



Agenda

Mangum City Hospital Authority

March 23, 2021 at 5:00 PM
via Videoconference

The Trustees of the Mangum City Hospital Authority will meet in regular session on Tuesday, March 23, 2021, at 5:00 PM. This session will be held via Videoconference in accordance with the State of Oklahoma Statutes.

In accordance with Oklahoma State Statutes during the Declared Emergency for the COVID-19 outbreak, all public meetings for the Hospital board will be held via Videoconference. The public is invited to join the meeting by clicking on the following link.

Join Zoom Meeting

<https://us02web.zoom.us/j/87471811337?pwd=RWg3ZXk0eVY5d3A4d0lHS05pdXZQU09>

The public can view the videoconference 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").

CALL TO ORDER

ROLL CALL AND DECLARATION OF A QUORUM

ELECT CHAIRMAN AND VICE CHAIRMAN

1. Discussion and possible action to elect a Chairman and Vice Chairman for the Mangum City Hospital Board.

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.

2. Approve February 23, 2021 Regular meeting minutes.
3. Approve February 18, 2021 Medical Staff Minutes.
4. Approve February 11, 2021 Quality Meeting Minutes.
5. Discussion and possible action regarding amending, adopting, approving, rescinding, or updating the following policies and procedures. *All polices were made available to board members digital format for their review and will be made available to the public as requested in paper format at the hospital within 48 hours.*

HIM-001 Approval Letter for Amendment Request
HIM-002 Videotaping Audiotaping and Still Photography
HIM-002A Consent for Photography/Multimedia and Authorization for Use or Disclosure

GEN-001 Plan for the Provision of Care
GEN-002 Admission Criteria and Process Plan
GEN-003 Utilization Management
GEN-004 Communication Plan
GEN-005 Performance Improvement Plan
GEN-005A Performance Improvement Project Plan
GEN-006 Staffing Plan
GEN-006A Interview Evaluation Form
GEN-007 Staff Development Plan
GEN-008 Risk Management Plan
GEN-009 Quality Management Plan
GEN-010 Sentinel Event Plan
GEN-010A Sentinel Event Confidentiality Agreement
GEN-010B Sentinel Event RCA Workbook
GEN-010C RCA Template Form
GEN-011 Patient Safety Plan-Moved to EOC Manual
GEN-011A Patient Safety Officer Appointment-Moved to EOC Manual
GEN-012 Pet Visitation Plan
GEN-012A Animal Visitation Event Log
GEN-012B Pet Policy Education
GEN-012C Pet Visitation Criteria Checklist
GEN-012D Pet Visitation Log
GEN-012E Veterinarian Attestation
GEN-013 Service Animal Plan
GEN-014 Incident Reporting Plan
GEN-014A Incident Log
GEN-014B Patient Incident Report/QA Review
GEN-014C Medication Variance Report
GEN-014D FDA Med Watch Form
GEN-015 Hospital Policy. Plan Development & Review
GEN-015A Hospital Policy Plan Template
GEN-015B Hospital Policy Plan TOC Template
GEN-015C Hospital Policy Plan Approval Cover Sheet
GEN-015D Policy and Plan Development, Review, Implementation Process
GEN-016 Hospital Education Plan
GEN-016A Education Needs Assessment
GEN-016B Education Sign-in Sheet
GEN-016C Post Education Evaluation Survey
GEN-017 Hand Off Communication
GEN-017A Hand-Off Communication Tool (Facility to Facility)
GEN-017B Hand-Off Communication Tool (Shift to Shift)
GEN-018 Telemedicine Services Plan
GEN-019 Video Surveillance and Use
GEN-019A Request to View Video Surveillance
GEN-019B Video Surveillance Viewing Log
GEN-020 Patient Identification
GEN-021 Failure Mode and Effects Analysis (FMEA)
GEN-021A FMEA Instructions
GEN-022 FPPE/OPPE
GEN-022A FPPE/OPPE Notification Letter
GEN-022B FPPE/OPPE Workbook
GEN-022C Quick Facts FPPE/OPPE
GEN-023 Vendor Management Plan

FURTHER DISCUSSION

REMARKS

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

REPORTS ARE INFORMATION ONLY AND DON'T NEED TO BE APPROVED OR VOTED ON.

- [6.](#) CEO/Administrator's Report
- [7.](#) CCO Report.
- [8.](#) Financial Report.
- [9.](#) Clinic Operations Report.
- [10.](#) February 2021 Quality Report.

OTHER ITEMS

11. Discussion and possible action to remove Zac Zachary and Marie Harrington from the First National Bank and Trust Hospital Bank Account.
- [12.](#) Discussion and possible action regarding the review and approval of The Oklahoma Blood Institute Agreement.
13. Discussion and possible become a of membership Greer County Chamber. Item requested by Board Member Heiskell. (regular membership \$2500.00)

OLD BUSINESS

- [14.](#) Discussion and possible action on Hospital Roof agreement with The City.
15. Discussion and possible action regarding possible changes to the agenda and the presentation of data as requested by Board Member Heiskell. Specially, to remove all financial reports from the current format of the consent agenda, making them a separate item on the agenda, to be presented monthly. This was tabled from last month however it was brought up in the following item in the meeting on February 23, 2020.

EXECUTIVE SESSION

16. Discussion and possible action to enter into executive session with regard to the credentialing of Doctors and providers in accordance with Title 25 O.S. §307 (B)1.
 - Re-credentialing
 - o Benjamin Love, MD - Courtesy Privileges - Recredentialing
 - o William Gregory Morgan, III, MD - Courtesy Privileges - Recredentialing
 - o Kenna Wenthold, ARPN-CNP - Courtesy Privileges - Recredentialing

17. Discussion and possible action with regard to the litigation update with AHSO/First National Bank of Vinta/ MedSurg/SCA et al. wherein, with advice of the attorney, such disclosure will seriously impair the ability of the public body to process the claim with possible executive session in accordance with 25 O.S. 307(B)(4).

OPEN SESSION

18. Discussion and possible action in regard to executive session, if necessary
19. Discussion and possible action with regard to executive session number 2.

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 **3:00 p.m. on the 19th day of March 2021**, by the Secretary of the Mangum City Hospital Authority.

Billie Chilson, Secretary



Minutes

Mangum City Hospital Authority Session

February 23, 2021 at 5:00 PM

via Videoconference

The Trustees of the Mangum City Hospital Authority will meet in regular session on **Tuesday, February 23, 2021, at 5:00 PM**. This session will be held via Videoconference in accordance with the State of Oklahoma Statutes. In accordance with Oklahoma State Statutes during the Declared Emergency for the COVID-19 outbreak, all public meetings for the Hospital board will be held via Videoconference. The public is invited to join the meeting by clicking on the following link.

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CALL TO ORDER

The meeting was called to order by Mayor Scott at 5:12 pm.

SEAT NEW BOARD MEMBERS

1. Welcome Carson Vanzant and Laretha Vincent. The Mayor has administered the Oath of Office just before this meeting.

Carson Vanzant's is filling Ms. Kane's term which expires September 2021.

Laretha Vincent is filling Mr. Reeves' term which expires September 2022.

Welcomed and seated the new Trustees to the Hospital Board.

Carson Vanzant and Laretha Vincent.

ROLL CALL AND DECLARATION OF A QUORUM

PRESENT

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

Also present: Dave Andren, City Manager
Billie Chilson, City Clerk/Secretary
Corry Kendall, Attorney

ELECT CHAIRMAN AND VICE CHAIRMAN

2. Discussion and possible action to elect a Chairman and Vice Chairman for the Mangum City Hospital Board.

Motion to elect Ilka Heiskell as Chairman. Ilka said she is not sure at this time if she wants to be the Chairman until she knows exactly what the duties are.

Amend motion to elect Ilka Heiskell as Chairman for this meeting only and elect a Chairman next month.

Motion made by Trustee Lively, Seconded by Trustee Vanzant.

Voting Yea: Trustee Lively, Trustee Heiskell, Trustee Vincent, Trustee Vanzant

CONSENT AGENDA

Motion to remove items 27, 28, 29, 30 and 31 from the consent agenda and approve the rest of the consent agenda as presented.

Motion made by Trustee Lively, Seconded by Trustee Vincent.

Voting Yea: Trustee Lively, Trustee Heiskell, Trustee Vincent, Trustee Vanzant

3. Approve minutes for the cancelled January 26, 2021 meeting.
4. Approve minutes for the cancelled December 15, 2020 meeting.
5. Approve the minutes for the special meeting held on December 2, 2020.
6. Approve the minutes for the cancelled November 24, 2020 meeting.
7. Approve the minutes for the cancelled October 28, 2020 meeting.
8. Approve January 2021 Claims.
9. Approve additional February 2021 estimated claims.
10. Approve estimated claims for March 2021.
11. Approve Hospital Departmental Reports.
12. Approve Hospital Departmental Reports for December 2020.
13. Approve Hospital Departmental Reports for January 2021.
14. Approve Clinic Operations Report for November 2020.
15. Approve Clinic Operations Reports for December 2020.
16. Approve January 2021 Clinic Operations Report.
17. Approve Hospital Respiratory Policies and Procedures.
18. Approve Hospital Drug Room Policies and Procedures.
19. Approve Hospital Emergency Department Policies and Procedures.
20. Approve Clinical Policies and Procedures.
21. Approve Wound Care Policies and Procedures Form
22. Approve Human Resources Performance Evaluation Policy.
23. Approve Hospital Rehab Department Policies and Procedures
24. Approve Patient Discharge Safety Checklist.
25. Approve Blood Transfusion Outcome Review Form
26. Approve 2020 Financial Reports

FURTHER DISCUSSION

Items 27 and 28 will be voted on in one motion and items 29, 30 and 31 one will be voted on in another motion.

27. Approve Financial Reports for December 2020.

Andrea Snider went over the the financials as follows: Balance Sheet

Operating cash decreased \$128,163 from November 30, 2020 balance. This is primarily driven by:

An adjustment to the stimulus fund balance was made to replenish the \$1.04M initially borrowed for operating cash. (previously - \$1.492M borrowed - \$451K that had been identified to qualify to be retained as operating cash.) The stimulus funds have been segregated within the financial statements to track and report these separately.

A \$967,967 Medicare receivable was paid to the facility in December and an additional adjustment of \$495,378 to increase the 2020 interim rate receivable estimate, along with principal payments on debt services resulted in the net increase of \$341,364 seen in the Due to Medicare liability account.

Income Statement

Net Patient Service Revenue increased \$405,757 from November. This is primarily driven by a positive adjustment to contractual allowances regarding the 2020 interim rate receivable.

Total operating expenses for December were \$1,467,267. This amount is substantially higher than the YTD average of \$1.2M due to a surge in contract labor, stimulus bonuses through payroll, and inventory audit adjustments regarding year end physical count.

28. Approve Financial Reports for January 2021.

Andrea gave an overview of the financials as follows:

Balance Sheet Highlights:

Operating Cash of \$1.4M increased \$190K from the December 31, 2020 balance.

A small adjustment to the Stimulus fund reserve for supplies related to the treatment of COVID-19.

AP increased \$430K in January, this primarily is due to having a \$210,000 operating loss and a little bit of a timing of a delayed check run processed 2/1.

The Medicare overall showed a 1.3-million-dollar receivable based on August 31, 20, so this is not the final for 2020. These funds were not paid out to the hospital instead were applied to the past ERS loans. The Medicare payables I referenced on the January Medicare schedule is where you will see the payoff of the three oldest loans, the 2016 settlement and the 2017 interims have all paid off. You will see a sizable payment on 2018 cost report settlement as well.

Income Statement Highlights:

Net Patient Service Revenue in January is about \$878,000. This is a little bit of a decrease from prior average. January had a lower census than previous months and so January is reflective of that.

Operating expenses for January were also lower in January of about \$1.1 million. This is primarily driven because of contract labor by the decrease in contract labor was lower as Marie mentioned that they have hired some more staff. As you know the less patients we have, the less staff we need. Overall, the revenue and expense totals for January resulted in a \$210,000 net operating loss.

Motion to approve both items 27 and 28 in one motion.

Motion made by Trustee Lively, Seconded by Trustee Vanzant.

Voting Yea: Trustee Lively, Trustee Heiskell, Trustee Vincent, Trustee Vanzant

29. Approve CEO Report for November 2020.

Marie Harrington went over the Nov 2020 CEO report.

Jessica Pineda was Employee of the month for November.

We continue to swab any admits for COVID-19.

Nov COVID-19 stats 208 Swabs, 45 positives (21.63%), 164 Negative (78.84%) 0 Pending and 1 death. Median Age: 54-68.

Greer County November COVID-19 Statistics: 262 Positive Cases and 8 Deaths (3.05% death rate).

Due to COVID-19 surge in November we have prohibited vendor visitation to hospital and limited patient visitation to only palliative care patient visitation.

November average daily census 14.67 Swing bed and Acute patients per day.

Carport was installed at the clinic on November 17, 2020.

30. Approve CEO Report for December 2020.

Marie Harrington gave her CEO report for December.

Some of the highlight are listed below:

We continue to swab any admits for COVID-19.

December COVID-19 stats: 161 Swabs, 16 positives (9.93%), 145 Negative (90.06%) 0 pending and 1 (.62%) death.

December prevalence: 9.93% Median age: 66 to 81.

Greer County December COVID-19 Statistics: 390 positive cases and 9 deaths (2.30% death rate).

Participated in all OSDH Region 5 Vaccine planning meetings.

Drafted our MRMC Vaccination plan for Phase 1 and beyond.

Administered the Pfizer-BioNTech Vaccine to 3 groups of Phase 1 recipients. Everything went well and no serious adverse reactions were reported.

December Daily census 8.5 swing bed and acute patients per day; Average daily census for 2020 was 10.95.

COVID-19 Bonuses were approved, and these bonuses were distributed to all staff the first payroll in January.

31. Approve CEO Report for January 2021.

Marie Harrington gave her CEO report for January 2021.

Listed are some of the highlights.

Continue to swab any admits for COVID-19.

January COVID-19 Stats at MRMC: 157 Swabs, 7 Positive (4.45%), 139 Negative (88.53%), 0 Pending and zero deaths.

January COVID-19 Prevalence 4.45%, Median Age: 49.4. Greer County January COVID-19 Statistics: 461 Positive Cases and 13 Deaths (2.81% death rate).

Completed Savance COVID-19 Screening Kiosk Implementation and Training in January.

We tested a small number of the administration/business office team members the week of January 18th -22nd. Went well but worked through some technical difficulties. Go Live was scheduled for the week of January 25, 2021 and went well. Successful implementation with minor issues that continue to be improved and resolved.

Enrolled RHC as a Pandemic Provider and received status approval on January 13, 2021.

Hospital and Clinic are Pandemic Providers.

Desiree Sutherland was awarded the Employee of The Month for January during the MRMC All-Staff meeting on February 9, 2021.

Price Transparency Link from PARA was embedded into our Mangum website and went live on January 27, 2021. It looks wonderful and I went through a demo to review what the patients would experience submitting a price request.

Motion to approve items 29, 30, and 31 in one motion.

Motion made by Trustee Lively, Seconded by Trustee Vincent.

Voting Yea: Trustee Lively, Trustee Heiskell, Trustee Vincent, Trustee Vanzant

REMARKS

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

None.

REPORTS

OTHER ITEMS

32. Discussion and Possible Action to approve OGA Business Auto Liability Insurance Renewal Policy.

Approve OGA Business Auto Liability Insurance Renewal Policy.

Motion made by Trustee Lively, Seconded by Trustee Vincent.

Voting Yea: Trustee Lively, Trustee Heiskell, Trustee Vincent, Trustee Vanzant

33. Discussion and Possible Action to approve the hospital roof repair proposal from the City of Mangum.

No action at this time. Put on next months meeting.

34. Discussion and Possible Action to approve quote for Spacelabs Healthcare.

Motion to approve the the quote for Spacelabs Healthcare in the amount of \$319,613 for ownership for five years.

Motion made by Trustee Vanzant, Seconded by Trustee Vincent.

Voting Yea: Trustee Lively, Trustee Heiskell, Trustee Vincent, Trustee Vanzant

35. Discussion and Possible Action to approve contract between Mangum City Hospital Authority dba Mangum Regional Medical Center and LifeShare Transplant Services of Oklahoma, Inc.

Motion to approve the contract with LifeShare Transplant Services of Oklahoma, Inc.

Motion made by Trustee Vanzant, Seconded by Trustee Heiskell.

Voting Yea: Trustee Lively, Trustee Heiskell, Trustee Vincent, Trustee Vanzant

36. Discussion and Possible Action to approve amendment to agreement between Mangum City Hospital Authority dba Mangum Regional Medical Center and Press Ganey Associates LLC.

Motion to approve the amendment to agreement between Mangum City Hospital Authority dba Mangum Regional Medical Center and Press Ganey Associates LLC.

Motion made by Trustee Lively, Seconded by Trustee Vanzant.

Voting Yea: Trustee Lively, Trustee Heiskell, Trustee Vincent, Trustee Vanzant

37. Discussion and possible action to approve COVID Expenses.

Reyes Electric repaired electric issues in the COVID Unit for \$8,750.00. Motion to approve COVID expenses.

Motion made by Trustee Lively, Seconded by Trustee Vincent.

Voting Yea: Trustee Lively, Trustee Heiskell, Trustee Vincent, Trustee Vanzant

38. Discussion and Possible Action to approve Consulting Services Agreement between Mangum City Hospital Authority dba Mangum Regional Medical Center and OFMQ.

Motion to approve the Consulting Services Agreement between Mangum City Hospital Authority dba Mangum Regional Medical Center and OFMQ for peer review of charts.

Motion made by Trustee Vanzant, Seconded by Trustee Heiskell.

Voting Yea: Trustee Lively, Trustee Heiskell, Trustee Vincent, Trustee Vanzant

39. Discussion and Possible Action to approve Master Subscription Agreement between Mangum City Hospital Authority dba Mangum Regional Medical Center and Wolters Kluwer Health, Inc.

Motion to Approve the Master Subscription Agreement between Mangum City Hospital Authority dba Mangum Regional Medical Center and Wolters Kluwer Health, Inc.

Motion made by Trustee Vanzant, Seconded by Trustee Vincent.

Voting Yea: Trustee Lively, Trustee Heiskell, Trustee Vincent, Trustee Vanzant

40. Discussion and possible action regarding possible changes to the agenda and the presentation of data as requested by Board Member Heiskell. Specifically, to remove all financial reports from the current format of the consent agenda, making them a separate item on the agenda, to be presented monthly.

Table until next month.

41. Discussion and possible action regarding possible changes to the agenda and the presentation of data as requested by Board Member Heiskell. Specifically, requiring the local CEO cover all operational reports, therefore eliminating parts of the current monthly department reports, yet providing more details of local operations.

Motion to remove all operational reports and financial items from the consent agenda and put them under their own item.

Motion made by Trustee Vanzant, Seconded by Trustee Vincent.

Voting Yea: Trustee Lively, Trustee Heiskell, Trustee Vincent, Trustee Vanzant

42. Discussion and possible action regarding possible changes to the agenda and the presentation of data as requested by Board Member Heiskell. Specifically, requiring all participants that are attending the meetings remotely to have video on while presenting information.

Motion to have anyone that is speaking to turn on their video/camera until they are done speaking then turn it off again. This is not for the board members as they are required to have their video on at all times.

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

43. Discussion and possible action regarding joining the Oklahoma Hospital Association as requested by Board Member Heiskell, paying associated variable rate membership fees of \$14,387.00 for the first year.

Motion to approve joining the Oklahoma Hospital Association paying associated variable rate membership fees of \$14,387.

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

44. Discussion and possible action for future joint session with City Commissioners.

No action.

EXECUTIVE SESSION

45. Discussion and possible action to enter into executive session in accordance with Oklahoma Statute 25 O.S. 307 (B) 1 for the purpose of discussing the proposed approval of medical staff privileges/credentials between the providers a. b. and c. and Mangum Regional Medical Center.

- a. Sara McDade, APRN - Courtesy Privileges
- b. Dave Spear, MD - Courtesy Privileges
- c. Mary Barnes, APRN - Courtesy Privileges - Re-Credentialing
- d. John J. Chiaffitelli, DO - Active Privileges - Re-Credentialing
- e. Terri Gibson, MD - Courtesy Privileges - Re-Credentialing
- f. Mary Holmboe, MD - Courtesy Privileges - Re-Credentialing
- g. Ruth Oneson, MD - Courtesy Privileges - Re-Credentialing
- h. Ricky Reaves, MD - Courtesy Privileges – Re-Credentialing
- i. Barry Rockler, MD - Courtesy Privileges – Re-Credentialing
- j. Sherrita Wilson, MD, - Courtesy Privileges – Re-Credentialing

Motion to approve approve the following medical staff privileges/credentials between the providers a. b. and c. and Mangum Regional Medical Center. No executive session needed.

- a. Sara McDade, APRN - Courtesy Privileges
- b. Dave Spear, MD - Courtesy Privileges
- c. Mary Barnes, APRN - Courtesy Privileges - Re-Credentialing
- d. John J. Chiaffitelli, DO - Active Privileges - Re-Credentialing
- e. Terri Gibson, MD - Courtesy Privileges - Re-Credentialing
- f. Mary Holmboe, MD - Courtesy Privileges - Re-Credentialing
- g. Ruth Oneson, MD - Courtesy Privileges - Re-Credentialing

- h. Ricky Reaves, MD - Courtesy Privileges – Re-Credentialing
- i. Barry Rockler, MD - Courtesy Privileges – Re-Credentialing
- j. Sherrita Wilson, MD, - Courtesy Privileges – Re-Credentialing

Motion made by Trustee Vanzant, Seconded by Trustee Vincent.

Voting Yea: Trustee Lively, Trustee Heiskell, Trustee Vincent, Trustee Vanzant

OPEN SESSION

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

Not needed.

STAFF AND BOARD REMARKS

Remarks or inquiries by the governing body members, City Manager, City Attorney or City Employees

Trustee Vanzant asked how he can see a yearly financial report, a yearly budget, a monthly budget and a P&L statement. Dennis or Andrea can get it for you. We can work that through Marie. Trustee Heiskell asked if they could be given a class on the financials. Corry explained that it would be considered an open meeting and an agenda would need to be posted and the public could attend as well.

There was a request for an update from our legal standpoint on where we are with a lot of things. We are not prepared to give that and don't have those attorneys on hand that we can just reach out to them and they be able to get us that in a short time. They took it off the agenda because they were not ready. Trustee Heiskell asked if we could be ready for the next meeting. City Manager stated that it would be on the next meeting.

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 8:16 pm.

Motion made by Trustee Lively, Seconded by Trustee Vincent.

Voting Yea: Trustee Lively, Trustee Heiskell, Trustee Vincent, Trustee Vanzant

Billie Chilson, Secretary

Chairman

Mangum Regional Medical Center
 Medical Staff Meeting
 February 18, 2021

MEMBERS PRESENT:

John Chiaffitelli, DO, Medical Director
 William Gregory Morgan, III, MD
 Absent:
 Guest:

ALLIED HEALTH PROVIDER PRESENT:

Mary Barnes, APRN
 Randy Benish, PA

NON-MEMBERS PRESENT:

Chelsea Church, PhD
 Marie Harrington, CEO
 Daniel Coffin, CCO
 Melissa Tunstall, Quality Director
 Candy Denney, RN, Utilization Review
 Lynda James, LPN, Drug Room
 Kaye Hamilton, Medical Staff Coordinator

1. Call to order
 - a. The meeting was called to order at 12:05 pm by Dr. John Chiaffitelli, Medical Director.
2. Acceptance of minutes
 - a. The minutes of the January 21, 2021, Medical Staff Meeting were reviewed.
 - i.Action:** Dr. Chiaffitelli, Medical Director, made a motion to approve the minutes.
3. Unfinished Business
 - a. None
4. Report from the Chief Executive Officer
 - a. CEO report – Marie Harrington, CEO

- We continue to swab any admits due to increased number of positive COVID-19 patients in Mangum. Treating all patients in our ER as if they have COVID-19 until proven otherwise.
- January COVID-19 Stats at MRMC: 157 Swabs, 7 Positive (4.45%), 139 Negative (88.53%), 0 Pending and 0 deaths.

- COVID – 19 Prevalence Overview by Month at MRMC: March: 32% Prevalence, April: 25% Prevalence, May: 6%, Prevalence, June 0% Prevalence, July: 10% Prevalence, August: 2.4% Prevalence, September: 2.73% Prevalence, October: 6.47% Prevalence, November: 21.63% Prevalence, December Prevalence: 9.93%, and January Prevalence: 4.45%, Median Age: 49.4.
- Greer County January COVID-19 Statistics: 461 Positive Cases and 13 Deaths (2.81% death rate).
- PPE and Swab supplies have been adequate for us to manage during this current crisis.
- Updated COVID-19 Binder at Nurse's station, City Annex and Provider room to ensure communication and COVID-19 updates and education are read. Signature is required for all read and sign documents in binder. Providers are kept up to date with the COVID-19 Provider Update/Education Binder in the provider sleep room. CEO has also communicated with providers via email, cell phone and text messages during this continued COVID-19 Pandemic. Last update was 12.03.2020.
- Due to COVID-19 surge in January we have prohibited vendor visitation to hospital and limited patient visitation to only palliative care patient visitation.
- Cohesive Healthcare provided staff lunches for January, 2021 during this pandemic. All staff members are very thankful for this support.
- Completed Savance COVID-19 Screening Kiosk implementation and training in January.
- Enrolled RHC as a Pandemic Provider and received status approval on January 13, 2021. Hospital and Clinic are Pandemic Providers.
- Desiree Sutherland was awarded the Employee of The Month of January during the MRMC All-Staff meeting on February 09, 2021.
- MRMC-KPIs for January were reviewed. The quality improvements continued to be significant: 0 Falls, 1 Employee Work Related Injuries, 3 Med Variances, 2 AMAs, 0 LWBS, 5 Referrals, 3 Denials, 0 Inpatient Mortalities, 0 ER Patient Mortality, 1 Readmission to Acute, 1 Grievance and 0 Complaints. Zero CAUTIs, CLABSIs, or CAEs, and OHA Pressure Ulcers. A total of 104 ER patients were admitted which was a decrease of 16.8% over previous month. A total of 252 Outpatient visits. Average Daily Census: 5.9
- The hospital generator update:
 - Reyes Electric began the project and will perform a new assessment when approved. Project is still pending.

- Contracts and items, we prepared for February Board meeting:
 - Lippincott (Wolters Kluwer Health, Inc.)
 - OFMQ
 - Spacelabs

Written report remains in the minutes.

5. Committee / Departmental Reports

- a. Medical Records
 - i. No report was given.

- b. Nursing

Excellent Patient Care

- Monthly Education topics included: Administration of Bamlanivimab for COVID-19 positive patients.
- Staff are updated regularly regarding Cohesive COVID Task Force directives.
- Implemented and initiated Oklahoma State Dept. of Health COVID-19 Pandemic Provider status.

Excellent Client Service

- Patients continue to rely on MRMC as their local hospital. Patient days decreased from 265 in December to 183 in January. This represents an average daily census of 5.90.
- MRMC Outpatient services are proud to begin offering Bamlanivimab. Bamlanivimab is a neutralizing antibody infusion available for Outpatients that are positive for COVID-19. The drug may help to limit the amount of virus in the body. This may help their symptoms to improve sooner – and may be less likely to need to be admitted to the hospital.
- MRMC continues to collaborate with Oklahoma State Dept of Health in providing COVID-19 vaccination clinics.

Preserve Rural Jobs

- Open Positions include Full Time RT, MLT, RN, LPN and CNA
- Recruiting efforts included direct mailing of postcards to qualified recipients.
- Hired 3 LPN's for core staff.

Written report remains in minutes.

