Agenda
MCHA Special Meeting
May 28, 2021 at 12:00 PM
Mangum City Annex at 131 N Oklahoma Ave.

*The Trustees of the Mangum City Hospital Authority will meet in special session on **Friday, May 28, 2021, at 12:00 PM**. This session will be held at the City Hall Annex at 131 N. Oklahoma Ave., Mangum, OK for such business as comes before said Trustees.*

CALL TO ORDER

ROLL CALL AND DECLARATION OF A QUORUM

CONSENT AGENDA
The following items are considered to be routine and will be enacted by one motion. There will be no separate discussion of these items unless a Board member (or a community member through a Board member) so requests, in which case the item will be removed from the Consent Agenda and considered separately. If any item involves a potential conflict of interest, Board members should so note before adoption of the Consent Agenda.

1. Approve 4-27-21 minutes.
2. Approve meeting minutes from April 15, 2021
3. Approve Quality AD Hoc minutes from May 18, 2021
4. Approve Medical Staff Minutes from April 22, 2021.
5. Approve Actual Claims for May 2021 and the Estimated Claims for June 2021.
6. Approve MiMedz Group, Inc. Agreement Amendment.
7. Approve the Sizewise Consignment Program Addendum.
8. Life Safety Code Inspection Report.
9. CCO Report.
10. Clinic Operations Report.
11. Discussion and possible action regarding the review and approval of March 2021 Quality Report.
12. Administrators Report (CEO)
13. Approve adopting, resending or updating the following policies.

    Bamlanivimab Etesevimag Standing EUA Orders

    Casirivimab Imdevimab Standing EUA Orders

Emergency Preparedness Plan and Appendices

Annual TB Risk Assessment and Risk Assessment Action Plan 2021.

FURTHER DISCUSSION

REMARKS
Remarks or inquiries by the audience not pertaining to any item on the agenda.

REPORTS

14. Hospital Financial Reports

OTHER ITEMS

15. Discussion and possible action to approve Dale Clayton as CEO of MRMC.

16. Discussion and possible action regarding the review and approval of US Food/BluePrint Menu Management System (BPMMS) Agreement.

17. Discussion and possible action regarding the review and approval of the COVID Grant Purchases. Items 1-10 previously approved by the Board:

11.) Nasco - Life Form LF04003 Mannequin - $4,996

12.) IV Pumps - $69,255

13.) Medical Gas Upgrade - $21,717

14.) Call Light System - $160,132

15.) POC Computers (36 units) - $46,448

16.) UPS (For POC Computers) - $3,604

17.) Scanners (For POC Computers) - $24,624

18.) Wall Mounts (For POC Computers) - $46,444

19.) PC Replacements (9 Laptops, 8 HP Desktops) - $28,680

20 - 23.) No Data, Items not listed

24.) TytoCare Telehealth (20 Kits for 5 years) - $113,000

25.) Clinic EKG $7,000.00

26.) Radiology HVAC - 1-3 ton Mini-split outdoor unit, 2 Indoor Heads, 2 line sets, drains, communication cable - $10,968

27.) Medical Gas Headers (For Patient rooms) $155,000.00.

28.) Bluestream Health (Provides communication application for patients to communicate with family) - 2 units - $12,000

29.) Knowbe4 HIPAA Training and Education (5 year training) - $11,938

30.) Cisco Umbrella (Network Security) - 200 units - $45,456

31.) Portable X-Ray Machine (X-Ray machine with 5 year warranty) - 1 unit - $141,225

32.) X-ray Equipment (Stationary, Digital X-ray machine to replace current system) - 1 Unit - $202,000.00.

33.) Ultrasound (replacement for leased Ultrasound equipment) - 1 Unit - $100,457

EXECUTIVE SESSION

18. Discussion regarding a potential breach in HIPAA protocol where disclosure of information would otherwise violate confidentiality requirements imposed by state or federal law with possible executive session in accordance with 25 O.S. 307(B)(7).

OPEN SESSION

19. Discussion and possible action with regard to executive session, if necessary.

EXECUTIVE SESSION

20. Discussion and possible action with regard to the June 3, 2021, settlement conference with Vinita Bank to set provisional settlement authority limits, discuss strategy, and otherwise prepare for the mediation with possible executive session in accordance with 25 O.S. 307(B)(4).

OPEN SESSION

21. Discussion and possible action with regard to executive session, if necessary.

STAFF AND BOARD REMARKS
Remarks or inquiries by the governing body members, City Manager, City Attorney or City Employees

NEW BUSINESS
Discussion and possible action on any new business which has arisen since the posting of the Agenda that could not have been reasonably foreseen prior to the time of the posting (25 O.S. 311-10)

ADJOURN

Duly filed and posted at 12**:**00 p.m. on the 26th day of May 2021, by the Secretary of the Mangum City Hospital Authority.

Billie Chilson, Secretary

Minutes
MCHA MeetingSession
April 27, 2021 at 5:00 PM
City Hall Annex 131 N Oklahoma Ave., Mangum, Ok

The Trustees of the Mangum City Hospital Authority will meet in regular session on Tuesday, April 27, 2021, at 5:00 PM in the City Hall Annex at 131 North Oklahoma Ave. for the following business.

The meeting will be held in person or you can watch live on the City of Mangum webpage (www.cityofmangum.com/Stream.html) as well as the City's YouTube Channel (Search YouTube for "City of Mangum"). The meeting was not available due to technical difficulties

CALL TO ORDER

Chairman Vanzant called the meeting to order at 5:00 pm.

ROLL CALL AND DECLARATION OF A QUORUM

PRESENT
Trustee Cheryl Lively
Trustee Ilka Heiskell
Trustee Laretha Vincent
Trustee Carson Vanzant

ALSO PRESENT

Billie Chilson, City Clerk/secretary
Corry Kendall, City Attorney

CONSENT AGENDA
The following items are considered to be routine and will be enacted by one motion. There will be no separate discussion of these items unless a Board member (or a community member through a Board member) so requests, in which case the item will be removed from the Consent Agenda and considered separately. If any item involves a potential conflict of interest, Board members should so note before adoption of the Consent Agenda.

Items 1 through 14 be approved as presented.

Motion made by Trustee Vincent, Seconded by Trustee Lively.
Voting Yea: Trustee Lively, Trustee Heiskell, Trustee Vincent, Trustee Vanzant

1. Approve March 23, 2021 minutes.
2. Quality Meeting Minutes from March 11, 2021.
3. Quality Ad Hoc Minutes from April 20, 2021.
4. Medical Staff Minutes from March 18, 2021.
5. Medical Staff Ad Hoc Minutes from April 19, 2021.
6. Allied World Insurance Company -Directors and Officers/Employment Practice Liability.
7. Approve Philadelphia Insurance Company-Property Insurance for hospital building.

8. Approve MedPro Group-Healthcare Liability Coverage-Professional/General Liability.
9. Approve Exhibit A-2 Member Designation Form with Spacelabs Healthcare, LLC for Telemetry.
10. Approve Amendment to the agreement with Press Ganey to change the start date to July 1, 2021.
11. Approve Exhibit B for RX GPO Cardinal Health Premier Ordering.
12. Approve the actual Claim for April.
13. Approve the estimated claims for May 2021.
14. Approve the following policies and procedures.

Employee Health Program Manual
Infection Control Policies and Procedures Manual
HIPPA Policies and Procedures Manual
HIM Policies and Procedures.
1. HIM Admission Discharge Transfer
2. HIM Admission Discharge Transfer Attachment A
3. HIM-012 Scanning Documents into the E.H.R.
4. HIM-014 Faxing PHI
5. HIM-014A Fax Coversheet
6. HIM-039 Location, Security, Maintenance and destruction of Medical Records
7. HIM-040 Amending the Patient's Record
8. HIM-040A Amendment Request Form
9. HIM-040C Approval letter
10 HIM-041 Videotaping Audiotaping and Still Photography
11. HIM-041A Consent for PhotgraphyMultimedia and Authorization for Use of Disclosure

FURTHER DISCUSSION

None.

REMARKS

Remarks or inquiries by the audience not pertaining to any item on the agenda.

None.

REPORTS

15. CCO Report

Daniel went over his report with the following highlights.

Patient Care

- Monthly Education topics included: B.F.A.S.T. - effective management of stroke like patients.
- Continue to participate in weekly Region 3 Merc Briefings to facilitate communication during COVID-19. We review open beds, transfer plans and all pertinent COVID-19 information to coordinate care.
- Clinical meeting was on 03/09/21 at 06:30, 14:00 and 16:30. Agenda Topics included: Transfer/EMTALA, COPD management, and Nursing workflows as well as many other items.

Client Service

- Patients continue to rely on MRMC as their local hospital. Patient days decreased from 324 in February to 181 in March. This represents an average daily census of 9.06.
- MRMC clinical team developed time saving techniques and collaborated with Greer EMS as well as Air Evac services to decrease door to transfer time for Acute Stroke patients.
- February COVID-19 Stats at MRMC: 80 Swabs, 1 Positive, 79 Negative, 0 Pending and zero deaths.
- Greer County February COVID-19 Statistics: 571 Positive Cases and 17 Deaths (2.98% death rate).
- MRMC is proud to now offer Covid-19 vaccinations at the Mangum Family Clinic.
- Effective March 15, 2021, in response to the COVID-19 pandemic, Mangum regional Medical Center is uniquely charged with protecting both the health of those they serve and the health of their caregivers. As an essential part of the front line to stopping the community spread of COVID-19, Mangum Regional Medical Center should maintain compliance with current CDC guidelines regarding limiting visitation to their facilities. If determined that it is safe for the patient and the staff, the following visitation will be allowed except for the COVID-19 Wing:

1. All patients who are COVID-19 positive, as well as those with pending test results, may not have a visitor at this time.

2. All other patients will be allowed two designated visitors with the following guidance.

   a. The two patient visitors must be designated upon admission and remain the same throughout the stay. We are not opening our facilities freely to visitors.

   b. Patient Visitors shall be subject to all screening procedures required by the facility including temperature screenings, observance of hand hygiene practices, and always appropriately wearing their mask while in the facility.

   c. The facility may further limit access to patients when patient visitors fail to follow facility policy.

16. March 2021 Quality Report.

Melissa Tunstall gave the report.

The report included Hospital activity, care management, risk management, medication report, infection control, health information management and nursing.

17. Administrator's Report (CEO)

The Hospital has hired a new CEO. Dale Clayton will start on May 4th, He is local and know a lot of the local citizens.

COVID – Overview

- Participated in daily Region 3 Merc Briefings
- COVID-19 Overview.
- Cohesive and hospital leadership continue to ensure the staff and providers are kept up to date regarding any changes or new policies pertaining to COVID-19.
- Participated in all OSDH Region 5 Vaccine Planning Meetings.

Hospital Staff and Operations Overview:

- The transition from the previous CEO continues to go smooth with the hospital staff. They have been very cooperative with Cohesive leadership. The staff is engaged and positive about new leadership on the horizon.
  - We filled three positions in March. Those include a new lab manager, Evan Bratcher, a CNA, June Heath and Infection Control Nurse, Karli Bowles. We have two candidates selected for the dietary aide and housekeeping positions. We have openings for 2 RN, 2 LPN, physical therapist, respiratory therapist, quality manager/risk. The three ER Residents who are covering weekend ER shifts will be leaving the end of June due to the completion of their residency. We feel fortunate to have several nurse practitioners and PA candidates who are interested in weekend shifts.

- We continue to conduct Morning Director's Huddle each day. The Director's Huddle gives each director an opportunity to discuss any issues, needs or upcoming events to the entire team of directors. The meetings are more of an open forum which has been well received by the staff.
- Our census has increased the month of April.
- We have the Oklahoma Department of Health hospital license renewal ready to be signed and notarized. The deadline is not until May 31st, but we wanted to get it completed and submitted in plenty of time.

18. Clinic Operations Report.

Christi gave her report for March 2021

Clinic Operations

- Vaccine Transition Planning to RHC:
  - Remaining Team Clinics
  - Existing Inventory
  - Future ordering and transition/allocation
  - Storage
  - Scheduling
  - OSIIS Access/Users
  - Marketing/Patient Outreach

Quality Improvement

- Increase number of visits by 25%:
  - Report in CPSI will identify patients not seen in last year
    - Receptionist will reach out to 20 patients per week
- Exercises to turn appropriate phone calls into clinic visits

Community Outreach

- COVID Vaccine Clinic joint venture with Hospital continued

Visits per Productive Hour=Goal 2.00

Mangum Clinic	21-Jan	feb	mar	apr	may	jun	20-Jul	20-Aug	20-Sep	20-Oct	20-Nov	20-Dec	YTD Average
Visits	235.00	185.00	213.00				254.00	212.00	261.00	242.00	192.00	202.00	221.78
Provider hours	154.2	156.5	168.0				167.5	119.5	157.0	168.9	127.0	131.0	149.95
Vists per Productive Hr	1.52	1.18	1.27				1.52	1.77	1.66	1.43	1.51	1.54	1.48

19. Hospital Financial Reports

Financial reports were presented by Crispin, Dennis and Jamal.

March 202 1 Financial Statement Overview

• Statistics
- O The average daily census (ADC) for March 2021 was 7.84 although 3.7 3 lower than the prior month of 11.57, this continues a rebounding trend from an over 2 year ADC low of only 5.90
- O Year to Date Medicare swing bed patient days were only 547 as compared to the PY total of 629.
- O As previously stated in March, the January ADC directly impacted February cash receipts as well as the YTD total. Increase in the February ADC resulted in a positive impact in cash receipts. However, we project a decrease in cash receipts in April consistent with the lower March ADC.

• Balance Sheet Highlights
- O The operating cash balance as of March 31, 2021 was $498K. This decrease of 81K from the February 2021 balance was primarily due to material payments made towards vendors combined with our lowest monthly cash receipts since last July (which, as stated above, was census / ADC driven).
- O AR increased $198K from February. This was primarily volume driven as the facility rebounded to an ADC of 7.84.
- O The facility paid down approximately $462K in AP and cash receipts were approximately $223K less than the previous 3 months (excluding the cost report cash). The remaining decrease was primarily due to payments on MCR ERS loans.
- O The Medicare principal balance decreased by $107K due to ERS loan payments. Note that we have estimated a CY receivable of $150K for FY21 at this time that will be adjusted throughout the year based on census and respective costs.

• Income Statement Highlights
- O Current Year Gross patient revenue is down compared to PY primary due to swing bed volumes as previously discussed (Current YTD 547 compared to PY 897).
- O Net patient revenue is breakeven with the prior year – primarily due to the 2020 MCR receivable not being estimated until later in the year and consistency in overall cost.
- O Other operating income is higher due to the treatment of COVID related expenses funded by the CARES act which are treated as Grant Income.

- Operating expenses are reasonably consistent with the prior year, exceptions being increases in contract labor (offset somewhat by decreases in salaries) and a decrease in the monthly management fee. In addition, interest expense has materially decreased due to the cost report settlement applied to 2016 & 2017 Medicare ERS loans.

20. Discussion and possible action regarding the review and approval of the Inpriva Patient Event Notification COP Interoperability Service Agreement.

    Motion to approve the the Inpriva Patient Event Notification COP Interoperability Service Agreement.

    Motion made by Trustee Heiskell, Seconded by Trustee Lively.
    Voting Yea: Trustee Lively, Trustee Heiskell, Trustee Vincent, Trustee Vanzant

21. Discussion and possible action regarding the review and approval of the Mountaineer Medical Agreement.

    Motion to approve the Mountaineer Medical Agreement.

    Motion made by Trustee Heiskell, Seconded by Trustee Vincent.
    Voting Yea: Trustee Lively, Trustee Heiskell, Trustee Vincent, Trustee Vanzant

22. Discussion and possible action regarding the review and approval of the COVID Grant Purchases.

    Motion to approve the COVID-19 expenses.

    Motion made by Trustee Lively, Seconded by Trustee Vincent.
    Voting Yea: Trustee Lively, Trustee Heiskell, Trustee Vincent, Trustee Vanzant

23. Discussion and possible action with regard to appointing a board member to attend mediation on June 3, 2021, between the Mangum Regional Medical Center and First Nation Bank of Vinita and providing such board member with settlement authority, with such settlement subject to board approval.

    Motion to appoint Ilka Heiskell to to mediation on June 3, 2021 and giving her settlement authority.

    Motion made by Trustee Lively, Seconded by Trustee Vincent.
    Voting Yea: Trustee Lively, Trustee Heiskell, Trustee Vincent, Trustee Vanzant

OLD BUSINESS

24. Discussion and possible action regarding membership with Greer County Chamber. Item requested by Board Member Heiskell and has been tabled from last meeting. (regular membership $2500.00)

    Table and have Attorney look into any conflects.

EXECUTIVE SESSION

25. Discussion and possible action regarding the review and approval of medical staff privileges/credentials of the following providers with possible executive session in accordance with 25 O.S. § 307(B) (1) If needed.

    DIA Providers - Privileges

    Motion to approve the DIA Providers.

Motion made by Trustee Heiskell, Seconded by Trustee Lively.
Voting Yea: Trustee Lively, Trustee Heiskell, Trustee Vincent, Trustee Vanzant

OPEN SESSION

26. Discussion and possible action with regard to executive session, if necessary.
None.

STAFF AND BOARD REMARKS
Remarks or inquiries by the governing body members, City Manager, City Attorney or City Employees
None

NEW BUSINESS
Discussion and possible action on any new business which has arisen since the posting of the Agenda that could not have been reasonably foreseen prior to the time of the posting (25 O.S. 311-10)
None

ADJOURN

Motion to adjourn at 6:25 pm

Billie Chilson, Secretary

Carson Vanzant, Chairman

QUALITY AD HOCK MEETING MINUTES

MAY 18, 2021

On May 18, 2021 at 9:20 a.m. Quality Manager held an Ad Hock meeting to review the BluePrint Menu Management System (BPMMS) International Dysphagia Diet Standardization Initiative (IDDSI) Members present reviewed the contract. Meeting adjourned at 9:05 a.m.

Members present were:

Melissa Tunstall, QM

Cindy Tillman, Interim CEO

Mark Chapman, Plant Ops

Daniel Coffin, CCO

Dale Clayton, CEO

Name of Facility
Critical Access Hospital
Quality Assurance and Performance Improvement Committee Meeting
Date of Meeting:

	Print Name	***Signature***
Chairman		
Administrator		
CCO		
QM		
Respiratory		
Drug Room Supervisor		
Physical Therapy		
Dietary		
Case Management		
HIM		
BOM		
Infection Control		
Radiology		
Plant Operations		
Materials Management		
Environmental Services		
Lab		
Human Resources		
Other		
Other		

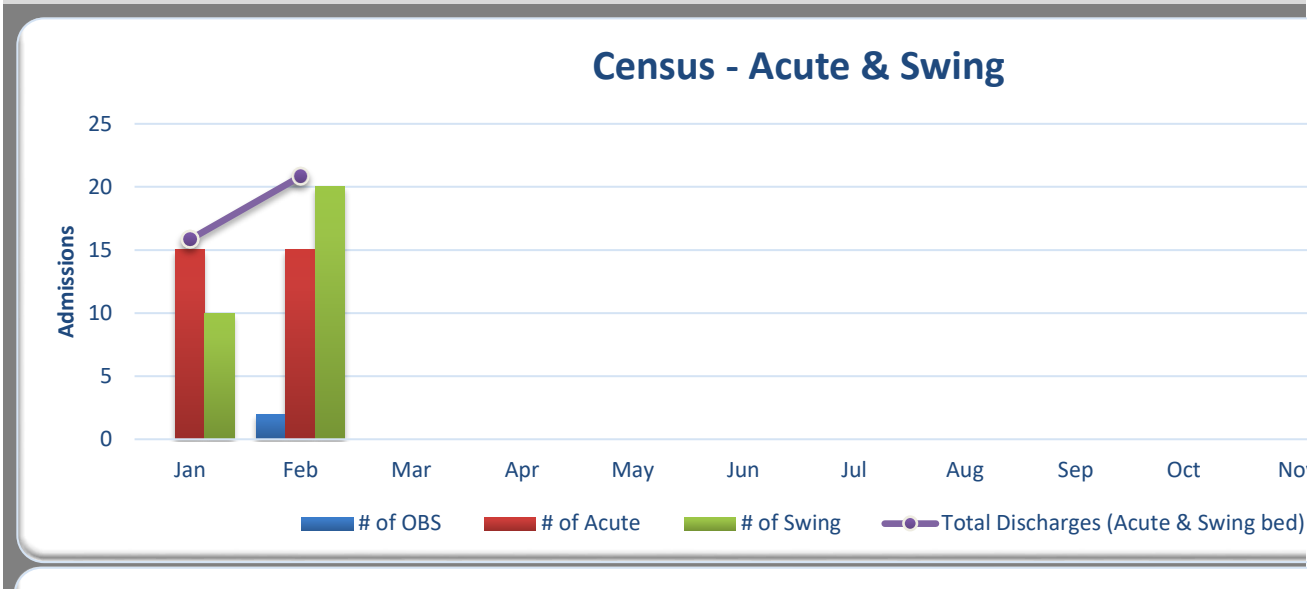
QUALITY CARE

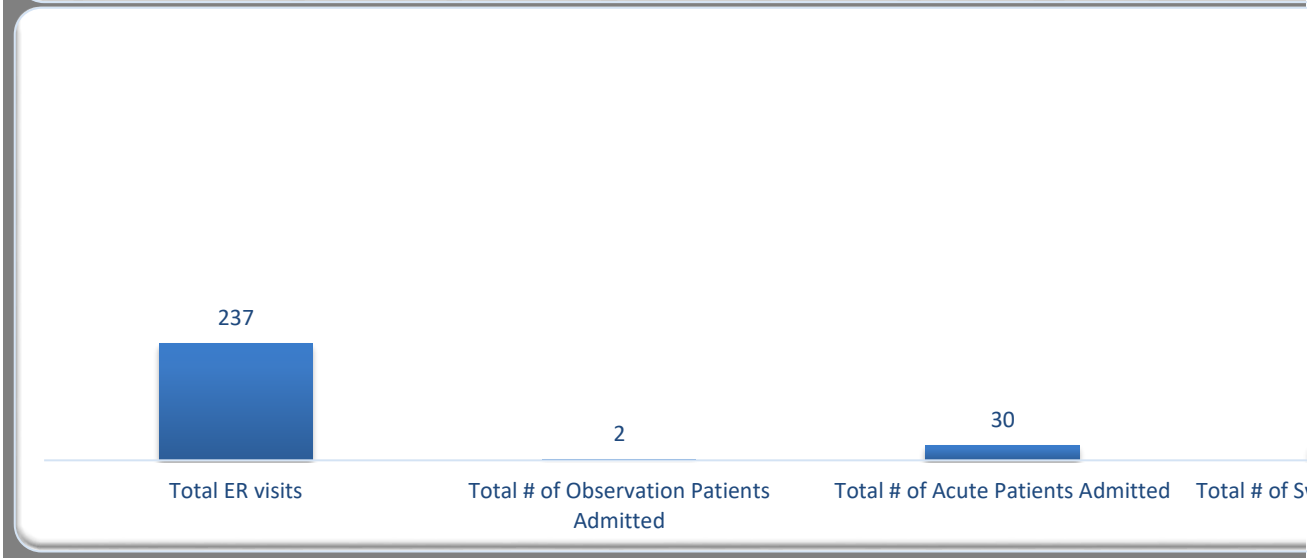
Name of Facility

QUALTIY ASSURANCE & PERFORMANCE IMPROVEMENT REPORT

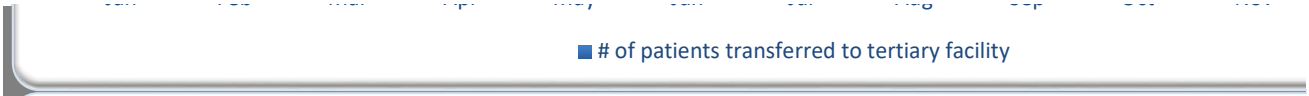
REPORTING PERIOD

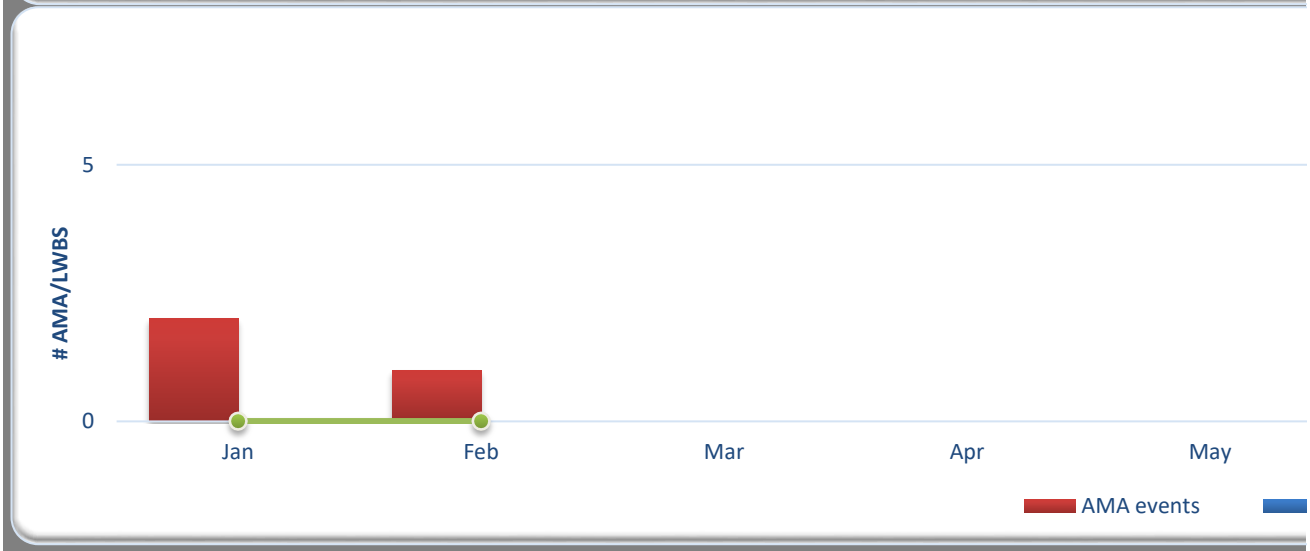
Date: Revised 2021

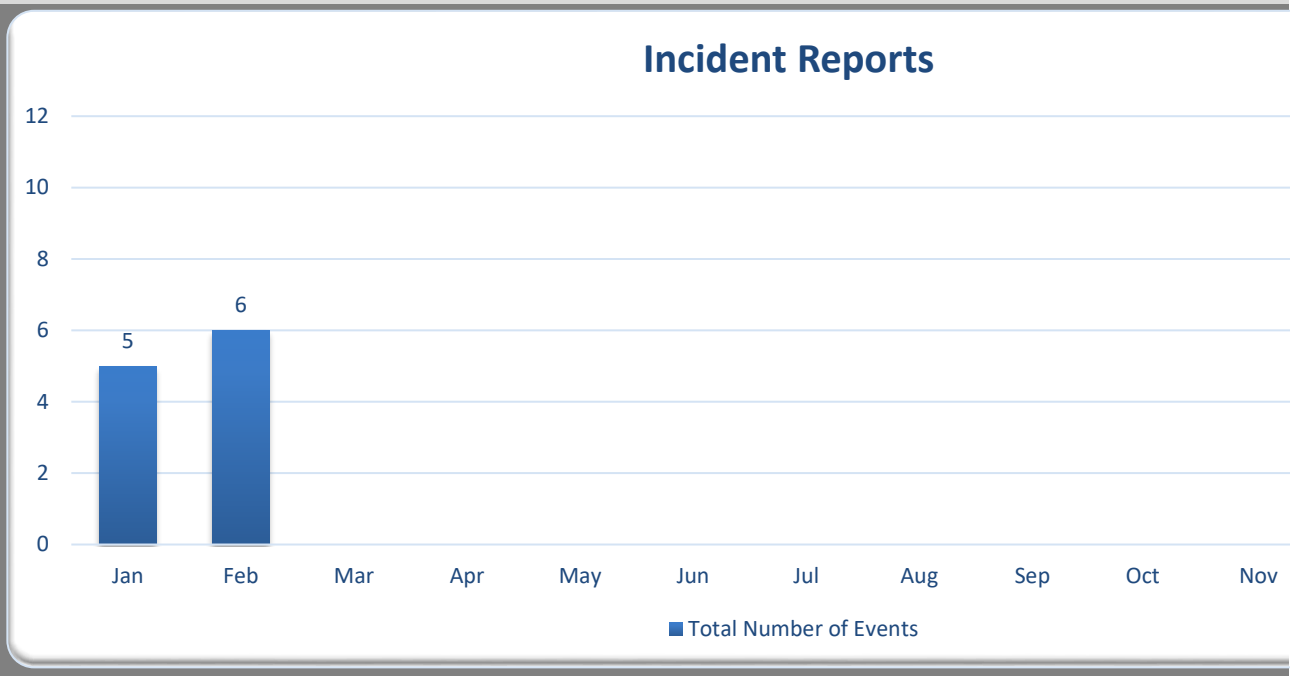

Census - Acute & Swing
25
20
15
10
5
0
Admissions
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
# of OBS
# of Acute
# of Swing
Total Discharges (Acute & Swing bed)

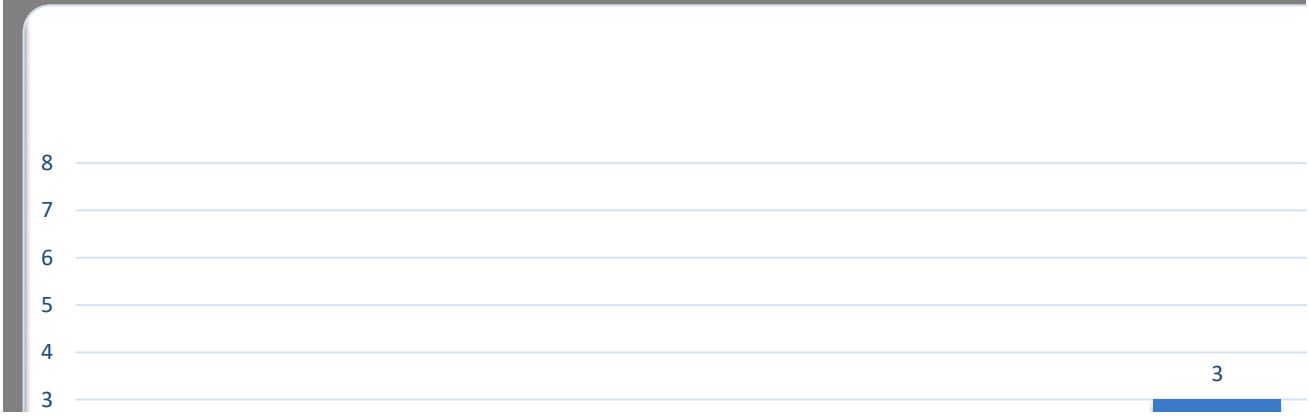

237
2
30
Total ER visits
Total # of Observation Patients Admitted
Total # of Acute Patients Admitted

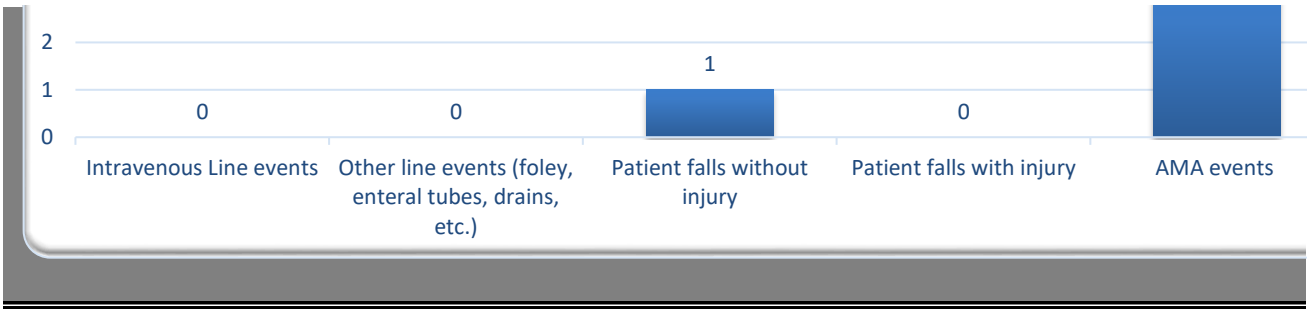

Transfers
5
0
1
1
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov

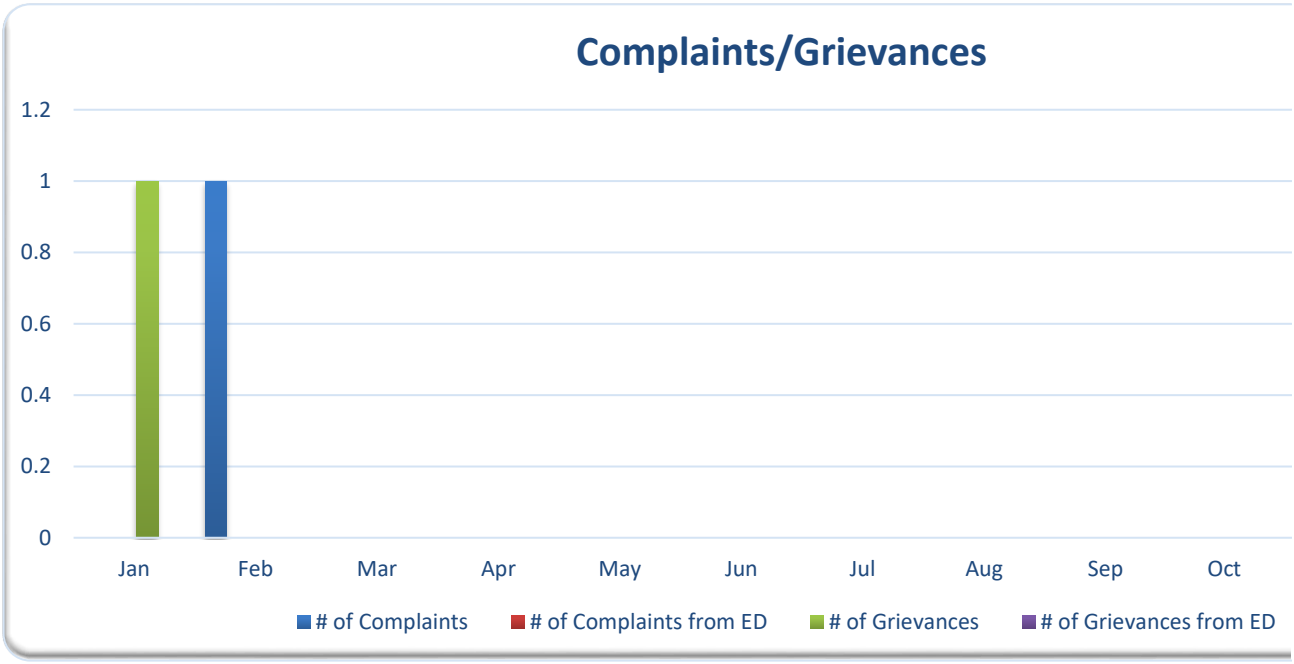

# of patients transferred to tertiary facility

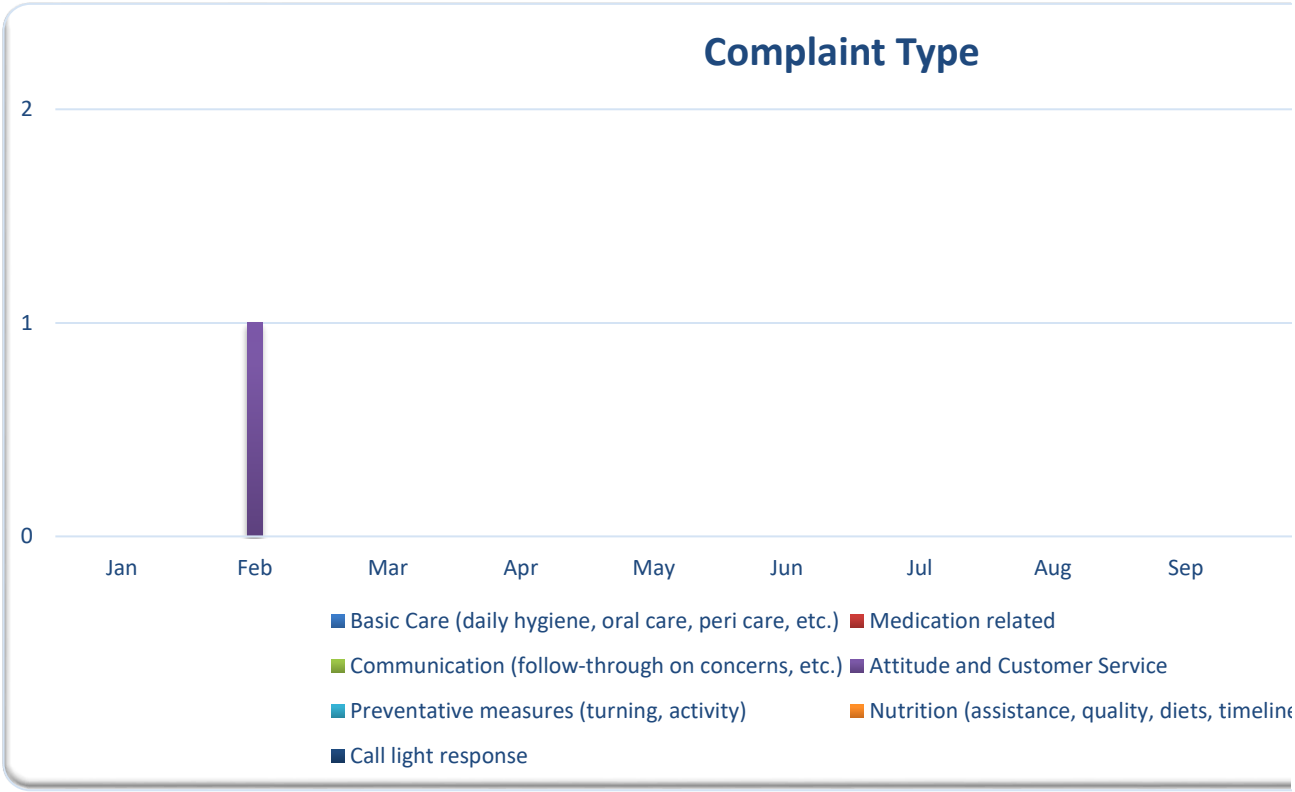

5
AMA/LWBS
0
Jan
Feb
Mar
Apr
May
AMA events

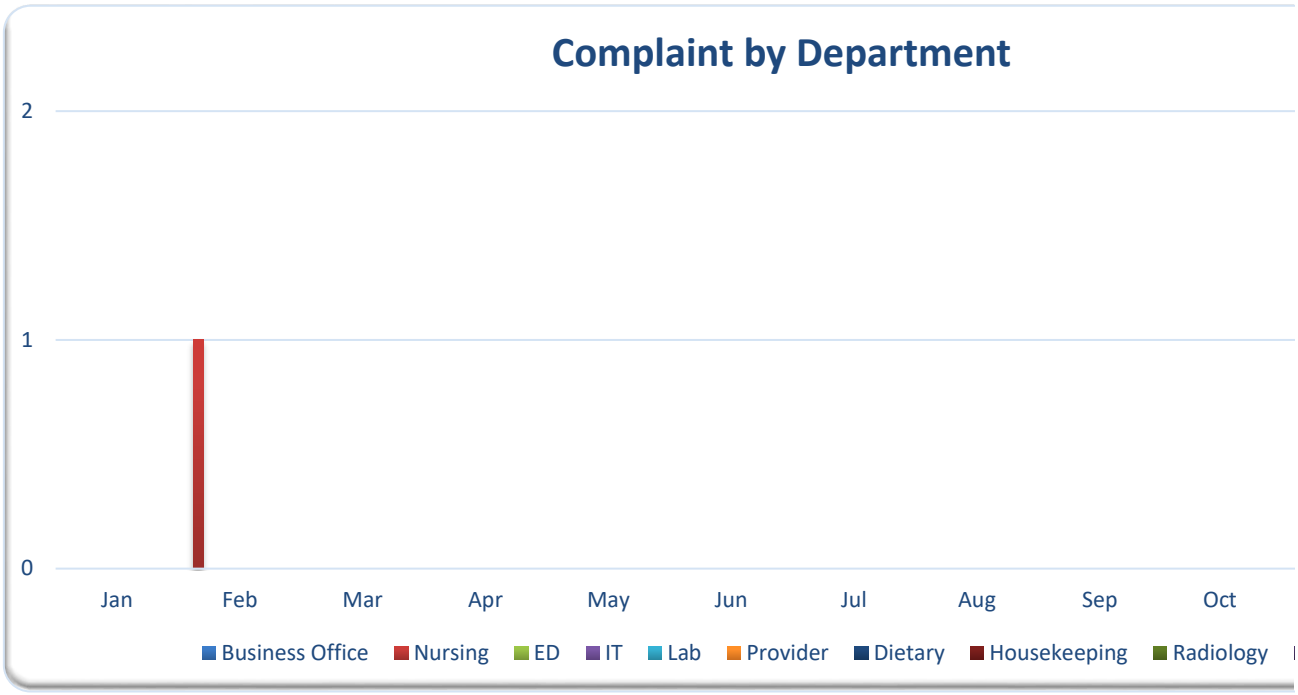

Incident Reports
12
10
8
6
4
2
0
5
6
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Total Number of Events


8
7
6
5
4
3
3

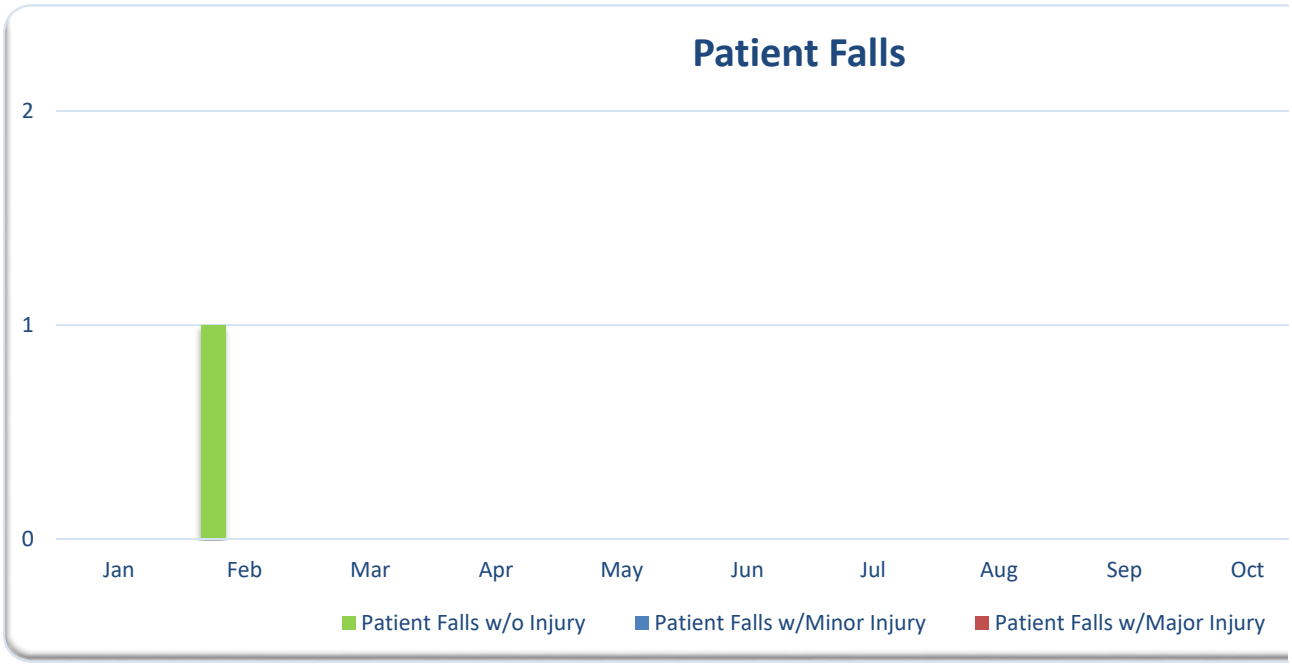

2
1
0
0
0
1
0
Intravenous Line events
Other line events (foley, enteral tubes, drains, etc.)
Patient falls without injury
Patient falls with injury
AMA events

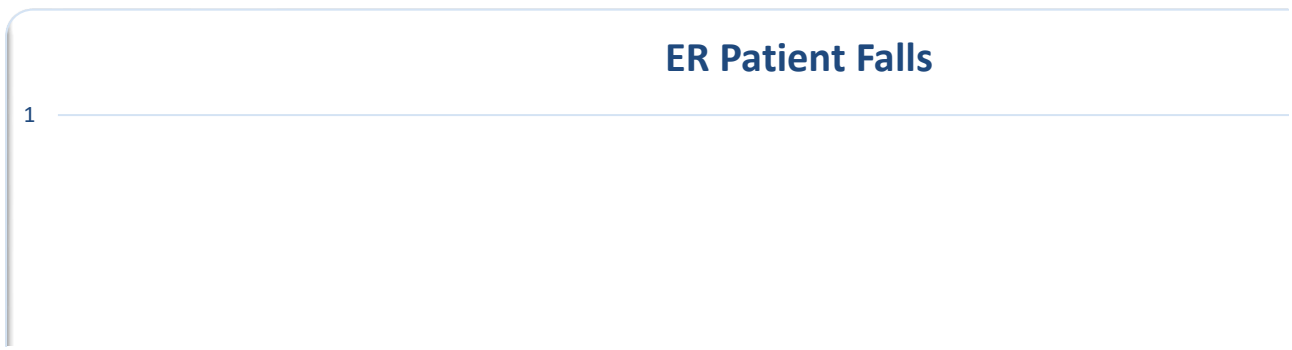

Complaints/Grievances
1.2
1
0.8
0.6
0.4
0.2
0
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
# of Complaints
# of Complaints from ED
# of Grievances
# of Grievances from ED


Complaint Type
2
1
0
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
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, timeline
Call light response

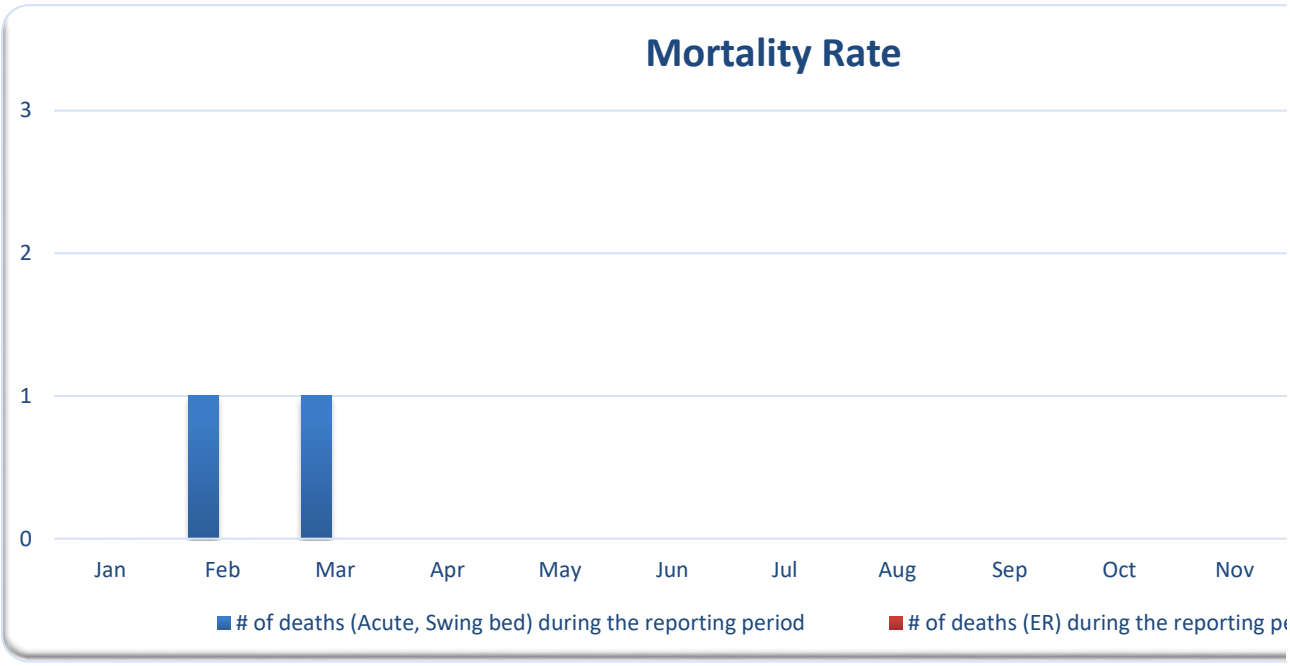


D. Patient Falls

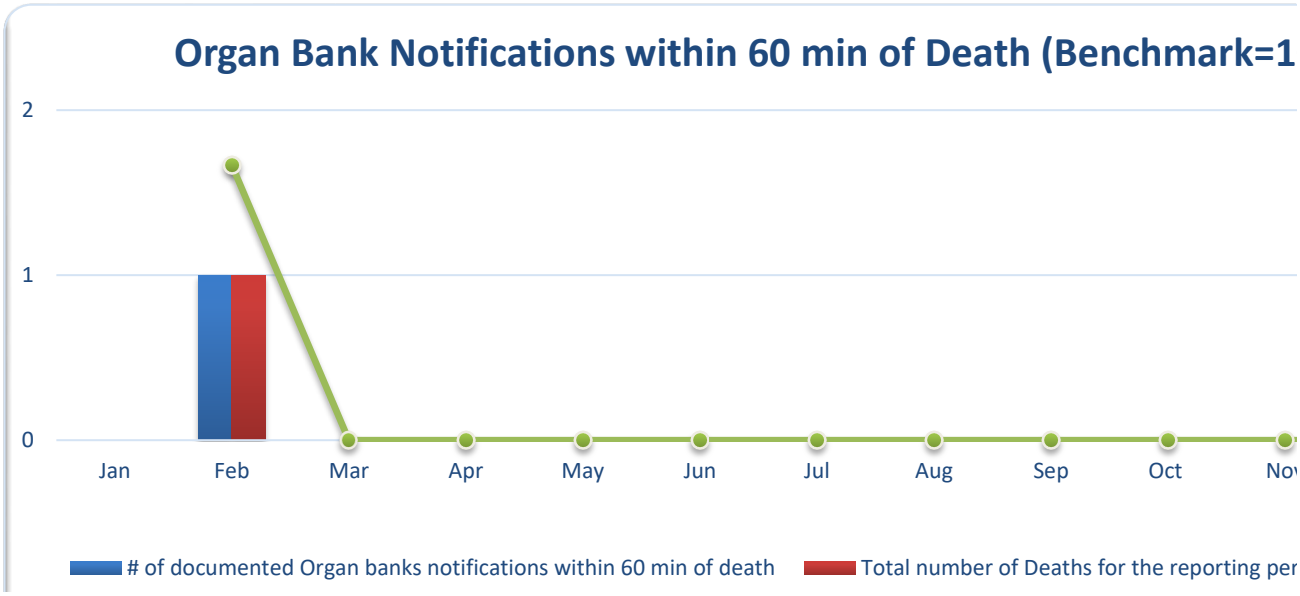




G. Mortality Rate

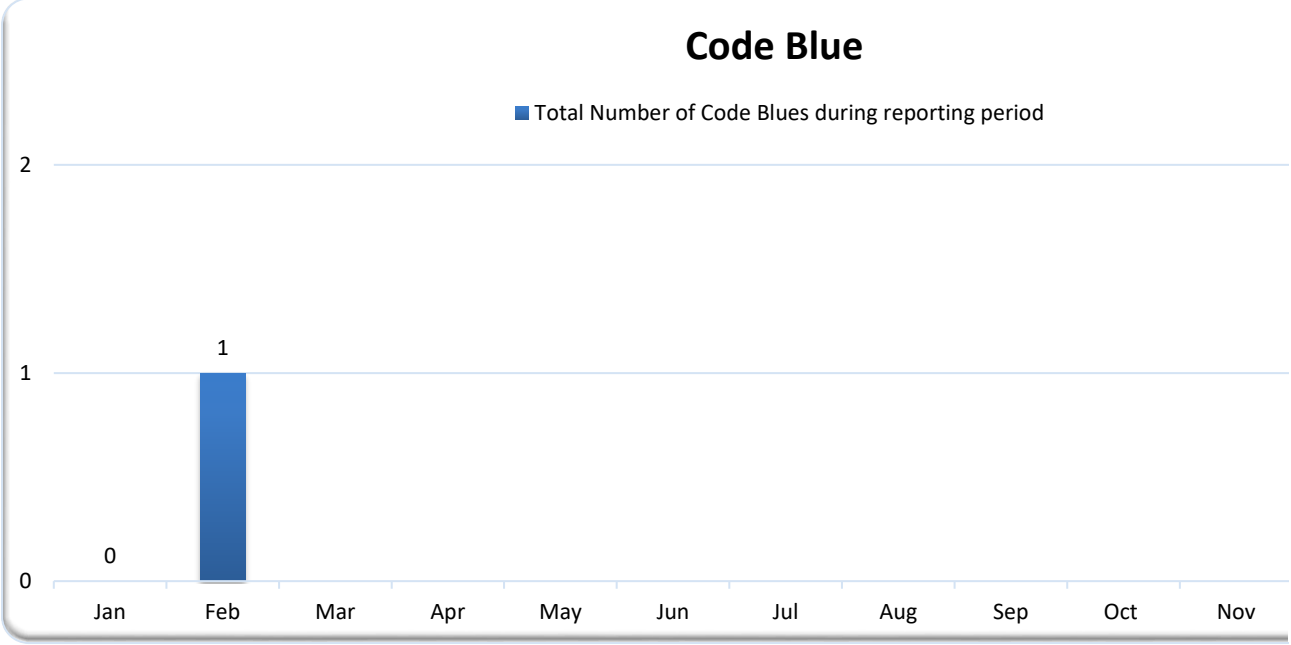


I. OPO

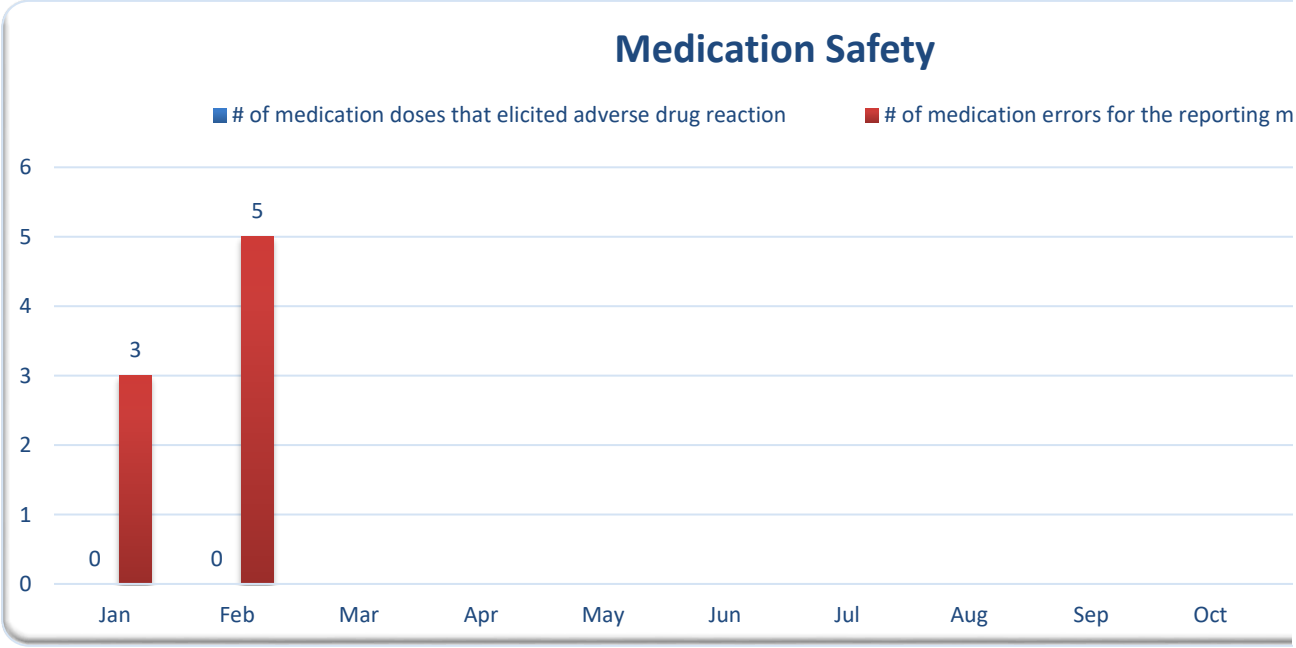


Percent of Deaths Reported (Benchmark = 100%)

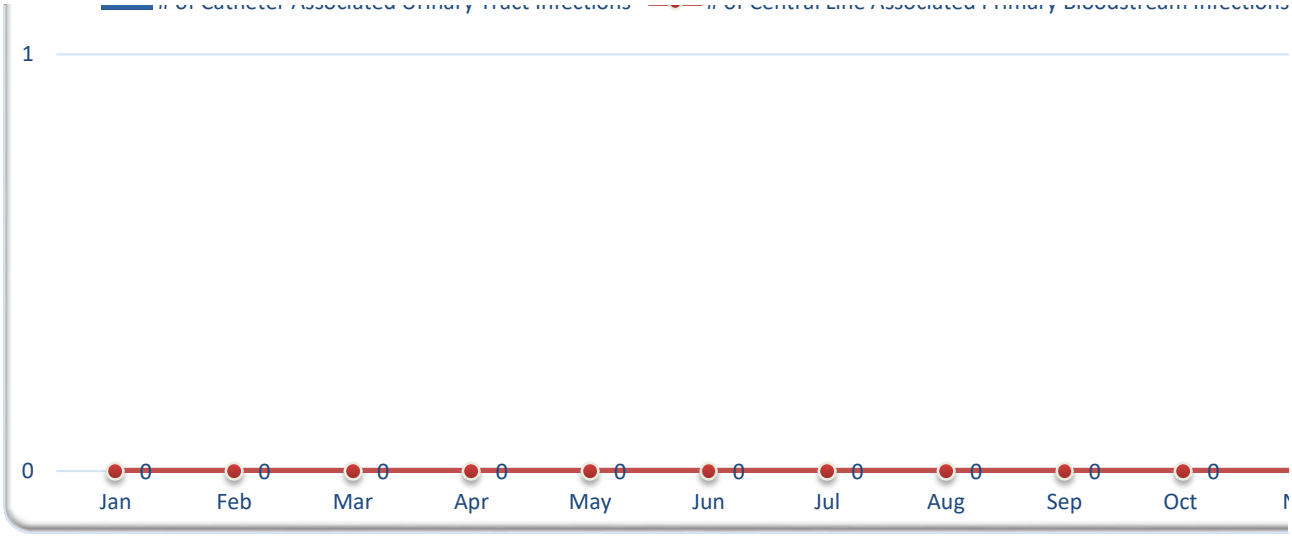
J. Code Blue Intervention



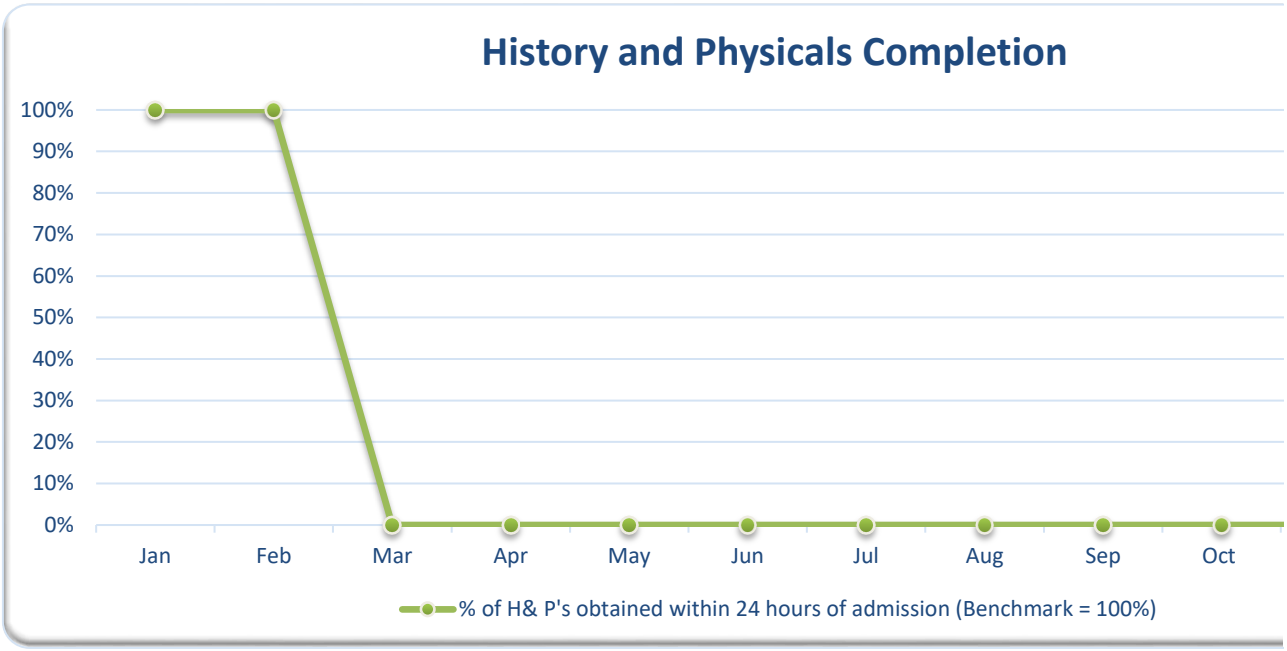
B. Med Errors

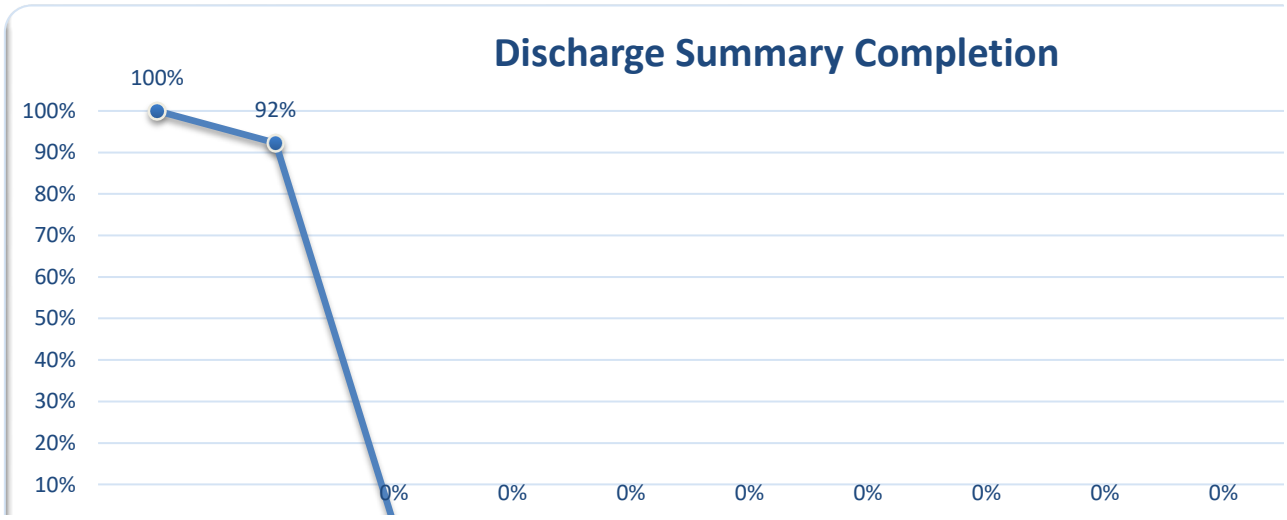


XIII. Infection Control & Prevention


1
0
0 0 0 0 0 0 0 0 0 0 0 0
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct

