
ER Patient

Values: 1, 0, 0

Legend: ED Patient Falls W/O injury — ED Patient Falls With Minor injury — ED Patient Falls With Major injury
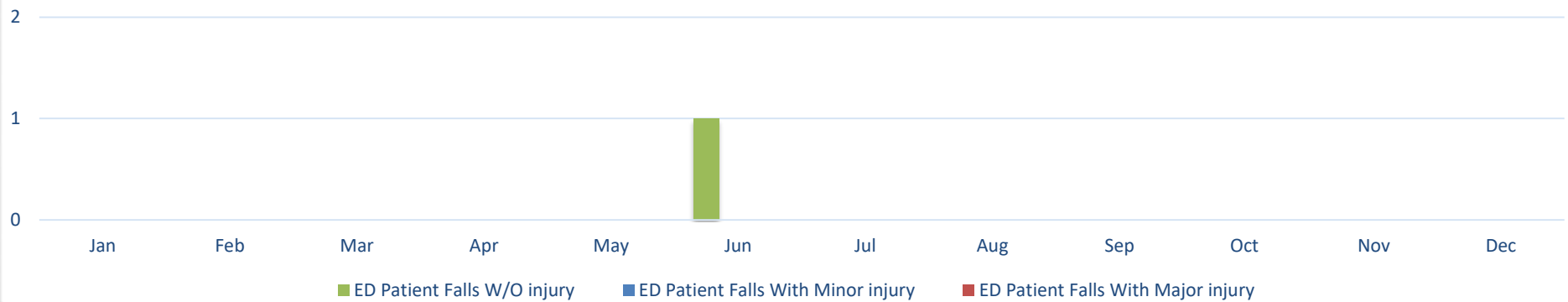
Count	Brief Description of Event & Outcome	Actions
0	None reported for the month of July	Will continue to monitor

Mortality Rate

Legend: ■ # of deaths (Acute, Swing bed) during the reporting period   ■ # of deaths (ER) during the reporting period

Count	Brief Description of Event & Outcome	Actions
3	1 in-pt; pt in ed x 2, declined admit on initial visit, returned and was admitted. Admitted and had decline in respiratory status, pt coded, cpr attempts were unsuccessful. 2 er; 1 pt to the er for decreased loc, falls and resp failure upon arrival, arrangements made for higher level of care, prior to transfer pt declined and coded, cpr attempts were unsuccessful. 1 pt to the ed with cpr in progress, attempts were unsuccessful/family reports pt is dnr	Will monitor

Organ Bank Notifications within 60 min of Death (Benchmark=100%)

Legend:
- # of documented Organ banks notifications within 60 min of death
- Total number of Deaths for the reporting period
- Percent of Deaths Reported (Benchmark = 100%)