- c. Infection Control

Date of Meeting: February 10, 2021

- Infection Control
 - a. Rapid Testing – reported to PHIDDO by lab
 - b. Phases of Covid Vaccinations
 - 1. Pfizer
 - 2. Moderna
 - c. New email: vaccinate@mangumregional.org
 - d. Wednesday meetings Mangum Covid Vaccination
 - Employee Education
 - a. HealthStream
 - Employee Health
 - a. Employee Files – Annual TB
 - b. COVID Vaccinations
 - Policy & Procedure
 - a. Changes to EMR now mandated 41- 47
 - Committee Updates:
 - a. Performance Improvement Projects
 - N/A
 - b. Regulatory Compliance/Site Visits
 - TB Risk Assessment
 - TB Risk Assessment Completed for 2020
 - 3 Key Areas for Improvement Identified: RPP, Annual TB RA, TB RA Policy Updates
 - Action Plan Developed for areas of improvement
 - c. Changes in process, procedure, or protocol
 - N/A
 - Recommendations from Committee
 - a. Rapid Covid Testing – need to evaluate new policy for patients and employees
Written report remains in minutes.
- d. Environment of Care and Safety Report
- i. Evaluation and Approval of Annual Plans –
 - i.i. Old Business - -
 - a. Flooring in nurses break area and med prep room - rescheduled - could not close off area due to patient care additional tile will need to be ordered.
 - b. New oxygen/suction headwall needed in ER1 – scheduled visit has been postponed – contacted Apex – not allowing vendors inside at this time – COVID-19
 - c. New covered pegboard needed for supplies in ER1 - pegboards will have to be custom made
 - d. Wall repair around window in room 19 has been postponed due to COVID-19
 - e. Roof over OR2 area damaged and in need of repair –

insurance not covering repairs – item on Board Agenda for discussion.

- f. Code drill schedule – drills can be tracked in QAPI.
- g. Complete Active Shooter Exercise – Schedule was postponed by Sheriff due to family emergency – drill scheduled for January 19, 2021.
- h. 15 AMP Receptacles – All 15 AMP Receptacles will be replaced with 20 AMP Receptacles throughout Hospital – replacement has started.
 - i. Room 9 needs electrical coming through floor addressed
 - j. Exit signs in COVID Wing – signs have been ordered.
- k. Additional Electrical Circuits for COVID Wing – on Board Agenda for discussion.
- l. Ceiling in OR2 needs repaired – repairs made January 11, 2021.

i.i.i. New Business

- a. Gurney in ER2 leaking oil.
- b. Ceiling in OR2 needs repaired.
Written report remains in minutes.

e. Laboratory

- i. Tissue Report – Approved – January 2021
- i.i. Transfusion Report – Approved – January 2021

f. Radiology

- i. There was a total of – 180 X-Rays/CT/US
 - i.i. Nothing up for approval
 - i.i.i. No Updates
Written report remains in minutes.

g. Pharmacy

- i. Verbal Report by Pharmacist.
 - i.i. Formulary approved.
 - i.i.i. P & T Meeting held January 28, 2021.

h. Physical Therapy

- i. No report.

i. Emergency Department

- i. No report

j. Quality Assessment Performance Improvement

- Quality
 - Quality Minutes from previous month included as attachment

- Previous policies approved by Quality/Med Staff/No approval from Governing Board.
 1. Respiratory policies and procedures.
 2. Drug Room policies and procedures.
 3. Clinical Policies and Procedures
 4. Emergency Department Policies and Procedures
 5. Wound Care Procedure Form
 6. Rehab Policies and Procedures
 7. General Hospital Policies and Procedures
 8. EMD-016 Blood Alcohol Collection for Law Enforcement
 9. EMD-016 Blood Alcohol Concentration Form
 10. EMD-016B Testing for Blood Alcohol Concentration Log
- Policies and forms approved by Quality Committee on February 10th, 2021.
 1. Form – Blood Transfusion Outcome Review
 2. Form – Patient Discharge Safety Plan
- HIM – Keeps showing improvement on completing documentation. Physician access to EMR outside of the facility is set up and going. Also, the Kiosk is being set up and were put into place the end of January. This will help with the completion of consents. They will be able to sign in and complete any paperwork.
- Compliance
 - One Grievance for January. Thorough investigation was done with no findings. Matter was resolved and letter was sent.
 - Contracts that were approved in Quality for January:
 1. Wolter Kluwer Health
 2. Lippincott Procedures
 - Contracts up for review from November: not approved by GB as of 1/15/21
 1. OGA auto insurance (Business auto liability insurance renewal Policy)
 2. Life Share Contract and Log
 3. Space Labs for Telemetry
 4. Press Ganey Contract
- Risk Management
 - 3 Medication Variance
 - 2 – 2 AMS’s ER. One didn’t like COVID-19 restrictions and she felt better. She was informed of benefits of staying and risks of leaving. Patient signed AMA. AMA #2 was CP

patient and was being treated and was put on NPO. Patient wanted to eat and kept becoming more verbally irritated. Provider verbalized the benefits of staying and the risks of leaving. Patient still left without signing AMA paperwork.

- 3 incidents in nursing.
- Working with Infection Control Nurse, CEO and CNO to stay informed with updates and information about COVID-19 Immunizations have been given to clinical and direct patient contact employees. We have had more immunizations in January.
- During the outbreak we have in place:
 1. No visitor for the patient (unless near end of life)
 2. Screening for all entering the Hospital and Annex
 3. Drive through swab for COVID-19
 4. Possible positive COVID-19 patients are seen in the OR2 room with direct ventilation
 5. Positive COVID-19 patients are to stay in COVID wing. We have 5 rooms on the wing. Rooms 12 and 13 have direct ventilation. The other 3 rooms are available for use as well.
- Workman's Comp
 - There are currently no Workman's Comp cases currently open
Written report remains in minutes.

k. Utilization Review

- i. Total Patient days for January: 183
 - i.i. Total Medicare days for January: 156
 - i.i.i. Total Medicaid days for January: 19
 - i.v. Total Swing bed days for January: 133
 - v. Total Medicare SB days for January: 133
- Written reports remain in minutes.

Motion made by Dr. John Chiaffitelli, Medical Director to approve Committee Reports.

6. New Business

- a. Approval of Wolters Kluwer Health, Inc – MPMC Quote
 - i.Motion:** made by Dr. Chiaffitelli to approve Wolters Kluwer Health, Inc. - MPMC Quote.
- b. Approval of Wolters Kluwer Health Agreement – MPMC Agreement
 - i.Motion:** made by Dr. Chiaffitelli to approve Wolters Kluwer Health Agreement.
- c. Approval of Blood Transfusion Outcome Review.
 - i.Motion:** made by Dr. Chiaffitelli to approve Blood Transfusion Outcome Review.
- d. Approval of Patient Discharge Safety Plan
 - i.Motion:** made by Dr. Chiaffitelli to approve Patient Discharge Safety Plan

- e. Approval of Nutrition Memo – Review/Discussion
i.Motion: made by Dr. Chiaffitelli to approve Nutrition Memo – Review/
Discussion.
- f. Approval of OFMQ – Consulting Services Agreement
i.Motion: made by Dr. Chiaffitelli to approve OFMQ – Consulting Services
Agreement.
- g. Approval of OFMQ – Work Order
i.Motion: made by Dr. Chiaffitelli to approve OFMQ – Work Order.

7. Adjourn

- a. Dr. Chiaffitelli made a motion to adjourn the meeting at 12:30 pm.

Medical Director/Chief of Staff

Date

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

Print Name *Signature*

Chairman		
Administrator		
CNO		
QM		
Respiratory		
Drug Room Supervisor		
Physical Therapy		
Dietary		
Case Management		
HIM		
BOM		
Infection Control		
Radiology		
Maintenance		
Safety & Security		
Purchasing		
Environmental Services		
Clinic Manager		
Human Resources		
Other		

QUALITY CARE

Name of Facility

*QUALITY ASSURANCE &
PERFORMANCE IMPROVEMENT
REPORT*

REPORTING PERIOD

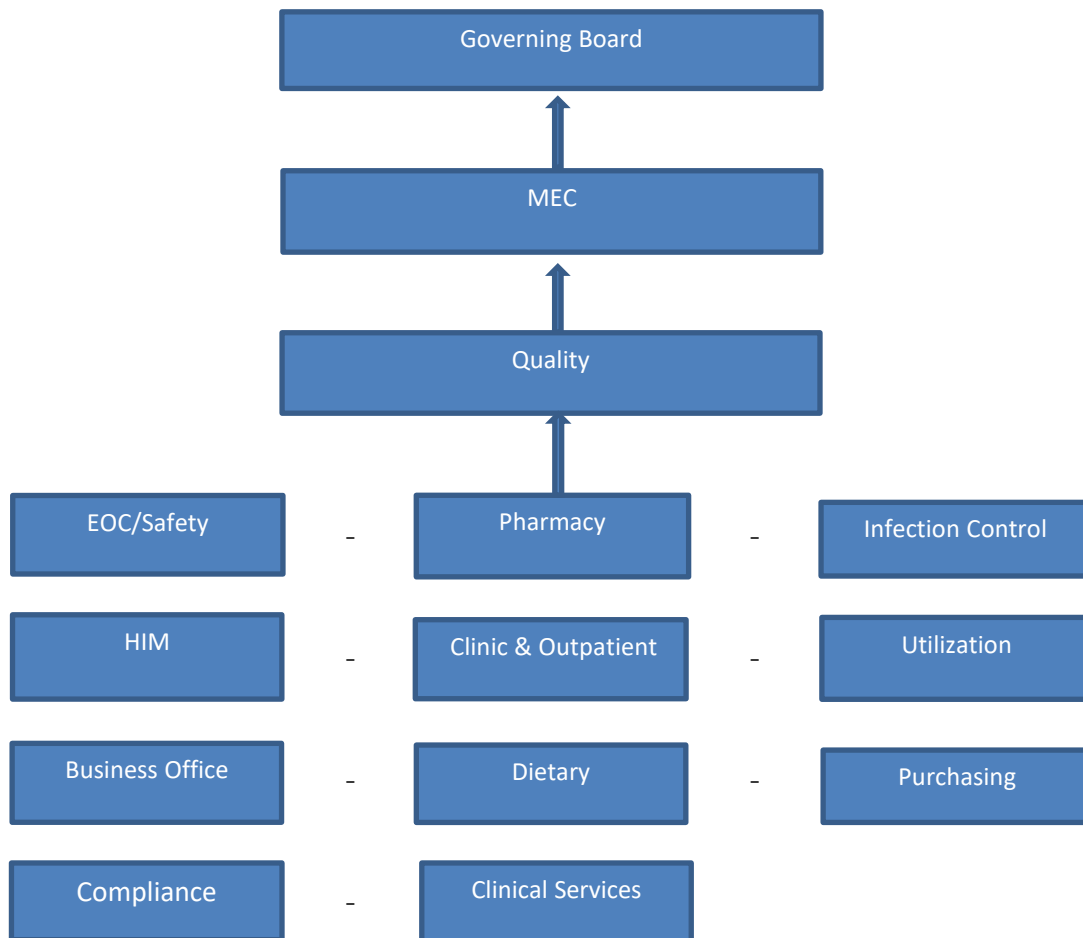
Date:

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, systemic, 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

<i>Title of Meeting</i>	<i>Frequency of Meeting</i>	<i>Attendees</i>
Quality Assurance & Performance Improvement Committee	Monthly	CEO, CNO, QM/RM, IP, Dept. Leads
Environment of Care (EOC) & Patient Safety Committee	Monthly	CEO, CNO, QM/RM, IP, Dept. Leads
Infection Prevention & Control Committee	Monthly	Physician, CEO, CNO, QM/RM, IP, Pharmacy, ES, MTN, EHN
Pharmacy & Therapeutics Committee	Monthly	CEO, Pharmacist, DRN, CNO, QM, IP
Health Information Management (HIM) & Credentialing Committee	Monthly	HIM, CNO, QM, REGISTRATION CLERK, CREDENTIALER
Utilization Review Committee	Monthly	CEO, CNO, QM, IP, CM
Compliance Committee	Monthly	CEO, CNO, QM, BOM, CO, Physician, HR, Nurse Managers, CM
Medical Executive Committee	Monthly	Medical Staff, CEO, CNO, QM
Governing Board	Monthly	CEO, CNO, Medical Staff, Governing Board Members

Name of Facility
 Quality Assurance & Performance Improvement Committee Meeting
 Agenda
 Date:

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

- 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. Procedures & Diagnostics
 - C. Blood Utilization
 - II.** Care Management
 - A. CAH Re-Admits
 - B. Acute Transfers
 - C. Transition of Care
 - D.-H. Patient Satisfaction Survey Results**
 - 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. Code Blue Interventions
 - K. ER Visits
 - L. Stroke Alerts
 - M. Failure Mode Effect Analysis (FMEA)
 - N. RCA/Sentinel Event
 - IV. Quality Control**
 - V. Nursing**
 - A. Critical Tests/Labs
 - B. Restraints
 - C. RN Assessments
 - VI. Pharmacy & Therapeutics**
 - A. Quality Monitoring
 - B. Pharmacy Utilization
 - C. Medication Overrides
 - VII. Medication Safety**
 - A. Adverse Drug Reaction

- B. Medication Error Rate
- C. Medication Error Risk Stratification by Patient Impact
- D. Medication Error Risk Stratification by Drug Classification
- E. Medication Error Within Distribution Cycle

VIII. Respiratory Care Services

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

IX. Wound Care Services

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

X. Radiology

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

XI. Lab

- A. Lab Reports
- B. Blood Culture Contaminants

XII. Employee Health

- A. Employee Health Summary Report
- B. OSHA Report

XIII. Infection Control & Prevention

- A. CAUTI's
- B. CLABSI's
- C. HA MRSA Bacteremia
- D. HA MDRO
- E. HA C.diff
- F. HA Infections by Source
- G. Hand Hygiene & PPE Surveillance
- H. Public Health Reporting
- I. Isolation
- J. Patient Vaccinations
- K. Sepsis Care
- L. Ventilator Associated Event

XIV. HIM

- A. H&P's
- B. Discharge Summaries
- C. Progress Notes (Swingbed)
- D. Daily Progress Notes (Acute & Observation)
- E. Medical Screening Exam
- F. ED RN Assessments
- G. Provider Response Time
- H. Consent to Treat
- I. Swingbed Indicators

XV. Dietary

- A. Food Tray Temps
- B. Food Tray Evaluation
- C. Quality Checks
- D. Nutrition Screening

XVI. Therapy

- A. Therapy Volume
- B. Therapy Visits
- C. Functional Improvement Outcomes

XVII. Compliance

- A. EDTC
- B. Trauma Registry

XVIII. Human Resources

- A. Compliance
- B. Turnover & Staffing
- C. Employee Satisfaction 30 Day Survey
- D. Employee Satisfaction Annual Survey

XIX. Business Office

- A. Billing Services
- B. Revenue A/R
- C. Registration

XX. Environmental Services

- A. Sharps Containers
- B. Terminal Room Cleans
- C. Linen

XXI. Materials Management

- A. Materials Management Indicators

XXII. Plant Ops

- A. Plant Ops Indicators

XXIII. Information Technology (IT)

- A. Work Orders
- B. IT Service Requests

XXIV. Clinic

- A. Volume
- B. Clinic Indicators
- C. Complaints
- D. Medication Errors
- E. Referrals to Inpatient Hospital Services
- F. Quality Checks
- G. Infection Control
- H. Health Information Management (HIM)
- I. Risk Management
- J. Employee Satisfaction 30 Day Survey
- K. Employee Satisfaction Annual Survey

XXV. Outpatient Services

- A. Orders and Assessments
- B. Lab and Diagnostic Reports to Providers
- C. Outpatient Therapy Services
- D. Outpatient Wound Services

XXVI. Strong Mind Services

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

XXVII. Surgical Services

- A. H&P's
- B. Informed Consent
- C. OR Register
- D. Op Report
- E. Procedures
- F. Quality Checks
- G. Terminal OR Room Clean Inspection

VII. Contract Services

VIII. Regulatory & Compliance

- A. OSDH & CMS updates
- B. Surveys

C. Product Recalls

IX. Policy & Procedure Review

X. Standing Agenda

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

XI. Credentialing/New Appointments

XII. Chief Nursing Officer Report

XIII. Administrator Report

XIV. Education & Training

XV. Performance Improvement Project

XVI. Department Reports

XVII. Other

XVIII. Adjournment

Quality Workbook Contents

<i>Topic</i>	<i>Responsible Party</i>
I. Hospital Volume & Utilization	
A. Hospital Activity	QM
B. Procedure & Diagnostics	QM
C. Blood Utilization	LAB
II. Care Management	
A. CAH Re-Admits	CNO
B. Acute Transfers	CNO
C. Transition of Care	CM
D. Patient Perception of Care Survey Return Rate	QM
E. Physician Communication	QM
F. Likelihood of Recommending Hospital	QM
G. Overall Rating of Hospital	QM
H. Responsiveness of Staff	QM
III. Risk Management	
A. Incidents	QM
B. Reported Complaints	QM
C. Reported Grievances	QM
D. Patient Falls Without Injury	QM
E. Patient Falls With Minor Injury	QM
F. Patient Falls With Major Injury	QM
G. Mortality Rate	QM
H. Deaths Within 24 Hours of Admission	QM
I. OPO/Tissue Donation	QM
J. Code Blue Interventions	QM
K. ER Visits	QM
L. Stroke Alerts	QM
IV. Quality Control	
A. Quality Checks	QM
V. Nursing	
A. Critical Tests/Labs	CNO
B. Restraints	CNO
C. RN Assessments	CNO
VI. Pharmacy & Therapeutics	
A. Quality Control Monitoring	DRUG ROOM NURSE
B. Pharmacy Utilization	DRUG ROOM NURSE
C. Medication Overrides	DRUG ROOM NURSE
VII. Medication Safety	
A. Adverse Drug Reaction	DRUG ROOM NURSE/QM
B. Medication Error Rate	QM
C. Medication Error Risk Stratification By Patient Impact	QM
D. Medication Error Risk Stratification By Drug Classification	QM
E. Medication Error Within Distribution Cycle	QM
VIII. Respiratory Care Services	
A. Ventilator Days	RT
B. Ventilator Wean Rate	RT
C. Patient Self-Deannulation Rate	RT
D. Respiratory Care Equipment	RT
IX. Wound Care	
A. Development of Pressure Ulcer	QM
B. Wound Healing Improvement	WC
C. Wound Care Documentation	WC
D. Debridement/Wound Care Procedure	WC
E. Wound Vac Application	WC
X. Radiology	
A. Radiology Films	RADIOLOGY
B. Imaging	RADIOLOGY
C. Radiation Dosimeter Reports	RADIOLOGY
D. Physicist's Report	RADIOLOGY
XI. Laboratory	
A. Lab Reports	LAB
B. Blood Culture Contaminations	LAB
XII. Employee Health	
A. Employee Health Summary	QM
B. OSHA Report	EH
XIII. Infection Control	
A. Catheter Associated Urinary Tract Infections (CAUTI's)	IP

B.	Central Line Associated Bloodstream Infections (CLABSTI's)	IP
C.	MRSA Bacteremia	IP
D.	HA MDRO	IP
E.	C.diff	IP
F.	Hospital Acquired Infection By Source	IP
G.	Hand Hygiene & PPE Surveillance	IP
H.	Public Health Reporting	IP
I.	Isolation	IP
J.	Patient Vaccinations	IP
K.	Sepsis Care	IP
L.	Ventilator Associated Event (VAE)	IP
XIV. Health Information Management (HIM)		
A.	History & Physical Completion	HIM
B.	Discharge Summary Completion	HIM
C.	Progress Notes (Swingbed)	HIM
D.	Daily Progress Notes (Acute & Observation)	HIM
E.	Medical Screening Exam	HIM
F.	Emergency Department RN Assessment	HIM
G.	Provider Response Time	HIM
H.	Consent for Treatment	HIM
I.	Swingbed Documentation	CM
XV. Dietary		
A.	Patient Food Tray Temperatures	DIETARY MANAGER
B.	Food Test Tray Evaluation	DIETARY MANAGER
C.	Quality Checks	DIETARY MANAGER
D.	Nutritional Screening	DIETARY MANAGER
XVI. Therapy Services		
A.	Therapy Volume	PHYSICAL THERAPY
B.	Therapy Visits	PHYSICAL THERAPY
C.	Functional Improvement Outcomes	PHYSICAL THERAPY
XVII. Compliance		
A.	EDTC Report	ED MANAGER
B.	Trauma Registry Report	ED MANAGER
XVIII. Human Resources		
A.	Employee Compliance	HUMAN RESOURCES MANAGER
B.	Turnover & Staffing	HUMAN RESOURCES MANAGER
C.	30 Day Employee Satisfaction Survey	HUMAN RESOURCES MANAGER
D.	Annual Employee Satisfaction Survey	HUMAN RESOURCES MANAGER
XIX. Business Office		
A.	Billing Services	BUSINESS OFFICE MANAGER
B.	Revenue A/R	BUSINESS OFFICE MANAGER
C.	Registration	BUSINESS OFFICE MANAGER
XX. Environmental Services		
A.	Sharps Containers	ES MANAGER
B.	Terminal Room Cleans	ES MANAGER
C.	Linen Services	ES MANAGER
XXI. Materials Management/Purchasing Services		
A.	Materials Management Indicators	MM MANAGER
XXII. Plant Operations		
A.	Plant Operations Quality Checks	PLANT OPS MANAGER
XXIII. Information Technology (IT)		
A.	Work Orders	IT MANAGER
B.	IT Service Requests	IT MANAGER
XXIV. Clinic		
A.	Volume	CLINIC MANAGER
B.	Clinic Indicators	CLINIC MANAGER
C.	Complaints	CLINIC MANAGER
D.	Medication Errors	CLINIC MANAGER
E.	Referrals to Inpatient Hospital Services	CLINIC MANAGER
F.	Quality Checks	CLINIC MANAGER
G.	Infection Control	CLINIC MANAGER
H.	Health Information Management (HIM)	CLINIC MANAGER
I.	Risk Management	CLINIC MANAGER
J.	30 Day Employee Satisfaction Survey	CLINIC MANAGER
K.	Annual Employee Satisfaction Survey	CLINIC MANAGER
XXV. Outpatient Services		
A.	Outpatient Orders and Assessments	PROGRAM MANAGER

- B. Lab and Diagnostic Reports to Providers DEPARTMENT MANAGER
- C. Outpatient Therapy Services THERAPY MANAGER
- D. Outpatient Wound Services WOUND CARE NURSE

XXVI. Strong Mind Services

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

XXVII Surgery Services

- A. H&P's SURGERY MANAGER
- B. Informed Consent SURGERY MANAGER
- C. Operating Room Register SURGERY MANAGER
- D. Operative Report SURGERY MANAGER
- E. Procedures SURGERY MANAGER
- F. Quality Checks SURGERY MANAGER
- G. Terminal OR Room Clean Inspection SURGERY MANAGER

I. Hospital Volume & Utilization Data

A. Hospital Activity

Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total ER visits													0
Total Observation Patients													0
Total Acute Patients													0
Swing Bed Patients													0
Total Hospital Admissions													0
AMA													0
Left Without Being Seen													0
Total Discharges													0
Total Patient Days													0
Average Daily Census (Acute & Swingbed)													#DIV/0!
January													
Summary of Findings							Plan of Correction						
February													
Summary of Findings							Plan of Correction						
March													
Summary of Findings							Plan of Correction						
April													
Summary of Findings							Plan of Correction						
May													
Summary of Findings							Plan of Correction						
June													
Summary of Findings							Plan of Correction						
July													
Summary of Findings							Plan of Correction						
August													
Summary of Findings							Plan of Correction						
September													

I. Hospital Volume & Utilization Data

Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

B. Procedure/Diagnostic Review

Internal	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
X-Ray													0
CT scan													0
Other													0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0
January					February								
March					April								
May					June								
July					August								
September					October								
November					December								

I. Hospital Volume & Utilization Data

Procedure/Diagnostic Review

External	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
PEG/G tube													0
EEG													0
Diagnostics													0
Other													0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0
January					February								
March					April								
May					June								
July					August								
September					October								
November					December								

C. 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													
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total Units of Blood / Blood Products Administered													0
Total Number of Transfusion Episodes													0
Appropriateness for transfusion (per criteria)													0
Total number of transfusion reactions													0
Patient identification using 2 identifiers (total # of units with 2 patient identifiers/total units infused) (Benchmark=100%)													0
Signed Informed Consent (total # of episodes with signed Informed Consent/total episodes) (Benchmark=100%)													0
January													

I. Hospital Volume & Utilization Data

Summary of Findings	Plan of Correction
February	
Summary of Findings	Plan of Correction
March	
Summary of Findings	Plan of Correction
April	
Summary of Findings	Plan of Correction
May	
Summary of Findings	Plan of Correction
June	
Summary of Findings	Plan of Correction
July	
Summary of Findings	Plan of Correction
August	
Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

I. Hospital Volume & Utilization Data

II. Care Management

A. CAH Re-Admits

Function: Outcome & Process Measure													
Rationale: High Risk, Problem Prone													
Data Source: Patient Records													
Sample Size: All acute/ER patients readmitted to CAH/ER													
Methodology: Medical records, Discharge reports, PDSA													
Inclusion Criteria: All acute/ER patients readmitted to CAH/ER within 30 days & 72 hours respectively													
30 Day Re-Admits to CAH/ER	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
# of patients readmitted to CAH ER within 30 days (Benchmark=5% or less)													0
Total Discharges for the reporting month													0
CAH Readmission Rate per 100 patient discharges	---	---	---	---	---	---	---	---	---	---	---	---	---
Re-Admits to ER	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
# of patients readmitted to ER within 72 hours (Benchmark=2.5%)													0
Total # of ER discharges													0
ER Re-Admits Rate per 100 patient discharges	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings							Plan of Correction						
February													
Summary of Findings							Plan of Correction						
March													
Summary of Findings							Plan of Correction						
April													
Summary of Findings							Plan of Correction						
May													
Summary of Findings							Plan of Correction						
June													
Summary of Findings							Plan of Correction						
July													
Summary of Findings							Plan of Correction						

II. Care Management

August	
Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

B. Acute Transfers

Function: Outcome & Process Measure														
Rationale: High Risk, Problem Prone														
Sample Size: All acute transfers from acute & swingbed to tertiary facility														
Methodology: Medical records, Discharge reports, PDSA														
Inclusion Criteria: All acute transfers from acute, ER, & swingbed to tertiary facility														
Acute Transfers to Tertiary Facility	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
# of patients transferred to tertiary facility													0	
January														
Summary of Findings	Plan of Correction													
February														
Summary of Findings	Plan of Correction													
March														
Summary of Findings	Plan of Correction													
April														
Summary of Findings	Plan of Correction													

II. Care Management

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

C. Transition of Care

Function: Outcome & Process Measure														
Rationale: High Risk, Problem Prone														
Sample Size: All patients with transition of care														
Methodology: Medical records, Discharge reports, PDSA														
Inclusion Criteria: All patients with transition of care														
Acute Transfers to Tertiary Facility	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
# of patients transferred with appropriate orders from observation to acute care													0	
Total # of patients admitted for acute care services for the reporting month													0	
Acute Transition Percentage of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---	

II. Care Management

# of patients transferred with appropriate orders from acute care to swingbed														0
Total # of patients admitted for swingbed services for the reporting month														0
Swingbed Transition Percentage of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---	---
January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
March														
Summary of Findings							Plan of Correction							
April														
Summary of Findings							Plan of Correction							
May														
Summary of Findings							Plan of Correction							
June														
Summary of Findings							Plan of Correction							
July														
Summary of Findings							Plan of Correction							
August														
Summary of Findings							Plan of Correction							
September														
Summary of Findings							Plan of Correction							
October														
Summary of Findings							Plan of Correction							
November														
Summary of Findings							Plan of Correction							

II. Care Management

December	
Summary of Findings	Plan of Correction

D. Patient Perception of Care Survey Return Rate

Function: Outcome Measure
Rationale: Problem Prone
Data Source: Patient Surveys
Sample Size: All discharged patients during the reporting period that meet eligibility criteria
Methodology: PDSA, Patient Surveys
Inclusion Criteria: All discharged patients during the reporting period that meet eligibility criteria

Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
# of surveys returned during the reporting period (Benchmark=70%)													0
# of patients discharged during the reporting period													0
Return Rate Percentage	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings	Plan of Correction												
February													
Summary of Findings	Plan of Correction												
March													
Summary of Findings	Plan of Correction												
April													
Summary of Findings	Plan of Correction												
May													
Summary of Findings	Plan of Correction												
June													
Summary of Findings	Plan of Correction												
July													
Summary of Findings	Plan of Correction												