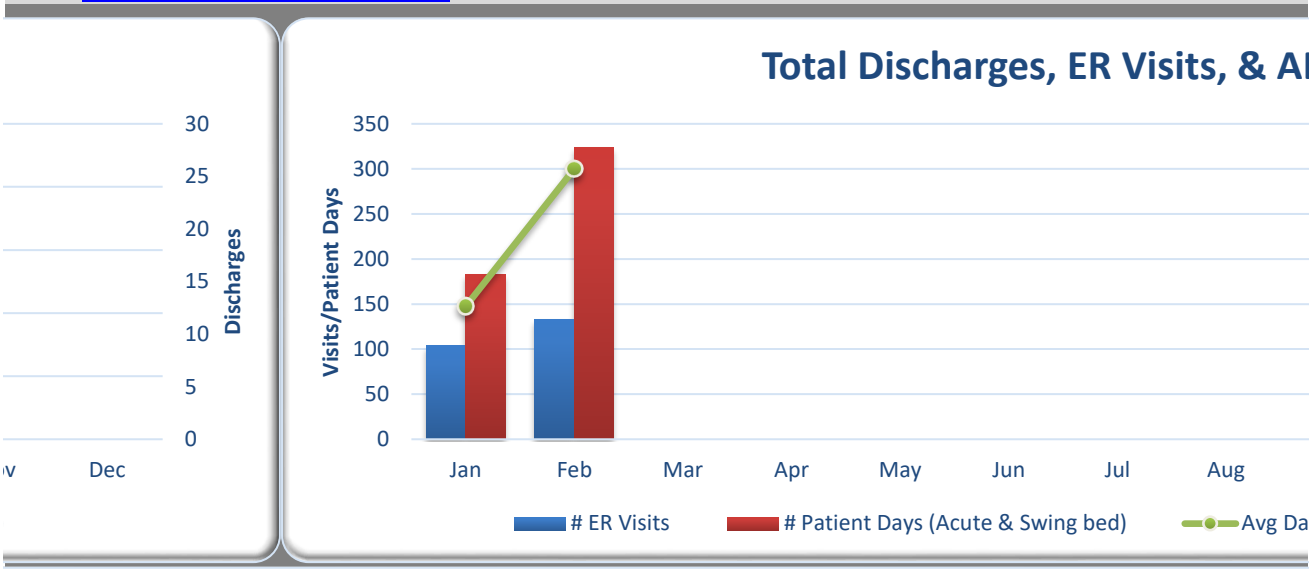
XIV. HIM

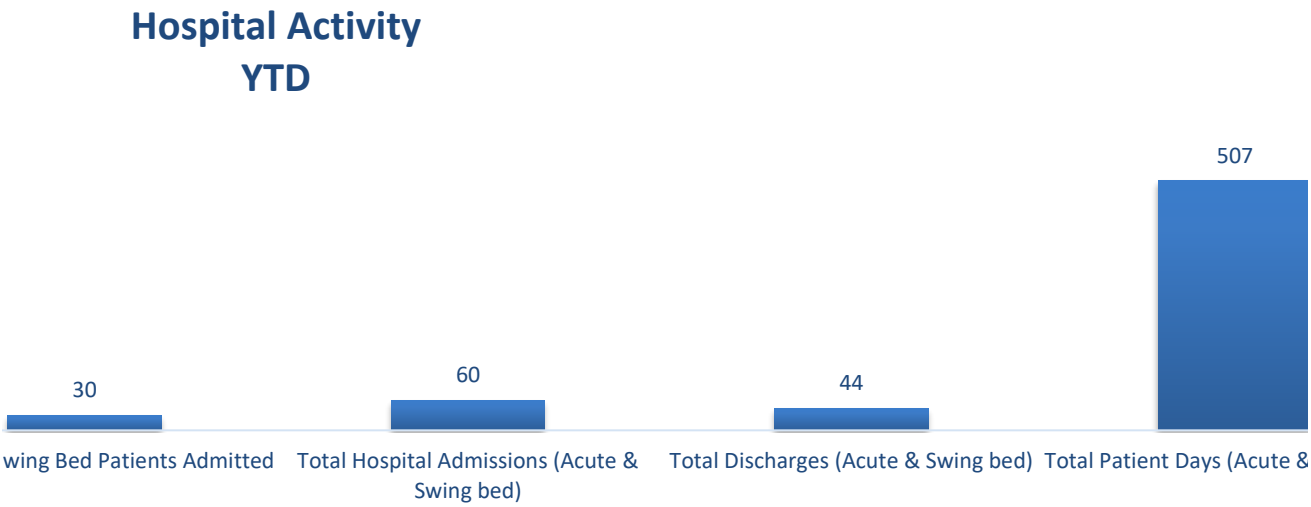

History and Physicals Completion
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
% of H& P's obtained within 24 hours of admission (Benchmark = 100%)


Discharge Summary Completion
100%
92%
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0% 0% 0% 0% 0% 0% 0% 0%

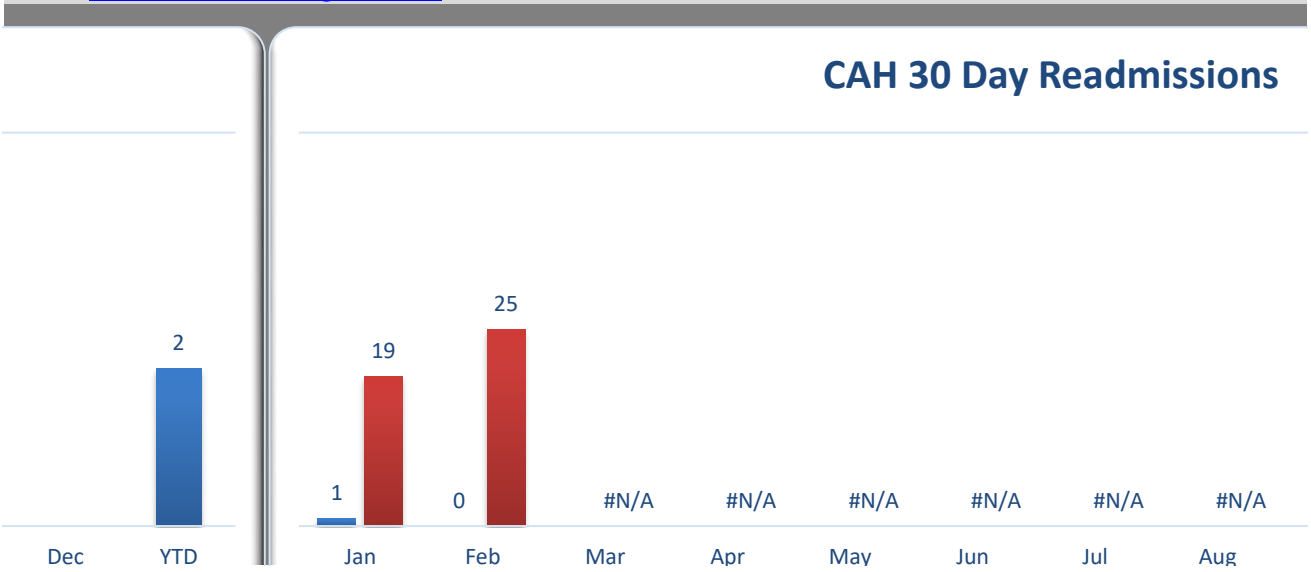

0%
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
% of Discharge Summaries completed within 48 hours of discharge (Benchmark=100%)

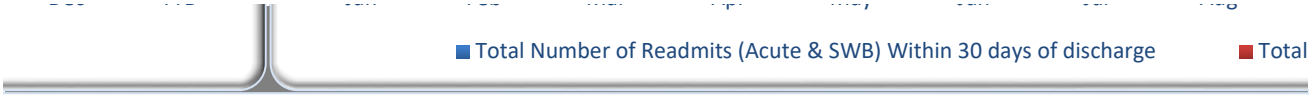
I. Volume & Utilization





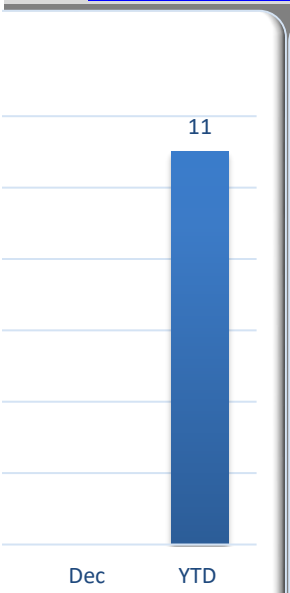
II. Care Management



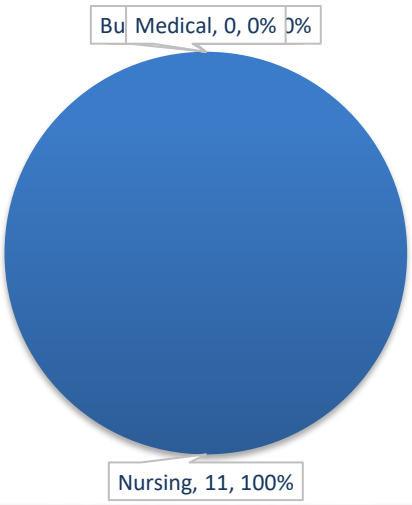


Hospital Activity
AMA/LWBS

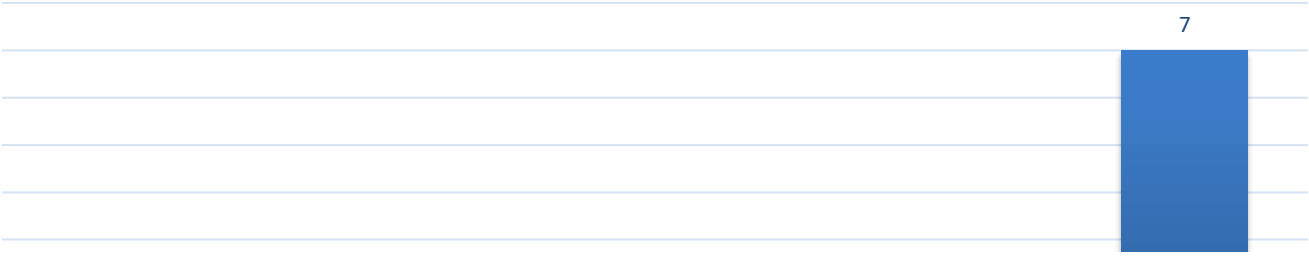
III. Risk Management

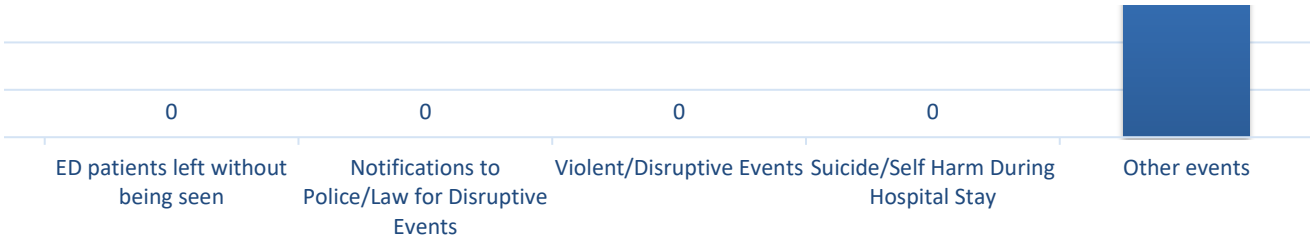


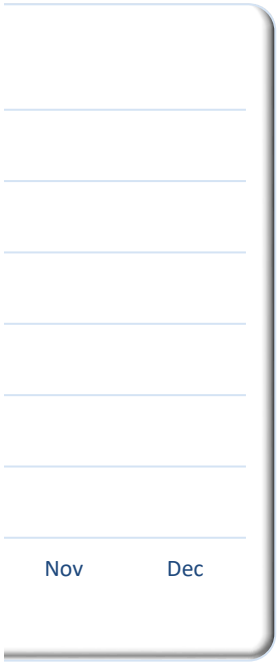
YTD
Incident by Department

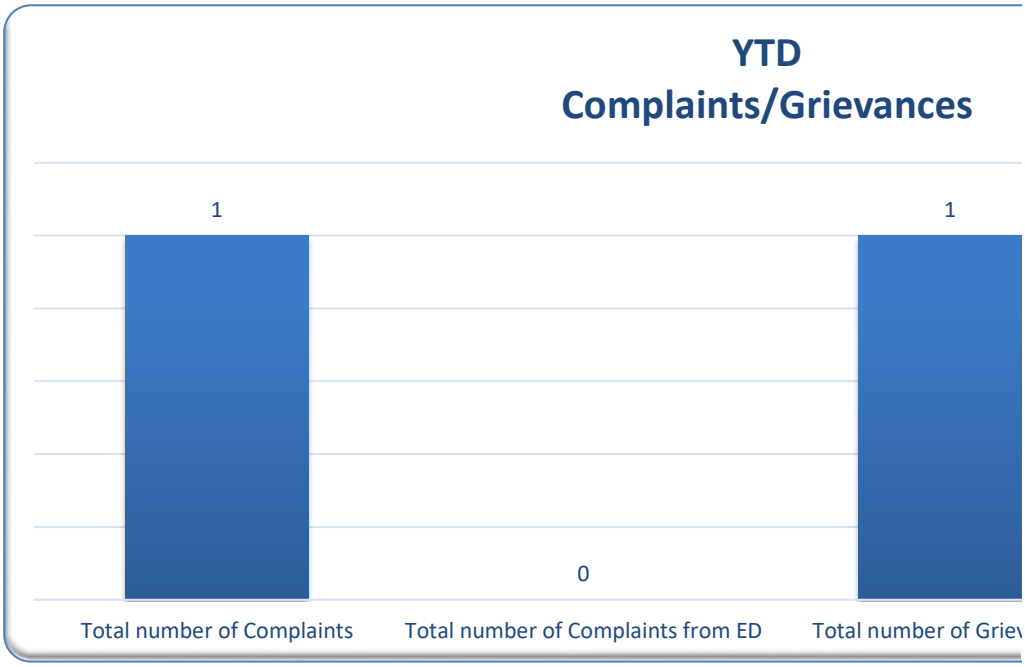


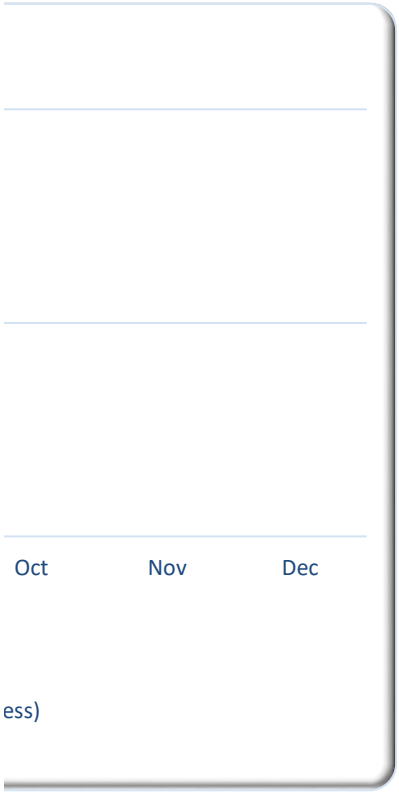
YTD
Incident Report Categories

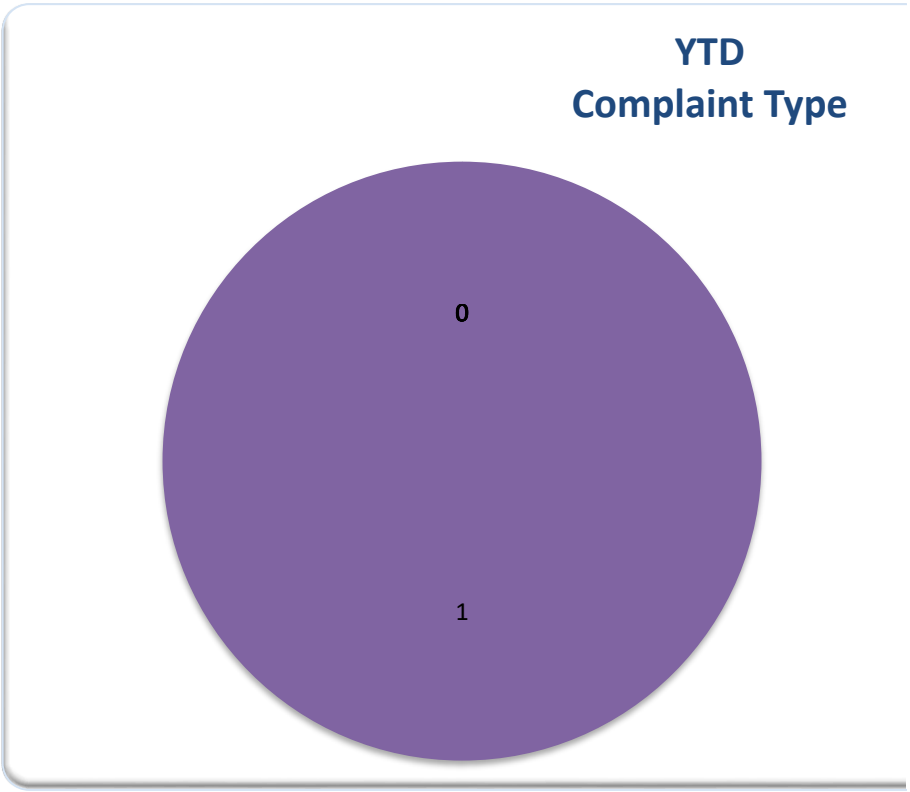


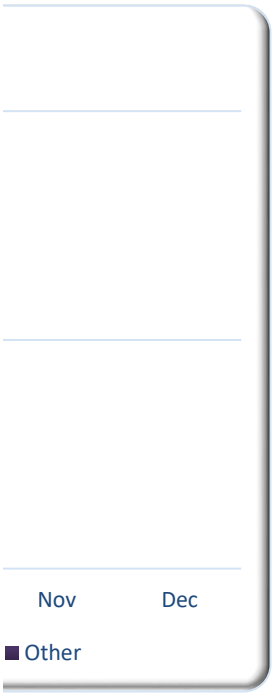

0
0
0
0
ED patients left without being seen
Notifications to Police/Law for Disruptive Events
Violent/Disruptive Events
Suicide/Self Harm During Hospital Stay
Other events

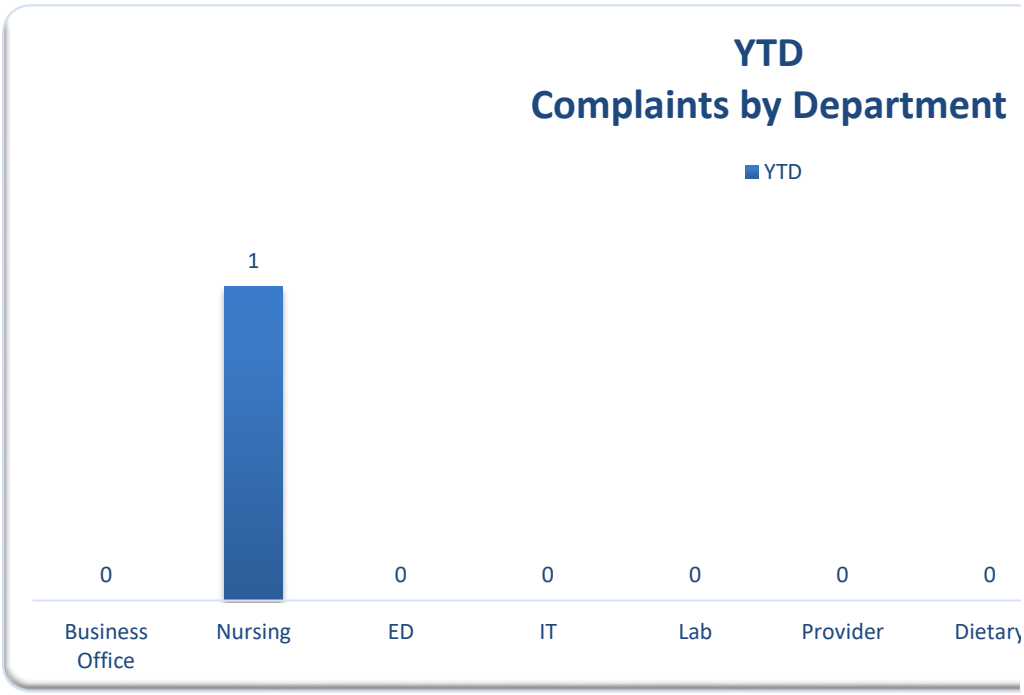

Nov
Dec

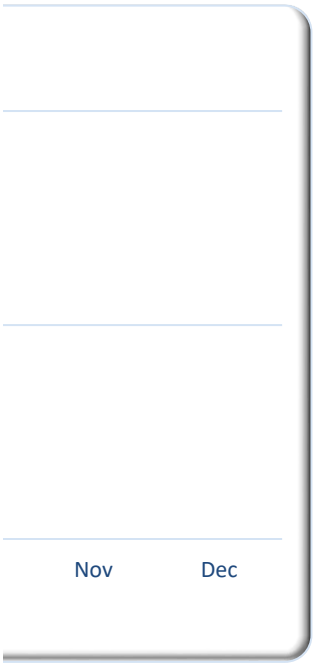

YTD
Complaints/Grievances
1
0
1
Total number of Complaints
Total number of Complaints from ED
Total number of Griev

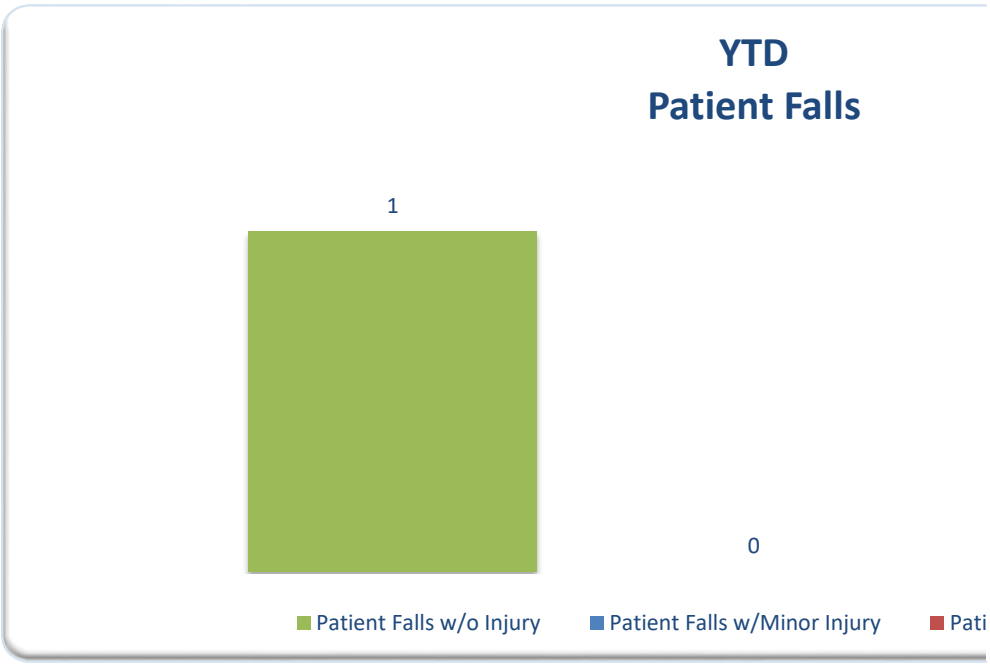

Oct
Nov
Dec
ess)

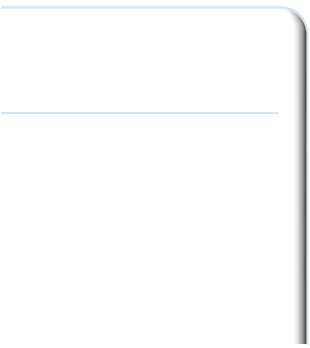

YTD
Complaint Type
0
1

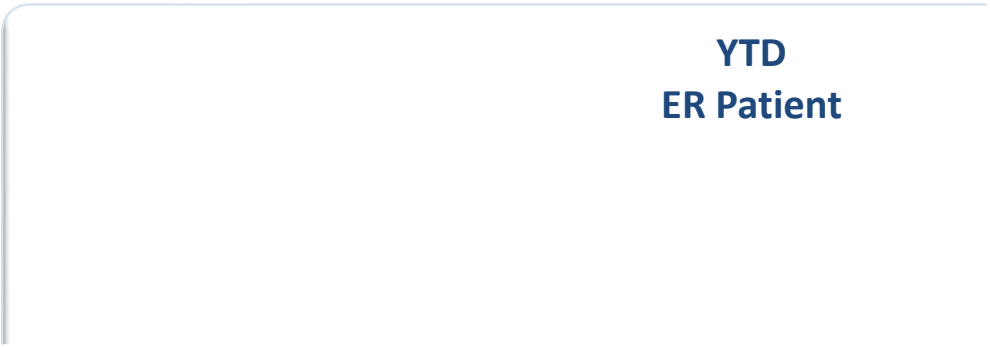

Nov
Dec
Other

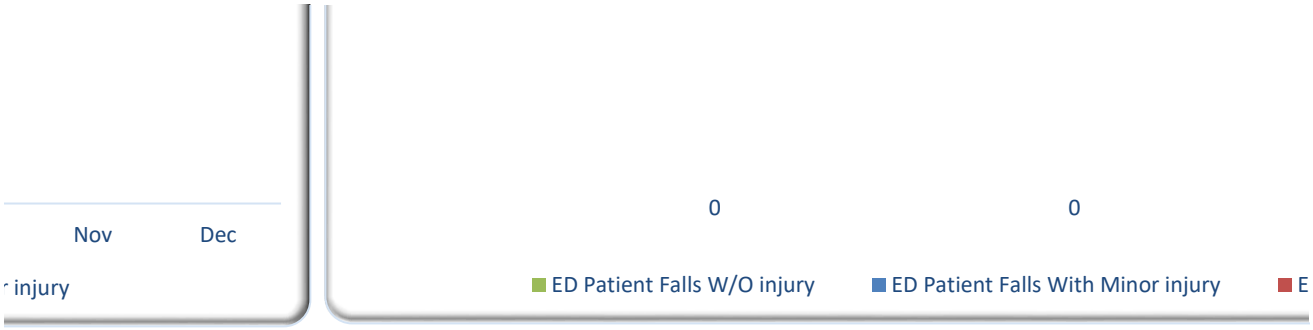

YTD
Complaints by Department
YTD
1
0
0
0
0
0
0
Business Office
Nursing
ED
IT
Lab
Provider
Dietary

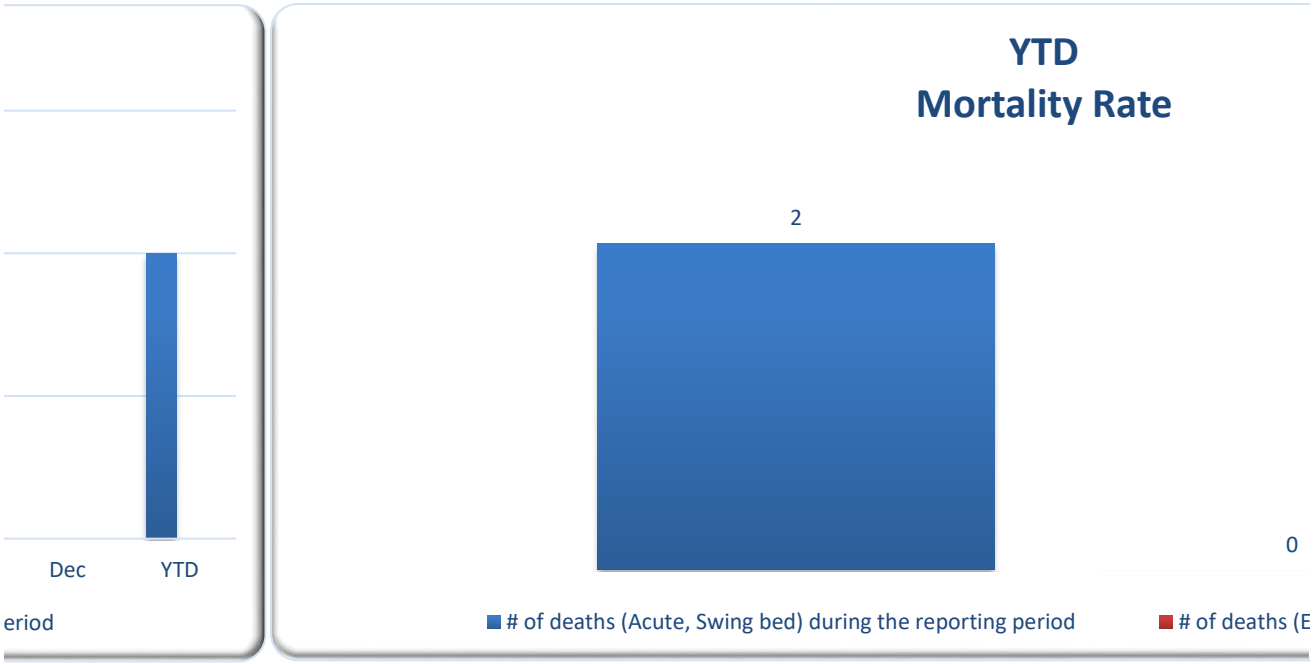

Nov
Dec

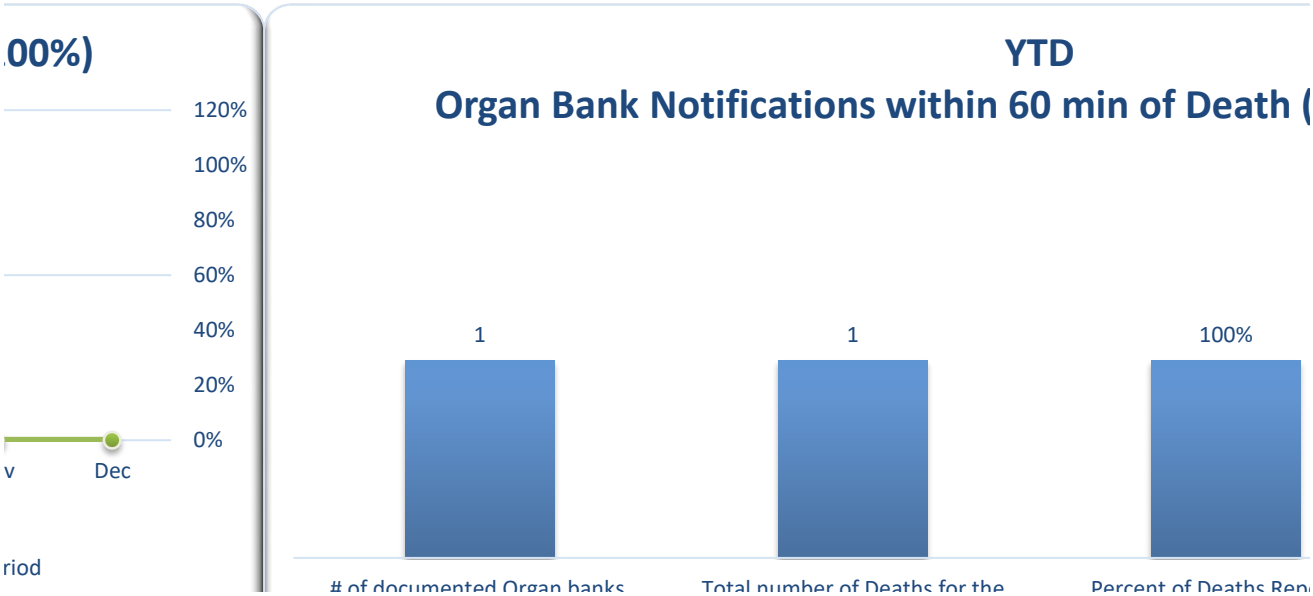

YTD
Patient Falls
1
0
Patient Falls w/o Injury
Patient Falls w/Minor Injury
Pati



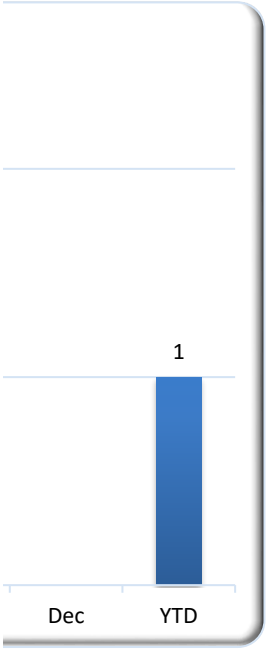

YTD
ER Patient

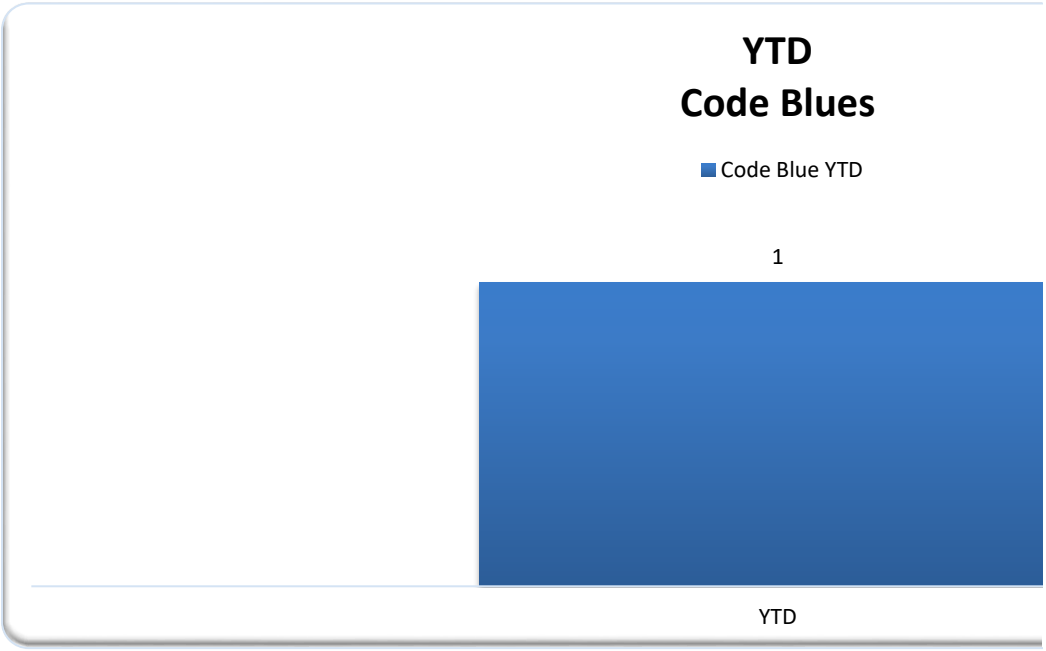

Nov
Dec
injury
0
0
ED Patient Falls W/O injury
ED Patient Falls With Minor injury
E

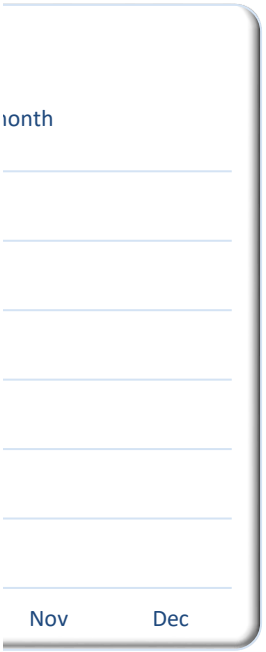

Dec
YTD
eriod
YTD
Mortality Rate
2
0
# of deaths (Acute, Swing bed) during the reporting period
# of deaths (E

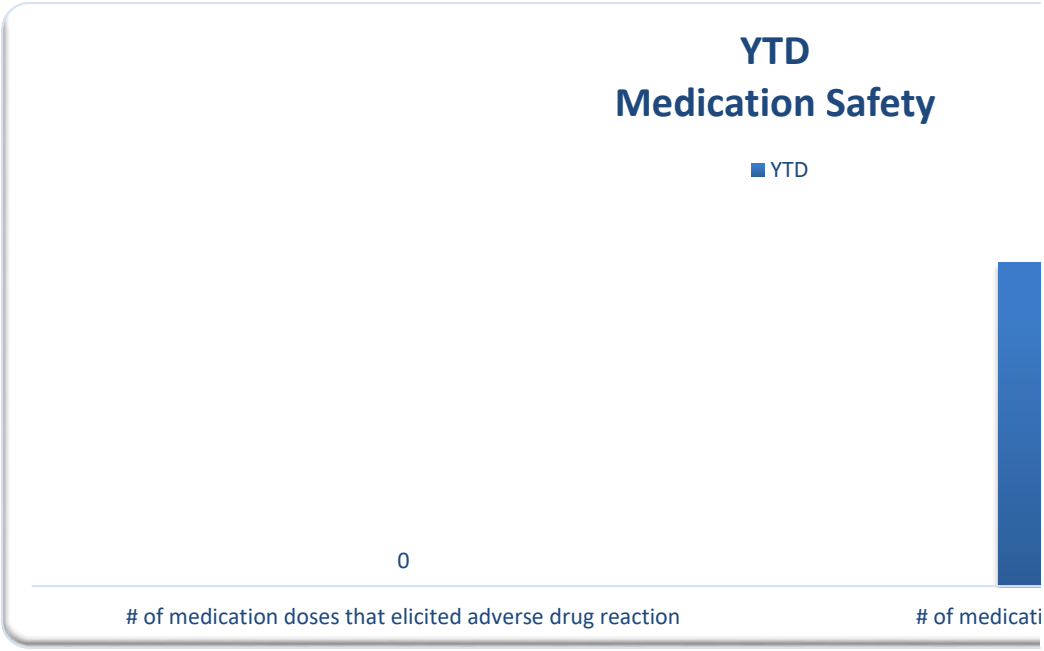

00%)
120%
100%
80%
60%
40%
20%
0%
v
Dec
riod
YTD
Organ Bank Notifications within 60 min of Death (
1
1
100%
# of documented Organ banks
Total number of Deaths for the
Percent of Deaths Rep

notifications within 60 min of death | reporting period | (Benchmark = 100%



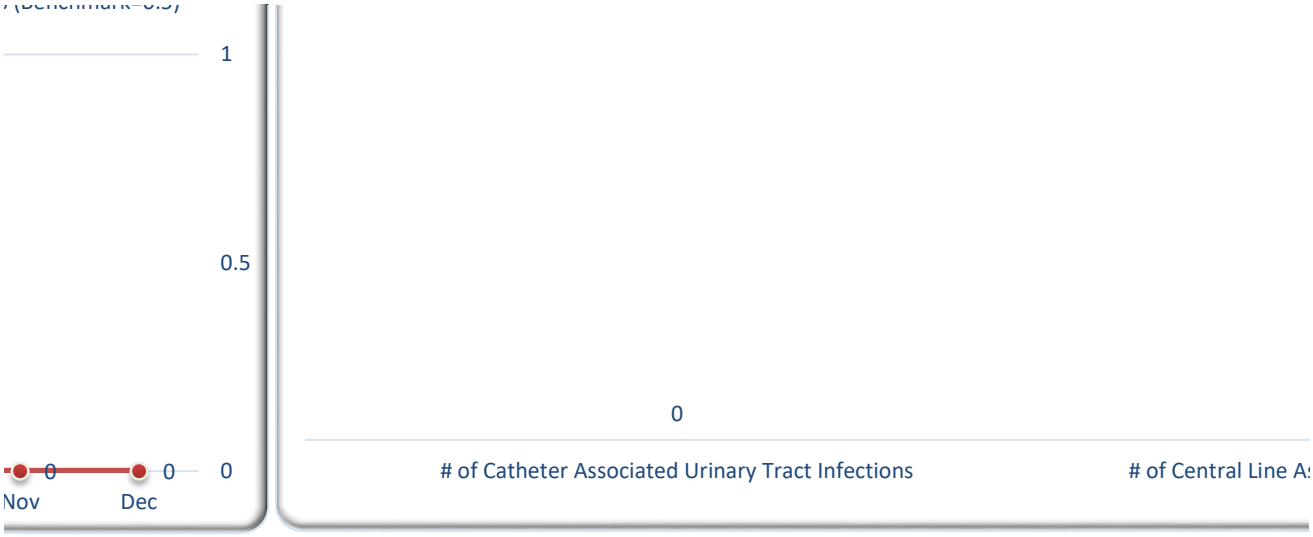


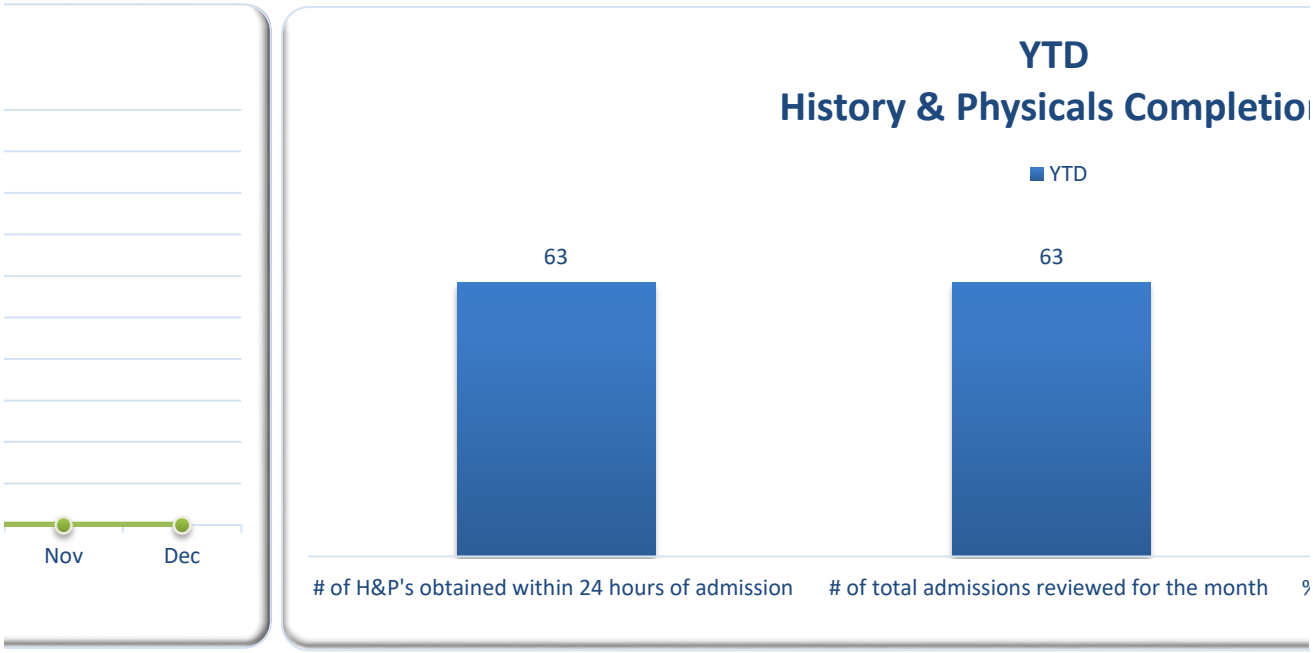


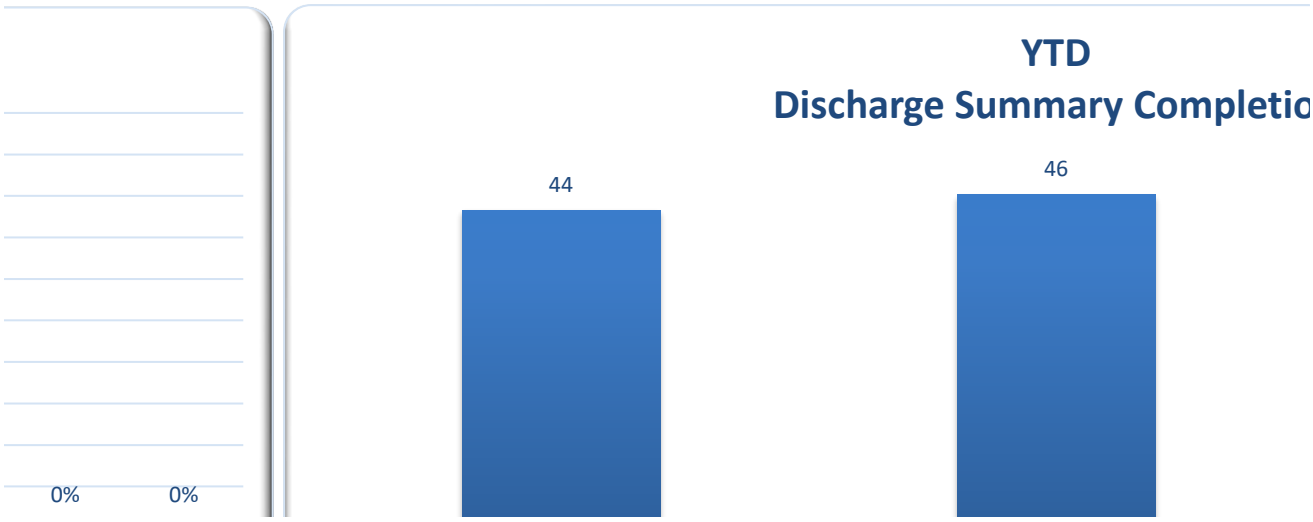


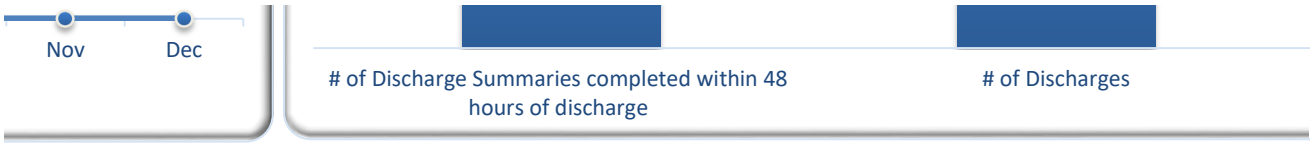
(Benchmark=0.5)

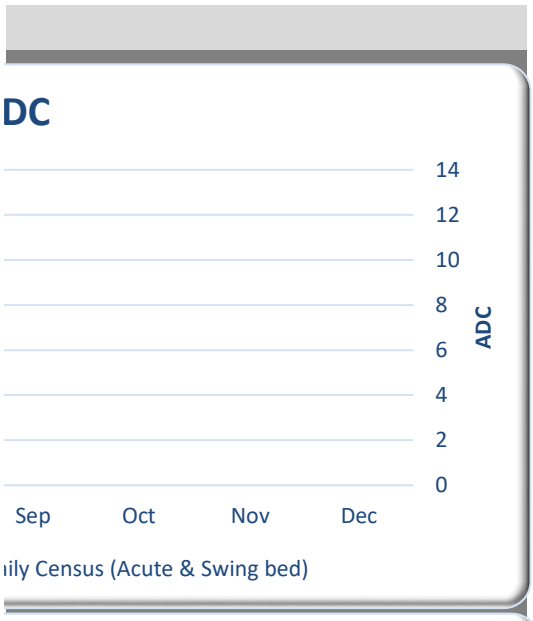
YTD
Infection Control and Preventio

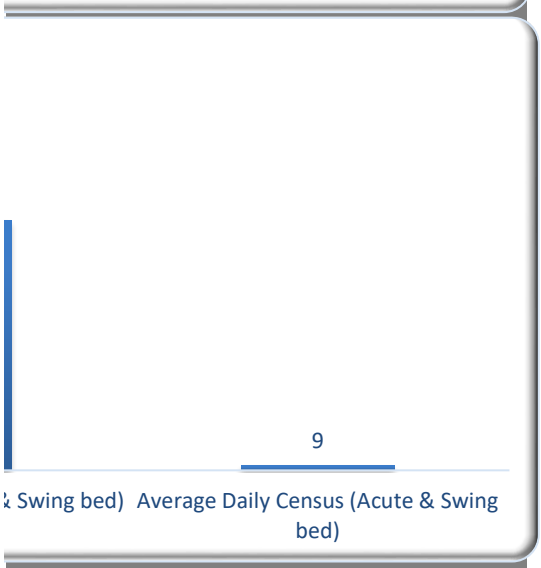

1
0.5
0
0
0
Nov
Dec
0
# of Catheter Associated Urinary Tract Infections
# of Central Line A

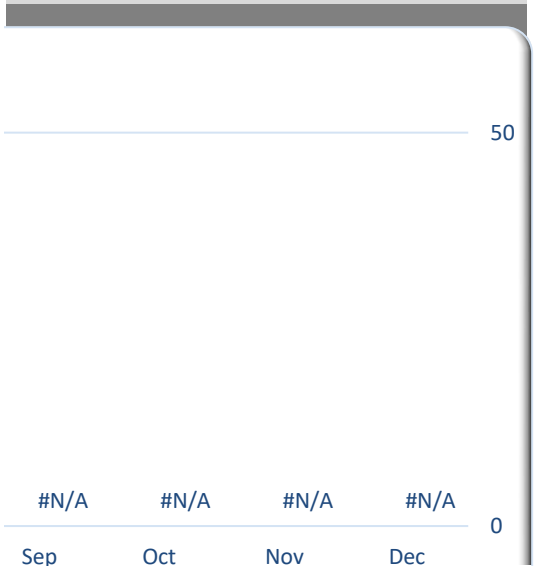

Nov
Dec
YTD
History & Physicals Completio
YTD
63
63
# of H&P's obtained within 24 hours of admission
# of total admissions reviewed for the month
%


0%
0%
YTD
Discharge Summary Completio
44
46

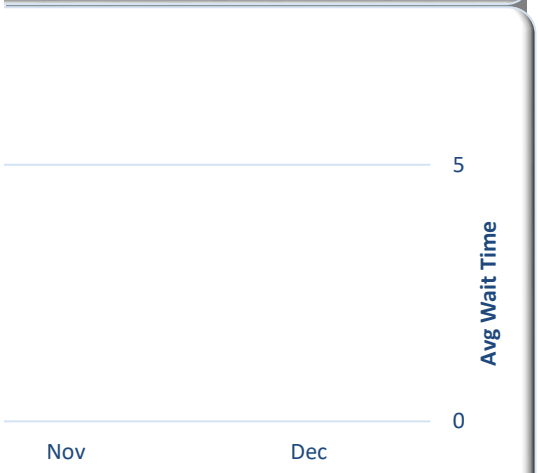

Nov
Dec
# of Discharge Summaries completed within 48 hours of discharge
# of Discharges

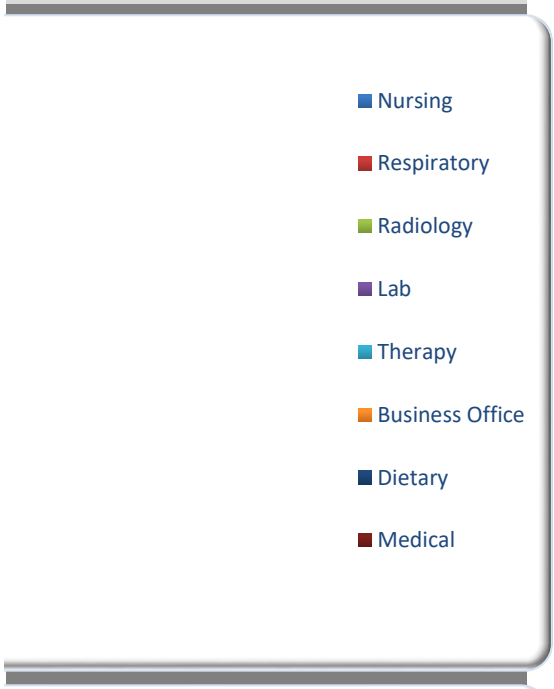

DC
14
12
10
8
6
4
2
0
ADC
Sep
Oct
Nov
Dec
ily Census (Acute & Swing bed)

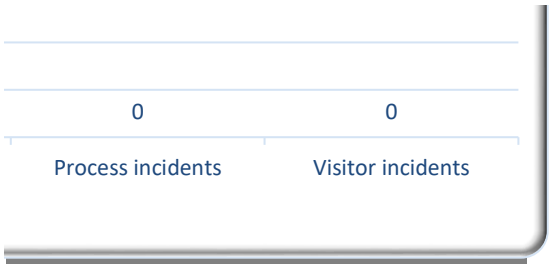

9
Swing bed)
Average Daily Census (Acute & Swing bed)


50
#N/A
#N/A
#N/A
#N/A
0
Sep
Oct
Nov
Dec

Discharges for the reporting month

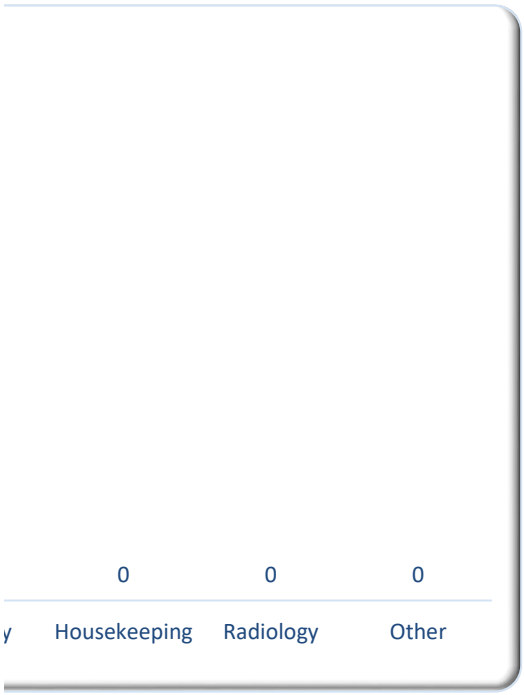


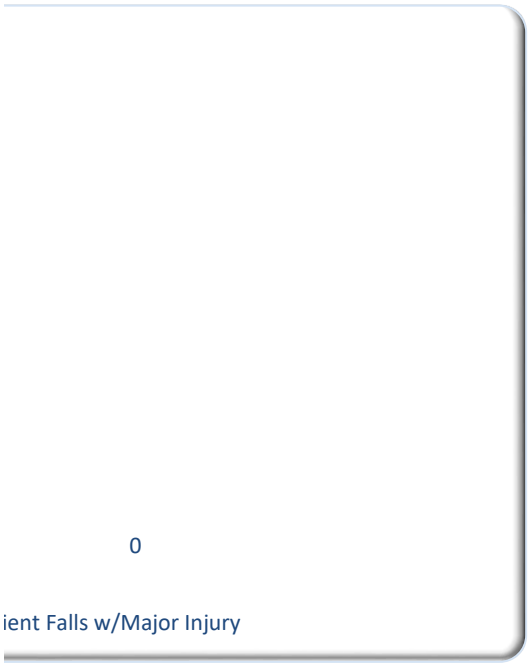



0
0
Process incidents
Visitor incidents


0
vances
Total number of Grievances from ED


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


0
0
0
y
Housekeeping
Radiology
Other


0
ient Falls w/Major Injury

0

D Patient Falls With Major injury

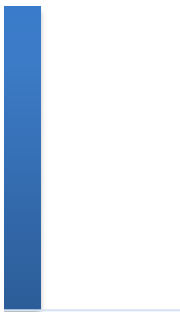
R) during the reporting period

(Benchmark=100%)

0

orted Tissue Donations

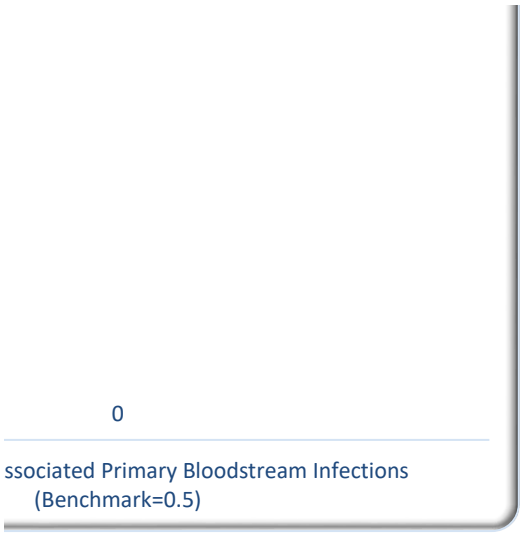
%)



8

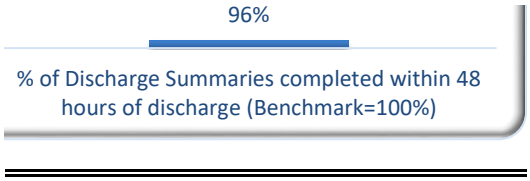
ion errors for the reporting month

on


0
ssociated Primary Bloodstream Infections
(Benchmark=0.5)


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


on

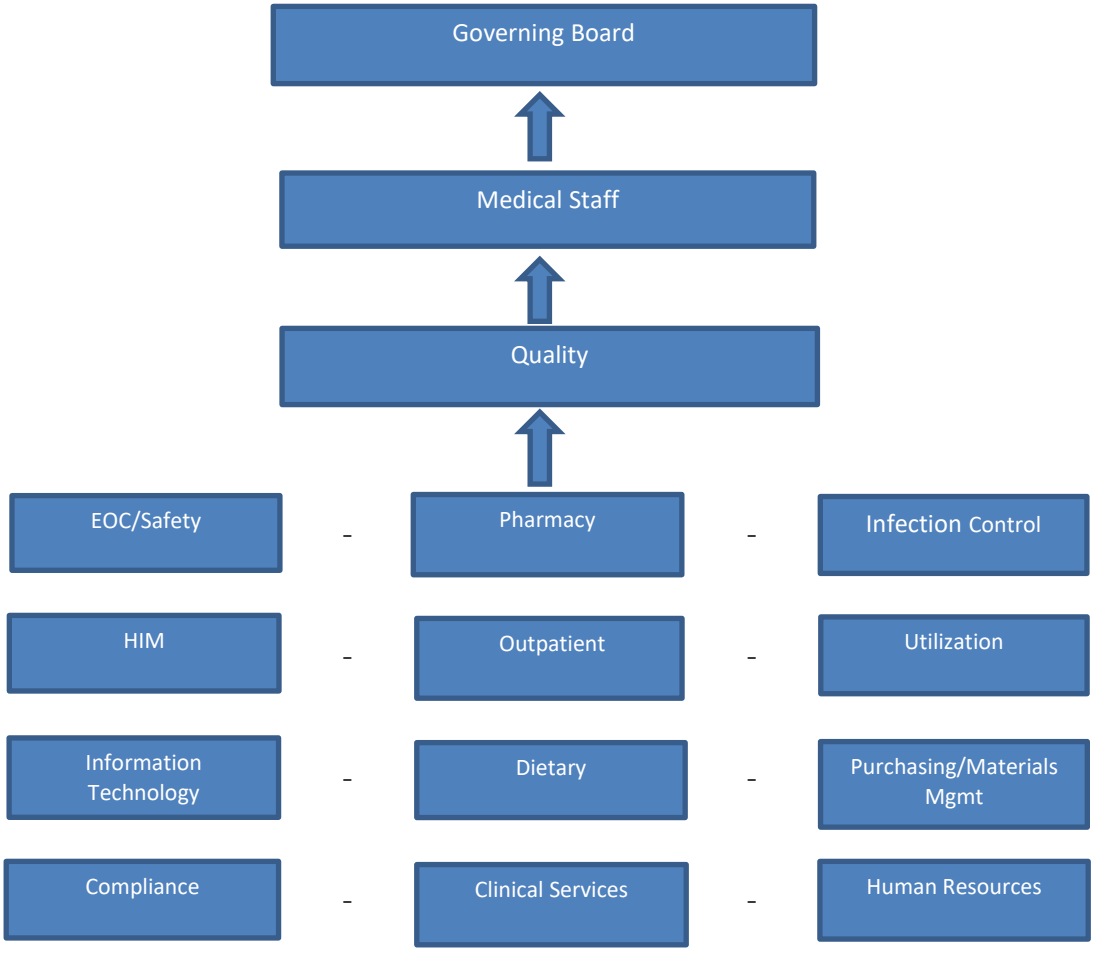

96%
% of Discharge Summaries completed within 48 hours of discharge (Benchmark=100%)

Overview

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.

The hospital quality indicators are a set of measures that provide a perspective on hospital quality of care using hospital data. These indicators reflect quality of care inside the hospital. The quality indicators can be used to help the hospital identify potential problem areas that might need further study; provide the opportunity to assess quality of care inside the hospital using collected data and implement improvement processes.