YTD
Organ Bank Notifications within 60 min of Death (Benchmark=100%)
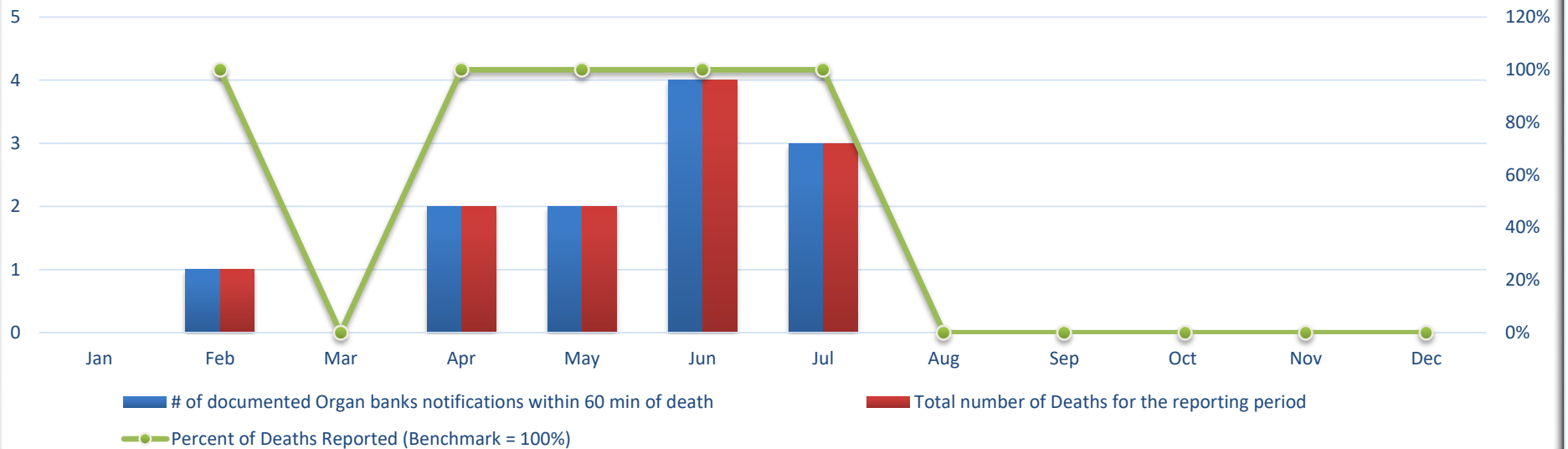
# of documented Organ banks notifications within 60 min of death	Total number of Deaths for the reporting period	Percent of Deaths Reported (Benchmark = 100%)	Tissue Donations
12	12	100%	0
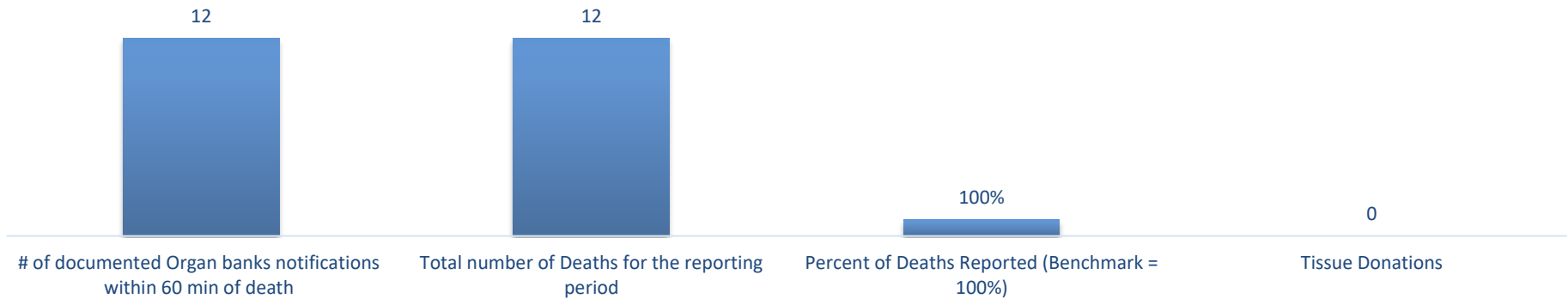
Count	Compliance	Action
3	Compliant	No action needed

VI. Medication Report

Medication Safety

Legend: # of medication doses that elicited adverse drug reaction (blue) / # of medication errors for the reporting month (red)