II. Care Management

August	
Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

E. Doctor Communication

Function: Outcome Measure Rationale: Problem Prone Data Source: Patient Surveys Sample Size: All discharged patients during the reporting period that meet eligibility criteria Methodology: PDSA, Patient Surveys Inclusion Criteria: All discharged patients during the reporting period that meet eligibility criteria														
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Doctor Communication (Benchmark=90%)													#DIV/0!	
January														
Summary of Findings	Plan of Correction													
February														
Summary of Findings	Plan of Correction													
March														
Summary of Findings	Plan of Correction													
April														
Summary of Findings	Plan of Correction													

II. Care Management

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

F. Likelihood of Recommending Hospital

Function: Outcome Measure													
Rationale: Problem Prone													
Data Source: Patient Surveys													
Sample Size: All discharged patients during the reporting period that meet eligibility criteria													
Methodology: PDSA, Patient Surveys													
Inclusion Criteria: All discharged patients during the reporting period that meet eligibility criteria													
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Likelihood to Recommend (Benchmark=90%)													#DIV/0!
January													
Summary of Findings	Plan of Correction												

II. Care Management

February	
Summary of Findings	Plan of Correction
March	
Summary of Findings	Plan of Correction
April	
Summary of Findings	Plan of Correction
May	
Summary of Findings	Plan of Correction
June	
Summary of Findings	Plan of Correction
July	
Summary of Findings	Plan of Correction
August	
Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

G. Overall Rating of Hospital

Function: Outcome Measure

II. Care Management

Rationale: Problem Prone														
Data Source: Patient Surveys														
Sample Size: All discharged patients during the reporting period that meet eligibility criteria														
Methodology: PDSA, Patient Surveys														
Inclusion Criteria: All discharged patients during the reporting period that meet eligibility criteria														
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Overall Rating of Hospital (Benchmark=90%)													#DIV/0!	
January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
March														
Summary of Findings							Plan of Correction							
April														
Summary of Findings							Plan of Correction							
May														
Summary of Findings							Plan of Correction							
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Summary of Findings							Plan of Correction							
July														
Summary of Findings							Plan of Correction							
August														
Summary of Findings							Plan of Correction							
September														
Summary of Findings							Plan of Correction							
October														
Summary of Findings							Plan of Correction							

II. Care Management

November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

H. Responsiveness of Staff

Function: Outcome Measure													
Rationale: Problem Prone													
Data Source: Patient Surveys													
Sample Size: All discharged patients during the reporting period that meet eligibility criteria													
Methodology: PDSA, Patient Surveys													
Inclusion Criteria: All discharged patients during the reporting period that meet eligibility criteria													
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Responsiveness of Staff (Benchmark = 60%)													#DIV/0!
January													
Summary of Findings	Plan of Correction												
February													
Summary of Findings	Plan of Correction												
March													
Summary of Findings	Plan of Correction												
April													
Summary of Findings	Plan of Correction												
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Summary of Findings	Plan of Correction												
June													
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July													
Summary of Findings	Plan of Correction												

II. Care Management

August	
Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

III. Risk Management

A. Incidents

Function: Outcome & Process Measure													
Rationale: High Risk, Problem Prone													
Data Source: Patient Records, Incident Reports													
Sample Size: All patients/visitors with unplanned events/incidents													
Methodology: Incident reports, patient records, PDSA													
Inclusion Criteria: All patients/visitors with unplanned events/incidents													
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total number of Intravenous Line events													0
Total number of other line events (foley, enteral tubes, drains, etc.)													0
Total number of patient falls without injury													0
Total number of patient falls with injury													0
Total number of AMA events													0
Total number of Left Without Being Seen													0
Total number of Notifications to Police/Law													0
Total number of Violent/Disruptive Events													0
Total number of Suicide/Self Harm Incidents													0
Total number of ED patients left without being seen													0
Total number of other events													0
Total number of IT events													0
Total number of process incidents													0
Total number of visitor incidents													0
Total Number of Events	0	0	0	0	0	0	0	0	0	0	0	0	0
Total number of Patient Days													0
Rate per 1000 patient days	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings							Plan of Correction						
February													
Summary of Findings							Plan of Correction						
March													
Summary of Findings							Plan of Correction						
April													
Summary of Findings							Plan of Correction						

III. Risk Management

May	
Summary of Findings	Plan of Correction
June	
Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

III. 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	
Total number of Patient Days													0	
Rate per 1000 patient days	---	---	---	---	---	---	---	---	---	---	---	---	---	
January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
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Summary of Findings							Plan of Correction							
September														
Summary of Findings							Plan of Correction							

III. Risk Management

October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

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 complaints													
Documentation Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total number of Grievances													0
Total number of Patient Days													0
Rate per 1000 patient days	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings	Plan of Correction												
February													
Summary of Findings	Plan of Correction												
March													
Summary of Findings	Plan of Correction												
April													
Summary of Findings	Plan of Correction												
May													
Summary of Findings	Plan of Correction												
June													

III. Risk Management

Summary of Findings	Plan of Correction
July	
Summary of Findings	Plan of Correction
August	
Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

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
Medication related													0
Communication (follow-through on concerns, etc.)													0
Attitude and Customer Service													0
Preventative measures (turning, activity)													0
Nutrition (assistance, quality, diets, timeliness)													0
Call light response													0

Complaint Grouped by Department													
Department	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Business Office													0
Nursing													0
ED													0
IT													0
Lab													0

III. Risk Management

Provider														0
Dietary														0
Housekeeping														0
Radiology														0
Other														0

III. 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
Total number of Patient Falls W/O injury (Benchmark=rate 5 or <)													0
Total number of Patient Days													0
Rate per 1000 patient days	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings							Plan of Correction						
February													
Summary of Findings							Plan of Correction						
March													
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August													
Summary of Findings							Plan of Correction						
September													
Summary of Findings							Plan of Correction						

III. Risk Management

October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

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
Total number of Patient Falls with Injury (except major) (Benchmark=rate 5 or <)													0
Total number of Patient Days													0
Rate per 1000 patient days	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings	Plan of Correction												
February													
Summary of Findings	Plan of Correction												
March													
Summary of Findings	Plan of Correction												
April													
Summary of Findings	Plan of Correction												
May													
Summary of Findings	Plan of Correction												

III. Risk Management

June	
Summary of Findings	Plan of Correction
July	
Summary of Findings	Plan of Correction
August	
Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

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														
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	
Total number of Patient Falls with Major Injury (Benchmark=0.5)													0	
Total number of Patient Days													0	
Rate per 1000 patient days	---	---	---	---	---	---	---	---	---	---	---	---	---	
January														
Summary of Findings	Plan of Correction													
February														

III. Risk Management

Summary of Findings	Plan of Correction
March	
Summary of Findings	Plan of Correction
April	
Summary of Findings	Plan of Correction
May	
Summary of Findings	Plan of Correction
June	
Summary of Findings	Plan of Correction
July	
Summary of Findings	Plan of Correction
August	
Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

III. 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, Swingbed/Private Pay) during the reporting period													0	
Total number of patient discharges (Benchmark=10%)													0	
Percent of Total Discharges	---	---	---	---	---	---	---	---	---	---	---	---	---	
# of deaths (ER) during the reporting period													0	
Total number of patient discharges													0	
Percent of Total Discharges	---	---	---	---	---	---	---	---	---	---	---	---	---	
January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
March														
Summary of Findings							Plan of Correction							
April														
Summary of Findings							Plan of Correction							
May														
Summary of Findings							Plan of Correction							
June														
Summary of Findings							Plan of Correction							
July														
Summary of Findings							Plan of Correction							
August														

III. Risk Management

Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

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	
# of deaths during the reporting period													0	
Percentage of deaths within 24 hours	---	---	---	---	---	---	---	---	---	---	---	---	---	
January														
Summary of Findings	Plan of Correction													
February														
Summary of Findings	Plan of Correction													
March														
Summary of Findings	Plan of Correction													
April														
Summary of Findings	Plan of Correction													

III. Risk Management

May	
Summary of Findings	Plan of Correction
June	
Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

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														
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
# of documented Organ banks notifications with in 60 min of death (Benchmark=100%)													0	
Total number of Deaths for the reporting period													0	

III. Risk Management

Percent of Deaths Reported	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Tissue Donations														0
January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
March														
Summary of Findings							Plan of Correction							
April														
Summary of Findings							Plan of Correction							
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Summary of Findings							Plan of Correction							
October														
Summary of Findings							Plan of Correction							
November														
Summary of Findings							Plan of Correction							
December														
Summary of Findings							Plan of Correction							

III. Risk Management

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III. Risk Management

J. Code Blue Intervention

Function: Outcome & Process Measure														
Rationale: High Risk, Problem Prone														
Data Sourced: Patient Records, Audit Tool														
Sample Size: All Code Blues During Reporting Period														
Methodology: Patient Records, Audit Tool, PDSA														
Inclusion Criteria: All Code Blues During Reporting Period														
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Code Blue efforts which stabilize the patient within the facility													0	
Total number of Code Blue interventions during the reporting period													0	
Total number of successful emergent intubations													0	
Total number of attempted emergent intubations													0	
Code Blue efforts which met ACLS recommendations													0	
January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
March														
Summary of Findings							Plan of Correction							
April														
Summary of Findings							Plan of Correction							
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August														
Summary of Findings							Plan of Correction							

III. Risk Management

September	
Summary of Findings	
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

K. ER 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
Total number of ER visits met guidelines for transfer to tertiary facility													0
Total number of ER patients transferred with appropriate transfer/transport documentation													0
Total number of ER transfers													0
Percent of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---
Total number of ER patients admitted to CAH													0
Total number of ER visits													0
ER Admissions	---	---	---	---	---	---	---	---	---	---	---	---	---
ER Log Current & Complete (Each ER episodic visit)													0
Total number of ER Visits													0
Percent of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings	Plan of Correction												

III. Risk Management

February	
Summary of Findings	Plan of Correction
March	
Summary of Findings	Plan of Correction
April	
Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
June	
Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

III. Risk Management

L. Stroke Alerts

Function: Outcome & Process Measure														
Rationale: High Risk, Problem Prone														
Data Source: Patient Records, Stroke Log														
Sample Size: All Stroke Alerts During Reporting Period														
Methodology: Patient Records, Stroke Alert, PDSA														
Inclusion Criteria: All Stroke Alerts During Reporting Period														
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Patient Assessment Completed within 10 minutes													0	
Total Number of Stroke Alert Patients													0	
Percentage of Stroke Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---	
Physician notified within 10 minutes													0	
Total Number of Stroke Alert Patients													0	
Percentage of Stroke Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---	
O2 saturations maintained >94%													0	
Total Number of Stroke Alert Patients													0	
Percentage of Stroke Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---	
VS monitored every 15 minutes													0	
Total Number of Stroke Alert Patients													0	
Percentage of Stroke Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---	
Neuro Status monitored every 15 minutes													0	
Total Number of Stroke Alert Patients													0	
Percentage of Stroke Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---	
Patient transferred within 60 minutes													0	
Total Number of Stroke Alert Patients													0	
Percentage of Stroke Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---	
Air Evac Transports													0	
Ground EMS Transports													0	
January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
March														
Summary of Findings							Plan of Correction							

III. Risk Management

April	
Summary of Findings	Plan of Correction
May	
Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

IV. Quality Control

A. Quality Checks

Function: Process Measure														
Rationale: Safety & Compliance														
Date Source: Department Logs														
Sample Size: Department Log														
Methodology: Audits, PDSA														
Quality Control Monitoring	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Patient Fridge Temps													#DIV/0!	
Crash Cart Checks													#DIV/0!	
Blanket Warmer													#DIV/0!	
Glucometer Checks													#DIV/0!	
Eyewash Stations													#DIV/0!	
Autoclave Quality Checks														
January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
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Summary of Findings							Plan of Correction							
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Summary of Findings							Plan of Correction							
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Summary of Findings							Plan of Correction							

IV. Quality Control

September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

V. 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														
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Critical results with documented MD/LIP contact within 1 hour (Benchmark=90%)													0	
Total critical results logged during reporting period													0	
Percentage of Critical Lab Results Completed	---	---	---	---	---	---	---	---	---	---	---	---	---	
January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
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September														
Summary of Findings							Plan of Correction							

V. Nursing Services

October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

B. Restraints

Function: Outcome & Process Measure													
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													
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Number of restraint days during reporting period													0
Total patient days during reporting period													0
Rate per 1000 patient days	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings	Plan of Correction												
February													
Summary of Findings	Plan of Correction												
March													
Summary of Findings	Plan of Correction												
April													
Summary of Findings	Plan of Correction												
May													
Summary of Findings	Plan of Correction												
June													
Summary of Findings	Plan of Correction												

V. Nursing Services

July	
Summary of Findings	Plan of Correction
August	
Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

V. Nursing Services

C. RN Assessments

Function: Process Measure														
Rational: High Risk, Problem Prone														
Data Source: Patient Records														
Sample Size: All discharged patients for reporting month if less than 30														
Methodology: Patient Records														
Inclusion Criteria: All discharged inpatients (Acute & Swing) during the reporting period														
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Total Number of RN assessments completed q24 hours (Benchmark=100%)														0
Total Number of assessments reviewed														0
Percent of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---	---
January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
March														
Summary of Findings							Plan of Correction							
April														
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Summary of Findings							Plan of Correction							
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Summary of Findings							Plan of Correction							
July														
Summary of Findings							Plan of Correction							
August														
Summary of Findings							Plan of Correction							
September														

V. Nursing Services

Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

VI. Pharmacy and Therapeutics

A. Quality Control Monitoring

Function: Process Measure														
Rationale: Safety & Compliance														
Data Source: Department Logs														
Sample Size: Department Logs														
Methodology: Audit Logs, PDSA														
Benchmark = 100%														
Pharmacy Quality Control Monitoring	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Fridge Temps - Pharmacy													#DIV/0!	
Nursing Unit Inspection (Monthly)													#DIV/0!	
Controlled Substance Audit (Monthly)													#DIV/0!	
January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
March														
Summary of Findings							Plan of Correction							
April														
Summary of Findings							Plan of Correction							
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Summary of Findings							Plan of Correction							
June														
Summary of Findings							Plan of Correction							
July														
Summary of Findings							Plan of Correction							
August														
Summary of Findings							Plan of Correction							
September														
Summary of Findings							Plan of Correction							

VI. Pharmacy and Therapeutics

October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

B. Pharmacy Utilization

Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Number of Doses for reporting period													0
Average doses per patient per day													#DIV/0!
Medications CPPD-Acute Care													0
Medications CPPD-Observation Care													0
Medications CPPD-Swing Bed													0
High Cost Medications													0
January													
Summary of Findings	Plan of Correction												
February													
Summary of Findings	Plan of Correction												
March													
Summary of Findings	Plan of Correction												
April													
Summary of Findings	Plan of Correction												
May													
Summary of Findings	Plan of Correction												
June													
Summary of Findings	Plan of Correction												
July													
Summary of Findings	Plan of Correction												

VI. Pharmacy and Therapeutics

August	
Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

C. Medication Overrides

Function: Process Measure														
Rationale: High Risk, Problem Prone														
Data Source: Med Dispense & Patient Records														
Sample Size: All Manual Overrides														
Methodology: Med Dispense, Patient Records, PDSA														
Quality Control Monitoring	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Total number of medication overrides (Benchmark=less than 20)													0	
Total number of medications dispensed													0	
Medication Override Percentage	---	---	---	---	---	---	---	---	---	---	---	---	---	
January														
Summary of Findings														Plan of Correction
February														
Summary of Findings														Plan of Correction
March														
Summary of Findings														Plan of Correction
April														
Summary of Findings														Plan of Correction

VI. Pharmacy and Therapeutics

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

VI. Pharmacy and Therapeutics

VII. Medication Safety

A. Adverse Drug Reactions

Definition: "a response to a drug which is noxious and unintended, and which occurs at doses normally used in man for the prophylaxis, diagnosis, or therapy of disease, or for the modification of physiological function." reference: WHO (World Health Organization)													
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													
Mehodology: Patient Reords, Incident Reports, PDSA													
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
# of medication doses that elicited adverse drug reaction													0
# of medication doses dispensed from pharmacy during reporting period													0
ADR Rate per 1000 medications dispensed	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings							Plan of Correction						
February													
Summary of Findings							Plan of Correction						
March													
Summary of Findings							Plan of Correction						
April													
Summary of Findings							Plan of Correction						
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Summary of Findings							Plan of Correction						
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Summary of Findings							Plan of Correction						
July													
Summary of Findings							Plan of Correction						
August													
Summary of Findings							Plan of Correction						

VII. Medication Safety

September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

B. Medication Error Rate

Definition: " any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer. Such event may be related to professional practice, health care products, procedures, and systems, including prescribing; order communication; product labeling, packaging, and nomenclature; compounding; dispensing; distribution; administration; education; monitoring; and use." (The National Coordinating Council Medication Error Reporting and Prevention)

Function: Outcome & Process Measure

Rationale: High Risk, High Volume, Problem Prone

Data Source: Patient Records, Incident Reports

Sample Size: All incidences with a Reported Medication Error During Reporting Period

Methodology: Patient Records, Incident Reports, PDSA

Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
# of medication errors for the reporting month													0
# of medication doses dispensed from pharmacy during reporting period													0
Medication Error Rate per 1000 medications dispensed	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings	Plan of Correction												
February													
Summary of Findings	Plan of Correction												
March													
Summary of Findings	Plan of Correction												
April													
Summary of Findings	Plan of Correction												

VII. Medication Safety

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

VII. Medication Safety

C. Medication Error Risk Stratification By Patient Impact

Patient Impact Severity Index Classification	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
A- events that have the capacity to cause error													0
B- Error occurred but did not reach patient (does not include "error of omission")													0
C- Error occurred that reached patient- no harm													0
D- Error occurred that reached patient- required additional monitoring to confirm no harm													0
E- Error occurred- temporary harm to patient & required intervention													0
F- Error occurred- temporary harm to patient & required prolonged hospitalization													0
G- Error occurred- permanent patient harm													0
H- Error occurred - required intervention necessary to sustain life													0
I- Error occurred- may have contributed to or resulted in patient's death													0
Total Medication Errors	0	0	0	0	0	0	0	0	0	0	0	0	0

D. Medication Error Risk Stratification By Drug Classification

Patient Impact Severity Index Classification	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Class I: Antacids, Antidiarrheal agents, Cathartics/Laxatives, Plain IV solutions, Antipyretics, Proton-pump inhibitor, Vitamins, Topical skin agents, Gastrointestinal drugs, Expectorants/Antitussives													0
Class II: Antiemetics, Antidepressants, Antihistamines, Histamines, Anti-inflammatory agents, Estrogens, Progesterones, Muscle relaxants, Complex IV solutions, EENT drugs													0
Class III: Antibiotics, Anxiolytics/anti-anxiety meds, Anti-infectives, Anti-convulsants, Anti-psychotic agents, Barbiturates, Diuretics, Narcotic antagonists, Oral diabetic agents, Steroids, Glucose/Glucagon, Hemorrhagic agents													0
Class IV: Anticoagulants, Bronchial agents, CNS stimulants, Cardiovascular drugs, Antiarrhythmic, Vasoactive/Vasodilators, Narcotic analgesics, Electrolytes, Sedative/Hypnotic/Sleeper													0
Class V: Heparin, Blood products, Chemotherapy, Antineoplastic, Hyperalimentation, Insulin, Thrombolytic agents, Epidural / Intrathecal													0
Total Medication Errors	0	0	0	0	0	0	0	0	0	0	0	0	0

VII. Medication Safety

E. Medication Error within Distribution Cycle

Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Physician Order													0
Transcription/Order Entry													0
Dispensing													0
Administration													0
Processing of Order													0
Total Medication Errors	0	0	0	0	0	0	0	0	0	0	0	0	0

VIII. 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	
January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
March														
Summary of Findings							Plan of Correction							
April														
Summary of Findings							Plan of Correction							
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Summary of Findings							Plan of Correction							
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Summary of Findings							Plan of Correction							
September														
Summary of Findings							Plan of Correction							
October														
Summary of Findings							Plan of Correction							

VIII. Respiratory Care Services

November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

B. Ventilator Wean Rate

Function: Outcome & Process Measure													
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
# 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
Percent of discharged patients successfully weaned from the ventilator prior to discharge	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings	Plan of Correction												
February													
Summary of Findings	Plan of Correction												
March													
Summary of Findings	Plan of Correction												
April													
Summary of Findings	Plan of Correction												
May													

VIII. Respiratory Care Services

Summary of Findings	Plan of Correction
June	
Summary of Findings	Plan of Correction
July	
Summary of Findings	Plan of Correction
August	
Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

C. Patient Self Decannulation Rate

Function: Outcome & Process Measure														
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	
Total Trach Days													0	
Self Decannulation Rate per 1000 Trach Days	#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 Correction													

VIII. Respiratory Care Services

February	
Summary of Findings	Plan of Correction
March	
Summary of Findings	Plan of Correction
April	
Summary of Findings	Plan of Correction
May	
Summary of Findings	Plan of Correction
June	
Summary of Findings	Plan of Correction
July	
Summary of Findings	Plan of Correction
August	
Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

D. Respiratory Care Equipment Changes

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

VIII. 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 Day & PRN													0
Total Due To Change													0
Percentage of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---
Inner Cannulas Changed Every Day & PRN													0
Total Due To Change													0
Percentage of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---
Suction Set-Ups Changed Every 7 Days & PRN													0
Total Due To Change													0
Percentage of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---
Nebulizer & Masks Changed Every 7 Days & PRN													0
Total Due To Change													0
Percentage of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---
Trach Collars & Tubing Changed Every 7 Days & PRN													0
Total Due To Change													0
Percentage of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---
Vent Circuits Changed Every 30 Days & PRN													0
Total Due To Change													0
Percentage of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---
Trach Changed Every 30 Days & PRN													0
Total Due To Change													0
Percentage of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---
Closed Suction Kits Changed Every 3 Days & PRN													0
Total Due To Change													0
Percentage of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings							Plan of Correction						
February													
Summary of Findings							Plan of Correction						
March													
Summary of Findings							Plan of Correction						
April													
Summary of Findings							Plan of Correction						

VIII. Respiratory Care Services

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

IX. 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
Total number of patients discharged during the reporting period													0
Percent of patients developing 1 or more pressure ulcers	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings							Plan of Correction						
February													
Summary of Findings							Plan of Correction						
March													
Summary of Findings							Plan of Correction						
April													
Summary of Findings							Plan of Correction						
May													
Summary of Findings							Plan of Correction						
June													
Summary of Findings							Plan of Correction						
July													
Summary of Findings							Plan of Correction						
August													
Summary of Findings							Plan of Correction						

IX. Wound Care

September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

B. Wound Healing Improvement

Function: Outcome & Process Measure														
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														0
# of total wounds														0
Wound Healing Rate	---	---	---	---	---	---	---	---	---	---	---	---	---	---
January														
Summary of Findings	Plan of Correction													
February														
Summary of Findings	Plan of Correction													
March														
Summary of Findings	Plan of Correction													
April														
Summary of Findings	Plan of Correction													
May														
Summary of Findings	Plan of Correction													

IX. Wound Care

June	
Summary of Findings	Plan of Correction
July	
Summary of Findings	Plan of Correction
August	
Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

IX. Wound Care

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 (Benchmark=95%)														0
# of wound care patients admitted during the reporting period														0
Total of Completed Wound Care Admission Assessments/Pictures	---	---	---	---	---	---	---	---	---	---	---	---	---	---
# of discharged wound patients with assessment/pictures completed at discharge (Benchmark=95%)														0
# of wound care patients discharged during the reporting period														0
Total of Completed Wound Care Discharge Assessments/Pictures	---	---	---	---	---	---	---	---	---	---	---	---	---	---
January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
March														
Summary of Findings							Plan of Correction							
April														
Summary of Findings							Plan of Correction							
May														
Summary of Findings							Plan of Correction							
June														
Summary of Findings							Plan of Correction							
July														
Summary of Findings							Plan of Correction							
August														
Summary of Findings							Plan of Correction							
September														

IX. Wound Care

Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

IX. Wound Care

D. Debridement / Wound Care Procedures

Function: Outcome & Process Measure													
Rationale: High Risk, Problem Prone													
Data Source: Patient Records													
Sample Size: All Inhouse Patients Receiving Wound Debridements During Reporting Period													
Methodology: Patient Records, PDSA													
Surgical 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													0
# of patients with wound debridement's/wound procedures performed during reporting period													0
Percent of patients receiving documented informed consent	---	---	---	---	---	---	---	---	---	---	---	---	---
# of time outs completed prior to the procedure (Benchmark=100%)													0
Total # of time outs													0
Percent of time outs completed prior to the procedure	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings							Plan of Correction						
February													
Summary of Findings							Plan of Correction						
March													
Summary of Findings							Plan of Correction						
April													
Summary of Findings							Plan of Correction						
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June													
Summary of Findings							Plan of Correction						
July													
Summary of Findings							Plan of Correction						
August													

IX. Wound Care

Summary of Findings														Plan of Correction
September														
Summary of Findings														Plan of Correction
October														
Summary of Findings														Plan of Correction
November														
Summary of Findings														Plan of Correction
December														
Summary of Findings														Plan of Correction
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													0	
# of patients with wound debridement's/wound procedures performed during reporting period													0	
Percent of patients receiving documented informed consent	---	---	---	---	---	---	---	---	---	---	---	---	---	
# of time outs completed prior to the procedure (Benchmark=100%)													0	
Total # of time outs													0	
Percent of time outs completed prior to the procedure	---	---	---	---	---	---	---	---	---	---	---	---	---	
January														
Summary of Findings														Plan of Correction
February														
Summary of Findings														Plan of Correction
March														
Summary of Findings														Plan of Correction
April														
Summary of Findings														Plan of Correction
May														
Summary of Findings														Plan of Correction

IX. Wound Care

June	
Summary of Findings	Plan of Correction
July	
Summary of Findings	Plan of Correction
August	
Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

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														
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
# of consents completed prior to application of first wound vac													0	
# of patients initiating wound vac therapy during the reporting period													0	
Percent of patients receiving consent for wound vac intervention prior to first treatment	---	---	---	---	---	---	---	---	---	---	---	---	---	
January														
Summary of Findings	Plan of Correction													

IX. Wound Care

February	
Summary of Findings	Plan of Correction
March	
Summary of Findings	Plan of Correction
April	
Summary of Findings	Plan of Correction
May	
Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

X. 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													0	
Total Number of films completed													0	
Percentage of films repeated	---	---	---	---	---	---	---	---	---	---	---	---	---	
Poor preparation													0	
Technical Error													0	
Equipment Failure													0	
January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
March														
Summary of Findings							Plan of Correction							
April														
Summary of Findings							Plan of Correction							
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Summary of Findings							Plan of Correction							
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Summary of Findings							Plan of Correction							
August														
Summary of Findings							Plan of Correction							

X. Radiology/Imaging Services

September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

X. 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 without reaction													0
Total Number of Contrast CT scans completed													0
Percentage of CT scan reactions	---	---	---	---	---	---	---	---	---	---	---	---	---
Contrast CT scans with completed and signed consents													0
Total Number of Contrast CT scans													0
Percentage of Contrast CT scan consents	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings							Plan of Correction						
February													
Summary of Findings							Plan of Correction						
March													
Summary of Findings							Plan of Correction						
April													
Summary of Findings							Plan of Correction						
May													
Summary of Findings							Plan of Correction						
June													
Summary of Findings							Plan of Correction						
July													
Summary of Findings							Plan of Correction						
August													

X. Radiology/Imaging Services

Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

X. 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													0
Total Number of Radiology Personnel													0
Percentage of Compliant Personnel	---	---	---	---	---	---	---	---	---	---	---	---	---
Total Number of Radiology Personnel with out of range results													0
Total Number of Radiology Personnel													0
Percentage of out of range Personnel	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings							Plan of Correction						
February													
Summary of Findings							Plan of Correction						
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Summary of Findings							Plan of Correction						
April													
Summary of Findings							Plan of Correction						
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Summary of Findings							Plan of Correction						
June													
Summary of Findings							Plan of Correction						
July													
Summary of Findings							Plan of Correction						
August													
Summary of Findings							Plan of Correction						