Reporting Hierarchy



Name of Facility
Hospital Meeting Calendar/Meeting Frequency

Title of Meeting	***Frequency of Meeting***	***Attendees***
Quality Assurance & Performance Improvement Committee	Monthly	Administrator, CCO, QM/RM, IP, Dept. Leads
Environment of Care (EOC) & Safety Committee	Monthly	Administrator, CCO, QM/RM, IP, Dept. Leads
Infection Prevention & Control Committee	Monthly	Physician, Administrator, CCO, QM/RM, IP, Pharmacy, ES, EHN
Pharmacy & Therapeutics Committee	Monthly	Administrator, Pharmacist, DRN, CCO, QM, IP
Health Information Management (HIM) & Credentialing Committee	Monthly	HIM, CCO, QM, Registration Clerk, Credentialer
Utilization Review Committee	Monthly	Administrator, CCO, QM, IP, CM
Compliance Committee	Monthly	Administrator, CCO, QM, BOM, CO, Physician, HR, Nurse Managers, CM
Medical Executive Committee	Monthly	Medical Staff, Administrator, CCO, QM
Governing Board	Monthly	Administrator, CCO, Medical Staff, Governing Board Members

MANUGM REGIONAL MEDICAL CENTER
Quality Assurance & Performance Improvement
Agenda

Date: 4/15/2021

I. Call to Order

II. Review of Minutes

III. Review of Committee Meetings
- A. EOC/Patient Safety Committee
- B. Infection Control Committee
- C. Pharmacy & Therapeutics Committee
- D. HIM/Credentialing Committees
- E. Utilization Review Committee
- F. Compliance Committee

IV. Old Business

V. New Business

VI. Quality Assurance/Performance Improvement

I. Volume & Utilization
- A. Hospital Activity
- B. Blood Utilization

II. Care Management
- A. CAH Re-Admits
- B. Acute Transfers
- C. Transition of Care
- D. Discharge Follow-Up Phone Calls
- E. Patient Safety Discharge Checklist

III. Risk Management
- A. Incidents
- B. Reported Complaints
- C. Reported Grievances
- D. Patient Falls Without Injury
- E. Patient Falls With Minor Injury
- F. Patient Falls With Major Injury
- G. Mortality Rate
- H. Deaths Within 24 Hours of Admit
- I. OPO Notification/Tissue Donation
- J. Patient Identifiers

IV. Nursing
A. Critical Tests/Labs
B. Restraints
C. RN Assessments
D. Code

V. Emergency Department
A. ER Log & Visits
B. Medical Screeing Exam
C. Provider ER Response Time
D. ED RN Assessments (Initial)
E. ED Readmissions
F. EMTALA Transfer Form
G. ED Transfers
H. Stroke Care
I. Suicide Management
J. Triage
K. STEMI Care
L. ED Nursing Assessment (Dicharge/Transfer)

VI. Pharmacy & Med Safety
A. Pharmacy Utilization
B. After Hours Access
C. Adverse Drug Reaction
D. Medication Errors

VII. Respiratory Care Services
A. Ventilator Days
B. Ventilator Wean Rate
C. Patient Self-Decannulation Rate
D. Respiratory Care Equipment

VIII. Wound Care Services
A. Development of Pressure Ulcer
B. Wound Healing Improvement
C. Wound Care Documentation
D. Debridement/Wound Care Procedures
E. Wound VAC

IX. Radiology
A. Radiology Films
B. Imaging
C. Radiation Dosimeter Report
D. Physicist's Report

X. Lab
A. Lab Reports
B. Blood Culture Contaminants

XI. Infection Control & Employee Health
A. CAUTI Infections
B. CLABSI Infections

C. Hospital Acquired MDROs
D. Hospital Acquired C. diff
E. Hospital Acquired Infections By Source
F. Hand Hygiene/PPE & Isolation Surveillance
G. Public Health Reporting
H. Patient Vaccinations
I. Ventilator Associated Events
J. Employee Health Summary

XII. HIM

A. H&P's
B. Discharge Summaries
C. Progress Notes (Swingbed & Acute)
D. Consent to Treat
E. Swingbed Indicators
G. E-prescribing System
H. Legibility of Records

XIII. Dietary

A. Food Test Tray Evaluation
B. Dietary Checklist Audit

XIV. Therapy

A. Therapy Indicators
B. Therapy Visits
C. Standardized Assessment Outcomes

XV. Human Resources

A. Compliance

XVI. Resgistration Services

XVII. Environmental Services

A. Terminal Room Cleans

XVIII. Materials Management

A. Materials Management Indicators

XIX. Plant Ops

A. Fire Safety Management

XX. Information Technology (IT)

A. IT Indicators

XXI. Outpatient Services

A. Orders and Assessments
B. Outpatient Therapy Services
C. Outpatient Wound Services

XXII. Strong Mind Services

A. Record Compliance
B. Client Satisfaction Survey
C. Master Treatment Plan
D. Suicidal Ideation
E. Scheduled Appointments

VII. Contract Services

VIII. Regulatory & Compliance

A. OSDH & CMS updates
B. Surveys
C. Product Recalls
D. Failure Mode Effect Analysis (FMEA)
E. Root Cause Analysis (RCA)

IX. Policy & Procedure Review

X. Standing Agenda

A. Annual Approval of Strategic Quality Plan
B. Annual Appointment of Infection Preventionist
C. Annual Appointment of Risk Manager
D. Annual Appointment of Safety Officer
E. Annual Appointment of Security Officer
F. Annual Appointment of Compliance Officer
G. Annual Review of ICRA
H. Annual Review of HVA

XI. Credentialing/New Appointment Updates

XII. Chief Clinical Officer Report

XIII. Administrator Report

XIV. Education & Training

XV. Performance Improvement Project

XVI. Department Reports

XIX. Other

XX. Adjournment

Quality Workbook Contents

Topic	*Responsible Party*
I. Hospital Volume & Utilization	
A. Hospital Activity	
B. Blood Utilization	
II. Care Management	
A. CAH/ER Re-Admits	
B. Acute Transfers	
C. Transition of Care	
D. Discharge Follow-Up Phone Calls	
E. Patient Discharge Safety Checklist	
III. Risk Management	
A. Incidents	
B. Reported Complaints	
C. Reported Grievances	
D. Patient Falls Without Injury	
E. Patient Falls With Minor Injury	
F. Patient Falls With Major Injury	
G. Mortality Rate	
H. Deaths Within 24 Hours of Admission	
I. OPO/Tissue Donation	
J. Patient Identifiers	
IV. Nursing	
A. Critical Tests/Labs	
B. Restraints	
C. RN Assessments	
D. Code Blue	
V. Emergency Department	
A. ER Log & Visits	
B. Medical Screening Exam	
C. Provider Response Time	
D. ED RN Assessment (Initial)	
E. ED Readmissions	
F. EMTALA Transfer Form	
G. ED Transfers	
H. Stroke Care	
I. Suicide Management	
J. Triage	
K. STEMI Care	
L. ED Nursing Assessment (Discharge/Transfer)	
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B. After Hours Access	
C. Adverse Drug Reaction	
D. Medication Error Rate	
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B. Ventilator Wean Rate	
C. Patient Unplanned Decannulation Rate	
D. Respiratory Care Equipment	
VIII. Wound Care	
A. Development of Pressure Ulcer	
B. Wound Healing Improvement	
C. Wound Care Documentation	
D. Debridement/Wound Care Procedure	
E. Wound Vac Application	
IX. Radiology	
A. Radiology Films	
B. Imaging	
C. Radiation Dosimeter Reports	
D. Physicist's Report	
X. Laboratory	
A. Lab Reports	
B. Blood Culture Contaminations	
XI. Infection Control & Employee Health	
A. CAUTI Infections	
B. CLABSI Infections	
C. Hospital Acquired MDROs	
D. Hospital Acquired C.diff	
E. Hospital Acquired Infections By Source	
F. Hand Hygiene/PPE & Isolation Surveillance	
G. Public Health Reporting	

H. Patient Vaccinations
I. Ventilator Associated Events
J. Employee Health Summary

XII. Health Information Management (HIM)

A. History & Physical Completion
B. Discharge Summary Completion
C. Progress Notes (Swingbed & Acute)
D. Consent to Treat
E. Swingbed Indicators
G. E-prescribing System
H. Legibility of Records

XIII. Dietary

A. Food Test Tray Evaluation
B. Dietary Checklist Audit

XIV. Therapy Services

A. Therapy Swingbed Services
B. Therapy Visits
C. Standardized Assessment Outcomes

XV. Human Resources

A. Employee Compliance

XVI. Registration Services

XVII. Environmental Services

A. Terminal Room Cleans

XVIII. Materials Management/Purchasing Serviees

A. Materials Management Indicators

XIX. Plant Operations

A. Fire Safety Management

XX. Information Technology (IT)

A. IT Indicators

XXI. Outpatient Services

A. Outpatient Orders and Assessments
B. Outpatient Therapy Services
C. Outpatient Wound Services

XXII. Strong Mind Services

A. Record Compliance
B. Client Satisfaction Survey
C. Master Treatment Plan
D. Suicidal Ideation
E. Scheduled Appointments

Hospital Volume & Utilization Data

A. Hospital Activity

Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total ER visits	104	133											**237**
Total # of Observation Patients Admitted	0	2											**2**
Total # of Acute Patients Admitted	15	15											**30**
Total # of Swing Bed Patients Admitted	10	20											**30**
Total Hospital Admissions (Acute & Swing bed)	25	35	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	60
Total Discharges (Acute & Swing bed)	19	25											**44**
Total Patient Days (Acute & Swing bed)	183	324											**507**
Average Daily Census (Acute & Swing bed)	6	12											**9**

January	
Summary of Findings	**Plan of Action**
N/A	N/A

February	
Summary of Findings	**Plan of Action**

March	
Summary of Findings	**Plan of Action**

April	
Summary of Findings	**Plan of Action**

May	
Summary of Findings	**Plan of Action**

June	
Summary of Findings	**Plan of Action**

July	
Summary of Findings	**Plan of Action**

August	
Summary of Findings	**Plan of Action**

September	
Summary of Findings	**Plan of Action**

Hospital Volume & Utilization Data

October	
Summary of Findings	**Plan of Action**
November	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**

B. Blood Utilization

Function: Outcome & Process Measure
Rationale: High Risk, Problem Prone
Data Source: Medical Record/Lab Reports/Blood Log
. Sample Size: All episodes of blood/blood product administration
Methodology: Audit Log, PDSA
Inclusion Criteria: All patients receiving blood/blood products during reporting period

Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total Units of Blood / Blood Products Administered	4	1											**5**
Total Number of Transfusion Episodes	2	1											**3**
Appropriateness for transfusion (per criteria)	4	1											**5**
Total number of transfusion reactions	0	0											**0**
Patient identification using 2 identifiers (total # of units with 2 patient identifiers/total units infused) (Benchmark=100%)	4	1											**5**
Signed Informed Consent (total # of episodes with signed Informed Consent/total episodes) (Benchmark=100%)	4	1											**5**
Vital signs monitor and document per protocol for each transfusion occurrence													**0**
Total # of transfusion occurrence													**0**

January	
Summary of Findings	**Plan of Action**
All blood products were administered without problems	no action needed
February	
Summary of Findings	**Plan of Action**

Hospital Volume & Utilization Data

All blood products were administered withoug problems All paperwork completed.	no action needed
March	
Summary of Findings	**Plan of Action**
April	
Summary of Findings	**Plan of Action**
May	
Summary of Findings	**Plan of Action**
June	
Summary of Findings	**Plan of Action**
July	
Summary of Findings	**Plan of Action**
August	
Summary of Findings	**Plan of Action**
September	
Summary of Findings	**Plan of Action**
October	
Summary of Findings	**Plan of Action**
November	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**

Hospital Volume & Utilization Data

Care Management

A. CAH Re-Admits

Function: Outcome & Process Measure
Rationale: High Risk, Problem Prone
Data Source: Patient Records
Sample Size: All acute & SWB patients readmitted to CAH
Methodology: Medical records, Discharge reports, PDSA
Inclusion Criteria: All acute & SWB patients readmitted to CAH within 30 days of discharge
Exclusion Criteria: Patients who are transferred to a higher level of care and then readmitted back to CAH

Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total Number of Readmits (Acute & SWB) Within 30 days of discharge	1	0											**1**
Total Discharges for the reporting month	19	25	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	**44**
CAH Readmission Rate per 100 patient discharges	**5%**	---	---	---	---	---	---	---	---	---	---	---	**2%**

January	
Summary of Findings	**Plan of Action**
1 re-admit to acute within 30 days. Patient was admitted to acute care on 1-3-20 with CHF, COPD exacerbation and shortness of breath. She was started on IV Rocephin and Zithromax for CXR that showed mediastinal opacity. Neb treatments were ordered routinely. She received DVT and stress ulcer prophylaxis and has improved. She has no dyspnea with exertion and on room air is oxygenating at 95%. She insists she go home, though it was suggested a few more days of IV antibiotics would be beneficial, and sputum culture results would be available. She states she has family that will be staying with her and she 'really needs' to go home. CXR shows improving opacity. She was discharged on Nicotine patch, increase in Lasix to 40 mg BID for one week, then once daily, Metoprolol 50 mg BID and Prednisone 20 mg daily for 5 days, along with Levaquin 500 mg once daily. She has received order for outpatient ultrasound of LLE for mild, chronic edema, worse on left. F/U in one week with PCP. Patient readmitted next day for c/o DOE, for breathing treatments and supplemental O2 prn, Levaquin 750 mg IVPB daily, LLE venous US	

February	
Summary of Findings	**Plan of Action**
No re-admits for February	Will continue to monitor

March	
Summary of Findings	**Plan of Action**

April	
Summary of Findings	**Plan of Action**

May

Care Management

Summary of Findings	Plan of Action
June	
Summary of Findings	**Plan of Action**
July	
Summary of Findings	**Plan of Action**
August	
Summary of Findings	**Plan of Action**
September	
Summary of Findings	**Plan of Action**
October	
Summary of Findings	**Plan of Action**
November	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**

D. Discharge Follow-Up Phone Calls

Function: Outcome Measure
Rationale: Problem Prone
Data Source: Discharge List
Sample Size: All discharged acute & SWB patients to home during the reporting period
Methodology: PDSA, Patient Records

Inclusion Criteria: All discharged acute & SWB patients to home during the reporting period

Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD

Care Management

Total number of Discharge Follow-Up calls completed within 48 hours; excluding holidays & weekends)	19	25											**44**
# of Discharge Follow-Up calls required during the reporting	19	25											**44**
Percentage of Compliance	**100%**	**100%**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**100%**

January	
Summary of Findings	**Plan of Action**
February	
Summary of Findings	**Plan of Action**
March	
Summary of Findings	**Plan of Action**
April	
Summary of Findings	**Plan of Action**
May	
Summary of Findings	**Plan of Action**
June	
Summary of Findings	**Plan of Action**
July	
Summary of Findings	**Plan of Action**
August	
Summary of Findings	**Plan of Action**
September	
Summary of Findings	**Plan of Action**
October	
Summary of Findings	**Plan of Action**
November	
Summary of Findings	**Plan of Action**

Care Management

December	
Summary of Findings	**Plan of Action**

E. Patient Discharge Safety Checklist

Function: Outcome Measure

Rationale: Problem Prone

Data Source: Patient Records
Sample Size: All inpatients discharged to home during the reporting period

Methodology: PDSA, Patient Records

Risk Management

A. Incidents

Function: Outcome & Process Measure
Rationale: High Risk, Problem Prone
Data Source: Patient Records, Incident Reports
Sample Size: All patients/visitors/facility with unplanned events/incidents
Methodology: Incident reports, patient records, PDSA
Inclusion Criteria: All patients/visitors/facility with unplanned events/incidents

Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Intravenous Line events	0	0											**0**
Other line events (foley, enteral tubes, drains, etc.)	0	0											**0**
Patient falls without injury	0	1											**1**
Patient falls with injury	0	0											**0**
AMA events	2	1											**3**
ED patients left without being seen	0	0											**0**
Average Wait Time/Minutes (LWBS)	0	0											**0**
Notifications to Police/Law for Disruptive Events	0	0											**0**
Violent/Disruptive Events	0	0											**0**
Suicide/Self Harm During Hospital Stay	0	0											**0**
Other events	3	4											**7**
Process incidents	0	0											**0**
Visitor incidents	0	0											**0**
Total Number of Events	**5**	**6**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**11**
January													
Summary of Findings				**Plan of Action**									

Risk Management

OTHER EVENTS: 1. On 1/31/21 drug room tech identified FSBS ommission while doing QA checks of MARS. FSBS omitted by LPN. CCO interviewed LPN, LPN had inaccurate FSBS data. LPN given opportunity to correct the ommission. LPN entered inacurate data into EMR documented that she had completed a finger stick on a patient. **2.** On 1/8/21 CNA was assisting patient with shower when patient had inappropriate behavior towards CNA. CNA let the patient know that it is not acceptable. No findings of confusion, AMS or dementia. **3.** On 1/11 @ 1700 it was found by LPN that the RMS was in the vagina instead of the rectum. RMS was removed and cleaned and properly placed into the rectum. **AMA - 1.** Patient presented @ 20:30 by EMS with CP. Patient was triaged upon arrival. Provider notified, and EKG was done. Pt did not like that her S.O. could not come in ED. RN & lab at bedside for IV & blood draw. Pt is relaxed & calm, states " I am feeling better, and want to go home" Pt now denies CP or SHOB. RN discussed what tests are ordered & why – pt remains pleasant with staff & further declines any testing, and wants to go home. NP at bedside to discuss risks of leaving and benefits of staying. Pt comprehends again states she "wants to go home." Agrees to sign AMA form. Pt ambulated to car w/out difficulty. **2. AMA ED -** Patient presented to ED @ 11:50 with hyperglycemia and CP. Patient became angry about NPO order. He cursed at nursing staff. Patient stated "If I don't get a heater and more blankets and some food, I am leaving and I am not signing any paperwork" Provider notified of pt behavior. Provider advised pt to stay to receive further treatment, pt refused further treatment and refused to sign AMA form. Patient was informed that refusal of further treatment has serious consequences to his health, possibly even death. Patient dressed himself, got out of bed, and refused to sit. Patient stated "I don't like the way I'm being treated, and my stress levels are through the roof. I just need to go." Patient also stated "my health doesn't matter." Patient refused to wait for his sister to come and get him	**OTHER EVENTS: 1.** CCO met with LPN involved. LPN's agency contacted. Agency and CCO agree to cancel contract.LPN will not return to MRMC. **2.** Charge nurse notified. It was also noted in chart. Care plan was reviewed and updated which included, but was not limited to socially inappropriate behavior. CCO told staff to use "buddy system" for patient hygiene needs. **3.** CCL and QM interviewed all staff members one by one that take care of said patient. None of the staff members interviewed knew how it was misplaced. CCO reminded each staff member to take time and make sure of insertion. **AMA - 1.** RN involved counseled and reminded that an incident report is to be filled out on each AMA. Also, that CCO and QM must be notified about incident. **AMA -ED 2.** QM spoke with RN and several warm blankets were given to pt. Patient was NPO and could not have food or drink administered to him. Nursing staff walked with patient off the property and also called the Police Department to let them know the patient had left the hospital and asked if the PD would check on him.
February	
Summary of Findings	**Plan of Action**

Risk Management

FALL W/O INJ 1. On 2/24/21 At Patient was found on floor due to an unassisted fall while walking. Patient stated "I needed to use restroom" She then said she got out of bed w/out hitting call light. At 0153 call light went off and nursing staff found patient on the floor by bed in a sitting position. Patient stated"I fell on my bottom and crawled back toward bed to hit call light." Patient was assessed for injuries. No apparent injuries, and patient denies pain anywhere. Vitals taken and patient was assisted to commode and then back to bed. Bed alaarm was turned on. Patient was instructed to use call light if needing to get out of bed. Patient verbalized understanding. Patients socks were changed to grip socks. Patient had put her own personal socks on. patient call light was w/in reach, bed was in low position. Provider and patient's family was informed of the fall. AMA 2/8/21 Patient presented to the ED @ 15:15 with a PMH of Hep C, diabetes II, hypertension, chronic neck pain and chronic substance-abuse with complaint of lower extremity swelling for the last month that has not improved. She reports gradual increase in swelling to lower extremities that has continued to worsen and become painful. Patient was triaged and seen by Provider. Patient left prior to lab review. Patient left AMA because her house was getting broken into. Patient was informed of risks of leaving and the benefits of staying before signing AMA. OTHER EVENTS: 1. On 2/9/21 @ 0053 Patient was reaching for something on his bedside table. His hand slipped and the table went up under his fingernail and pulled it completely off. Patient stated "Oh, this happens all the time." 2. On 2/21/20 @ 1830 Staff noticed an odor of cigerettes in patients room. Patient admitted she was smoking cigarette in her room so she could get kicked out and go back to the Nursing home. Patient does not use oxygen and hasn't for several days. 3. On 2/22/20 @ 10:10 a.m. Nursing staff smelled cigerette smoke and went into patient room to find patient watching tv. Smoke smell was strong. Nurse made CCO aware of incident, then CCO went to patients room and with nurse. Patient approved CCO and nurse to look in her purse. Findings were 2 partially smoked cigerettes. Patient is requesting to go back to nursing home so she can smoke freely. 4. On 2/21/21 at 10:22 ED Patient presented from EMS nonresponsive, will open eyes but no other response. Provider assessed patient and patient was triaged immediately. Provider ordered a "stat" CT of the brain @ 10:22 RN failed to inform Radiology of the CT patient. At approximately 12:00 Provider noticed no CT was	FALL W/O INJ 1. On 2/24/21 Changed patients personal socks to non skid socks. Made sure appropriate railing up. Bed alarm was turned on. AMA 2/8/21 1. Staff did explain to patient the risks of leaving and the benefits of staying. Patient was being treated but had emergency. OTHER EVENTS: 2/9/21 1. RN assessed finger. Cleaned the wound, and applied 2X2 with medical tape. Provider was notified of patient injury. Also, CCO communicated with patient regarding safety with furniture during repositioning. Patient verbalized understanding. 2. Patient's lighter was confiscated by nursing staff and lighter was also educated on risks to herself, staff and other patients. It was explained to the patient that she could cause a fire/explosion from smoking around oxygen. 3. Patient gave CCO verbal consent to search purse. Removed cigerettes and lighter from purse and took it to the ward clerk to be stored for patient. CCO comunicated the risks associated with smoking in the hospital. CCO also visted with patient about going back to Nursing home. Patient wanted to be d/c'd back to nursing home. CCO spoke with CM and provider. CM approved the d/c back to Nursing home. 4. Immediate action taken, CCO informed CEO that he would remove the RN off the schedule in the ED unless shorthanded. 2nd QM reviewed the chart and interviewed staff involved. 3rd action is to educate RN and Provider individually. 4th CCO will get Dr. C involved and do an immediate read and sign. Also, CCO is doing a global response to nursing when he introduces new policies and procedures on 3/9/2021. Future education is also coming when Cohesive rolls out video training on new policies and procedures in near future. No exact date is set. 5th QM also spoke with the Radiology Director about the event. Director said she will remind her staff that all stroke patients are to be done first and immediately.
March	
Summary of Findings	**Plan of Action**
April	
Summary of Findings	**Plan of Action**
May	
Summary of Findings	**Plan of Action**

Risk Management

June	
Summary of Findings	**Plan of Action**
July	
Summary of Findings	**Plan of Action**
August	
Summary of Findings	**Plan of Action**
September	
Summary of Findings	**Plan of Action**
October	
Summary of Findings	**Plan of Action**
November	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**

Incident Grouped by Department Involved													
Department	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**YTD**
Nursing	5	6											**11**
Respiratory	0	0											**0**
Radiology	0	0											**0**
Lab	0	0											**0**
Therapy	0	0											**0**
Business Office	0	0											**0**
Dietary	0	0											**0**
Medical	0	0											**0**

Risk Management

B. Reported Complaints

Function: Outcome Measure
Rationale: High Risk, Problem Prone
Data Source: Patient, Family, Visitor
Sample Size: All Complaints
Methodology: Report (Verbal), PDSA
Inclusion Criteria: All complaints

Documentation Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total number of Complaints	0	1											**1**
Total number of Patient Days	183	324	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	**507**
Rate per 1000 patient days	---	**3.1**	---	---	---	---	---	---	---	---	---	---	**2.0**
Total number of Complaints from ED	0	0											**0**
Total number of ED Visits	104	133	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	**237**
Percentage of ED Complaints	---	---	---	---	---	---	---	---	---	---	---	---	---

January	
Summary of Findings	**Plan of Action**
No complaints for January	Will continue to monitor

February	
Summary of Findings	**Plan of Action**
On 2/4/21 Patient spoke with the charge nurse about staff member upsetting her when helping her to the bed side commode. She said the LPN that came in to help her said she needs to finish and empty her bladder this time. She also said that LPN used her hurt arm to help assist her. Patient said she stated "that is my hurt arm" LPN then let go of her arm. QM and CCO spoke with the patient the morning of 2/5 and patient felt nurse was irriated at how many times she goes to the bathroom. QM spoke with LPN about the matter. She said when the patient got off of the commode to quickly she was afraid the patient would fall so she grabbed her arm without thinking of her arm injury. She immediately let go when the patient said that is her hurt arm.	2/5/21 QM and CCO assured patient that we all love taking care of her. CCO asked patient if he made it where the LPN would not assist in her care anymore would that help her to feel more comfortable with her stay here at MRMC? Patient said "yes" Also, CCO asked if patient wanted any further action taken on this matter? Patient stated " no, I am fine with that" Further actions taken was CCO had LPN read and sign education on empathy and human connection. QM also reviewed chart. QM was approved by patient to call her sister and let her know what actions were taken and how her sister was doing. The sister was happy with the process.

March	
Summary of Findings	**Plan of Action**

April	
Summary of Findings	**Plan of Action**

May	
Summary of Findings	**Plan of Action**

Risk Management

June	
Summary of Findings	**Plan of Action**
July	
Summary of Findings	**Plan of Action**
August	
Summary of Findings	**Plan of Action**
September	
Summary of Findings	**Plan of Action**
October	
Summary of Findings	**Plan of Action**
November	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**

C. Reported Grievances

Function: Outcome Measure
Rationale: High Risk, Problem Prone
Data Source: Patient, Family, Visitor
Sample Size: All Complaints
Methodology: Report (Verbal, Written), PDSA
Inclusion Criteria: All grievances

Documentation Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total number of Grievances	1	0											**1**
Total number of Patient Days	183	324	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	**507**
Rate per 1000 patient days	**5.5**	---	---	---	---	---	---	---	---	---	---	---	**2.0**
Total number of Grievances from ED	0	0											**0**
Total number of ED Visits	104	133	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	**237**
Percentage of ED Grievances	---	---	---	---	---	---	---	---	---	---	---	---	---

January	
Summary of Findings	**Plan of Action**

Risk Management

On 1/12/21 Patient's husband wanted video footage reviewed of his wife's room entrance 1/9/21 between 11:30 a.m. - 7:30 p.m. He wanted to make sure only the allowable staff was entering his wife's room. Patient's husband didn't want to file a grievance, but we followed policy.	1/13/21 QM reviewed video footage, interviewed staff and reviewed the chart. After review found only the allowed staff were entering room. Date issue was closed and letter sent 1/18/21.
February	
Summary of Findings	**Plan of Action**
No grievances for the monthe of February	Will continue to monitor
March	
Summary of Findings	**Plan of Action**
April	
Summary of Findings	**Plan of Action**
May	
Summary of Findings	**Plan of Action**
June	
Summary of Findings	**Plan of Action**
July	
Summary of Findings	**Plan of Action**
August	
Summary of Findings	**Plan of Action**
September	
Summary of Findings	**Plan of Action**
October	
Summary of Findings	**Plan of Action**
November	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**

Risk Management

Complaint Grouped by Type													
Complaint Type	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**YTD**
Basic Care (daily hygiene, oral care, peri care, etc.)	0	0											**0**
Medication related	0	0											**0**
Communication (follow-through on concerns, etc.)	0	0											**0**
Attitude and Customer Service	0	1											**1**
Preventative measures (turning, activity)	0	0											**0**
Nutrition (assistance, quality, diets, timeliness)	0	0											**0**
Call light response	0	0											**0**

Complaint Grouped by Department													
Department	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**YTD**
Business Office	0	0											**0**
Nursing	0	1											**1**
ED	0	0											**0**
IT	0	0											**0**
Lab	0	0											**0**
Provider	0	0											**0**
Dietary	0	0											**0**
Housekeeping	0	0											**0**
Radiology	0	0											**0**
Other	0	0											**0**

Risk Management

D. Patient Falls Without Injury

Function: Outcome and Process Measure
Rationale: High Risk, Problem Prone
Data Source: Patient Records, Incident Reports
Sample Size: All patients with falls
Methodology: Patient Records, Incident Reports, PDSA
Inclusion Criteria: All patients with falls

Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Patient Falls W/O injury	0	1	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	**1**
Total number of Patient Days	183	324	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	**507**
Rate per 1000 patient days (Benchmark = 5 or less)	**---**	**3.1**	**#N/A**	**#N/A**	**#N/A**	**#N/A**	**#N/A**	**#N/A**	**#N/A**	**#N/A**	**#N/A**	**#N/A**	**2.0**
Indicator	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**YTD**
ED Patient Falls W/O injury	0												**0**
Total number of ED Visits	104	133	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	**237**
Percent of Total ED Patient Falls (Benchmark = 5 or less)	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**

January	
Summary of Findings	**Plan of Action**
No falls w/o inj for Januray	Will continue to monitor
February	
Summary of Findings	**Plan of Action**
See summary of findings under Risk Management Incident tab	
March	
Summary of Findings	**Plan of Action**
April	
Summary of Findings	**Plan of Action**
May	
Summary of Findings	**Plan of Action**
June	
Summary of Findings	**Plan of Action**
July	
Summary of Findings	**Plan of Action**
August	

Risk Management

Summary of Findings	Plan of Action
September	
Summary of Findings	**Plan of Action**
October	
Summary of Findings	**Plan of Action**
November	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**

E. Patient Falls with Minor Injury

Function: Outcome and Process Measure
Rationale: High Risk, Problem Prone
Data Source: Patient Records, Incident Reports
Sample Size: All patients with falls (minor cuts, minor bleeding, skin abrasions/contusions/tears, swelling, pain)
Methodology: Patient Records, Incident Reports, PDSA
Inclusion Criteria: All patients with falls

Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Patient Falls with Minor injury	0	0											**0**
Total number of Patient Days	183	324	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	**507**
Rate per 1000 patient days (Benchmark = 5 or less)	---	---	---	---	---	---	---	---	---	---	---	---	---
Indicator	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**YTD**
ED Patient Falls With Minor injury	0	0											**0**
Total number of ED Visits	104	133	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	**237**
Percent of Total ED Patient Falls (Benchmark = 5 or less)	---	---	---	---	---	---	---	---	---	---	---	---	---

January	
Summary of Findings	**Plan of Action**
No falls for January	Will continue to monitor
February	
Summary of Findings	**Plan of Action**
No falls for February	Will continue to monitor
March	

Risk Management

Summary of Findings	Plan of Action
April	
Summary of Findings	**Plan of Action**
May	
Summary of Findings	**Plan of Action**
June	
Summary of Findings	**Plan of Action**
July	
Summary of Findings	**Plan of Action**
August	
Summary of Findings	**Plan of Action**
September	
Summary of Findings	**Plan of Action**
October	
Summary of Findings	**Plan of Action**
November	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**

F. Falls with Major Injury

Function: Outcome and Process Measure
Rationale: High Risk, Problem Prone
Data Source: Patient Records, Incident Reports
Sample Size: All patients with falls (fractures, subdural hematomas, other major head trauma, cardiac arrest, excessive bleeding, lacerations requiring sutures, loss of consciousness)
Methodology: Patient Records, Incident Reports, PDSA
Inclusion Criteria: All patients with falls

Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD

Risk Management

Patient Falls with Major Injury	0	0											**0**
Total number of Patient Days	183	324	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	**507**
Rate per 1000 patient days (Benchmark = 0.5 or less)	---	---	---	---	---	---	---	---	---	---	---	---	---
Indicator	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**YTD**
ED Patient Falls With Major injury	0	0											**0**
Total number of ED Visits	104	133	0	0	0	0	0	0	0	0	0	0	**237**
Percent of Total ED Patient Falls (Benchmark = 0.5 or less)	---	---	---	---	---	---	---	---	---	---	---	---	---

January	
Summary of Findings	**Plan of Action**
No falls this month	Will continue to monitor

February	
Summary of Findings	**Plan of Action**
No falls with major injury for February	Will continue to monitor

March	
Summary of Findings	**Plan of Action**

April	
Summary of Findings	**Plan of Action**

May	
Summary of Findings	**Plan of Action**

June	
Summary of Findings	**Plan of Action**

July	
Summary of Findings	**Plan of Action**

August	
Summary of Findings	**Plan of Action**

September	
Summary of Findings	**Plan of Action**

October	
Summary of Findings	**Plan of Action**

Risk Management

November	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**

Risk Management

G. Mortality Rate

Function: Outcome & Process Measure
Rationale: High Risk, Problem Prone
Data Source: Patient Records, Discharge Report
Sample Size: All patient expirations during reporting period
Methodology: Patient Records, Discharge Report, PDSA
Inclusion Criteria: All patient expirations during reporting period

Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
# of deaths (Acute, Swing bed) during the reporting period	0	1	1										**2**
Total number of patient discharges	19	25	0	0	0	0	0	0	0	0	0	0	**44**
Percent of Total Discharges (Benchmark=10%)	---	**4%**	**#DIV/0!**	---	---	---	---	---	---	---	---	---	**5%**
Indicator													
# of deaths (observation) during reporting period	0	**0**											**0**
Indicator													
# of deaths (ER) during the reporting period	0	0											**0**
Total number of ER patient discharges	104	133	0	0	0	0	0	0	0	0	0	0	**237**
Percent of Total Discharges	---	---	---	---	---	---	---	---	---	---	---	---	---

January	
Summary of Findings	**Plan of Action**
No deaths for MRMC in January	Will continue to monitor
February	
Summary of Findings	**Plan of Action**
One patient death in reporting period. 1. Patient was admitted for CHF and AKI. During stay patient became unresponsive. ACLS protocols administered. No ROSC noted. Death called.	Continue operating capacities for this CAH.
March	
Summary of Findings	**Plan of Action**
April	
Summary of Findings	**Plan of Action**
May	
Summary of Findings	**Plan of Action**
June	
Summary of Findings	**Plan of Action**

Risk Management

July	
Summary of Findings	**Plan of Action**
August	
Summary of Findings	**Plan of Action**
September	
Summary of Findings	**Plan of Action**
October	
Summary of Findings	**Plan of Action**
November	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**

H. Deaths within 24 hours of Admit

Function: Outcome & Process Measure
Rationale: High Risk, Problem Prone
Data Source: Patient Records, Discharge Report
Sample Size: All patient expirations during reporting period
Methodology: Patient Records, Discharge Report, PDSA
Inclusion Criteria: All patient expirations during reporting period

Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
# of deaths within 24 hours of admit	0	0											**0**
# of deaths during the reporting period	0	0											**0**
Percentage of deaths within 24 hours	**#N/A**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**

January	
Summary of Findings	**Plan of Action**
No deaths w/in 24 hours of admit	No action required at this time
February	
Summary of Findings	**Plan of Action**
No deaths w/in 24 hours of admit	No action required at this time
March	

Risk Management

Summary of Findings	Plan of Action
April	
Summary of Findings	**Plan of Action**
May	
Summary of Findings	**Plan of Action**
June	
Summary of Findings	**Plan of Action**
July	
Summary of Findings	**Plan of Action**
August	
Summary of Findings	**Plan of Action**
September	
Summary of Findings	**Plan of Action**
October	
Summary of Findings	**Plan of Action**
November	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**

I. Organ Procurement Organization Notification/Tissue Donation

Function: Outcome & Process Measure **Rationale: High Risk, Problem Prone** **Data Source: Patient Records, Discharge Report** **Sample Size: All patient deaths** **Methodology: Patient Records, Discharge Report, PDSA** **Inclusion Criteria: All patient expirations during reporting period**

Risk Management

Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
# of documented Organ banks notifications within 60 min of death	**0**	**1**											**1**
Total number of Deaths for the reporting period	**0**	**1**											**1**
Percent of Deaths Reported (Benchmark = 100%)	**#N/A**	**100%**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**100%**
Tissue Donations	0												0

January	
Summary of Findings	**Plan of Action**
No deaths	NO action required at this time
February	
Summary of Findings	**Plan of Action**
LifeShare notified within 60 minutes of death.	No action required at this time
March	
Summary of Findings	**Plan of Action**
April	
Summary of Findings	**Plan of Action**
May	
Summary of Findings	**Plan of Action**
June	
Summary of Findings	**Plan of Action**
July	
Summary of Findings	**Plan of Action**
August	
Summary of Findings	**Plan of Action**
September	
Summary of Findings	**Plan of Action**
October	
Summary of Findings	**Plan of Action**
November	

Risk Management

Summary of Findings	Plan of Action
December	
Summary of Findings	**Plan of Action**

J. Patient Identfiers

Function: Outcome & Process Measure **Rationale: High Risk, Problem Prone** **Data Source: Tracking Tool**

Nursing Services

A. Critical Tests / Labs

Function: Outcome & Process Measure
Rationale: High Risk, High Volume, Problem Prone
Data Source: Lab reports, Patient Records
Sample Size: All critical labs for Reporting Period
Methodology: Audit Tool, Patient Records, PDSA

Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Critical results with documented MD/LIP contact within 1 hour (from RN notification to provider) (Benchmark=90%)	11	27											**38**
Total critical results logged during reporting period	16	27											**43**
Percentage of Critical Lab Results Completed (Benchmark = 90%	**69%**	**100%**	---	---	---	---	---	---	---	---	---	---	**88%**

January	
Summary of Findings	**Plan of Action**
31% below benchmark	CCO has instructed Lab staff to call critical results to nurse. Nurse will promptly log and report results to provider. Additionally, lab staff will accompany their call with a faxed reults and request signed acknowledgment from the receiving nursing. Staff were educated on the updated process via read and sign inservice by CCO.
February	
Summary of Findings	**Plan of Action**
no remarkable findings	no action required at thsi time
March	
Summary of Findings	**Plan of Action**
April	
Summary of Findings	**Plan of Action**
May	
Summary of Findings	**Plan of Action**
June	
Summary of Findings	**Plan of Action**
July	
Summary of Findings	**Plan of Action**
August	

Nursing Services

Summary of Findings	Plan of Action
September	
Summary of Findings	**Plan of Action**
October	
Summary of Findings	**Plan of Action**
November	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**
December	

B. Restraint Use

Rationale: High Risk, Problem Prone
Data Source: Patient Records, Audit Log
Sample Size: All episodes of restraint Use During Reporting Period
Methodology: Patient Records, Audit Log, PDSA

Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Number of restraint days during reporting period	0	0											**0**
Total patient days during reporting period	183	324	0	0	0	0	0	0	0	0	0	0	**507**
Rate per 1000 patient days	---	---	---	---	---	---	---	---	---	---	---	---	---

January	
Summary of Findings	**Plan of Action**
No restraint use in January	No action required at thsi time
February	
Summary of Findings	**Plan of Action**
No restraint use in February	No action required at thsi time
March	
Summary of Findings	**Plan of Action**
April	
Summary of Findings	**Plan of Action**

Nursing Services

May	
Summary of Findings	**Plan of Action**
June	
Summary of Findings	**Plan of Action**
July	
Summary of Findings	**Plan of Action**
August	
Summary of Findings	**Plan of Action**
September	
Summary of Findings	**Plan of Action**
October	
Summary of Findings	**Plan of Action**
November	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**
December	

Nursing Services

Summary of Findings	Plan of Action

C. RN Assessments

Rational: High Risk, Problem Prone
Data Source: Patient Records
Sample Size: Quarterly Random Sample (20 records) of Discharged Patients (Acute & SWB)
Methodology: Patient Records, PDSA
Inclusion Criteria: Discharged patients (Acute & Swing) during a quarterly period

Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total Number of RN assessments completed q24 hours	19	20											**39**
Total Number of assessments reviewed	19	20											**39**
Percent of Compliance (Benchmark = 100%)		**1000**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**1000**

January	
Summary of Findings	**Plan of Action**
	No action required at this time

February	
Summary of Findings	**Plan of Action**
No remarkable findings	No action required at this time

March	
Summary of Findings	**Plan of Action**

April	
Summary of Findings	**Plan of Action**

May	
Summary of Findings	**Plan of Action**

June	
Summary of Findings	**Plan of Action**

July	
Summary of Findings	**Plan of Action**

August	
Summary of Findings	**Plan of Action**

Nursing Services

September	
Summary of Findings	**Plan of Action**
October	
Summary of Findings	**Plan of Action**
November	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**

Emergency Department

A. ER Log & Visits

Function: Outcome & Process Measure
Rationale: High Risk, Problem Prone
Data Source: Patient Records, ER Log PDSA
Sample Size: All ER patients During Reporting Period
Methodology: Patient Records, Audit Tool, PDSA
Inclusion Criteria: All ER Patients During Reporting Period

Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
ER Log Current & Complete (Each ER Visit)	104	133											**237**
Total number of ER Visits	104	133	0	0	0	0	0	0	0	0	0	0	**237**
Percent of Compliance (Benchmark = 100%)	**100%**	**100%**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**100%**

January	
Summary of Findings	**Plan of Action**
no remarkable findings	No action required at this time.
February	
Summary of Findings	**Plan of Action**
No remarkable findings	No action required at this time.
March	
Summary of Findings	**Plan of Action**
April	
Summary of Findings	**Plan of Action**
May	
Summary of Findings	**Plan of Action**
June	
Summary of Findings	**Plan of Action**
July	
Summary of Findings	**Plan of Action**
August	

Summary of Findings	Plan of Action
September	
Summary of Findings	**Plan of Action**
October	
Summary of Findings	**Plan of Action**
November	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**

B. Medical Screening Exams

Function: Outcome & Process Measure
Rationale: High Risk, Problem Prone, Compliance
Data Source: Patient Records
Sample Size: Quarterly Random Sample of 20 Discharged Patients
Methodology: Patient Records, PDSA
Inclusion Criteria: ED Records

Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total # of Medical Screening Exams Completed (Benchmark=100%)	20	20											**40**
Total # of Medical Exam Screenings Reviewed	20	20											**40**
Compliance Percentage (Benchmark = 100%)	**100%**	**100%**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**100%**

January	
Summary of Findings	**Plan of Action**
No remarkable findings	No action required at this time.
February	
Summary of Findings	**Plan of Action**
no remarkable findings	No action required at this time.
March	
Summary of Findings	**Plan of Action**
April	
Summary of Findings	**Plan of Action**

May	
Summary of Findings	**Plan of Action**
June	
Summary of Findings	**Plan of Action**
July	
Summary of Findings	**Plan of Action**
August	
Summary of Findings	**Plan of Action**
September	
Summary of Findings	**Plan of Action**
October	
Summary of Findings	**Plan of Action**
November	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**

C. Provider ER Response Time

Function: Outcome & Process Measure
Rationale: High Risk, Problem Prone, Compliance
Data Source: Patient Records
Sample Size: Quarterly Random Sample of 20 Discharged Patients
Methodology: Patient Records, PDSA
Inclusion Criteria: ED Records

Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total number of ER response times within 20 minutes (time of provider notification to provider arrival time)	20	20											**40**
Total number of ER visits reviewed	20	20											**40**
ER Provider Response Time (Benchmark=90%)	**100%**	**100%**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**100%**

January

Summary of Findings	Plan of Action
No remarkable findings	No action required at this time.
February	
Summary of Findings	**Plan of Action**
No remarkable findings	No action required at this time.
March	
Summary of Findings	**Plan of Action**
April	
Summary of Findings	**Plan of Action**
May	
Summary of Findings	**Plan of Action**
June	
Summary of Findings	**Plan of Action**
July	
Summary of Findings	**Plan of Action**
August	
Summary of Findings	**Plan of Action**
September	
Summary of Findings	**Plan of Action**
October	
Summary of Findings	**Plan of Action**
November	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**

D. ED RN Assessment (Initial)

Function: Outcome & Process Measure **Rationale: High Risk, Problem Prone, Compliance** **Data Source: Patient Records**

Sample Size: Quarterly Random Sample of 20 Discharged ED Patients
Methodology: Patient Records, PDSA
Inclusion Criteria: ED Records

Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total # of ED RN assessments (Initial) completed	20	20											**40**
Total # of ED RN assessments reviewed	20	20											**40**
ED RN Assessment Percent of completion (Benchmark=100%)	**100%**	**100%**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**100%**

January	
Summary of Findings	**Plan of Action**
no remarkable findings	No action required at this time.

February	
Summary of Findings	**Plan of Action**
no remarkable findings	No action required at this time.

March	
Summary of Findings	**Plan of Action**

April	
Summary of Findings	**Plan of Action**

May	
Summary of Findings	**Plan of Action**

June	
Summary of Findings	**Plan of Action**

July	
Summary of Findings	**Plan of Action**

August	
Summary of Findings	**Plan of Action**

September	
Summary of Findings	**Plan of Action**

October	
Summary of Findings	**Plan of Action**

November

Summary of Findings	Plan of Action
December	
Summary of Findings	**Plan of Action**

E. ED Readmissions

Function: Outcome & Process Measure
Rationale: High Risk, Problem Prone
Data Source: Patient Records
Sample Size: All ED Readmissions within 72 hours of discharge
Methodology: Medical records, Discharge reports, PDSA
Inclusion Criteria: All ED Readmissions within 72 hours of discharge

Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
# of patients readmitted to ED within 72 hours	1	3											**4**
Total # of ED discharges	104	133											**237**
ER Re-Admits Rate per 100 patient discharges (Benchmark=2.5%)	**1**	**2**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**2**

January	
Summary of Findings	**Plan of Action**
1 readmit to acute: Patient was admitted to acute care on 1-3-20 with CHF, COPD exacerbation and shortness of breath. She was started on IV Rocephin and Zithromax for CXR that showed mediastinal opacity. Neb treatments were ordered routinely. She received DVT and stress ulcer prophylaxis and has improved. She has no dyspnea with exertion and on room air is oxygenating at 95%. She insists she go home, though it was suggested a few more days of IV antibiotics would be beneficial, and sputum culture results would be available. She states she has family that will be staying with her and she 'really needs' to go home.	no action required at this time.
February	
Summary of Findings	**Plan of Action**

3 patients readmitted to ER within 72 hours. 1) First admission patient c/o n/v. NS bolus given in ER and phenergan given for home use. When patient came back within 24 hours was for c/o heart palpatations. Provider determined from phenergan use and patient was told to stop using the phenergan. 2) first admission was for laceration to left long finger and pinky. Laceration repair done with Dermabond and Steri-Strips. Patient came back within 24 hours due to a Steri-Strip falling off and then proceeding to remove the rest of the Steri-strips. Laceration repair done again with Dermabond and Steri-Strips and covered with bandage. 3) First admssion with c/o anxiety and out of medications until appointment in three days with PCP. Ativan given and patient discharged. Patient returned within 48 hours with same c/o. Ativan given. Patient stated had appointment with PCP the following day for medication refills.	No action required at this time.
March	
Summary of Findings	**Plan of Action**
April	
Summary of Findings	**Plan of Action**
May	
Summary of Findings	**Plan of Action**
June	
Summary of Findings	**Plan of Action**
July	
Summary of Findings	**Plan of Action**
August	
Summary of Findings	**Plan of Action**
September	
Summary of Findings	**Plan of Action**
October	
Summary of Findings	**Plan of Action**
November	
Summary of Findings	**Plan of Action**

December	
Summary of Findings	**Plan of Action**

F. EMTALA Transfer Form

Function: Outcome & Process Measure
Rationale: High Risk, Problem Prone
Data Source: Patient Records
Sample Size: All ED Transfers
Methodology: Medical records, Discharge reports, PDSA
Inclusion Criteria: All patients transferred from ED

Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
# of patients with EMTALA Transfer Form Completed	n/a	n/a											**0**
Total # of ED discharge reviews													**0**
ER Re-Admits Rate per 100 patient discharges (Benchmark = 100%)	#######	#######	---	---	---	---	---	---	---	---	---	---	---

January	
Summary of Findings	**Plan of Action**
Corporate is working towards getting us the correct EMTALA paperwork for	
February	
Summary of Findings	**Plan of Action**
March	
Summary of Findings	**Plan of Action**
April	
Summary of Findings	**Plan of Action**
May	
Summary of Findings	**Plan of Action**
June	
Summary of Findings	**Plan of Action**
July	
Summary of Findings	**Plan of Action**
August	

Summary of Findings	Plan of Action
September	
Summary of Findings	**Plan of Action**
October	
Summary of Findings	**Plan of Action**
November	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**

G. ED Transfers

Function: Outcome & Process Measure
Rationale: High Risk, Problem Prone
Sample Size: All acute transfers from ED to tertiary facility
Methodology: Medical records, Discharge reports, ED Log, PDSA
Inclusion Criteria: All ED transfers from ED to tertiary facility

Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
# of ED patients transferred to tertiary facility	7	10											**17**

January	
Summary of Findings	**Plan of Action**
7 ER Transfers: 1) Patient had elevated troponin, obstructive uropathy, AKI vs CRF vs acute on chronic renal failure, severe bilateral hydronephrosis, metabolic acidosis, anemia, UTI, hyperphosphatemia. 2) Patient had dizziness, bradycardia, patient transferred for pacemaker placement per cardiologist Dr. Chanrda 3) 8 yr old with a dog bit to the face with avulsion injury, Transferred to OU Children's 4) Patient had hypovolemic shock with end0organ dysfunction, large abdominal wall hematoma s/p AAA surgery on 1/11/21, anemia. 5) Patient had hypoxia, CHF exacerbation, large right pleural effusion, A-fib 6) Patient had RLQ abdominal pain, RLQ abdominal Spigelian hernia with possible obstruction, probable incarcerated hernia 7) Patient has minimally displaced subcapital right femoral neck fracture s/p fall, syncope, bilateral pleural effusions and right basilar opacity	Continue operations at capacities appropriate for this CAH.
February	
Summary of Findings	**Plan of Action**

10 ER Transfers: 1. Patient presented with rhabdomyolysis and acute respiratory failure. 2. Presented with acute thrombolitic stroke and right hemiparesis. 3. Presented with left sided weakness and noted NSTEMI on EKG. 4. Presented with right subdural hematoma with midline shift secondary to head injury with LOC. 5. Presented with right hip fracture. 6. Presented with RLQ pain, Right ovarian cyst, possible intermittent Right ovarian Torsion. 7. Presented with left femoral neck fracture. 8. Presented with Covid + and Shortness of Breath. 9. Presented with UTI, Nephrolithiasis, and Sepsis. 10. Presented with Exacerbation of COPD and AKI.	1) Higher level of care needed. 2) Higher level of care needed. 3) Higher level of care needed. 4) Higher level of care needed. 5) Surgical repair needed. 6) Higher level of care needed. 7) Surgical repair needed. 8) Inability to keep at facility due to inablility to heat Covid rooms at time of presentation. 9) Higher level of care needed. 10) Inability to keep at facility due to inablility to heat Covid rooms at time of presentation. Continue operations at capacities appropriate for this CAH
March	
Summary of Findings	**Plan of Action**
April	
Summary of Findings	**Plan of Action**
May	
Summary of Findings	**Plan of Action**
June	
Summary of Findings	**Plan of Action**
July	
Summary of Findings	**Plan of Action**
August	
Summary of Findings	**Plan of Action**
September	
Summary of Findings	**Plan of Action**
October	
Summary of Findings	**Plan of Action**
November	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**

H. Stroke Care

Function: Outcome & Process Measure
Rationale: High Risk, Problem Prone
Sample Size: All stroke alerts during reporting period
Methodology: Medical records, Discharge reports, ED Log, PDSA
Inclusion Criteria: All stroke alerts during reporting period

	Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
1	Stroke Log Completed	0%	%											**0%**
2	Door to EMS/Air Evac Notification < 15 Minutes	0	0											**0**
	Total # of Stroke Alerts	0	2											**2**
	Percentage of Compliance (Benchmark = 80%)	---	---	---	---	---	---	---	---	---	---	---	---	---
3	Door to Patient Transfer < 60 minutes	0	0											**0**
	Total # of Stroke Alerts	0	2											**2**
	Percentage of Compliance (Benchmark = 80%)	---	---	---	---	---	---	---	---	---	---	---	---	---
4	Door to Provider Evaluation < 15 minutes	0	2											**2**
	Total # of Stroke Alerts	0	2											**2**
	Percentage of Compliance (Benchmark = 80%)	---	**100%**	---	---	---	---	---	---	---	---	---	---	**100%**
5	Door to Stroke Center Notification < 20 minutes	0	0											**0**
	Total # of Stroke Alerts	0	2											**2**
	Percentage of Compliance (Benchmark = 80%)	---	---	---	---	---	---	---	---	---	---	---	---	---
6	Vital Signs Documented Every 15 minutes	0	1											**1**
	Total # of Stroke Alerts	0	2											**2**
	Percentage of Compliance (Benchmark = 80%)	---	**50%**	---	---	---	---	---	---	---	---	---	---	**50%**
7	Neurological Checks Documented Every 15 minutes	0	0											**0**
	Total # of Stroke Alerts	0	2											**2**
	Percentage of Compliance (Benchmark = 80%)	---	---	---	---	---	---	---	---	---	---	---	---	---
8	Total # of Stroke Patients	0	2											**2**
9	Total # of Acute Stroke Patients	0	2											**2**
10	Total # of Stroke Patients Eligible for Thrombolytics	0	1											**1**

January

Summary of Findings	Plan of Action
No strokes noted for January	No action required at this time.

February

Summary of Findings	Plan of Action
1. No TPA in building. Vital signs and neuro checks not done every 15 minutes until stable. Inclement weather and pandemic (lack of bed) delayed transport. 2. No clinical signs for TPA. No neuro checks noted every 15 minutes until stable. Inclement weather and pandemic (lack of beds) delayed transport. (Wasn't this patient admitted?) This patient was not admitted, but was tranfered to a higher level of care.	Continue operations at capacities for this CAH. No other action required at this time. ER RN's re-educated on stroke protocols for vital signs and neuro checks.
March	
Summary of Findings	**Plan of Action**
April	
Summary of Findings	**Plan of Action**
May	
Summary of Findings	**Plan of Action**
June	
Summary of Findings	**Plan of Action**
July	
Summary of Findings	**Plan of Action**
August	
Summary of Findings	**Plan of Action**
September	
Summary of Findings	**Plan of Action**
October	
Summary of Findings	**Plan of Action**
November	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**

I. Suicide Management

Function: Outcome & Process Measure

Rationale: High Risk, Problem Prone
Sample Size: All ED patients during reporting period
Methodology: Medical records, Discharge reports, ED Log, PDSA
Inclusion Criteria: All patients with suicidal/homicidal ideations, suicide attempt, self-harming behaviors, intentional overdose, etc.

	Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
1	Total # of Suicide Screenings Documented on Admission/Triage	2	2											**4**
	Total # of Suicide Screenings Required	2	2											**4**
	Percentage of Compliance (Benchmark = 80%)	**100%**	**100%**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**100%**
2	Completion of Environmental Patient Safety Checklist	2	1											**3**
	Total # of Environmental Patient Safety Checklists Required	2	2											**4**
	Percentage of Compliance (Benchmark = 80%)	**100%**	**50%**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**75%**

January

Summary of Findings	Plan of Action
1. Patient presented on 1/13 w/suicidal ideations. QM can not find Psych paperwork in the chart. Patient came in with thoughts of self harm, depression and anxiety. Patient was told by Red Rock to come in and get an eval. Patient was triaged and evaluated. Had virtual meeting with Red Rock. Patient was transferred from ED to Red Rock facility by MPD. 2. Patient presented on 1/12 w/chronic depression and auditory hallucinations. Patient wanted to be transfereed to Red Rock. Patient was triaged and evaluated. Had virtual meeting with Red Rock. Patient was transferred from ED to Red Rock facility by MPD	QM spoke with CCO and QA Nurse about not being able to find Psych paperwork. QA Nurse is reassessing the chart. CCO will re-educate the RN involved in the care of that patient about Psyc paperwork that is required to be done.

February

Summary of Findings	Plan of Action
1. Patient presented on 2/17 with thoughts of self harm. Patient was triaged and evaluated. Red Rock held virtual meeting with patient and safety plan was implemented. Patient allowed to discharge home with safety plan. No ED psych paper work noted. 2. Patient presented on 2/24 with suicidal ideations. Patient was triaged and evaluated. Patient had virtual meeting with Red Rock Crisis team and crisis plan/safety plan was implemented. Patient was allowed to discharge home with parents with crisis/safety plan.	ER RN re-educated on Psych paperwork that is required for such patients.