Month	ADR	Med Errors
Jan	0	3
Feb	0	5
Mar	0	2
Apr	0	2
May	0	0
Jun	0	0
Jul	1	8
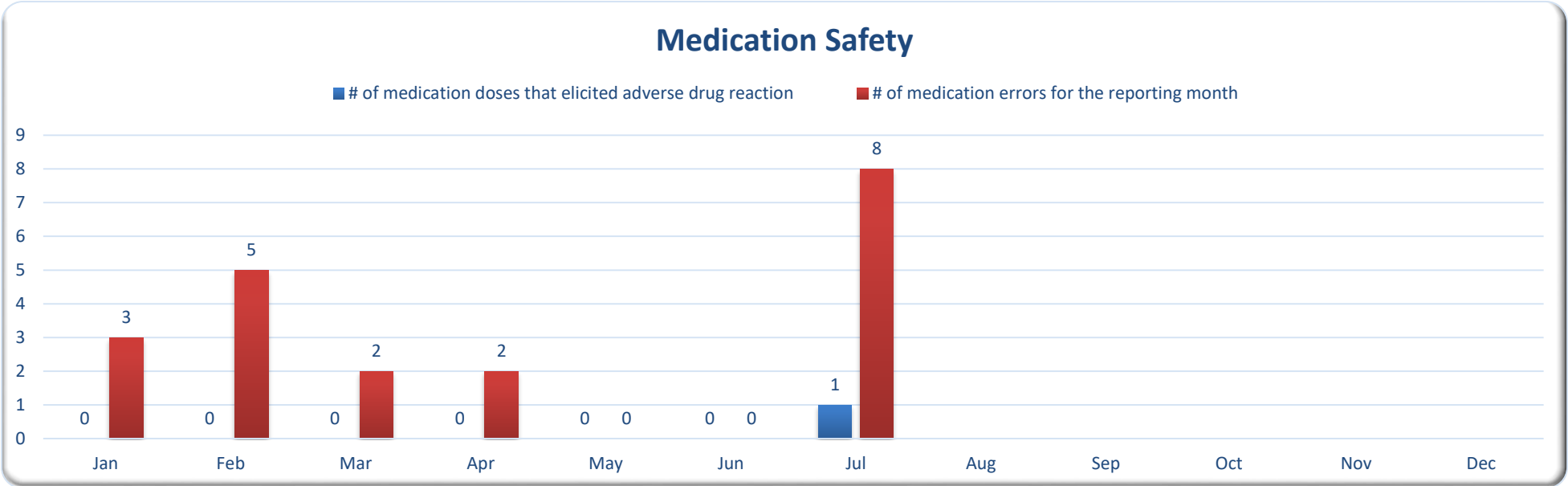
| Type of Event (Med Error/ADR)	Count	Brief Description of Event & Outcome	Actions
Med Error	8	4) med was documented as given, med was not given, 1 wrong dose filled, 1 wrong time entered, 1 lab not obtained prior to medication administration	Education provided to staff on the medications rights/med administration policies

16

VII. Infection Control

Infection Control and Prevention

- ■ # of Catheter Associated Urinary Tract Infections
- ●─●─● # of Central Line Associated Primary Bloodstream Infections (Benchmark=0.5)