X. Radiology/Imaging Services

September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

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													0
Summary of Findings	Plan of Correction												

XI. 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													0
Total Number of labs completed													0
Percentage of labs repeated	---	---	---	---	---	---	---	---	---	---	---	---	---
Processing Specimen Error													0
Specimen Collection Procedure/Technique Error													0
Equipment Failure													0
Specimen Identification Error													0
January													
Summary of Findings							Plan of Correction						
February													
Summary of Findings							Plan of Correction						
March													
Summary of Findings							Plan of Correction						
April													
Summary of Findings							Plan of Correction						
May													
Summary of Findings							Plan of Correction						
June													
Summary of Findings							Plan of Correction						
July													
Summary of Findings							Plan of Correction						
August													
Summary of Findings							Plan of Correction						
September													
Summary of Findings							Plan of Correction						
October													

XI. Laboratory

Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

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
Total number of blood cultures obtained													0
Percentage of contaminated blood cultures	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings	Plan of Correction												
February													
Summary of Findings	Plan of Correction												
March													
Summary of Findings	Plan of Correction												
April													
Summary of Findings	Plan of Correction												
May													
Summary of Findings	Plan of Correction												
June													
Summary of Findings	Plan of Correction												
July													
Summary of Findings	Plan of Correction												
August													
Summary of Findings	Plan of Correction												

XI. Laboratory

September	
Summary of Findings	Plan of Correction

XII. Employee Health

A. Employee Health Summary Report

Name of Facility Employee Health Summary														
Employee Events/Injuries	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Strain/Sprain													0	
Laceration													0	
Abrasion/Contusion													0	
Fall w/o injury													0	
Fall with injury													0	
Needlestick Exposure													0	
Body fluid Exposure													0	
Crush Injury													0	
Head Injury													0	
Fracture													0	
Other													0	
Work Compensation Cases													0	
Restricted Work Days with Light Duty													0	
Lost Work Days													0	
Total Temporary Disability (# of cases)													0	
Employee Health	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
TDAP													0	
MMR vaccine													0	
Varicella vaccine													0	
New Hire Drug Screen													0	
Influenza													0	
Influenza Declinations													0	
N-95 Fit Tests													0	
Hep B													0	
Hep B titers													0	
Varicella titers													0	
MMR titers													0	
TST (Tuberculin Skin Test)													0	
TB Questionnaire													0	
CXR (check for TB)													0	
Employee Illness/Injury	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Gastrointestinal Symptoms (N/V/D)													0	
Sore Throat													0	
Urinary Symptoms													0	
Conjunctivitis													0	

XII. Employee Health

Upper Respiratory Illness															0
Flu A/Flu B															0
Fever/Cough/Sore Throat															0
Fever															0
Body Aches/Headache															0
Non-Work Related Injury															0
Total Number of Missed Work Days															0

Summary															
Month	Employee Illness/Injuries										Compliance				
Jan															
Feb															
Mar															
Apr															
May															
Jun															
Jul															
Aug															
Sep															
Oct															
Nov															
Dec															

XIII. 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 (Benchmark=1)													0
Total # of Urinary Catheter Days During the Reporting Period													0
Infection Rate per 1000 foley catheter days	---	---	---	---	---	---	---	---	---	---	---	---	---
CAUTI Bundle Compliance (Benchmark=90%)													#DIV/0!
January													
Summary of Findings							Plan of Correction						
February													
Summary of Findings							Plan of Correction						
March													
Summary of Findings							Plan of Correction						
April													
Summary of Findings							Plan of Correction						
May													
Summary of Findings							Plan of Correction						
June													
Summary of Findings							Plan of Correction						
July													
Summary of Findings							Plan of Correction						
August													
Summary of Findings							Plan of Correction						

XIII. Infection Control and Prevention

September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

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 (Benchmark=0.5)													0
# of Total Central Line Days During the Reporting Period													0
Infection Rate per 1000 central line days	---	---	---	---	---	---	---	---	---	---	---	---	---
CLABSI Bundle Compliance (Benchmark=90%)													#DIV/0!
January													
Summary of Findings	Plan of Correction												
February													
Summary of Findings	Plan of Correction												
March													
Summary of Findings	Plan of Correction												
April													
Summary of Findings	Plan of Correction												

XIII. Infection Control and Prevention

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

XIII. Infection Control and Prevention

C. Hospital Acquired MRSA Bacteremia

Function: Outcome Measure														
Rationale: High Risk, Problem Prone														
Data Source: Patient Records, Lab Reports														
Sample Size: All Patients who Develop MRSA bacteremia >3 days After Admission														
Methodology: Patient Records, Lab Reports, PDSA														
Inclusion Criteria: All Patients who Develop MRSA bacteremia >3 days After Admission														
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Total # of LAB ID EVENT MRSA BACTEREMIA (Hospital Onset identified >3 days after admission)													0	
Total # of Patient Days													0	
LAB ID EVENT MRSA Rate per 1000 patient days	---	---	---	---	---	---	---	---	---	---	---	---	---	
Total # of LAB ID EVENT MRSA BACTEREMIA (Community Onset identified within 3 days of admission)													0	
January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
March														
Summary of Findings							Plan of Correction							
April														
Summary of Findings							Plan of Correction							
May														
Summary of Findings							Plan of Correction							
June														
Summary of Findings							Plan of Correction							
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Summary of Findings							Plan of Correction							
August														
Summary of Findings							Plan of Correction							

XIII. Infection Control and Prevention

September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

D. 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
Total # of Patient Admissions													0
Hospital Acquired MDRO Rate per 1000 patient admissions	---	---	---	---	---	---	---	---	---	---	---	---	---

January	
Summary of Findings	Plan of Correction
February	
Summary of Findings	Plan of Correction
March	
Summary of Findings	Plan of Correction
April	
Summary of Findings	Plan of Correction
May	

XIII. Infection Control and Prevention

Summary of Findings	Plan of Correction
June	
Summary of Findings	Plan of Correction
July	
Summary of Findings	Plan of Correction
August	
Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

XIII. Infection Control and Prevention

E. 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
Total # of Patient Days (Excludes observation patients)													0
LAB ID EVENT C. Diff Rate	---	---	---	---	---	---	---	---	---	---	---	---	---
Total number of admissions													0
Total # of LAB ID EVENT C.Diff (Community Onset identified within 3 days of admission)													0
January													
Summary of Findings							Plan of Correction						
February													
Summary of Findings							Plan of Correction						
March													
Summary of Findings							Plan of Correction						
April													
Summary of Findings							Plan of Correction						
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Summary of Findings							Plan of Correction						
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Summary of Findings							Plan of Correction						
August													

XIII. Infection Control and Prevention

Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

XIII. Infection Control and Prevention

F. 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
Blood without CVC													0
Urine with indwelling catheter													0
Urine without indwelling catheter													0
HAI with artificial airway device													0
HAI without artificial airway device													0
Stool													0
Wound													0
Surgical Site													0
Total Acquired Infection Sources	0	0	0	0	0	0	0	0	0	0	0	0	0
January													
Summary of Findings							Plan of Correction						
February													
Summary of Findings							Plan of Correction						
March													
Summary of Findings							Plan of Correction						
April													
Summary of Findings							Plan of Correction						
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Summary of Findings							Plan of Correction						
June													
Summary of Findings							Plan of Correction						
July													
Summary of Findings							Plan of Correction						
August													
Summary of Findings							Plan of Correction						
September													

XIII. Infection Control and Prevention

Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

G. Hand Hygiene & PPE 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)													#DIV/0!	
Radiology/Imaging Staff													#DIV/0!	
Lab													#DIV/0!	
Respiratory													#DIV/0!	
Therapy													#DIV/0!	
Housekeeping/Dietary													#DIV/0!	
Medical Staff (MD/DO, NP, PA)													#DIV/0!	
% of PPE Compliance (Benchmark=80%)	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Nursing (RN, LPN, Tech)													#DIV/0!	
Radiology/Imaging Staff													#DIV/0!	
Lab													#DIV/0!	
Respiratory													#DIV/0!	
Therapy													#DIV/0!	
Housekeeping/Dietary													#DIV/0!	
Medical Staff (MD/DO, NP, PA)													#DIV/0!	
January														
Summary of Findings														Plan of Correction

XIII. Infection Control and Prevention

February	
Summary of Findings	Plan of Correction
March	
Summary of Findings	Plan of Correction
April	
Summary of Findings	Plan of Correction
May	
Summary of Findings	Plan of Correction
June	
Summary of Findings	Plan of Correction
July	
Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

H. Public Health Reporting

Function: Outcome Measure

XIII. Infection Control and Prevention

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	
January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
March														
Summary of Findings							Plan of Correction							
April														
Summary of Findings							Plan of Correction							
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Summary of Findings							Plan of Correction							
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Summary of Findings							Plan of Correction							
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Summary of Findings							Plan of Correction							
August														
Summary of Findings							Plan of Correction							
September														
Summary of Findings							Plan of Correction							
October														
Summary of Findings							Plan of Correction							

XIII. Infection Control and Prevention

November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

XIII. Infection Control and Prevention

I. Isolation

Function: Outcome & Process Measure														
Rationale: Regulatory Compliance, Patient/HCW Safety														
Data Source: Patient Records, Lab Records														
Sample Size: All Inhouse Patients with indications for isolation														
Methodology: Patient Records, Lab Records, PDSA														
Inclusion Criteria: All Inhouse Patients with indications for isolation														
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Total number of patients in isolation													0	
Total number of isolation patient days													0	
January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
March														
Summary of Findings							Plan of Correction							
April														
Summary of Findings							Plan of Correction							
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Summary of Findings							Plan of Correction							
June														
Summary of Findings							Plan of Correction							
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Summary of Findings							Plan of Correction							
August														
Summary of Findings							Plan of Correction							
September														
Summary of Findings							Plan of Correction							

XIII. Infection Control and Prevention

October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

J. Patient Vaccinations

Function: Process Measure													
Rationale: High Risk, Problem Prone													
Data Source: Patient Records													
Sample Size: All Inhouse Patients													
Methodology: Patient Records, PDSA													
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total number of patients receiving influenza vaccination													0
Total number of patient admitted during reporting period													0
Percentage of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---
Total number of patients receiving pneumococcal vaccination													0
Total number of patient admitted during reporting period													0
Percentage of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings	Plan of Correction												
February													
Summary of Findings	Plan of Correction												
March													
Summary of Findings	Plan of Correction												
April													
Summary of Findings	Plan of Correction												
May													
Summary of Findings	Plan of Correction												

XIII. Infection Control and Prevention

June	
Summary of Findings	Plan of Correction
July	
Summary of Findings	Plan of Correction
August	
Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

K. Sepsis Care

Function: Process & Outcome Measure													
Rationale: High Risk, Problem Prone													
Data Source: Patient Records													
Sample Size: All Patients													
Methodology: Patient Records, PDSA													
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total number of Sepsis Bundle Interventions Implemented Following Protocol													0
Total number of Patients With Sepsis Diagnosis													0
Percentage of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings	Plan of Correction												
February													
Summary of Findings	Plan of Correction												

XIII. Infection Control and Prevention

March	
Summary of Findings	Plan of Correction
April	
Summary of Findings	Plan of Correction
May	
Summary of Findings	Plan of Correction
June	
Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

L. 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
Methodology: Patient Records, Lab Reports, PDSA

XIII. Infection Control and Prevention

Inclusion Criteria: All Patients with Ventilators During Reporting Period													
Ventilator Associated Event	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
# of ventilated patients that develop VAC/VAE during reporting													0
# of total ventilator days in the reporting month													0
VAE Rate per 1000 ventilator days	---	---	---	---	---	---	---	---	---	---	---	---	---
VAC/VAE compliance (VAC/VAE bundle compliance)													#DIV/0!
January													
Summary of Findings							Plan of Correction						
February													
Summary of Findings							Plan of Correction						
March													
Summary of Findings							Plan of Correction						
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Summary of Findings							Plan of Correction						
October													
Summary of Findings							Plan of Correction						
November													
Summary of Findings							Plan of Correction						
December													

XIII. Infection Control and Prevention

Summary of Findings	Plan of Correction

XIV. 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 discharged patients for reporting month if less than 30														
Methodology: Patient Records, PDSA														
Inclusion Criteria: All Patient Admissions														
Documentation Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
# of H&P's obtained within 24 hours of admission													0	
# of total admissions for the month													0	
% of H& P's obtained within 24 hours of admission	---	---	---	---	---	---	---	---	---	---	---	---	---	
January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
March														
Summary of Findings							Plan of Correction							
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Summary of Findings							Plan of Correction							
September														
Summary of Findings							Plan of Correction							

October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

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 30													
Methodology: Patient Records, PDSA													
Inclusion Criteria: All Patient Discharges													
Documentation Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
# of Discharge Summaries completed within 48 hours of discharge (Benchmark=100%)													0
# of discharges for the reporting month													0
% of Discharge Summaries completed within 48 hours of discharge	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings	Plan of Correction												
February													
Summary of Findings	Plan of Correction												
March													
Summary of Findings	Plan of Correction												
April													
Summary of Findings	Plan of Correction												
May													
Summary of Findings	Plan of Correction												

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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

C. Progress Notes (Swingbed)

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 30														
Methodology: Patient Records, PDSA														
Inclusion Criteria: All Swingbed Patients														
Documentation Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Total # of complete weekly progress notes (Benchmark=100%)													0	
Total # of progress notes audited													0	
Weekly Progress Note Percent of completion	---	---	---	---	---	---	---	---	---	---	---	---	---	
January														
Summary of Findings	Plan of Correction													
February														
Summary of Findings	Plan of Correction													
March														

Summary of Findings	Plan of Correction
April	
Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
June	
Summary of Findings	Plan of Correction
July	
Summary of Findings	Plan of Correction
August	
Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

D. Daily Progress Notes (Acute & Observation)

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 30														
Methodology: Patient Records, PDSA														
Inclusion Criteria: All Acute & Observation Patients														
Documentation Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Total # of complete progress notes (Benchmark=100%)														0
Total # of progress notes audited														0
Daily Progress Note Percent of completion	---	---	---	---	---	---	---	---	---	---	---	---	---	---
January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
March														
Summary of Findings							Plan of Correction							
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Summary of Findings							Plan of Correction							
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Summary of Findings							Plan of Correction							
August														
Summary of Findings							Plan of Correction							
September														
Summary of Findings							Plan of Correction							
October														

Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

E. Medical Screening Exams

Function: Outcome & Process Measure														
Rationale: High Risk, Problem Prone, Compliance														
Data Source: Patient Records														
Sample Size: All ED Records if less than 30 during the reporting period														
Methodology: Patient Records, PDSA														
Inclusion Criteria: ED Records														
Documentation Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Total # of Medical Screening Exams Completed (Benchmark=100%)													0	
Total # of Medical Exam Screenings													0	
MSE Percent of completion	---	---	---	---	---	---	---	---	---	---	---	---	---	
January														
Summary of Findings	Plan of Correction													
February														
Summary of Findings	Plan of Correction													
March														
Summary of Findings	Plan of Correction													
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

F. ED RN Assessment

Function: Outcome & Process Measure														
Rationale: High Risk, Problem Prone, Compliance														
Data Source: Patient Records														
Sample Size: All ED Records if less than 30 during the reporting period														
Methodology: Patient Records, PDSA														
Inclusion Criteria: ED Records														
Documentation Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Total # of ED RN assessments completed (Benchmark=100%)													0	
Total # of ED RN assessments													0	
ED RN Assessment Percent of completion	---	---	---	---	---	---	---	---	---	---	---	---	---	
January														
Summary of Findings	Plan of Correction													
February														
Summary of Findings	Plan of Correction													
March														
Summary of Findings	Plan of Correction													
April														

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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

G. Provider ER Response Time

Function: Outcome & Process Measure														
Rationale: High Risk, Problem Prone, Compliance														
Data Source: Patient Records														
Sample Size: All ED Records if less than 30 during the reporting period														
Methodology: Patient Records, PDSA														
Inclusion Criteria: ED Records														
Documentation Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Total number of ER response times within 30 minutes (time of provider notification to provider arrival time) (Benchmark=90%)													0	
Total number of ER visits													0	
ER Provider Response Time	---	---	---	---	---	---	---	---	---	---	---	---	---	
January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

H. 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 30													
Methodology: Patient Records, PDSA													
Inclusion Criteria: Patient Records													
Documentation Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total number of consent to treat completed (Benchmark=100%)													0
Total number of admissions													0
Consent To Treat Percent of completion	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings	Plan of Correction												
February													
Summary of Findings	Plan of Correction												
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

I. Swingbed

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 30														
Methodology: Patient Records, PDSA														
Inclusion Criteria: Swingbed Records														
Documentation Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Transition of Care to Swingbed Completed (Benchmark=95%)													0	
Total number of swingbed admissions													0	
Percent of completion	---	---	---	---	---	---	---	---	---	---	---	---	---	
Social History completed within 24 hours or first business day post admission (Benchmark=95%)													0	
Total number of swingbed admissions													0	
Percent of completion	---	---	---	---	---	---	---	---	---	---	---	---	---	
Activities Assessment completed within 24 hours or first business day post admission (Benchmark=95%)													0	
Total number of swingbed admissions													0	
Percent of completion	---	---	---	---	---	---	---	---	---	---	---	---	---	
January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

XV. Dietary Department

A. Food Temperature

Function: Outcome & Process Measure														
Rationale: High Risk, High Volume, Problem Prone														
Data Source: Patient Food Trays (Temps at time of delivery to unit)														
Sample Size: 8 Trays/Month														
Methodology: Food Trays, PDSA														
Formula: # of Food Trays with Temps within Recommended Range/# of Tray Audits														
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
# of food trays with appropriate temperature (Benchmark=95%)													0	
Number of Patient Trays Audited for Accurate Temperature													0	
Accuracy Rate	---	---	---	---	---	---	---	---	---	---	---	---	---	
January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
March														
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Summary of Findings							Plan of Correction							

XV. Dietary Department

October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

B. Food Test Tray Evaluation

Function: Outcome & Process Measure													
Rationale: High Risk, High Volume, Problem Prone													
Data Source: Patient Food Trays													
Sample Size: 8 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
Correct Portion Sizes (Benchmark=95%)													0
Number of food trays audited													0
Percentage of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---
Tray Accuracy (Benchmark=95%)													0
Number of food trays audited													0
Percentage of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings	Plan of Correction												
February													
Summary of Findings	Plan of Correction												
March													
Summary of Findings	Plan of Correction												
April													
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XV. Dietary Department

June	
Summary of Findings	Plan of Correction
July	
Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

C. Quality Checks

Function: Outcome & Process Measure

XVI. Therapy

A. Therapy Volume

Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total Number of Swingbed Patients Admitted to PT Services													0
Total Number of Swingbed Patient Admissions													0
Percentage of Therapy Patients	#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!
Total Number of Swingbed Patients Admitted to OT Services													0
Total Number of Swingbed Patient Admissions													0
Percentage of Therapy Patients	#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!
Total Number of Swingbed Patients Admitted to SLP Services													0
Total Number of Swingbed Patient Admissions													0
Percentage of Therapy Patients	#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!
Total Number of Patients Discharged With Home Equipment													0
Total Number of Discharged Patients													0
Percentage of Patients Discharged With Home Equipment	#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!
Total Number of Patients Discharged To Extended Care Facility													0
Total Number of Discharged Patients													0
Percentage of Patients Discharged to Extended Care	#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!
Total Number of Swingbed Patients With Therapy Assessment Completed Within 72H of Order (Excludes Day of Admit, Holidays, Weekends)													0
Total Number of Swingbed Admissions													0
Percentage of Compliance	#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!
Total Number of PT Days													0
Total Number of Patient Days													0
Percentage of Therapy Days	#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!
Total Number of OT Days													0
Total Number of Patient Days													0
Percentage of Therapy Days	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
Total Number of SLP Days													0
Total Number of Patient Days													0
Percentage of Therapy Days	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
January													
Summary of Findings							Plan of Correction						
February													
Summary of Findings							Plan of Correction						
March													
Summary of Findings							Plan of Correction						

April	
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

B. Therapy Visits

Function: Outcome Measure														
Rationale: High Risk, Problem Prone														
Data Source: Patient Records														
Sample Size: Random sample: 5 closed charts per reporting period														
Methodology: Patient records; PDSA														
Inclusions: Swingbed patients receiving rehab services during reporting period														
Exclusions: Deaths, transfers, discharge from service due to medical decline/status														
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 treatment sessions performed													0	
Total # of planned treatment sessions													0	
Treatment Compliance (Benchmark=90%)	#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 Correction
February	
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

C. **Functional 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: Patients: admit from home, ambulatory preadmit, receive at least 2 PT visits, Medical Dx														
Exclusions: Deaths, Surgical Admissions, W/C or bed bound prior to admission, patients who could not tolerate PT														
Formula: total number of patients discharged with improved FIM score/ total number of patients with documented FIM score on admission														
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Total # of patients discharged with improved FIM score (Benchmark=15%)													0	
Total # patients with documented FIM score on admission													0	
% of Functional Improvement	---	---	---	---	---	---	---	---	---	---	---	---	---	
Total # of discharges home for the month													0	
Total # discharges for the month													0	
% of Home Discharges	---	---	---	---	---	---	---	---	---	---	---	---	---	
January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
March														
Summary of Findings							Plan of Correction							
April														
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

XVII. Compliance

A. EDTC (Emergency Department Transfer Communication)

Function: Outcome Measure														
Rationale: Regulatory Compliance														
Data Source: Patient Records														
Sample Size: All ED Transfer Records														
Methodology: Patient Records, PDSA														
Inclusion Criteria: All ED Transfer Records														
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
EDTC (Emergency Department Transfer Communication) Quarterly Reporting (Benchmark=100%)														0
January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
March														
Summary of Findings							Plan of Correction							
April														
Summary of Findings							Plan of Correction							
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October														
Summary of Findings							Plan of Correction							

November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

B. Trauma Registry Report

Function: Outcome Measure														
Rationale: Regulatory Compliance														
Data Source: Patient Records														
Sample Size: All ED Transfer Records														
Methodology: Patient Records, PDSA														
Inclusion Criteria: All ED Transfer Records														
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Trauma Registry Report Submitted (Benchmark=100%)													0	
January														
Summary of Findings	Plan of Correction													
February														
Summary of Findings	Plan of Correction													
March														
Summary of Findings	Plan of Correction													
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Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

XVIII. 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	
New Hire Paperwork Completed													#DIV/0!	
New Hire Orientation Compliance													#DIV/0!	
Background Check Complete													#DIV/0!	
Licensure & Certification Verification on all new hires													#DIV/0!	
Licensure & Certification Verification Renewals													#DIV/0!	
Annual Licensure Check for Board Action													#DIV/0!	
CPR Certification Compliance													#DIV/0!	
ACLS Certification Compliance													#DIV/0!	
PALS Certification Compliance													#DIV/0!	
Annual Education Compliance													#DIV/0!	
January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
March														
Summary of Findings							Plan of Correction							
April														
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

B. Turnover & Staffing

Function: Process & Outcome Measure													
Rationale: High Risk, Problem Prone, Regulatory Compliance													
Data Source: Employee Records													
Sample Size: All Employees Separations & Staffing													
Methodology: Employee Records, PDSA													
Inclusion Criteria: All Employees Separations & Staffing													
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total number of voluntary separations													0
Total number of employees during reporting period													0
Voluntary Turnover %	---	---	---	---	---	---	---	---	---	---	---	---	---
Total number of involuntary separations													0
Total number of employees during reporting period													0
Involuntary Turnover %	---	---	---	---	---	---	---	---	---	---	---	---	---
Total number of overall turnover (voluntary & involuntary)													0
Total number of employees during reporting period													0
Overall Turnover %	---	---	---	---	---	---	---	---	---	---	---	---	---
Total number of new employees hired during reporting period													0
Total number of open positions													0
Percentage of filled positions	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings							Plan of Correction						
February													
Summary of Findings							Plan of Correction						
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Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

C. Employee Satisfaction 30 Day Survey

Function: Outcome Measure													
Rationale: Problem Prone													
Data Source: Surveys													
Sample Size: All Satisfaction Surveys													
Methodology: All 30 Day Surveys													
Inclusion Criteria: All 30 Day Surveys													
Survey Return Results	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total Number of 30 Day Surveys Returned													0
Total Number of 30 Day Surveys Distributed													0
Survey Return Rate (Benchmark=100%)	---	---	---	---	---	---	---	---	---	---	---	---	---
Total Number of Questions with Poor Rating													0
Total Number of Questions													0
Poor Rating	---	---	---	---	---	---	---	---	---	---	---	---	---
Total Number of Questions with Fair Rating													0
Total Number of Questions													0
Fair Rating	---	---	---	---	---	---	---	---	---	---	---	---	---
Total Number of Questions with Good Rating													0
Total Number of Questions													0
Good Rating	---	---	---	---	---	---	---	---	---	---	---	---	---
Total Number of Questions with Excellent Rating													0
Total Number of Questions													0
Excellent Rating	---	---	---	---	---	---	---	---	---	---	---	---	---
Do you enjoy your workplace culture? (Excellent)													0

Total Number of Questions														0
Rating	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Does the organization give you the tools and technologies you need to do your job well? (Excellent)														0
Total Number of Questions														0
Rating	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Does management seem invested in the success of the team? (Excellent)														0
Total Number of Questions														0
Rating	---	---	---	---	---	---	---	---	---	---	---	---	---	---
On a scale of 1-5 how satisfied are you at work? (Excellent)														0
Total Number of Questions														0
Rating	---	---	---	---	---	---	---	---	---	---	---	---	---	---

January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
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September														
Summary of Findings							Plan of Correction							
October														
Summary of Findings							Plan of Correction							

November													
Summary of Findings							Plan of Correction						
December													
Summary of Findings							Plan of Correction						
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total Number of Questions With NA Rating													0
Total Number of Questions													0
Percentage of NA Ratings	---	---	---	---	---	---	---	---	---	---	---	---	---
Total Number of Questions With Poor Rating													0
Total Number of Questions													0
Percentage of Poor Ratings	---	---	---	---	---	---	---	---	---	---	---	---	---
Total Number of Questions With Fair Rating													0
Total Number of Questions													0
Percentage of Fair Ratings	---	---	---	---	---	---	---	---	---	---	---	---	---
Total Number of Questions With Good Rating													0
Total Number of Questions													0
Percentage of Good Ratings	---	---	---	---	---	---	---	---	---	---	---	---	---

D. Employee Satisfaction Annual Survey

Function: Outcome Measure													
Rationale: Problem Prone													
Data Source: Surveys													
Sample Size: All Satisfaction Surveys													
Methodology: All Annual Surveys													
Inclusion Criteria: All Annual Surveys													
Survey Return Results	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total Number of Annual Surveys Returned													0
Total Number of Annual Surveys Distributed													0
Survey Return Rate (Benchmark=100%)	---	---	---	---	---	---	---	---	---	---	---	---	---
Total Number of Questions with Poor Rating													0
Total Number of Questions													0
Poor Rating	---	---	---	---	---	---	---	---	---	---	---	---	---
Total Number of Questions with Fair Rating													0
Total Number of Questions													0
Fair Rating	---	---	---	---	---	---	---	---	---	---	---	---	---
Total Number of Questions with Good Rating													0
Total Number of Questions													0
Good Rating	---	---	---	---	---	---	---	---	---	---	---	---	---
Total Number of Questions with Excellent Rating													0
Total Number of Questions													0
Excellent Rating	---	---	---	---	---	---	---	---	---	---	---	---	---

Do you enjoy your workplace culture? (Excellent)														0
Total Number of Questions														0
Rating	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Does the organization give you the tools and technologies you need to do your job well? (Excellent)														0
Total Number of Questions														0
Rating	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Does management seem invested in the success of the team? (Excellent)														0
Total Number of Questions														0
Rating	---	---	---	---	---	---	---	---	---	---	---	---	---	---
On a scale of 1-5 how satisfied are you at work? (Excellent)														0
Total Number of Questions														0
Rating	---	---	---	---	---	---	---	---	---	---	---	---	---	---