March

Summary of Findings	Plan of Action
April	
Summary of Findings	**Plan of Action**
May	
Summary of Findings	**Plan of Action**
June	
Summary of Findings	**Plan of Action**
July	
Summary of Findings	**Plan of Action**
August	
Summary of Findings	**Plan of Action**
September	
Summary of Findings	**Plan of Action**
October	
Summary of Findings	**Plan of Action**
November	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**

J. Triage

Function: Outcome & Process Measure
Rationale: High Risk, Problem Prone
Sample Size: Minimum of 20 records per reporting period
Methodology: Medical records, Discharge reports, ED Log, PDSA
Inclusion Criteria: All ED patients

Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Door to Triage Level < 5 minutes	20	20											**40**
Total # of ED Patients Reviewed	20	20											**40**

Percentage of Compliance (Benchmark = 85%)	**100%**	**100%**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**100%**

January	
Summary of Findings	**Plan of Action**
	No action required at this time
February	
Summary of Findings	**Plan of Action**
No remarkable findings	No action required at this time
March	
Summary of Findings	**Plan of Action**
April	
Summary of Findings	**Plan of Action**
May	
Summary of Findings	**Plan of Action**
June	
Summary of Findings	**Plan of Action**
July	
Summary of Findings	**Plan of Action**
August	
Summary of Findings	**Plan of Action**
September	
Summary of Findings	**Plan of Action**
October	
Summary of Findings	**Plan of Action**
November	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**
	No action required at this time

K. STEMI Care

Function: Outcome & Process Measure
Rationale: High Risk, Problem Prone
Sample Size: All cardiac patients during reporting period
Methodology: Medical records, Discharge reports, ED Log, PDSA
Inclusion Criteria: All patients reporting chest pain, chest discomfort or other symptoms based on ECG screening criteria

Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Door to ECG < 5 Minutes Met	0	1											**2**
Total # of Cardiac Patients	0	1											**2**
Percentage of Compliance (Benchmark = 80%)	**100%**	---	---	---	---	---	---	---	---	---	---	---	**100%**
Door to Provider Evaluation < 15 minutes	0	1											**2**
Total # of Cardiac Patients	0	1											**2**
Percentage of Compliance (Benchmark = 80%)	**100%**	---	---	---	---	---	---	---	---	---	---	---	**100%**
Door to Chest X-ray < 30 minutes	0	1											**0**
Total # of Cardiac Patients	0	1											**2**
Percentage of Compliance (Benchmark = 80%)	---	---	---	---	---	---	---	---	---	---	---	---	---
Door to EMS/Air Evacuation Notification < 20 minutes	0	0											**0**
Total # of Cardiac Patients	0	1											**2**
Percentage of Compliance (Benchmark = 80%)	---	---	---	---	---	---	---	---	---	---	---	---	---
Door to Patient Transfer < 60 minutes	0	0											**0**
Total # of Cardiac Patients	0	1											**2**
Percentage of Compliance (Benchmark = 80%)	---	---	---	---	---	---	---	---	---	---	---	---	---
Door to Fibrinolytic Therapy < 30 minutes	0	0											**0**
Total # of Cardiac Patients	0	1											**2**
Percentage of Compliance (Benchmark = 80%)	---	---	---	---	---	---	---	---	---	---	---	---	---

January	
Summary of Findings	**Plan of Action**
No STEMI/NSTEMI noted for January	No action required at this time
February	
Summary of Findings	**Plan of Action**

One patient noted for reporting period. 1) Patient presented to ER with Stroke like symptoms. Upon evaluation during ER visit, it was noted patient had a NSTEMI per EKG. Patient was delayed transfer due to inclement weather and pandemic (lack of beds). Thrombolytic therapy was not indicated for patient.	CCO re-educated ED RN on cardiac protocols. DATE??? Continue operating capacities for this CAH. No action required at this time.
March	
Summary of Findings	**Plan of Action**
April	
Summary of Findings	**Plan of Action**
May	
Summary of Findings	**Plan of Action**
June	
Summary of Findings	**Plan of Action**
July	
Summary of Findings	**Plan of Action**
August	
Summary of Findings	**Plan of Action**
September	
Summary of Findings	**Plan of Action**
October	
Summary of Findings	**Plan of Action**
November	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**

l. ED Nursing Assessment (Discharge/Transfer)

Function: Outcome & Process Measure
Rationale: High Risk, Problem Prone
Sample Size: Minimum of 20 records per reporting period
Methodology: Medical records, Discharge reports, ED Log, PDSA
Inclusion Criteria: All ED patients

Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
ED Nursing Assessment Completed Upon DC or Transfer	20	20											**40**
Total # of ED Patients Reviewed	20	20											**40**
Percentage of Compliance (Benchmark = 90%)	**100%**	**100%**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**100%**

January	
Summary of Findings	**Plan of Action**
	No action required at this time
February	
Summary of Findings	**Plan of Action**
No remarkable findings	No action required at this time
March	
Summary of Findings	**Plan of Action**
April	
Summary of Findings	**Plan of Action**
May	
Summary of Findings	**Plan of Action**
June	
Summary of Findings	**Plan of Action**
July	
Summary of Findings	**Plan of Action**
August	
Summary of Findings	**Plan of Action**
September	
Summary of Findings	**Plan of Action**
October	
Summary of Findings	**Plan of Action**

November	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**

Pharmacy and Medication Safety

A. Pharmacy Utilization

Drug Costs	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total Drug Costs for reporting month	$9,525	$18,552											**$28,078**
High Cost Medications (Medications that cost more than $100 per dose)	$709.92	4177.88											**4888**

January	
Summary of Findings	**Plan of Action**
High Cost Medications: $709.92 (Advair, Santyl, Cathflo); Antibiotics: $817.19; Radiology: $1383.87 (Optiray); Vaccines: $832.07 (Adacel, Tubersol); COVID-19 Meds: $131.24 (ProAir)	
February	
Summary of Findings	**Plan of Action**
High Cost Medications: $4177.88 (Symbicort, Lantus, Combivent); Antibiotics: $2057.90; Vaccines: $243.85 (Adacel); Nutrition/IV fluids: $2721.42; COVID-19 Medications: $2243.25 (Combivent inhalers)	
March	
Summary of Findings	**Plan of Action**
April	
Summary of Findings	**Plan of Action**
May	
Summary of Findings	**Plan of Action**
June	
Summary of Findings	**Plan of Action**
July	
Summary of Findings	**Plan of Action**
August	
Summary of Findings	**Plan of Action**
September	
Summary of Findings	**Plan of Action**
October	

Pharmacy and Medication Safety

Summary of Findings	Plan of Action
November	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**

B. After Hours Access

Rationale: High Risk, Problem Prone
Data Source: Med Dispense & Patient Records
Sample Size: All After Access Hours Occurrences
Methodology: Pharmacy Logs, PDSA

Quality Control Monitoring	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total # of after hours access to pharmacy for narcotics	0	0											**0**
Total # of after hours access to pharmacy for narcotics (Benchmark = < 50)	104	133											**237**

January	
Summary of Findings	**Plan of Action**
DR accessed 104 times: 41 times for refrigerated medications; 11 times for ER patient medications; 3 times to restock RT box; 25 times for IV fluids not stocked in MedDispsense; 4 times for inhalers/topicals that are kept in DR to capture charges; 1 time for a vaccine; 1 time for Bamlanivimab therapy; 5 times to restock MedDispense; and 12 times for no need when medications were actually in MedDispense	Refrigerator and MedDispense locking sysstem has been purchased for nursing station. Awaiting installation. Will dramatically decrease the amount of times DR is accessed after hours. We still are looking at options for adding additional automated dispensing systems to increase storage capabilities at the nursing station.
February	
Summary of Findings	**Plan of Action**
Dr accessed 133 times: 3 times for refrigerated medications; 21 times for inhalers/topicals that are kept in DR to capture charges; 12 times for ER patient medications; 7 times for bulk medications; 5 times for vaccines; 31 times for IV fluids not stocked in MedDispense; 13 times to restock RT box; 5 times for Remdesivir or other COVID-19 medications; 9 times to restock MedDispense; and 22 times for no need when medications actually stocked in MedDispense.	Refrigerator and MedDispense locking system has been purchased for nursing station. Awaiting installation. Will dramatically decrease the amount of times DR is accessed after hours. We still are looking at options for adding additional automated dispensing systems to increase storage capabilities at the nursing station.
March	
Summary of Findings	**Plan of Action**

Pharmacy and Medication Safety

April	
Summary of Findings	**Plan of Action**
May	
Summary of Findings	**Plan of Action**
June	
Summary of Findings	**Plan of Action**
July	
Summary of Findings	**Plan of Action**
August	
Summary of Findings	**Plan of Action**
September	
Summary of Findings	**Plan of Action**
October	
Summary of Findings	**Plan of Action**
November	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**

C. Adverse Drug Reactions

Definition per The American Society of Health-System Pharmacists (ASHP): **"Any unexpected, unintended, undesired, or excessive response to a drug that: 1) requires discontinuing the drug (therapeutic or diagnostic) 2) requires changing the drug therapy 3) requires modifying the dose (except for minor dose adjustments) 4) necessitates hospital admission 5) prolongs stay in a health care facility 6) necessitates supportive 7) significantly complicates diagnosis 8) negatively affects prognosis 9) results in temporary or permanent harm, disability, or death 10) an allergic reaction (an immunologic hypersensitivity occurring as the result of unusual sensitivity to a drug) and idiosyncratic reaction (an abnormal susceptibility to a drug that is peculiar to the individual)"**
Function: Outcome & Process Measure **Rationale: High Risk, High Volume, Problem Prone** **Data Source, Patient Records, Incident Reports** **Sample Size: All Incidences with a Reported/Suspected ADR During Reporting Period** **Methodology: Patient Records, Incident Reports, PDSA**

Pharmacy and Medication Safety

Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
# of medication doses that elicited adverse drug reaction	0	0											**0**
# of medication doses dispensed from pharmacy during reporting period	5,874	TBD											**5874**
ADR Rate per 1000 medications dispensed	---	---	---	---	---	---	---	---	---	---	---	---	---
January													

Respiratory Care Services

A. Ventilator Days

Function: Process Measure
Rationale: High Risk, Problem Prone
Data Source: Patient Records
Sample Size: All Inhouse Ventilator Patients During Reporting Period
Methodology: Patient Records, PDSA
Inclusion Criteria: All Inhouse Ventilator Patients During Reporting Period

Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total Ventilator Days	0	10											**10**

January	
Summary of Findings	**Plan of Action**
Benchmark met	No action required

February	
Summary of Findings	**Plan of Action**
Benchmark met	No action required

March	
Summary of Findings	**Plan of Action**

April	
Summary of Findings	**Plan of Action**

May	
Summary of Findings	**Plan of Action**

June	
Summary of Findings	**Plan of Action**

July	
Summary of Findings	**Plan of Action**

August	
Summary of Findings	**Plan of Action**

September	
Summary of Findings	**Plan of Action**

October	
Summary of Findings	**Plan of Action**

Respiratory Care Services

November	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**

B. Ventilator Wean

Rationale: High Risk, Problem Prone
Data Source: Patient Records
Sample Size: All Inhouse Ventilator Patients On Weaning Program
Methodology: Patient Records, PDSA
Inclusion Criteria: All Inhouse Ventilator Patients On Weaning Program

Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
# of patients on a ventilator at least 7 days, in the weaning program and weaned from the ventilator at least 2 days prior to discharge and at time of discharge	0	0											**0**
# of ventilator patients discharged during the reporting month that had a physician order to wean, were on a vent > 7 days, and were NOT a terminal wean.	0	0											**0**
Percent of discharged patients successfully weaned from the ventilator prior to discharge	---	---	---	---	---	---	---	---	---	---	---	---	---

January	
Summary of Findings	**Plan of Action**
Benchmark met	No action required
February	
Summary of Findings	**Plan of Action**
Benchmark met	No action required
March	
Summary of Findings	**Plan of Action**
April	
Summary of Findings	**Plan of Action**

Respiratory Care Services

May	
Summary of Findings	**Plan of Action**
June	
Summary of Findings	**Plan of Action**
July	
Summary of Findings	**Plan of Action**
August	
Summary of Findings	**Plan of Action**
September	
Summary of Findings	**Plan of Action**
October	
Summary of Findings	**Plan of Action**
November	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**

C. Unplanned Trach Decannulations

Rationale: High Risk, Problem Prone
Data Source: Patient Records, Incident Reports
Sample Size: All Patients with Unplanned Trach Decannulations
Methodology: Patient Records, Incident Reports, PDSA
Inclusion Criteria: All Patients with Unplanned Trach Decannulations

Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total Number of Unplanned Patient Decannulations	0	0											**0**
Total Trach Days	0	10											**10**
Self Decannulation Rate per 1000 Trach Days	**#DIV/0!**	**0**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**0.0**

January	
Summary of Findings	**Plan of Action**

Respiratory Care Services

Benchmark met	No action required
February	
Summary of Findings	**Plan of Action**
Benchmark met	No action required
March	
Summary of Findings	**Plan of Action**
April	
Summary of Findings	**Plan of Action**
May	
Summary of Findings	**Plan of Action**
June	
Summary of Findings	**Plan of Action**
July	
Summary of Findings	**Plan of Action**
August	
Summary of Findings	**Plan of Action**
September	
Summary of Findings	**Plan of Action**
October	
Summary of Findings	**Plan of Action**
November	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**

D. Respiratory Care Equipment

Rationale: High Risk, Problem Prone **Data Source: Patient Records, Log**

Respiratory Care Services

Sample Size: All Patients with Respiratory Care Equipment
Methodology: Patient Records, Log, PDSA
(Benchmark = 100%)
Inclusion Criteria: All Patients with Respiratory Care Equipment

Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
HME's Changed Every Shift & PRN	0	3											**3**
Total Due To Change	0	3											**3**
Percentage of Compliance	---	**100%**	---	---	---	---	---	---	---	---	---	---	**100%**
Inner Cannulas Changed Every Shift & PRN	0	19											**19**
Total Due To Change	0	19											**19**
Percentage of Compliance	---	**100%**	---	---	---	---	---	---	---	---	---	---	**100%**
Suction Set-Ups Changed Every 7 Days & PRN	0	1											**1**
Total Due To Change	0	1											**1**
Percentage of Compliance	---	**100%**	---	---	---	---	---	---	---	---	---	---	**100%**
Nebulizer & Masks Changed Every 7 Days & PRN	10	21											**31**
Total Due To Change	10	21											**31**
Percentage of Compliance	**100%**	**100%**	---	---	---	---	---	---	---	---	---	---	**100%**
Trach Collars & Tubing Changed Every 7 Days & PRN	0	2											**2**
Total Due To Change	0	2											**2**
Percentage of Compliance	---	**100%**	---	---	---	---	---	---	---	---	---	---	**100%**
Vent Circuits Changed Every 30 Days & PRN	0	0											**0**
Total Due To Change	0	0											**0**
Percentage of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---
Trach Changed Every 30 Days & PRN	0	0											**0**
Total Due To Change	0	0											**0**
Percentage of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---
Closed Suction Kits Changed Every 3 Days & PRN	0	3											**3**
Total Due To Change	0	3											**3**
Percentage of Compliance	---	**100%**	---	---	---	---	---	---	---	---	---	---	**100%**

January	
Summary of Findings	**Plan of Action**
Benchmark met	No action required
February	
Summary of Findings	**Plan of Action**
Benchmark met	No action required
March	
Summary of Findings	**Plan of Action**
April	
Summary of Findings	**Plan of Action**

Respiratory Care Services

May	
Summary of Findings	**Plan of Action**
June	
Summary of Findings	**Plan of Action**
July	
Summary of Findings	**Plan of Action**
August	
Summary of Findings	**Plan of Action**
September	
Summary of Findings	**Plan of Action**
October	
Summary of Findings	**Plan of Action**
November	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**

Wound Care

A. Development of Pressure Ulcers

Function: Outcome & Process Measure
Rationale: High Risk, Problem Prone
Data Source: Patient Records
Sample Size: All Patients who Develop a Stage II PU or >
Methodology: Patient Records, Incident Reports, PDSA
Inclusion Criteria: All Patients who Develop a Stage II PU or > Exclusion Criteria: Kennedy Ulcers
Formula: All patients who develop Stage II PU or > (Count on Discharge)/Total # of Discharges for the Month

Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
# of patients that develop hospital acquired pressure ulcers during the stay: Stage II or higher, including eschar	0	0											**0**
Total number of patients discharged during the reporting period	19	10											**29**
Percent of patients developing 1 or more pressure ulcers during reporting period (Benchmark = 2% or less)	**0%**	**0%**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**0%**

January	
Summary of Findings	**Plan of Action**
N/A	N/A
February	
Summary of Findings	**Plan of Action**
N/A	N/A
March	
Summary of Findings	**Plan of Action**
April	
Summary of Findings	**Plan of Action**
May	
Summary of Findings	**Plan of Action**
June	
Summary of Findings	**Plan of Action**
July	
Summary of Findings	**Plan of Action**
August	
Summary of Findings	**Plan of Action**
September	

Wound Care

Summary of Findings	Plan of Action
October	
Summary of Findings	**Plan of Action**
November	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**

B. Wound Healing Rate

Rationale: High Risk, Problem Prone
Data Source: Patient Records
Sample Size: All Discharged Patients Receiving Wound Care for PU During Reporting Period
Methodology: Patient Records, PDSA
Formula: Total sum of admission wound scores minus total sum of discharged wound scores

# of wounds that showed improvement	1	0											**1**
# of total wounds	1	0											**1**
Wound Healing Rate	**100%**	---	---	---	---	---	---	---	---	---	---	---	**100.0%**

January	
Summary of Findings	**Plan of Action**
1 patient discharged with a PU and her wound showed improvement	N/A
February	
Summary of Findings	**Plan of Action**
No patient discharged with PU's for the month of February	N/A
March	
Summary of Findings	**Plan of Action**
April	
Summary of Findings	**Plan of Action**
May	
Summary of Findings	**Plan of Action**
June	
Summary of Findings	**Plan of Action**
July	
Summary of Findings	**Plan of Action**

Wound Care

August	
Summary of Findings	**Plan of Action**
September	
Summary of Findings	**Plan of Action**
October	
Summary of Findings	**Plan of Action**
November	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**

C. Wound Care Documentation

Function: Outcome & Process Measure
Rationale: High Risk, Problem Prone
Data Source: Patient Records

Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
# of Initial wound patients with assessment/pictures completed within 24 hours of admission	2	3											**5**
# of wound care patients admitted during the reporting period	2	3											**5**
Total of Completed Wound Care Admission Assessments/Pictures (Benchmark=95%)	**100%**	**100%**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**100%**
# of discharged wound patients with assessment/pictures completed at discharge	3	1											**4**
# of wound care patients discharged during the reporting period	3	1											**4**
Total of Completed Wound Care Discharge Assessments/Pictures (Benchmark-=95%)	**100%**	**100%**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**100%**

January	
Summary of Findings	**Plan of Action**
N/A	N/A
February	
Summary of Findings	**Plan of Action**
N/A	N/A
March	
Summary of Findings	**Plan of Action**

Wound Care

April	
Summary of Findings	**Plan of Action**
May	
Summary of Findings	**Plan of Action**
June	
Summary of Findings	**Plan of Action**
July	
Summary of Findings	**Plan of Action**
August	
Summary of Findings	**Plan of Action**
September	
Summary of Findings	**Plan of Action**
October	
Summary of Findings	**Plan of Action**
November	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**

D. Wound Debridement/Wound Procedures

Medical Wound Debridement/Wound Procedures	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
# of patients with consents completed prior to the procedure	1	3											**4**
# of patients with wound debridement's/wound procedures performed during reporting period	1	3											**4**
Percent of patients receiving documented informed consent (Benchmark=100%)	**100%**	**100%**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**100%**
Total number of debridements	3	8											**11**

January	
Summary of Findings	**Plan of Action**

Wound Care

N/A	None
February	
Summary of Findings	**Plan of Action**
N/A	N/A
March	
Summary of Findings	**Plan of Action**
April	
Summary of Findings	**Plan of Action**
May	
Summary of Findings	**Plan of Action**
June	
Summary of Findings	**Plan of Action**
July	
Summary of Findings	**Plan of Action**
August	
Summary of Findings	**Plan of Action**
September	
Summary of Findings	**Plan of Action**
October	
Summary of Findings	**Plan of Action**
November	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**

E. Wound Vac Application

Function: Outcome & Process Measure

Rationale: High Risk, Problem Prone

Data Source: Patient Records

Sample Size: All Discharged Patients Receiving Wound Vac Treatment During Reporting Period

Methodology: Patient Records, PDSA

Wound Care

Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
# of consents completed prior to application of first wound vac	1	0											**1**
# of patients initiating wound vac therapy during the reporting period	1	0											**1**
Percent of patients receiving consent for wound vac intervention prior to first treatment (Benchmark=100%)	**100%**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**100%**

January	
Summary of Findings	**Plan of Action**
Only 1 patient had a wound vac for January and consent was signed	N/A
February	
Summary of Findings	**Plan of Action**
N/A	N/A
March	
Summary of Findings	**Plan of Action**
April	
Summary of Findings	**Plan of Action**
May	
Summary of Findings	**Plan of Action**
June	
Summary of Findings	**Plan of Action**
July	
Summary of Findings	**Plan of Action**
August	
Summary of Findings	**Plan of Action**
September	
Summary of Findings	**Plan of Action**
October	
Summary of Findings	**Plan of Action**
November	
Summary of Findings	**Plan of Action**
December	

Wound Care

Summary of Findings	Plan of Action

Radiology/Imaging Services

A. Radiology Films

Function: Outcome & Process Measure
Rationale: High Risk, High Volume, Problem Prone
Data Source: Patient Records
Sample Size: All Radiology Performed During Reporting Period
Methodology: Patient Records, PDSA
Inclusion Criteria: All Radiology Reports Performed During Reporting Period

Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Number of films repeated	5	9											**14**
Total Number of films completed	103	149											**252**
Percentage of films repeated	**5%**	**6%**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**6%**
Poor preparation	1	0											**1**
Technical Error	4	9											**13**
Equipment Failure	0	0											**0**

January	
Summary of Findings	**Plan of Action**
Did not make sure the bucky and tube were lined up, There was patient motion. The tech	No action needed.
February	
Summary of Findings	**Plan of Action**
Clipped anatomy in some, the technique was incorrect in the others.	no action needed.
March	
Summary of Findings	**Plan of Action**
April	
Summary of Findings	**Plan of Action**
May	
Summary of Findings	**Plan of Action**
June	
Summary of Findings	**Plan of Action**
July	
Summary of Findings	**Plan of Action**
August	
Summary of Findings	**Plan of Action**

Radiology/Imaging Services

September	
Summary of Findings	**Plan of Action**
October	
Summary of Findings	**Plan of Action**
November	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**

Radiology/Imaging Services

B. Imaging

Function: Outcome & Process Measure
Rationale: High Risk, High Volume, Problem Prone
Data Source: Patient Records
Sample Size: All CT Imaging Performed During Reporting Period
Methodology: Patient Records, PDSA
Inclusion Criteria: All CT Imaging Performed During Reporting Period

Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total Number of Contrast CT scans completed ***with reaction***	0	0											**0**
Total Number of Contrast CT scans completed	19	10											**29**
Percentage of CT scan reactions	**0%**	**0%**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**
Contrast CT scans with completed and signed consents	19	10											**29**
Total Number of Contrast CT scans	19	10											**29**
Percentage of Contrast CT scan consents	**100%**	**100%**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**100%**

January	
Summary of Findings	**Plan of Action**
No Reactions. All exams completed with signed consents.	no action needed.

February	
Summary of Findings	**Plan of Action**
No Reactions. All exams completed with signed consents.	No action needed.

March	
Summary of Findings	**Plan of Action**

April	
Summary of Findings	**Plan of Action**

May	
Summary of Findings	**Plan of Action**

June	
Summary of Findings	**Plan of Action**

July

Radiology/Imaging Services

Summary of Findings	Plan of Action
August	
Summary of Findings	**Plan of Action**
September	
Summary of Findings	**Plan of Action**
October	
Summary of Findings	**Plan of Action**
November	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**

Radiology/Imaging Services

C. Radiation Dosimeter Report

Function: Outcome Measure
Rationale: Safety & Compliance
Data Source: Dosimeter Reports (Quarterly Report)
Sample Size: All Radiology Personnel
Methodology: Dosimeter Reports, PDSA
Inclusion Criteria: All Radiology Personnel

Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total Number of Radiology Personnel Monitored	6	6											**12**
Total Number of Radiology Personnel	6	6											**12**
Percentage of Compliant Personnel	**100%**	**100%**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**100%**
Total Number of Radiology Personnel with out of range results	0	0											**0**
Total Number of Radiology Personnel	6	6											**12**
Percentage of out of range Personnel	**0%**	**0%**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**

January	
Summary of Findings	**Plan of Action**
Reports come in quarterly. All techs within range.	No action needed.
February	
Summary of Findings	**Plan of Action**
Reports were received this month. All techs within range.	No action needed.
March	
Summary of Findings	**Plan of Action**
April	
Summary of Findings	**Plan of Action**
May	
Summary of Findings	**Plan of Action**
June	
Summary of Findings	**Plan of Action**
July	
Summary of Findings	**Plan of Action**
August	

Radiology/Imaging Services

Summary of Findings	Plan of Action
September	
Summary of Findings	**Plan of Action**
October	
Summary of Findings	**Plan of Action**
November	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**

D. Physicist's Report

Function: Outcome Measure
Rationale: Safety & Compliance
Data Source: Physicist Report
Methodology: Physicist Report, PDSA

Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Physicist Report Completed	X	X	X	X	X	X							**0**

Laboratory

A. Lab Reports

Function: Outcome & Process Measure
Rationale: High Risk, High Volume, Problem Prone
Data Source: Lab Reports
Sample Size: All Lab Reports Performed During Reporting Period
Methodology: Lab Reports, PDSA
Inclusion Criteria: All Lab Reports Performed During Reporting Period

Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Number of labs repeated or rejected	2	1											**3**
Total Number of labs completed	2140	2286											**4426**
Percentage of labs repeated	**0%**	**0%**	---	---	---	---	---	---	---	---	---	---	**0%**
Processing Specimen Error	2	1											**3**
Specimen Collection Procedure/Technique Error	0	0											**0**
Equipment Failure	0	0											**0**
Specimen Identification Error	0	1											**1**

January

Summary of Findings	Plan of Action
2 specimens from the nursing home was misplaced when brought in from the nursing home	Lab tech contacted the nursing home and had the patients specimens resent and the correction for the problem had been established, when the specimens are checked in at the laboratory the specimens are ran by the tech that is in that department that day. Instead of several different techs handling the specimens.

February

Summary of Findings	Plan of Action
Sputum specimen recieved in laboratory with wrong label and the laboratory notified Respiratory Therapy about the mistake and Respiratory came to lab and labeled the specimen with the correct label the resspiratory therapist was the person that had collected the specimen and was certain that the specimen was collected from the patient	The respiratory stated that they would make sure the correct label would be applied before the specimen was collected.

March

Summary of Findings	Plan of Action

April

Summary of Findings	Plan of Action

May

Summary of Findings	Plan of Action

June

Summary of Findings	Plan of Action

July

Summary of Findings	Plan of Action

Laboratory

August	
Summary of Findings	**Plan of Action**
September	
Summary of Findings	**Plan of Action**
October	
Summary of Findings	**Plan of Action**
November	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**

B. Blood Culture Contaminations

Function: Outcome & Process Measure
Rationale: High Risk, High Volume, Problem Prone
Data Source: Lab Reports
Sample Size: All Blood Culture Lab Reports Performed During Reporting Period
Methodology: Lab Reports, PDSA
Inclusion Criteria: All Blood Culture Lab Reports Performed During Reporting Period

Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Number of contaminated blood cultures	0	0											**0**
Total number of blood cultures obtained	18	34											**52**
Percentage of contaminated blood cultures	**0%**	---	---	---	---	---	---	---	---	---	---	---	---

January	
Summary of Findings	**Plan of Action**
No contaminated blood cultures	no action needed
February	
Summary of Findings	**Plan of Action**
No contaminated blood cultures	no action needed
March	
Summary of Findings	**Plan of Action**
April	
Summary of Findings	**Plan of Action**
May	
Summary of Findings	**Plan of Action**

Laboratory

June	
Summary of Findings	**Plan of Action**
July	
Summary of Findings	**Plan of Action**
August	
Summary of Findings	**Plan of Action**
September	
Summary of Findings	**Plan of Action**

Infection Control and Prevention

A. Catheter Associated Urinary Tract Infections (CAUTI's)

Function: Outcome Measure
Rationale: High Risk, Problem Prone
Data Source: Patient Records, Lab Reports
Sample Size: All Patients with Indwelling Urinary Catheters During Reporting Period
Methodology: Patient Records, Lab Reports, PDSA
Inclusion Criteria: All Patients with Indwelling Urinary Catheters During Reporting Period

Catheter Associated Urinary Tract Infections (CAUTI's)	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
# of Catheter Associated Urinary Tract Infections	0	0											**0**
Total # of Urinary Catheter Days During the Reporting Period	71	100											**171**
Infection Rate per 1000 foley catheter days (Benchmark=1)	**0.0**	**0.0**	---	---	---	---	---	---	---	---	---	---	---
CAUTI Bundle Compliance (Benchmark=90%)	100%	100%											**100%**

January	
Summary of Findings	**Plan of Action**
0 CAUTI'S for the month of January. 71 total catheter days between 7 patients.	IP will continue to monitor CAUTI bundles and maintain surveillance of Foley catheter usage for appropriate usage, intitiation, and maintenace.
February	
Summary of Findings	**Plan of Action**
0 CAUTI'S for the month of February. 100 total catheter days between 11 patients.	IP will continue to monitor CAUTI bundles and maintain surveillance of Foley catheter usage for appropriate usage, intitiation, and maintenace.
March	
Summary of Findings	**Plan of Action**
April	
Summary of Findings	**Plan of Action**
May	
Summary of Findings	**Plan of Action**
June	
Summary of Findings	**Plan of Action**
July	
Summary of Findings	**Plan of Action**
August	
Summary of Findings	**Plan of Action**

Infection Control and Prevention

September	
Summary of Findings	**Plan of Action**
October	
Summary of Findings	**Plan of Action**
November	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**

B. Central Line Associated Bloodstream Infections (CLABSI's)

Function: Outcome Measure
Rationale: High Risk, Problem Prone
Data Source: Patient Records, Lab Reports
Sample Size: All Patients with Indwelling Central Venous Catheters During Reporting Period
Methodology: Patient Records, Lab Reports, PDSA
Inclusion Criteria: All Patients with Indwelling Central Venous Catheters During Reporting Period

Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
# of Central Line Associated Primary Bloodstream Infections	0	0											**0**
# of Total Central Line Days During the Reporting Period	58	127											**185**
Infection Rate per 1000 central line days (Benchmark = 0.5)	**0.0**	**0.0**	---	---	---	---	---	---	---	---	---	---	---
CLABSI Bundle Compliance (Benchmark=90%)	100%	100%											**100%**

January	
Summary of Findings	**Plan of Action**
0 CLABSI's for the month of January. 58 total CVL days between 6 patients.	Nursing and IP will reinforce rationale for placement and maintenance of central lines. IP will reinforce hand hygiene and sterile technique to nursing staff when performing dressing changes and proper technique for utilization when administering medications.
February	
Summary of Findings	**Plan of Action**

Infection Control and Prevention

0 CLABSI's for the month of February. 127 total CVL days between 11 patients.	Nursing and IP will reinforce rationale for placement and maintenance of central lines. IP will reinforce hand hygiene and sterile technique to nursing staff when performing dressing changes and proper technique for utilization when administering medications.
March	
Summary of Findings	**Plan of Action**
April	
Summary of Findings	**Plan of Action**
May	
Summary of Findings	**Plan of Action**
June	
Summary of Findings	**Plan of Action**
July	
Summary of Findings	**Plan of Action**
August	
Summary of Findings	**Plan of Action**
September	
Summary of Findings	**Plan of Action**
October	
Summary of Findings	**Plan of Action**
November	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**

Infection Control and Prevention

C. Hospital Acquired MDRO

Function: Outcome Measure
Rationale: High Risk, Problem Prone
Data Source: Patient Records, Lab Reports
Sample Size: All Patients who Develop HA MDRO
Methodology: Patient Records, Lab Reports, PDSA
Inclusion Criteria: All Patients who Develop HA MDRO

Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total # of MDRO identified >24 hours after admission	0	0											**0**
Total # of Patient Admissions	25	35	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	**60**
Hospital Acquired MDRO Rate per 1000 patient admissions	**0.0**	---	---	---	---	---	---	---	---	---	---	---	---

January

Summary of Findings	Plan of Action
0 Hospital-acquired MDRO's for the month of January.	IP will continue to reinforce prompt recognition of need and collection for cultures within 3 days of admission through ongoing training and upon orientation of new nursing staff.

February

Summary of Findings	Plan of Action
0 Hospital-acquired MDRO's for the month of February	IP will continue to reinforce prompt recognition of need and collection for cultures within 3 days of admission through ongoing training and upon orientation of new nursing staff.

March

Summary of Findings	Plan of Action

April

Summary of Findings	Plan of Action

May

Summary of Findings	Plan of Action

June

Summary of Findings	Plan of Action

July

Summary of Findings	Plan of Action

Infection Control and Prevention

August	
Summary of Findings	**Plan of Action**
September	
Summary of Findings	**Plan of Action**
October	
Summary of Findings	**Plan of Action**
November	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**

Infection Control and Prevention

D. Hospital Acquired C-diff

Function: Outcome Measure
Rationale: High Risk, Problem Prone
Data Source: Patient Records, Lab Reports
Sample Size: All Patients who Develop C. diff > days After Admission
Methodology: Patient Records, Lab Reports, PDSA
Inclusion Criteria: All Patients who Develop C. diff > days After Admission

Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total # of LAB ID EVENT C. diff (Hospital Onset identified > 3 days after admission	0	0											**0**
Total # of Patient Days (Excludes observation patients)	183	324											**507**
LAB ID EVENT C. Diff Rate	**0.0**	---	---	---	---	---	---	---	---	---	---	---	---
Total number of admissions	25	35	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	**60**
Total # of LAB ID EVENT C. diff (Community Onset identified within 3 days of admission)	0	0											**0**

January	
Summary of Findings	**Plan of Action**
No C-Diff findings for the month of January	Continue to monitor for C-Diff with ABX surveillance and stewardship.
February	
Summary of Findings	**Plan of Action**
No C-Diff findings for the month of February.	Continue to monitor for C-Diff with ABX surveillance and stewardship.
March	
Summary of Findings	**Plan of Action**
April	
Summary of Findings	**Plan of Correction**
May	
Summary of Findings	**Plan of Action**
June	
Summary of Findings	**Plan of Action**

Infection Control and Prevention

July	
Summary of Findings	**Plan of Action**
August	
Summary of Findings	**Plan of Action**
September	
Summary of Findings	**Plan of Action**
October	
Summary of Findings	**Plan of Action**
November	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**

Infection Control and Prevention

E. Hospital Acquired Infections by Source

Source	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Blood with CVC (central venous catheter)	0	0											**0**
Blood without CVC	0	0											**0**
Urine with indwelling catheter	0	0											**0**
Urine without indwelling catheter	0	0											**0**
HAI with artificial airway device	0	0											**0**
HAI without artificial airway device	0	0											**0**
Stool	0	0											**0**
Wound	0	0											**0**
Total Acquired Infection Sources	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

January	
Summary of Findings	**Plan of Action**
0 HAI for January	IP will continue infection control surveillance, increase education and emphasize importance of hand hygiene and PPE usage. Prompt recognition and collection of cultures within 3 days of admission, or less than 24 hrs if possible, will be initiated by nursing and IP.
February	
Summary of Findings	**Plan of Action**
0 HAI for February	IP will continue infection control surveillance, increase education and emphasize importance of hand hygiene and PPE usage. Prompt recognition and collection of cultures within 3 days of admission, or less than 24 hrs if possible, will be initiated by nursing and IP.
March	
Summary of Findings	**Plan of Action**
April	
Summary of Findings	**Plan of Action**
May	
Summary of Findings	**Plan of Action**
June	
Summary of Findings	**Plan of Action**
July	

Infection Control and Prevention

Summary of Findings	Plan of Action
August	
Summary of Findings	**Plan of Action**
September	
Summary of Findings	**Plan of Action**
October	
Summary of Findings	**Plan of Action**
November	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**

F. Hand Hygiene/PPE & Isolation Surveillance

Function: Outcome & Process Measure
Rationale: High Risk, High Volume, Problem Prone
Data Source: Observation
Sample Size: 20 observations/month
Methodology: All Staff, PDSA
Inclusion Criteria: All Staff

% of Hand Hygiene Compliance (Benchmark=80%)	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Nursing (RN, LPN, Tech)	100%	100%											**100%**
Radiology/Imaging Staff	100%	100%											**100%**
Lab	100%	100%											**100%**
Respiratory	100%	100%											**100%**
Therapy	100%	100%											**100%**
Housekeeping/Dietary	100%	100%											**100%**
Medical Staff (MD/DO, NP, PA)	100%	100%											**100%**
% of PPE Compliance (Benchmark=80%)	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**YTD**
Nursing (RN, LPN, Tech)	100%	100%											**100%**
Radiology/Imaging Staff	100%	100%											**100%**
Lab	100%	100%											**100%**

Infection Control and Prevention

Respiratory	100%	100%											**100%**
Therapy	100%	100%											**100%**
Housekeeping/Dietary	100%	100%											**100%**
Medical Staff (MD/DO, NP, PA)	100%	100%											**100%**
Isolation	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**YTD**
Total number of patients in isolation	20	22											**42**
Total number of isolation patient days	122	92											**214**

January	
Summary of Findings	**Plan of Action**
100% compliance with hand hygiene and PPE measures monitored for the month of January. A total of 122 isolation days between 20 patients in January. Each PUI in airborne/contact/droplet isolation pending COVID-19 swab results and screening history. 18 PUI patients for a total of 70 isolation days. 1 on contact and 1 on airborne/droplet, outside of the PUI isolation, for a total of 52 days.	IP will continue to promote and survey hand hygiene and PPE techniques and usage with all staff. Nursing will have continued diligence with COVID-19 PUI status, unless and until swab results with screening history indicate patient can be transferred to "regular" room. IP will continue monitoring appropriate PPE donning & doffing and supply count to be able to protect patients and staff and educate as needed.
February	
Summary of Findings	**Plan of Action**
100% compliance with hand hygiene and PPE measures monitored for the month of February. A total of 92 isolation days between 22 patients in February. Each PUI in airborne/contact/droplet isolation pending COVID-19 swab results and screening history. 18 PUI patients for a total of 49 isolation days. 4 on contact, outside of the PUI isolation, for a total of 43 days.	IP will continue to promote and survey hand hygiene and PPE techniques and usage with all staff. Nursing will have continued diligence with COVID-19 PUI status, unless and until swab results with screening history indicate patient can be transferred to "regular" room. IP will continue monitoring appropriate PPE donning & doffing and supply count to be able to protect patients and staff and educate as needed.
March	
Summary of Findings	**Plan of Action**
April	
Summary of Findings	**Plan of Action**
May	
Summary of Findings	**Plan of Action**
June	
Summary of Findings	**Plan of Action**
July	
Summary of Findings	**Plan of Action**
August	

Infection Control and Prevention

Summary of Findings	Plan of Action
September	
Summary of Findings	**Plan of Action**
October	
Summary of Findings	**Plan of Action**
November	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**

G. Public Health Reporting

Function: Outcome Measure
Rationale: Regulatory Compliance
Data Source: Patient Records, Lab Records
Sample Size: All Inhouse Patients with A Reportable Disease Condition
Methodology: Patient Records, Lab Records, PDSA
Inclusion Criteria: All Inhouse Patients with A Reportable Disease Condition

Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Reports to the Health Department	0	9											**9**

January	
Summary of Findings	**Plan of Action**
114 COVID-19 swabs obtained for month of January. 115 results negative, 3 positive. 4 IGG/IGM Serological Antibody tests performed with 2 negative results. Guidance on reporting indicated not to report unless In-House tests were completed and positive. No other issues reported for the month of January.	IP will continue to survey results of all COVID-19 swabs and antibody testing completed by MRMC. No In-House testing to be completed and utilized for official results at this time. Nursing will continue with isolation measures for each patient admitted regarding PUI status.
February	
Summary of Findings	**Plan of Action**

Infection Control and Prevention

132 COVID-19 PCR swabs obtained for month of February. 118 results negative, 14 positive. 12 IGG/IGM Serological Antibody tests performed with 3 negative results, 9 positive. 8 resulted Positive Rapid Swabs. Guidance on reporting indicated not to report unless In-House tests were completed and positive. 1 Chlamydia STI reported.	IP will continue to survey results of all COVID-19 swabs and antibody testing completed by MRMC. In-House Covid-19 Rapid Tests to be completed by lab and reported by lab to PHIDDO within 24 hours of results. Ordering physicians to give the results to the patients or a resulted paper with result disclosure by lab tech. Nursing will continue with isolation measures for each patient admitted regarding PUI status. All other indicated positive results reported by IP to PHIDDO.
March	
Summary of Findings	**Plan of Action**
April	
Summary of Findings	**Plan of Action**
May	
Summary of Findings	**Plan of Action**
June	
Summary of Findings	**Plan of Action**
July	
Summary of Findings	**Plan of Action**
August	
Summary of Findings	**Plan of Action**
September	
Summary of Findings	**Plan of Action**
October	
Summary of Findings	**Plan of Action**
November	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**

Infection Control and Prevention

H. Patient Vaccinations

Function: Process Measure
Rationale: High Risk, Problem Prone
Data Source: Patient Records
Sample Size: All Inhouse Patients (Swing bed)
Methodology: Patient Records, PDSA

Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total number of eligible patients receiving influenza vaccination	3	0											**3**
Total number of eligible patients inhouse and/or admitted during reporting period that meet criteria for vaccination	3	0											**3**
Percentage of Compliance	**100%**	**100%%**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**100%**
Total number of eligible patients receiving pneumococcal	4	0											**4**
Total number of eligible patients inhouse and/or admitted during reporting period that meet criteria for vaccination	4	0											**4**
Percentage of Compliance	**100%**	**100%%**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**100%**

January

Summary of Findings	Plan of Action
3 patient influenza vaccines given in January. We had 4 patients receive pneumococcal vaccine. All vaccination assessments completed for the month of January except one who was transferred.	IP will continue to monitor patient assessments and documentation regarding vaccination status. Each admission gets a review of any immunizations logged into OSIIS and reported to charge nurse. IP will continue to educate and reinforce policy regarding Flu/Pneumo assessments with nursing staff and to document vaccinations under Immunizations in CPSI. IP will record vaccinations given into OSIIS database. At each IDT, IP will review upcoming discharges with primary nurse for review and administration of vaccines if appropriate.

February

Summary of Findings	Plan of Action
0 patient influenza vaccines given in February. We had 0 patients receive pneumococcal vaccine. 9 vaccination assessments via "blue sheet" completed for the month of February out of 13, two transfers, 2 missed.	IP will continue to monitor patient assessments and documentation regarding vaccination status. Each admission gets a review of any immunizations logged into OSIIS and reported to charge nurse. IP will continue to educate and reinforce policy regarding Flu/Pneumo assessments with nursing staff and to document vaccinations under Immunizations in CPSI. IP will record vaccinations given into OSIIS database. At each IDT, IP will review upcoming discharges with primary nurse for review and administration of vaccines if appropriate.

March

Summary of Findings	Plan of Action

Infection Control and Prevention

April	
Summary of Findings	**Plan of Action**
May	
Summary of Findings	**Plan of Action**
June	
Summary of Findings	**Plan of Action**
July	
Summary of Findings	**Plan of Action**
August	
Summary of Findings	**Plan of Action**
September	
Summary of Findings	**Plan of Action**
October	
Summary of Findings	**Plan of Action**
November	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**

I. Ventilator Associated Event

Function: Outcome Measure
Rationale: High Risk, Problem Prone
Data Source: Patient Records, Lab Reports
Sample Size: All Patients with Ventilators During Reporting Period

Health Information Management (HIM)

A. History and Physicals Completion

Function: Outcome & Process Measure
Rationale: High Risk, Problem Prone Compliance
Data Source: Patient Records
Sample Size: All patient admissions for reporting month if less than 20
Methodology: Patient Records, PDSA
Inclusion Criteria: All Patient Admissions

Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
# of H&P's obtained within 24 hours of admission	25	38											**63**
# of total admissions reviewed for the month	25	38											**63**
% of H& P's obtained within 24 hours of admission (Benchmark = 100%)	**100%**	**100%**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**100%**

January	
Summary of Findings	**Plan of Action**
Met benchmark	Will continue to monitor
Summary of Findings	**Plan of Action**
Met benchmark	Will continue to monitor

March	
Summary of Findings	**Plan of Action**

April	
Summary of Findings	**Plan of Action**

May	
Summary of Findings	**Plan of Action**

June	
Summary of Findings	**Plan of Action**

July	
Summary of Findings	**Plan of Action**

August	
Summary of Findings	**Plan of Action**

September	
Summary of Findings	**Plan of Action**

October	
Summary of Findings	**Plan of Action**

November	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**

B. Discharge Summary Completion

Function: Outcome & Process Measure
Rationale: High Risk, Problem Prone, Compliance
Data Source: Patient Records
Sample Size: All discharged patients for reporting month if less than 20
Methodology: Patient Records, PDSA
Inclusion Criteria: Patient Discharges (Acute, SWB patients) Exclusion Criteria: Observation Patient Discharges

Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
# of Discharge Summaries completed within 48 hours of discharge	20	24											**44**
# of Discharges	20	26	0	0	0	0	0	0	0	0	0	0	**46**
% of Discharge Summaries completed within 48 hours of discharge (Benchmark=100%)	**100%**	**92%**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**96%**

January	
Summary of Findings	**Plan of Action**
Met benchmark	Will continue to monitor
February	
Summary of Findings	**Plan of Action**
Missing one d/c from swingbed and one for an acute chart.	HIM put these in the dr.'s boxes to be done. HIM sent out an email to both physicians letting them know that these are missing on 3/5/21. 3/9/21 Sent out an email to Marie-CEO and Kaye-Credentialing and they are going to send the message along to get these matters completed.
March	
Summary of Findings	**Plan of Action**
April	
Summary of Findings	**Plan of Action**
May	
Summary of Findings	**Plan of Action**
June	
Summary of Findings	**Plan of Action**
July	
Summary of Findings	**Plan of Correction**

August	
Summary of Findings	**Plan of Action**
September	
Summary of Findings	**Plan of Action**
October	
Summary of Findings	**Plan of Action**
November	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**

C. Progress Notes (Swing bed & Acute)

Function: Outcome & Process Measure
Rationale: High Risk, Problem Prone, Compliance
Data Source: Patient Records
Sample Size: All discharged patients for reporting month if less than 20
Methodology: Patient Records, PDSA
Inclusion Criteria: All Swing bed Patients

Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total # of complete weekly SWB progress notes	32	23											**55**
Total # of progress notes audited	32	23											**55**
Weekly Progress Note Percent of completion (Benchmark=100%)	**100%**	**100%**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**100%**
Indicator	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**YTD**
Total # of complete daily acute progress notes	40	46											**86**
Total # of progress notes audited	40	46											**86**
Daily Progress Note Percent of completion (Benchmark=100%)	**100%**	**100%**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**100%**

January	
Summary of Findings	**Plan of Action**
Met benchmark.	Will continue to monitor
February	
Summary of Findings	**Plan of Action**
Met benchmark	Will continue to monitor
March	
Summary of Findings	**Plan of Action**
April	
Summary of Findings	**Plan of Action**

May	
Summary of Findings	**Plan of Action**
June	
Summary of Findings	**Plan of Action**
July	
Summary of Findings	**Plan of Action**
August	
Summary of Findings	**Plan of Action**
September	
Summary of Findings	**Plan of Action**
October	
Summary of Findings	**Plan of Action**
November	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**

D. Consent to Treat

Function: Outcome & Process Measure
Rationale: High Risk, Problem Prone, Compliance
Data Source: Patient Records
Sample Size: All discharged patients for reporting month if less than 20
Methodology: Patient Records, PDSA
Inclusion Criteria: Patient Records

Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total number of consent to treat completed	128	165											**293**
Total number of records reviewed	129	172											**301**
Consent To Treat Percent of completion (Benchmark=100%)	**99%**	**96%**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**97%**

January	
Summary of Findings	**Plan of Action**
One swingbed is missing the consent.	Jessica with registration checks on them and sends out emails for them to get done when she comes across them. I will run a daily report for the charts to check the consents. if the consents are not scanned in, I will let Daniel in. We will have a sheet that the ward clerks will have to
February	
Summary of Findings	**Plan of Action**

There is 1 er, 1 obs, 3 acute and 2 swb that are missing consents.	HIM sent out emails to RCM-Kasi, CCO-Daniel, Ward Clerks-Desiree & Krystle letting them know about some of the charts that were missing consents on 2/11/21. Kasi followed up with me and i let her know that four of them had gotten done, but the other 7 had not. Kasi-RCM manager also followed up with HIM via emial on 2/25/21 about consents and they still were not
March	
Summary of Findings	**Plan of Action**
April	
Summary of Findings	**Plan of Action**
May	
Summary of Findings	**Plan of Action**
June	
Summary of Findings	**Plan of Action**
July	
Summary of Findings	**Plan of Action**
August	
Summary of Findings	**Plan of Action**
September	
Summary of Findings	**Plan of Action**
October	
Summary of Findings	**Plan of Action**
November	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**

E. Swing bed

Function: Outcome & Process Measure
Rationale: High Risk, Problem Prone, Compliance
Data Source: Patient Records
Sample Size: All patient admissions for reporting month if less than 20
Methodology: Patient Records, PDSA
Inclusion Criteria: Swing bed Records

Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Transition of Care to Swing bed Completed	10	20											**30**
Total number of swing bed admissions	10	20	0	0	0	0	0	0	0	0	0	0	**30**
Percent of completion (Benchmark=95%)	**100%**	**100%**	---	---	---	---	---	---	---	---	---	---	**100%**
Social History completed within 24 hours or first business day post admission	10	20											**30**
Total number of swing bed admissions	10	20	0	0	0	0	0	0	0	0	0	0	**30**
Percent of completion (Benchmark=95%)	**100%**	**100%**	---	---	---	---	---	---	---	---	---	---	**100%**

January	
Summary of Findings	**Plan of Action**
There are two swingbeds missing the Social History.	2/08/21 HIM Manager sent SWB Director an email about the 2 missing. I am waiting on her response. Candy emailed me back and stated that she would get them done. 2/10/21 i checked and they are complete.

February	
Summary of Findings	**Plan of Action**
Met benchmark	Will continue to monitor

March	
Summary of Findings	**Plan of Action**

April	
Summary of Findings	**Plan of Action**

May	
Summary of Findings	**Plan of Action**

June	
Summary of Findings	**Plan of Action**

July	
Summary of Findings	**Plan of Action**

August	
Summary of Findings	**Plan of Action**

September	
Summary of Findings	**Plan of Action**

October	
Summary of Findings	**Plan of Action**
November	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**

F. Electronic Prescribing

Dietary Department

A.

Function: Outcome & Process Measure
Rationale: High Risk, High Volume, Problem Prone
Data Source: Patient Food Trays
Sample Size: 3 Trays/Month
Methodology: Food Trays, PDSA
Formula: # of Food Trays Meeting Goal/# of Food Trays Evaluated

Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Food Test Tray Evaluation (Composite Score)	100	100											**200**
Total Score Possible (Composite Score)	100	100											**200**
Percentage of Compliance	**100%**	**100%**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**100%**

January	
Summary of Findings	**Plan of Action**
February	
Summary of Findings	**Plan of Action**
March	
Summary of Findings	**Plan of Action**
April	
Summary of Findings	**Plan of Action**
May	
Summary of Findings	**Plan of Action**
June	
Summary of Findings	**Plan of Action**
July	
Summary of Findings	**Plan of Action**
August	
Summary of Findings	**Plan of Action**
September	
Summary of Findings	**Plan of Action**
October	

Dietary Department

Summary of Findings	Plan of Action
November	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**

B. Quality Checks

Function: Outcome & Process Measure

Therapy

A. Therapy Indicators

Function: Process, Outcome Measure
Rationale: High Risk, Problem Prone
Data Source: Patient Records
Sample Size: All patients on therapy services
Methodology: Patient records; PDSA
Inclusions: Swing bed patients receiving rehab services during reporting period

Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Physician Signature on Evaluation Within 7 Days of Initial Evaluation	7	13											**20**
Total Number of Evaluations (Benchmark = 95%)	7	13											**20**
Percentage of Compliance	**100%**	**100%**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**100%**
Physician Signature & Date on Recertification Within 7 Days of Completion	2	1											**3**
Total Number of Recertifications (Benchmark = 95%)	2	1											**3**
Percentage of Compliance	**100%**	**100%**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**100%**
30-Day Progress Notes Present & On Time	2	1											**3**
Total Progress Notes Due (Benchmark = 80%)	2	1											**3**
Percentage of Compliance	**100%**	**100%**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**100%**
Discharge Note Present Within 72 Hours of Discharge (PT/OT/ST) (exclude weekends & holidays)	5	7											**12**
Total Number of Discharge Patients With Therapy Services (Benchmark = 75%)	5	7											**12**
Percentage of Compliance	**100%**	**100%**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**100%**
Number of Patients With Assistive Equipment Needs (Evaluation & Recommendations By Therapy)	5	13											**18**
Total Number of Discharge Patients With Identified Assistive Equipment Needs (Benchmark = 95%)	5	13											**18**
Percentage of Compliance	**100%**	**100%**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**100%**

January	
Summary of Findings	**Plan of Action**
All paperwork completed on time.	No changes needed.
February	
Summary of Findings	**Plan of Action**
All paperwork completed on time.	No changes needed.
March	
Summary of Findings	**Plan of Action**
April	
Summary of Findings	**Plan of Action**

May	
Summary of Findings	**Plan of Action**
June	
Summary of Findings	**Plan of Action**
July	
Summary of Findings	**Plan of Action**
August	
Summary of Findings	**Plan of Action**
September	
Summary of Findings	**Plan of Action**
October	
Summary of Findings	**Plan of Action**
November	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**

B. Therapy Visits

Function: Outcome Measure
Rationale: High Risk, Problem Prone
Data Source: Patient Records
Sample Size: All patients receiving therapy services
Methodology: Patient records; PDSA
Inclusions: Swing bed patients receiving rehab services during reporting period
Formula: # of treatments sessions completed/# of planned treatment sessions

Indicators	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**YTD**
Total number of PT treatment sessions performed	79	117											**196**
Total # of planned treatment sessions	0	4											**4**
Treatment Compliance (Benchmark = 85%)	**#DIV/0!**	**2925%**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**4900%**
Indicators	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**YTD**
Total number of OT treatment sessions performed	72	130											**202**
Total # of planned treatment sessions	3	144											**147**

Treatment Compliance (Benchmark = 85%)	2400%	90%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	137%
Indicators	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**YTD**
Total number of ST treatment sessions performed	5	0											**5**
Total # of planned treatment sessions	5	0											**5**
Treatment Compliance (Benchmark = 85%)	**100%**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**100%**

January	
Summary of Findings	**Plan of Action**
Good particiation from patients this month.	Continue seeing patients that are well enough to participate.

February	
Summary of Findings	**Plan of Action**
Good particiation from patients this month.	Continue seeing patients that are well enough to participate and offer those refusing treatment alternative options for therapy.

March	
Summary of Findings	**Plan of Action**

April	
Summary of Findings	**Plan of Action**

May	
Summary of Findings	**Plan of Action**

June	
Summary of Findings	**Plan of Action**

July	
Summary of Findings	**Plan of Action**

August	
Summary of Findings	**Plan of Action**

September	
Summary of Findings	**Plan of Action**

October	
Summary of Findings	**Plan of Action**

November	
Summary of Findings	**Plan of Action**

December

Summary of Findings	Plan of Action

C. Standardized Assessment Improvement Outcomes

Function: Outcome Measure
Rationale: Problem Prone
Data Source: Patient Records
Sample Size: All discharged patients in the therapy program for reporting month
Methodology: Patient records; PDCA
Inclusions: All swing bed patients admitted to therapy services to improve functional mobility
Exclusions: Deaths, patients who cannot tolerate therapy & unplanned facility discharges
Formula: total number of patients discharged with improved standardized assessment score/ total number of patients with documented standardized assessment score on admission

Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total # of patients discharged with improved standardized assessment scores (Benchmark=80%)	5	4											**9**
Total # patients with documented standardized assessment score on admission	5	4											**9**
% of Functional Improvement	**100%**	**100%**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**100%**
Total # of discharges with full return to documented PLOF	3	4											**7**
Total # therapy patient discharges for the month	5	4											**9**
% of Home Discharges	**60%**	**100%**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**78%**

January

Summary of Findings	Plan of Action
2 patient's were discharged below PLOF. 1 Patient had increased debility from stroke suffered prior to admission, and the other patient was given the OK from ortho to discharge home, although it was not recommended by Therapy staff.	Continue providing quality care suitable to each patient's needs.

February

Summary of Findings	Plan of Action
All patients discharged at PLOF.	No changes needed.

March

Summary of Findings	Plan of Action

April

Summary of Findings	Plan of Action

May

Summary of Findings	Plan of Action

June

Summary of Findings	Plan of Action

July

Summary of Findings	Plan of Action
August	
Summary of Findings	**Plan of Action**
September	
Summary of Findings	**Plan of Action**
October	
Summary of Findings	**Plan of Action**
November	
Summary of Findings	**Plan of Action**
February	
Summary of Findings	**Plan of Action**

Human Resources

A. Compliance

Function: Process & Outcome Measure
Rationale: High Risk, Problem Prone, Regulatory Compliance
Data Source: Employee Records
Sample Size: All Employees as Applicable
Methodology: Employee Records, PDSA
Inclusion Criteria: All Employees

Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
90-Day Staff Competency Check-Off Completed	100%	100%											**100%**
New Hire Orientation Compliance	100%	100%											**100%**
Background Check Completed	100%	100%											**100%**
Annual Licensure Check for Governing Board Action	100%	100%											**100%**
CPR Certification Compliance	100%	100%											**100%**
ACLS Certification Compliance	100%	100%											**100%**
PALS Certification Compliance	100%	100%											**100%**
Annual Education Compliance	100%	100%											**100%**

January	
Summary of Findings	**Plan of Action**
Monitored closley	Continue to monitor
Summary of Findings	**Plan of Action**
Monitored closley	Continue to monitor
March	
Summary of Findings	**Plan of Action**
April	
Summary of Findings	**Plan of Action**
May	
Summary of Findings	**Plan of Action**
June	
Summary of Findings	**Plan of Action**
July	
Summary of Findings	**Plan of Action**

August	
Summary of Findings	**Plan of Action**
September	
Summary of Findings	**Plan of Action**
October	
Summary of Findings	**Plan of Action**
November	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**

A. Registration Services

Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Correct Insurance Plan (COB)	300	340											**640**
Primary Doctor	340	365											**705**
Insurance Verified	340	360											**700**
Correct Guarantor	315	350											**665**
HIPAA	340	367											**707**
Emergency Contact	340	340											**680**
Signed Documents	300	340											**640**
Total Number of Documents Completed	340	367											**707**
Total Number of Documents Audited	340	367											**707**
Percentage of Compliance (Benchmark = 90%)	**100%**	**100%**	######	######	######	######	######	######	######	######	######	######	**100%**

January	
Summary of Findings	**Plan of Action**
HAVE FOUND THAT HOSPITAL STAFF ARE STILL NOT PUTTING IN CORRECT INS INFO,CORRECT GUARANTOR, SIGNED DOCUMENTS	RCM MANAGER, CEO, RCM DIRECTOR ARE PUTTING AN AUDIT PROCESS IN PLACE TO MAKE SURE THESE THINGS ARE CAUGHT AND WILL BE AUDITED BY RCM MANGER, WILL CONTINUE TO MONITOR AND EDUCATE IN THE MEANTIME.
February	
Summary of Findings	**Plan of Action**
HAVE FOUND THAT HOSPITAL STAFF ARE STILL NOT PUTTING IN CORRECT INS INFO,CORRECT GUARANTOR, SIGNED DOCUMENTS	RCM MANAGER, CEO, RCM DIRECTOR ARE PUTTING AN AUDIT PROCESS IN PLACE TO MAKE SURE THESE THINGS ARE CAUGHT AND WILL BE AUDITED BY RCM MANGER, WILL CONTINUE TO MONITOR AND EDUCATE IN THE MEANTIME.
March	
Summary of Findings	**Plan of Action**
April	
Summary of Findings	**Plan of Action**
May	
Summary of Findings	**Plan of Action**
June	
Summary of Findings	**Plan of Action**
July	
Summary of Findings	**Plan of Action**

August	
Summary of Findings	**Plan of Action**
September	
Summary of Findings	**Plan of Action**
October	
Summary of Findings	**Plan of Action**
November	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**

Environmental Services

A. Terminal Room Cleans

Function: Process & Outcome Measure
Rational: High Risk, Problem Prone
Data Source: Observation, EOC rounds report, incident reports
Sample Size: Ten per month or all whichever is greater
Methodology: Observation, EOC rounds report, incident reports, PDSA

Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Terminal Room Cleans Meeting Inspection Standards	8	8											**16**
Total Number of Rooms Inspected	8	8											**16**
Percent of Compliance (Benchmark=100%)	**100%**	**100%**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**100%**

January	
Summary of Findings	**Plan of Action**
Compliant	No action needed
February	
Summary of Findings	**Plan of Action**
Compliant	No action needed
March	
Summary of Findings	**Plan of Action**
April	
Summary of Findings	**Plan of Action**
May	
Summary of Findings	**Plan of Action**
June	
Summary of Findings	**Plan of Action**
July	
Summary of Findings	**Plan of Action**
August	
Summary of Findings	**Plan of Action**
September	
Summary of Findings	**Plan of Action**

October	
Summary of Findings	**Plan of Action**
November	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**

Materials Management

A. Materials Management Indicators

Function: Process & Outcome Measure
Rational: High Risk, Problem Prone
Data Source: Order Sheets, Invoices, Audits
Methodology: Order Sheets, Invoices, Audits PDSA
Sample Size: All Orders and All Recalls

Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total Number of Back Orders by Vendors	1	3											**4**
Total Number of Orders Placed to Vendors by Hospital	30	32											**62**
Percentage of Back Orders	**3%**	**9%**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**6%**
Total Number of Late Orders due to Vendor(s) Issues	0	1											**1**
Total Number of Orders Placed to Vendors by Hospital	30	32											**62**
Percentage of Late Orders	**---**	**3%**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**2%**
Total Number of Recalls (Items utilized by the hospital)	2	1											**3**
Total Number of Items Checked Out Properly	712	981											**1693**
Total Number of Items Checked Out	721	984											**1705**
Percentage of Compliance	**99%**	**100%**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**99%**

January	
Summary of Findings	**Plan of Action**
recalls feb particulate respirator and surgical mask	
RECALLS: (1) Dermabond Advanced™ Topical Skin Adhesive, (2) Strata II™, Delta™, and CSF-Flow Control™ Valves and Shunts	Materials Manager checked stock, did not have affected product. No action needed.

February	
Summary of Findings	**Plan of Action**
RECALLS: 3M PARTICULATE RESPIRATOR AND SURGICAL MASK	**This is an update to a safety notice posted on 2/3/2021 to include additional lot numbers. Due to increasing reports of fraud. This is a counterfeit notification not a product recal. No action needed.**

Summary of Findings	**Plan of Action**

April	
Summary of Findings	**Plan of Action**

May	
Summary of Findings	**Plan of Action**

June	
Summary of Findings	**Plan of Action**
July	
Summary of Findings	**Plan of Action**
August	
Summary of Findings	**Plan of Action**
September	
Summary of Findings	**Plan of Action**
October	
Summary of Findings	**Plan of Action**
November	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**

B. Materials Management Indicators

Function: Process & Outcome Measure
Rational: High Risk, Problem Prone
Data Source: Order Sheets, Invoices, Audits
Methodology: Order Sheets, Invoices, Audits PDSA
Sample Size: Ten Items Per Month with a sampling of 20 "eaches" or all if less than 20 "eaches" for each item
Inclusion Criteria: Chargeable Items Exclusion Criteria: Non-Chargeable Criteria
Process: For each reporting month a total of 10 separate "chargeable items" are reviewed for correct labeling, expiration date/within use date, & correct inventory information. Utilize the Audit Tool to gather and compile data. At the end of the month when the data is entered for all 10 items, a value will be autocalculated for a composite score. These are the values that will be entered into the Quality Report.

Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Percentage of Chargeable Items Correctly Labeled	100%	100%											**100%**
Percentage of Items Within Use Date (Benchmark = 90%)	100%	98%											**99%**
Percentage of Inventory Information Correct (Benchmark = 90%)	100%	100%											**100%**

January	
Summary of Findings	**Plan of Action**
Met benchmark.	Continue to monitor

February	
Summary of Findings	**Plan of Action**
Found 2 expired products. Still within benchmark.	Continue to monitor
March	
Summary of Findings	**Plan of Action**
April	
Summary of Findings	**Plan of Action**
May	
Summary of Findings	**Plan of Action**
June	
Summary of Findings	**Plan of Action**
July	
Summary of Findings	**Plan of Action**
August	
Summary of Findings	**Plan of Action**
September	
Summary of Findings	**Plan of Action**
October	
Summary of Findings	**Plan of Action**
November	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**

Plant Operations

A. Fire Safety Management

Function: Process & Outcome Measure
Rationale: High Risk, Problem Prone
Data Source: Fire Drill Reports, Audit
Methodology: Fire Drill Reports, Audits
Note: Fire drills must be conducted at least quarterly but may be conducted more frequently.
Note: Fire extinguisher checks must be performed monthly

Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
	Q1			Q2			Q3			Q4			
Total Number of Fire Drills Completed													**0**
Total Number of Fire Drills													**0**
Percentage of Compliance		---			---			---			---		---
Monthly Fire Extinguisher Checks Completed	24	24											**48**
Total Number of Fire Extinguishers	24	24											**48**
Percentage of Compliance	**100%**	**100%**	---	---	---	---	---	---	---	---	---	---	**100%**

January	
Summary of Findings	**Plan of Action**
Compliant	No action needed

February	
Summary of Findings	**Plan of Action**
Compliant	No action needed

March	
Summary of Findings	**Plan of Action**

April	
Summary of Findings	**Plan of Action**

May	
Summary of Findings	**Plan of Action**

June	
Summary of Findings	**Plan of Action**

July	
Summary of Findings	**Plan of Action**

August	
Summary of Findings	**Plan of Action**

September	
Summary of Findings	**Plan of Action**

October	
Summary of Findings	**Plan of Action**
November	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**

Information Technology

A. IT Incidents

Function: Process & Outcome Measure
Rational: High Risk, Problem Prone
Data Source: Work Reports
Methodology: Work Reports, PDSA

Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Equipment Malfunction/Issue	2	0											**2**
EHR System Shutdown	0	0											**0**
Power/Electrical Failure	0	0											**0**
Internet Outage	0	0											**0**
Interface Issue	0	0											**0**
Server Outage	0	0											**0**
Planned Changes	0	0											**0**
Other (Include in findings)	58	68											**126**

January	
Summary of Findings	**Plan of Action**
this month was quiet, usual password resets and such. we do have 2 COW units down on the floor that need new pc's istalled in them	IT will replace the PCs in the COW units and deliver back to the floor. WHEN? when i got the parts, at the time i did not know when the new units would arrive, and so instead of guessing, i chose not to make mention of a date.
February	
Summary of Findings	**Plan of Action**
it was a pretty quiet month again, only 68 tickets, mostly tv remotes and	
March	
Summary of Findings	**Plan of Action**
April	
Summary of Findings	**Plan of Action**
May	
Summary of Findings	**Plan of Action**
June	
Summary of Findings	**Plan of Action**
July	
Summary of Findings	**Plan of Action**
August	

Summary of Findings	Plan of Action
September	
Summary of Findings	**Plan of Action**
October	
Summary of Findings	**Plan of Action**
November	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**

Outpatient Services

A. Outpatient Orders & Assessments

Function: Process & Outcome Measure
Rational: High Risk, Problem Prone
Data Source: Patient Records
Sample Size: 10 randomized records per month
Methodology: Patient Records, PDSA
Inclusion Criteria: All patients receiving outpatient services

Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Scheduled Appointment for Outpatient Services	10	0											**10**
Correct Order On Chart	10	0											**10**
Total number of orders	10	0											**10**
Percentage of correct orders (Benchmark=100%)	**100%**	---	---	---	---	---	---	---	---	---	---	---	**100%**
RN assessments completed	4	0											**4**
Total number of RN assessments required & completed	4	0											**4**
Percentage of RN assessments required & completed (Benchmark=100%)	**100%**	---	---	---	---	---	---	---	---	---	---	---	**100%**

January

Summary of Findings	Plan of Action
No OP noted for the month of February	No plan of action needed.