Month	Value
Jan	0
Feb	0
Mar	0
Apr	0
May	0
Jun	0
Jul	0
Aug	0
Sep	0
Oct	0
Nov	0
Dec	0
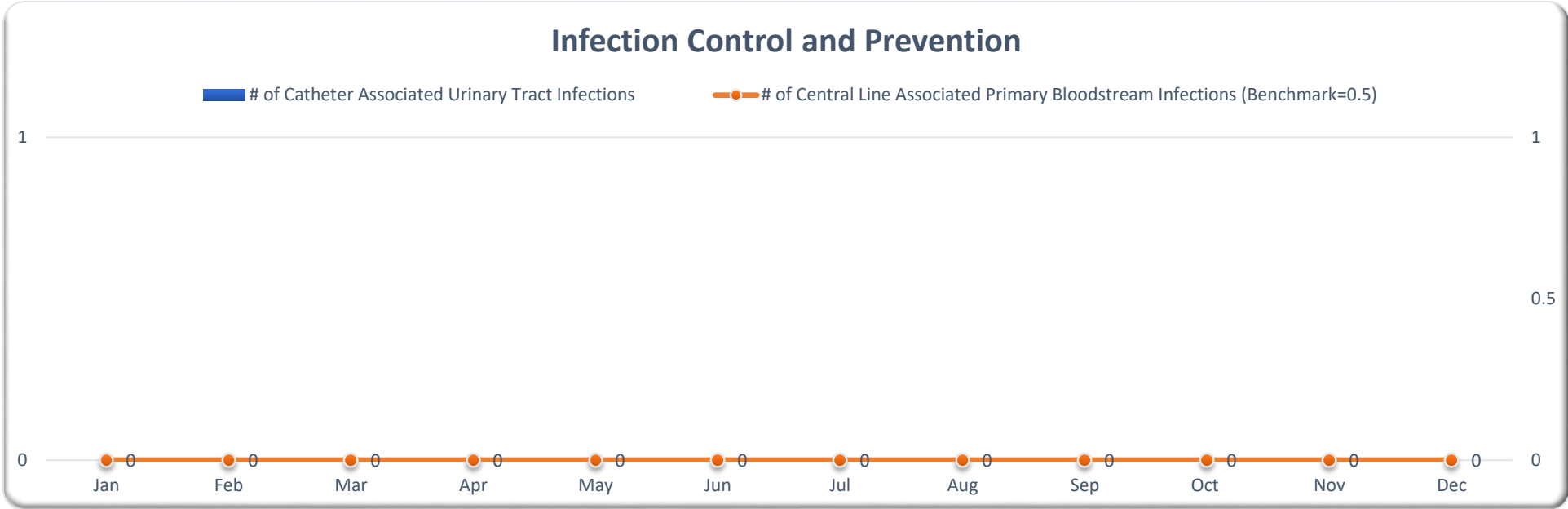
Type of Event (CLABSI/CAUTI)	Count	Brief Description of Event & Outcome	Actions
CLABSI/CAUTI	0	None for June	Will continue to monitor

VIII. Health Information Management

History and Physicals Completion

% of H& P's obtained within 24 hours of admission (Benchmark = 100%)
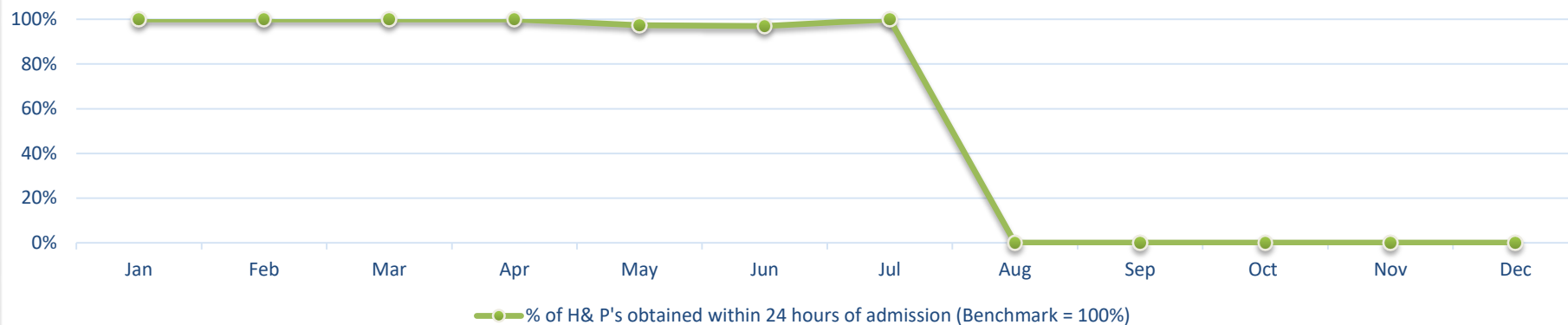
Discharge Summary Completion