January													
Summary of Findings							Plan of Correction						
February													
Summary of Findings							Plan of Correction						
March													
Summary of Findings							Plan of Correction						
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Summary of Findings							Plan of Correction						
September													
Summary of Findings							Plan of Correction						
October													
Summary of Findings							Plan of Correction						

November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total Number of Questions With NA Rating													0
Total Number of Questions													0
Percentage of NA Ratings	---	---	---	---	---	---	---	---	---	---	---	---	---
Total Number of Questions With Poor Rating													0
Total Number of Questions													0
Percentage of Poor Ratings	---	---	---	---	---	---	---	---	---	---	---	---	---
Total Number of Questions With Fair Rating													0
Total Number of Questions													0
Percentage of Fair Ratings	---	---	---	---	---	---	---	---	---	---	---	---	---
Total Number of Questions With Good Rating													0
Total Number of Questions													0
Percentage of Good Ratings	---	---	---	---	---	---	---	---	---	---	---	---	---

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XIX. Business Office

A. Billing Services

Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total number of billing calls returned within 48 hours													0
Total number of billing calls													0
Percentage of billing calls returned within 48 hours	#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 Correction						
February													
Summary of Findings							Plan of Correction						
March													
Summary of Findings							Plan of Correction						
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Summary of Findings							Plan of Correction						
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Summary of Findings							Plan of Correction						
October													
Summary of Findings							Plan of Correction						
November													
Summary of Findings							Plan of Correction						

December	
Summary of Findings	Plan of Correction

B. Revenue A/R

Definition: Days Revenue in AR is a measure of how long it takes the hospital to collect on billings after the date of service or discharge

Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Days Revenue in A/R													0
January													
Summary of Findings	Plan of Correction												
February													
Summary of Findings	Plan of Correction												
March													
Summary of Findings	Plan of Correction												
April													
Summary of Findings	Plan of Correction												
May													
Summary of Findings	Plan of Correction												
June													
Summary of Findings	Plan of Correction												
July													
Summary of Findings	Plan of Correction												
August													
Summary of Findings	Plan of Correction												

XX. Environmental Services

A. Sharps Containers

Function: Process & Outcome Measure														
Rational: High Risk, Problem Prone														
Data Source: Observation, EOC rounds report, incident reports														
Methodology: Observation, EOC rounds report, incident reports, PDSA														
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Number of Sharps Containers in Compliance (less than 3/4 full) (Benchmark=95%)													0	
Total Number of Sharps Containers Checked													0	
Percent of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---	
January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
March														
Summary of Findings							Plan of Correction							
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Summary of Findings							Plan of Correction							
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Summary of Findings							Plan of Correction							
September														
Summary of Findings							Plan of Correction							

October	
Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

B. Terminal Room Cleans

Function: Process & Outcome Measure													
Rational: High Risk, Problem Prone													
Data Source: Observation, EOC rounds report, incident reports													
Sample Size: Two rooms per week													
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 (Benchmark=100%)													0
Total Number of Rooms Inspected													0
Percent of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings	Plan of Correction												
February													
Summary of Findings	Plan of Correction												
March													
Summary of Findings	Plan of Correction												
April													
Summary of Findings	Plan of Correction												
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

C. Linen Services

Function: Process & Outcome Measure														
Rational: High Risk, Problem Prone														
Data Source: Linen Report														
Sample Size: All linen Deliveries														
Methodology: Linen Report, PDSA														
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Total Number of Linen Deliveries On-Time													0	
Total Number of Linen Deliveries													0	
Percent of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---	
January														
Summary of Findings	Plan of Correction													
February														
Summary of Findings	Plan of Correction													
March														
Summary of Findings	Plan of Correction													
April														
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

XXI. Materials Management

A. Materials Management Indicators

Function: Process & Outcome Measure														
Rational: High Risk, Problem Prone														
Data Source: Order Sheets, Invoices														
Methodology: Order Sheets, Invoices, PDSA														
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Total Number of Orders Placed													0	
Total Number of Back Orders													0	
Total Number of Late Orders													0	
Total Number of Recalls (Items utilized by the hospital)													0	
Charge Codes Meeting Compliance (5 audits/month)													0	
Total Number of Items Checked Out Properly													0	
Total Number of Items Checked Out													0	
Percent of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---	
January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
March														
Summary of Findings							Plan of Correction							
April														
Summary of Findings							Plan of Correction							
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Summary of Findings							Plan of Correction							
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Summary of Findings							Plan of Correction							
July														
Summary of Findings							Plan of Correction							
August														
Summary of Findings							Plan of Correction							

September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

XXII. Plant Operations

A. Plant Operations

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	
Work Order Turn Around in 3 days or less													0	
Total Number of Work Orders													0	
Percentage of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---	
January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
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Summary of Findings							Plan of Correction							
September														
Summary of Findings							Plan of Correction							
October														

Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

XXIII. Information Technology

A. Work Orders

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
Work Order Turn Around in 3 days or less													0
Total Number of Work Orders													0
Percentage of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings				Plan of Correction									
February													
Summary of Findings				Plan of Correction									
March													
Summary of Findings				Plan of Correction									
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Summary of Findings				Plan of Correction									
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September													

Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

B. IT Service Requests

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													0
Total Number of Work Orders													0
Percentage	---	---	---	---	---	---	---	---	---	---	---	---	---
User Error													0
Total Number of Work Orders													0
Percentage	---	---	---	---	---	---	---	---	---	---	---	---	---
System Shutdown													0
Total Number of Work Orders													0
Percentage	---	---	---	---	---	---	---	---	---	---	---	---	---
New Equipment/Software Installation													0
Total Number of Work Orders													0
Percentage	---	---	---	---	---	---	---	---	---	---	---	---	---
Power/Electrical Failure													0
Total Number of Work Orders													0
Percentage	---	---	---	---	---	---	---	---	---	---	---	---	---
Other (Include in findings)													0
Total Number of Work Orders													0
Percentage	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings	Plan of Correction												

February	
Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

XXIV. Clinic

A. Volume

Function: Outcome Measure														
Rational: High Risk, Problem Prone														
Data Source: Observation, Logs														
Methodology: Patient records, Logs, PDSA														
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Total Number of Clinic Visits													0	
Total Number of Urine Tests (Stick/Tablet, Urine Ketones)													0	
Total Number of Hemoglobin/Hemocrit (H&H)													0	
Total Number of Blood Glucose													0	
Total Number of Stool Specimens (Occult Blood, Other)													0	
Total Number of Pregnancy Tests													0	
Total Number of Primary Culturing for Transmittal to Certified													0	

B. Clinic Indicators

Function: Process & Outcome Measure														
Rational: High Risk, Problem Prone														
Data Source: Patient records														
Methodology: Patient records, PDSA														
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Referrals Made for Patients													#DIV/0!	
Payments Posted in Episode Notes													#DIV/0!	
Insurance Verification Noted in Episode Notes													#DIV/0!	
Co-pays for All Patients													#DIV/0!	
Vital Signs for All Patients													#DIV/0!	
Medication Lists for All Patients													#DIV/0!	
Chart Audits Completed (10%)													#DIV/0!	
CLIA Waived Log Compliance													#DIV/0!	
January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
March														
Summary of Findings							Plan of Correction							
April														
Summary of Findings							Plan of Correction							

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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

C. Reported Complaints

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 complaints														
Documentation Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Total number of Complaints													0	
Total number of Clinic Visits													0	
Rate per 1000 clinic visits	---	---	---	---	---	---	---	---	---	---	---	---	---	
January														
Summary of Findings	Plan of Correction													
February														
Summary of Findings	Plan of Correction													
March														

Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

Complaint Grouped by Type													
Complaint Type	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Prolonged Wait Time													0
Medication related													0
Communication (follow-through on concerns, etc.)													0
Attitude and Customer Service													0
Other													0

Complaint Grouped by Staff													
Complaint by Staff	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Provider													0
Nurse													0
Office													0

D.

Rationale: High Risk, Problem Prone													
Data Source: Patient Records													
Sample Size: All Medication Errors													
Methodology: Patient Records, PDSA													
Inclusion Criteria: All Medication Errors													
Documentation Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total number of Medication Errors													0
Total number of Medications Given													0
Percentage of Medication Errors	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings							Plan of Correction						
February													
Summary of Findings							Plan of Correction						
March													
Summary of Findings							Plan of Correction						
April													
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November													
Summary of Findings							Plan of Correction						

December													
Summary of Findings							Plan of Correction						

Medication Error Risk Stratification By Patient Impact

Patient Impact Severity Index Classification	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
A- events that have the capacity to cause error													0
B- Error occurred but did not reach patient (does not include "error of omission")													0
C- Error occurred that reached patient- no harm													0
D- Error occurred that reached patient- required additional monitoring to confirm no harm													0
E- Error occurred- temporary harm to patient & required intervention													0
F- Error occurred- temporary harm to patient & required prolonged hospitalization													0
G- Error occurred- permanent patient harm													0
H- Error occurred - required intervention necessary to sustain life													0
I- Error occurred- may have contributed to or resulted in patient's death													0
Total Medication Errors	0	0	0	0	0	0	0	0	0	0	0	0	0

E. Referrals To Hospital Inpatient Services

Function: Outcome Measure													
Rationale: High Risk, Problem Prone													
Data Source: Patient, Family, Visitor													
Sample Size: All Patients													
Methodology: Patient Records, PDSA													
Inclusion Criteria: All Patients													
Documentation Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total number of Patients Transferred to Hospital Inpatient Services													0
Total number of Clinic Visits													0
Rate per 1000 clinic visits	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings							Plan of Correction						
February													
Summary of Findings							Plan of Correction						
March													
Summary of Findings							Plan of Correction						
April													
Summary of Findings							Plan of Correction						

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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

F. Quality Checks

Function: Process & Outcome Measure													
Rationale: High Risk, Problem Prone													
Data Source: Clinic Logs, Clinic Reports													
Methodology: Clinic Logs, Clinic Reports, PDSA													
Documentation Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total number of Expired Medications													0
BioMed: All Essential Patient Care Equipment Inspected and PM current													0
HVAC System Inspected and PM current													0
Electrical System Inspected and PM Current													0
Plumbing System Inspected and PM Current													0
Generator System Inspected and PM Current													0
Medication Refrigerators Temp Checks Completed													0
Environment of Care Rounds Completed & Issues Addressed													0
January													
Summary of Findings	Plan of Correction												

February	
Summary of Findings	Plan of Correction
March	
Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

G. Infection Control

Hand Hygiene

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													#DIV/0!
Clinic Staff													#DIV/0!
Medical Staff (MD/DO, NP, PA)													#DIV/0!
% of PPE Compliance (Benchmark=80%)	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Nursing													#DIV/0!
Clinic Staff													#DIV/0!
Medical Staff (MD/DO, NP, PA)													#DIV/0!

January													
Summary of Findings							Plan of Correction						
February													
Summary of Findings							Plan of Correction						
March													
Summary of Findings							Plan of Correction						
April													
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Summary of Findings							Plan of Correction						
November													
Summary of Findings							Plan of Correction						
December													
Summary of Findings							Plan of Correction						

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Other

Function: Outcome & Process Measure
Rationale: High Risk, High Volume, Problem Prone
Data Source: Clinic Records
Methodology: Clinic Records, PDSA

Pest Control	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Pest Control Measures/Routine Inspection & Control Management													#DIV/0!

Safe Injection Practices Followed (Must meet all 3 bundle elements to meet compliance Benchmark= 100%)

1. Single-Use Needles & Syringes
2. Medications from a single-dose vial or IV bag are used on a single patient only & not used on multiple patients
3. Multi-dose vials are limited to single patient use whenever possible

Safe Injections	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total Number of Injections (All injections or 5/month)													0
Total Number of Injections Meeting Compliance Bundle													0
Percentage of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---

January	
Summary of Findings	Plan of Correction
February	
Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

H. Health Information Management

Function: Outcome & Process Measure														
Rationale: High Risk, Problem Prone, Compliance														
Data Source: Patient Records														
Sample Size: 10 Records/Month														
Methodology: Patient Records, PDSA														
Documentation Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Correct Patient Identification With Unique Patient Identifiers (Benchmark=90%)													0	
Total # of Records Audited													0	
Percent of completion	---	---	---	---	---	---	---	---	---	---	---	---	---	
Entries authenticated with date/time/originator (Benchmark=90%)													0	
Total # of Records Audited													0	
Percent of completion	---	---	---	---	---	---	---	---	---	---	---	---	---	
Physician/Provider Assessment (Benchmark=90%)													0	
Total # of Records Audited													0	
Percent of completion	---	---	---	---	---	---	---	---	---	---	---	---	---	
Diagnosis & Treatment (Benchmark=90%)													0	
Total # of Records Audited													0	
Percent of completion	---	---	---	---	---	---	---	---	---	---	---	---	---	
January														
Summary of Findings	Plan of Correction													
February														
Summary of Findings	Plan of Correction													
March														

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

I. Risk Management

Function: Outcome & Process Measure													
Rationale: High Risk, Problem Prone													
Data Source: Patient Records, Incident Reports													
Sample Size: All patients/visitors with unplanned events/incidents													
Methodology: Incident reports, patient records, PDSA													
Inclusion Criteria: All patients/visitors with unplanned events/incidents													
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total number of patient falls without injury													0
Total number of patient falls with injury													0
Total number of Notifications to Police/Law													0
Total number of Violent/Disruptive Events													0
Total number of Suicide/Self Harm Incidents													0

Total number of clinic patients left without being seen														0
Total number of other events														0
Total number of IT events														0
Total number of process incidents														0
Total number of visitor incidents														0
Total Number of Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total number of Clinic Visits														0
Rate per 1000 clinic visits	---	---	---	---	---	---	---	---	---	---	---	---	---	---

January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
March														
Summary of Findings							Plan of Correction							
April														
Summary of Findings							Plan of Correction							
May														
Summary of Findings							Plan of Correction							
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Summary of Findings							Plan of Correction							
September														
Summary of Findings							Plan of Correction							
October														
Summary of Findings							Plan of Correction							
November														
Summary of Findings							Plan of Correction							
December														
Summary of Findings							Plan of Correction							

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J. Employee Satisfaction 30 Day Survey

Function: Outcome Measure Rationale: Problem Prone Data Source: Surveys Sample Size: All Satisfaction Surveys Methodology: All 30 Day Surveys Inclusion Criteria: All 30 Day Surveys													
Survey Return Results	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total Number of 30 Day Surveys Returned													0
Total Number of 30 Day Surveys Distributed													0
Survey Return Rate (Benchmark=100%)	---	---	---	---	---	---	---	---	---	---	---	---	---
Total Number of Questions with Poor Rating													0
Total Number of Questions													0
Poor Rating	---	---	---	---	---	---	---	---	---	---	---	---	---
Total Number of Questions with Fair Rating													0
Total Number of Questions													0
Fair Rating	---	---	---	---	---	---	---	---	---	---	---	---	---
Total Number of Questions with Good Rating													0
Total Number of Questions													0
Good Rating	---	---	---	---	---	---	---	---	---	---	---	---	---
Total Number of Questions with Excellent Rating													0
Total Number of Questions													0
Excellent Rating	---	---	---	---	---	---	---	---	---	---	---	---	---
Do you enjoy your workplace culture? (Excellent)													0
Total Number of Questions													0
Rating	---	---	---	---	---	---	---	---	---	---	---	---	---
Does the organization give you the tools and technologies you need to do your job well? (Excellent)													0
Total Number of Questions													0
Rating	---	---	---	---	---	---	---	---	---	---	---	---	---
Does management seem invested in the success of the team? (Excellent)													0
Total Number of Questions													0
Rating	---	---	---	---	---	---	---	---	---	---	---	---	---
On a scale of 1-5 how satisfied are you at work? (Excellent)													0
Total Number of Questions													0
Rating	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings							Plan of Correction						
February													

Summary of Findings	Plan of Correction
March	
Summary of Findings	Plan of Correction
April	
Summary of Findings	Plan of Correction
May	
Summary of Findings	Plan of Correction
June	
Summary of Findings	Plan of Correction
July	
Summary of Findings	Plan of Correction
August	
Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total Number of Questions With NA Rating													0
Total Number of Questions													0
Percentage of NA Ratings	---	---	---	---	---	---	---	---	---	---	---	---	---
Total Number of Questions With Poor Rating													0
Total Number of Questions													0
Percentage of Poor Ratings	---	---	---	---	---	---	---	---	---	---	---	---	---
Total Number of Questions With Fair Rating													0
Total Number of Questions													0
Percentage of Fair Ratings	---	---	---	---	---	---	---	---	---	---	---	---	---

Total Number of Questions With Good Rating														0
Total Number of Questions														0
Percentage of Good Ratings	---	---	---	---	---	---	---	---	---	---	---	---	---	---

K. Employee Satisfaction Annual Survey

Function: Outcome Measure														
Rationale: Problem Prone														
Data Source: Surveys														
Sample Size: All Satisfaction Surveys														
Methodology: All Annual Surveys														
Inclusion Criteria: All Annual Surveys														
Survey Return Results	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Total Number of Annual Surveys Returned														0
Total Number of Annual Surveys Distributed														0
Survey Return Rate (Benchmark=100%)	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Total Number of Questions with Poor Rating														0
Total Number of Questions														0
Poor Rating	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Total Number of Questions with Fair Rating														0
Total Number of Questions														0
Fair Rating	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Total Number of Questions with Good Rating														0
Total Number of Questions														0
Good Rating	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Total Number of Questions with Excellent Rating														0
Total Number of Questions														0
Excellent Rating	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Do you enjoy your workplace culture? (Excellent)														0
Total Number of Questions														0
Rating	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Does the organization give you the tools and technologies you need to do your job well? (Excellent)														0
Total Number of Questions														0
Rating	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Does management seem invested in the success of the team? (Excellent)														0
Total Number of Questions														0
Rating	---	---	---	---	---	---	---	---	---	---	---	---	---	---
On a scale of 1-5 how satisfied are you at work? (Excellent)														0
Total Number of Questions														0
Rating	---	---	---	---	---	---	---	---	---	---	---	---	---	---
January														
Summary of Findings							Plan of Correction							

February	
Summary of Findings	Plan of Correction
March	
Summary of Findings	Plan of Correction
April	
Summary of Findings	Plan of Correction
May	
Summary of Findings	Plan of Correction
June	
Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
August	
Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total Number of Questions With NA Rating													0
Total Number of Questions													0
Percentage of NA Ratings	---	---	---	---	---	---	---	---	---	---	---	---	---
Total Number of Questions With Poor Rating													0
Total Number of Questions													0
Percentage of Poor Ratings	---	---	---	---	---	---	---	---	---	---	---	---	---
Total Number of Questions With Fair Rating													0

Total Number of Questions														0
Percentage of Fair Ratings	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Total Number of Questions With Good Rating														0
Total Number of Questions														0
Percentage of Good Ratings	---	---	---	---	---	---	---	---	---	---	---	---	---	---

XXV. Outpatient Services

A. Outpatient Orders & Assessments

Function: Process & Outcome Measure													
Rational: High Risk, Problem Prone													
Data Source: Patient Records													
Methodology: Patient Records, PDSA													
Inclusion Criteria: All patients receiving outpatient services													
(Benchmark=100%)													
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Correct Order On Chart													0
Total number of orders													0
Percentage of correct orders	---	---	---	---	---	---	---	---	---	---	---	---	---
RN assessments completed													0
Total number of RN assessments required & completed													0
Percentage of RN assessments required & completed	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings				Plan of Correction									
February													
Summary of Findings				Plan of Correction									
March													
Summary of Findings				Plan of Correction									
April													
Summary of Findings				Plan of Correction									
May													
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June													
Summary of Findings				Plan of Correction									
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August	
Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

B. Reports To Providers

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 services Turn Around Time: Within 4 hours of receipt of lab result (Benchmark=100%)													
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total Number of Lab Reports Sent to Providers Within Timeframe													0
Total number of Lab Orders Received													0
Percentage of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---
Total Number of Diagnostic Reports Sent to Providers Within Timeframe (CT, US, MRI, X-Ray,													0
Total number of Diagnostic Orders Received													0
Percentage of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings	Plan of Correction												
February													
Summary of Findings	Plan of Correction												
March													

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

C. 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 (Benchmark=)													
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total # of Pediatric Patients													0
Total # of Oupatients													0

Percentage of Pediatric Patients	---	---	---	---	---	---	---	---	---	---	---	---	---
Total # of Adult Patients													0
Total # of Outpatients													0
Percentage of Adult Patients	---	---	---	---	---	---	---	---	---	---	---	---	---
Total # of Therapy Visits Missed													0
Total # of Scheduled Therapy Visits													0
Percentage of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings							Plan of Correction						
February													
Summary of Findings							Plan of Correction						
March													
Summary of Findings							Plan of Correction						
April													
Summary of Findings							Plan of Correction						
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Summary of Findings							Plan of Correction						
September													
Summary of Findings							Plan of Correction						
October													
Summary of Findings							Plan of Correction						
November													
Summary of Findings							Plan of Correction						

December	
Summary of Findings	Plan of Correction

D. 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													0
Total Number of Consents Completed													0
Total Number of Consents Required													0
Percentage of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---
Total Number of Wounds Showing Improvement													0
Total Number of Wounds													0
Percentage of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---

January	
Summary of Findings	Plan of Correction
February	
Summary of Findings	Plan of Correction
March	
Summary of Findings	Plan of Correction
April	
Summary of Findings	Plan of Correction
May	
Summary of Findings	Plan of Correction
June	
Summary of Findings	Plan of Correction
July	
Summary of Findings	Plan of Correction
August	

Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

XXVI. Strong Mind Services

A. Record Compliance

Function: Compliance Measure													
Rationale: High Risk, Problem Prone													
Data Source: Client Records													
Sample Size: All clients in program													
Mehodology: 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!	#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 Correction						
February													
Summary of Findings							Plan of Correction						
March													
Summary of Findings							Plan of Correction						
April													
Summary of Findings							Plan of Correction						
May													
Summary of Findings							Plan of Correction						
June													
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July													
Summary of Findings							Plan of Correction						
August													
Summary of Findings							Plan of Correction						

September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

B. Client Satisfaction Surveys

Function: Outcome Measure													
Rationale: High Risk, Problem Prone													
Data Source: Client Surveys													
Sample Size: All discharged clients in program													
Mehodology: 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)	g 4 more	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!	#DIV/0!
January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
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Summary of Findings							Plan of Correction							
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September														
Summary of Findings							Plan of Correction							
October														
Summary of Findings							Plan of Correction							
November														
Summary of Findings							Plan of Correction							

December	
Summary of Findings	Plan of Correction

C. Master Treatment Plans

Function: Process & Outcome Measure
Rationale: High Risk, Problem Prone
Data Source: Client Files
Sample Size: All clients in program
Mehodology: 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 Correction

February	
Summary of Findings	Plan of Correction

March	
Summary of Findings	Plan of Correction

April	
Summary of Findings	Plan of Correction

May	
Summary of Findings	Plan of Correction

June	
Summary of Findings	Plan of Correction

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Summary of Findings	Plan of Correction

August	
Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

D. Suicidal Ideation

Function: Process & Outcome Measure													
Rationale: High Risk, Problem Prone													
Data Source: Client Files													
Sample Size: All clients in program													
Mehodology: 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 Correction												
February													
Summary of Findings	Plan of Correction												
March													
Summary of Findings	Plan of Correction												

April	
Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

E. Scheduled Appointments

Function: Process & Outcome Measure
Rationale: High Risk, Problem Prone
Data Source: Client Files
Sample Size: All clients in program
Mehodology: 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 Correction						
February													
Summary of Findings							Plan of Correction						
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Summary of Findings							Plan of Correction						
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Summary of Findings							Plan of Correction						
November													
Summary of Findings							Plan of Correction						

December	
Summary of Findings	Plan of Correction

XXVII Surgical Services

A. H&P's

Function: Process Measure													
Rational: High Risk, Problem Prone													
Data Source: Patient Records													
Sample Size: All OR Cases													
Methodology: Patient Records, PDSA													
Inclusion Criteria: Surgical Patients													
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
H&P's completed and present on chart prior to surgery (Benchmark=100%)													0
Total Number of Records Reviewed													0
Percent of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings							Plan of Correction						
February													
Summary of Findings							Plan of Correction						
March													
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Summary of Findings							Plan of Correction						

September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

B. Informed Consent

Function: Process Measure Rational: High Risk, Problem Prone Data Source: Patient Records Sample Size: All OR Cases Methodology: Patient Records, PDSA Inclusion Criteria: Surgical Patients													
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
													0
Total Number of Consents Required													0
Percent of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings	Plan of Correction												
February													
Summary of Findings	Plan of Correction												
March													
Summary of Findings	Plan of Correction												
April													
Summary of Findings	Plan of Correction												

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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
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Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

C. Operating Room Register

Function: Process Measure													
Rational: High Risk, Problem Prone													
Data Source: Operating Room Register Log, Patient Records (At a minimum register should include: patient name, patient CAH identification number, date of operation, name of surgeon & assistant(s), name of nursing personnel (scrub & circulating), type of anesthesia used & name of person administering it, operation pre & post-op diagnosis, age of patient)													
Sample Size: All OR Cases													
Methodology: Operating Room Register Log, Patient Records, PDSA													
Inclusion Criteria: Surgical Patients													
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
OR Log Complete (Total # of entries)													0

Total Number of OR Cases														0
Percent of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---	---
January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
March														
Summary of Findings							Plan of Correction							
April														
Summary of Findings							Plan of Correction							
May														
Summary of Findings							Plan of Correction							
June														
Summary of Findings							Plan of Correction							
July														
Summary of Findings							Plan of Correction							
August														
Summary of Findings							Plan of Correction							
September														
Summary of Findings							Plan of Correction							
October														
Summary of Findings							Plan of Correction							
November														
Summary of Findings							Plan of Correction							
December														
Summary of Findings							Plan of Correction							

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D. Operative Report

Function: Process & Outcome Measure
Rational: High Risk, Problem Prone
Data Source: Operative Report/Patient Record (At a minimum should include: patient name, CAH patient identification number, date & time of surgery, name(s) of assistant(s) or other practitioners who performed surgical tasks (even when performing those tasks under supervision), pre & post-op diagnosis, name of surgical performed, type of anesthesia administered, complications if any, description of techniques, findings, and tissues removed or altered, surgeons or practitioners name(s) description of the specific significant surgical tasks that were conducted by practitioners other than the primary surgeon/practitioner (significant procedures include: (opening and closing, harvesting grafts, dissecting tissue, removing tissue, implanting devices, altering tissues, prosthetic devices, grafts, tissues, transplants, or devices
Sample Size: All OR Cases
Methodology: Operating Room Register Log, Patient Records, PDSA
Inclusion Criteria: Surgical Patients

Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
													0
Total Number of OR Cases													0
Percent of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---

January	
Summary of Findings	Plan of Correction
February	
Summary of Findings	Plan of Correction
March	
Summary of Findings	Plan of Correction
April	
Summary of Findings	Plan of Correction
May	
Summary of Findings	Plan of Correction
June	
Summary of Findings	Plan of Correction
July	

Summary of Findings	Plan of Correction
August	
Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

Meeting adjourned at 12:17 Z. CANADAY AND B. WHITE

E. Procedures

Function: Process Measure													
Rational: High Risk, Problem Prone													
Data Source: Patient Records													
Sample Size: All Procedures													
Methodology: Patient Records, PDSA													
Inclusion Criteria: Surgical Patients													
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Gastrointestinal (GI) Procedures													0
Pain Injections													0
Surgical Procedures													0
Other													0
Total Number of Procedures	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Number of Inpatient Admissions													0
Total Number of Procedures													0
Percent of Admissions	---	---	---	---	---	---	---	---	---	---	---	---	---
Total Number of Inpatient Discharges													0
Inpatient													0
Total Inpatient Days													0

Return to OR Within 24 Hours														0
Total Number of Procedures														0
Percent of OR Return Patients	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Complications														0
Complications														0
PACU stays Greater Than 8 Hours														0
Pathology Discrepancies														0
Anesthesia Complications														0
Moderate Sedation Complications														0
Antibiotics Given Within 30 Minutes of Incision														0
Post-Op Sepsis Event														0
Post-Op VTE/PE Event														0
Surgical Site Infection														0
Total Number of Re-Admissions Within 30 Days														0
Total Number of Unplanned Transfers														0
OR Case Review														0
Surgery Services: Customer Satisfaction Survey														0
January														
Summary of Findings							Plan of Correction							
February														
Summary of Findings							Plan of Correction							
March														
Summary of Findings							Plan of Correction							
April														
Summary of Findings							Plan of Correction							
May														
Summary of Findings							Plan of Correction							
June														
Summary of Findings							Plan of Correction							
July														
Summary of Findings							Plan of Correction							