B. Outpatient Therapy Services

Function: Process & Outcome Measure
Rational: High Risk, Problem Prone
Data Source: Patient Records, Patient Reports
Methodology: Patient Records, PDSA
Inclusion Criteria: All patients receiving outpatient therapy services
Exclusion Criteria: death, unplanned/unexpected discharge

Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Physician Signature on Initial Evaluations	1	0											**1**
Total # of Evaluations	1	0											**1**
Percentage of Compliance (Benchmark = 75%)	**100%**	---	---	---	---	---	---	---	---	---	---	---	**100%**
Total # Treatments Performed	12	9											**21**
Total # of Planned Patient Treatments	12	9											**21**
Percentage of Compliance (Benchmark = 70%)	**100%**	**100%**	---	---	---	---	---	---	---	---	---	---	**100%**
30-Day Progress Notes (performed on or before 30 days from initial evaluation)	0	0											**0**

Total Number of Progress Notes (all patients with therapy services greater than 30 days)	0	0											**0**
Percentage of Compliance (Benchmark = 95%)	---	---	---	---	---	---	---	---	---	---	---	---	---
Discharge Note Performed Within 72 Hours By PT (exclude weekends & holidays)	2	0											**2**
Total Number of Discharged Patients	2	0											**2**
Percentage of Compliance (Benchmark = 95%)	**100%**	---	---	---	---	---	---	---	---	---	---	---	**100%**
Total # of patients discharged with improved standardized assessment scores	2	0											**2**
Total # patients with documented standardized assessment score on admission	2	0											**2**
% of Functional Improvement (Benchmark=80%)	**100%**	---	---	---	---	---	---	---	---	---	---	---	**100%**

January	
Summary of Findings	**Plan of Action**
All paperwork written and received back in timely manner.	No changes needed at this time.

C. Outpatient Wound Services

Function: Process & Outcome Measure
Rational: High Risk, Problem Prone
Data Source: Patient Records, Patient Reports
Methodology: Patient Records, PDSA
Inclusion Criteria: All patients receiving outpatient therapy services

Indicators	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**YTD**
Total Number of Wound Debridements	4	4											**8**
Total Number of Consents Completed	2	2											**4**
Total Number of Consents Required	2	2											**4**
Percentage of Compliance (Benchmark = 100%)	**100%**	**100%**	---	---	---	---	---	---	---	---	---	---	**100%**
Total Number of Wounds Showing Improvement	2	2											**4**
Total Number of Wounds	2	2											**4**
Percentage of Compliance	**100%**	**100%**	---	---	---	---	---	---	---	---	---	---	**100%**

January	
Summary of Findings	**Plan of Action**
N/A	N/A

February	
Summary of Findings	**Plan of Action**
N/A	N/A

March

Summary of Findings	Plan of Action
April	
Summary of Findings	**Plan of Action**
May	
Summary of Findings	**Plan of Action**
June	
Summary of Findings	**Plan of Action**
July	
Summary of Findings	**Plan of Action**
August	
Summary of Findings	**Plan of Action**
September	
Summary of Findings	**Plan of Action**
October	
Summary of Findings	**Plan of Action**
November	
Summary of Findings	**Plan of Action**
December	
Summary of Findings	**Plan of Action**

Strong Mind Services

A. Record Compliance

Function: Compliance Measure
Rationale: High Risk, Problem Prone
Data Source: Client Records
Sample Size: All clients in program
Methodology: Client records; PDCA
Inclusions: All clients in program during reporting month
Formula: # of complete charts/# of charts audited

Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total number of records meeting compliance													**0**
Total number of records audited													**0**
Percentage of Compliance (Benchmark=95%)	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**#DIV/0!**

January	
Summary of Findings	**Plan of Action**

B. Client Satisfaction Surveys

Function: Outcome Measure
Rationale: High Risk, Problem Prone
Data Source: Client Surveys
Sample Size: All discharged clients in program
Methodology: Client Surveys; PDCA
Inclusions: All clients in program discharged during reporting month
Formula: # of surveys completed/# of surveys returned

Indicators (Active Clients)	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total number surveys returned													**0**
Total number of surveys distributed (active clients)													**0**
Return Rate (Benchmark=80%)	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**
Satisfaction Score Results (composite score/active clients)													**0**
Total Score													**0**
Percentage of satisfaction (Benchmark=80%)	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**
Indicators (Discharged Clients)	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**YTD**
Total number surveys returned													**0**

Total number of surveys distributed (discharged clients)													0
Return Rate (Benchmark=80%)	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**
Satisfaction Score Results (composite score/discharged clients)													0
Total Score													0
Percentage of satisfaction (Benchmark=80%)	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**
January													
Summary of Findings						**Plan of Action**							

C. Master Treatment Plans

Function: Process & Outcome Measure
Rationale: High Risk, Problem Prone
Data Source: Client Files
Sample Size: All clients in program
Methodology: Client records; PDCA
Inclusions: All clients in program during reporting month
Formula: # of master treatment plans completed within 5 days/# of master treatment plans

Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total number of master treatment plans completed													0
Total number of master treatment plans required													0
Master Treatment Plans Completed (Benchmark=100%)	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**
January													
Summary of Findings						**Plan of Action**							

D. Suicidal Ideation

Function: Process & Outcome Measure
Rationale: High Risk, Problem Prone
Data Source: Client Files
Sample Size: All clients in program
Methodology: Client records; PDCA
Inclusions: All clients in program during reporting month
Formula: # of clients with suicidal ideation/# of clients with treatment plan

Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total number of clients with suicidal ideation													**0**
Total number of clients with treatment plan													**0**
Treatment Plans Completed (Benchmark=100%)	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**
January													
Summary of Findings				**Plan of Action**									

E. Scheduled Appointments

Function: Process & Outcome Measure
Rationale: High Risk, Problem Prone
Data Source: Client Files
Sample Size: All clients in program
Methodology: Client records; PDCA
Inclusions: All clients in program during reporting month
Formula: # of missed appointments/total number of scheduled appointments

Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total number of missed appointments													**0**
Total number of scheduled appointments													**0**
Percentage of Missed Appointments (Benchmark=less than 10%)	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**
January													
Summary of Findings				**Plan of Action**									

Contract Services

Date	Name	Service	Date of Review	Renewed	Discontinued
01/14/21	Life Share Conctract/Log	Tissue donation	02/23/21	Yes	
01/14/21	OGA Business	Insurance for Strong Minds	02/23/21	Yes	
01/14/21	Press Ganey Contract	HCAHPS	02/23/21		
01/14/21	Space Labs	Telemetry system	02/23/21	Yes	
01/14/21	Press Ganey Contract	HCAHPS	02/23/21	Yes	
02/10/21	Wolters Kluwer Health,	Education/training/resources	3/1/2021 - 03/02/2022	Yes	
02/10/21	OFMQ Agreement	Peer review	2/23/2021 -	Yes	

MEC/GB Approval
Yes
Yes
Yes
Yes
Yes
Yes
Yes

Education & Training

Date	Main Objectives	Audience	Compliance
01/25/21	Provider time study 2/15-2/28	Providers	
03/04/21	ACLS		
03/18/21	BLS	All Staff	

Performance Improvement Projects

Date	Title	Goals	Status	Progress
01/25/21				

Surveys

Date	Type of Survey	Results of Survey	Actions Taken
01/25/21			

Product Recalls

Date	Product/Equipment	Action Taken
01/01/21	Derma bond	Did not have product
01/01/21	Strata	Did not have product
02/01/21	No Recalls for MRMC	

FMEA

Date	Project Title	Actions Taken
01/25/21		

RCA

Date	Type of Event	Outcome of Event	Actions Taken
01/25/21			

Blood Utilization

Date	# of Transfusion Episodes	# of Blood Products	Transfusion Reaction
01/25/21	4	18	No
02/01/21	1		No

HIPAA Breaches

Date	Event	Action Taken
01/01/21	None for Janu	No action needed
02/01/21	None for Febr	No action needed

Facility/Equipment Issues/Concerns/PM Reports

Date	Brief Description of Issue	Actions Taken	PM Report Summary
01/25/21			

Emergency Preparedness

Date	Type of Drill	Emergency Disaster Event	After Action Summary
01/01/21		No drills for January	No summary needed
02/27/21	Water Supply	No water to the facility	Maintenance is doing summary

Mandatory or Routine Inspections

Date	Inspection Type	Inspection Date	Results
01/25/21			

Policy & Procedure Review and Approval

Date	Name of Policy	MEC/GB Approval
02/23/21	Respiratory P & P	Yes
02/23/21	Drug Room P & P	Yes
02/23/21	Emergency Department	Yes
02/23/21	Clinical P & P	Yes
02/23/21	Wound Care P & P	Yes
02/23/21	Hospital Rehab P & P	Yes
02/23/21	(Form) Patient Discharge Sa	Yes
02/23/21	(Form) HR Performance Eva	Yes
02/23/21	(Form) Blood Transfusion O	Yes

Staffing

Date	New Employee	Voluntary Separations	Involuntary Separations
01/31/21	3	2	
2/28/2021	0	1	

Open Positions

Credentialing & New Appointments

Date	Credential Update	New Appointments
02/23/21	John Chiaffitell, DO	Active Privileges-Re-Credentialing
02/23/21	Terrie Gibson, MD	Courtesy Privileges-Re-Credentialing
02/23/21	Pathologists w/Heartland	Courtesy Privileges
02/23/21	Dr. Steven Snail	Voluntary removal
02/23/21	Dr. Riley Winham	Voluntary removal
02/23/21	OSU Telehealth removed as contract termed 1/1/21	
02/23/21	Sara McDade, APRN	Couresty Privileges
02/23/21	Dave Spear, MD	Courtesy Privileges
02/23/21	Mary Barnes, APRN	Courtesy Privileges-Re-Credentialing
02/23/21	Mary Homboe, MD	Courtesy Privileges-Re-Credentailing
02/23/21	Ruth Oneson, MD	Courtesy Privileges-Re-Credentialing
02/23/21	Ricky Reaves, MD	Courtesy Privileges-Re-Credentialing
02/23/21	Barry Rockler, MD	Courtesy Privileges-Re-Credentialing
02/23/21	Sherrita Wilson, MD	Courtesy Privileges-Re-Credentialing

Mangum Regional Medical Center
Quality Committee Meeting Minutes

Date: 4/15/2021	**Time: 12:57**	**Recorder: Melissa Tunstall**	**Reporting Period Discussed: MARCH 2021**

Members Present via Teams Meeting

Chairperson:		**CEO: Cindy Tillman**			**Medical Representative: Dr. Chiaffitelli**		
Name	**Title**	**Name**	**Title**	**Name**	**Title**	**Name**	**Title**
Jennifer Waxell	Respiratory	Josey Kenmore	Materials Management	Chelsea Church	Pharmacy	Evan	Lab Manager
Sarah Dillahunty	Dietary	Daniel Coffin	CCO	Kaye Hamilton	Credentialing	Sarah Cox	Infection
Zack Canaday	IT	Pamela Esparza	Radiology Manager	Jennifer Dreyer	HIM	Kasi HIlley	Business/RCM Director

TOPIC	**FINDINGS/CONCLUSIONS**	**ACTIONS/RECOMMENDATIONS**	**FOLLOW-UP**
Call to Order	Melissa Tunstall and Pam Esparza		
Review of Minutes	Pam Esparza		
Review of Committee Meetings			
A. EOC/Patient Safety Committee	March - Preparing to add additional outlets East patient hall. Quote prep for APEX for pipe repair. PO for peg boards in ER. Roof on OR2 is pending GB approval. Additional Exit signs and outlets on Covid wing. Water outage for 12 hours. April - CT light is connected and working. Getting 2nd quote for outlets on East patient hall. PO was completed for Oxygen headboard on ER Wall. OR2 repairs have been approved. Pharmacy refridgerator has been installed in nursing area. Stretcher in ER 1 back support needs replaced under the head.		
B. Infection Control Committee	No CLABSI, CAUDIA, HAI. 100% hand hygene. Health stream.	Will continue to monitor	
C. Pharmacy & Therapeutics Committee	No data will have PNT meeting in April		
D. HIM/Credentials Committee	Found one Provider still needs remote access to EMR.	IT is working on getting Provider access	
E. Utilization Review Committee	1 readmission to swb. Went home on 8th came back on 11th. 19 discharges. Discharge safety plan completed.		
F. Compliance Committee	No meetings started as of this time		
Old Business	Electricians Reyes Electric completed wiring on 2/22/21 on the Covid wing.		

New Business	Roof repair over OR2 is scheduled. Policies that were approved were: Employee Health Program Manual. Infection Control Policies and Procedures Manual, HIPPA Policies and Procedures Manual, HIM Policies and Procedures Manual.		
Quality Assurance/Performance Improvement			
Volume & Utilization			
A. Hospital Activity			
B. Blood Utilization	1 Product was administered without problems	Will continue to monitor	
Care Management			
A. CAH/ER Re-Admits	1		
B. Acute Transfers			
C. Transition of Care			
D. Discharge Follow-Up Phone Calls			
E. Patient Discharge Safety Checklist			
Risk Management			
A. Incidents	4 Incidents Risk Management	AMA -	
B. Reported Complaints			
C. Reported Grievances			
D. Patient Falls Without Injury	1 Unassisted fall with no injury. Patient sustained no injuries. QM reviewed chart and incident report and found patient did not use the call	QM reviewed chart and incident report and found patient did not use the call light that was within reach. Nursing staff reeducated patient to call	
E. Patient Falls With Minor Injury			
F. Patient Falls With Major Injury			
G. Mortality Rate	One patient death in reporting period. 1. Patient was admitted for CHF and AKI. During stay patient became unresponsive. ACLS protocols administered. No ROSC noted. Death called	Continue operating capacities for this CAH.	
H. Deaths Within 24 Hours of Admit			
I. OPO Notification/Tissue Donation	1 within the 60 minute time frame.		

J. Patient Identifiers			
Nursing			
A. Critical Tests/Labs	85%	One nurse just failed to log. Nurse has ben re-educated on logging.	
B. Restraints			
C. RN Assessments			
D. Code Blue	1	Higher level of care	
E. Acute Transfers			
Emergency Department			
A. ER Log & Visits	127		
B. MSE			
C. Provider ER Response Time			
D. ED RN Assessment (Initial)			
E. ED Readmissions	7		
F. EMTALA Transfer Form			
G. ED Transfers	6		
H. Stroke Care	1	Coordinated with Radiology to decrease time for reads. Implemented communication strategies between lab and xray. Educatiion to improve CT prep time.	
I. Suicide Management			
J. Triage			
K. Stemi Care	1		

L. ED Nursing Assessment (Discharge/Transfer)			
Pharmacy & Medication Safety			
A. Pharmacy Utilization			
B. After Hours Access	165 times	DR accessed 165 times: 8 times for refrigerated medications; 14 times for inhalers/topicals that are kept in DR to capture charges; 36 times for ER patient medications; 70 times for IV fluids not stocked in	
C. Adverse Drug Reactions			
D. Medication Errors	2	1) Nurse failed to administer IV antibiotics 2)Nurse failed to administer IV antibiotics	
Respiratory Care Services			
A. Ventilator Days	31		
B. Ventilator Wean Rate			
C. Patient Self-Decannulation Rate			
D. Respiratory Care Equipment			
Wound Care Services			
A. Development of Pressure Ulcer			
B. Wound Healing Improvement			
C. Wound Care Documentation			
D. Debridement/Wound Care Procedures			
E. Wound Vac Application			
Radiology			
A. Radiology Films			
B. Imaging			

C. Radiation Dosimeter Report			
D. Physicist's Report			
Lab			
A. Lab Reports	1 Specimen received from LTC and it was rejected due to clotting.	Lab staff instructed LTC staff to obtain new specimen via best practice standards.	
B. Blood Culture Contaminants			
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			
H. Patient Vaccinations			
I. Ventilator Associated Events			
J. Employee Health Summary	1 Light duty case continued;		
HIM			
A. H&P's			

B. Discharge Summaries	90% I was missing two d/c summaries in acute charts.	I emailed both providers on 3/30/21 and cc'd Kaye Hamilton. One responded and did the d/c summary. I have not heard from the other provider and he doesn't seem to be on the schedule anytime soon. I will email and call Kaye to see if she can help with this matter. Zack did not	
C. Progress Notes (Swing bed & Acute)			
D. Consent to Treat	2 ER 1 MD 1 SWB	HIM has been running a report of new admits and checking for consents. If there are none, HIM sends out an email to the ward clerks to get them. The revenue cycle manager is also discussing this with the CCO to fix. Laurie, the Director of Revenue Cycle, is also working on a plan of action for this issue.	
E. Swing bed Indicators			
F. E-prescribing System			
G. Legibility of Records			
Dietary			
A. Food Test Tray Eval			
B. Dietary Checklist Audit			
Therapy			
A. Therapy Indicators			
B. Therapy Visits			
C. Standardized Assessment Outcomes	86% Patient discharged to LTC on Comfort Care and Hospice. She would be unable to achieve PLOF	No changes needed.	
Human Resources			
A. Compliance			
Registration Services			
Registration Services			
Environmental Services			
A. Terminal Room Cleans			
Materials Management			
A. Materials Management Indicators			

Plant Operations			
A. Fire Safety Management			
Information Technology			
A. IT Indicators			
Outpatient Services			
A. Outpatient Orders and Assessments			
B. Outpatient Therapy Services			
C. Outpatient Wound Services			
Contract Services			
Contract Services	1. DIA Renewal 2. Impriva Patient event notification COP Interoperability 3. Cardinal Health Premier Ordering 4. Mountaineer Medical 5. Press Ganey addendum 6. Healthcare General Liability Insurance(MedPro Group)		
A. OSDH & CMS Updates			
B. Surveys			
C. Product Recalls	None for facility		
D. FMEA			
E. RCA			
Policy & Procedure Review			
Policy & Procedure	1. Employee Health Program Manual 2. Infection Control Policies and Procedures Manual 3. HIPPA Policies and Procedures Manual 4. HIM Policies and Procedures Manual	1. Sarah Dillahunty and Linda James 2. Sarah Cox and Linda James 3. Jennifer Waxell and Sarah Cox 4. Jennifer Dreyer and Linda James	
Standing Agenda			
Credentialing/New Appointments			
A. Credentialing/New Appointment Updates	DIA Radiologists		
Education & Training			

A. Education & Training	ACLS Class 3.4.21 BLS 3.18.21 CCO Reviewed new ED and Clinical Policies and Procedures Manual Active Shooter Drill was held on two shifts on 3.11.21		
A. Department			
Other			
A. Other	Patient care slogan: Is there anything else I can do for you. I have them time.		
Adjournment			
A. Adjournment	1:26	M. Tunstall and Candy Denney	

FIRST AMENDMENT TO CONSIGNMENT AGREEMENT

This First Amendment to the Consignment Agreement ("First Amendment"), to be effective on the date the last party signs herein ("Amendment Effective Date"), amends that certain Consignment Agreement that became effective on December 14, 2020 (the "Agreement"), by and between **MiMedx Group, Inc.** ("MiMedx") and **Mangum Regional Medical Center** ("Consignee").

WHEREAS, MiMedx and Consignee desire to amend the Agreement by revising the consignment inventory and respective pricing, as further provided herein; and

NOW THEREFORE, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, MiMedx and Consignee agree to the following:

1. **Defined Terms**. All capitalized terms provided in this First Amendment shall have the same meaning as provided in the Agreement, unless otherwise specified herein.

2. **Amendments**. The Agreement shall be amended as provided below:

   Exhibit A (Consigned Products) shall be deleted and replaced with the revised Exhibit A attached hereto and incorporated herein.

3. **Entire Agreement**. In all other respects, the Agreement is and shall remain in full force and effect in accordance with its terms.

IN WITNESS WHEREOF, the undersigned have executed this First Amendment to be effective on the Amendment Effective Date.

MiMedx Group, Inc.	**Mangum Regional Medical Center**
_____	_____
By: Marion Snyder	By:_____
Its: Sr. Vice President, Market Access	Its:_____
Date: _____	Date: _____

Exhibit A

Consigned Products

Item Description	Manufacturer #	Consigned Quantity (# of Units)	Price Per Unit	Total
AmnioFix Surgical 2 cm x 6 cm	APS-5260	2	$670.00	$1,340.00
AmnioFix Surgical 2 cm x 12 cm	APS-5212	2	$2,055.00	$4,110.00

Consignee Representative Signature:_____ Date: _____

MiMedx Representative Signature:_____ Date: _____

Pricing for the Consigned Products in the table above shall be governed by Section 10 (Pricing) of this Agreement.

Notice: This pricing included herein reflects the net price of supplies to the purchaser. This price is net after a discount or other reduction in price, and the net price as well as any discount may be reportable under federal regulations at 42 C.F.R. §1001.952(h).

Hospital Vendor Contract – Summary Sheet

1. **Name of Contract:** First Amendment to Consignment Agreement

2. **Contracted Parties:** Mangum Regional Medical Center and MiMedx Group, Inc.

3. **Contract Type Services:** Medical Products and Supplies

4. **Description of Services:** This is an amendment to the Consignment Agreement by revising the consignment inventory and respective pricing. The amendment includes Exhibit A (Consigned Products) shall be deleted and replaced with the revised Exhibit A included in attachment.

5. **Cost:** ☒ No monthly cost. Only cost of the products **(Monthly)** **-and-** ☒ No Annual Cost **(Annually)**

6. **Term:** Terms will remain the same as original agreement. **Months / Years**

7. **Termination Clause:**

CONSIGNMENT PROGRAM ADDENDUM

THIS **CONSIGNMENT PROGRAM ADDENDUM ("ADDENDUM")** is effective and entered into as of this _____ day of _____ 20__ (the "Effective Date") by and between Sizewise Rentals, L.L.C., a Nevada limited liability company ("Vendor"), and _____("Member"), located at _____ _____.

Member currently rents items and equipment including parts and accessories (collectively "Product(s)" from Vendor pursuant to an existing agreement as identified below by one of the checked boxes ("Agreement"):

☒ Rental agreement between Vendor and Member's group purchasing organization identified as _____.

☐ Direct agreement with Vendor and _____[***insert other party***] dated _____with contract number _____ .

☐ Other (*please specify*) _____.

This Consignment Program Addendum adds to, modifies and forms a part of such Agreement by adding to it the below terms and conditions for Vendor's Consignment Program. All terms and conditions of the Agreement apply to this Addendum. The term "Member" as used herein shall also mean Participant, Buyer, Purchaser, Customer or such other similar designation referring to the other party to the Agreement obtaining the products from Vendor under the Agreement. The term "Vendor" as used herein shall also mean Seller or Supplier or such other similar designation in the Agreement referring to Sizewise Rentals, LLC. The term "Product" or "Product(s)" as used herein shall also mean Goods, Equipment, Items or such other similar term in the Agreement referring to the products rented to Member under the Agreement.

NOW THEREFORE, in consideration of mutual covenants and other good and valuable consideration, the receipt and legal sufficiency of which are hereby acknowledged, the parties hereto agree as follows:

1. **Program Term and Product(s)**. The Consignment Program for the Product(s) included on this Addendum shall commence on the Effective Date listed above and shall terminate the earlier of (i) the Agreement terminating or expiring without further renewal, (ii) in the case of a GPO Agreement, Member's affiliation with the GPO listed above ending, (iii) either parties notice of termination set forth in Section 6 below, or (iv) notice from Member that it no longer needs the Product(s) included on this Facility Use Program. In the event the Agreement is extended or renewed, this Addendum shall automatically and simultaneously extend for the same period of time.

2. **Consignment Storage Location and Security**. Vendor agrees to place rental Product(s) (including parts) in a designated area of Member's facility ("Consignment Storage Location") to facilitate patient placement. A listing of the Product(s) together with the quantities of each placed in the Consignment Storage Location is set forth on **Attachment 1** of this Addendum as may be updated by the Vendor from time to time. Issues for consideration when assessing the Consignment Storage Location shall be size, accessibility, safety and security of Product(s), equipment and trained personnel to properly place the Product(s) when the need arises. Member represents and warrants that at its sole cost and expense the Consignment Storage Location shall be kept in a secure manner with controlled access where only those authorized may have access to the area.

3. **Monthly Charge and Invoicing.** In consideration of placement of the Product(s) in the Consignment Storage Location, Member acknowledges and agrees that there is a monthly charge of _____ days (***fifteen (15) days if left blank***) at the prevailing per diem rate for each Product placed in the Consignment Storage Location payable to Vendor upon invoice. In addition to the monthly charge, Member will be invoiced, and shall pay Vendor, according to the usage of the Product(s) and pursuant to the pricing, terms and conditions of the Agreement. Member agrees to notify Vendor within twenty-four (24) hours of Product being placed with a patient and upon completion of usage by patient. Member agrees to provide Vendor, its employees and its authorized representatives reasonable access to the Consignment Storage Location and Vendor reserves the right to inventory and/or conduct a physical count of Product(s) at any time. If, as determined by Vendor in its sole discretion, (i) inventory shortages are found, or (ii) if Member does not notify Vendor of usage as provided for herein, or (iii) if provides insufficient data on usage, then Vendor shall be entitled to treat the Product(s) giving rise to such event as having been withdrawn from the Consignment Storage Location improperly and to invoice Member for such Product(s) and the usage timeframe shall be deemed to be from the date the Product(s) was placed in the Consignment Storage Location until the date of pick up by Vendor. All delivery and pick up charges are as set forth in the Agreement. The date of delivery of the Product(s) to the Consignment Storage Location shall be the date indicated on the Vendor's Equipment Lease and Ancillary Services Agreement presented to Member in hard copy format and/or through electronic presentation. The Equipment Lease and Ancillary Services Agreement is incorporated by reference in its entirety and is included and made a part of this

Addendum and the Agreement.

4. **Routine Cleaning and Release**. The Product(s) in this program is/are designed to be used by a single patient. In the event Member chooses to place Product(s) with multiple patients, then by signature below, Member **agrees to waive Vendor cleaning and agrees Member will perform routine cleaning in between patient use** subject to these additional terms in this Section 4. Member agrees that notwithstanding any other provision in the Agreement or this Addendum to the contrary, Member agrees it shall be solely responsible to clean the Product(s) in accordance with the manufacturer's suggested cleaning information in between each use with Member's patient. Member acknowledges and agrees it received a copy of such cleaning information. **Member is informed and understands that Member's waiver of the performance of routine inspections and maintenance by Vendor on the Product(s) may result in adverse results including possible physical harm to Member or its patients or damage beyond normal wear and tear to the Product(s). Member hereby releases and holds harmless Vendor, its subsidiaries, officers, members, agents, and employees, from any and all damages, claims, loss and liabilities related to the non-performance of routine inspections and maintenance, and for Member's obligation to clean the Product(s) between patient use.**

5. **Title and Risk of Loss**. All Product(s) represented in this Consignment Program are owned by Vendor and shall remain the property of Vendor. All items must remain in Member's designated facility and cannot leave the facility at any time unless removed by Vendor or its service agent. All Product(s) delivered will be the responsibility of the Member and it shall bear all risks of loss or damage to the Product(s). Any Product(s) or equipment determined by Vendor to be lost, damaged or destroyed while in the possession of the Member shall be invoiced to Member at the replacement cost of such Product or equipment. **Member shall defend, indemnify and hold harmless Vendor and its affiliates, officers, members, directors, shareholders, employees, agents, representatives successor and assigns from and against any and all liabilities, damages, judgments, costs, losses and expenses arising out of any breach of the terms of this Consignment Program. Notwithstanding any other provision in the Agreement to the contrary, all Product(s) and equipment is provided by Vendor to Member "AS IS, WHERE IS" WITH ALL FAULTS. THERE ARE NO OTHER WARRANTIES MADE BY VENDOR (EXCEPT FOR THE WARRANTY OF TITLE) AND VENDOR EXPRESSLY DISCLAIMS ANY AND ALL IMPLIED WARRANTIES, INCLUDING WITHOUT LIMITATION THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE**.

6. **Maintenance, Removal and Termination**. Vendor may remove any or all Product(s) and equipment at any time from the Consignment Storage Location. Unless otherwise agreed to by the parties, Vendor agrees to replace consignment Product(s) with new consignment Products no less then every ninety (90) days. Either party can elect to cancel the Consignment Program in its entirety by providing thirty (30) days written notice.

7. **Compliance**. Vendor and Member acknowledge and agree that Vendor will pay no remuneration to Member or anyone affiliated with Member for the use of the Consignment Storage Location; and that nothing in this Addendum requires Member to use Vendor's equipment. If Member is a recipient of funds from a state or federal healthcare program, Member acknowledges it has been informed of and agrees to accurately account for and report, when applicable, the value of any discount, rebate or other compensation paid hereunder in a manner that complies with all federal, state and local laws and regulations providing a safe harbor for such discounts. To the extent Member requires additional information from Vendor in order to meet its safe harbor reporting requirements, Member shall make a written request to Vendor.

8. **Full Force and Effect**. The recitals and all Attachments and Exhibits of this Addendum are incorporated and form a part of this Addendum. Except as modified by this Consignment Program Addendum all terms and conditions of the Agreement remain in full force and effect and apply to the Product(s) in the Consignment Storage Location. In the event of a conflict between this Consignment Program Addendum and the Agreement or any other Exhibit or other document that is part of or related to the Agreement, this Consignment Program Addendum shall control.

9. **Electronic and Countersignature**. This Addendum may be executed in one or more counterparts, each of which will be deemed to be an original copy of this Addendum, and all of which, when taken together, shall be deemed to constitute one and the same agreement. Signatures of the parties transmitted by facsimile, digital or electronic, or scanned (PDF) e-mail attachment shall be deemed original signatures for all purposes whatsoever.

_____ "MEMBER"	**Sizewise Rentals L.L.C.**
By _____	**By _____**
Print Name _____	**Print Name _____**
Title _____	**Title _____**
Date _____	**Date _____**

ATTACHMENT 1
TO CONSIGNMENT PROGRAM ADDENDUM
PRODUCT(S) IN CONSIGNMENT STORAGE LOCATION

PRODUCT CODE (as applicable list the product or part number)	PRODUCT DESCRIPTION	QUANTITY	COMMENTS

Hospital Vendor Contract – Summary Sheet

1. **Name of Contract:** First Amendment to Consignment Agreement

2. **Contracted Parties:** Mangum Regional Medical Center and MiMedx Group, Inc.

3. **Contract Type Services:** Medical Products and Supplies

4. **Description of Services:** This is an amendment to the Consignment Agreement by revising the consignment inventory and respective pricing. The amendment includes Exhibit A (Consigned Products) shall be deleted and replaced with the revised Exhibit A included in attachment.

5. **Cost:** ☒ No monthly cost. Only cost of the products **(Monthly)** **-and-** ☒ No Annual Cost **(Annually)**

6. **Term:** Terms will remain the same as original agreement. **Months / Years**

7. **Termination Clause:**

3-4-21

Medical Facilities
Protective Health Services
Oklahoma State Department of Health

Oklahoma State Department of Health
Protective Health Services
Medical Facilities
1000 NE 10th Street
Oklahoma City, OK 73117-1299
Telephone: (405) 271-6576
FAX: (405) 271-1141

LIFE SAFETY CODE INSPECTION REPORT FOR HOSPITALS

Name of Facility: Mangum Regional Medical Center License Number: 2208

Address: 1 Wickersham Drive City: Mangum, OK

INSTRUCTIONS

I. Please mark EITHER the yes or the no box for each numbered item. Any item marked "no" represents a deficiency.

II. Please provide an explanation for any item marked "no" in the comment area for that section. Additional comments may be recorded in the comment section at the end of the form.

III. Please sign and date the form on the last page. The form can be signed by the fire marshall, risk management, or maintenance supervisor.

IV. Please complete for the main campus and each additional site under the hospital.

A. GENERAL

1.	Grounds are free of trash and weeds?	☑ Yes	☐ No
2.	Outbuildings and storage structures are separated from the facility?	☑ Yes	☐ No
3.	Stored combustibles located in an electrical room are 30 feet from electrical equipment?	☑ Yes	☐ No

Comments:

B. EXIT SYSTEMS

1.	Stairwells and exit corridors are not obstructed?	☑ Yes	☐ No
2.	Doors equipped with closure devices are not blocked open?	☑ Yes	☐ No
3.	Latching hardware, panic bars, and closure devices on corridor and exit doors are in good working condition?	☑ Yes	☐ No
4.	Doors to patient rooms are of substantial construction and remain in their frames when closed and doors are not obstructed or blocked open?	☑ Yes	☐ No

Comments:

LIFE SAFETY CODE INSPECTION REPORT FOR HOSPITALS

C. FIRE PROTECTION

1. Automatic sprinkler systems are operational and have been inspected annually and maintained? ☑ Yes ☐ No
2. The fire and smoke alarm systems have been inspected annually and maintained? ☑ Yes ☐ No
3. Portable fire extinguishers are available in adequate numbers and have been inspected annually and maintained? ☑ Yes ☐ No
4. Kitchen grill and deep fryers are protected by a fire suppression system and venthood? ☑ Yes ☐ No

Comments:

D. FIRE PROTECTION PLAN

1. The facility has a current fire protection plan that is available to all personnel? ☑ Yes ☐ No
2. Fire evacuation plans are posted in prominent locations throughout the building? ☑ Yes ☐ No
3. Fire drills have been conducted quarterly on each shift at irregular intervals to familiarize employees on all shifts with their responsibilities? ☑ Yes ☐ No
4. Smoking policies have been adopted and are followed? ☑ Yes ☐ No

Comments:

E. EMERGENCY POWER, LIGHTS, AND ELECTRICAL

1. The emergency generator is operational and has been maintained? ☑ Yes ☐ No
2. Emergency exit and corridor lights are operational? ☑ Yes ☐ No
3. Space heaters are not in use in patient areas? ☑ Yes ☐ No
4. Extension cords are not in use? ☑ Yes ☐ No
5. Do exit signs illuminate? ☑ Yes ☐ No

Comments:

LIFE SAFETY CODE INSPECTION REPORT FOR HOSPITALS

F. HAZARDOUS STORAGE

1. Combustible materials are properly maintained in appropriate storage areas? ☑ Yes ☐ No
2. Are boiler rooms, bulk laundries, paint shops, soiled linen rooms and trash collection rooms protected by one hour enclosure or sprinkler system? ☑ Yes ☐ No

Comments:

G. NEW CONSTRUCTION AND RENOVATION

1. Any construction or renovation projects completed in the last year have been approved by the Department and appropriate state and local authorities? ☑ Yes ☐ No
2. Is any renovation or construction being done at the time of this inspection? Please comment. ☐ Yes ☑ No
3. In storage areas, are all penetrations sealed? ☑ Yes ☐ No
4. Are any ceiling tiles missing? ☐ Yes ☑ No

Comments:

H. COMPLIANCE WITH STATE AND LOCAL CODE

1. The facility is compliant with State and local building and fire codes? ☑ Yes ☐ No

Comments:

Additional Comments:

M Chapman — Signature of Fire Marshall or person filling out form

Plant Operations Director — Title

3-4-21 — Date

Mangum Regional Medical Center

Chief Clinical Officer Report
April 2021

Excellent Patient Care

- Monthly Education topics included: Care for the Immunocompromised Patient.
- Educated non-clinical staff on Rapid Response activation.
- Educated non-radiological staff in CT warm-up to process to decrease Stroke protocol door to transfer time.
- Educated Staff regarding Policy/Process: Patient Home Medication Inventory Log.

Excellent Client Service

- Patients continue to rely on MRMC as their local hospital. Patient days increased from 181 in March to 281 in April. This represents an average daily census of 9.37. In addition, our ER volumes are trending upward.
- MRMC Clinical Leadership collaborated with Stroke/STEMI representatives from CCMH to begin development of Memorandum of Understanding as well as development of algorithms for care for transferring and receiving facilities.
- April COVID-19 Stats at MRMC: 104 Swabs (43-PCR & 61-Antigen) 104 Negative, 0 Pending and 0 deaths!
- Greer County April COVID-19 Statistics: 582 Positive Cases and 21 Deaths (3.60% death rate).

Preserve Rural Healthcare

Mangum Regional Medical Center												
2021 Monthly Census Comparison												
	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Inpatient	15	15	11	16								
Swing Bed	10	20	13	19								
Observation	0	2	1	2								
Emergency Room	104	133	127	143								
Lab Completed/ Rad completed	2140/ 180	2286/ 246	2387/ 223	1984/ 222								

Preserve Rural Jobs

- Open Positions include Full Time RT, MLT, RN, LPN, and CNA.
- Open Director positions include Rehabilitation.
- For the clinical team MRMC has Hired the following core positions: Monitor Tech/Registration Clerk and LPN!
- Interviewing Core Candidates for Director of Quality/Risk Management
- Recruiting efforts included positing of positions on mangumregional.net and Facebook.
- Hospital Week is coming up! Many festivities planned!

Clinic Operations Report

Mangum Medical Clinic

April 2021

Clinic Operations

- COVID Vaccine fully transitioned to RHC:

Quality Improvement

- Quality Focus: Increase number of visits by 25% by end of May.
  - Status: April increase of 19% over March

Community Outreach

- Planning for Free Community Event: Sports Physicals

Visits per Productive Hour=Goal 2.00

Mangum Clinic	21-Jan	Feb	Mar	Apr	May	Jun	20-Jul	20-Aug	20-Sep	20-Oct	20-Nov	20-Dec
Visits	235.00	185.00	213.00	218.00			254.00	212.00	261.00	242.00	192.00	202.00
Provider hours	154.2	156.5	168.0	144.0			167.5	119.5	157.0	168.9	127.0	131.0
Vists per Productive Hr	1.52	1.18	1.27	1.51			1.52	1.77	1.66	1.43	1.51	1.54

COHESIVE HEALTHCARE MANAGEMENT + CONSULTING

Mangum Regional Medical Center

May 2021 CEO Report for MRMC Hospital Board

Interim CEO: Cindy Tillman

COVID - 19 Activity and Overview:

- ✓ We continue to participate in daily Region 3 Merc briefings.
- ✓ The Cohesive Task Force provided updated visitation policy for all patients who are not COVID-19 positive. This policy allows two visitors at a time who have been properly screened through the COVID screening protocol, agrees to properly observe hand hygiene and always appropriately wearing their mask while in the facility.
- ✓ Cohesive and hospital leadership continue to ensure the staff and providers are kept up to date regarding any changes or new policies pertaining to COVID-19.
- ✓ Participated in all OSDH Region 5 Vaccine Planning Meetings.

Hospital Staff and Operations Overview:

- ✓ Dale Clayton, started on May 4, 2021. He has been meeting with each director in their department to go over their processes and build a rapport with the staff. The staff has been very receptive to him and his leadership. They are excited to have a local leader who knows the community and can promote the hospital through community involvement.
- ✓ We have hired a new IT Tech, Quality Director, and clinical staff. Positions not filled: Case Manager, LPN, RN, CNA, PT/OT. Currently, we are in the process of interviewing providers for weekend ER shifts to replace the residents who will be leaving the end of June.
- ✓ The Directors of each department have been working with the CEO and CCO regarding COVID expenses and purchases.
- ✓ Our census has remained good throughout April.
- ✓ We received our Oklahoma Department of Health hospital license renewal which is posted in the hospital.
- ✓ The staff has received a lot of positive feedback from patients and family members regarding the care received from the staff and providers.

Additional Items:

- ✓ The hospital and Cohesive staff participated in the festivities for Hospital Week. The staff was provided lunch each day through donations from local businesses. Cohesive provided tumbler cups as an appreciation to the staff. Everyone had a great time throughout the week. We all appreciated the generosity from the community.

Contracts to be presented to the board:

- ✓ MiMedx Group, Inc. Agreement Amendment
- ✓ Sizewise Consignment Program Addendum
- ✓ US Foods/BluePrint Menu Management System (BPMMS) International Dysphagia Diet Standardization Initiative (IDDSI)

COHESIVE HEALTHCARE MANAGEMENT & CONSULTING

MANGUM REGIONAL MEDICAL CENTER

Bamlanivimab/Etesevimab (Combination Therapy) Emergency Use Authorization (EUA) Standing Orders

All items with an autocheck "√" are automatically initiated

Name:	**Date:**	**Time:**
Date of Birth:		
Allergies:	**Code Status:** □ **Full** □ **DNR** □ **DNI**	**Wt:**

Initial below in the box by each item:	**I certify the patient/legal representative was (initial each item below):**		
	Instructed on risks, benefits, & alternatives to Bamlanivimab/Etesevimab.		
	Given the "Fact Sheet for Patients, Parents, and Caregivers" prior to administration.		
	The patient meets the appropriate criteria for administration (check each item as applicable):		
	□ ≥ 12 years of age	□ ≥ 40 kg (weight)	□ Mild to moderate COVID-19 disease
	□ At high risk for progressing to severe COVID-19 and/or hospitalization.		
	□ ***NOT*** hospitalized due to COVID-19, or □ ***DO NOT*** require oxygen therapy due to COVID-19, or □ ***DO NOT*** require an increase in baseline oxygen flow rate due to COVID-19 in those on chronic oxygen therapy due to underlying non-COVID-19 related co-morbidity.		

Date of symptom onset:	**Date of positive test:**

Qualifying Reasons for Administration (Must choose at least one of the following):

□ BMI ≥ 35	□ Have chronic kidney disease	□ Diabetes
□ Immunosuppressive Disease	□ Currently receiving immunosuppressive treatment	□ Age ≥ 65 years

Are ≥ 55 years of age **AND** have □ Cardiovascular disease, **or** □ Hypertension, **or** □ COPD/other chronic respiratory disease

Are 12-17 years of age **AND** have **(Check all that apply):** □ BMI ≥ 85th percentile for their age and gender based on CDC growth charts, **or** □ Sickle Cell Disease, **or** □ Congenital or acquired heart disease, **or** □ Neurodevelopmental disorders, i.e., Cerebral Palsy, **or** □ Medical-related technological dependence, i.e., tracheostomy, gastrostomy, or positive pressure ventilation (not related to COVID-19), **or** □ Asthma, reactive airway disease or other chronic respiratory disease that requires daily medication for control.

ORDERS

√ **Bamlanivimab 700mg/Etesevimab 1400mg IV infusion over 70 minutes** as soon as possible after positive viral test for SARS-CoV-2 and within 10 days of symptom onset. Once the infusion is complete, flush the tubing with 0.9% Sodium Chloride to ensure delivery of the dose.

√ Administer infusion using 0.2 micron filter tubing.

√ Obtain baseline VS (Temp, Pulse, Respiration, BP, O2 Sat) prior to infusion.

Nurse Signature:	**Time:**	**Date:**	**□ TORB □ VORB**
Provider Signature:	**Time:**	**Date:**	

Do Not Use	**Use Instead**	**Do Not Use**	**Use Instead**	**Do Not Use**	**Use Instead**	**Do Not Use**	**Use Instead**	**Do Not Use**	**Use Instead**	**Do Not Use**	**Use Instead**
U	Unit	1.0 mg	1 mg	QD	Daily	MS or MSO4	Morphine	cc	mL	SC, SQ, Sub q	Subcutaneous
IU	International Unit	.X mg	0.X mg	QOD	Every Other Day	MgSO4	Magnesium Sulfate	qhs	nightly	D/C	Discharge or Discontinue

√ **Monitor VS (Temp, Pulse, Respiration, BP, O2 Sat) every 30 minutes until one hour after infusion is complete. Notify Provider if patient exhibits any of the following signs or symptoms:**				
Temp > 100.4°F	Hypoxia (O2 Sat < 90%)	Tachypnea	Arrhythmia (e.g., atrial fibrillation, sinus tachycardia, bradycardia)	
Chest pain/discomfort	Weakness/Fatigue	Hypertension/Hypotension	Diaphoresis	Altered Mental Status

□ **Outpatient:** Instruct patient to continue to self-isolate and use infection control measures according to CDC guidelines (i.e. wear a mask, social distance, avoid sharing personal items, clean & disinfect "high touch surfaces," frequent hand hygiene).

Allergic/Anaphylaxis Reactions

□ If allergic reaction related to the infusion occurs, STOP the infusion. Initiate a Rapid Response or Code Blue as appropriate and notify the Provider immediately.

□ Initial management of anaphylaxis: establish and/or maintain airway, place patient in supine or Trendelenburg position, administer supplemental oxygen 2-6 LPM per NC to maintain SpO2 > 92%.

Cardiovascular-Hypoperfusion (decreased circulation)

□ Infuse 0.9% Normal Saline at _____ mL/hour to maintain systolic BP > 90mm/Hg

Respiratory-Acute Respiratory Distress (stridor, wheezing)

□ Epinephrine 1:1000 0.3mg IM or Subcutaneous if patient has respiratory distress (inspiratory & expiratory wheezing, stridor, and/or laryngeal edema), hypotension, and/or acute loss of consciousness. May repeat x1 in 10 minutes if necessary.

□ Albuterol 2.5mg via nebulizer over 10 minutes. May repeat as needed every 2 hours.

□ If wheezing persists and BP is > 90mm/Hg, may give Atrovent 0.5mg via nebulizer x1.

Central Nervous System-(headache, dizziness, seizure)

□ Acetaminophen 1000mg PO for headache x1

□ Seizures: Contact physician immediately

GI-(abdominal pain, nausea, emesis, diarrhea)

□ Diphenhydramine 50mg IV or IM x1

Skin-(rash, itching, welts, hives)

□ Diphenhydramine 50mg IV or IM for severe itching and/or hives x1
□ Methylprednisolone 125mg IV x1

ADDITIONAL ORDERS

Nurse Signature:	**Time:**	**Date:**	□ **TORB** □ **VORB**
Provider Signature:	**Time:**	**Date:**	

Do Not Use	**Use Instead**	**Do Not Use**	**Use Instead**	**Do Not Use**	**Use Instead**	**Do Not Use**	**Use Instead**	**Do Not Use**	**Use Instead**	**Do Not Use**	**Use Instead**
U	Unit	1.0 mg	1 mg	QD	Daily	MS or MSO4	Morphine	cc	mL	SC, SQ, Sub q	Subcutaneous
IU	International Unit	.X mg	0.X mg	QOD	Every Other Day	MgSO4	Magnesium Sulfate	qhs	nightly	D/C	Discharge or Discontinue

COHESIVE HEALTHCARE MANAGEMENT & CONSULTING

MANGUM REGIONAL MEDICAL CENTER

Casirivimab/Imdevimab (Combination Therapy) Emergency Use Authorization (EUA) Standing Orders

All items with an autocheck "√" are automatically initiated

Name:	**Date:**	**Time:**
Date of Birth:		
Allergies:	**Code Status:** □ **Full** □ **DNR** □ **DNI**	**Wt:**

Initial below in the box by each item:	**I certify the patient/legal representative was (initial each item below):**		
	Instructed on risks, benefits, & alternatives to Casirivimab/Imdevimab.		
	Given the "Fact Sheet for Patients, Parents, and Caregivers" prior to administration.		
	The patient meets the appropriate criteria for administration (check each item as applicable):		
	□ ≥ 12 years of age	□ ≥ 40 kg (weight)	□ Mild to moderate COVID-19 disease
	□ At high risk for progressing to severe COVID-19 and/or hospitalization.		
	□ ***NOT*** hospitalized due to COVID-19, or □ ***DO NOT*** require oxygen therapy due to COVID-19, or □ ***DO NOT*** require an increase in baseline oxygen flow rate due to COVID-19 in those on chronic oxygen therapy due to underlying non-COVID-19 related co-morbidity.		

Date of symptom onset:	**Date of positive test:**

Qualifying Reasons for Administration (Must choose at least one of the following):

□ BMI ≥ 35	□ Have chronic kidney disease	□ Diabetes
□ Immunosuppressive Disease	□ Currently receiving immunosuppressive treatment	□ Age ≥ 65 years

Are ≥ 55 years of age **AND** have □ Cardiovascular disease, **or** □ Hypertension, **or** □ COPD/other chronic respiratory disease

Are 12-17 years of age **AND** have **(Check all that apply):** □ BMI ≥ 85th percentile for their age and gender based on CDC growth charts, **or** □ Sickle Cell Disease, **or** □ Congenital or acquired heart disease, **or** □ Neurodevelopmental disorders, i.e., Cerebral Palsy, **or** □ Medical-related technological dependence, i.e., tracheostomy, gastrostomy, or positive pressure ventilation (not related to COVID-19), **or** □ Asthma, reactive airway disease or other chronic respiratory disease that requires daily medication for control.

ORDERS

√ **Casirivimab 1200mg/Imdevimab 1200mg IV infusion over 60 minutes** as soon as possible after positive viral test for SARS-CoV-2 and within 10 days of symptom onset. Once the infusion is complete, flush the tubing with 0.9% Sodium Chloride to ensure delivery of the dose.

√ Administer infusion using 0.2 micron filter tubing.

√ Obtain baseline VS (Temp, Pulse, Respiration, BP, O2 Sat) prior to infusion.

Nurse Signature:	**Time:**	**Date:**	□ **TORB** □ **VORB**
Provider Signature:	**Time:**	**Date:**	

Do Not Use	**Use Instead**	**Do Not Use**	**Use Instead**	**Do Not Use**	**Use Instead**	**Do Not Use**	**Use Instead**	**Do Not Use**	**Use Instead**	**Do Not Use**	**Use Instead**
U	Unit	1.0 mg	1 mg	QD	Daily	MS or MSO4	Morphine	cc	mL	SC, SQ, Sub q	Subcutaneous
IU	International Unit	.X mg	0.X mg	QOD	Every Other Day	MgSO4	Magnesium Sulfate	qhs	nightly	D/C	Discharge or Discontinue

√ **Monitor VS (Temp, Pulse, Respiration, BP, O2 Sat) every 30 minutes until one hour after infusion is complete. Notify Provider if patient exhibits any of the following signs or symptoms:**					
Temp > 100.4°F	Chills	Nausea	Headache	Bronchospasm	Hypotension
Angioedema	Throat Irritation	Rash/Urticaria	Pruritus	Myalgia	Dizziness

□ **Outpatient:** Instruct patient to continue to self-isolate and use infection control measures according to CDC guidelines (i.e. wear a mask, social distance, avoid sharing personal items, clean & disinfect "high touch surfaces," frequent hand hygiene).

Allergic/Anaphylaxis Reactions

□ If allergic reaction related to the infusion occurs, STOP the infusion. Initiate a Rapid Response or Code Blue as appropriate and notify the Provider immediately.

□ Initial management of anaphylaxis: establish and/or maintain airway, place patient in supine or Trendelenburg position, administer supplemental oxygen 2-6 LPM per NC to maintain SpO2 > 92%.

Cardiovascular-Hypoperfusion (decreased circulation)

□ Infuse 0.9% Normal Saline at _____ mL/hour to maintain systolic BP > 90mm/Hg

Respiratory-Acute Respiratory Distress (stridor, wheezing)

□ Epinephrine 1:1000 0.3mg IM or Subcutaneous if patient has respiratory distress (inspiratory & expiratory wheezing, stridor, and/or laryngeal edema), hypotension, and/or acute loss of consciousness. May repeat x1 in 10 minutes if necessary.

□ Albuterol 2.5mg via nebulizer over 10 minutes. May repeat as needed every 2 hours.

□ If wheezing persists and BP is > 90mm/Hg, may give Atrovent 0.5mg via nebulizer x1.

Central Nervous System-(headache, dizziness, seizure)

□ Acetaminophen 1000mg PO for headache x1

□ Seizures: Contact physician immediately

GI-(abdominal pain, nausea, emesis, diarrhea)

□ Diphenhydramine 50mg IV or IM x1

Skin-(rash, itching, welts, hives)

□ Diphenhydramine 50mg IV or IM for severe itching and/or hives x1
□ Methylprednisolone 125mg IV x1

ADDITIONAL ORDERS

Nurse Signature:	**Time:**	**Date:**	□ **TORB** □ **VORB**
Provider Signature:	**Time:**	**Date:**	

Do Not Use	**Use Instead**	**Do Not Use**	**Use Instead**	**Do Not Use**	**Use Instead**	**Do Not Use**	**Use Instead**	**Do Not Use**	**Use Instead**	**Do Not Use**	**Use Instead**
U	Unit	1.0 mg	1 mg	QD	Daily	MS or MSO4	Morphine	cc	mL	SC, SQ, Sub q	Subcutaneous
IU	International Unit	.X mg	0.X mg	QOD	Every Other Day	MgSO4	Magnesium Sulfate	qhs	nightly	D/C	Discharge or Discontinue

Emergency Management Plan

Mangum Regional Medical Center

One Wickersham Drive

Mangum, Oklahoma 73554

Revised March 2021

For more information or questions about this plan contact:
Melissa Tunstall, Emergency Preparedness Manager

TABLE OF CONTENTS

INTRODUCTION

The purpose of the Mangum Regional Medical Center All Hazards Emergency Management Plan (EMP) is to establish a basic emergency preparedness program to provide timely, integrated, and coordinated response to the wide range of natural and man-made disasters that may disrupt normal operations and require a preplanned response.

The reason for this approach is to:

- Provide maximum safety and protection from injury and illness for patients, visitors, and staff.
- Provide care promptly and efficiently to all individuals requiring medical attention in an emergency.
- Provide a logical and flexible chain of command to enable maximum use of resources.
- Maintain and restore essential services as quickly as possible following an emergency incident or disaster.
- Protect property, facilities, and equipment.
- Satisfy all applicable regulatory and accreditation requirements.

POLICY

Mangum Regional Medical Center has developed a plan which includes all policies and procedures to adequately prepare, mitigate, respond, and recover from a natural or man-made disaster or other emergency. This is done in a manner that protects the health and safety of patients, visitors, and staff, and that is coordinated with the local community-wide response to a large-scale disaster.

Executive management recognizes that the families of our employees are their primary concern during a disaster, and we support employees to ensure their own families are safe. We support and encourage each employee to create a personal preparedness plan for their families. It is expected that all employees will be prepared and ready to fulfill their duties and responsibilities as part of the team to provide the best possible emergency care to patients and the community. Each supervisor ensures that employees are aware of their responsibilities.

The hospital works in close coordination with the local health department and other local emergency officials, agencies, and health care providers to ensure a coordinated community-wide response to disasters.

SCOPE

Within the context of this EMP, a disaster is any emergency event which exceeds or threatens to exceed the routine capabilities of the facility.

This EMP describes the policies and procedures the facility follows to mitigate, prepare for, respond to, and recover from the effects of emergencies.

This plan applies to Mangum locations, annexes and administrative areas and covers all

employees, contractors and volunteers.

Development and implementation of this plan complies with relevant sections of State of Oklahoma and CMS rules and regulations.

Mangum Regional Medical Center is a critical access hospital serving rural Oklahoma. The facility has a Rural Health Clinic on site with their own emergency plan. The remote, rural location presents unique challenges during times of disaster.

MITIGATION

Mitigation is the pre-event planning and action steps that aim to lessen the effects of potential disaster. Mitigation activities may occur both before and following a disaster.

The hospital undertakes risk assessment and hazard mitigation activities to lessen the severity and impact of a potential emergency by identifying potential emergencies (or hazards) that may affect the facility's operations or the demand for its services.

Identification of Hazards and Vulnerabilities

During the mitigation phase, the hospital identifies internal and external hazards using a Hazard Vulnerability Analysis (HVA) annually to identify hazards. Within the HVA, the direct and indirect effect these hazards may have are quantified and prioritized (refer to Appendix 1 for HVA).

The hospital conducts a Management of Environment Safety Survey also known as the building risk assessment of its facilities to rank problems and set priorities for remediation. (Refer to Appendix 2, Environment Safety Survey).

Mitigation of Hazards and Vulnerabilities

The hospital uses the HVA and the Management of Environment Safety Survey to regularly take steps towards reducing the potential impact hazards have on the facility. Ongoing policy development, plan revision, repairing and retrofitting contributes to reducing the overall vulnerability of the hospital to various hazards.

Insurance Coverage

The Corporate Office team meets with insurance carriers to review all insurance policies and assess the facility’s coverage for relocation to another site, loss of supplies and equipment, and structural and nonstructural damage to the facility.

PREPAREDNESS

Preparedness activities build hospital capacity to manage the effects of emergencies.

The Manager of Plant Operations has developed plans and operational procedures to improve the effectiveness of the facility’s response to emergencies. Annually, the hospital will:

- Review and update the EMP and other related documents.

- Review the hospital Emergency Response Role.
- Develop and update agreements with other community health care providers and with civil authorities.
- Train personnel on emergency response procedures.
- Conduct drills and exercises and revise the EMP and related documents if needed.

Emergency Response Role

The hospital may play a variety of roles in responding to a disaster including, but not limited to:

- Providing emergency medical care.
- Providing temporary shelter.
- Expanding services to meet increased community needs created by damage to/evacuation of other health facilities.
- Sheltering in place or closing the hospital in order to move staff or patients to other facilities as needed.

During an emergency the Hospital Administrator will determine if the hospital will:

1) Continue normal operation. This decision will be made internally with consideration of the following:
    - Orders from authorities
    - Integrity of the facilities
    - Ability to access hospital
    - Security
    - Availability of support staff
    - Availability of medical staff
    - Ability to provide uncompromised care
    - Availability of medications/vaccines
    - Adequate supplies for staff, e.g. water, food
    - Availability of power and other utilities

2) Provide care to only those affected by the emergency or close.
    a. If the emergency is community-wide the hospital will consider becoming a triage center, family gathering area, or other solution in support of the medical community.
    b. If the Hospital Administrator or designee approves the decision to continue to care for and admit patients, staff will then consider the need to:

- Divert ER patients; or
- Increase the number of staff by using agency or qualified volunteers.

When Mangum Regional Medical Center decides to take any of the actions described above, the facility notifies the Greer County Public Health Department and the Greer County Office of Emergency Management. (Refer to Appendix 3- Disaster Contacts).

Incident Command System/National Incident Management System

The hospital has adopted the principles of Incident Command System/National Incident Management System (ICS/NIMS) to ensure compatibility with local government response plans and procedures.

Directors and managers are trained in the concepts of ICS and NIMS so that they can integrate with Executive Management and response agencies during an emergency.

Incident Command Center

Mangum Regional Medical Center has selected the cafeteria as the Incident Command Center. The Incident Command Center is the location which the on-scene Incident Command Team will gather to assess and manage the situation.

The alternate Incident Command Center is the business office. During an area-wide disaster, fire, EMS and law enforcement may not be able to respond to emergencies. This is why it is critical that staff be capable of assessing the damage and immediately respond to the situation.

When the community is involved with an event, the Greer County Public Health Department and the Greer County Office of Emergency Management will set up a community Emergency Operation Center (EOC). The EOC is where non-tactical teams from multiple agencies will join together to manage the strategic scope and disseminate information to partner agencies and individuals. The phone number for the county EOC is in Appendix 3, Disaster Contacts.

Integration with Community-wide Response

The hospital ensures that its response is coordinated with the decisions and actions of the Greer County Public Health Department and other health care agencies involved in the response.

Coordination with Government Response Agencies

The hospital notifies local authorities of any emergency impacting operations and will coordinate its response to community-wide disasters with the overall medical and health response of the Operational Area. Refer to Appendix 3- Disaster Contacts.

To ensure coordination with government response agencies, staff:

- Participates in planning, training and exercises involving government response agencies and medical health agencies in the community.

- Develops reporting and communications procedures with government response agencies and medical health agencies in the community.
- Defines procedures for requesting and obtaining medical resources and for evacuating/transporting patients.
- During an emergency response, reports the status and resource needs of the hospital and obtain or provide assistance in support of the community-wide response.
- Cooperate with Emergency Responders, such as EMS and law enforcement personnel when they respond to emergencies at the hospital. This may include providing information about the location of hazardous materials or following instructions to evacuate and close the facility.

Coordination with other Medical Facilities

Mangum Regional Medical Center recognizes that it may need to rely on other health care facilities, especially those nearby, in responding to a disaster to increase its capacity to meet patient care needs.

The hospital discusses plans with other health facilities to explore the expansion of provisions to cover disaster response conditions.

The hospital seeks to establish written agreements with relevant facilities.

These agreements are reciprocal and Mangum Regional Medical Center will provide support to these facilities if conditions and resources allow. Refer to Appendix 4, List of Memorandums of Understanding.

Acquisition of Resources

The hospital has developed written Memorandums of Understanding (MOU) for acquisition of supplies through other hospitals, and health care providers if their resources are available. Refer to Appendix 4, List of Memorandums of Understanding.

Procedures to work with Greer County Public Health Department to acquire supplies through the Strategic National Stockpile (SNS) during a disaster have also been developed.

Roles and Responsibilities

Hospital Administrator

The Hospital Administrator is directly or through delegation responsible for:

- Development and implementation of this Emergency Management Plan (EMP).
- Appointing an Emergency Preparedness Committee (EPC) that is responsible for coordinating the development and maintenance of the facility EMP and, provide for ongoing training for staff. Refer to Appendix 5, Emergency Preparedness Committee.

- Appointing the Incident Management Team (IMT) that is the leadership team that is activated during a disaster in compliance with ICS/NIMS.
- Supporting staff training to ensure preparation for performing emergency roles.
- Ensuring that drills and exercises are conducted semi-annually and records are maintained.
- Determining how, when and who will perform the annual disaster program evaluations and updates.
- Activating the hospital's emergency response and the emergency team.
- Developing the criteria for and direct the evacuation of staff, patients, and visitors when indicated.
- Ensuring the hospital takes necessary steps to avoid interruption of essential functions and services or to restore them as rapidly as possible.