% of Discharge Summaries completed within 48 hours of discharge (Benchmark=100%)
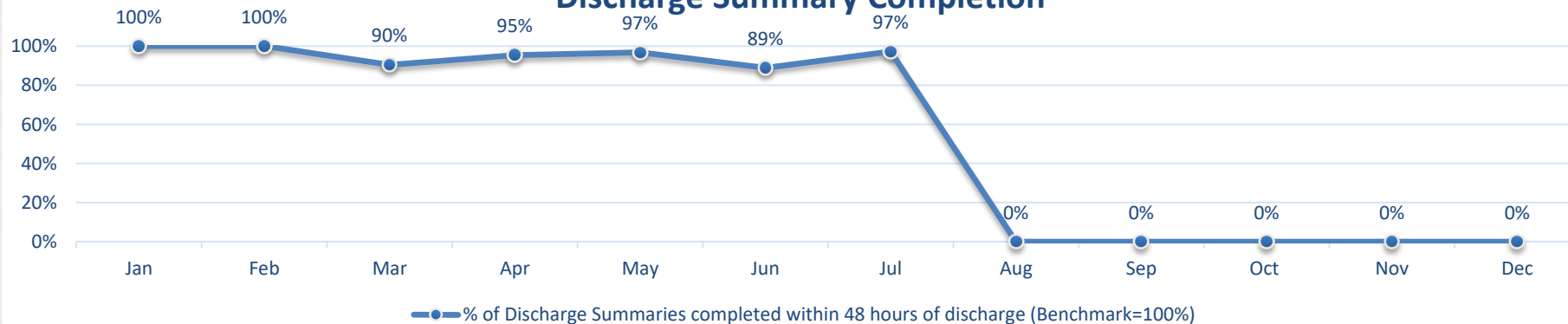
Type of Documentation (H&P/Discharge)	Count	Actions
Consent to treat	98%	Business Office Director, is trying to work on a better process so these are not missed
Discharge Summary	97%	1 summary completed after pt d/c

18

IX. Nursing

Code Blue

■ Total Number of Code Blues during reporting period

Month	Count
Jan	0
Feb	1
Mar	0
Apr	2
May	0
Jun	2
Jul	3
Aug	
Sep	
Oct	
Nov	
Dec	
YTD	8
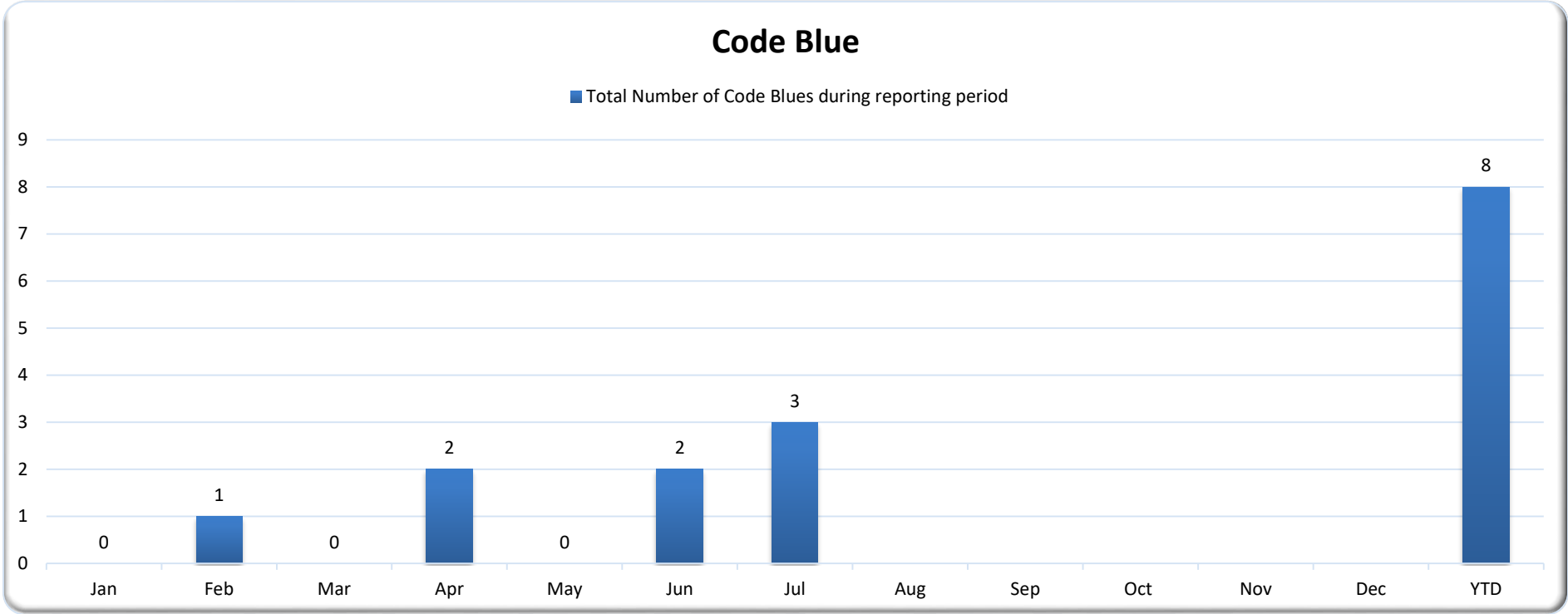
Count	Brief Description of Event & Outcome	Actions
3	3 patients in reporting period. 2 ER and 1 in-pt in the reporting period, Code Blue attempts/CPR were unsuccessful	Continue operations at capacity for this CAH