August	
Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

F. Quality Checks

Function: Process & Outcome Measure													
Rational: High Risk, Problem Prone													
Data Source: Observation, Logs													
Methodology: Observation, Logs, PDSA													
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Equipment Failure													0
Positive Pressure Testing													0
OR #1 Humidity Within Recommended Range													0
OR #1 Temperature Within Recommended Range													0
Procedure Room Humidity Within Recommended Range													0
Procedure Room Temperature Within Recommended Range													0
Autoclave #1 In Proper Working Order													0
Autoclave #2: In Proper Working Order													0
Biologics Within Recommended Range													0
January													
Summary of Findings	Plan of Correction												

February	
Summary of Findings	Plan of Correction
March	
Summary of Findings	Plan of Correction
April	
Summary of Findings	Plan of Correction
May	
Summary of Findings	Plan of Correction
June	
Summary of Findings	Plan of Correction
July	
Summary of Findings	Plan of Correction
August	
Summary of Findings	Plan of Correction
September	
Summary of Findings	Plan of Correction
October	
Summary of Findings	Plan of Correction
November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

G. Terminal OR Room Cleans Meeting Inspection Standards

Function: Process & Outcome Measure

Rational: High Risk, Problem Prone
Data Source: Observation, EOC rounds report, incident reports
Sample Size: Two rooms per week
Methodology: Observation, EOC rounds report, incident reports, PDSA

Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Terminal OR Room Cleans Meeting Inspection													0
Total Number of Rooms Inspected													0
Percent of Compliance	---	---	---	---	---	---	---	---	---	---	---	---	---

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

November	
Summary of Findings	Plan of Correction
December	
Summary of Findings	Plan of Correction

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

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Date: 2/11/2021 **Time:** 13:30 **Recorder:** Melissa Tunstall **Reporting Period Discussed:** JANUARY 2021

Members Present

Chairperson:				CEO: Marie Harrington		Medical Representative: Dr. J. Chiaffitelli, D.O.	
Name	Title	Name	Title	Name	Title	Name	Title
Daniel Coffin	CCO	Melissa Tunstall	Quality Manager	Candy Denney	CM	Lynda James	LPN
Jennifer Waxell	Respiratory			Zach Canaday	IT	Pamela Esparza	Radiology
Tanya Knight	Lab Director	Sarah Dillahunty	Dietary	Chelsea Church	Pharm D	Amber Jackson	Clinic Manager
		Jennifer Dreyer	HIM	Josey Kenmore	Materials Management	Kasi Hilley	Business Manager
Kaye Hamilton	Credentialing						

TOPIC	FINDINGS/CONCLUSIONS	ACTIONS/RECOMMENDATIONS	FOLLOW-UP
I. Call to Order	Melissa Tunstall and Marie Harrington	13:20	
II. Review of Minutes	Committee	Approved by: D. Coffin and P. Esparza	
III. Review of Committee Meetings			
A. EOC/Patient Safety Committee	Reviewed	CT in use light still wiring was done. Awaiting CT repairman to hook the CT to the new wiring. Rescheduled the floor for nursing because it is so busy at this time. Looking for covered peg boards for OR 1. Josey is checking on this. Roof repair over OR is still pending, possibly approval in Feb or March. Actively working on replacing 15 amp to the 20 amp. Working with local Police to set up an active shooter drill. Reyes Electric coming to wire Covid wing.	
B. Infection Control Committee	Reviewed	Participated in OSDH Region 5 Vaccine planning Phizer/Moderna vaccinations & Phases. Employees can inform IP or Karina Norris-Veirs if they want vaccination or if they know individuals 65+ who want it. Enrolled RHC as a pandemic provider approved 1/13/21	
C. Pharmacy & Therapeutics Committee	QTRLY	Had their quarterly meeting in January	
D. HIM/Credentials Committee	Reviewed	Missing one consent to treat for swingbed. Data is still showing improvement. Provider response times has moved to the ED tab, but is at 100%	
E. Utilization Review Committee	Reviewed	Total patient admissions to acute care - 15 Total discharges from acute care - 14 Discharge to Swb 7 No observations	
F. Compliance Committee	FORMED	No meeting held yet.	

<p>IV. Old Business</p>		<p>1. Lippincot and InQuidocs back on agenda for approval 2. Safety Officer is working with Mangum PD for Active shooter drill</p>	
<p>V. New Business</p>	<p>1. Covid vaccinations were given. Administered the Pfizer-BioNTech Vaccin to Phase 1 recipients.n. 2. Policies that were up for review were: Respiratory Policies and Procedures and Drug Room Policies and Procedures, Clinical Policies and Procedures and ED Policies and Procedures. The Forms accompanying them. The policies were put on hold by Governing Board.</p>	<p>1. 1st phase of vaccinations - ER providers, clinical team working with covid patient, housekeepers, first responders. 2. GB wants Cohesive to find out if the GB has to vote on policies and procedures? They were informed that they do not have knowledge to be relied upon to vote on hospital policies and procedures. They said they will not vote until they have direction about the approval process. NO POLICIES OR PROCEDURES WERE APPROVED.</p>	
<p>VI. Quality Assurance/Performance Improvement</p>			
<p>I. Volume & Utilization</p>			
<p>A. Hospital Activity</p>	<p>ER - 2 AMA's</p>		
<p>B. Procedures & Diagnostics</p>			
<p>C. Blood Utilization</p>	<p>4</p>		
<p>II. Care Management</p>			
<p>A. CAH Re-Admits</p>	<p>1 ER Re-admits within 72 hours</p>	<p>All necessary testing was done, patient was asked to stay and patient did not want to. She stated "she needed to go home" Patients left stable. Returned because she didn't feel well.</p>	

B. Acute Transfers	7	TRANSFERS FROM ER: 7 ER TRANSFERS. Patients needed transfer due to higher level of care, or surgical procedures needed.	
C. Transition of Care			
D. Patient Survey Rate			
E. Physician Communication			
F. Likelihood of Recommending Hospital			
G. Overall Rating of Hospital			
H. Responsiveness of Staff			
III. Risk Management			
A. Incidents	2 - AMA 3 Nursing incidents	2 AMA - All documentation was completed. The patients were informed of risks of leaving and the benefits of staying.	
B. Reported Complaints	0		
C. Reported Grievances	1	QM reviewed chart, reviewed , interviewed staff. Process was completed and letter sent out to patients family member. Grievance was closed	
D. Patient Falls Without Injury	0		
E. Patient Falls With Minor Injury	0		
F. Patient Falls With Major Injury	0		

G. Mortality Rate	0		
H. Deaths Within 24 Hours of Admit	0		
I. OPO	0		
J. Code Blue Interventions			
K. ER Visits			
L. Stroke Alerts	0	0	
M. FMEA			
N. RCA/Sentinel Event	0		
IV. Quality Control			
V. Nursing			
A. Critical Tests/Labs	69%	In addition to calling lab results to nursing staff, CCO is having the lab fax results and request signed acknowledgment from receiving nursing.	
B. Restraints	0		
C. RN Assessments			
VI. Pharmacy & Therapeutics			
A. Quality Control Monitoring	Fridge temps monitored hourly now		
B. Pharmacy Utilization	After hours access.	Refridgerator will be put in nurses station that will elevate a lof of after hours access.	
C. Medication Overrides			
VII. Medication Safety			
A. Adverse Drug Reactions			
B. Medication Error Rate	Med Event - 3	1)Respiratory had one intance of not administering a nebulized treatment. 2)Nursing had one instance of not administering a oral diabetic agent. 3)Nursing had one instance of administering wrong solution of IV antibiotic.MED ERROR - (2) CLASS III/CATEGORY C (1) MED ERROR - CLASS IV/CATEGORY C	

C. Medication Error Risk Stratification by Patient Impact			
D. Medication Error Risk Stratification by Drug Classification			
E. Medication Error Within Distribution Cycle			
VIII. Respiratory Care Services			
A. Ventilator Days			
B. Ventilator Wean Rate			
C. Patient Self-Decannulation Rate			
D. Respiratory Care Equipment			
IX. Wound Care Services			
A. Development of Pressure Ulcer	0		
B. Wound Healing Improvement			
C. Wound Care Documentation			
D. Debridement/Wound Care Procedures			
E. Wound Vac Application			
X. Radiology			
A. Radiology Films			
B. Imaging			
C. Radiation Dosimeter Report	January report in and no outstanding numbers		
D. Physicist's Report			

XI. Lab			
A. Lab Reports	2 REPEATED DUE TO TWO SPECIMENS FROM THE NH BEING MISPLACED.	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	
B. Blood Culture Contaminants			
XII. Employee Health			
A. Employee Health Summary			
B. OSHA Report			
XIII. Infection Control & Prevention			
A. CAUTI's	0		
B. CLABSI'S	0		
C. HA MRSA Bacteremia	0		
D. HA MDRO			
E. HA C.diff			
F. HA Infections by Source			
G. Hand Hygiene & PPE Surveillance			
H. Public Health Reporting			
I. Isolation			
J. Patient Vaccinations			
K. Sepsis Care			
L. Ventilator Associated Event			
XIV. HIM WORKING WITH HIM TO GET MORE DESCRIPTIVE IN SUMMARY OF FINDINGS AND PLAN OF ACTION			
A. H&P's			
B. Discharge Summaries			
C. Progress Notes (Swingbed)	80% 2 swingbeds missing the social history		

D. Daily Progress Notes (Acute & Observation)			
E. Medical Screening Exam			
F. ED RN Assessment			
G. Provider Response Time		PROVIDERS HAVE GAINED REMOTE ACCESS TO EHR.	
H. Consent to Treat	99%	One swb missing consent	
I. Swingbed Indicators			
XV. Dietary			
A. Food Tray Temps			
B. Food Tray Eval			
C. Quality Checks			
D. Nutrition Screening			
XVI. Therapy			
A. Therapy Volume			
B. Therapy Visits			
C. Functional Improvement Outcomes			
XVII. Compliance			
A. EDTC	100%		
B. Trauma Registry	Was not previously reporting.	CCO will be working on getting those numbers ASAP	
XVIII. Human Resources			

A. Compliance			
B. Turnover & Staffing	STILL HIRING NURSING STAFF. 2 voluntary 2 total. 3 new hires		
C. Employee Satisfaction 30-Day Survey	Starting January		
D. Employee Satisfaction Annual Survey	Working on		
XIX. Business Office			
A. Billing Services			
B. Revenue A/R			
C. Registration			
XX. Environmental Services			
A. Sharps Containers			
B. Terminal Room Cleans			
C. Linen			
XXI. Materials Management			
A. Materials Management Indicators			
XXII. Plant Operations			
A. Plant Operations Indicators			
XXIII. Plant Operations			
A. Work Orders			
B. IT Service Requests			
XXIV. Clinic			
A. Volume			
B. Clinic Indicators			
C. Complaints			

D. Medication Errors			
E. Referrals To Inpatient Hospital Services			
F. Quality Checks			
G. Infection Control			
H. Health Information			
I. Risk Management			
J. Employee Satisfaction 30-Day Survey			
K. Employee Satisfaction Annual Survey			
XXV. Outpatient Services			
A. Oupatient Orders and Assessments			
B. Lab and Diagnostic Reports to			
C. Outpatient Therapy Services			
D. Outpatient Wound Services			
VIII. Regulatory & Compliance			
A. OSDH & CMS Updates			
B. Surveys			
C. Compliance Report			
D. Product Recalls			
IX. Policy & Procedure Review			
	1. Patient discharge safety plan 2. Blood transfusion outcome review	Approved by: 1. D. COFFIN AND MARIE HARRINGTON 2. D. COFFIN AND TANYA KNIGHT	

A. Annual Approval of Strategic Quality Plan	Will be taken to Quality Committee in March		
B. Annual Approval of Hospital Plans & Policies	Next approval set for 05/2021		
C. Annual Appointment of Infection	APPROVED		
D. Annual Appointment of Risk Manager	APPROVED		
E. Annual Appointment of Safety Officer	APPROVED		
F. Annual Appointment of Security Officer	APPROVED		
G. Annual Appointment of Compliance Officer	APPROVED		
H. Annual Review of Infection Control Risk Assessment			
I. Annual Review of Hazard Vulnerability Analysis (HVA)			
XI. Credentialing/New Appointments			
A. Credentialing/New Appointments	<p>John Chiaffitelli, CMO, Active Privileges Terrie Gibson, Courtesy Privileges pathologists with Hearland, Courtesy Privileges 2 Voluntary removal Dr. Steven Snail and Dr. Riley Winham OSU Telehealth removed as contract termed on Jan 1</p>		
XII. CCO Report			

A. CCO Report	Actively recruiting RT, RN, LPN, and CNA positions.		
XIII. Administrator Report			
A. Administrator Report			
XIV. Education & Training			
A. Education & Training	1. BLS/ACLS AND PALS WILL BE SEMIANNUALLY - FEB AND AUGUST.		
XV. Performance Improvement Projects			
A. Performance Improvement Projects			
XVI. Department Reports			
A. Department Reports			

XVII. Other			
A. Other	Construction updates:		
	Reyes Electric to wire Covid Wing		
	CONTRACTS REVIEWED BY QM - 1. OGA Insurance		
	CONTRACTS UP FOR REVIEW 1. Lippincott(Wolters Kluwer Health, Inc.) 2. OFMQ 3. Space Labs (Telemetry) 3. Press Ganey update contract.		
	Working towards finding a platform for the policies and procedures. We have looked at both: Policy Stat and Inquiseek.		
	RISK - PLICO Risk Assessment was completed on January 27, 2021. Everything went well. Report to come in couple weeks.		
A. Adjournment	Meeting adjourned at 14:42	By: Melissa Tunstall and Daniel Coffin	
			N/A

Volume & Utilization	
Indicators	Total
AMA	1
Average Daily Census (Acute & Swingbed)	1
Left Without Being Seen	1
Swing Bed Patients	1
Total Acute Patients	1
Total Discharges	1
Total ER visits	1
Total Hospital Admissions	1
Total Observation Patients	1
Total Patient Days	1

Internal Procedures	
Internal	Total
CT scan	0
X-Ray	0
Other	0

Blood Utilization	
Indicators	Total
Appropriateness for transfusion (per criteria)	0
Patient identification using 2 identifiers	0
Signed Informed Consent	0
Total Number of Transfusion Episodes	0
Total number of transfusion reactions	0
Total Units of Blood / Blood Products Administered	0

Medical Records	
Documentation Indicator	Total
% of Discharge Summaries	0
% of H& P's	0
Provider ER Response Time	
Weekly Progress Note	0
Daily Progress Note	0
MSE	0
ED RN Assessment	0
ER Provider Response Time	0
Consent To Treat Percent	0

Care Management	
Indicators	Total
Patients Transferred to Tertiary Care	0
CAH Readmission Rate	0
ER Re-Admits Rate	0
Acute Transition Compliance	0
Swingbed Transition Compliance	0

Pharmacy Utilization

Indicators	Total
Average doses per patient per day	####
High Cost Medications	0
Medications CPPD-Acute Care	0
Medications CPPD-Observation Care	0
Medications CPPD-Swing Bed	0
Number of Doses	0

Medication Safety Indicator	Total
ADR Rate	0
Medication Error Rate per 1000 medications dispensed	0



Mangum Regional Medical Center

Annual Policy/Plan and Procedure Review

HEALTH INFORMATION MANAGEMENT POLICIES

The polices and/or plans and procedures of Mangum Regional Medical Center have been reviewed and are approved for use. Decisions to adopt these guidelines are made by the practitioner based on available resources and by circumstances presented by individual patients. The recommendations in the guideline may not be appropriate for use in all circumstances.

_____ /_____/_____
Department Manager Date

_____ /_____/_____
Quality Manager Date

_____ /_____/_____
Hospital Administrator Date

_____ /_____/_____
Medical Director Date

_____ /_____/_____
Governing Board Member Date



Mangum Regional Medical Center

Annual Policy/Plan and Procedure Review

HOSPITAL PLANS

The polices and/or plans and procedures of Mangum Regional Medical Center have been reviewed and are approved for use. Decisions to adopt these guidelines are made by the practitioner based on available resources and by circumstances presented by individual patients. The recommendations in the guideline may not be appropriate for use in all circumstances.

_____ / ____ / ____
Department Manager Date

_____ / ____ / ____
Quality Manager Date

_____ / ____ / ____
Hospital Administrator Date

_____ / ____ / ____
Medical Director Date

_____ / ____ / ____
Governing Board Member Date

Mangum Regional Medical Center
Health Information Management Policies
Table of Contents

Plan/Policy #	Title of Plan/Policy	Effective Date	Review/Revise Date
HIM-0001	Approval Letter for Amendment Request	Feb-20	
HIM-0002	Videotaping Audiotaping and Still Photography	Feb-20	
HIM-0002A	Consent for Photography/Multimedia and Authorization for Use or Disclosure	Feb-20	

Mangum Regional Medical Center

Hospital Plans

Table of Contents

Plan/Policy #	Title of Plan/Policy	Effective Date	Review/Revise Date
GEN-001	Plan for the Provision of Care	Oct-17	Dec-19
GEN-002	Admission Criteria and Process Plan	Oct-17	Dec-19
GEN-003	Utilization Management	Oct-17	Dec-19
GEN-004	Communication Plan	Oct-17	Dec-19
GEN-005	Performance Improvement Plan	Oct-17	Dec-19
GEN-005A	Performance Improvement Project Plan	Oct-17	Dec-19
GEN-006	Staffing Plan	Oct-17	Dec-19
GEN-006A	Interview Evaluation Form		
GEN-007	Staff Development Plan	Oct-17	Dec-19
GEN-008	Risk Management Plan	May-18	Dec-18
GEN-009	Quality Management Plan	May-18	Dec-18
GEN-010	Sentinel Event Plan	May-18	Dec-18
GEN-010A	Sentinel Event Confidentiality Agreement	May-18	Dec-18
GEN-010B	Sentinel Event RCA Workbook	May-18	Dec-18
GEN-010C	RCA Template Form	May-18	Dec-18
GEN-011	Patient Safety Plan-Moved to EOC Manual	May-18	Dec-18
GEN-011A	Patient Safety Officer Appointment-Moved to EOC Manual	May-18	Dec-18
GEN-012	Pet Visitation Plan	May-18	Dec-18
GEN-012A	Animal Visitation Event Log	May-18	Dec-18
GEN-012B	Pet Policy Education	May-18	Dec-18
GEN-012C	Pet Visitation Criteria Checklist	May-18	Dec-18
GEN-012D	Pet Visitation Log	May-18	Dec-18
GEN-012E	Veterinarian Attestation	May-18	Dec-18
GEN-013	Service Animal Plan	May-18	Dec-18
GEN-014	Incident Reporting Plan	May-18	Dec-18
GEN-014A	Incident Log	May-18	Dec-18
GEN-014B	Patient Incident Report/QA Review	May-18	Dec-18
GEN-014C	Medication Variance Report	May-18	Dec-18
GEN-014D	FDA Med Watch Form	May-18	Dec-18

GEN-015	Hospital Policy. Plan Development & Review	Aug-18	Dec-18
GEN-015A	Hospital Policy Plan Template	Aug-18	Dec-18
GEN-015B	Hospital Policy Plan TOC Template	Aug-18	Dec-18
GEN-015C	Hospital Policy Plan Approval Cover Sheet	Aug-18	Dec-18
GEN-015D	Policy and Plan Development, Review, Implementation Process	Aug-18	Dec-18
GEN-016	Hospital Education Plan	Jul-18	Dec-18
GEN-016A	Education Needs Assessment	Jul-18	Dec-18
GEN-016B	Education Sign-in Sheet	Jul-18	Dec-18
GEN-016C	Post Education Evaluation Survey	Jul-18	Dec-18
GEN-017	Hand Off Communication	Jul-18	Dec-18
GEN-017A	Hand-Off Communication Tool (Facility to Facility)	Jul-18	Dec-18
GEN-017B	Hand-Off Communication Tool (Shift to Shift)	Jul-18	Dec-18
GEN-018	Telemedicine Services Plan	Nov-18	Dec-18
GEN-019	Video Surveillance and Use	Dec-18	Dec-18
GEN-019A	Request to View Video Surveillance	Dec-18	Dec-18
GEN-019B	Video Surveillance Viewing Log	Dec-18	Dec-18
GEN-020	Patient Identification	Dec-18	Dec-18
GEN-021	Failure Mode and Effects Analysis (FMEA)	Oct-17	Dec-18
GEN-021A	FMEA Instructions	Oct-17	Dec-18
GEN-022	FPPE/OPPE		
GEN-022A	FPPE/OPPE Notification Letter		
GEN-022B	FPPE/OPPE Workbook		
GEN-022C	Quick Facts FPPE/OPPE		
GEN-023	Vendor Management Plan	Feb-19	
GEN-023A	Vendor Sign-In/Sign-Out Sheet	Feb-19	
GEN-024	Prohibiting Firearms and/or Weapons on Hospital Property		
GEN-025	Search of Patient Care Areas, Individuals and/or Personal Property		



February 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 to increase communication during COVID-19 surge. We review open beds, transfer plans and all pertinent COVID-19 information to coordinate care. Robert Stewart is our Region 3 RMRS Director that facilitates each daily briefing.
- ✓ COVID-19 Overview: As detailed thoroughly in the CCO report, we continue to keep up to date on the most current COVID-19 information for the Mangum area. Cohesive has a COVID Task Force that monitors the continuous updates and newest releases concerning COVID. The Cohesive Task Force has recently rolled out the newest visitation policy and mask policy which went into effect Monday (3/15).
- ✓ Cohesive and hospital leadership make sure the staff and providers are kept up to date regarding any changes or new policies pertaining to COVID-19. A COVID-19 Binder kept at the Nurse's station, City Annex and Provider room are updated as new information is sent through the Task Force. We want to ensure we have open communication with all staff and providers. Signature is required for all read and sign documents in binder. Providers are kept up to date with the COVID-19 Provider Update/Education Binder in the provider sleep room.
- ✓ Participated in all OSDH Region 5 Vaccine Planning Meetings.
 - The hospital and clinic are approved as Pandemic Providers. The clinic will start administering the COVID-19 vaccine April 7th.
 - Email address for directing all patients interested in the vaccine to sign up:
vaccinate@mangumregional.org

Hospital Staff and Operations Overview:

- ✓ The staff has remained cohesive and worked effectively during the past two weeks transition. Cohesive staff has been available to answer any questions the staff may have about moving forward with interim CEOs. Everyone seems to be adjusting well.
 - No new employees were hired the month of February. Cohesive makes it their motto and objective to always look for local talent to fill any open positions. If local talent is not available to hire, Cohesive has a pool of employees to fulfill the role until the position is filled with a full-time employee.



- ✓ We continue to conduct Morning Director's Huddle each day. This week we have offered to those who are comfortable with meeting in the cafeteria the opportunity to gather again as a team but those who wish to meet virtually can do so on Microsoft Teams.
- ✓ Cindy Tillman and Kathy Hammons are onsite each week as interim CEOs. We have notified vendors, State Health Department, directors, and providers that there has been a change in the CEO position. We are working to revamp meeting schedules and workflow.

Additional Items:

- ✓ All roof leaks for hospital have been addressed and hospital roof repair is still pending board approval.
- ✓ Contracts and items, we prepared for February Board Meeting:
 - Oklahoma Blood Institute



Chief Clinical Officer Report February 2021

Excellent Patient Care

- Monthly Education topics included: Effective management of Critical Lab findings to ensure optimal intervention in a timely manner.
- Additional education topics included proper use and application of products for admitted patients with chronic wounds.
- Continue to participate in daily Region 3 Merc Briefings to increase communication during COVID-19 surge. We review open beds, transfer plans and all pertinent COVID-19 information to coordinate care. Robert Stewart is our Region 3 RMRS Director that facilitates each daily briefing.
- Coming up:
 - i) Next Clinical meeting is set for 03/09/21 at 06:30, 14:00 and 16:30.
 - ii) As we continue to see a steady decline of COVID-19 cases, it is important that we continue to take all necessary measures to protect our employees and patients. Effective March 11, 2021, all employees and outpatients are required to wear a simple mask when in facility. We will continue to wear N95 mask for all patients under investigation (PUI) and confirmed COVID-19 cases. No mask is required for fully COVID-19 vaccinated employees in non-patient care areas, but social distancing must be maintained. We continue to encourage everyone to reach out with any questions, concerns, or suggestions.

Excellent Client Service

- Patients continue to rely on MRMC as their local hospital. Patient days increased from 183 in January to 324 in February. This represents an average daily census of 11.57!
- MRMC continues to collaborate with Oklahoma State Dept of Health in providing the most up to date COVID-19 vaccination clinics.
- February COVID-19 Stats at MRMC: 130 Swabs, 15 Positive (11.54%), 115 Negative (88.46%), 0 Pending and zero deaths.
- Greer County February COVID-19 Statistics: 532 Positive Cases and 17 Deaths (3.19% death rate).
- MRMC is proud to have vaccinated 87 Oklahomans through MRMC's Covid -19 Vaccination Clinic.
- Coming up:
 - i) 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



Chief Clinical Officer Report February 2021

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.
 - d. Social distancing is always required.
3. End of Life Care-Exception on the number of visitors
4. Vendors/Marketing- Not Allowed
5. Screener for discharge evaluation-Allowed with approval from CEO/CCO
6. Pastoral Care- Exception Only

Depending upon the prevalence of community spread and number of suspected or confirmed COVID-19 patients in the facility, in consultation with medical staff and corporate task force, visitation will be customized to protect the safety of patients, employees and community at large.



Chief Clinical Officer Report
February 2021

Preserve Rural Healthcare

Hospital												
2021 Monthly Census Comparison												
	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Inpatient	15	15										
Swing Bed	10	20										
Observation	0	2										
Emergency Room	104	133										
Lab Completed/ Rad completed	2140/ 180	2286/ 246										

Preserve Rural Jobs

- Open Positions include Full Time RT, MLT, RN, LPN, and CNA.
- Open Director positions include Rehabilitation and Laboratory.
- Laboratory Manager and RN Interviews are being scheduled.
- Recruiting efforts included positing of positions on mangumregional.net.
- MRMC Dietary team continues to delight by offering delicious lunches that are free of charge for on duty staff.

Mangum Board Meeting Financial Reports

REPORT TITLE	
1	Financial Update
2	Stats
3	Balance Sheet Trend
4	Cash Collections
5	Medicare Payables (Receivables)
6	Income Statement
7	Income Statement Trend
8	Financial Summary
9	AP Aging Summary
10	Claims List



March 23, 2021

Board of Directors
Mangum Regional Medical Center

February 2021 Financial Statement Overview

- Statistics
 - The average daily census (ADC) for February 2021 was 11.57 - (rebounding from an over 2-year ADC low experienced the prior month of only 5.90).
 - Year-to-Date Medicare swing bed patient days were only 376 as compared to the PY total of 629.
 - The January ADC directly impacted February cash receipts as well as the YTD total.

- Balance Sheet Highlights
 - The operating cash balance as of February 28, 2021 was \$579K. This decrease of \$804K from the January 31, 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).
 - AR increased \$180K from January. This was primarily volume driven as the facility rebounded to an ADC of 11.57.
 - The facility paid down approximately \$364K in AP and cash receipts were approximately \$270K less than the previous 3 months (excluding the cost report cash). The remaining decrease was primarily due to payments on MCR ERS loans.
 - The Medicare principal balance decreased by \$105K 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 as previously discussed (Current YTD 376 compared to PY 629).
 - 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 & an estimated claims list for the following month.