Medical Director

The Medical Director, directly or through delegation:

- Serves on the Emergency Preparedness Committee (EPC).
- Identifies alternates and successors if unavailable or if response requires 24-hour operation.
- Contacts local health department to determine how to receive medical updates.
- Provides clinicians with updates from the Center for Disease Control and Greer County Health Department on standards for the detection, diagnosis, and treatment of novel diseases and agents.
- Ensures the continuity of care and maintenance of medical management of all patients in the care of the clinic during a disaster.
- Assigns clinical staff to medical response roles such as triage and treatment.
- Determines disaster response clinical staffing needs in cooperation with the Chief Clinical Officer.

Chief Clinical Officer

The Chief Clinical Officer fills the following roles:

- Serves on the Emergency Preparedness Committee (EPC).
- Communicates with Greer County Public Health Department for public health threats and guidance.
- Provides clinicians with updates on standards or the detection, diagnosis, and treatment of public health threats.
- Determines the disaster response clinical staffing needs in cooperation with the Medical Director.
- Performs other duties delegated by Medical Director, Hospital Administrator, or

Incident Commander consistent with training and scope of practice.

Plant Operations Manager

The Plant Operations Manager is responsible for the following roles:

- Chair the Emergency Preparedness Committee (EPC).
- The Plant Operations Manager appoints teams and develop procedures for the following response tasks:
  - Light search and rescue - appoint and train a light search and rescue team to ensure all rooms are empty and all staff, patients, and visitors leave the premises when the hospital is evacuated.
  - Appoint and train a damage assessment team on each shift to evaluate damage.

Clinical Staff

All clinical staff have emergency and disaster response responsibilities. Details are outlined in each job description when applicable. All staff are required to:

- Familiarize themselves with evacuation procedures and routes for their areas.
- Become familiar with basic emergency response procedures for fire, HAZMAT, and other emergencies.
- Understand their roles and responsibilities in hospital's plans for response to and recovery from disasters.
- Participate in training and exercises. Refer to Appendix 6, Training and Exercises.

All staff will also be encouraged to:

- Make suggestions to their supervisor or the Emergency Preparedness Committee (EPC) on how to improve clinic emergency preparedness.

Notifications

Primary emergency notification to staff and partners off-site will be the local telephone system. Staff within the hospital are notified of emergencies affecting the hospital by alarms, strobe lights and an overhead paging system. In the event the hospital telephone and paging systems are not operational, staff will be notified via email, personal cell phones, radio, and local civil authority methods.

Internal Contacts

The Plant Operations Manager or HR manager updates Appendix 7, Staff Call List, at least quarterly or when information changes. The Staff Call List includes 24/7 contact information for all staff members.

The Staff Call List is available on the shared drive and hard copies are to be kept with each Director. Managers are responsible for keeping a hard copy of numbers for those who report to them. Refer to Appendix 7, Staff Call List.

External Contacts

The Plant Operations Manager will compile and maintain lists of external contact phone numbers such as emergency response agencies, key vendors, stakeholders, and resources annually in Appendix 8, Vendor Contact List. Additionally, government response entities, nearby hospitals, media, and others are updated in Appendix 3, Disaster Contact List annually.

Emergency Resources

Personnel

The hospital relies primarily on its existing staff for response to emergencies and take the following measures to estimate staff capability and availability for emergency response:

- Identify clinical staff with conflicting practice commitments.
- Identify clinical staff and support staff.
- Identify staff with distance and other barriers that limit their ability to report to the facility.
- Identify staff that is likely to be able to respond rapidly to the hospital.
- Identify bi-lingual staff by language.

The hospital takes the following steps to facilitate response to emergencies by its staff when their homes and families may be impacted:

- Promote staff home emergency preparedness.
- Identify childcare resources that are likely to remain open following a disaster.
- Coordinate with other entities to establish an emergency relief fund for affected staff.

Pharmaceuticals / Medical Supplies / Medical Equipment

Hospitals are required to prepare a plan that the facility would implement as a result of an occurrence or imminent threat of an emergency epidemic. The plan shall be reviewed and updated annually thereafter.

The hospital Pharmacy Director determines the level of medical supplies and pharmaceuticals is prudent and possible to stockpile. Given limited resources, the facility stockpiles only those items it is highly likely to need immediately in a response or in its day-to-day operations. All stored items are rotated to the extent possible.

The Pharmacy Director identifies primary and secondary sources of essential medical supplies and pharmaceuticals and develops estimates of the expected time required for re-supply in a disaster environment.

If the Governor of Oklahoma declares a disaster, mass quantities of pharmaceuticals, equipment, or supplies are distributed through the Strategic National Stockpile (SNS). Each local public health department will distribute the supplies as requested throughout their

territory.

The hospital will alert Greer County Health Dept. of supply needs and make appropriate requests as outlined in the local SNS distribution plan.

Personal Protective Equipment (PPE)

The hospital takes measures to protect its staff from exposure to infectious agents and hazardous materials. Health care workers have access to and are trained on the use of PPE.

The Chief Clinical Officer or designee receives training annually to provide just-in-time training in the event use of PPE is required. Training records reflect the nature of training each employee receives in the proper use of PPE. Protective equipment is located in central supply area by nurse's station.

Training, Exercises and Plan Maintenance Drills and Exercises

The hospital incorporates disaster preparedness information into its normal communications and education programs for staff and patients including:

- Home and family preparedness.
- Information on facility emergency preparedness activities and staff responsibilities.
- Procedures for emergency evacuation, including alarm systems, exit routes and meeting areas. Responsibilities for predetermined staff to perform critical duties prior to evacuation (i.e. fire wardens, critical equipment shut down).
- Rescue and medical duties for those employees who are to perform them.
- Information dissemination channels for these activities include newsletters, pamphlets, health education and in-service education classes, internet postings and specific personnel who can be contacted with questions.

Hospitals are required to maintain an up-to-date notification list for emergency epidemics that includes clinics, physicians and providers working as contractors or staff. Health Centers must participate in testing notification methods for those on the list by a broadcast fax or another communications method for rapid notification.

According to the Occupational Safety and Health Administration (OSHA) parts of this plan necessary for self-protection must be reviewed with each employee upon hire, when employee responsibilities change, and when the plan is changed.

Refer to Appendix 6, Training and Exercises for general guidelines.

RESPONSE

Response Priorities

Mangum Regional Medical Center has established the following disaster response priorities:

- Life safety: Provide for the safety of patients, staff, and visitors.

- Contain hazards that could pose a threat to people in the hospital.
- Provide care for injured patients, staff, and visitors.
- Protect critical infrastructure, facilities, vital records, and other data.
- Restore essential services/utilities.
- Support the overall community response.
- Provide crisis public information.
- Resume the normal delivery of patient care.

Alert, Warning and Notification

Disasters can occur both with and without warning. Upon receipt of an alert from credible sources the Hospital Administrator:

- Notifies key managers,
- Implements Incident Command System,
- Activates the Incident Command Center, and
- Reviews plans and consider possible actions.

Depending upon the nature of the warning and the potential impact of the emergency, the Incident Commander may decide to:

- Evacuate the hospital;
- Suspend or curtail operations;
- Ensure essential equipment is secured, computer files backed-up and essential records stored offsite;
- Implement other measures the Incident Commander may find appropriate to reduce clinic, staff and patient risk.
- Notify the Greer County Health Department and Greer County Office of Emergency Management, community members, and staff.

Response Activation and Initial Actions

This plan may be activated in response to events occurring within the hospital or external to it.

Any employee or staff member who observes an incident or condition which could result in an emergency condition should report it immediately to the Hospital Administrator or his/her supervisor.

Staff report fires, serious injuries, threats of violence and other serious emergencies to fire or police by calling 9-1-1.

All staff initiate emergency response actions consistent with the emergency response procedures.

If the emergency significantly impacts patient care capacity or the community served by the hospital, the Hospital Administrator or Incident Commander will notify Greer Health

Department.

Refer to Appendix 9, Emergency Codes for response to adverse situations.

Incident Management Team

The facility organizes its emergency response structure to mobilizes appropriate resources and take actions required to manage its response to disasters utilizing the Incident Command System (ICS) and National Incident Management System (NIMS). ICS is flexible and can be increased or decreased in size, as needed. The specific functions that are activated and their relationship to one another will depend upon the size and nature of the incident. ICS is also a standardized management system used by government agencies and facilities in emergencies.

ICS employs four functional sections (operations, planning, logistics, and finance) who report to the Incident Commander in its organizational structure. Each activated section will have a person in charge of it, but a supervisor may be in charge of more than one functional element. Below are brief descriptions of the ICS structure that create the Incident Management Team (IMT).

As a whole, the IMT is responsible for the strategic, or "big picture" thinking of the disaster response. The IMT collects, gathers and analyzes data; makes decisions that protect life and property, and maintains continuity of the organization. The IMT disseminates decisions to all impacted agencies and individuals.

Incident Commander: Is the first person on scene, until the duties are transferred if necessary: Ultimately the Mangum Hospital Administrator.

- Oversees the command/management function.
- Provides overall emergency response policy direction.
- Oversees emergency response planning and operations.
- Coordinates the responding staff and organizational units.

Operations Section: Mangum Medical Director and Chief Clinical Officer

- Coordinates all operations in support of the emergency response and implements the incident action plan for a defined operational period.
- Operations Section manages medical and mental health care.

Planning and Intelligence Section: Mangum Hospital Administrator

- Collects, evaluates, and disseminates information.
- Develops the incident action plan in coordination with other functions.
- Performs advanced planning; and, documents the status of the hospital and its

response to the disaster.

Logistics Section: Mangum Plant Operations Manager

- Logistics provides facilities, services, personnel, equipment, and materials to support response operations.
- Logistics manages volunteers and the receipt of donations.

Finance and Administration Section: Mangum Hospital Administrator

- Tracks personnel and other resource costs associated with response and recovery.
- Finance and Administration provides administrative support to response operations.

Incident Command Center

The Incident Command Center (ICC) is a central command and control area for where the Incident Management Team meets to carry out the functions at a strategic level in an emergency, and ensuring the continuity of operation of the organization.

The primary ICC is located in the cafeteria. A backup location is in the business office. Both locations are capable of communicating with outside agencies such as police, fire, and the local health department. Each location has copies of this EMP, forms for recording and managing information, and facility floor plans. Refer to Appendix 10, Command and Control and Appendix 11, Hospital and Clinic Floor Plans.

If both ICC locations are unavailable or unsafe, the Incident Commander will select a new location based on environmental conditions.

The Incident Commander will deactivate the ICC when the response phase ends, and recovery activities can be performed at normal workstations. Refer to Appendix 10, Command and Control.

Action Plans

The Action Plan is developed by the Incident Management Team and establishes the priorities and objectives of the response.

Action plans are developed for a specified time period which may range from a few hours to several days.

The action plans are sufficiently detailed to guide the response.

Patient Population

The specific patient population served is outlined such as inpatient or outpatient and their unique vulnerabilities in the event of an emergency or disaster such as mobility, transportation, language barriers, medical condition, or pharmacological needs.

Both inpatient and outpatient populations could be impacted in the event of a disaster or emergency. Inpatients may particularly be at risk due to possible immobility, cognitive or sedated limitations, dependence on oxygen, intravenous medications, or medical devices/machines. Outpatients may also have mobility or cognitive limitations that must be considered. The need for supervision and transportation of any inpatient or outpatient is evaluated.

Mobility needs are particularly outlined in the event of evacuation. Identification of those patients who may need additional assistance or resources is essential.
Continuity of operations and succession planning/delegation of authority is included to ensure the patient population is cared for in a safe manner.

Subsistence Needs

The provision of subsistence needs for staff and patients whether they evacuate or shelter in place includes food, water, medical and pharmaceutical supplies. This provision is adequate (at least 72 hours) for all patients and staff for the duration of the emergency situation or until evacuation occurs or operations cease.

The consulting CDM or dietary manager is involved in a comprehensive plan to ensure adequate supplies of food and water are available for each patient as well as staff and visitors. (see policy FNS 4.9 and US Foods Contact list and disaster plan).

The consulting pharmacist or on-site pharmacy staff is involved in a comprehensive plan to ensure adequate supply of medications are available for each patient.

The consulting supply chain manager or facility supply clerk is involved in a comprehensive plan to ensure adequate medical supplies are available for each patient. The supply clerk utilizes local and regional resources in the form of MOU to achieve this essential portion of the plan.

Agreements are in place with food, water, medical or pharmaceutical vendors to receive additional supplies within 48 hours in the event of a disaster or emergency.
Alternate sources of energy to maintain: temperature, emergency lighting, fire protection and sewage and waste disposal are available.

In the event a portable generator is utilized (in addition to a permanent generator) the portable generator must conform to the same testing and maintenance of fuel storage and generator testing in accordance with regulations. Heating and cooling of the facility must be considered to ensure temperatures in patient areas are maintained in a safe range.

Sewage and waste disposal are managed in a safe, effective manner during the emergency. Treatment of soiled linens or disposal of biohazard material are considered. Agreements with vendors to pick up these items are in place.

Tracking of Staff and Patients

During an emergency event, a system to track the location of all on-duty personnel and sheltered patients has been developed that will identify the exact locations in the form of paper or electronic means.
An electronic database is utilized so information is sharable among emergency response personnel and easily accessed for continuity of patient care. The electronic database is backed-up off site.

The Hospital Administrator or designee maintains and updates the database as needed as well as be responsible for compiling/securing medical records needed for transfer if applicable.
In the event staff or sheltered patients are re-located, the hospital documents on a paper spreadsheet as well as the EMR the specific name and location of the receiving facility or other location and on-duty staff who leave the hospital during the emergency event.
Patients who leave the hospital voluntarily during the emergency or those who have been appropriately discharged do NOT need to be tracked.

Medical Care

The confidentiality of patient information remains important even during emergency conditions. Hospital staff take feasible and appropriate steps to protect confidential information.

A system of medical documentation (electronic database) that preserves patient information, protects confidentiality of patient information, secures and maintains availability of records has been developed and maintained.

Existing non-emergent requirements for patient records continues to be in place.

Electronic medical documentation is backed-up by a computer/server and supported by emergency generator power for access of information during a disaster or emergency.

A paper back up plan for all medical documentation is utilized in the event of electronic outages in order to ensure continuity of care and coordination between caregivers. Paperback up binder included all forms for patient care, assessment, triage, medication record, and discharge or transfer forms.

Triage/First Aid

The Operations Section chief (Medical Director and Chief Clinical Officer) will establish a site for triage and first aid. Qualified staff are assigned to triage incoming patients. Triage refers to the evaluation and categorization of the sick or wounded when there are insufficient resources for medical care of everyone at once.

In mass casualty situations, triage is used to decide who is most urgently in need of care and whose injuries are less severe and must wait for medical care. The facility uses a method for

triage which involves a color-coding tag system using red, yellow, green, white, and black tags:

- **Red tags** - (immediate) are used to label those who cannot survive without immediate treatment but who have a chance of survival.
- **Yellow tags** - (observation) for those who require observation (and possible later re-triage). Their condition is stable for the moment and, they are not in immediate danger of death. These victims will still need hospital care and would be treated immediately under normal circumstances.
- **Green tags** - (wait) are reserved for those who will need medical care at some point, after more critical injuries have been treated.
- **White tags** - (dismiss) are given to those with minor injuries for whom a doctor's care is not required.
- **Black tags** - (expectant) are used for the deceased and for those whose injuries are so extensive that they will not be able to survive given the care that is available.

Mangum Regional Medical Center establishes a triage area in the ER area. When possible, the triage area will be clearly delineated and secured with controlled access and exit. Color-coding tags are located in the Emergency Department area and staff are trained in the method.

Triage staff wear appropriate personal protective equipment and use universal precautions when interacting with patients. Appropriate personal protective equipment is used when the involvement of chemicals or hazardous materials is suspected or a contagious illness is of concern.

All patients entering the triage area are tagged and registered.

The medical care team provides medical services within the hospitals's capabilities and resources.

Patient Release/Discharge

Patients are permitted to leave with family or friends ONLY after they have signed a release form.

Children are allowed to leave ONLY with parents, family members or other adults who accompanied them to the clinic and who provide confirming identification (e.g., driver's license or other government identification). If no appropriate adult is available, clinic staff will:

- Provide a safe supervised site for children away from unrelated adults.
- Attempt to contact each child's family.
- If contact is not possible, contact Child Protective Services to provide temporary custodial supervision until a parent or family member is located.

To the extent possible, patients injured during an internal disaster are given first aid by the

clinical staff.

If the circumstances do not permit treating patients at the hospital, they are referred to a higher level of care emergency room.

If immediate medical attention is required and it is not safe or appropriate to refer the patient to the emergency room, 911 are called and the patient sent by ambulance to the nearest emergency room. Due to legal liabilities, staff will not transport patients in their private vehicles.

If 911 services are not available, a request for medical transport is conveyed to local health department. In a widespread emergency, the county determines how and where to transport victims through already established channels selected by the county.

Visitors or volunteers who require medical evaluation or minor treatment are treated and referred to their physician or the hospital.

Employees who need medical evaluation or minor treatment are treated and referred to their physician or the hospital.

Acquiring Response Resources

The Logistics Section monitors medical supplies and pharmaceuticals and request augmentation of resources at the earliest sign that stocks become depleted.

The hospital maximizes use of available hospitals, other clinics, and other external resource suppliers as is feasible.

If resources cannot be found and the request is high priority, it will be submitted to Regional, State, and Federal response levels until the requested resource can be obtained.

Vendors

As information develops about current and future resource needs, the hospital considers contacting vendors of critical supplies and equipment to alert them of pending needs and to ascertain vendor capacity to meet those needs.

The hospital recognizes that in a major disaster, medical supply vendors may face competing demands that exceed their capacity. In that case, request for assistance is submitted to the local health department, who will set resource allocation priorities.

Communications

Logistics Section Chief will be responsible for appointing a Communications Officer, if necessary, to use the hospital's communications resources to communicate with:

- Other hospitals
- The Greer County Health Department
- The Greer County Emergency Operations Center (EOC)
- State of Oklahoma

- Emergency response agencies
- Outside relief agencies
- Mangum Hospital Board of Directors Staff telephone numbers

  are listed in Appendix 7, Staff Call List.

Disaster response agency contact telephone numbers are listed in Appendix 3, Disaster Contacts.

The hospital has developed and is maintaining a written emergency communication plan that details how the hospital will coordinate patient care within the facility, across healthcare providers, collaboratively with local, state, regional and tribal public health departments. Emergency officials are contacted depending on type of emergency with regard to transferring of patients to another hospital or facility, transportation needs, food and water needs, equipment or staffing needs.

Primary means of communication are via regular telephone service. In the event an alternate communication means is necessary, cell phones or walkie talkies will be utilized.
A list of local emergency officials (Disaster Contacts) is outlined in Appendix 3 and other like hospitals or facilities in the Transfer Agreements in Appendix 4.

A list of staff including physicians, entities providing service by arrangement, and volunteers is found in the Emergency Plan. See Appendix 7 for staff, Appendix 8 for vendors including Organ Procurement Organizations.

An element of the communication plan is to share information with local, regional, tribal and state officials regarding the hospital's ability to provide assistance by reporting occupancy availability or other needed resources such as staffing, equipment, food, water or supplies.

Security

The purpose of security ensures unimpeded patient care, staff safety, and continued operations.

The Incident Commander appoints a Security Officer who will be responsible for ensuring security measures are implemented.

If security becomes an issue, the hospital may get assistance from law enforcement.

Security is provided initially by existing security services or by personnel under the direction of the Plant Operations Manager. Security may be augmented by contract security personnel, law enforcement, clinical staff or, if necessary, by volunteers.

Checkpoints at building and parking lot entrances are established as needed to control traffic flow and ensure unimpeded patient care, staff safety, and continued operations.

All clinical staff are required to wear their ID badges at all times. Security issues temporary badges if needed.

The Plant Operations Manager ensures that the site is and remains secure following an

evacuation.

Volunteer Management

The hospital accepts and utilizes volunteer support from individuals with varying levels of skill and training during an emergency.

Non-medical volunteers are allowed to perform non-medical tasks. The Hospital Administrator assigns roles to specific volunteers based on need during the emergency such as assisting with transport, assisting with tracking documents, assisting with communication in accordance with state law scope of practice.

A list of potential non-medical local volunteers and contact information is maintained in Appendix 7.

The hospital accepts and utilizes volunteer medical professional support from individuals with varying levels of skill and training during an emergency.

Volunteer medical professional support staff are assigned roles by the Medical Director and Chief Clinical Officer according to their scope of practice and state licensure.

A list of potential medical professional volunteers and contact information is maintained in Appendix 7. They include off duty staff, local retired professionals, those from neighboring facilities, state-established volunteer registries, or other federally designated volunteer health professionals.

Facility credentialing manager utilizes Emergency Privilege documents during this time.

Donation Management

Donation of all items are collected in a central location designated at the time by the Plant Operations Manager. All items are logged, dispensed or disposed of as appropriate.

Damage Assessment

The hospital assesses damage caused by the disaster to determine if an area, room, or building can continue to be used safely or is safe to re-enter following an evacuation.

Systematic damage assessments are indicated following an earthquake, flood, explosion, hazardous material spill, fire or utility failure.

Hazardous Materials Management

Refer to Hazardous Materials Management Plan in separate binder Plan #700.

Evacuation Procedures

The hospital may be evacuated due to a fire or other occurrence, threat, or order of the Hospital

Administrator or designee. Refer to Appendix 12 Evacuation Plan.
A safe evacuation plan has been developed which addresses the needs of the evacuees as well as staff members, families, or members of the public who may have sought refuge at the hospital during the emergency.

Responsibilities of staff members during the evacuation are outlined based on needs of each patient and what resources are available. A prioritization method and triage plan is utilized.

Identification of evacuation location is identified.

Primary means of communication are via regular telephone service. In the event an alternate communication means is necessary, cell phones or walkie talkies are utilized.

Where and how to shut-off the utilities, including emergency equipment, gas, electrical timers, water, computers, heating, AC, compressor, and telephones.

Transfer Agreements

The hospital has established pre-arranged transfer agreements with other healthcare facilities or hospitals to receive patients in the event of limitations or cessation of operations in order to ensure continuity of patient care. (see the Emergency Plan appendix 4).

Consideration is given to which transfer hospital is appropriate given the geographic nature of the emergency and any possible barriers to transport.

Waiver 1135

When the U.S. President declares a major disaster or emergency and the National Health and Human Services Secretary declares a public health emergency, a waiver 1135 is put into place and effective.

During this time, the facility works in collaboration with state, regional, tribal and local facilities during an emergency regarding staffing including licensure requirements, equipment and supplies at the alternate site.

The hospital works with local emergency officials to allow an organized and systematic response to assure continuity of care when services at the facility have been severely disrupted.

In addition to waiving some staffing licensure requirements, some Medicare Conditions of Participation may also be waived for the duration of the emergency.

Decision on Operational Status

Following the occurrence of an internal or external disaster or the receipt of a credible warning the Incident Commander will decide the operating status for the hospital.

The decision is based on the results of the damage assessment, the nature, and severity of the disaster and other information supplied by staff, emergency responders, or inspectors.

The decision to evacuate the hospital, return to the facility, and/or re-open the facility for partial or full operation depends on an assessment of the following:

- Staff availability
- Extent of facility damage / operational status
- Status of utilities (e.g. water, sewer lines, gas and electricity)
- Presence and status of hazardous materials
- Condition of equipment and other resources
- Availability of supplies
- Environmental hazards
- Recommendation of local authorities
- Extended hospital closure

If the hospital experiences major damage, loss of staffing, a dangerous response environment, or other problems that severely limit its ability to meet patient needs, the Incident Commander, in consultation with the Hospital Administrator, may suspend operations until conditions change.

If the hospital remains fully or partially operational following a disaster, the Hospital Administrator, Medical Director, and other members of the IMT defines the response role the facility will play.

The appropriate response role for the facility depends on the following factors:

- The impact of the disaster on the hospital.
- The level of personnel and other resources available for response.
- The pre-event medical care and other service capacity of the hospital.
- The medical care environment of the community both before and after a disaster occurs.
- The needs and response actions of residents of the community served by the hospital.
- The priorities established by the hospital's Administrator and Board of Directors (e.g., to remain open if possible following a disaster)
- The degree of planning and preparedness of the hospital and its staff

Weapons of Mass Destruction (WMD)

Preparations for an event involving weapons of mass destruction - chemical, biological, radiological, nuclear, or explosives (CBRNE) - are based on existing programs for handling hazardous materials.

- If staff suspects an event involving CBRNE weapons has occurred, they should:
  - Remain calm and isolate the victims to prevent further contamination within the hospital.
  - Contact the Medical Director, Chief Clinical Officer, or other appropriate clinician.
  - Secure personal protective equipment and wait for instructions.
  - Comfort the victims.
  - Contact appropriate Operational Area authorities.
  - Refer to Appendix 3, Disaster Contacts
  - Refer to Appendix 13 Pandemic Disease Plan.

Shelter-In-Place

When there is a chance that there has been a release of radiation, hazardous materials, or biological agents in proximity to the organization the safest response may be to shelter-in-place. Refer to Appendix 14, Shelter in Place.

A shelter in place plan has been developed in the event that an evacuation cannot or should not be executed. (such as in the case of a tornado where sheltering in place might be more appropriate).

The hospital administrator will make the decision as to which patients and staff would be sheltered in place and communicate to all emergency officials.

The hospital administrator will give consideration of the building's capability to survive the emergency event or the transportation effort ability and will transition to the evacuation plan as necessary.

Mass prophylaxis

The hospital encourages its providers to participate in a mass prophylaxis program.

Health care providers from hospitals throughout the county could be called to volunteer to distribute medication or provide vaccines.

Greer County would establish mass prophylaxis sites throughout the county.

These sites would be large facilities such as school gymnasiums or warehouses that can accommodate large groups of people.

These sites would require a large number of healthcare providers to administer medications.

RECOVERY

Recovery actions begin almost concurrently with response activities and are directed at restoring essential services and resuming normal operations.

Depending on the emergency's impact on the organization, this phase may require a large number of resources and time to complete.

This phase includes activities taken to assess, manage, and coordinate the recovery from an event as the situation returns to normal. These activities include:

- Deactivation of emergency response: The hospital Administrator or designee will call for deactivation of the emergency when the hospital can return to normal or near normal services, procedures, and staffing. Refer to Appendix 10, Command and Control.
- After Action Report: Post-event assessment of the emergency response will be conducted to determine the need for improvements. Refer to Appendix 15, After Action Reports.
- Establishment of an employee support system: Human resources will coordinate referrals to employee assistance programs as needed.

Accounting for disaster-related expenses

The Finance Section Chief accounts for disaster-related expenses.

Documentation will include:

- Direct operating cost
- Costs from increased use
- All damaged or destroyed equipment
- Replacement of capital equipment
- Construction related expenses
- Return to normal clinic operations as rapidly as possible

Inventory Damage and Loss

The hospital documents damage and losses of equipment using a current and complete list of equipment serial numbers, costs, and dates of inventory.

One copy will be filed with the Chief Financial Officer and another copy in a secure offsite location.

Lost Revenue through Disruption of Services

The Corporate finance team works with the Finance Section to document all expenses incurred from the disaster.

An audit trail is developed to assist with qualifying for any Federal reimbursement or assistance

available for costs and losses incurred by the hospital because of the disaster.

Cost / Loss Recovery Sources

The eligibility of facilities for federal reimbursement for response costs and losses remains ambiguous. It may be possible to gain reimbursement through county channels under certain circumstances.

Depending on the conditions and the scale of the incident, the hospital will seek the following financial recovery resources:

Public Assistance

After a disaster occurs assistance may be available to applicants through:

- The Federal Emergency Management Agency (FEMA).
- The OKLA Department of Emergency Management.
- The Small Business Administration (SBA) provides physical disaster loans to businesses and non-profit organizations.
- Federal Grant - Following a presidential disaster declaration, the Hazard Mitigation Grant Program (HMGP) is activated.

Insurance Carriers

The hospital files with its insurance companies for any damage.

The hospital will not receive federal reimbursement for costs or losses that are reimbursed by the insurance carrier.

Eligible costs not covered by the insurance carrier such as the insurance deductible may be reimbursable.

Psychological Needs of Staff and Patients

Mental health needs of patients and staff are likely to continue during the recovery phase.

The hospital recognizes staff and their families are impacted by community-wide disasters. The hospital will assist staff in their recovery efforts to the extent possible.

Restoration of Services

The hospital takes the following steps to restore services as rapidly as possible:

---If necessary, repair hospital or relocate services to a new or temporary facility.

---Replace or repair damaged medical equipment.

---Expedite structural and licensing inspections required to re-open.

---Facilitate the return of medical care and other staff to work.

---Replenish expended supplies and pharmaceuticals.

---Decontaminate equipment and hospital.

---Attend to the psychological needs of staff and community.

After-Action Report

The hospital conducts after-action debriefings with staff and participate in Greer County debriefings.

The hospital produces an after-action report describing its activities and corrective action plans. Refer to Appendix 15, After- Action Report.

The hospital will review this plan using the After-Action Report and will revise the plan as needed.

Training and Testing Program

The hospital has developed and is maintaining a training and testing program that trains all new and existing staff, and individuals providing services under arrangement in these elements:

---Emergency preparedness plan, policies and procedures.

---Life Safety policies and procedures.

---Specific training regarding Evacuation, Shelter in Place, Triage system, Incident Command System.

---Disaster Drills and/or table-top exercises. (required 2 annually).

The hospital participates in regional training and testing though partnerships with other emergency management entities.

Testing. The hospital conducts exercises to test the emergency plan at least twice per year. The hospital does all of the following:

(i) Participates in an annual full scale exercise in coordination with the Medical Emergency Response Center (MERC) in Lawton, OK and with Mangum local city and county disaster and emergency teams; or

(A) When a community-based exercise is not accessible, conducts an annual Mangum Regional Medical Center exercise (tornado, flood, fire, active shooter,) or

(B) If the hospital experiences an actual natural or man-made emergency that requires activation of the emergency plan, the hospital is exempt from engaging in its next required full-scale community-based exercise or individual, hospital-based functional exercise following the onset of the emergency event.

(ii) Conducts an additional annual exercise that may include, but is not limited to the following:

(A) A second full-scale exercise that is in coordination with the MERC and City of Mangum or an exercise at Mangum Regional Medical Center; or

(B) A mock disaster drill; or

(C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.

(iii) Analyzes the hospital's response with a debriefing meeting of department managers after a drill or actual event with documentation on After Action Reports and maintains documentation of all drills, tabletop exercises, and emergency events, and revise the hospital's emergency plan, as needed.

The hospital trains each new employee and existing employees annually.

Demonstration of staff knowledge, documentation of training and testing is maintained in personnel files.

See Appendix 6: training and testing as well as the training competency form.

Appendicies

Appendix 1 Completed Hazard Vulnerability Analysis
Appendix 2 Completed Environment of Safety Survey
Appendix 3 Disaster Contacts
Appendix 4 Memorandums of Understanding
Appendix 5 Emergency Preparedness Committee
Appendix 6 Training and Exercises
Appendix 7 Staff Call List
Appendix 8 Vendor Contact List
Appendix 9 Emergency Codes
Appendix 10 Command and Control
Appendix 11 Clinic and Hospital Floor Plan
Appendix 12 Evacuation Plan
Appendix 13 Pandemic Disease Plan
Appendix 14 Shelter in Place
Appendix 15 After Action Reports

RESOURCES

Reference 1, Colorado Department of Public Health and Environment, Disease Control and Environmental Epidemiology Division. (2007). *Rules and Regulations Pertaining to Preparations for a Bioterrorist Event, Pandemic Influenza, or an outbreak by a novel and highly fatal infectious agent or Biological Toxin (CCR Number 6 CCR1009-5), Regulation 3.*

Reference 2, HRSA Emergency Preparedness PIN 2007-15

Reference 3, United States Department of Labor, Occupational Safety & Health Administration. *Means of Egress, Emergency Action Plans (29 CFR1910.38)*

2021 Medical Facility Hazard and Vulnerability Analysis

INSTRUCTIONS:

Evaluate potential for event and response among the following categories using the hazard specific scale.

Issues to consider for **probability** include, but are not limited to:

1 Known risk
2 Historical data
3 Manufacturer/vendor statistics

Issues to consider for **response** include, but are not limited to:

1 Time to marshal an on-scene response
2 Scope of response capability
3 Historical evaluation of response success

Issues to consider for **human impact** include, but are not limited to:

1 Potential for staff death or injury
2 Potential for patient death or injury

Issues to consider for **property impact** include, but are not limited to:

1 Cost to replace
2 Cost to set up temporary replacement
3 Cost to repair

Issues to consider for **business impact** include, but are not limited to:

1 Business interruption
2 Employees unable to report to work
3 Customers unable to reach facility
4 Company in violation of contractual agreements
5 Imposition of fines and penalties or legal costs
6 Interruption of critical supplies
7 Interruption of product distribution

Issues to consider for **preparedness** include, but are not limited to:

1 Status of current plans
2 Training status
3 Insurance
4 Availability of back-up systems
5 Community resources

Issues to consider for **internal resources** include, but are not limited to:

1 Types of supplies on hand
2 Volume of supplies on hand
3 Staff availability
4 Coordination with MOB's

Issues to consider for **external resources** include, but are not limited to:

1 Types of agreements with community agencies
2 Coordination with local and state agencies
3 Coordination with proximal health care facilities
4 Coordination with treatment specific facilities

Complete all worksheets including Natural, Technological, Human and Hazmat. The summary section will automatically provide your specific and overall relative threat.

2021 HAZARD AND VULNERABILITY ASSESSMENT TOOL
NATURALLY OCCURRING EVENTS

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	Likelihood this will occur	*Possibility of death or injury*	*Physical losses and damages*	*Interuption of services*	*Preplanning*	*Time, effectivness, resouces*	*Community/ Mutual Aid staff and supplies*	*Relative threat**
SCORE	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 - 100%*
Tornado	1	1	2	2	2	2	2	**20%**
Severe Thunderstorm	2	1	2	2	2	2	2	**41%**
Snow Fall	2	1	1	1	1	1	1	**22%**
Blizzard	1	1	1	1	1	1	1	**11%**
Ice Storm	2	2	1	1	2	2	2	**37%**
Earthquake	1	1	1	1	3	3	3	**22%**
Temperature Extremes	2	2	1	1	2	2	2	**37%**
Drought	2	1	1	1	2	2	2	**33%**
Flood, External	0	0	0	0	0	0	0	**0%**
Wild Fire	2	1	2	2	2	2	2	**41%**
Landslide	0	0	0	0	0	0	0	**0%**
Dam Inundation	0	0	0	0	0	0	0	**0%**
Epidemic	2	2	1	2	2	2	2	**41%**
AVERAGE SCORE	**1.06**	**0.81**	**0.81**	**0.88**	**1.19**	**1.19**	**1.19**	**12%**

**Threat increases with percentage.*

RISK = PROBABILITY * SEVERITY		
0.12	**0.35**	**0.34**

2021 HAZARD AND VULNERABILITY ASSESSMENT TOOL
TECHNOLOGIC EVENTS

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	Likelihood this will occur	*Possibility of death or injury*	*Physical losses and damages*	*Interuption of services*	*Preplanning*	*Time, effectivness, resouces*	*Community/ Mutual Aid staff and supplies*	*Relative threat**
SCORE	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 - 100%*
Electrical Failure	1	1	2	2	2	1	1	**17%**
Generator Failure	1	2	2	3	2	2	1	**22%**
Transportation Failure	0	0	0	0	0	0	0	**0%**
Fuel Shortage	1	1	1	3	2	2	2	**20%**
Natural Gas Failure	1	1	2	3	3	3	3	**28%**
Water Failure	1	1	1	3	1	1	1	**15%**
Sewer Failure	1	1	1	3	3	3	3	**26%**
Steam Failure	0	0	0	0	0	0	0	**0%**
Fire Alarm Failure	1	1	1	2	2	2	2	**19%**
Communications Failure	2	1	2	2	2	2	2	**41%**
Medical Gas Failure	1	2	1	3	2	2	2	**22%**
Medical Vacuum Failure	1	1	2	3	2	2	2	**22%**
HVAC Failure	1	2	2	2	2	2	2	**22%**
Information Systems Failure	2	1	2	2	2	1	2	**37%**
Fire, Internal	1	1	1	2	1	1	1	**13%**
Flood, Internal	1	1	1	2	2	2	2	**19%**
Hazmat Exposure, Internal	1	1	0	2	2	2	2	**17%**
Supply Shortage	2	2	1	3	2	2	2	**44%**
Structural Damage	1	1	1	2	2	2	2	**19%**
AVERAGE SCORE	**1.05**	**1.11**	**1.21**	**2.21**	**1.79**	**1.68**	**1.68**	**19%**

**Threat increases with percentage.*

RISK = PROBABILITY * SEVERITY		
0.19	**0.35**	**0.54**

2021 HAZARD AND VULNERABILITY ASSESSMENT TOOL

HUMAN RELATED EVENTS

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	Likelihood this will occur	*Possibility of death or injury*	*Physical losses and damages*	*Interuption of services*	*Preplanning*	*Time, effectivness, resouces*	*Community/ Mutual Aid staff and supplies*	*Relative threat**
SCORE	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 - 100%*
Mass Casualty Incident (trauma)	1	1	0	1	2	2	2	**15%**
Mass Casualty Incident (medical/infectious)	1	1	0	1	2	2	2	**15%**
Terrorism, Biological	1	1	1	3	2	2	2	**20%**
VIP Situation	1	1	0	0	2	2	2	**13%**
Infant Abduction	1	1	0	0	1	1	1	**7%**
Hostage Situation	1	1	0	2	3	3	2	**20%**
Civil Disturbance	1	1	1	2	2	2	2	**19%**
Labor Action	0	0	0	0	0	0	0	**0%**
Forensic Admission	0	0	0	0	0	0	0	**0%**
Cyber Attack	1	0	0	2	2	2	2	**15%**
Bomb Threat	1	1	1	2	2	2	2	**19%**
Workplace Violence	1	1	1	1	2	2	2	**17%**
AVERAGE	**1.00**	**0.80**	**0.30**	**1.30**	**1.80**	**1.80**	**1.70**	**13%**

**Threat increases with percentage.*

RISK = PROBABILITY * SEVERITY

0.13 0.30 0.43

2021 HAZARD AND VULNERABILITY ASSESSMENT TOOL
EVENTS INVOLVING HAZARDOUS MATERIALS

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	Likelihood this will occur	*Possibility of death or injury*	*Physical losses and damages*	*Interuption of services*	*Preplanning*	*Time, effectivness, resouces*	*Community/ Mutual Aid staff and supplies*	*Relative threat**
SCORE	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 - 100%*
Mass Casualty Hazmat Incident *(From historic events at your MC with >= 5 victims)*	1	1	1	2	2	3	2	**20%**
Small Casualty Hazmat Incident *(From historic events at your MC with < 5 victims)*	1	1	1	2	3	3	2	**22%**
Chemical Exposure, External	1	1	1	1	3	3	2	**20%**
Small-Medium Sized Internal Spill	1	1	1	2	2	3	2	**20%**
Large Internal Spill	1	1	1	2	3	3	2	**22%**
Terrorism, Chemical	1	1	1	2	3	3	2	**22%**
Radiologic Exposure, Internal	1	1	1	2	3	3	2	**22%**
Radiologic Exposure, External	1	1	1	2	3	3	2	**22%**
Terrorism, Radiologic	1	1	1	2	3	3	2	**22%**
AVERAGE	**1.00**	**1.00**	**1.00**	**1.89**	**2.78**	**3.00**	**2.00**	**22%**

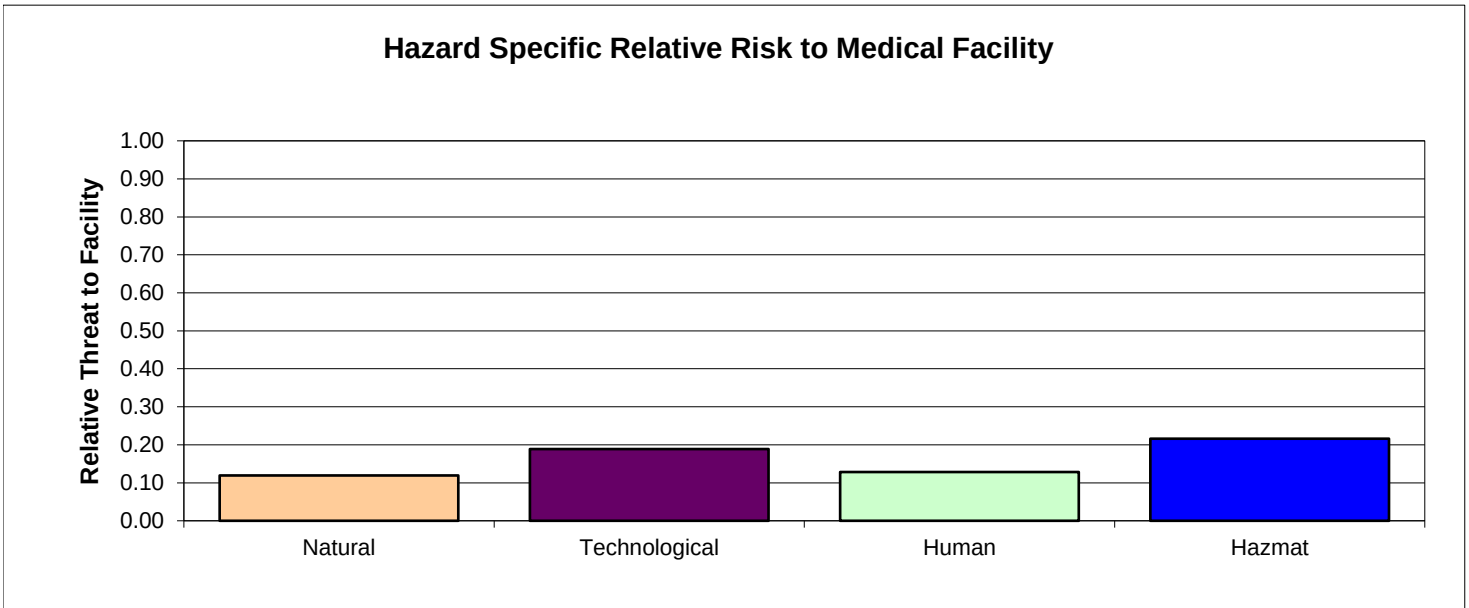
**Threat increases with percentage.*

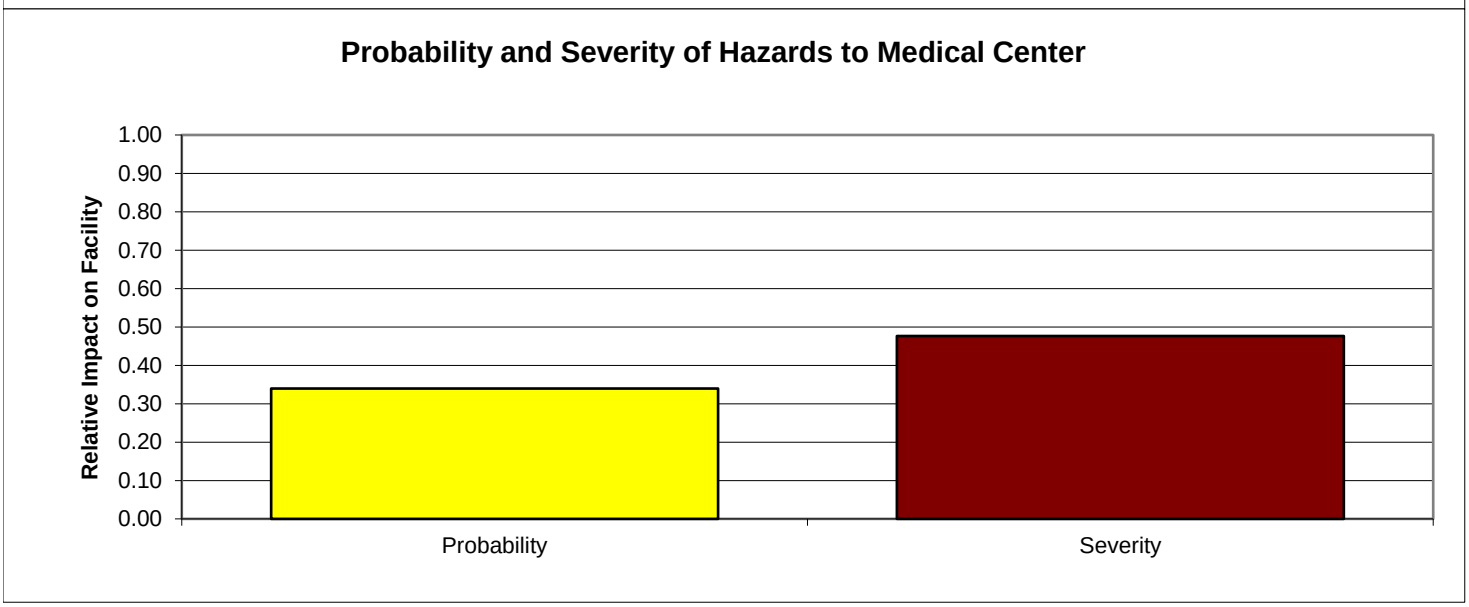
RISK = PROBABILITY * SEVERITY

0.22 0.33 0.65

2021 SUMMARY OF MEDICAL FACILITY HAZARDS ANALYSIS

	Natural	Technological	Human	Hazmat	Total for Facility
Probability	**0.35**	**0.35**	**0.30**	**0.33**	**0.34**
Severity	**0.34**	**0.54**	**0.43**	**0.65**	**0.48**
Hazard Specific Relative Risk:	**0.12**	**0.19**	**0.13**	**0.22**	**0.16**





NFPA 99-2012 Risk Assessment Tool

Instructions for Using the ASHE NFPA 99 Risk Assessment Tool

Prior to implementing this risk assessment tool, the following steps should be taken:

1. Establish a multidisciplinary team with knowledge of the facility's space use, patient care services, clinical practices, and other areas as appropriate.
2. Familiarize the team with the risk category definitions found in chapters 4 (Fundamentals) and 12 (Emergency Management) of NFPA 99-2012: *Health Care Facilities Code* . These definitions are included in the category legends on each worksheet; mouse over the "Category Legends" box to see them.
3. Familiarize the team with the ways in which system and equipment operability can affect patient safety.

This risk assessment tool contains three worksheets (Systems, Equipment, and Emergency Management) as indicated on the worksheet tabs below.

Systems Worksheet - This worksheet is used to record the level of risk determined for the listed systems in a given area (room or spaces within a room) of the facility being evaluated. Indicate the risk level with an NFPA 99 risk category number (see the Category Legend for details).

Room Name: Enter the unique identification information for the room being evaluated (i.e., room name or number).
Room Number: Enter the room number, if applicable.
Space: Enter the unique identification information for the space in a room that is being evaluated (e.g., the charting area in a recovery area).
Chapter 5: Enter the risk category for the various components of the **medical gas and vacuum systems** in the room or space being evaluated.
Chapter 6: Enter the risk category for the **electrical system** in the room or space being evaluated.
Chapter 7: Enter the risk category for the various components of the **IT and communications systems** in the room or space being evaluated.

Chapter 8: Enter the risk category for the various components of the **plumbing systems** in the room or space being evaluated.

Chapter 9: Enter the risk category for the various components of the **HVAC systems** in the room or space being evaluated.
Chapter 10: Indicated on this worksheet for information only - to be assessed on the Equipment worksheet.

Chapter 12: Indicated on this worksheet for information only - to be assessed on the Emergency Management worksheet.

Note: Categories assigned in the chapter columns listed above are based on categories as outlined in Chapter 4 of NFPA 99-2012.

Equipment Worksheet - This worksheet is used to record the level of risk determined for all patient care equipment in the facility. Indicate the risk level with an NFPA 99 risk category number (see the Category Legend for details).

Equipment: Enter the name of the piece of equipment being assessed.
Equipment Tag #: Enter the unique identifying number for the piece of equipment being assessed. This information is optional, but should be considered when assessing non-movable equipment.

Category: Enter the risk category assigned to the equipment based on the categories outlined in Chapter 4 of NFPA 99-2012.
Notes: The comment area is provided for additional information about the reasons the risk category was assigned to the piece of equipment.
Note: NFPA 99-2012 (Section 1.3.1.1) defines the equipment covered by the code as “appliances and equipment used in patient care rooms of health care facilities.” This includes all equipment that may be used for patient care, such as defibrillators, ultrasound equipment, ventilators, weight scales, thermometers, and so on. Gas equipment includes items such as the oxygen regulator, non-rebreather masks, nebulizers, and nasal cannulas.

Emergency Management Worksheet - This tool is used to record the building category from NFPA 99 Table 12.3 (Application Matrix) assigned to each building.

Building: Enter the name or identifying information for the building.
Category: Enter the risk category assigned to each building based on the categories outlined in Table 12.3 (Application Matrix) in Chapter 12 of NFPA 99-2012.

Notes: This risk assessment tool has been developed to help health care facility staff comply with the risk-based, patient-focused approach required by NFPA 99: Health Care Facilities Code beginning with the 2012 edition. Rather than using the former occupancy-based approach, NFPA 99 now has the same requirements for a procedure no matter where it takes place, focusing on risks to patients and caregivers and on patient outcomes.

This completed risk assessment should be used to determine the steps needed to respond to the identified risks as outlined in NFPA 99. It should be kept as a record of the decisions made and updated annually.

v1.0

Mangum Regional Medical Center
Building Risk Assessment
2021

Rooms that have the same utilities and same Risk Category may be grouped together and entered as a lot on a single line

ENTER THE # OF EVALUATED RISK TO PATIENT FOR HARM & RELIABILITY FOR EACH ROOM

Risk Category Legend	Harm Category Legend

System		*Risk Evaluation	Operating Room		Area Outside Operating Room		Proceedure Room		Area Outside Proceedure Room		Recovery Room		Area Outside Recovery Room		Sterile Room		Sterile Supply		Decon Room		Area outside Decon Room		Surgery Doctors Lockeroom		Surgery Nurses Lockeroom		Emergency Room 1		Emergency Room 2	
			Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable
Chapter 5: Med Gas	**Oxygen**	H&R Eval:	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
		Risk Category	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Nitrous Oxide	H&R Eval:	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
		Risk Category	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Medical Air	H&R Eval:	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
		Risk Category	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Non-Medical Compressed Air	H&R Eval:	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
		Risk Category	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Vacuum	H&R Eval:	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
		Risk Category	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	WAGD	H&R Eval:	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
		Risk Category	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Chapter 6: Electrical Systems	**Normal Power Lighting**	H&R Eval:	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
		Risk Category	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Normal Power Outlets	H&R Eval:	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
		Risk Category	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Normal Power Dir Feed	H&R Eval:	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
		Risk Category	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Normal Power Elec Heat	H&R Eval:	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
		Risk Category	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Emerg Power Lighting	H&R Eval:	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
		Risk Category	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Emerg Power Outlets	H&R Eval:	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
		Risk Category	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Emerg Power Dir Feed	H&R Eval:	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
		Risk Category	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Battery Lighting	H&R Eval:	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
		Risk Category	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Isolated Power Sys	H&R Eval:	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
		Risk Category	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
T & Comm*	**Data**	H&R Eval:	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
		Risk Category	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Phone	H&R Eval:	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
		Risk Category	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Chapter 7: I	**Nurse Call**	H&R Eval:	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
		Risk Category	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Cable TV	H&R Eval:	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
		Risk Category	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Chapter 8: Plumbing*	**Potable Cold Water Sys**	H&R Eval:	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
		Risk Category	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Potable Hot Water Sys	H&R Eval:	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
		Risk Category	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Water Heater	H&R Eval:	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
		Risk Category	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Non-Potable Water	H&R Eval:	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
		Risk Category	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Water Conditioning	H&R Eval:	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
		Risk Category	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Black Waste Water	H&R Eval:	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
		Risk Category	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Gray Waste Water	H&R Eval:	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
		Risk Category	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Clear Waste Water	H&R Eval:	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
		Risk Category	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Chapter 9: HVAC	**Hydronic Heating Sys**	H&R Eval:	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
		Risk Category	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Steam Heating Sys	H&R Eval:	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
		Risk Category	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Condensate Sys	H&R Eval:	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
		Risk Category	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Air Handling Units	H&R Eval:	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
		Risk Category	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Exhaust Fans	H&R Eval:	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
		Risk Category	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Air Conditioner, Split	H&R Eval:	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
		Risk Category	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Air-Conditioning, Central	H&R Eval:	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
		Risk Category	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Emergency Room Registration		Emergency Area Restroom		Emergency Room Doctors Office		Emergency Room Inside Entrance		Emergency Room Waiting		Emergency Room Exit		Drug Room		Doctors Sleep Area		Pharmacy Hall Air Handler Closet		Pharmacy Hall		Doctor Dictation Room		Nurses Station		Med-Dispense Room		Nursing Medication Room		Nursing Break Room		Patient Shower		Nurses Locker Room		DON Office	
Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Nutrition Kitchen		Soiled Linen Room		Ultrasound		X Ray		CT		CT Control Room		Radiology Common Area		Lab Draw Room		Radiology Hall		Radiology Hall Air Handler Closet		Radiology Hall Exit		Central Supply		Middle Hall		Clean Linen		Womens Restroom Kitchen Hall		Mens Restroom Kitchen Hall		Dining Room		Kitchen	
Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
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n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
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n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
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n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
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n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
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n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
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n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Pantry		IT Closet		Mechanical Room		Transfer Switch Room		Plant Operations Office		Loading Dock		Kitchen Hall		Infection Control/Case Management Office		CEO Office		Reception Office		Activities Office		Lobby East		Lobby West		Lobby Exit Inside		Lobby Exit Outside		Vending Machine Area		Womens Restroom Main Hall		Mens Restroom Main Hall	
Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Chapel		Main Hall		Main Hall Air Handler Closet		Cut Through Hall		Cut Through Hall Air Handler Closet		Patient Room 5		Patient Room 5 Restroom Area		Patient Room 6		Patient Room 6 Restroom Area		Patient Room 7		Patient Room 7 restroom Area		Patient Room 8		Patient Room 8 Restroom Area		Patient Room 9		Patient Room 9 Restroom Area		Patient Room 10		Patient Room 10 Restroom Area		Patient Room 11	
Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Patient Room 11 Restroom Area		Patient Room 12		Patient Room 12 Restroom Area		Patient Room 13		Patient Room 13 Restroom Area		West Hall		West Hall Exit		Patient Room 13		Patient Room 13 Restroom Area		Patient Room 14		Patient Room 14 Restroom Area		Patient Room 15		Patient Room 15 Restroom Area		Patient Room 16		Patient Room 16 Restroom Area		Patient Room 17		Patient Room 17 Restroom Area		Nursing Equipment Room 18	
Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Nursing Equipment Room 18 Restroom Area		Patient Room 19		Patient Room 19 Restroom Area		Patient Room 20		Patient Room 20 Restroom Area		Patient Room 21		Patient Room 21 Restroom Area		Patient Room 22		Patient Room 22 Restroom Area		Patient Room 23		Patient Room 23 Restroom Area		Patient Room 24		Patient Room 24 Restroom Area		Patient Room 25		Patient Room 25 Restroom Area		Patient Room 26		Patient Room 26 Restroom Area		Patient Room 27	
Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Patient Room 27 Restroom Area		Patient Room 28		Patient Room 28 Restroom Area		Patient Room 29		Patient Room 29 Restroom Area		Patient Room 30		Patient Room 30 Restroom Area		Patient Room 31		Patient Room 31 Restroom Area		North Hall		North Hall Exit	
Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable	Harm	Reliable
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Risk Categories	
Category	**Definition**
1	Activities, systems, or equipment whose failure is likely to cause major injury or death of patients, staff, or visitors.
2	Activities, systems, or equipment whose failure is likely to cause minor injury of patients, staff, or visitors.
3	Activities, systems, or equipment whose failure is not likely to cause injury of patients, staff, or visitors.
4	Activities, systems, or equipment whose failure would have no impact on patient care or staff.

Reliability Categories	
Category	**Definition**
1	System must always work (life support) "Always Available"
2	High Reliability Expected "Highly Reliablie"
3	Normal Reliability Needed "Normally Reliable"
4	No Impact on Patient Care "No Impact on Patient Care"

Harm Categories	
Category	**Definition**
1	Major/Death
2	Minor
3	Discomfort
4	No Harm

Clear Waste Water- is solid-free wastewater which includes water produced while waiting for hot water from the faucet to heat up,

Potable Water-Drinking water, also known as potable water, is water that is safe to drink or to use for food preparation.