19

Transfers

Bar chart titled "Transfers" with legend "# of patients transferred to tertiary facility"

Month	Count
Jan	1
Feb	1
Mar	1
Apr	3
May	2
Jun	1
Jul	5
Aug	
Sep	
Oct	
Nov	
Dec	
YTD	14
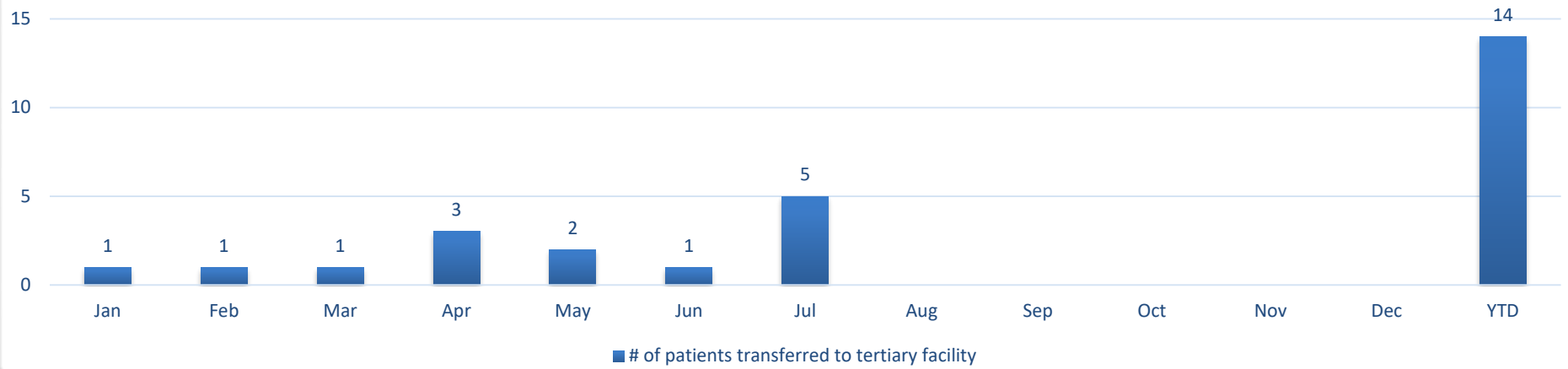
Event	Count	Comments	Actions
Ip Transfer	5	ACUTE/SWING Transfers – patient was transferred to high level of care as patient required higher level of care and 1 behavioral health care	Higher level of care was needed
ER Transfer	7	7 er patients required higher level of care for the following areas: cardiac, pediatric, pulmonology	No action needed. Will continue to monitor