Mangum Regional Medical Center
Admissions, Discharges & Days of Care
Fiscal Year 2021

			12/31/2021	12/31/2020	12/31/2019
	January	February	YTD	PY Comparison	PY Comparison
Admissions					
Inpatient	15	15	30	41	36
Swingbed	10	20	30	54	26
Observation	0	0	0	0	4
	<u>25</u>	<u>35</u>	<u>60</u>	<u>95</u>	<u>66</u>
Discharges					
Inpatient	14	15	29	37	34
Swingbed	5	10	15	34	24
Observation	0	0	0	0	4
	<u>19</u>	<u>25</u>	<u>44</u>	<u>71</u>	<u>62</u>
Days of Care					
Inpatient-Medicare	23	31	54		89
Inpatient-Other	27	15	42	30	75
Swingbed-Medicare	133	243	376	629	640
Swingbed-Other	0	35	35	26	39
Observation	0	0	0	0	0
	<u>183</u>	<u>324</u>	<u>507</u>	<u>685</u>	<u>843</u>
Calendar days	31	28	59	60	59
ADC - (incl OBS)	5.90	11.57	8.59	11.42	14.29
ADC	5.90	11.57	8.59	11.42	14.29
Ratio Analysis					
	1/31/21	2/28/21		12/31/20	12/31/19
Days cash on hand	32.21	13.81		27.75	14.45
Current ratio	0.58	0.54		0.60	0.53
Days revenue in AR, net	49.32	55.44		51.43	73.64
Total reserves as a % of gross A/R	83%	82%		83%	88%
Bad debt allowance as a % of > 120 days	100%	100%		100%	100%
% of aging > 120 days old	82%	78%		79%	81%

Mangum Regional Medical Center
Comparative Balance Sheet
Fiscal Year 2021

	January	February	Prior Year End 2020
Cash And Cash Equivalents	1,384,085	578,873	1,193,977
Reserved Funds	3,542,241	3,484,190	3,597,083
Patient Accounts Receivable, Net	1,636,678	1,816,370	1,704,449
Inventory	73,030	73,065	69,909
Prepays And Other Assets	1,015,985	993,575	1,034,288
Capital Assets, Net	1,204,113	1,179,030	1,229,195
Total Assets	8,856,131	8,125,103	8,828,902
Accounts Payable	13,246,847	12,882,642	12,627,654
Due To Medicare	6,011,350	5,906,148	6,260,875
Covid Grant Funds	3,542,241	3,484,190	3,597,083
Due To Cohesive - PPP Loans	-	-	-
Notes Payable - Cohesive	242,500	242,500	242,500
Notes Payable - Other	435,254	412,382	471,032
Alliantz Line Of Credit	-	-	-
Leases Payable	362,765	359,258	366,252
Total Liabilities	23,840,957	23,287,120	23,565,396
Net Assets	(14,984,826)	(15,162,017)	(14,736,494)
Total Liabilities and Net Assets	8,856,131	8,125,103	8,828,902

**Mangum Regional Medical Center
Cash Receipts by Month
March 23, 2020 Board Meeting**

2018 Month	Amount	2019 Month	Amount	2020 Month	Amount	Stimulus Funds	2021 Month	Amount
January-18	165,685	January-19	417,231	January-20	1,183,307		January-21	830,598
February-18	752,169	February-19	242,680	February-20	750,899		February-21	609,151
March-18	1,098,956	March-19	1,357,203	March-20	843,213		March-21	
April-18	1,449,073	April-19	1,299,323	April-20	617,307	778,925	April-21	
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		
Subtotal FY 2018	<u>15,276,562</u>	Subtotal FY 2019	<u>11,571,384</u>	Subtotal FY 2020	<u>14,700,211</u>		Subtotal FY 2021	<u>1,439,749</u>

**Mangum Regional Medical Center
Medicare Payables by Year
March 23, 2020 Board Meeting**

Year	Original Loan Balance	Balance as of 2/28/2021	Total Interest Paid as of 2/28/2021
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 <i>Estimate</i>	1,614,760.00	1,614,760.00	-
2017 12/31/17-C/R Settlement <i>Estimate</i>	(535,974.00)	(535,974.00)	-
2017 C/R Settlement Overpayment <i>Estimate</i>	3,539,982.21	3,539,982.21	-
2018 C/R Settlement	1,870,870.00	378,458.47	214,057.60
2019 Interim Rate Review - 1st	323,765.00	-	5,637.03
2019 Interim Rate Review - 2nd	1,802,867.00	1,058,920.90	181,180.08
2019 C/R Settlement	(967,967.00)	-	-
2020 C/R Settlement <i>8/31 Est. Receivable per C/R tool</i>	(1,815,759.00)	-	-
<i>FY21 MCR pay (rec) estimate</i>		(150,000.00)	
Total	8,076,228.21	5,906,147.58	776,049.13

Mangum Regional Medical Center
Statement of Revenue and Expense
For The Month and Year To Date Ended February, 2021

Item 8.

MTD				YTD		
Actual	Prior Year	Prior Yr Variance		Actual	Prior Year	Prior Yr Variance
260,085	241,544	18,541	Inpatient revenue	518,052	411,532	106,520
990,856	1,210,296	(219,440)	Swing Bed revenue	1,439,101	2,280,436	(841,335)
662,455	618,768	43,687	Outpatient revenue	1,141,310	1,316,065	(174,755)
20,140	200,242	(180,102)	Professional revenue	130,664	404,043	(273,378)
1,933,535	2,270,850	(337,315)	Total patient revenue	3,229,127	4,412,076	(1,182,948)
908,030	1,256,683	(348,652)	Contractual adjustments	1,113,014	2,253,854	(1,140,840)
-	-	-	Contractual adjustments: MCR Settlement	(150,000)	-	(150,000)
121,036	73,647	47,389	Bad debts	333,007	229,646	103,361
1,029,066	1,330,330	(301,264)	Total deductions from revenue	1,296,021	2,483,500	(1,187,479)
904,469	940,520	(36,051)	Net patient revenue	1,933,106	1,928,576	4,531
59,867	7,902	51,965	Other operating revenue	114,962	9,399	105,563
964,336	948,422	15,914	Total operating revenue	2,048,068	1,937,975	110,094
			Expenses			
344,011	369,309	(25,298)	Salaries and benefits	712,767	755,620	(42,854)
140,725	146,618	(5,893)	Professional Fees	253,069	305,024	(51,954)
192,165	125,589	66,576	Contract labor	466,300	346,509	119,790
62,920	66,331	(3,411)	Purchased/Contract services	165,161	132,321	32,840
225,000	291,066	(66,066)	Management expense	450,000	582,132	(132,132)
62,321	76,084	(13,763)	Supplies expense	199,608	112,407	87,201
19,756	20,596	(840)	Rental expense	36,537	40,948	(4,411)
9,506	13,865	(4,359)	Utilities	22,302	27,155	(4,853)
353	230	123	Travel & Meals	687	808	(121)
2,278	2,149	129	Repairs and Maintenance	6,807	7,524	(716)
11,660	10,696	965	Insurance expense	23,321	21,391	1,930
32,969	23,914	9,055	Other Expense	55,470	53,374	2,096
1,103,665	1,146,447	(42,782)	Total expense	2,392,029	2,385,212	6,817
(139,329)	(198,025)	58,696	EBIDA	(343,961)	(447,237)	103,276
-14.4%	-20.9%	6.4%	EBIDA as percent of net revenue	-16.8%	-23.1%	6.3%
12,779	39,634	(26,855)	Interest	31,396	80,551	(49,155)
25,083	24,748	335	Depreciation	50,166	49,496	670
(177,191)	(262,407)	85,216	Operating margin	(425,523)	(577,284)	151,761
-	-	-	Other	-	-	-
-	-	-	Total other nonoperating income	-	-	-
(177,191)	(262,407)	85,216	Excess (Deficiency) of Revenue Over Expenses	(425,523)	(577,284)	151,761
-18.37%	-27.67%	9.29%	Operating Margin %	-20.78%	-29.79%	9.01%

Mangum Regional Medical Center
Statement of Revenue and Expense Trend
Fiscal Year 2021

Item 8.

	January	February	YTD
Inpatient revenue	257,967	260,085	518,052
Swing Bed revenue	448,245	990,856	1,439,101
Outpatient revenue	478,855	662,455	1,141,310
Professional revenue	110,525	20,140	130,664
Total patient revenue	<u>1,295,592</u>	<u>1,933,535</u>	<u>3,229,127</u>
Contractual adjustments	204,983	908,030	1,113,014
Contractual adjustments: MCR Settlement	(150,000)	-	(150,000)
Bad debts	211,971	121,036	333,007
Total deductions from revenue	<u>266,954</u>	<u>1,029,066</u>	<u>1,296,021</u>
Net patient revenue	1,028,638	904,469	1,933,106
Other operating revenue	55,095	59,867	114,962
Total operating revenue	<u>1,083,732</u>	<u>964,336</u>	<u>2,048,068</u>
Expenses			
Salaries and benefits	368,755	344,011	712,767
Professional Fees	112,344	140,725	253,069
Contract labor	274,135	192,165	466,300
Purchased/Contract services	102,240	62,920	165,161
Management expense	225,000	225,000	450,000
Supplies expense	137,287	62,321	199,608
Rental expense	16,781	19,756	36,537
Utilities	12,796	9,506	22,302
Travel & Meals	335	353	687
Repairs and Maintenance	4,529	2,278	6,807
Insurance expense	11,660	11,660	23,321
Other	22,501	32,969	55,470
Total expense	<u>1,288,365</u>	<u>1,103,665</u>	<u>2,392,029</u>
EBIDA	<u>\$ (204,632)</u>	<u>\$ (139,329)</u>	<u>\$ (343,961)</u>
EBIDA as percent of net revenue	<u>-18.9%</u>	<u>-14.4%</u>	<u>-16.8%</u>
Interest	18,617	12,779	31,396
Depreciation	25,083	25,083	50,166
Operating margin	<u>\$ (248,332)</u>	<u>\$ (177,191)</u>	<u>\$ (425,523)</u>
Other	-	-	-
Total other nonoperating income	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
Excess (Deficiency) of Revenue Over Expenses	<u>(248,332)</u>	<u>(177,191)</u>	<u>(425,523)</u>
Operating Margin % (excluding other misc. revenue)	<u>-22.91%</u>	<u>-18.37%</u>	<u>-20.78%</u>

**MANGUM REGIONAL MEDICAL CENTER
BALANCE SHEET**

						6 Months Ending
	2/28/21	1/31/21	12/31/20	12/31/19	12/31/18	12/31/17
	Unaudited	Unaudited	Unaudited	Unaudited	Unaudited	Audited
CASH AND CASH EQUIVALENTS	578,873.27	1,384,085.42	1,193,977.29	612,885.01	60,783.93	133,204.52
RESERVED FUNDS	3,484,189.73	3,542,240.97	3,597,082.63	-	-	-
PATIENT ACCOUNTS RECEIVABLE, NET	1,816,369.66	1,636,677.73	1,704,448.97	2,400,091.11	2,332,884.75	2,673,217.00
INVENTORY	73,065.29	73,029.52	69,909.34	47,000.43	102,691.19	235,404.12
PREPAIDS AND OTHER ASSETS	993,574.83	1,015,984.57	1,034,287.86	930,494.09	274,934.60	34,011.66
CAPITAL ASSETS, NET	1,179,029.78	1,204,112.63	1,229,195.48	1,503,097.40	1,660,334.36	-
Total Assets	8,125,102.56	8,856,130.84	8,828,901.57	5,493,568.04	4,431,628.83	3,075,837.30
ACCOUNTS PAYABLE	12,882,642.44	13,246,846.97	12,627,653.51	7,482,135.89	3,112,072.41	2,786,346.45
DUE TO MEDICARE	5,906,147.58	6,011,350.38	6,260,875.37	8,222,080.63	8,108,674.03	3,299,317.54
COVID GRANT FUNDS	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	120,000.00	-
NOTES PAYABLE - OTHER	412,381.77	435,253.77	471,032.37	1,020,189.77	23,564.77	514,485.34
ALLIANTZ LINE OF CREDIT	-	-	-	-	-	-
LEASES PAYABLE	359,258.09	362,764.67	366,252.10	406,645.64	1,408,363.63	-
Total Liabilities	23,287,119.61	23,840,956.76	23,565,395.98	17,373,551.93	12,772,674.84	6,600,149.33
NET ASSETS	(15,162,017.05)	(14,984,825.92)	(14,736,494.41)	(11,879,983.89)	(8,341,046.01)	(3,524,312.03)
Total Liabilities and Net Assets	8,125,102.56	8,856,130.84	8,828,901.57	5,493,568.04	4,431,628.83	3,075,837.30
	-	-	-	-	0.00	-

**MANGUM REGIONAL MEDICAL CENTER
OPERATING STATEMENT**

						6 Months Ending
	2/28/21	1/31/21	12/31/20	12/31/19	12/31/18	12/31/17
	Unaudited	Unaudited	Unaudited	Unaudited	Unaudited	Audited
Inpatient revenue	518,051.97	257,967.41	2,230,761.99	1,839,186.54	3,509,513.55	1,537,078.71
Swing Bed revenue	1,439,100.88	448,244.89	11,519,484.90	10,178,066.65	2,000,373.85	311,888.47
Outpatient revenue	1,141,309.97	478,855.29	6,754,385.45	9,926,042.34	36,517,907.05	14,771,826.44
Professional revenue	130,664.42	110,524.58	1,708,155.05	1,758,285.97	2,114,186.49	774,339.20
Contractual adjustments	(1,113,013.70)	(204,983.25)	(9,181,056.04)	(8,340,605.44)	(28,195,967.19)	(11,245,416.08)
Contractual adjustments: MCR Settlement	150,000.00	150,000.00	1,811,951.00	(1,154,857.00)	(2,152,550.00)	-
Bad debts	(333,007.11)	(211,971.13)	(2,714,251.14)	(2,310,613.91)	(3,155,273.67)	(2,780,983.05)
Net patient revenue	1,933,106.43	1,028,637.79	12,129,431.21	11,895,505.15	10,638,190.08	3,368,733.69
Other operating revenue	114,961.72	55,094.66	718,289.40	49,000.44	(1,082,033.47)	12,274.10
Salaries and benefits	712,766.60	368,755.41	4,530,484.70	4,798,286.83	4,782,977.71	2,056,908.78
Professional Fees	253,069.49	112,344.12	1,794,618.71	1,838,300.17	1,100,288.20	416,247.12
Contract labor	466,299.67	274,134.56	2,517,076.33	2,098,120.24	-	-
Purchased/Contract services	165,160.62	102,240.34	1,035,762.12	791,163.84	3,528,764.11	2,107,627.89
Management expense	450,000.00	225,000.00	2,832,132.00	3,162,462.00	152,419.00	-
Supplies expense	199,608.24	137,287.44	1,154,108.08	1,251,445.39	2,403,755.62	762,024.23
Rental expense	36,537.14	16,781.32	294,967.40	248,152.83	685,357.92	73,081.47
Utilities	22,302.09	12,796.14	170,793.30	180,462.17	205,309.20	86,197.96
Travel & Meals	687.28	334.71	3,976.25	8,556.85	124,900.37	88,602.66
Repairs and Maintenance	6,807.31	4,528.92	38,981.08	52,185.37	291,016.76	48,028.86
Insurance expense	23,320.92	11,660.46	131,981.68	129,821.74	165,895.73	60,804.10
Other Expense	55,469.99	22,501.08	492,975.99	326,854.92	412,990.40	1,151,223.16
Interest	31,395.74	18,616.61	408,329.87	276,351.31	437,037.63	54,573.59
Depreciation	50,165.70	25,082.85	298,043.62	321,279.81	82,177.94	-
TOTAL EXPENSES	2,473,590.79	1,332,063.96	15,704,231.13	15,483,443.47	14,372,890.59	6,905,319.82
Change in Net Assets	(425,522.64)	(248,331.51)	(2,856,510.52)	(3,538,937.88)	(4,816,733.98)	(3,524,312.03)
Net Assets, Beginning of Year	(14,736,494.41)	(14,736,494.41)	(11,879,983.89)	(8,341,046.01)	(3,524,312.03)	-
Net Assets, End of Period	(15,162,017.05)	(14,984,825.92)	(14,736,494.41)	(11,879,983.89)	(8,341,046.01)	(3,524,312.03)
	0.00	0.00	0.00	-	-	-

MRMC AP AGING SUMMARY
For Month Ending
2/28/2021

Item 8.

VENDOR - Under Litigation	Description	0-30	31-60	61-90	Over 90	2/28/2021	1/31/2021	12/31/2020
ADP INC	QMI Payroll Service Provider				4,276.42	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	1,120.00
ALLIANCE HEALTH SOUTHWEST OKLA	Old Mgmt Fees				698,000.00	698,000.00	698,000.00	698,000.00
ELISE ALDUINO	1099 consultant				12,000.00	12,000.00	12,000.00	12,000.00
HEADRICK OUTDOOR MEDIA INC	Advertising				25,650.00	25,650.00	25,650.00	25,650.00
MEDSURG CONSULTING LLC	Equipment Rental Agreement				98,670.36	98,670.36	98,670.36	98,670.36
QUARTZ MOUNTAIN RESORT	Alliance Travel				9,514.95	9,514.95	9,514.95	9,514.95
SUBTOTAL-Vendor Under Litigation					849,231.73	849,231.73	849,231.73	849,231.73
VENDOR	Description	0-30	31-60	61-90	Over 90	1/31/2021	12/31/2020	11/30/2020
ABC BIOMEDICAL	IV Pump rental	2,025.00				2,025.00	2,025.00	4,050.00
ACCUVEIN	Vein Finder equipment						-	-
AIRGAS USA LLC	Patient Supplies						-	-
ALCO SALES & SERVICE CO	COVID minor Eq	916.48				916.48	-	-
ALCON LABORATORIES INC	Supplies Payable						-	-
ALPHA TECHNICS	Lab eq repair			183.96		183.96	183.96	183.96
AMERICAN HEALTH TECH	Rental Equipment-Old				22,025.36	22,025.36	22,025.36	22,025.36
AMERICAN PROFICIENCY INSTITUTE	Lab Supplies						-	-
AMERICAN WHOLESALE DISTRIBUTOR	Bulk PPE COVID						-	-
AMERIPRIDE SERVICES INC	Linen Services	7,008.57	3,465.30			10,473.87	12,180.57	10,418.50
ANESTHESIA SERVICE INC	Service	814.74				814.74	636.97	1,151.47
AT&T	Fax Service						1,198.30	-
BAXTER HEALTHCARE	Pharmacy Supplies	2,036.30				2,036.30	1,184.85	1,509.47
BEC INTEGRATED	Nurse Call		462.00			462.00	462.00	-
BENISH AND ASSOCIATES	1099 Provider						16,000.00	-
BIO-RAD LABORATORIES INC	Lab Supplies						-	-
BKD LLP	Cost Report Filing		728.00			728.00	3,588.00	-
BRIAN BLUTH, M.D.	1099 Provider						-	1,950.00
C.R. BARD INC.	Surgery Supplies-Old				3,338.95	3,338.95	3,338.95	3,338.95
CANON FINANCIAL SERVICES INC	Ultrasound Lease		1,113.87	1,113.87	3,341.61	5,569.35	12,252.57	11,138.70
CARDINAL HEALTH	Medical Supplies	88.20				88.20	-	690.56
CENTERPOINT ENERGY ARKLA	Utilities						2,355.94	-
CENTRAL INFUSION ALLIANCE, INC	Medical Supplies						-	-
CINTAS CORPORATION #628	Linen Services	4,404.50	892.90			5,297.40	9,388.20	4,115.50
CITY OF MANGUM	Utilities	250.00				250.00	5,742.71	4,479.80
CLIFFORD POWER SYSTEMS INC	Plant Ops purch svcs						-	2,850.00
COHESIVE HEALTHCARE MGMT	Mgmt Fees	36,045.75	273,220.92	292,830.34	3,056,261.48	3,658,358.49	4,035,862.92	3,849,639.66
COHESIVE HEALTHCARE RESOURCES	Payroll	361,649.98	364,194.92	349,300.25	4,046,592.99	5,121,738.14	5,305,352.51	4,997,812.42
COHESIVE MEDIRYDE LLC	Mgmt Transportation Service	866.25				866.25	3,319.75	2,525.25
COHESIVE REVOPS	RCM fee						-	59,718.93
COHESIVE STAFFING SOLUTIONS	Mgmt Staffing Service	52,627.77	45,184.78	123,283.74	1,560,084.54	1,781,180.83	1,772,425.53	1,848,242.04
COMMERCIAL MEDICAL ELECTRONICS	Equipment Inspection Service				2,450.00	2,450.00	2,450.00	2,450.00
COMPLIANCE CONSULTANTS	Lab Consultant				1,000.00	1,000.00	1,000.00	1,000.00

VENDOR	Description	0-30	31-60	61-90	Over 90	1/31/2021	12/31/2020	11/3	Item 8.
CONEXUS SOLUTIONS LLC	Agency Staffing		28,121.26			28,121.26	80,144.70	109,013.00	
CORRY KENDALL, ATTORNEY AT LAW	Legal Fees		2,000.00			2,000.00	4,280.00	4,780.00	
CPSI	EHR Software	31,900.00				31,900.00	35,776.10	-	
CULLIGAN WATER CONDITIONING	Clinic Purchased Service						34.50	11.00	
DAN'S HEATING & AIR CONDITIONI	Repair and Maintenance	113.00				113.00	-	-	
DOERNER SAUNDERS DANIEL ANDERS	Legal Fees	14,112.44	1,590.77	24,785.91	195,092.18	235,581.30	221,468.86	222,378.09	
DONNA MCKELVEY	Employee Reimbursement	189.01				189.01	159.56	-	
DOYLE HOPPER	Repair & Maintnce	250.00				250.00	-	-	
DR W. GREGORY MORGAN III	1099 Provider						4,766.67	-	
DR. JOHN CHIAFFIETELLI	1099 Provider						-	9,615.38	
EMD MILLIPORE CORPORATION	Lab Supplies						-	-	
F1 INFORMATION TECHNOLOGIES IN	IT Support Services	5,856.00				5,856.00	8,028.00	7,650.00	
FASTENAL COMPANY	Bulk PPE COVID						-	-	
FEDEX	Postage service	98.94				98.94	98.94	100.35	
FFF ENTERPRISES INC	Pharmacy Supplies						-	5,913.79	
FIRE EXTINGUISHER SALES & SERV	Plant Ops repair/maint						-	-	
FOX BUILDING SUPPLY	Plant Ops supplies	101.03				101.03	89.77	-	
GEORGE BROS TERMITE & PEST CON	Pest Control Service	155.00				155.00	310.00	310.00	
GLOBAL EQUIPMENT COMPANY INC.	Minor Equipment						254.94	-	
GRAINGER	Maintenance Supplies	3,153.13				3,153.13	1,285.77	816.21	
GRAYSTONE MEDIA GROUP	Advertising			305.00		305.00	305.00	582.00	
GREER COUNTY TREASURER	Property taxes			5,460.50		5,460.50	5,460.50	5,460.50	
HAC INC	Dietary Supplies	305.10				305.10	2.78	216.43	
HEALTH CARE LOGISTICS	Pharmacy Supplies						-	43.80	
HEALTHSTREAM	Employee Training Puchased Service			1,432.50		1,432.50	1,432.50	1,432.50	
HEARTLAND PATHOLOGY CONSULTANT	Lab Consultant	2,000.00				2,000.00	3,000.00	-	
HENGST PRINTING	Pharmacy Supplies		222.94			222.94	-	-	
HENRY SCHEIN	Lab Supplies	872.85				872.85	4,558.70	9,474.04	
HERC RENTALS INC	Old Rental Service				7,653.03	7,653.03	7,653.03	7,653.03	
HOSPITAL EQUIPMENT RENTAL COMP	Equipment rental	9,805.00				9,805.00	9,805.00	9,805.00	
HUMPHREYS COOP-ALTUS	Generater gas						-	-	
IMEDICAL INC	Supplies				1,008.29	1,008.29	1,008.29	1,008.29	
IMPERIAL, LLC.-LAWTON	Dietary Purchased Service	111.80				111.80	55.90	165.70	
INTERGRA LIFESCIENCES CORP.	Supplies						-	-	
JANUS SUPPLY CO	Housekeeping Supplies, based in Altus	1,463.24				1,463.24	1,346.64	2,037.30	
JERI BERRY	Employee Reimbursement						19.69	-	
JOSEY KENMORE	Employee Reimbursement	163.56				163.56	-	-	
KAY ELECTRIC	Repairs/maintenance						-	881.89	
KCI USA	Supplies		358.51		8,270.20	8,628.71	8,270.20	8,270.20	
LABCORP	Lab purch svcs	27,851.02				27,851.02	28,592.29	-	
LAMPTON WELDING SUPPLY	Patient Supplies	966.95				966.95	-	1,959.09	
LANDAUER	Radiology purch svcs						-	1,527.30	
LINET AMERICAS, INC.	COVID equipment						9,846.00	9,846.00	
LOCKE SUPPLY	Plant Ops supplies	639.53				639.53	755.00	755.00	
MARK CHAPMAN	Employee Reimbursement	1,012.26				1,012.26	992.72	-	
MARY BARNES APRN	Employee Reimbursement	80.00				80.00	-	-	

VENDOR	Description	0-30	31-60	61-90	Over 90	1/31/2021	12/31/2020	11/3	Item 8.
MATT MONROE	Staff House Rent						850.00		-
MCKESSON / PSS - DALLAS	Patient Care/Lab Supplies	1,148.92				1,148.92	2,284.35		11,447.48
MEDLINE INDUSTRIES	Patient Care Supplies	3,731.91	9,353.40	6,520.41		19,605.72	29,075.28		41,446.06
MEDTOX DIAGNOSTICS, INC	Lab Supplies		74.00			74.00	-		-
MICROSURGICAL MST	Surgery Supplies				2,233.80	2,233.80	2,233.80		2,233.80
MID-AMERICA SURGICAL SYSTEMS	Surgery Supplies				3,607.60	3,607.60	3,607.60		3,607.60
MONARCH BROADCASTING	Advertising	99.00				99.00	-		-
MSDSOONLINE INC	Materials purchased service						-		-
NEXTIVA, INC.	Phones						(213.06)		-
NINJA RMM	IT Service				2,625.00	2,625.00	2,625.00		2,625.00
NUANCE COMMUNICATIONS INC	Clinic Purch svcs	123.00	123.00			246.00	246.00		-
OFFICE DEPOT	Office Supplies						-		36.99
OK STATE DEPT OF HEALTH	Xray renewal						-		-
OKLAHOMA BLOOD INSTITUTE	Lab Supplies						2,197.20		2,508.30
OKLAHOMA DEPARTMENT OF LABOR	Misc	25.00				25.00	25.00		-
OPTUM	Insurance Portal			376.17		376.17	376.17		-
ORTHO-CLINICAL DIAGNOSTICS INC	Laboratory Supplies		417.13			417.13	418.86		418.86
PARA HEALTHCARE ANALYTICS, LLC	CMD Review						5,500.00		-
PHILIPS HEALTHCARE	Pharmacy Supplies						641.98		-
	Supplies	548.73	641.98			1,190.71	-		-
PIPETTE COM	Lab Supplies	180.00				180.00	-		-
PITNEY BOWES GLOBAL FINANCIAL	Postage rental						347.00		347.00
PRESS GANEY ASSOCIATES, INC	Purchased Service	2,048.28				2,048.28	4,096.56		2,048.28
QUICKFEE	REDW pmt plan						-		-
RAMSEY AND GRAY, PC	Legal Fees			540.00	27,510.00	28,050.00	28,050.00		28,650.00
REDW	Audit Service						-		-
RUSSELL ELECTRIC & SECURITY	Repair and Maintenance						-		-
SAVANCE, LLC	COVID Screening tool						-		-
SCHAPEN LLC	Clinic Rent	2,359.00				2,359.00	1,750.00		-
SCRUBS AND SPORTS	Employee Appreciation	57.77		105.64		163.41	105.64		105.64
SHRED-IT USA LLC	Secure Doc disposal service	31.21				31.21	524.40		-
SIEMENS HEALTHCARE DIAGNOSTICS	Service Contract						-		3,890.68
SIZEWISE	Swing bed purch service		1,268.08			1,268.08	-		3,536.23
SMAART MEDICAL SYSTEMS INC	Radiology interface/Radiologist provider	1,735.00	1,735.00			3,470.00	3,470.00		3,470.00
SOUTHWEST HOT STEAM CLEANING	Dietary Purchased Service	300.00				300.00	300.00		300.00
SOUTHWEST MEDICAL	Supplies						-		-
SOUTHWEST TAB & COMMISSIONING	Repair and Maintenance						-		-
SPARKLIGHT BUSINESS	Cable service				816.26	816.26	945.70		816.26
STANDLEY	Printer Lease	52.90				52.90	16.92		2,382.74
STANDLEY SYSTEMS LLC	Printer Lease						2,373.89		-
STAPLES ADVANTAGE	Office Supplies	572.34				572.34	483.34		2,281.47
STERICYCLE ENVIRONMENTAL SOLUT	Waste Disposal Service		5,839.00			5,839.00	5,839.00		-
STERICYCLE INC	Waste Disposal Service						(2,794.46)		(2,794.46)
STIMWAVE LLC	Surgery Supplies						-		-
STRYKER INSTRUMENTS	Surgery Supplies				31,845.65	31,845.65	31,845.65		31,845.65
SUNBELT RENTALS	Air Scrubber Rental - COVID				196.93	196.93	544.93		544.93