Essential Electrical System-Essential electrical systems for hospitals must consist of an emergency system and an equipment system. The

Essential electrical system: an electrical system that has the capability of restoring and sustaining a supply of electrical energy to

Electrical and Gas Equipment Assessment Tool

Category Legend

Equipment	Equipment Tag #	Category	Notes
E.R. Dept.			
LIFEPAK20	37539020	MOBILE	ER#2
HILLROM BED		MOBILE	ER#4
GE EKG MACHINE	HERC ID 2052	MOBILE	ER#4
PHYSIO-CONTROL LIFEPAK 12	PHA 0065	MOBILE	ER#1
NIHON KODEN VS/MONITOR	#00110	MOBILE	ER#1
STRYKER STRECTHER		MOBILE	ER#1
STRYKER STRECTHER		MOBILE	ER#2
STRYKER STRECTHER		MOBILE	ER#3
STRYKER STRECTHER		MOBILE	ER#4
NIHON KODEN VS/MONITOR	#08271	MOBILE	ER#2
PLUM A+ IV PUMP	#11051043FB	MOBILE	ER
HUMAN RESOURCES			
MONITOR	ASUS	MOBILE	HR
TOWER	LENOVA	MOBILE	HR
ALPHACARD BADGE PRINTER		MOBILE	HR
INFECTION CONTROL			
MONITOR	ASUS #9ALMQS004115	MOBILE	
PRINTER	HP COLORJET CP1215	MOBILE	
EMACHINE MONITOR	ETQ0500C0049151797F4010	MOBILE	

Equipment	Equipment Tag #	Category	Notes
ADMINISTRATION			
VOIP PHONE SYSTEM	SYBRAN	MOBILE	ADMIN OFFICE
SCANNER	HP SCANJET 700	MOBILE	ADMIN OFFICE
MONITOR	AURIA	MOBILE	
MONITOR	AURIA	MOBILE	
LCD PROJECTOR	EPSON #EX100	MOBILE	
LABORATORY			
CLINTEX STATUS /URINALYSIS ANALYZER		STATIONARY	
BLOODBANK REFRIG. / TEMP CHART		MOBILE	
SENSAPHONE BLOODBANK ALARM		MOBILE	
ISTAT BLOOD GAS ANALYZER		MOBILE	
VITROS ECI/IMMUNOASSAY ANALY.		STATIONARY	
VITROS 350/CHEMISTRY ORG.		STATIONARY	
ABBOTT RUBY HEMO ANALY		STATIONARY	
MONITOR	ASUS #99LMQS006549	MOBILE	
MONITOR	AURIA #EQ1960	MOBILE	
MONITOR	VIEWSONIC #QQ2092461463	MOBILE	
TOWER	E MACHINE #PTNCV0200114706A36300	MOBILE	
TOWER	E MACHINE #PTNCV020011520CB07300	MOBILE	
TOWER	LENOVO #MJNP986	MOBILE	
BUSINESS OFFICE			
MONITOR	ASUS	MOBILE	
	DELL	MOBILE	
TOWER	THINKCENTRE	MOBILE	
TOWER	MAC CHINES	MOBILE	
MEDICAL RECORDS		MOBILE	
MONITOR	ACER	MOBILE	
MONITOR	PLANAR	MOBILE	
MONITOR	AURIA	MOBILE	
TOWER	EMACHINE #1	MOBILE	
TOWER	EMACHINE #2	MOBILE	
SCANNER	HP SCANJET 7000	MOBILE	
SCANNER	HP SCANJET 7000	MOBILE	

Equipment	Equipment Tag #	Category	Notes
CENTRAL SUPPLY		MOBILE	
MONITOR	ACER	MOBILE	
MONITOR	ACER	MOBILE	
SEQ. DVT. PUMP HEMO FORCE	#(21) C870009892	MOBILE	
DIETARY			
STOVE/OVEN	#36CY1C0650066368	STATIONARY	
ICE MACHINE	#B400110646364	STATIONARY	
TOWER	DELL #7901WN1EV14150421677	MOBILE	
MONITOR	AURIA#AEQ196LEQ196L25022012045	MOBILE	
PRINTER	HP LASERJET #SHWGC110000VND3600735	STATIONARY	
FREEZER/FRIG			STATIONARY
E.R			
IV PUMP	PLUM A #	MOBILE	
NIHON KODEN VS	#08271	MOBILE	E.R.#2
STRYKER STRETCHER		MOBILE	
STRYKER STRETCHER		MOBILE	
STRYKER STRETCHER		MOBILE	
NIHON KODEN VS/ MONITOR	#00110	MOBILE	ER#1
PHYSIO-CONTROL LIFEPAK 12	#PHA-0065	MOBILE	ER#1
GE EKG	#HERC ID 2052	MOBILE	
HILLROM BED		MOBILE	ER#1
LIFEPAK 20	#37539020	MOBILE	ER#2
NURSING 2ND FLOOR			
TELEMETRY PRINTER	HP#CNBXB22588	MOBILE	
TELEMETRY COMPUTER	NIHOKODEN #V5260610-0A	MOBILE	
TELEMETRY MONITOR	EIO#C16000150	MOBILE	
TELEMETRY EQUIP	NIHONKODEN BOX #1P10.0.194.135	MOBILE	

Equipment	Equipment Tag #	Category	Notes
HOLTER MONITOR	#EQ196L25022012221	MOBILE	
NIHONKODEN EKG	#003036	MOBILE	
PATIENT LIFT	LINAK SIT TO STAND #IT#LA31-C139-00	MOBILE	
PATIENT LIFT	MEDI MAN HOYER #78006	MOBILE	
PATIENT BED	HILLROM	MOBILE	#PHA-0114
PATIENT BED	HILLROM	MOBILE	#PHA-0103
PATIENT BED	HILLROM	MOBILE	#PHA-0116
PATIENT BED	HILLROM	MOBILE	#PHA-0104
PATIENT BED	HILLROM	MOBILE	#PHA-0109
PATIENT BED	HILLROM	MOBILE	#PHA-0107
PATIENT BED	HILLROM	MOBILE	#PHA-0110
PATIENT BED	HILLROM	MOBILE	#PHA-0113
PATIENT BED	HILLROM	MOBILE	#PHA-0102
PATIENT BED	HILLROM	MOBILE	#PHA*0105
IV PUMP	PLUM A	MOBILE	#13973367
IV PUMP	PLUM A	MOBILE	#13986235
IV PUMP	PLUM A	MOBILE	#13973352
ALARM		MOBILE	
I-STAT/BLOOD GAS ANALYZER		STATIONARY	
ABBOT RUBY/HEMA ANALYZER		STATIONARY	IN STORAGE
MONITOR	TINKCENTRE	MOBILE	IN STORAGE
MONITOR	ASUS	MOBILE	IN STORAGE
MONITOR	ASUS	MOBILE	IN STORAGE
TOWER	E-MACHINE	MOBILE	IN STORAGE
TOWER	E-MACHINE	MOBILE	IN STORAGE
CENTRIFUGE/LW SCIENTIFIC ULTRA 8V		STATIONARY	
WEST LAB II MICROSCOPE		MOBILE	
LECIA MICROCOPE		MOBILE	
FRIGADAIRE REFRIGERATOR		STATIONARY	NUTRITION ROOM
FRIGADAIRE REFRIGERATOR		STATIONARY	
STANLEY COPIER		MOBILE	NURSES STATION
BROTHER PRINTER		MOBILE	NURSES STATION
HOSHIZAKI ICE /WATER MACHINE	#DCM-270BAH-OS	STATIONARY	NURSES LOCKER ROOM
PHYSICAL THERAPY-INPATIENT			

Equipment	Equipment Tag #	Category	Notes
COMPUTER	LENOVO-THINKCENTRE M-780004US	MOBILE	
PRINTER	STANDLEY 20165	MOBILE	
COMPUTER MONITOR	ACER #03000998243	MOBILE	
RESPIRATORY THERAPY			
MONITOR	PLANAR PLL2210W	MOBILE	
CPU	LENOVO THINKCENTRE	MOBILE	
PRINTER	HP2035	MOBILE	
SMITH SPIROLAB PULMINARY FENTOUS	PHA#0124	MOBILE	ER#4
PHYSICAL THERAPY-OUTPATIENT			
COMPUTER		MOBILE	
TREADMILL	GOLDS GYM 450	STATIONARY	
RECUMBANT BIKE	SCHWINN ACTIVE 20	STATIONARY	
ELECTRICAL STIMULATION /US	LEGEND XT/#2760	MOBILE	
ELECTRICAL STIMULATION /US	DINOTRON #850+D850	MOBILE	
PARALLEL BARS		STATIONARY	
CHATTANOOGA HYDROCOLLATOR		STATIONARY	
INTELLECT LEGEND XT ULTRASOUND	PHA#0160	MOBILE	
WEIGHT TOWER W/ DUMBBELLS		STATIONARY	
ULTRA SOUND/IFC	PHA#0161	MOBILE	
MAT TABLES	SMALL	MOBILE	
MAT TABLES	SMALL	MOBILE	
MAT TABLES	LARGE	MOBILE	
SMALL TRAMPOLINE		MOBILE	
XRAY DEPARTMENT			
1XC SHIMADZU RADSPEED MANUAL-L TABLE		STATIONARY	RADIOGRAPHIC SYSTEM ELEVATING TABLE

Equipment	Equipment Tag #	Category	Notes
SHIMADZU ELEVATING TABLE	RADSPEED BK200MK	STATIONARY	
CEILING TUBE SUSPENSION	#CH-200M #011X615004	STATIONARY	
RADIOGRAPHIC MAUAL PKG.		STATIONARY	
WALL BUCKY STAND	BR-12550M	STATIONARY	
GE BONE DENSITY	11100068R023	STATIONARY	
XRAY MACHINE GE	1061eD1	PORTABLE	
AGFA CR 12 & NX READER	30010	STATIONARY	
CRMD-CASSETTE	5R3OU	PORTABLE	
CRMD-CASSETTE	5R3OU	PORTABLE	
CRMD-CASSETTE	5R3OU	PORTABLE	
CRMD-CASSETTE	5R3OU	PORTABLE	
SURGERY DEPARTMENT			
STRYKER SURGERY STRETCHER		MOBILE	
STRYKER REMAISSAINCE SERIES STRETCHER		MOBILE	
INVIVO VS MACHINE	#PHA 0173	MOBILE	
NIHON KODEN VS/MONITOR	#00111	MOBILE	
RADIANCE NDS MONITOR	#11-184437	MOBILE	
FUJINON LIGHTSOURCE	#4S081A177	MOBILE	
FUJINON PROCESSOR	#4V395A177	MOBILE	
ENDOGATOR	#A060315	MOBILE	
DATEX-OHMEDA CARDIO CAPS	#FBWE00068	MOBILE	
VALLEY LAB FORCE 4B GENERATOR	#P2F3411B	MOBILE	
ELECTROSURGICAL UNIT		MOBILE	PCH # 341
RADIANCE NDS MONITOR	#07-108511	MOBILE	
FUJINON LIGHTSOURCE	#45081A337	MOBILE	
FUJINON PROCESSOR	#4V395A337	MOBILE	
BYRNE MEDICAL ENDOGATOR	#A060641	MOBILE	
FUJINON SCOPE	#2C470A019	MOBILE	
FUJINON SCOPE	#JC296A013	MOBILE	
FUJINON SCOPE	#3G201A231	MOBILE	
FUJINON SCOPE	#3G201A285	MOBILE	

Mangum Regional Medical Center

Appendix 3: Disaster Contacts

Emergency Response Partners:

1. Robert Stewart, RMRS Director, Region 3, SW Oklahoma.
   Main Phone: (580)581-3423
   Cell Phone: (580)280-0260
   Email: robet.stewart@drhhealth.org

2. Alana Pack, Region 3 MERC Coordinator.
   Main Phone: (580)581-3423
   Cell Phone: (580)574-2500
   Email: alana.pack@drhhealth.org

3. Glynadee Edwards, Greer County Emergency Manager
   Main Phone: (580)782-3254
   Cell Phone: (580)471-0076
   Email: Greereoc@uitgmail.com

Health Partners

4. Korie Thomas, Greer EMS Director
   Main Phone: (580)782-5314
   Cell Phone: (580)512-5193

5. Greer County Health Department
   Main Phone: (580)782-5531

6. Oklahoma State Department of Health
   Main Phone: (405)271-5600

7. Poison Control Center
   Main Phone: 800-222-1222

Law Enforcement

8. Jackie Jenkins, Greer County Sheriff
   Main Phone: (580)782-3065
   Cell Phone: (580)471-7682

Essential Services/Supplies

9. Oxygen: Lampton Oxygen
   Main Phone: (918)834-5550

10. Linens: Armark Linens
    Main Phone: 800-272-6275

11. Utility: City of Mangum
    Main Phone: (580)782-2250

12. Generator: Clifford Power
    Main Phone: (918)836-0066

Mangum Regional Medical Center

Appendix 4 : Memorandums of Understanding/Transfer Agreements

1. University of Oklahoma Medical Center: 405-271-5911

2. Jackson County Memorial Hospital: 580-379-5000

3. Saint Anthony Hospital: 405-272-7000

*actual agreements are on file in Hospital Administrator's office

Mangum Regional Medical Center

Appendix 5: Emergency Preparedness Committee

1. Hospital Administrator: Dale Clayton
2. Chief Clinical Officer: Daniel Coffin
3. Medical Director: Dr. Chiaffitelli
4. Plant Operations Manager: Mark Chapman
5. Quality Manger: Denise Jackson

Mangum Regional Medical Center

Appendix 6: Training and Exercises

1. General Training for Emergency Preparedness: Power Point Presentation
2. Competency checklist
3. Specific Training for Evacuation Procedures
4. Specific Training for Shelter in Place Procedures
5. Specific Training for Triage Procedures
6. Specific Training for Incident Command System
7. Testing exercises through two annually-required drills (either local/regional drills or tabletop drills)

*actual training documents are attached

MANGUM REGIONAL MEDICAL CENTER EMPLOYEE PHONE LIST 2021			
Name	Department	Position	Primary Phone
ACKERMAN, MICHELLE LYN	Housekeeping	HOUSEKEEPER [027]	(580) 471-0922 [Cell]
ADE-APATA, OLAWUMI O	Respiratory Therapy	RESPIRATORY THERAPIST [055]	(405) 313-6012 [Cell]
ALLMON, SHEENA L	Dietary	DIETARY AIDE [018]	(480) 486-9992 [Cell]
ARLES, ALICIA	Nursing	Registered Nurse [057]	(580) 729-2757 [Other]
BANKER, KARLY R	Nursing	Licensed Practical Nurse [034]	(580) 649-4484 [Cell]
BARNES, MARY	Emergency	ADVANCED PRACTICE PROVIDER [004]	(580) 682-0402 [Other]
BENISH, RANDY	Clinic	Clinic PA-C	(940)841-0999 [Cell]
BILLY, KAYLI	Housekeeping	HOUSEKEEPER [027]	95800 471-5261 [Cell]
BOGART, KAYLA	Radiology	RADIOLOGY TECH [049]	(580) 471-3465 [Other]
BOWEN, TONYA	Lab	Medical Laboratory Technologist [MLT]	(940) 839-6344 [Other]
Bowles, Karli	Infection Control/EH	Infection Control/Employee Health Nurse	(580) 660-4003 [Cell]
Bratcher, Evan	Lab Director	Medical Lab Director	(580) 339-1061 [Cell]
BUSTOS, ELENA	Occupation Therapy	Certified Occupational Therapy Assistant [COTA]	(580) 841-0188 [Other]
CANADAY, ZACHARY	IT	DIRECTOR OF IT [020]	(580) 649-4651 [Cell]
Carothers, Jayci	Radiology	RADIOLOGY TECH [049]	(580) 706-0658 [Cell]
CHAPMAN, MARK	Plant Ops	PLANT OPERATIONS MANAGER [046]	(580) 471-0559 [Cell]
COFFIN, DANIEL	Administration	CCO	(580) 305-2569 [Cell]
COOLONG, COURTNEY	Nursing	Licensed Practical Nurse [034]	(580) 471-0087 [Cell]
COX, SARAH JO	Infection Control/EH	Infection Control/Employee Health Nurse	(832) 599-2705 [Other]
CROWN, KAT	Nursing	Certified Nurse Assistant [015]	(580) 567-0435 [Cell]
CRUME, STACI L	Physical Therapy	PHYSICAL THERAPIST ASSISTANT [044]	(918) 698-1412 [Cell]
DAVIS, GINA	Business Office	AP Clerk [001]	(580) 706-0968 [Other]
DENNEY, CANDY	Nursing	CASE MANAGER [007]	(580) 339-1858 [Other]
DERR, TREVA	Dietary	DIETARY AIDE [018]	(580) 706-9444 [Cell]
DILLAHUNTY, SARAH	Dietary	DIETARY MANAGER [019]	(580) 471-0867 [Other]
DREYER, JENNIFER	HIM	Health Information Management Clerk [026]	(580) 471-0115 [Cell]
EARLS, TAMMY	Nursing	Licensed Practical Nurse [034]	(608) 898-0273 [Other]
ESPARZA, PAMELA	Radiology	RADIOLOGY DIRECTOR [048]	(580) 471-7862 [Other]
FORD, ANNA	Lab	PHLEBOTOMIST	(580) 729-2378 [CELL]
FRANZEN, YOLANDA	Dietary	DIETARY AIDE [018]	(580) 706-1076 [Other]
GREEN, AMANDA R	Nursing	Certified Nurse Assistant [015]	(580) 706-0752 [Cell]

GUTIERREZ, ZENAIDA	Dietary	DIETARY AIDE [018]	(580) 706-0756 [Cell]
HAMILTON, JUDY	Administration	CREDENTIALING COORDINATOR [017]	(580) 471-9287 [Cell]
HARRISON, EDWIN	Plant Ops	MAINTENANCE TECHNICIAN [038]	(580) 706-0926 [Other]
HEINE, TANYA	Nursing	Licensed Practical Nurse [034]	(580) 729-2167 [Cell]
HILLEY, KASI M	Business Office	Revenue Cycle Manager [056]	(580) 301-1582 [Cell]
HOLDER, ALICE CHARLENE	Lab	Medical Laboratory Technologist [MLT]	(580) 374-2660 [Other]
HOUSTON, KIM	Administration	HR Representative	(405) 627-1844 [Cell]
JACKSON, AMBER	Clinic	CLINIC DIRECTOR [009]	(580) 481-4612 [Other]
JAMES, LYNDA	Pharmacy	DRUG ROOM LPN [022]	(580) 318-7673 [Cell]
KENMORE, JOSEY	Materials Management	MATERIALS MANAGEMENT COORDINAT [039]	(580) 706-0742 [Cell]
LAMBERT, CHANTAE PEARL	Dietary	DIETARY AIDE [018]	(580) 318-6402 [Other]
LEAF, SHELLY	Radiology	RADIOLOGY TECH [049]	(580) 581-7086 [Other]
LEAMON, DOUGLAS	Plant Ops	MAINTENANCE TECH [037]	(806) 677-4324 [Cell]
LEWIS, KITTY	Nursing	ACTIVITIES DIRECTOR [002]	(580) 706-0193 [Cell]
MADDEX, JAYSHA C	Radiology	RADIOLOGY TECH [049]	(580) 821-0469 [Cell]
MARTINEZ, TAMMY	Dietary	DIETARY AIDE [018]	(580) 550-1376 [Cell]
MAXWELL, JENNICA	Nursing	Registered Nurse [057]	(580) 318-0935 [Other]
MCKELVEY, DONNA	Lab	Medical Laboratory Technologist [MLT]	(580) 374-3298 [Other]
MORIARITY, TAMARA	Housekeeping	HOUSEKEEPER [027]	(405) 219-6439 [Other]
NELMS, CYNTHIA D	Nursing	Licensed Practical Nurse [034]	(580) 305-2122 [Cell]
NEWTON, SIMEON F	Respiratory Therapy	RESPIRATORY THERAPIST [055]	(580) 583-1012 [Cell]
NORRIS-VEIRS, KARINA	Nursing	Licensed Practical Nurse [034]	(580) 471-7261 [Other]
OWENS, RACHAEL	Business Office	BUSINESS OFFICE SPECIALIST [006]	(580) 318-3520 [Cell]
PARKER, COURTNEY	Strong Minds	PSYCH TECH [606]	9580)706-0593 [Cell]
PINEDA, JESSICA	Business Office	REGISTRATION CLERK [054]	(580) 340-5870 [Cell]
POFF, JACOB R	Lab	Medical Laboratory Technologist [MLT]	(580) 821-2511 [Cell]
PRIDE, DEBORAH	Clinic	Clinic Receptionist [013]	(580) 471-4464 [Cell]
RISNER, JENNIFER	Clinic	Medical Scribe	(580) 547-9862 [Cell]
ROACH, G MICHAEL	Plant Ops	MAINTENANCE TECHNICIAN [038]	(580) 279-3399 [Other]
Shaw, Whitney	Nursing	Licensed Practical Nurse [034]	(580) 471-7638 [Cell]
SLATON, JENNIFER	Nursing	Registered Nurse [057]	(580) 471-5469 [Other]
SNODGRASS, DAWN DALIESE	Nursing	Registered Nurse [057]	(580) 393-1122 [Cell]
SOLIS, TERESA	Clinic	Clinic LPN [CLPN]	(580) 318-1274 [Other]
SUTHERLAND, DESIREE	Nursing	UNIT SECRETARY [063]	(580) 679-3767 [Other]

THROCKMORTON, KARA	Nursing	Licensed Practical Nurse [034]	(580) 374-5246 [Cell]
TUNSTALL, MELISSA	Administration	Director of Quality [047]	(580) 706-0670 [Cell]
WAXELL, JENNIFER L	Respiratory Therapy	RESPIRATORY DIRECTOR	(580) 695-7125 [Cell]
WILLIAMS, CRYSTAL	Radiology	RADIOLOGY TECH [049]	(580) 318-2066 [Cell]
ZAMBRANA, TAMMY L	Nursing	Licensed Practical Nurse [034]	(405) 371-8295 [Cell]
		updated 4/17/2021 kh	

Mangum Regional Medical Center

Appendix 8: Vendor Contacts

1. Cardinal Health - 800.926.3161
2. Medline – 800.633.5463
3. US Foods – 800.669.4660
4. United Grocery Store– 580.782.3298
5. Puckett's Pharmacy – 580.782.2131
6. Oxygen: Lampton Oxygen -
   Main Phone: (918)834-5550
7. Linens: Armark Linens
   Main Phone: 800-272-6275
8. Utility: City of Mangum
   Main Phone: (580)782-2250
9. Generator: Clifford Power
   Main Phone: (918)836-0066
10. HazMat: Stericycle
    Main Phone: 844-836-0848

Mangum Regional Medical Center

Appendix 9: Emergency Codes

CODE RED	Code Red is the code for a fire, or fire drill.
CODE GREEN	Code Green is the code for initiating the Emergency Operation Plan, (Internal or External disaster should be specified)
CODE BROWN	Code Brown is the code name to indicate severe weather. This would include a tornado, high winds, or other storms
CODE BLACK	Code Black is the code for a Bomb Threat.
CODE BLUE	Code Blue is the code for Cardiac Arrest or a Medical Emergency.
CODE ORANGE	Code Orange is the code name that MRMC personnel respond to for Security Back up and assistance. (UNCONTROLLABLE PATIENT/VISITOR)
CODE PINK	Code Pink is the code for Infant/Child abduction.
CODE GRAY	Code Gray is the code name that MRMC responds to for active shooter/hostage
CODE PURPLE	Code Purple is the code name that MRMC responds to for a lock down of all departments.
CODE YELLOW	Code Yellow is the code for Evacuation/Shelter-In-Place
Code White	Coded White is the Code for elopement

Mangum Regional Medical Center

Appendix 10, Command and Control

The overall management of incident response and recovery is the responsibility of the Incident Commander as designated in the Emergency Management Plan.

Mangum Regional Medical Center coordinates and integrates emergency preparedness and planning activities with local and regional resources and utilizes the Incident Command System (ICS). The ICS system is used to command, control, coordinate and communicate during an emergency response. When an emergency happens, the person in charge, as listed in the organizational chart, is informed immediately. In the event that the indicated person by position is not present in the facility or available, the next person in line assumes the position.

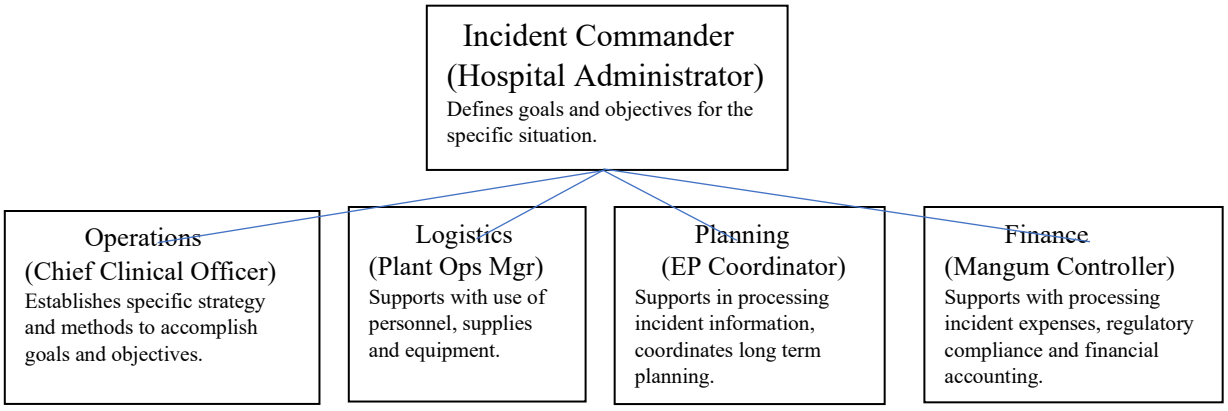
One assignment is to list all clients, visitors and staff that are present in the facility. If the list is originated in electronic form, a printed copy is made also in the event that electricity is lost, or evacuation is required.

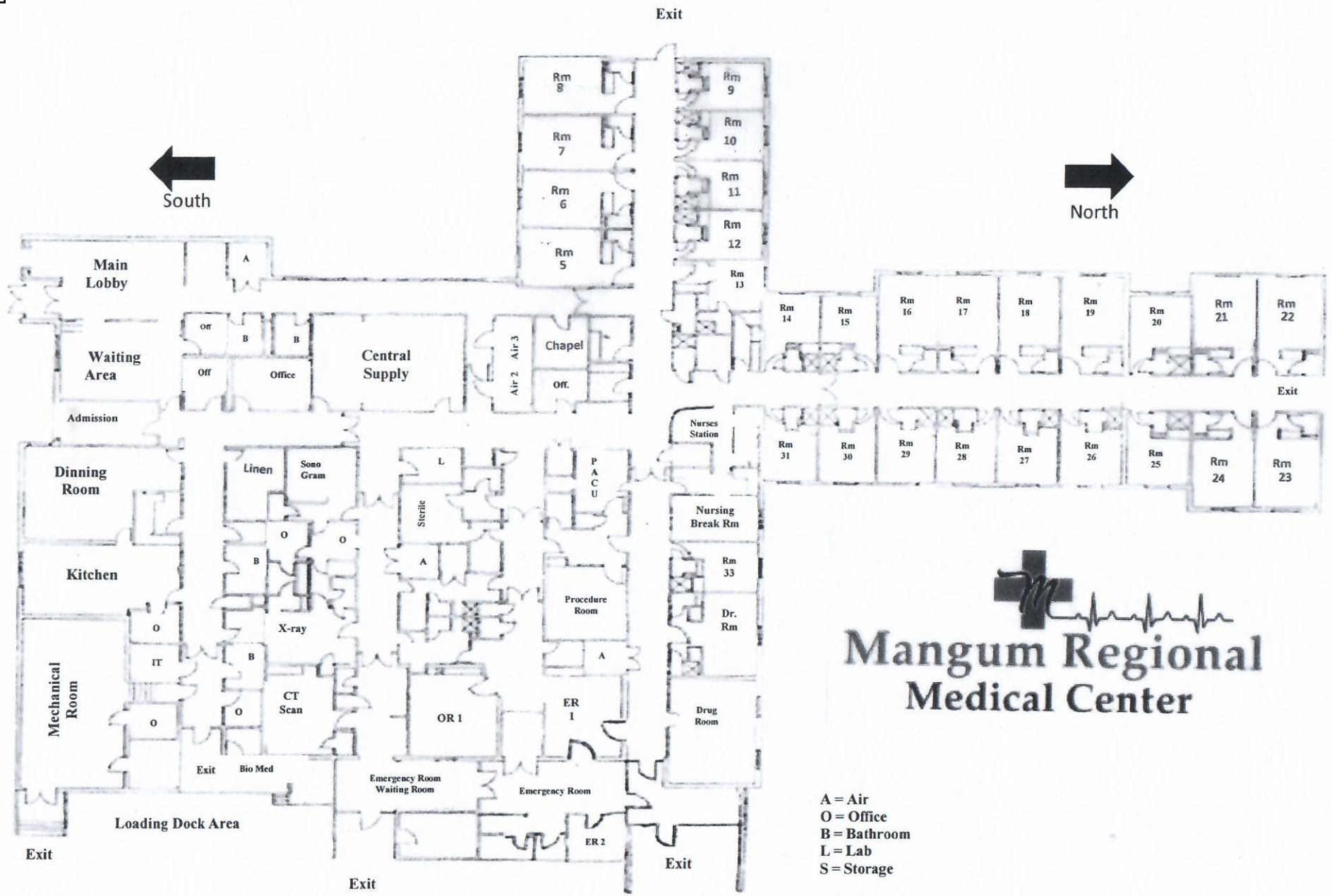
The Incident Commander determines whether to lockdown the facility, shelter in place or evacuate based on the emergency. In the event that the facility must be evacuated, the temporary location for evacuation and patient transfer is the back parking lot near the Annex.

Only the Incident Commander can issue an "all clear" for the facility indicating that the facility is ready to assume normal operations.

The Command Center will coordinate with outside agencies, other healthcare facilities and facility administration regarding facility status, evolving situational needs, and overall status of the evacuation/shelter in place process.

Mangum Incident Command Team




Exit
South
North
Rm 8
Rm 7
Rm 6
Rm 5
Rm 9
Rm 10
Rm 11
Rm 12
Rm 13
Rm 14
Rm 15
Rm 16
Rm 17
Rm 18
Rm 19
Rm 20
Rm 21
Rm 22
Exit
Main Lobby
A
Off
B
B
Waiting Area
Off
Office
Central Supply
Air 3
Air 2
Chapel
Off.
Admission
Nurses Station
Rm 31
Rm 30
Rm 29
Rm 28
Rm 27
Rm 26
Rm 25
Rm 24
Rm 23
Dinning Room
Linen
Sono Gram
L
Sterile
P A C U
Nursing Break Rm
Rm 33
Dr. Rm
Kitchen
O
O
B
A
Procedure Room
A
X-ray
O
IT
B
Mechanical Room
O
CT Scan
O
OR 1
ER 1
Drug Room
O
Exit
Bio Med
Emergency Room Waiting Room
Emergency Room
Loading Dock Area
ER 2
Exit
Exit
Exit
Mangum Regional
Medical Center
A = Air
O = Office
B = Bathroom
L = Lab
S = Storage

Mangum Regional Medical Center
Appendix 12: Evacuation Plan

There are a number of hazards that could cause an evacuation. The most common would be a fire in or near buildings, rising flood waters or an evacuation order issued by the police, fire department or other governmental authority.

The Incident Commander will order the evacuation. If the emergency is limited to a single building or area, staff, patients/visitors will move to a safe area.

If the entire facility has to be evacuated staff, patients as appropriate and visitors will move to the predesignated evacuation site into the back parking lot.

Hospital Administrator will verify that all staff, patients and visitors are accounted for at the evacuation site.

Notification of evacuation to proper authorities is the responsibility of the Incident Commander.

If evacuation from campus is necessary, the designated alternate administrative sites are:

Primary: **Mangum High School**
301 North Oklahoma Ave.
580-782-3343

Secondary: **Greer County Health Department**
2100 North Louis Tittle Ave.
580-782-5531

PATIENT TRANSFERS

If patients need to be transferred to another facility for ongoing medical care, identify available beds by the following procedures:

1. Coordinate with other facilities in your local healthcare system for available beds. See MOU appendix 4 for specific facility names and phone numbers.

2. Provide the number of patients by type of bed (critical care, medical/surgical, pediatrics, etc.) that require evacuation.

3. Contact Oklahoma State Health Dept. for notification and assistance.

4. Coordinate with ambulance or other transport services as needed.

5. Maintain a log of transferred patients, include the following: 1) Name of patient; 2) Facility transferred to; 3) Type of service (i.e., medical/surgical, ICU, etc.); 4) Equipment sent with patient (i.e., IV pump, ventilator, wheelchair, etc.); 5) Mode of transportation. 6) medical records sent.

BUILDING SHUTDOWN

Once staff, visitors and patients are evacuated, consider shutting down building systems: HVAC, Oxygen system, Utilities. Consider security of medical records, HazMat, medications and supplies, food items as appropriate.

Mangum Regional Medical Center

Appendix 13 Pandemic Disease Plan

1. Identification of an Infectious Disease Disaster related to many agents or diseases can be decreased if treatment, isolation, and prophylaxis are provided as soon as possible.

2. If an Infectious Disease event is suspected immediate action should be taken. Actions include appropriate and rapid triage of patients, screening, isolation, and transfer of care to the appropriate health care organization that can provide the care needed.

3. Notification to the Oklahoma State Department of Health (OSDH) of a suspect or actual Infectious Disease event. Contact OSDH:

Acute Disease Service

1000 N.E. 10th St.

Oklahoma City, Ok 73117-1299

Phone: (405) 271-4060

Fax: (405) 271-6680

4. In addition, the Infection Control Preventionist at Mangum Hospital should be notified.

5. Utilize a syndromic surveillance process to detect an infectious disease disaster. Elements of syndromic surveillance include:

a) Severe flulike illness (i.e., MERS CoV, pandemic flu, bioterrorism attack involving release of inhalational anthrax), Yersinia pestis (pneumonic plague), smallpox;
b) Flaccid muscle paralysis indicating a neurotoxin, such as botulism toxin may have been released;
c) Bleeding disorders indicating use of viral hemorrhagic fever agent;
d) Rash indicating measles or the release of smallpox virus;
e) Gastrointestinal (GI) symptoms may indicate food or waterborne illness;
f) Number of patients seen in clinic or ER;
g) Number of patients presenting to clinic or ER with flulike illness as their chief symptom;
h) Number of patients admitted to hospital;
i) Number of purchases of over-the-counter flu remedies/medications;
i) Number of purchases of over-the-counter flu remedies/medications;

j) Number of purchases of over-the-counter diarrhea medications;

k) Number of EMS or ambulance runs performed each day, week, month, or other time period;

l) Other available data from healthcare facilities or agencies that may indicate a change or trend in the community.

6. Triage and Screening:

a) Quickly identify individuals who need medical treatment first;
b) Quickly transfer severely ill/injured patients to a higher level of medical care;
c) Assessment for disease/injury severity;
d) Screening for potential contagiousness.

7. Isolation and Personal Protective Equipment (PPE) should be implemented to prevent and control disease spread during an infectious disease disaster. ***STANDARD PRECAUTIONS SHOULD ALWAYS BE USED WHEN CARING FOR PATIENTS, PATIENT CARE EQUIPMENT, AND ENVIRONENTAL CONTROLS***.

8. Respiratory Etiquette (also known as respiratory or cough hygiene) should be implemented as part of routine infection prevention activities but are especially important during infectious disease disasters.

GENERAL GUIDELINES WHEN CAUSATIVE AGENT IS UNKNOWN

1. ***Droplet Isolation Precautions*** should be used for:
    - Patient has respiratory symptoms (e.g., cough, sneezing, fever)
2. ***Airborne Isolation Precautions*** should be used for:
    - Patient is severely ill with rapidly progressing respiratory symptoms and an airborne spread disease is suspected (i.e. SARS, avian influenza)
3. ***Contact Isolation Precautions*** should be used for:
    - Patient has GI symptoms (e.g., nausea, vomiting, diarrhea)
4. ***Contact & Airborne Isolation Precautions*** should be used:
    - Patient has unusual rash (especially if it is centrifugal pattern) and smallpox should be considered
5. ***Contact & Airborne Isolation Precautions*** should be used:
    - Patient bleeding profusely from multiple orifices for no logical reason (i.e., no history of recent trauma, surgery), viral hemorrhagic fever should be considered

- ***Contact Isolation Precautions*** should be used:

- ***Contact Isolation Precautions*** should be used:

  - Patient has unusual or severe lesion for no logical reason (i.e., no recent history of surgery, injury)
- ***Contact Isolation Precautions*** should be used:
  - Patient has enlarged and very painful lymph node, bubonic plague should be suspected, and Contact Precautions should be used if the skin is broken or there is draining fluid
- ***No Isolation Precautions*** used if:
  - Patient has descending flaccid paralysis and botulism is suspected

In the event of an outbreak of an emerging infectious disease in which the causative agent is not known, healthcare personnel should follow official recommendations from their local public health authorities, CDC, or in consultation with the Prague Community Hospital Infection Control and Prevention Department.

Disinfecting Rooms:

- Use routine cleaning and disinfection strategies during influenza seasons
- Focus on frequently touched surfaces
- For additional guidance, refer to http://www/cdc/gov/mmwr/preview/mmwrhtml/rr521a1.htm.

Limit outside Visitors

- Post signage at all building entry points regarding visitor limitation.
- Consider monitoring all persons (employees, providers, etc) before entry into building is permitted. This may include temperature, brief questionnaire.

Mangum Regional Medical Center

Appendix 14: Shelter in Place

Shelter in Place means that the staff, patients and families/visitors will remain in the facility building. In certain disaster situations, sheltering in place may be more appropriate than evacuation. Sheltering can be used due to severe storms, tornados, and violence/terrorism or hazard materials conditions in the area.

At Mangum Regional Medical Center the most likely need for sheltering in place is a tornado threat. In the event of a tornado warning signaled by the Mangum Civil Defense System, all staff, patients, and visitors will move to the Operating Room area. Windows and doors will be firmly closed. Blinds and/or curtains on windows will be closed.

All staff will assist in patient transport process. The person in charge will direct this process and will determine and communicate mode of transport for each patient. Charge nurse will move crash cart to Operating Room area. Provider on duty will manage all patient care. The person in charge will appoint someone to observe the ER door for any incoming patients. A current patient census will be utilized to ensure all patients have been transported to a safe area and are accounted for. Respiratory staff will bring extra oxygen cylinders to the area and housekeeping will bring extra blankets.

If sheltering is used in the event of a hazardous chemical incident, or area wildfire, windows and doors will be shut and all fans, air conditioners will be turned off by Plant Operations staff. Cloths will be stuffed around gaps at the bottom of doors. Patients and families/visitors will remain in their rooms.

The facility has medications, medical supplies, food, water, generator fuel, oxygen supplies to shelter in place for 5-7 days.

The facility will stay in shelter until Incident Commander has given an “all clear” or the emergency threat has ended.

Mangum Regional Medical Center

Appendix 15 After Action Reports

Organizational learning requires that teams continuously assess their performance to identify and learn from successes and failures. The After Action Review (AAR) is a simple but powerful tool to help you do this. Conducting an AAR at the end of a project, program or event can help you and your team learn from your efforts. Furthermore, sharing the results from your AAR can help future teams learn your successful strategies and avoid pitfalls you have worked to overcome.

The task of the facilitator is to guide the group through a review of the project, using a standard set of questions:

What was expected to happen?

What actually occurred?

What went well and why?

What can be improved and how?

Start by reminding the team of the purpose and context of this meeting: The goal is to guide and improve the work of future project teams. The AAR does not grade success or failure. There are always weaknesses to improve and strengths to sustain. Participants should share honest observations about what actually happened.

See following page for actual report template

AFTER ACTION REVIEW REPORT TEMPLATE

1. Name of Event_____

2. Date of Review_____

3. Review participants

Name of Participant	Job Title	Role during the Event

4. Summary of the event:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

5. What went well?

Successes	How to continue success in future events

6. What can be improved?

Improvements	Recommendations

Mangum Regional Medical Center

2021 Tuberculosis (TB) Risk Assessment Action Plan

TB Risk Assessment Completed by Sarah Cox IP in consultation with Plant Ops and Laboratory Directors. Upon completion of the risk assessment, three key areas were identified for improvement as listed below.

TB Risk Assessment worksheet and Action Plan reviewed and approved by ICC on February 10, 2021.

Risk Event/ Condition	Goals	Objectives	Strategies	Responsible Person	Method for Evaluating Effectiveness
Outdated TB Control (IC) Policy	Update TB Control policy.	Update TB IC policy by end of Q1 2021.	1. Revise TB policy in conjunction with current evidence based practices (EBP) in accordance with CMS and OSHA regulatory standards.	Sarah Cox, IP	1. Committee (Infection Control Committee (ICC), Quality Committee (QC), Med Staff Committee (MS), Governing Board (GB) review of the TB IC Policy for approval and implementation. • TB Control Plan submitted for review at ICC meeting on 04/15/2021. Committee voiced unanimous approval on 04/15/2021. Will forward to QC, MS, & GB committees. • TB Control Plan approved by the QC, MS, & GB at April 21 meetings. 2. Ongoing surveillance and monitoring of TB measures as outlined by the TB plan. • IP is conducting ongoing surveillance for TB to include patients and staff.
Lack of Respiratory Protection Program	1.Develop Respiratory Protection Program (RPP) Policies. 2. Establish formal Respiratory Protection Program.	1. Develop Respiratory Protection Program (RPP) Policies by end of Q1 2021. 2. Establish formal Respiratory Protection Program by end of Q2 2021.	1. Develop RPP policy and procedures. 2. Appoint RPP administrator.	Sarah Cox, IP	1.Committee (ICC, QC, MS, GB) review of the RPP policy for approval and implementation. 2.Conduct annual review and evaluation of the RPP.
Lack of TB Risk Assessment	Conduct TB Risk Assessment Annually	1. Complete TB Risk Assessment for 2020 by	1. Use standardized TB Risk Assessment tool per CDC guidelines to	Sarah Cox, IP	1.Review and evaluate the 2020 TB Risk Assessment and the proposed actions required to address problems identified with ICC, QC, MS, GB. •

Completion on Annual Basis		end of Q1 2021. 2. Perform annual TB Risk Assessment by the end of Q1 2021.	evaluate risk factors. 2. TB Risk Assessment will be performed by IP in conjunction with Plant Ops, Laboratory, and other hospital entities as needed. 3. CDC TB Risk Assessment worksheet will be maintained electronically and in hard copy format. 4. TB Risk Assessment will be presented to IC and Quality, MS and Governing Board Committees.		2. Review and evaluate the TB Risk Assessment and any proposed actions that may be required to address problems identified with ICC and Quality Committee by end of first quarter the following year.

ANNUAL TB RISK ASSESSMENT

Name of Hospital: Mangum Regional Medical Center

TB Risk Assessment for Calendar Year: 2020

Completed By: Sarah Cox, BSN, IP

Appendix B. Tuberculosis (TB) risk assessment worksheet

This model worksheet should be considered for use in performing TB risk assessments for health-care facilities and nontraditional facility-based settings. Facilities with more than one type of setting will need to apply this table to each setting.

Scoring √ or Y = Yes X or N = No NA = Not Applicable

1. Incidence of TB

What is the incidence of TB in your community (county or region served by the health-care setting), and how does it compare with the state and national average? What is the incidence of TB in your facility and specific settings and how do those rates compare? (Incidence is the number of TB cases in your community the previous year. A rate of TB cases per 100,000 persons should be obtained for comparison.)* This information can be obtained from the state or local health department.	Community rate Ø.Ø State rate 1.9 National rate 2.7 Facility rate Ø.Ø Department 1 rate N/A Department 2 rate N/A Department 3 rate N/A
Are patients with suspected or confirmed TB disease encountered in your setting (inpatient and outpatient)?	(Yes) No
If yes, how many patients with suspected and confirmed TB disease are treated in your health-care setting in 1 year (inpatient and outpatient)? Review laboratory data, infection-control records, and databases containing discharge diagnoses.	Year — No. patients: Suspected / Confirmed 1 year ago Ø / Ø 2 years ago Ø / Ø 5 years ago Ø / Ø
If no, does your health-care setting have a plan for the triage of patients with suspected or confirmed TB disease?	(Yes) No
Currently, does your health-care setting have a cluster of persons with confirmed TB disease that might be a result of ongoing transmission of *Mycobacterium tuberculosis* within your setting (inpatient and outpatient)?	Yes (No)

2. Risk Classification

Inpatient settings	
How many inpatient beds are in your inpatient setting?	18
How many patients with TB disease are encountered in the inpatient setting in 1 year? Review laboratory data, infection-control records, and databases containing discharge diagnoses.	Previous year Ø 5 years ago Ø
Depending on the number of beds and TB patients encountered in 1 year, what is the risk classification for your inpatient setting? (See Appendix C.)	(X Low risk) o Medium risk o Potential ongoing transmission
Does your health-care setting have a plan for the triage of patients with suspected or confirmed TB disease?	(Yes) No
Outpatient settings	
How many TB patients are evaluated at your outpatient setting in 1 year? Review laboratory data, infection-control records, and databases containing discharge diagnoses.	Previous year Ø 5 years ago Ø

Is your health-care setting a TB clinic? (If yes, a classification of at least medium risk is recommended.)	Yes (No)
Does evidence exist that a high incidence of TB disease has been observed in the community that the health-care setting serves?	Yes (No)
Does evidence exist of person-to-person transmission of *M. tuberculosis* in the health-care setting? (Use information from case reports. Determine if any tuberculin skin test [TST] or blood assay for *M. tuberculosis* [BAMT] conversions have occurred among health-care workers [HCWs]).	Yes (No)
Does evidence exist that ongoing or unresolved health-care–associated transmission has occurred in the health-care setting (based on case reports)?	Yes (No)
Is there a high incidence of immunocompromised patients or HCWs in the health-care setting?	Yes (No)
Have patients with drug-resistant TB disease been encountered in your health-care setting within the previous 5 years?	Yes (No) Year _____
When was the first time a risk classification was done for your health-care setting?	March 2021
Considering the items above, would your health-care setting need a higher risk classification?	(Yes) No
Depending on the number of TB patients evaluated in 1 year, what is the risk classification for your outpatient setting? (See Appendix C)	(Low risk) o Medium risk o Potential ongoing transmission
Does your health-care setting have a plan for the triage of patients with suspected or confirmed TB disease?	Yes No
Nontraditional facility-based settings N/A	
How many TB patients are encountered at your setting in 1 year?	Previous year _____ 5 years ago _____
Does evidence exist that a high incidence of TB disease has been observed in the community that the setting serves?	Yes No
Does evidence exist of person-to-person transmission of *M. tuberculosis* in the setting?	Yes No
Have any recent TST or BAMT conversions occurred among staff or clients?	Yes No
Is there a high incidence of immunocompromised patients or HCWs in the setting?	Yes No
Have patients with drug-resistant TB disease been encountered in your health-care setting within the previous 5 years?	Yes No Year _____
When was the first time a risk classification was done for your setting?	
Considering the items above, would your setting require a higher risk classification?	Yes No
Does your setting have a plan for the triage of patients with suspected or confirmed TB disease?	Yes No
Depending on the number of patients with TB disease who are encountered in a nontraditional setting in 1 year, what is the risk classification for your setting? (See Appendix C)	o Low risk o Medium risk o Potential ongoing transmission

3. Screening of HCWs for *M. tuberculosis* Infection

Does the health-care setting have a TB screening program for HCWs?	(Yes) No

If yes, which HCWs are included in the TB screening program? (Check all that apply.) ☒ Physicians ☒ Mid-level practitioners (nurse practitioners [NP] and physician's assistants [PA]) ☒ Nurses ☒ Administrators ☒ Laboratory workers ☒ Respiratory therapists ☒ Physical therapists ☒ Contract staff o Construction or renovation workers o Service workers	☒ Janitorial staff ☒ Maintenance or engineering staff o Transportation staff ☒ Dietary staff ☒ Receptionists o Trainees and students o Volunteers o Others_____
Is baseline skin testing performed with two-step TST for HCWs?	(Yes) No
Is baseline testing performed with QFT or other BAMT for HCWs?	Yes (No)
How frequently are HCWs tested for *M. tuberculosis* infection?	Annually
Are the *M. tuberculosis* infection test records maintained for HCWs?	(Yes) No
Where are the *M. tuberculosis* infection test records for HCWs maintained? Who maintains the records?	1. IP - Employee Health nurse 2. EH office
If the setting has a serial TB screening program for HCWs to test for *M. tuberculosis* infection, what are the conversion rates for the previous years? † 1 year ago Ø 2 years ago Data unobtainable 3 years ago Data unobtainable 4 years ago Data unobtainable 5 years ago Data unobtainable	
Has the test conversion rate for *M. tuberculosis* infection been increasing or decreasing, or has it remained the same over the previous 5 years? (check one)	o Increasing o Decreasing (o No change) per current data
Do any areas of the health-care setting (e.g., waiting rooms or clinics) or any group of HCWs (e.g., lab workers, emergency department staff, respiratory therapists, and HCWs who attend bronchoscopies) have a test conversion rate for *M. tuberculosis* infection that exceeds the health-care setting's annual average?	Yes (No) If yes, list _____
For HCWs who have positive test results for *M. tuberculosis* infection and who leave employment at the health setting, are efforts made to communicate test results and recommend follow-up of latent TB infection (LTBI) treatment with the local health department or their primary physician?	(Yes) No Not applicable

4. TB Infection-Control Program

Does the health-care setting have a written TB infection-control plan?	Yes No
Who is responsible for the infection-control program?	E.H. Nurse
When was the TB infection-control plan first written?	May 2006
When was the TB infection-control plan last reviewed or updated?	2017
Does the written infection-control plan need to be updated based on the timing of the previous update (i.e., >1 year, changing TB epidemiology of the community or setting, the occurrence of a TB outbreak, change in state or local TB policy, or other factors related to a change in risk for transmission of *M. tuberculosis*)?	(Yes) No

Does the health-care setting have an infection-control committee (or another committee with infection control responsibilities)?	(Yes) No
If yes, which groups are represented on the infection-control committee? (Check all that apply.) ☒ Physicians ☒ Nurses o Epidemiologists o Engineers ☒ Pharmacists ☒ Laboratory personnel o Health and safety staff ☒ Administrator ☒ Risk assessment ☒ Quality control (QC) ☒ Others (specify) Dietary, EVS/Plantors, Respiratory, Radiology	
If no, what committee is responsible for infection control in the setting?	

5. Implementation of TB Infection-Control Plan Based on Review by Infection-Control Committee

Has a person been designated to be responsible for implementing an infection-control plan in your health-care setting? If yes, list the name: Sarah Cox, BSN, IP	(Yes) No
Based on a review of the medical records, what is the average number of days for the following: • Presentation of patient until collection of specimen — 24-72 hrs • Specimen collection until receipt by laboratory — <2 hrs • Receipt of specimen by laboratory until smear results are provided to health-care provider — <2 hrs • Diagnosis until initiation of standard antituberculosis treatment — N/A • Receipt of specimen by laboratory until culture results are provided to health-care provider — <1 hr • Receipt of specimen by laboratory until drug-susceptibility results are provided to health-care provider — 48-72 hrs • Receipt of drug-susceptibility results until adjustment of antituberculosis treatment, if indicated — N/A • Admission of patient to hospital until placement in airborne infection isolation (AII) — Immediately	
Through what means (e.g., review of TST or BAMT conversion rates, patient medical records, and time analysis) are lapses in infection control recognized?	Weekly IDT Meetings, Monthly ICN on-Time review of all TST's, employee health screenings on-hire, lab reports, culture reports
What mechanisms are in place to correct lapses in infection control?	Corrective actions for lapses in IC. Education & Just-in-Time Training, 1:1 Training, staff Meetings
Based on measurement in routine QC exercises, is the infection-control plan being properly implemented?	(Yes) No
Is ongoing training and education regarding TB infection-control practices provided for HCWs?	(Yes) No

6. Laboratory Processing of TB-Related Specimens, Tests, and Results Based on Laboratory Review

Which of the following tests are either conducted in-house at your health-care setting's laboratory or sent out to a reference laboratory?	In-house	Sent out
Acid-fast bacilli (AFB) smears		✓
Culture using liquid media (e.g., Bactec and MB-BacT)		✓
Culture using solid media		✓
Drug-susceptibility testing		✓
Nucleic acid amplification (NAA) testing		✓

What is the usual transport time for specimens to reach the laboratory for the following tests?

AFB smears	<24 hrs
Culture using liquid media (e.g., Bactec, MB-BacT)	<24 hrs
Culture using solid media	<24 hrs
Drug-susceptibility testing	<24 hrs
Other (specify)	<24 hrs when applicable
NAA testing	<24 hrs

Does the laboratory at your health-care setting or the reference laboratory used by your health-care setting report AFB smear results for all patients within 24 hours of receipt of specimen? What is the procedure for weekends?	~~Yes~~ No SC Transport still <24hrs on weekends. IP monitors daily results.

7. Environmental Controls

Which environmental controls are in place in your health-care setting? (Check all that apply and describe)

Environmental control	Description
X All rooms 3 : 2 INPT / 1 ED	Negative pressure
o Local exhaust ventilation (enclosing devices and exterior devices)	N/A
o General ventilation (e.g., single-pass system, recirculation system.)	Single-Pass system
o Air-cleaning methods (e.g., high-efficiency particulate air [HEPA] filtration and ultraviolet germicidal irradiation [UVGI])	N/A

What are the actual air changes per hour (ACH) and design for various rooms in the setting?

"Remarks" - src page 6 in SW Tab + Commissioning Available in Plant Ops

Room	ACH		Design
ISO RM 13	12 Req	9.90	Neg
OR #1	15 Req	33.90	POS
OR #2	6 Req	"Remarks"	Remarks
PACU	6 Req	"Remarks"	Remarks
Decontam	6 Req	4.60	Neg
Clean RM	4 Req	14.30	POS

Which of the following local exterior or enclosing devices such as exhaust ventilation devices are used in your health-care setting? (Check all that apply) N/A

o Laboratory hoods
o Booths for sputum induction
o Tents or hoods for enclosing patient or procedure

What general ventilation systems are used in your health-care setting? (Check all that apply)

X Single-pass system
o Variable air volume (VAV)
o Constant air volume (CAV)
o Recirculation system
o Other_____

What air-cleaning methods are used in your health-care setting? (Check all that apply)

HEPA filtration
- X Fixed room-air recirculation systems
- o Portable room-air recirculation systems

UVGI
- o Duct irradiation
- o Upper-air irradiation
- o Portable room-air cleaners

How many AII rooms are in the health-care setting?	3

What ventilation methods are used for AII rooms? (Check all that apply)
Primary (general ventilation):
x Single-pass heating, ventilating, and air conditioning (HVAC)
o Recirculating HVAC systems

Secondary (methods to increase equivalent ACH): N/A
o Fixed room recirculating units
o HEPA filtration
o UVGI
o Other (specify) _____

Does your health-care setting employ, have access to, or collaborate with an environmental engineer (e.g., professional engineer) or other professional with appropriate expertise (e.g., certified industrial hygienist) for consultation on design specifications, installation, maintenance, and evaluation of environmental controls?	Yes (No)
Are environmental controls regularly checked and maintained with results recorded in maintenance logs?	(Yes) No
Are AII rooms checked daily for negative pressure when in use?	(Yes) No
Is the directional airflow in AII rooms checked daily when in use with smoke tubes or visual checks?	(Yes) No
Are these results readily available?	(Yes) No
What procedures are in place if the AII room pressure is not negative?	Plant Ops Director to evaluate and develop corrective action plan.
Do AII rooms meet the recommended pressure differential of 0.01-inch water column negative to surrounding structures?	(Yes) No

8. Respiratory-Protection Program

Does your health-care setting have a written respiratory-protection program?	Yes (No)
Which HCWs are included in the respiratory protection program? (Check all that apply) o Physicians o Mid-level practitioners (NPs and PAs) o Nurses o Administrators o Laboratory personnel o Contract staff o Construction or renovation staff o Service personnel	o Janitorial staff o Maintenance or engineering staff o Transportation staff o Dietary staff o Students o Others (specify)_____ _____ _____ _____ _____

Are respirators used in this setting for HCWs working with TB patients? If yes, include manufacturer, model, and specific application (e.g., ABC model 1234 for bronchoscopy and DEF model 5678 for routine contact with infectious TB patients).

Manufacturer	Model	Specific application
Moldex	1512	Routine contact c TB patients

Is annual respiratory-protection training for HCWs performed by a person with advanced training in respiratory protection?	(Yes) No
Does your health-care setting provide initial fit testing for HCWs? If yes, when is it conducted? On hire	(Yes) No

Does your health-care setting provide periodic fit testing for HCWs? If yes, when and how frequently is it conducted? Annualy & change in model	(Yes) No or individual needs
What method of fit testing is used? Describe. Qualitative Fit-Testing by qualified & trained personnel for competency	
Is qualitative fit testing used?	(Yes) No
Is quantitative fit testing used?	Yes (No)

9. Reassessment of TB risk

How frequently is the TB risk assessment conducted or updated in the health-care setting?	Annually
When was the last TB risk assessment conducted?	unable to obtain data
What problems were identified during the previous TB risk assessment? 1) Unknown - IP program being reconstructed due to inconsistencies by previous personnel for IP. 2) 3) 4) 5)	
What actions were taken to address the problems identified during the previous TB risk assessment? 1) N/A 2) 3) 4) 5)	
Did the risk classification need to be revised as a result of the last TB risk assessment?	Yes (No)

* If the population served by the health-care facility is not representative of the community in which the facility is located, an alternate comparison population might be appropriate.

† Test conversion rate is calculated by dividing the number of conversions among HCWs by the number of HCWs who were tested and had prior negative results during a certain period (see Supplement, Surveillance and Detection of *M. tuberculosis* infections in Health-Care Settings).

Mangum Board Meeting Financial Reports

Mangum Regional Medical Center
April 2021

	Current Month	Year-To-Date
Cash Receipts	$ 742,500	$ 3,142,333
Cash Disbursements	$ (999,127)	$ (4,033,299)
NET	$ (256,627)	$ (890,966)

* Cash receipts exclude stimulus $
* Cash disbursements include stimulus $ so this will need to be segregated.

May 25, 2021

Board of Directors
Mangum Regional Medical Center

April 2021 Financial Statement Overview

- Statistics
  - The average daily census (ADC) for April 2021 was 9.33. This was up 1.49 compared to the previous month of 7.84. This reflects the continued rebounding trend from an over 2-year ADC low of only 5.90.
  - Year-to-Date Medicare swing bed patient days were only 764 as compared to the PY total of 1,171.
  - Although the April ADC reflects a rebounding from March, cash was not directly impacted because patients are still in-house. Once discharged we should see the impact to cash once claims are submitted.
  - We also experienced a dip in collections – March collections were $960K compared to April at $742K. CBO continues to work claims with exceptions that may have impacted time collection on submitted claims.

- Balance Sheet Highlights
  - The operating cash balance as of April 30, 2021 was $285K. This decrease of $213K from the March 2021 balance was primarily due to material payments made towards vendors combined with our low monthly cash receipts during the month of April. As previously stated, cash receipts are census / ADC driven.
  - AR increased $277K from March. This was primarily volume driven as the facility rebounded to an ADC of 9.33.
  - The facility paid down approximately $369K in AP and cash receipts were approximately $217K less than in March. The remaining decrease was primarily due to payments on MCR ERS loan, which is a positive and it reflects future cash savings as the MCR ERS loans are paid down.

- The Medicare principal balance decreased by $122K due to ERS loan payments. Note that we have estimated a CY receivable of $150K for FY21 at this time that will be adjusted throughout the year based on census and respective costs.

- Income Statement Highlights

  - Current Year Gross patient revenue is down compared to PY primary due to swing bed volumes (Current YTD 764 compared to PY 1,171).
  - Net patient revenue is breakeven with the prior year – primarily due to the 2020 MCR receivable not being estimated until later in the year and consistency in overall cost.
  - Other operating income is higher due to the treatment of COVID related expenses funded by the CARES act which are treated as Grant Income.
  - Operating expenses are reasonably consistent with the prior year, exceptions being increases in contract labor (offset somewhat by decreases in salaries) and a decrease in the monthly management fee. In addition, interest expense has materially decreased due to the cost report settlement applied to 2016 & 2017 Medicare ERS loans.

- Other

  - Other attached reports include an income statement trend, CY financial statement comparisons to FY17-FY20, Accounts Payable Aging and estimated claims lists – updated estimated May claims list showing payments made MTD and the June 2021 estimated claims list.

Mangum Regional Medical Center

Admissions, Discharges & Days of Care

Fiscal Year 2021

	January	February	March	April	12/31/2021 YTD	12/31/2020 PY Comparison
Admissions						
Inpatient	15	15	11	16	57	70
Swingbed	10	20	13	19	62	88
Observation	0	0	0	0	0	0
	25	35	24	35	119	158
Discharges						
Inpatient	14	15	11	14	54	65
Swingbed	5	10	8	8	31	50
Observation	0	0	0	0	0	0
	19	25	19	22	85	115
Days of Care						
Inpatient-Medicare	23	31	10	30	94	116
Inpatient-Other	27	15	14	13	56	79
Swingbed-Medicare	133	243	171	217	764	1,171
Swingbed-Other	0	35	48	20	103	63
Observation	0	0	0	0	0	0
	183	324	243	280	1,017	1,429
Calendar days	31	28	31	30	120	121
ADC - (incl OBS)	5.90	11.57	7.84	9.33	8.48	11.81
ADC	5.90	11.57	7.84	9.33	8.48	11.81
Ratio Analysis	1/31/21	2/28/21	3/31/21	4/30/21		12/31/20
Days cash on hand	32.21	13.81	18.12	6.71		27.75

Mangum Regional Medical Center
Comparative Balance Sheet
Fiscal Year 2021

	January	February	March	April	Prior Year End 2020
Cash And Cash Equivalents	1,384,085	578,873	498,072	285,068	1,193,977
Reserved Funds	3,542,241	3,484,190	3,533,651	3,489,308	3,597,083
Patient Accounts Receivable, Net	1,636,678	1,816,370	2,014,423	2,292,323	1,704,449
Inventory	73,030	73,065	83,960	80,891	69,909
Prepaids And Other Assets	1,015,985	993,575	1,019,689	1,066,637	1,034,288
Capital Assets, Net	1,204,113	1,179,030	1,153,947	1,128,864	1,229,195
Total Assets	8,856,131	8,125,103	8,303,742	8,343,091	8,828,902
Accounts Payable	13,246,847	12,882,642	13,344,357	13,713,553	12,627,654
Due To Medicare	6,011,350	5,906,148	5,799,345	5,677,196	6,260,875
Covid Grant Funds	3,542,241	3,484,190	3,484,190	3,489,308	3,597,083
Due To Cohesive - PPP Loans	-	-	-	-	-
Notes Payable - Cohesive	242,500	242,500	242,500	242,500	242,500
Notes Payable - Other	435,254	412,382	389,510	389,510	471,032
Alliantz Line Of Credit	-	-	-	-	-
Leases Payable	362,765	359,258	359,258	355,732	366,252
Total Liabilities	23,840,957	23,287,120	23,619,160	23,867,799	23,565,396
Net Assets	(14,984,826)	(15,162,017)	(15,315,418)	(15,524,708)	(14,736,494)
Total Liablities and Net Assets	8,856,131	8,125,103	8,303,742	8,343,091	8,828,902

Mangum Regional Medical Center
Cash Receipts & Disbursements by Month
May 25, 2021 Board Meeting

2018		2019		2020			2021			
Month	Amount	Month	Amount	Month	Amount	Stimulus Funds	Month	Amount	Stimulus Funds	Disbursements
January-18	165,685	January-19	417,231	January-20	1,183,307		January-21	830,598		695,473
February-18	752,169	February-19	242,680	February-20	750,899		February-21	609,151		1,472,312
March-18	1,098,956	March-19	1,357,203	March-20	843,213		March-21	960,085	49,461	866,387
April-18	1,449,073	April-19	1,299,323	April-20	617,307	778,925	April-21	742,500		999,127
May-18	1,429,917	May-19	1,289,344	May-20	605,061	3,405,872	May-21			
June-18	999,979	June-19	559,288	June-20	562,725		June-21			
July-18	4,525,796	July-19	1,576,072	July-20	521,080	78,499	July-21			
August-18	924,838	August-19	346,302	August-20	611,529		August-21			
September-18	1,228,910	September-19	876,966	September-20	785,446		September-21			
October-18	1,101,494	October-19	1,148,666	October-20	1,168,624	11,577	October-21			
November-18	1,140,874	November-19	957,993	November-20	836,014		November-21			
December-18	458,871	December-19	1,500,316	December-20	1,940,134		December-21			
					10,425,338	4,274,873		3,142,333	49,461	4,033,299
Subtotal FY 2018	15,276,562	Subtotal FY 2019	11,571,384	Subtotal FY 2020	14,700,211		Subtotal FY 2021	3,191,795		

Mangum Regional Medical Center
Medicare Payables by Year
May 25, 2021 Board Meeting

Year	Original Loan Balance	Balance as of 04/30/21	Total Interest Paid as of 03/31/2021
2016 C/R Settlement	1,397,906.00	-	205,415.96
2017 Interim Rate Review - 1st	723,483.00	-	149,425.59
2017 Interim Rate Review - 2nd	122,295.00	-	20,332.88
2017 6/30/17-C/R Settlement *Estimate*	1,614,760.00	1,614,760.00	-
2017 12/31/17-C/R Settlement *Estimate*	(535,974.00)	(535,974.00)	-
2017 C/R Settlement Overpayment *Estimate*	3,539,982.21	3,539,982.21	-
2018 C/R Settlement	1,870,870.00	264,938.06	219,797.13
2019 Interim Rate Review - 1st	323,765.00	-	5,637.03
2019 Interim Rate Review - 2nd	1,802,867.00	960,855.26	198,637.39
2019 C/R Settlement	(967,967.00)	-	-
2020 C/R Settlement *8/31 Est. Receivable per C/R tool*	(1,815,759.00)	-	-
FY21 MCR pay (rec) estimate		(167,365.63)	
Total	**8,076,228.21**	**5,677,195.90**	**799,245.98**

Mangum Regional Medical Center
Statement of Revenue and Expense
For The Month and Year To Date Ended April 31, 2021

MTD				YTD		
Actual	Prior Year	Prior Yr Variance		Actual	Prior Year	Prior Yr Variance
212,813	99,905	112,908	Inpatient revenue	838,813	736,361	102,453
1,051,745	977,723	74,022	Swing Bed revenue	3,401,056	4,428,819	(1,027,763)
785,365	283,525	501,840	Outpatient revenue	2,706,161	2,337,299	368,862
14,261	76,616	(62,355)	Professional revenue	147,753	677,757	(530,004)
2,064,184	1,437,769	626,415	Total patient revenue	7,093,783	8,180,236	(1,086,453)
905,284	580,094	325,190	Contractual adjustments	2,608,142	3,899,572	(1,291,430)
-	-	-	Contractual adjustments: MCR Settlement	(150,000)	-	(150,000)
2,665	304,754	(302,089)	Bad debts	436,651	1,032,948	(596,297)
907,950	884,848	23,101	Total deductions from revenue	2,894,793	4,932,520	(2,037,726)
1,156,234	552,921	603,313	Net patient revenue	4,198,990	3,247,716	951,274
(4,132)	3,157	(7,289)	Other operating revenue	111,172	13,622	97,550
1,152,102	556,078	596,024	Total operating revenue	4,310,162	3,261,338	1,048,824
			Expenses			
476,597	373,075	103,523	Salaries and benefits	1,604,141	1,533,556	70,585
127,933	154,059	(26,126)	Professional Fees	481,928	619,249	(137,321)
246,672	185,713	60,959	Contract labor	910,229	746,534	163,695
52,265	76,897	(24,632)	Purchased/Contract services	259,147	303,926	(44,780)
225,000	225,000	-	Management expense	900,000	1,032,132	(132,132)
103,022	96,282	6,740	Supplies expense	424,802	284,759	140,044
19,441	25,258	(5,817)	Rental expense	77,824	90,506	(12,683)
13,033	15,385	(2,352)	Utilities	52,023	54,664	(2,641)
318	347	(29)	Travel & Meals	1,330	1,884	(554)
1,034	5,055	(4,021)	Repairs and Maintnenance	10,807	15,057	(4,250)
11,660	10,695	965	Insurance expense	46,642	42,782	3,860
47,424	63,363	(15,939)	Other Expense	173,865	188,978	(15,113)
1,324,400	1,231,129	93,271	Total expense	4,942,737	4,914,028	28,709
(172,298)	(675,051)	502,753	EBIDA	(632,575)	(1,652,690)	1,020,115
-15.0%	-121.4%	106.4%	EBIDA as percent of net revenue	-14.7%	-50.7%	36.0%
11,909	39,634	(27,725)	Interest	55,307	156,137	(100,830)
25,083	24,748	335	Depreciation	100,331	98,991	1,340
(209,290)	(739,433)	530,143	Operating margin	(788,214)	(1,907,819)	1,119,605
-	-	-	Other	-	-	-
-	-	-	Total other nonoperating income	-	-	-
(209,290)	(739,433)	530,143	Excess (Deficiency) of Revenue Over Expenses	(788,214)	(1,907,819)	1,119,605
-18.17%	-132.97%	114.81%	Operating Margin %	-18.29%	-58.50%	40.21%

Mangum Regional Medical Center
Statement of Revenue and Expense Trend
Fiscal Year 2021

	January	February	March	April	YTD
Inpatient revenue	**257,967**	**260,085**	**107,948**	**212,813**	838,813
Swing Bed revenue	**448,245**	**990,856**	**910,210**	**1,051,745**	3,401,056
Outpatient revenue	**478,855**	**662,455**	**779,486**	**785,365**	2,706,161
Professional revenue	**110,525**	**20,140**	**2,828**	**14,261**	147,753
Total patient revenue	1,295,592	1,933,535	1,800,472	2,064,184	7,093,783
Contractual adjustments	**204,983**	**908,030**	**589,844**	**905,284**	2,608,142
Contractual adjustments: MCR Settlement	**(150,000)**	**-**	**-**	**-**	(150,000)
Bad debts	**211,971**	**121,036**	**100,979**	**2,665**	436,651
Total deductions from revenue	266,954	1,029,066	690,823	907,950	2,894,793
Net patient revenue	1,028,638	904,469	1,109,649	1,156,234	4,198,990
Other operating revenue	**55,095**	**59,867**	**342**	**(4,132)**	111,172
Total operating revenue	1,083,732	964,336	1,109,991	1,152,102	4,310,162
	79.8%	82.0%	0.904870381	87.3%	85.0%
Expenses					
Salaries and benefits	**368,755**	**344,011**	**414,777**	**476,597**	1,604,141
Professional Fees	**112,344**	**140,725**	**100,926**	**127,933**	481,928
Contract labor	**274,135**	**192,165**	**197,257**	**246,672**	910,229
Purchased/Contract services	**102,240**	**62,920**	**41,721**	**52,265**	259,147
Management expense	**225,000**	**225,000**	**225,000**	**225,000**	900,000
Supplies expense	**137,287**	**62,321**	**122,172**	**103,022**	424,802
Rental expense	**16,781**	**19,756**	**21,845**	**19,441**	77,824
Utilities	**12,796**	**9,506**	**16,688**	**13,033**	52,023
Travel & Meals	**335**	**353**	**325**	**318**	1,330
Repairs and Maintnenance	**4,529**	**2,278**	**2,965**	**1,034**	10,807
Insurance expense	**11,660**	**11,660**	**11,660**	**11,660**	46,642
Other	**22,501**	**32,969**	**70,971**	**47,424**	173,865
Total expense	1,288,365	1,103,665	1,226,308	1,324,400	4,942,737
EBIDA	$ (204,632)	$ (139,329)	$ (116,316)	$ (172,298)	$ (632,575)
EBIDA as percent of net revenue	-18.9%	-14.4%	-10.5%	-15.0%	-14.7%
Interest	**18,617**	**12,779**	**12,002**	**11,909**	55,307
Depreciation	**25,083**	**25,083**	**25,083**	**25,083**	100,331
Operating margin	$ (248,332)	$ (177,191)	$ (153,401)	$ (209,290)	$ (788,214)
Other	**-**	**-**	**-**		-
Total other nonoperating income	$ -	$ -	$ -	$ -	$ -
Excess (Deficiency) of Revenue Over Expenses	(248,332)	(177,191)	(153,401)	(209,290)	(788,214)
Operating Margin % (excluding other misc. revenue)	-22.91%	-18.37%	-13.82%	-18.17%	-18.29%

MANGUM REGIONAL MEDICAL CENTER
BALANCE SHEET

	4/30/2021	3/31/21	2/28/21	1/31/21	12/31/20
	Unaudited	Unaudited	Unaudited	Unaudited	Unaudited
CASH AND CASH EQUIVALENTS	285,067.57	498,072.47	578,873.27	1,384,085.42	1,193,977.29
RESERVED FUNDS	3,489,308.23	3,533,651.15	3,484,189.73	3,542,240.97	3,597,082.63
PATIENT ACCOUNTS RECEIVABLE, NET	2,292,322.54	2,014,423.05	1,816,369.66	1,636,677.73	1,704,448.97
INVENTORY	80,891.02	83,959.77	73,065.29	73,029.52	69,909.34
PREPAIDS AND OTHER ASSETS	1,066,637.09	1,019,688.50	993,574.83	1,015,984.57	1,034,287.86
CAPITAL ASSETS, NET	1,128,864.08	1,153,946.93	1,179,029.78	1,204,112.63	1,229,195.48
Total Assets	8,343,090.53	8,303,741.87	8,125,102.56	8,856,130.84	8,828,901.57
ACCOUNTS PAYABLE	13,713,552.52	13,344,357.27	12,882,642.44	13,246,846.97	12,627,653.51
DUE TO MEDICARE	5,677,195.90	5,799,345.33	5,906,147.58	6,011,350.38	6,260,875.37
COVID GRANT FUNDS	3,489,308.23	3,484,189.73	3,484,189.73	3,542,240.97	3,597,082.63
DUE TO COHESIVE - PPP LOANS	-	-	-	-	-
NOTES PAYABLE - COHESIVE	242,500.00	242,500.00	242,500.00	242,500.00	242,500.00
NOTES PAYABLE - OTHER	389,509.77	389,509.77	412,381.77	435,253.77	471,032.37
ALLIANTZ LINE OF CREDIT	-	-	-	-	-
LEASES PAYABLE	355,732.26	359,258.09	359,258.09	362,764.67	366,252.10
Total Liabilities	23,867,798.68	23,619,160.19	23,287,119.61	23,840,956.76	23,565,395.98
NET ASSETS	(15,524,708.15)	(15,315,418.32)	(15,162,017.05)	(14,984,825.92)	(14,736,494.41)
Total Liablities and Net Assets	8,343,090.53	8,303,741.87	8,125,102.56	8,856,130.84	8,828,901.57
	-	-	-	-	-

MANGUM REGIONAL MEDICAL CENTER
OPERATING STATEMENT

	4/30/2021	3/31/21	2/28/21	1/31/21	12/31/20
	Unaudited	Unaudited	Unaudited	Unaudited	Unaudited
Inpatient revenue	838,813.41	626,000.22	518,051.97	257,967.41	2,230,761.99
Swing Bed revenue	3,401,056.19	2,349,311.15	1,439,100.88	448,244.89	11,519,484.90
Outpatient revenue	2,706,160.67	1,920,795.96	1,141,309.97	478,855.29	6,754,385.45
Professional revenue	147,753.00	133,492.37	130,664.42	110,524.58	1,708,155.05
Contractual adjustments	(2,608,646.60)	(1,703,362.18)	(1,113,013.70)	(204,983.25)	(9,181,056.04)
Contractual adjustments: MCR Settlement	151,001.33	151,001.33	150,000.00	150,000.00	1,811,951.00
Bad debts	(437,652.75)	(434,987.67)	(333,007.11)	(211,971.13)	(2,714,251.14)
Net patient revenue	4,198,485.25	3,042,251.18	1,933,106.43	1,028,637.79	12,129,431.21
Other operating revenue	111,676.70	115,808.40	114,961.72	55,094.66	718,289.40
Salaries and benefits	1,604,141.46	1,127,544.00	712,766.60	368,755.41	4,530,484.70
Professional Fees	481,927.86	353,995.13	253,069.49	112,344.12	1,794,618.71
Contract labor	910,228.91	663,557.02	466,299.67	274,134.56	2,517,076.33
Purchased/Contract services	259,146.66	206,881.52	165,160.62	102,240.34	1,035,762.12
Management expense	900,000.00	675,000.00	450,000.00	225,000.00	2,832,132.00
Supplies expense	424,802.38	321,780.12	199,608.24	137,287.44	1,154,108.08
Rental expense	77,823.50	58,382.11	36,537.14	16,781.32	294,967.40
Utilities	52,023.04	38,989.82	22,302.09	12,796.14	170,793.30
Travel & Meals	1,330.25	1,012.68	687.28	334.71	3,976.25
Repairs and Maintnenance	10,806.51	9,772.51	6,807.31	4,528.92	38,981.08
Insurance expense	46,641.84	34,981.38	23,320.92	11,660.46	131,981.68
Other Expense	173,864.95	126,440.71	55,469.99	22,501.08	492,975.99
Interest	55,306.93	43,397.94	31,395.74	18,616.61	408,329.87
Depreciation	100,331.40	75,248.55	50,165.70	25,082.85	298,043.62
TOTAL EXPENSES	5,098,375.69	3,736,983.49	2,473,590.79	1,332,063.96	15,704,231.13
Change in Net Assets	(788,213.74)	(578,923.91)	(425,522.64)	(248,331.51)	(2,856,510.52)
Net Assets, Beginning of Year	(14,736,494.41)	(14,736,494.41)	(14,736,494.41)	(14,736,494.41)	(11,879,983.89)
Net Assets, End of Period	(15,524,708.15)	(15,315,418.32)	(15,162,017.05)	(14,984,825.92)	(14,736,494.41)
	0.00	0.00	0.00	0.00	0.00

VENDOR - Under Litigation	Description	0-30 Days	31-60 Days	61-90 Days	Over 90 Days	4/30/2021	3/31/2021
ADP INC	QMI PAYROLL SERVICE PROVIDER				4,276.42	4,276.42	4,276.42
ADP SCREENING AND SELECTION	QMI PAYROLL SERVICE PROVIDER				1,120.00	1,120.00	1,120.00
ALLIANCE HEALTH SOUTHWEST OKLA	OLD MANAGEMENT FEES				698,000.00	698,000.00	698,000.00
ELISE ALDUINO	1099 CONSULTANT				12,000.00	12,000.00	12,000.00
HEADRICK OUTDOOR MEDIA INC	ADVERTISING				25,650.00	25,650.00	25,650.00
MEDSURG CONSULTING LLC	EQUIPMENT RENTAL AGREEMENT				98,670.36	98,670.36	98,670.36
QUARTZ MOUNTAIN RESORT	ALLIANCE TRAVEL				9,514.95	9,514.95	9,514.95
SUB TOTAL-Vendor Under Litigation		**0.00**	**0.00**	**0.00**	**849,231.73**	**849,231.73**	**849,231.73**

Vendor	Description	0-30 Days	31-60 Days	61-90 Days	Over 90 Days	4/30/2021	3/31/2021
AAA PORTABLE TOILETS	PLANT OPS EQUIP RENTAL						150.00
ABC BIOMEDICAL	IV PUMP RENTAL	2,025.00				2,025.00	2,025.00
ALCO SALES & SERVICE CO	COVID minor Eq						
ALPHA TECHNICS	LAB EQUIP REPAIR						183.96
AMBS CALL CENTER	BUSINESS OFFICE PURCH SVCS						
AMERICAN HEALTH TECH	RENTAL EQUIP-OLD				22,025.36	22,025.36	22,025.36
ANESTHESIA SERVICE INC	SERVICES & SUPPLIES		4,566.82			4,566.82	5,163.28
ARAMARK (AMERPRIDE SVCS INC.)	LINEN SERVICES	7,037.74	7,293.35			14,331.09	14,301.92
AT&T	FAX & TELEPHONE SERVICE	2,793.54				2,793.54	2,793.01
BAXTER HEALTHCARE	PHARMACY SUPPLIES	1,620.50	1,470.22			3,090.72	3,624.17
BEC INTEGRATED	NURSE CALL						181.64
BENISH AND ASSOCIATES	1099 PROVIDER						824.00
BILLY WALKER CARPETS	PLANT OPS REPAIR & MAINT.						4,900.62
BIO-RAD LABORATORIES INC	LAB SUPPLIES		4,003.82		969.30	4,973.12	4,973.12
C & C	PALNT OPS SUPPLIES						
C.R. BARD INC.	SURGERY SUPPLIES-OLD				3,338.95	3,338.95	3,338.95
CANON FINANCIAL SERVICES INC	ULTRASOUND LEASE	1,113.87		1,113.87	2,227.74	4,455.48	4,455.48
CARDINAL HEALTH 110, LLC	MEDICAL SUPPLIES	15,986.69	12,669.24	0.00	998.62	29,654.55	14,654.55
CARRIER CORP	PLANT OPS REPAIR & MAINT.		1,517.00			1,517.00	1,517.00
CENTERPOINT ENERGY ARKLA	UTILITIES	839.94				839.94	3,060.71
CINTAS CORPORATION #628	HOUSEKEEPING SUPPLIES	3,449.05	3,447.60	892.90		7,789.55	6,959.20
CITY OF MANGUM	UTILITIES	4,756.54				4,756.54	4,939.38
COHESIVE HEALTHCARE MGMT	MANAGEMENT FEES	250,885.62	257,884.50	262,048.18	3,041,606.80	3,812,425.10	3,856,608.13
COHESIVE HEALTHCARE RESOURCES	PAYROLL	521,225.05	318,401.02	208,448.07	4,596,158.84	5,644,232.98	5,485,038.32
COHESIVE MEDIRYDE LLC	PATIENT TRANSPORTATION SVCS	2,323.50				2,323.50	42,613.08
COHESIVE REVOPS INTEGRATION	RCM FEES	40,461.29				40,461.29	1,741,983.25
COHESIVE STAFFING SOLUTIONS	AGENCY STAFFING	25,829.62	78,719.32	65,086.32	1,465,044.19	1,634,679.45	2,450.00
COMMERCIAL MEDICAL ELECTRONICS	EQUIPMENT INSPECTION SERVICE						
COMPLIANCE CONSULTANTS	LAB CONSULTANT				1,000.00	1,000.00	1,000.00
CONEXUS SOLUTIONS LLC	AGENCY STAFFING	92,229.59	230,618.50	130,018.47	184,789.39	637,655.95	589,769.28
CONTEMPORARY HEALTHCARE SVCS	ER PROVIDDER						18,650.00
CORRY KENDALL, ATTORNEY AT LAW	LEGAL FEES		3,780.00			3,780.00	5,780.00
CPSI	EHR SOFTWARE	276.00				276.00	38,893.40

Vendor	Description	0-30 Days	31-60 Days	61-90 Days	Over 90 Days	4/30/2021	3/31/2021
CULLIGAN WATER CONDITIONING	CLINIC PURCHASED SERVICES	12.00	31.00			43.00	31.00
DAN'S HEATING & AIR CONDITIONI	PLANT OPS REPAIR & MAINTENANCE						
DAVID ARLES	1099 PROVIDER						
DOBSON TECHNOLOGIES TRANSPORT	UTILITIES	1,809.00				1,809.00	0.00
DOERNER SAUNDERS DANIEL ANDERS	LEGAL FEES			58,368.88	221,468.86	279,837.74	279,837.74
DONNA MCKELVEY	EMPLOYEE REIMBURSEMENT	154.73				154.73	182.20
DR W. GREGORY MORGAN III	1099 PROVIDER						4,766.67
DR. JOHN CHIAFFIETELLI	1099 PROVIDER						9,615.38
F1 INFORMATION TECHNOLOGIES IN	IT SUPPORT SERVICE	5,856.00	2,928.00			8,784.00	5,856.00
FEDEX	POSTAGE SERVICE	86.65				86.65	74.24
FIRE EXTINGUISHER SALES & SERV	FIRE INSPECTION	1,034.00				1,034.00	0.00
FIRST NATIONAL BANK OF VINITA	PREMIUM FINANCING				15,026.92	15,026.92	15,026.92
FOX BUILDING SUPPLY	PLAN OPS SUPPLIES						50.59
GEORGE BROS TERMITE & PEST CON	PEST CONTROL SVCS	155.00				155.00	155.00
GERAINT HARRIS	1099 PROVIDER						4,320.00
GLOBAL EQUIPMENT COMPANY INC.	ER-MINOR EQUIPMENT & LAB SUPPLIES		247.85			247.85	1,051.84
GRAINGER	MAINTENANCE SUPPLIES						
GRAYSTONE MEDIA GROUP	ADVERTISING						305.00
GREER COUNTY TREASURER	PROPERTY TAXES			0.00	5,460.50	5,460.50	5,460.50
HAC INC	DIETARY SUPPLIES	153.21	70.28			223.49	194.31
HAMILTON MEDICAL INC.	SUPPLIES						1,172.42
HEALTH CARE LOGISTICS	PHARMACY SUPPLIES						30.30
HEALTHSTREAM	EMPLOYEE TRAINING PURCH SVCS						841.75
HEARTLAND PATHOLOGY CONSULTANT	LAB CONSULTANT						1,000.00
HENGST PRINTING	PHARMACY SUPPLIES						141.00
HENRY SCHEIN	LAB SUPPLIES	1,001.22	6,958.85	5,599.90		13,559.97	12,558.75
HERC RENTALS INC	EQUIP RENTAL-OLD				7,653.03	7,653.03	7,653.03
HOSPITAL EQUIPMENT RENTAL COMP	EQUIPEMT RENTAL-CURRENT						9,805.00
IMEDICAL INC	SUPPLIES				1,008.29	1,008.29	1,008.29
IMPERIAL, LLC.-LAWTON	DIETARY PURCH SVCS	55.90				55.90	0.00
JANUS SUPPLY CO	HOUSEKEEPING SUPPLIES	1,171.10	1,017.68			2,188.78	1,848.70
JNP MEDICAL SERVICES LLC	1099 PROVIDER						2,400.00
KAY ELECTRIC	PLANT OPS REPAIR & MAINT.						785.75
KCI USA	SUPPLIES				9,184.67	9,184.67	9,543.18
LABCORP	LAB PURCH SVS		10,531.22	24,523.49		35,054.71	35,054.71
LAMPTON WELDING SUPPLY	OXYGEN SUPPLIES	1,223.81				1,223.81	2,202.87
LOCKE SUPPLY	PLANT OPS SUPPLIES	94.73				94.73	689.47
MARK CHAPMAN	EMPLOYEE REIMBURSEMENT						3,105.52
MCKESSON / PSS - DALLAS	PATIENT CARE/LAB SUPPLIES	5,366.54	23,270.20	4,789.38		33,426.12	28,059.58
MEDLINE INDUSTRIES	PATIENT CARE & GENERAL SUPPLIES	7,776.31	12,512.45	6,078.11	13,349.65	39,716.52	35,362.08
MEDTOX DIAGNOSTICS, INC	LAB SUPPLIES	1,500.00				1,500.00	0.00
MICROSURGICAL MST	SURGERY SUPPLIES-OLD				2,233.80	2,233.80	2,233.80
MID-AMERICA SURGICAL SYSTEMS	SURGERY SUPPLIES-OLD				3,607.60	3,607.60	3,607.60

Accounts Payable Summary

Vendor	Description	0-30 Days	31-60 Days	61-90 Days	Over 90 Days	4/30/2021	3/31/2021
MIMEDX GROUP, INC	WOUNDCARE SUPPLIES			2,789.00		2,789.00	2,789.00
MONARCH BROADCASTING	ADVERTISING	180.00				180.00	279.00
NATIONAL RECALL ALERT CENTER	PRODUCT RECALL NOTIFICATION	1,190.00				1,190.00	0.00
NEXTIVA, INC.	TELEPHONE SERVICE		1,882.19			1,882.19	1,882.19
NINJA RMM	IT SUPPORT SERVICE				2,625.00	2,625.00	2,625.00
OHA INSURANCE AGENCY INC	PROPERTY & LIABILITY INSURANCE						
OKLAHOMA BLOOD INSTITUTE	LAB SUPPLIES	3,955.80		834.00		4,789.80	3,031.20
OKLAHOMA HOSPITAL ASSOCIATION	MEMBERSHIP DUES		11,989.17			11,989.17	11,989.17
PARA HEALTHCARE ANALYTICS, LLC	CDM REVIEW						
PHILIPS HEALTHCARE	PHARMACY SUPPLIES						548.73
PHYSICIANS RECORDS COMPANY	OFFICE SUPPLIES (ER)						
PITNEY BOWES GLOBAL FINANCIAL	POSTAGE EQUIPEMT RENTAL		347.00			347.00	353.56
PRESS GANEY ASSOCIATES, INC	PURCHASED SERVICES	2,048.28				2,048.28	0.00
RAMSEY AND GRAY, PC	LEGAL FEES				28,050.00	28,050.00	28,050.00
REYES ELECTRIC LLC	PLANT OPS REPAIR & MAINTENANCE	8,750.00				8,750.00	
RUSSELL ELECTRIC & SECURITY	PLANT OPS REPAIR & MAINTENANCE						343.00
SBM MOBILE PRACTICE, INC	1099 PROVIDER (SARA MCDADE)						9,400.00
SCHAPEN LLC	CLINIC RENT						
SCRUBS AND SPORTS	EMPLOYEE APPRECIATION (SCRUBS)						57.77
SHRED-IT USA LLC	SECURE DOCUMENT DISPOSAL		555.42			555.42	555.42
SIEMENS HEALTHCARE DIAGNOSTICS	SERVICE CONTRACT						
SIZEWISE	SWING BED PURCH SERVICES		315.36			315.36	1,583.44
SMAART MEDICAL SYSTEMS INC	RADIOLOGY INTERFACE/RADIOLOGY PRO	1,735.00	1,735.00	1,735.00		5,205.00	5,205.00
SPARKLIGHT BUSINESS	CABLE SERVICE	436.74	129.44			566.18	394.44
STANDLEY SYSTEMS LLC	PRINTER LEASE	2,373.89	2,484.62			4,858.51	2,484.62
STAPLES ADVANTAGE	OFFICE SUPPLIES	539.56	282.96			822.52	1,814.16
STERICYCLE ENVIRONMENTAL SOLUT	MEDICAL WASTE DISPOSAL				5,839.00	5,839.00	5,839.00
STERICYCLE INC	MEDICAL WASTE DISPOSAL		3,329.00			3,329.00	3,329.00
STRYKER INSTRUMENTS	SURGERY SUPPLIES-OLD				31,845.65	31,845.65	31,845.65
SYSMEX AMERICA INC	LAB EQUIP SERVICE CONTRACT						
SUNBELT RENTALS	AIR SCRUBER RENTAL-COVID				196.93	196.93	196.93
T & S LAWN SERVICES	PLANT OPS PURCH SERVICES		850.00			850.00	850.00
TECUMSEH OXYGEN & MEDICAL SUPP	OXYGEN SUPPLIES	1,500.00				1,500.00	0.00
TELEFLEX	SUPPLIES		3,384.35			3,384.35	3,384.35
THE COMPLIANCE TEAM	RHC CLINIC SURVEY				2,190.00	2,190.00	2,190.00
TOPJET SALES, INC	PHARMACY SUPPLIES	195.00				195.00	0.00
TOTAL MEDICAL PERSONNEL STAFF.	AGENCY STAFFING	7,974.85	6,993.84			14,968.69	18,743.25
TOUCHPOINT MEDICAL, INC	MEDICAL DISPENSE MONITOR SUPPORT			1,095.00		1,095.00	1,095.00
TSYS	CREDIT CARD PROCESSOR	68.95	338.34			407.29	338.34
ULINE	MINOR EQUIP & SUPPLIES			248.28		248.28	248.28
ULTIMATE IT GUY LLC	MINOR IT EQUIPMENT			1,499.98		1,499.98	1,499.98
ULTRA-CHEM INC	HOUSEKEEPING SUPPLIES		223.90			223.90	223.90
UMPQUA BANK VENDOR FINANCE	LAB EQUIPMENT LEASE						4,310.82

Vendor	Description	0-30 Days	31-60 Days	61-90 Days	Over 90 Days	4/30/2021	3/31/2021
US FOODSERVICE-OKLAHOMA CITY	DIETARY FOOD SUPPLIES	5,587.92	5,510.84		20.71	11,119.47	5,531.55
US MED-EQUIP LLC	SWING BED EQUIPMENT RENTAL		1,243.61	4,942.90		6,186.51	6,186.51
VITAL SYSTEMS OF OKLAHOMA, INC	SWING BED PURCH SERVICES	1,710.00	1,710.00	9,405.00		12,825.00	11,115.00
WELCH ALLYN, INC.	SUPPLIES				(628.66)	(628.66)	(628.66)
WOLTERS KLUWER HEALTH	LIPPINCOTT PROCEDURES SITE LICENSE		4,866.00			4,866.00	4,866.00
WORTH HYDROCHEM	WATER TREATMENT SVCS						
Vendor Subtotal		**1,038,549.73**	**1,030,109.96**	**789,516.73**	**9,667,291.14**	**12,525,467.56**	**12,543,438.60**
Grand Total		**1,038,549.73**	**1,030,109.96**	**789,516.73**	**10,516,522.87**	**13,374,699.29**	**13,392,670.33**

Conversion Variance	**(13,340.32)**	**(13,340.32)**
AP Aging	**13,374,699.29**	**13,392,670.33**
Accrued AP	**338,853.23**	**(48,313.06)**
Total AP	**13,713,552.52**	**13,344,357.27**

Mangum Regional Medical Center							
May Estimated Claims							
			Check Run	VOIDED	Check Run		
Vendor	Description	Estimated	5/6/2021	CHECKS	5/13/2021	Remaining Balance	Comments
ABC BIO-MEDICAL	IV Pump rental	6,075.00	2,025.00			4,050.00	
ALCO SALES & SERVICE CO	Supplies	1,200.00				1,200.00	
ALPHA TECHNICS	Lab eq repair	183.96				183.96	
AMBS CALL CENTER	Telephone Answering Service	50.95				50.95	
ARAMARK (aka AMERIPRIDE SERVICES INC)	Linen Serive	7,500.00	2,003.40		5,289.95	206.65	
ANESTHESIA SERVICE INC	Service & Supplies	1,500.00	1,500.00			-	See notes below
BAXTER HEALTHCARE	Pharmacy Supplies	3,000.00			1,470.22	1,529.78	
BIO-RAD LABORATORIES INC	Lab Supplies	3,050.00	3,050.00			-	See notes below
C.R. BARD INC.	Surgery Supplies-Old					-	
CANON FINANCIAL SERVICES INC	Ultrasound Lease					-	
CARRIER CORP	Repairs & Maintenance	1,520.00				1,520.00	
CINTAS CORPORATION #628	Linen Serive	4,500.00	1,784.80		1,723.80	991.40	
COHESIVE HEALTHCARE MGMT	Management and Provider Fees	800,000.00	45,000.00			755,000.00	
COHESIVE HEALTHCARE RESOURCES	Payroll	750,000.00			55,204.77	694,795.23	
COHESIVE MEDIRYDE LLC	Mgmt Transportation Service	2,500.00			2,323.50	176.50	
COHESIVE REVOPS	Billing Services	65,000.00				65,000.00	
COHESIVE STAFFING SOLUTIONS	Agency Staffing	500,000.00			93,525.83	406,474.17	
COMPLIANCE CONSULTANTS	Lab Consultant					-	
CONEXUS SOLUTIONS LLC	Agency Staffing	621,429.20	610,644.51			10,784.69	Designated as COVID expesnes. To be paid using Restricted COVID funds
CORRY KENDALL, ATTORNEY AT LAW	Legal Fees	4,000.00	2,080.00			1,920.00	
CPSI	EHR- SOFTWARE	40,000.00				40,000.00	
CULLIGAN WATER CONDITIONING	Clinic Purchased Services	31.00	31.00			-	
DOBSON TECHNOLOGIES TRANSPORT	Cable	1,809.00	1,809.00			-	
DOERNER SAUNDERS DANIEL ANDERS	Legal Fees	10,000.00				10,000.00	
ELISE ALDUINO	1099 Consultant					-	
F1 INFORMATION TECHNOLOGIES IN	IT Support Services	4,500.00	2,928.00			1,572.00	
FEDEX	Postage Service	100.00	86.65			13.35	
GLOBAL EQUIPMENT COMPANY INC.	ER-Minor Equip & Supplies	300.00	247.85			52.15	
GREER COUNTY TREASURER	Property Taxes	5,460.50	5,460.50	(5,460.50)		5,460.50	
HAC INC	Dietary Supplies	200.00	75.28			124.72	
HEADRICK OUTDOOR MEDIA INC	Advertising					-	
HENRY SCHEIN	Lab Supplies	6,000.00	5,599.90		400.10	-	
HOSPITAL EQUIPMENT RENTAL COMP	Equipment rental	9,805.00				9,805.00	
IMEDICAL INC	Supplies					-	
JANUS SUPPLY CO	Housekeeping Supplies	2,500.00	481.56		1,106.80	911.64	
KARINA NORRIS-VEIRS	Employee Reimbursment	31.05				31.05	
KCI USA	Supplies	3,000.00				3,000.00	
LABCORP	Lab Purchased Services	20,000.00	12,252.94		7,747.06	-	
LAMPTON WELDING SUPPLY	Oxygen Supplies	2,500.00	1,223.81			1,276.19	
MATT MONROE	Staff House Rental	850.00	850.00			-	
MCKESSON / PSS - DALLAS	Patient Care/Lab Supplies	25,000.00				25,000.00	
MEDLINE INDUSTRIES	Patient Care Supplies	25,000.00	4,118.87		10,001.11	10,880.02	
MEDSURG CONSULTING LLC	Equipment Rental Agreement					-	
MEDTOX DIAGNOSTICS, INC	Lab supplies	3,000.00				3,000.00	
MICROSURGICAL MST	Surgery Supplies					-	
MID-AMERICA SURGICAL SYSTEMS	Surgery Supplies					-	
MIMEDX GROUP, INC	Woundcare Supplies	3,000.00	1,394.50		1,394.50	211.00	
MONARCH BROADCASTING	Advertising	198.00	180.00			18.00	
NATIONAL RECALL ALERT CENTER	Product Recal Notification					-	
NEXTIVA, INC.	Telephone Service	1,882.19	1,882.19			-	
NINJA RMM	IT Support Services					-	
OKLAHOMA BLOOD INSTITUTE	Lab Supplies	1,000.00	834.00			166.00	
OKLAHOMA HOSPITAL ASSOCIATION	Hospital Membership Dues	5,994.59				5,994.59	
PITNEY BOWES GLOBAL FINANCIAL	Postage Equiment Rental	347.00	347.00			-	
QUARTZ MOUNTAIN RESORT	Alliance Travel					-	

Vendor	Description	Estimated	5/6/2021	CHECKS	5/13/2021	Remaining Balance	Comments
RAMSEY AND GRAY, PC	Legal Fees	10,000.00	1,350.00			8,650.00	
SCHAPEN LLC	Clinic Rent	1,750.00	1,750.00			-	
SHRED-IT USA LLC	Secure doc disposal	1,000.00	555.42			444.58	
SIZEWISE	Swing Bed Purchased Services	3,000.00	315.36			2,684.64	
SMAART MEDICAL SYSTEMS INC	Radiology interface/Radiologist provider	3,470.00	1,735.00			1,735.00	
SPARKLIGHT BUSINESS	Cable service	1,500.00	566.18			933.82	
STANDLEY	Printer Lease	100.00			50.69	49.31	
STANDLEY SYSTEMS LLC	Printer Lease	4,500.00	2,484.62		2,015.38	-	
STAPLES ADVANTAGE	Office Supplies	2,000.00	282.96			1,717.04	
STERICYCLE ENVIRONMENTAL SOLUT	Waste Disposal Service	7,000.00	5,839.00			1,161.00	
STERICYCLE INC	Swing Bed Purchased Services	3,329.00	3,329.00			-	
STRYKER INSTRUMENTS	Surgery Supplies	2,000.00				2,000.00	
SUNBELT RENTALS	Air Scrubber Rental - COVID					-	
T & S LAWN SERVICES	Plant Ops Purchased Services	850.00	850.00			-	
TECUMSEH OXYGEN & MEDICAL SUPP	Oxygen Supplies	1,500.00				1,500.00	
TELEFLEX	SUPPLIES	3,000.00	1,020.35		225.00	1,754.65	
THE COMPLIANCE TEAM	RHC Clinic Survey Consultant	2,190.00				2,190.00	
TOPJET SALES, INC	Pharmacy Supplies	195.00	195.00			-	
TOTAL MEDICAL PERSONNEL STAFF.	Agency Staffing	15,000.00	4,679.64		5,555.81	4,764.55	
TOUCHPOINT MEDICAL, INC	Med Dispense Monitor Support	1,095.00			1,095.00	-	
TSYS	Patient Portal CC Processor	500.00				500.00	
ULINE	Minor Equipment & Supplies	248.28	248.28			-	
ULTIMATE IT GUY LLC	IT Support Services	1,499.98	1,499.98			-	
ULTRA-CHEM INC	Housekeeping Supplies	500.00			223.90	276.10	
US FOODSERVICE-OKLAHOMA CITY	Dietary Food Supplies	8,500.00				8,500.00	
US MED-EQUIP LLC	Swing Bed Equipment Rental	3,000.00	2,492.01			507.99	
VITAL SYSTEMS OF OKLAHOMA, INC	Swing Bed Purchased Services	5,000.00				5,000.00	
WELCH ALLYN, INC.	Supplies					-	
WOLTERS KLUWER HEALTH	Lippincott Procedure website License	4,866.00				4,866.00	
CONTEMPORARY HEALTHCARE SVCS	David Arles, APRN-CNP-1099 Provider					-	
DR RYAN MAJOR, MD	1099 Provider	8,000.00				8,000.00	
DR. JOHN CHIAFFIETELLI	1099 Provider	30,000.00			9,615.38	20,384.62	
DR. MORGAN	1099 Provider	4,766.67			4,766.67	-	
SMB MOBILE PRACTICE, INC.	Sara McDade-1099 Provider	30,000.00			10,100.00	19,900.00	
BLUTH FAMILY MEDICINE	1099 Provider	2,000.00				2,000.00	
BENISH AND ASSOCIATES	1099 Provider	16,000.00				16,000.00	
GERAINT HARRIS	1099 Provider	15,000.00			4,320.00	10,680.00	
DR RYAN MAJOR, MD	1099 Provider	8,000.00				8,000.00	
CARDINAL 110 LLC	Prepaid Pharmacy Supplies	30,000.00				30,000.00	
AT&T	Fax Service	6,000.00			2,793.54	3,206.46	
PATIENT REFUNDS	Credits due to payors	10,000.00				10,000.00	
MISC EMPLOYEE REIMBURSEMENTS	To reimburse employees for travel and supplies	3,000.00	154.73			2,845.27	Employee Reimb. to Donna McKelvy
CITY OF MANGUM	Utilities	7,500.00	4,756.54		250.00	2,493.46	
CONTROL SOLUTIONS	Supplies	1,000.00				1,000.00	
AMERISOURCE BERGEN	Pharmacy Supplies	52,000.00				52,000.00	
UMPQUA	Lab Eq Note	5,000.00				5,000.00	
	TOTAL ESTIMATED	**3,259,877.37**	**741,994.83**		**221,199.01**	**2,302,144.03**	
NOT ON APPROVED CLAIMS LIST							
IMPERIAL, LLC.-LAWTON	Dietary Purchased Service		55.90				Dietary Coffee supplies
ANESTHESIA SERVICE INC	Service & Supplies		1,486.50				Estimated claims was for $1,500 but actual invoices were for $2,986.50
BIO-RAD LABORATORIES INC	Lab Supplies		1,923.12				Estimated claims was for $3,050 but actual invoices were for $4,973.12
CENTERPOINT ENERGY ARKLA	Utilities		839.94				April utility bills not on estimated claims
CANON FINANCIAL SERVICES INC	Ultrasound Lease				2,227.74		Utrasound machine lease payments

Vendor	Description	Estimated	5/6/2021	CHECKS	5/13/2021	Remaining Balance	Comments
CONTEMPORARY HEALTHCARE SVCS	David Arles, APRN-CNP-1099 Provider				8,000.00		ER Provider Bi-Weekly compensation
CULLIGAN WATER CONDITIONING	Clinic Purchased Services				12.00		Invoice amount more than estimated claim
DANIEL COFFIN	Employee Appreciation prize give away				260.00		Funds donated fro employee appreciation give away
F1 INFORMATION TECHNOLOGIES IN	IT Support Services				2,928.00		Invoice amount more than estimated claim
HENRY SCHEIN	Lab Supplies				1,803.92		Initial estimate was for $6K. Past Due on acct is $6,958.85
LABCORP	Lab Purchased Services				4,523.49		Invoice amount more than estimated claim
STANDLEY SYSTEMS LLC	Printer Lease				358.51		Invoice amount more than estimated claim
THE LOOP	Employee Appreciation - Hospital Week				240.00		Employee appreciation - Hospital week luncheon
WESTERN COMMERCE BANK (OHA INS)	Prof & Liability Ins. premium				7,100.92		OHA Ins. premium financing Installment #1
	TOTAL PAID		**746,300.29**		**248,653.59**	**994,953.88**	

Mangum Regional Medical Center
June Estimated Claims

VENDOR	DESCRIPTION	CURRENT BALANCE	ESTIMATED	PAYEMENTS	REMAINING BALANCE
ABC BIOMEDICAL	IV PUMP RENTAL	4,050.00	4,050.00		4,050.00
ADP INC	PAYROLL PROCESSING	4,276.42			0.00
ADP SCREENING AND SELECTION	PAYROLL PROCESSING	1,120.00			0.00
ADVANCE ALARMS INC	FIRE INSPECTION	4,589.00	4,589.00		4,589.00
ALLIANCE HEALTH SOUTHWEST OKLA	PURCHASED SVCS	698,000.00			0.00
AMBS CALL CENTER	TELEPHONE ANSWERING SERVICE	19.00	50.00		50.00
AMERICAN HEALTH TECH	IT SUPPORT	22,025.36			0.00
ANESTHESIA SERVICE INC	SERVICE & SUPPLIES	2,356.51	2,356.51		2,356.51
ARAMARK	LINEN SERVICE	10,638.43	9,000.00		9,000.00
BAXTER HEALTHCARE	PHARMACY SUPPLIES	1,620.50	1,620.00		1,620.00
BIO-RAD LABORATORIES INC	LAB SUPPLIES	1,102.35	1,102.35		1,102.35
C.R. BARD INC.	SURGERY SUPPLIES (OLD)	3,338.95	3,300.00		3,300.00
CANON FINANCIAL SERVICES INC	ULTRASOUNG LEASE	2,227.74	3,500.00		3,500.00
CARDINAL HEALTH 110, LLC	PHARMACY SUPPLIES	14,654.55	30,000.00		30,000.00
CARRIER CORP	REPSIRS & MAINT	1,517.00	1,517.00		1,517.00
CINTAS CORPORATION #628	HOUSEKEEPING SUPPLIES	5,186.20	5,000.00		5,000.00
COHESIVE HEALTHCARE MGMT	Management and Provider Fees	3,992,425.10	800,000.00		800,000.00
COHESIVE HEALTHCARE RESOURCES	Payroll	5,796,091.00	750,000.00		750,000.00
COHESIVE MEDIRYDE LLC	Patient Transportation Service		2,500.00		2,500.00
COHESIVE REVOPS INTEGRATION	RCM FEES	40,461.29	50,000.00		50,000.00
COHESIVE STAFFING SOLUTIONS	AGENCY STAFFING	1,541,153.62	500,000.00		500,000.00
COMPLIANCE CONSULTANTS	Lab Consultant	1,000.00	1,000.00		1,000.00
CONEXUS SOLUTIONS LLC	AGENCY STAFFING	27,011.44	30,000.00		30,000.00
CORRY KENDALL, ATTORNEY AT LAW	LEGAL FEES	1,700.00	2,000.00		2,000.00
CPSI	EHR SOFTWARE	42,457.35	45,000.00		45,000.00
DOBSON TECHNOLOGIES TRANSPORT	CABLE	1,809.00	2,000.00		2,000.00
DOERNER SAUNDERS DANIEL ANDERS	LEGAL FEES	279,837.74	10,000.00		10,000.00
ELISE ALDUINO	1099 CONSULTANT	12,000.00			0.00
EVAN BATCHER	LAB SUPPLIES	85.18			0.00
F1 INFORMATION TECHNOLOGIES IN	IT SUPPORT	5,856.00	5,000.00		5,000.00
FEDEX	POSTAGE SERVICES	73.59	100.00		100.00
FIRE EXTINGUISHER SALES & SERV	FIRE INSPECTION	1,034.00	1,034.00		1,034.00
GEORGE BROS TERMITE & PEST CON	PEST CONTROL	155.00	155.00		155.00
HAC INC	DIETARY SUPPLIES	148.21	150.00		150.00
HEADRICK OUTDOOR MEDIA INC	ADVERTISING	25,650.00			0.00
HENRY SCHEIN	LAB SUPPLIES	5,756.05	7,000.00		7,000.00

Mangum Regional Medical Center
June Estimated Claims

VENDOR	DESCRIPTION	CURRENT BALANCE	ESTIMATED	PAYEMENTS	REMAINING BALANCE
HERC RENTALS INC	EQUIP RENTAL	7,653.03			0.00
HOSPITAL EQUIPMENT RENTAL COMP	EQUIP RENTAL	9,805.00	9,805.00		9,805.00
IMEDICAL INC	SUPPLIES	1,008.29	2,000.00		2,000.00
IMPERIAL, LLC.-LAWTON	DIETARY FOOD SUPPLIES	83.85	100.00		100.00
JANUS SUPPLY CO	HOUSEKEEPING SUPPLIES	1,257.98	2,500.00		2,500.00
KCI USA	MEDICAL SUPPLIES	9,184.67	5,000.00		5,000.00
LABCORP	LAB PURCHASSED SERVICES	20,215.77	25,000.00		25,000.00
LAMPTON WELDING SUPPLY	OXYGEN SUPPLIES		2,500.00		2,500.00
LOCKE SUPPLY	PLANT OPS SUPPLIES	94.73	100.00		100.00
MATT MONROE	STAFF HOUSE RENTAL	850.00	850.00		850.00
MCKESSON / PSS - DALLAS	PATIENT CARE/LAB SUPPLIES	21,865.27	20,000.00		20,000.00
MEDLINE INDUSTRIES	PATIENT CARE SUPLIES	25,596.54	20,000.00		20,000.00
MEDSURG CONSULTING LLC	EQUIP RENTAL	98,670.36			0.00
MEDTOX DIAGNOSTICS, INC	LAB SUPPLIES	1,500.00	1,500.00		1,500.00
MICROSURGICAL MST	SURGERY SUPPLIES (OLD)	2,233.80			0.00
MID-AMERICA SURGICAL SYSTEMS	SURGERY SUPPLIES (OLD)	3,607.60			0.00
NATIONAL RECALL ALERT CENTER	PRODUCT RECAL NOTIFICATION	1,190.00	1,190.00		1,190.00
NINJA RMM	IT SUPPORT SERVICES	2,625.00			0.00
OK STATE BOARD OF MED LICENSUR	HOSPITAL LICENSE	60.00	100.00		100.00
OKLAHOMA BLOOD INSTITUTE	LAB SUPPLIS	3,955.80	4,000.00		4,000.00
OKLAHOMA HOSPITAL ASSOCIATION	MEMBERSHIP DUES	11,989.17	11,989.17		11,989.17
PRESS GANEY ASSOCIATES, INC	PURCHASED SVCS	2,048.28	2,050.00		2,050.00
QUARTZ MOUNTAIN RESORT	ALLIANCE TRAVEL	9,514.95			0.00
RAMSEY AND GRAY, PC	LEGAL FEES	26,700.00	10,000.00		10,000.00
REYES ELECTRIC LLC	REPAIRS & MAINT	8,750.00	8,750.00		8,750.00
SCHAPEN LLC	CLINIC RENT	1,750.00	1,750.00		1,750.00
SHRED-IT USA LLC	SECURE DOC DISPOSAL	436.14	500.00		500.00
SIZEWISE	SWING BED PURCH SVCS	735.84	1,000.00		1,000.00
SMAART MEDICAL SYSTEMS INC	RADIOLOGY INTERFACE/RADILOGIST PROVIDER	3,470.00	3,470.00		3,470.00
SOUTHWEST HOT STEAM CLEANING	DIETARY PURCH SVCS	300.00	300.00		300.00
SPARKLIGHT BUSINESS	CABLE SERVICE	329.50	350.00		350.00
STAPLES ADVANTAGE	OFFICE SUPPLIES	706.90	800.00		800.00
STERICYCLE INC	WASTE DISPOSAL	4,534.94	4,600.00		4,600.00
STERICYCLE ENVIRONMENTAL SOLUT	WASTE DISPOSAL		7,000.00		7,000.00
STRYKER INSTRUMENTS	SURGERY SUPPLIES (OLD)	31,845.65	25,000.00		25,000.00
SUNBELT RENTALS	AIR SCRUBBERS (COVID)	196.93			0.00

Mangum Regional Medical Center
June Estimated Claims

VENDOR	DESCRIPTION	CURRENT BALANCE	ESTIMATED	PAYEMENTS	REMAINING BALANCE
TECUMSEH OXYGEN & MEDICAL SUPP	OXYGEN SUPPLIES	1,500.00	1,500.00		1,500.00
TELEFLEX	SUPPLIES	2,139.00	2,500.00		2,500.00
THE COMPLIANCE TEAM	RHC CLINIC CONSULTANT	2,190.00	2,190.00		2,190.00
TOTAL MEDICAL PERSONNEL STAFF.	AGENCY STAFFING	7,631.63	75.00		75.00
TSYS	CREDIT CARD PROCESSOR	1,402.38	8,000.00		8,000.00
US FOODSERVICE-OKLAHOMA CITY	DIETARY FOOD SUPPLIES	7,277.17	15,000.00		15,000.00
US MED-EQUIP LLC	SWING BED EQUIP RENTAL	3,694.50	4,000.00		4,000.00
VITAL SYSTEMS OF OKLAHOMA, INC	Lippincott Procedure website License	12,825.00	12,825.00		12,825.00
WOLTERS KLUWER HEALTH	Lippincott Procedure website License	4,866.00	4,866.00		4,866.00
CONTEMPORARY HEALTHCARE SVCS	David Arles, APRN-CNP-1099 Provider		16,000.00		16,000.00
DR RYAN MAJOR, MD	1099 Provider				0.00
DR. JOHN CHIAFFIETELLI	1099 Provider		19,200.00		19,200.00
DR. MORGAN	1099 Provider		4,800.00		4,800.00
SMB MOBILE PRACTICE, INC.	Sara McDade-1099 Provider		25,000.00		25,000.00
BLUTH FAMILY MEDICINE	1099 Provider		2,000.00		2,000.00
BENISH AND ASSOCIATES	1099 Provider		16,000.00		16,000.00
GERAINT HARRIS	1099 Provider		15,000.00		15,000.00
DR RYAN MAJOR, MD	1099 Provider		8,000.00		8,000.00
AT&T	Fax Service		6,000.00		6,000.00
PATIENT REFUNDS	Credits due to payors		15,000.00		15,000.00
MISC EMPLOYEE REIMBURSEMENTS	To reimburse employees for travel and supplies		5,000.00		5,000.00
CITY OF MANGUM	Utilities		75,000.00		75,000.00
CONTROL SOLUTIONS	Supplies		1,000.00		1,000.00
AMERISOURCE BERGEN	Pharmacy Supplies		15,000.00		15,000.00
UMPQUA	Lab Eq Note		10,000.00		10,000.00
WESTERN COMMERCE BANK (OHA INS)	Prof & Liability Ins. premium		14,000.00		14,000.00
CENTERPOINT ENERGY ARKLA	Utilities		1,500.00		1,500.00
STANDLEY SYSTEMS LLC	Printer Lease		600.00		600.00
Grand Total		**12,909,718.25**	**2,744,284.03**	**0.00**	**2,744,284.03**

Menu with Tray Card Agreement

This Menu with Tray Card System Agreement (the "**Agreement**) is made by and between US Foods, Inc., located at 9399 W. Higgins Road, Suite 500, Rosemont IL 60018 ("**USF**") and_____located at_____("**Customer**"). In consideration of the following agreements and other good and valuable consideration, the sufficiency of which is hereby acknowledged, the parties agree as follows:

1. Customer hereby subscribes to the BluePrint Menu Management System ("BluePrint") **Menu with Tray Card Subscription**, software provided by CBORD Group, Inc. Customer will receive 1 user ID & 1 password for menu and tray card applications ("Primary User"). In addition to 1 user ID & 1 password occupied by Primary User, Customer may receive up to 3 additional user IDs & passwords for access to the Tray Card application only.
   ***Monthly Fee*: $170.00**

   (Required) Primary User Name: _____

   (Required) Primary User Email: _____

   Additional User 1: _____

   Additional User 1 Email: _____

   Additional User 2: _____

   Additional User 2 Email: _____

   Additional User 3: _____

   Additional User 3 Email: _____
2. Customer agrees to pay the above monthly subscription fee(s), at the Effective Date and each month, payable within thirty (30) days of Customer's receipt of USF's invoice. Prices do not include taxes, including sales tax. Unless Customer provides USF with appropriate tax exemption forms, Customer will be responsible for the payment of all applicable taxes. Pursuant to USF's agreement with CBORD Group, Inc., Customer's subscription fees are subject to an annual increase in monthly subscription fee(s) based upon the U.S. Census Bureau of Labor Statistics Consumer Price Index ("CPI").
3. The subscription package(s) includes a software license for four seats on Customer's server (i.e. one user on Customer's server that are provided access to the menu software). Customer acknowledges and agrees to the following:
   - Hardware – All networking printers and hardware physically located at Customer sites. Any computer used to access BluePrint will be required to have industry-standard web browsers to access the application. The following browsers are supported:
     - Microsoft® Internet Explorer® 11.0 or higher
     - Mozilla® Firefox latest version recommended
     - Google® Chrome latest version recommended
   - Reports are generated using the PDF file format and should be accessed with Adobe Acrobat Reader. The recommended version is 7.0 or above.
   - Pop-up blockers must be disabled when using the application as reports appear in separate windows. Customer must also have the ability to save flat files to their computer.
4. During the term of this Agreement, USF will offer Customer BluePrint Menu Management: 1) training materials in the form of a User Manual, and 2) pre-recorded video tutorials. Customer must complete training material provided by USF.
5. This Agreement is contingent upon Customer's compliance with its other agreements with USF, including the requirement to purchase 80% of its foodservice requirements from USF.
6. Customer acknowledges and agrees it is responsible for (a) notifying USF of changes to approved user login/passwords, (b) addressing any individual patient needs, and (c) revising menus to meet federal and state regulatory agency guidelines.
7. The Agreement term will begin on the date this signed Agreement is received by USF via fax at 480.629.6853 or e-mail at BluePrintAdmin@usfoods.com (the "Effective Date"). This Agreement is valid for an initial period of one (1) year from the Effective Date and will automatically renew thereafter on an annual basis unless thirty (30) days prior written notice is given to USF. This Agreement may be terminated by either party upon thirty (30) days' advance written notice. If Customer terminates this Agreement prior to the end of any applicable twelve (12) month subscription period, Customer will receive a final bill for all monthly payments due for the remaining [software] subscription period. Final invoices are payable within thirty (30) days of receipt.
8. This Agreement will be governed by and construed and enforced in accordance with the laws of the State of Delaware without reference to the conflicts of laws principles thereof.
9. US Foods is not a Business Associate as defined in the Health Insurance Portability & Accountability Act ("HIPAA") and accordingly, does not have or want access to, any protected health information ("PHI") of Customer's patients. Customer should not share any PHI and must take active steps to prevent the intentional and/or inadvertent sharing of PHI with USF.
10. This Agreement may not be assigned in whole or in part by Customer without the prior written consent of USF, which will not be unreasonably withheld. USF's interest in this Agreement may be assigned or transferred at any time by USF without Customer consent, and upon the express assumption by such assignee of all of the liabilities of USF, such assignee shall thereupon become and be a party under this Agreement.
11. All notices under this Agreement will be in writing in either email or by U.S. mail, postage pre-paid, return receipt requested, or by an overnight delivery service, or delivered in person, at the addresses set forth above. Notice will be deemed given when received, as evidenced by the return receipt.
12. Notwithstanding anything contained herein to the contrary USF does not warrant that the services provided herein are fit for the particular purpose intended by Customer. Customer agrees to indemnify and hold USF harmless against all claims arising out of the use by Customer or any third party of any of the products and services provided for herein. ALL OTHER WARRANTIES, GUARANTEES, AND REPRESENTATIONS, EITHER EXPRESS OR IMPLIED, WHETHER ARISING UNDER ANY STATUTE, COMMON LAW, USAGE OF TRADE, COURSE OF DEALING OR OTHERWISE, INCLUDING IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE, ARE HEREBY EXCLUDED. USF WILL IN NO WAY BE LIABLE FOR ANY SPECIAL, INCIDENTAL, INDIRECT, CONSEQUENTIAL, EXEMPLARY OR RELIANCE DAMAGES, EVEN IF USF IS ADVISED OF THE POSSIBLITY OF SUCH DAMAGES.

IN WITNESS WHEREOF, the parties have executed this Agreement by and through their authorized representatives as of the Effective Date.

CUSTOMER:_____
Print Facility Name

_____
Signature

_____
Printed Name

_____
Title

USF Customer Number: _____

USF Division: _____

US FOODS, INC.

_____
Signature

_____
Printed Name

_____
Title

USF Administrative Use:
Date Signed Agreement Received by USF: _____

Hospital Vendor Contract – Summary Sheet

1. **Name of Contract:** US Foods/BluePrint Menu Management System

   Contracted Parties: Mangum Regional Hospital and US Foods/BluePrint Menu Management System (BPMMS) International Dysphagia Diet Standardization Initiative (IDDSI)

2. **Contract Type Services:** Dietary nutritional care through modified diet program

3. **Description of Services:** Beginning in October of 2021, a new modified diet program is being implemented across the U.S. and will be mandatory for the State of Oklahoma in accordance with the Academy of Nutrition and Dietetics. The new program is called The International Dysphagia Diet Standardization Initiative (IDDSI). Currently, we have the paper menu version through US Foods. Us Foods has stated the IDDSI levels/changes are only going to be reflected in their online menu version, or BluePrint Menu Management System (BPMMS). Without approving this, we will be out of compliance with the IDDSI program and patient care would be affected in which there would be a higher risk at menu planning error. There are three levels of online menus and we are proposing the 2nd level. The pricing is based on monthly rates, per each facility. After much discussion with US Foods Menu specialist, the reasoning behind choosing the Tray Card system is because it allows us to be able to enter in patient info such as likes, dislikes, allergies, etc.

4. **Cost: ☒ $170.00 (Monthly) -and- ☒ _____ (Annually)**

5. **Term:** 1 year agreement with auto renewal on annual basis unless 30days prior written notice **Months / Years**

6. **Termination Clause:** 30 day prior written notice

		Description	Justification	Vol.	COST ESTIMATE	TOTAL COST
	1	Magnetic Pedal Exercise	Necessary to promote the proper physical/occupational therapy treatment necessary in the higher acuity COVID patients. Currently there is not appropraite physical and occupational therapy equipment available to promote goal therapies.	1	$261.00	$ 261
	2	Basic Easy Stand Evolve Adult	Necessary to promote the proper physical/occupational therapy treatment necessary in the higher acuity COVID patients. Currently there is not appropraite physical and occupational therapy equipment available to promote goal therapies.	1	$3,493.76	$ 3,494
	3	Mat Platform Table	Necessary to promote the proper physical/occupational therapy treatment necessary in the higher acuity COVID patients. Currently there is not appropraite physical and occupational therapy equipment available to promote goal therapies.	1	$8,082.75	$ 8,083
	4	NuStep T4r Inclusive Cross Trainer	Necessary to promote the proper physical/occupational therapy treatment necessary in the higher acuity COVID patients. Currently there is not appropraite physical and occupational therapy equipment available to promote goal therapies.	1	$3,945.00	$ 3,945
	5	ED Peg Board	To organize supplies necessary for all emergent (including Covid) patients.	1	$3,832.00	$ 3,832
	6	Crash Cart	Code cart is a requirement by regulation on units. It is necessary to have a code cart readily accessible to the patients on the Covid wing.	1	$2,914.14	$ 2,914
	7	Parallel Bars		1	$2,234.75	$ 2,235

		Description	Justification	Vol.	COST ESTIMATE	TOTAL COST
	8	Med Dispense Cabinets #101920	Additional MedDispense cabinets are needed for COVID patients and are required safe medication passage, especially those with higher acuity. Currently there is no additional storage space necessary to store the medications required to care for the patients in the Covid wing. Additional MedDispense cabinets for the Covid wing will provide guidance on drug interactions, help promote safe medication administration and are essential for assisting with appropriate medication storage safety.	1	$80,182	$ 80,182
	9	Code Cart Supplies	Code cart is a requirement by regulation on units. These supplies are required within the code card on the COVID unit.	1	$ 5,000	$ 5,000
	10	Defibrillator	Defibrillator is a requirement with a code cart on units. This defibrillator would be required by regulations for life sustaining measures.	1	$ 20,000	$ 20,000
	11	Nasco -Life Form LF04003 Mannequin	Training related to increased acuity of patients during this pandemic	1	$ 4,996	$ 4,996
	12	IV Pumps	To provide optimal updated care to increased acuity patients This includes the license, service fees, monthly fee for 5 years and devices.	30	$ 69,255	$ 69,255
	13	Medical Gas Upgrade	Accompanying the bulk O2 system upgrade which was recently completed to ensure continued and consistant delivery of medical gas to patients	1	$ 21,717	$ 21,717
	14	Call light System	Critical Alert Call Light System		$ 160,132	$ 160,132
	15	POC Computers	Computers in each patient room will decrease the chance for transmission by not rolling WOWs into each patients room	36	$ 46,448	$ 46,448
	16	UPS	Needed for POC Computers	36	$ 3,604	$ 3,604
	17	Scanners	Bedside scanners for POC Computers	36	$ 24,624	$ 24,624
	18	Wall Mounts	For mountaing POC Computers	36	$ 46,444	$ 46,444

		Description	Justification	Vol.	COST ESTIMATE	TOTAL COST
	19	PC Replacements	9 - Laptops 8 - HP Desktops	17	$ 28,680	$ 28,680
	24	TytoCare Telehealth	20 Kits for 5 years	20 kits	$ 113,000	$ 113,000
	25	Clinic EKG			TBD	#VALUE!
	26	Radiology HVAC	1-3Ton Mini Split Outdoor Unit, 2 Indoor Heads, 2 line sets, Drains, Communication Cable from indoor to outdoor.		$ 10,968	$ 10,968
	27	Medical Gas Headers	Patient room med gas headers		TBD	#VALUE!
	28	Bluestream Telehealth	Provides communication application for patients to communicate with family	2	$ 12,000	$ 12,000
	29	Knowbe4 HIPAA Training/Education	HIPAA Training/Education for 5years		$ 11,938	$ 11,938
	30	Cisco Umbrella	Network Security	200	$ 45,456	$ 45,456
	31	Portable X-Ray Machine	X-ray machine with 5 year warranty This will allow the techs to go to the patients in the COVID wing which helps limit exposure.		$ 141,225	$ 141,225
	32	X-ray Equipment	Main x-ray machine in radiology with 5 year warranty This will allow digital transfer capability and upgrade current system		$ 136,350	$ 136,350
	33	Ultrasound	Replacing old ultrasound machine being leased		$ 100,457	$ 100,457
	34					$ -
	35					$ -
	36					$ -
	37					$ -
	38					$ -
	39					$ -
	40					$ -
	41					$ -
	42					$ -
	43					$ -
	44					$ -
	45					$ -
	46					$ -
	47					$ -
	48					$ -

		Description	Justification	Vol.	COST ESTIMATE	TOTAL COST
	49					$ -
	50					$ -
	51					$ -
	52					$ -
	53					$ -
	54					$ -
	55					$ -
	56					$ -
	57					$ -
	58					$ -
						$ -

		Description	Justification	Vol.	COST ESTIMATE	TOTAL COST

Approved by BOARD	Approved by Cohesive Clinical	Approved by Cohesive Financial	Invoice Paid	
Yes	Yes	yes		
yes	yes	yes		
yes	yes	yes		
yes	yes	yes		
yes	yes	yes		
yes	yes	yes		
yes	yes	yes		

Approved by BOARD	Approved by Cohesive Clinical	Approved by Cohesive Financial	Invoice Paid	
yes	yes	yes		
yes	yes	yes		
yes	yes	yes		
Pending	yes	yes		
Pending	yes	yes		
Pending	yes	yes		
Pending	Yes	yes		
Pending	Yes	yes		
Pending	Yes	yes		
Pending	Yes	yes		
Pending	Yes	yes		

Approved by BOARD	Approved by Cohesive Clinical	Approved by Cohesive Financial	Invoice Paid	
Pending	Yes	yes		
Pending	Yes	yes		
Pending	Yes	yes		
Pending	Yes	yes		
Pending	Yes	yes		
Pending	Yes	yes		
Pending	Yes	yes		
Pending	Yes	yes		
Pending	Yes	yes		
Pending	Yes	yes		
Pending	Yes	yes		
Pending	Yes	yes		

Approved by BOARD	Approved by Cohesive Clinical	Approved by Cohesive Financial	Invoice Paid	

Approved by BOARD	Approved by Cohesive Clinical	Approved by Cohesive Financial	Invoice Paid	