VENDOR	Description	0-30	31-60	61-90	Over 90	1/31/2021	12/31/2020	11/3	Item 8.
SYSMEX AMERICA INC	Lab eq svcs contract						-		8,439.00
TECUMSEH OXYGEN & MEDICAL SUPP	Patient Supplies						1,995.00		-
THE COMPLIANCE TEAM	Clinic Survey				2,190.00	2,190.00	-		2,190.00
TOTAL MEDICAL PERSONNEL STAFF.	Agency Staffing	6,114.27				6,114.27	6,998.36		7,420.54
TOUCHPOINT MEDICAL, INC	Med Dispense Monitor Support	360.00				360.00	-		-
ULTIMATE IT GUY LLC	Minor Eq						-		-
ULTRA-CHEM INC	Housekeeping Supplies						-		326.46
UMPQUA BANK VENDOR FINANCE	Lab Equipment						-		-
US FOODSERVICE-OKLAHOMA CITY	Food and supplies	1,496.00	28.00			1,524.00	3,669.23		2,816.61
US MED-EQUIP LLC	Swing bed eq rental						3,539.05		-
VERATHON	COVID minor Eq						-		-
VITAL SYSTEMS OF OKLAHOMA, INC	Swing bed purch service	10,260.00				10,260.00	1,710.00		3,420.00
WELCH ALLYN, INC.	Supplies				(628.66)	(628.66)	(628.66)		(628.66)
WORTH HYDROCHEM	Water treatment svcs			783.40		783.40	783.40		783.40
AMBS CALL CENTER	Hotline	19.00				19.00	-		-
C & C	Plant Ops supplies	1,540.00				1,540.00	-		-
LYNDA JAMES	Employee Reimbursement	71.74				71.74	-		-
OK STATE BOARD OF MED LICENSUR	Credentialing	60.00				60.00	-		-
SARA MCDADE	1099 Provider	7,645.00				7,645.00	-		-
ULINE	COVID minor Eq	1,835.82				1,835.82	-		-
Vendor Subtotal		612,348.29	741,035.76	807,021.69	8,977,515.21	11,137,920.95	11,798,609.27	11,417,512.32	
Grand Total		612,348.29	741,035.76	807,021.69	9,826,746.94	11,987,152.68	12,647,841.00	12,266,744.05	
					Conversion Variance	(13,340.32)	(13,340.37)	(13,340.32)	
					AP Control	11,973,812.36	12,634,500.63	12,253,403.73	
					Accrued AP	908,830.08	612,271.81	374,249.78	
					TOTAL AP	12,882,642.44	13,246,772.44	12,627,653.51	

**Mangum Regional Medical Center
April Estimated Claims**

PAYEE	ESTIMATED
ABC BIOMEDICAL	6,075.00
ADP INC	-
ADP SCREENING AND SELECTION	-
ALCO SALES & SERVICE CO	1,200.00
ALLIANCE HEALTH SOUTHWEST OKLA	-
ALPHA TECHNICS	183.96
AMBS CALL CENTER	-
AMERICAN HEALTH TECH	-
AMERIPRIDE SERVICES INC	13,000.00
ANESTHESIA SERVICE INC	1,500.00
BAXTER HEALTHCARE	7,000.00
BEC INTEGRATED	1,000.00
BKD LLP	728.00
C.R. BARD INC.	-
CANON FINANCIAL SERVICES INC	-
CARDINAL HEALTH	88.20
CENTERPOINT ENERGY ARKLA	6,000.00
CINTAS CORPORATION #628	6,000.00
COHESIVE HEALTHCARE MGMT	300,000.00
COHESIVE HEALTHCARE RESOURCES	400,000.00
COHESIVE MEDIRYDE LLC	2,500.00
COHESIVE STAFFING SOLUTIONS	200,000.00
COMMERCIAL MEDICAL ELECTRONICS	4,900.00
COMPLIANCE CONSULTANTS	-
CONEXUS SOLUTIONS LLC	150,000.00
CORRY KENDALL, ATTORNEY AT LAW	4,000.00
DOERNER SAUNDERS DANIEL ANDERS	10,000.00
DOYLE HOPPER	500.00
ELISE ALDUINO	-
F1 INFORMATION TECHNOLOGIES IN	7,500.00
FOX BUILDING SUPPLY	500.00
GEORGE BROS TERMITE & PEST CON	310.00
GRAINGER	2,500.00
GRAYSTONE MEDIA GROUP	305.00
GREER COUNTY TREASURER	5,460.50
HAC INC	600.00
HAMILTON MEDICAL INC.	2,500.00
HEADRICK OUTDOOR MEDIA INC	-
HEARTLAND PATHOLOGY CONSULTANT	3,000.00
HENGST PRINTING	500.00
HENRY SCHEIN	12,000.00
HERC RENTALS INC	-
HOSPITAL EQUIPMENT RENTAL COMP	9,805.00

PAYEE	ESTIMATED
IMEDICAL INC	-
IMPERIAL, LLC.-LAWTON	250.00
JANUS SUPPLY CO	2,500.00
JOSEY KENMORE	250.00
KAY ELECTRIC	785.75
KCI USA	-
LABCORP	25,000.00
LAMPTON WELDING SUPPLY	2,500.00
LOCKE SUPPLY	1,500.00
MARK CHAPMAN	3,000.00
MARY BARNES APRN	80.00
MATT MONROE	850.00
MCKESSON / PSS - DALLAS	25,000.00
MEDLINE INDUSTRIES	25,000.00
MEDSURG CONSULTING LLC	-
MEDTOX DIAGNOSTICS, INC	3,000.00
MICROSURGICAL MST	-
MID-AMERICA SURGICAL SYSTEMS	-
MIMEDX GROUP, INC	3,000.00
MONARCH BROADCASTING	99.00
NINJA RMM	-
NUANCE COMMUNICATIONS INC	500.00
OHA INSURANCE AGENCY INC	11,989.17
OPTUM	376.17
ORTHO-CLINICAL DIAGNOSTICS INC	850.00
PHILIPS HEALTHCARE	1,500.00
PIPETTE COM	180.00
PRESS GANEY ASSOCIATES, INC	2,048.28
QUARTZ MOUNTAIN RESORT	-
RAMSEY AND GRAY, PC	10,000.00
SCHAPEN LLC	1,750.00
SCRUBS AND SPORTS	163.41
SIZEWISE	3,000.00
SMAART MEDICAL SYSTEMS INC	3,470.00
SPARKLIGHT BUSINESS	1,500.00
STANDLEY	100.00
STANDLEY SYSTEMS LLC	4,500.00
STAPLES ADVANTAGE	2,000.00
STERICYCLE ENVIRONMENTAL SOLUT	7,000.00
STRYKER INSTRUMENTS	2,000.00
SUNBELT RENTALS	-
THE COMPLIANCE TEAM	2,190.00
TOTAL MEDICAL PERSONNEL STAFF.	25,000.00
TOUCHPOINT MEDICAL, INC	1,095.00
US FOODSERVICE-OKLAHOMA CITY	8,500.00
US MED-EQUIP LLC	2,500.00

PAYEE	ESTIMATED
VITAL SYSTEMS OF OKLAHOMA, INC	5,000.00
WELCH ALLYN, INC.	-
WORTH HYDROCHEM	783.40
DR. JOHN CHIAFFIETELLI	30,000.00
DR. MORGAN	4,766.67
SARA MCDADE	35,000.00
GERAINT HARRIS	15,000.00
BLUTH FAMILY MEDICINE	2,000.00
BENISH AND ASSOCIATES	16,000.00
DR RYAN MAJOR, MD	8,000.00
COHESIVE REVOPS	65,000.00
CONTROL SOLUTIONS	1,000.00
AMERISOURCE BERGEN	52,000.00
UMPQUA	5,000.00
TSYS	2,000.00
SHRED-IT	1,000.00
CARDINAL 110 LLC	30,000.00
AT&T	6,000.00
PATIENT REFUNDS	10,000.00
MISC EMPLOYEE REIMBURSEMENTS	3,000.00
CITY OF MANGUM	7,500.00
CPSI	40,000.00
DOBSON TECHNOLOGIES TRANSPORT	3,618.00
FEDEX	150.00
GLOBAL EQUIPMENT COMPANY INC.	500.00
TECUMSEH OXYGEN & MEDICAL SUPP	1,000.00

TOTAL ESTIMATED	<u>1,689,000.51</u>
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Clinic Operations Report

Mangum Medical Clinic

February 2021

Clinic Operations

- Clinic Manager Monthly Meeting highlighted the Referral Process.
 - Referral Information Brochure shared to provide patients with information around process and expectation of referral.
 - Discussion between clinics on successes and challenges faced.
 - Foundation for future trending of referral times.
- Clinic Manager Monthly Education: Nurse Only Visits

Quality Improvement

- Chart Review: 8 Demographic/Registration/Consent Errors:
 - Action item: Education provided and trending improvement
- Review Goals for Equalize Weekly Reports:
 - Insurance AR%>90 days (Goal=<15%)
 - February=61%
 - Identified held claims-no action necessary-will monitor

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	0.00	0.00	0.00	0.00	254.00	212.00	261.00	242.00	192.00	202.00	148.58
Provider hours	154.2	156.5	0.0	0.0	0.0	0.0	167.5	119.5	157.0	168.9	127.0	131.0	98.46
Vists per Productive Hr	1.52	1.18					1.52	1.77	1.66	1.43	1.51	1.54	1.51

MANGUM REGIONAL MEDICAL CENTER QUALITY REPORT TO THE MED STAFF & GOVERNING BOARDS

DATE OF MEETING: 3/23/21

REPORTING PERIOD: FEBRUARY 2021

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

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I. Executive Summary

Mangum Regional Medical Center Quality Program

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

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

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

The governance work is accomplished through a series of committees that interact. The hospital has established department level committees including: Utilization Review, Infection Control, Health Information Management, Pharmacy and Therapeutics, Environment of Care and Safety, and Compliance. These formally report up through the facility's Quality Committee (QC) which in turn reports through the Medical Staff Committee (MS) and the Governing Board (GB).

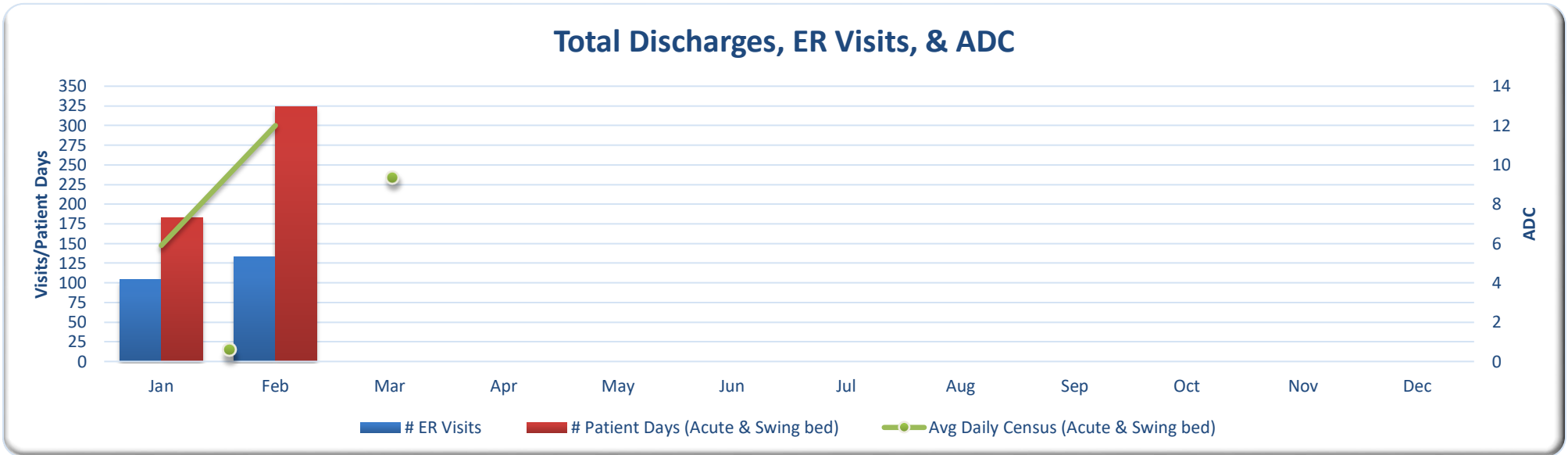
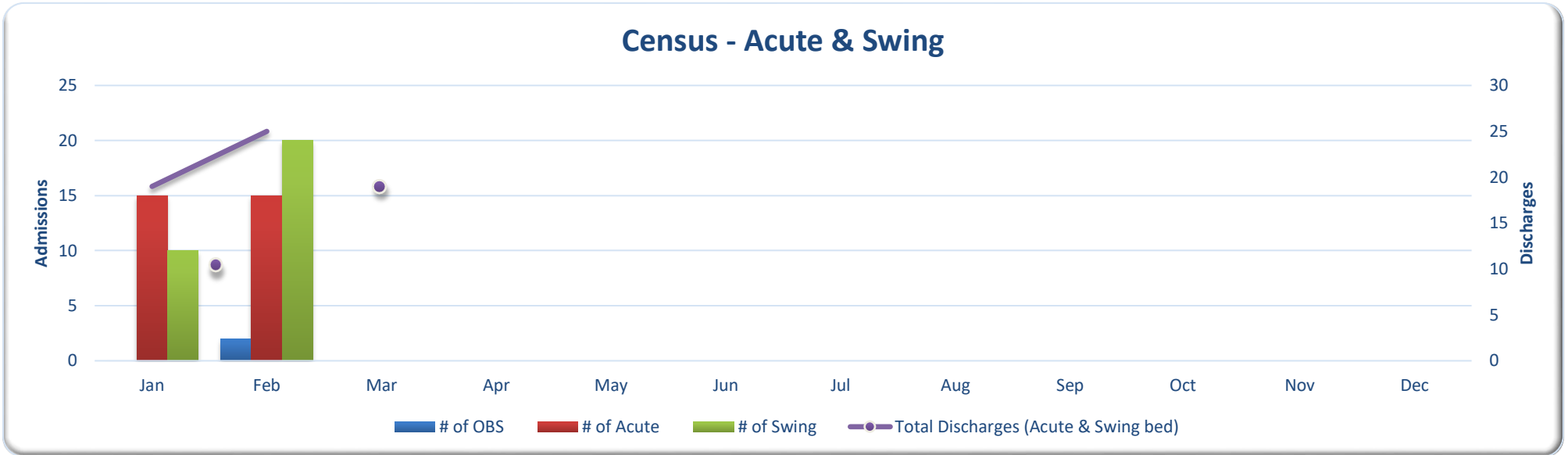
The hospital has a governing body that assumes full legal responsibility for determining, implementing and monitoring policies and programs governing the hospital's total operation and for ensuring that those policies and programs are administered so as to provide quality health care in a safe environment. The governing body assumes responsibility for the hospital's day-to-day operations and is fully responsible for its operations.

II. Scope

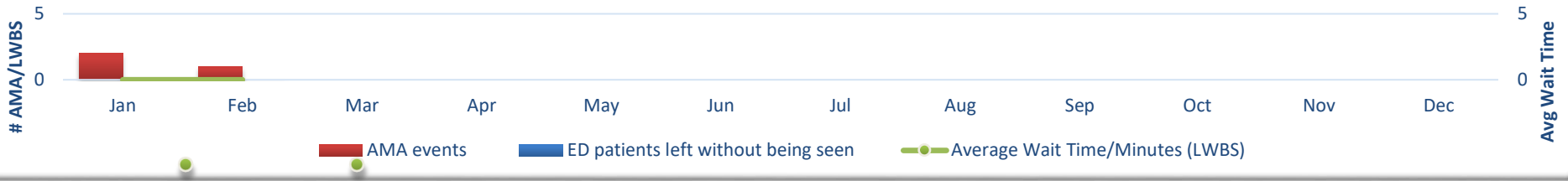
The Quality Assurance and Performance Improvement Program will apply facility-wide and to any contract provided services. It is the responsibility of every leader and every person providing and supporting care in our facility to ensure an environment where care is safe, effective and centered on patient's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

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

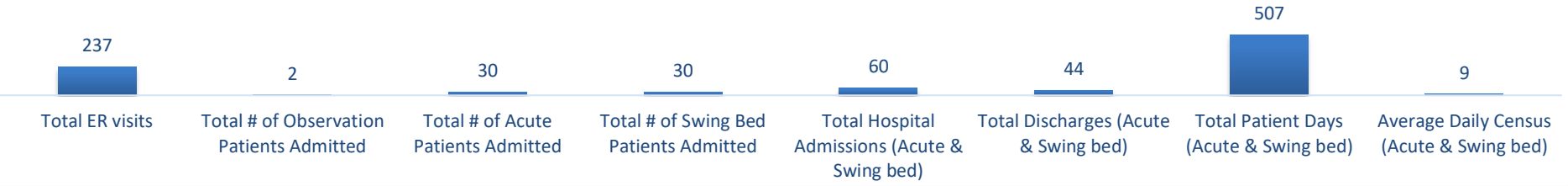
III. Hospital Activity



Hospital Activity AMA/LWBS

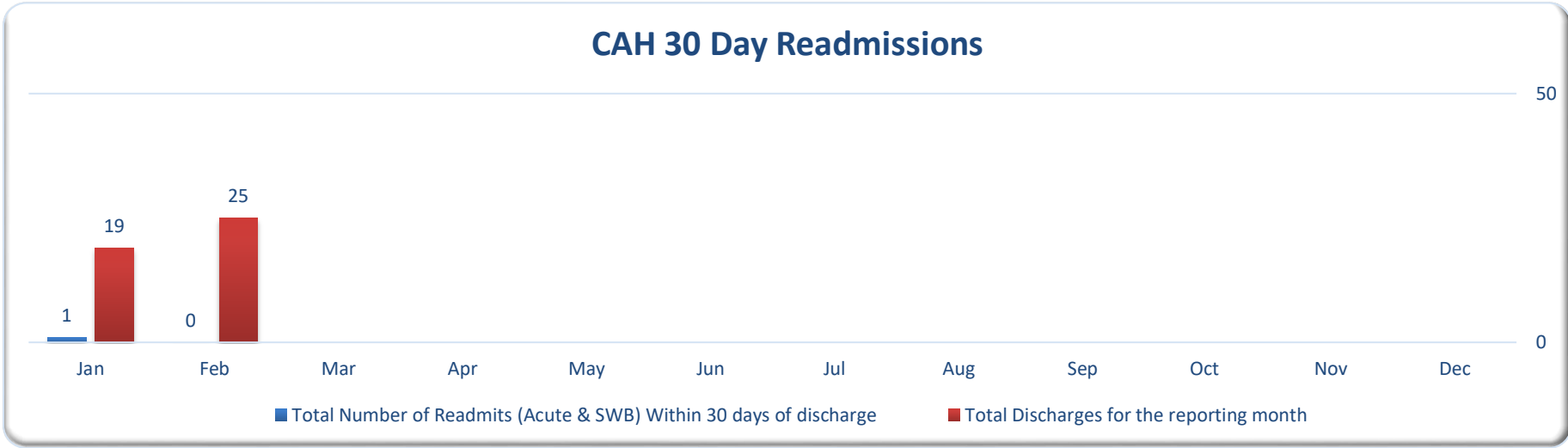


Hospital Activity YTD



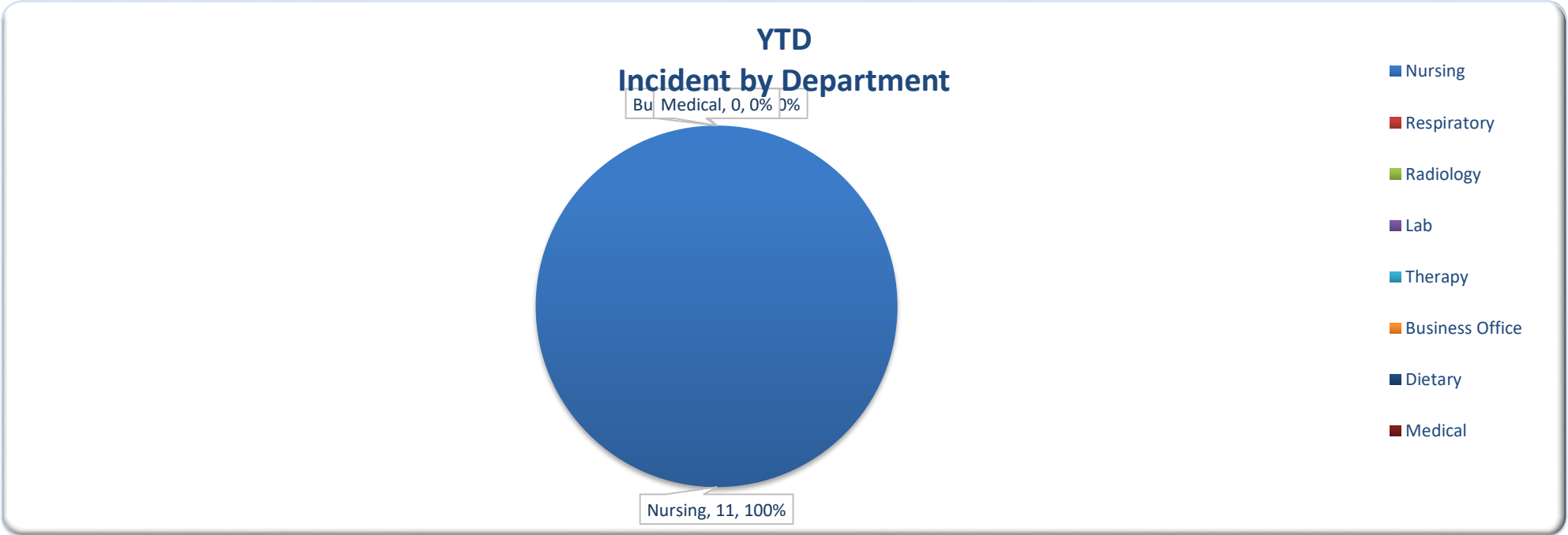
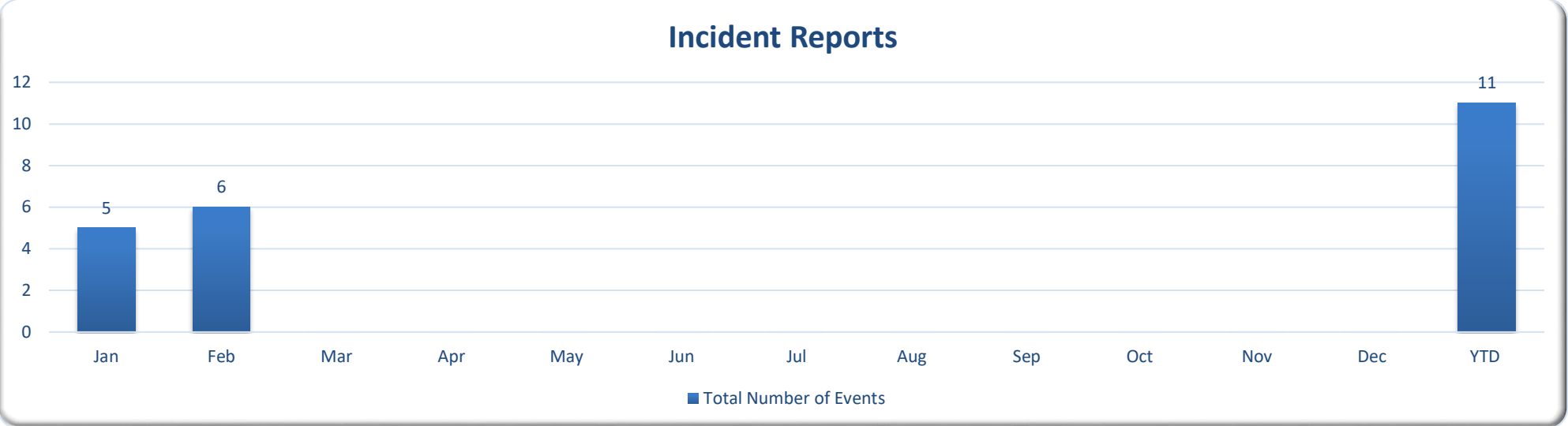
Type of Event (AMA/LWBS)	Count	Brief Description of Event	Actions
AMA	1	Patient presented to the ED @ 15:15 Patient was triaged and seen by Provider. Patient left AMA due to home emergency. Patient was informed of risks of leaving and the benefits of staying before signing AMA.	Staff did explain to patient the risks of leaving and the benefits of staying. Patient was being treated but had emergency.

IV. Care Management

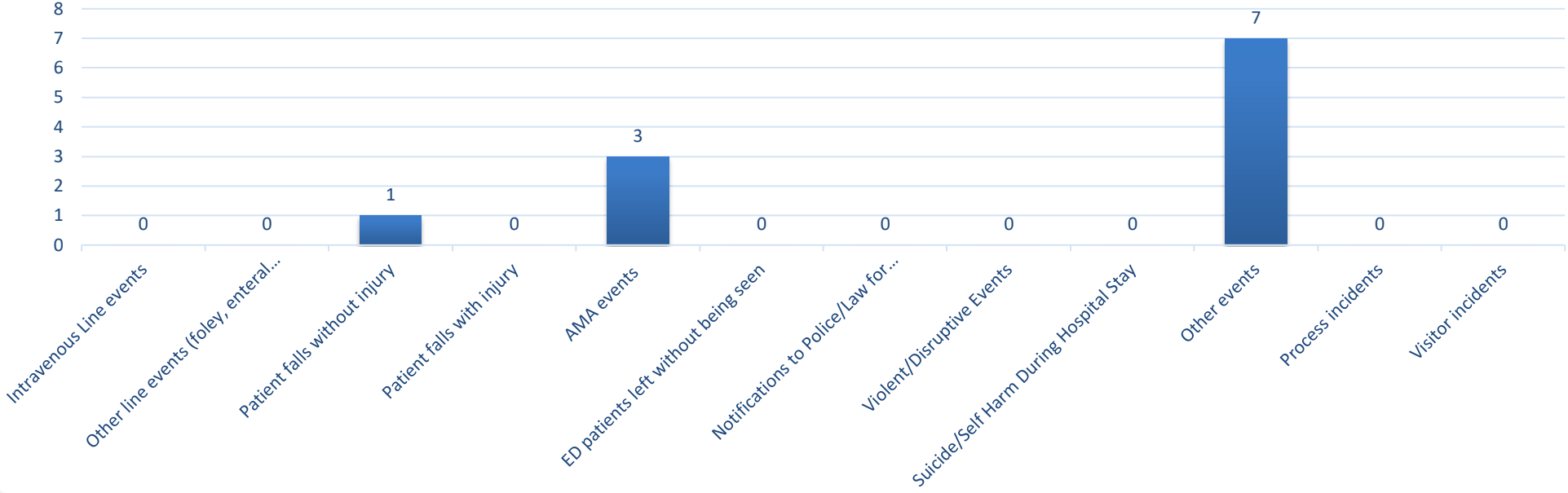


Event	Count	Comments	Actions
	0	No readmissions	Will continue to monitor

V. Risk Management



YTD Incident Report Categories

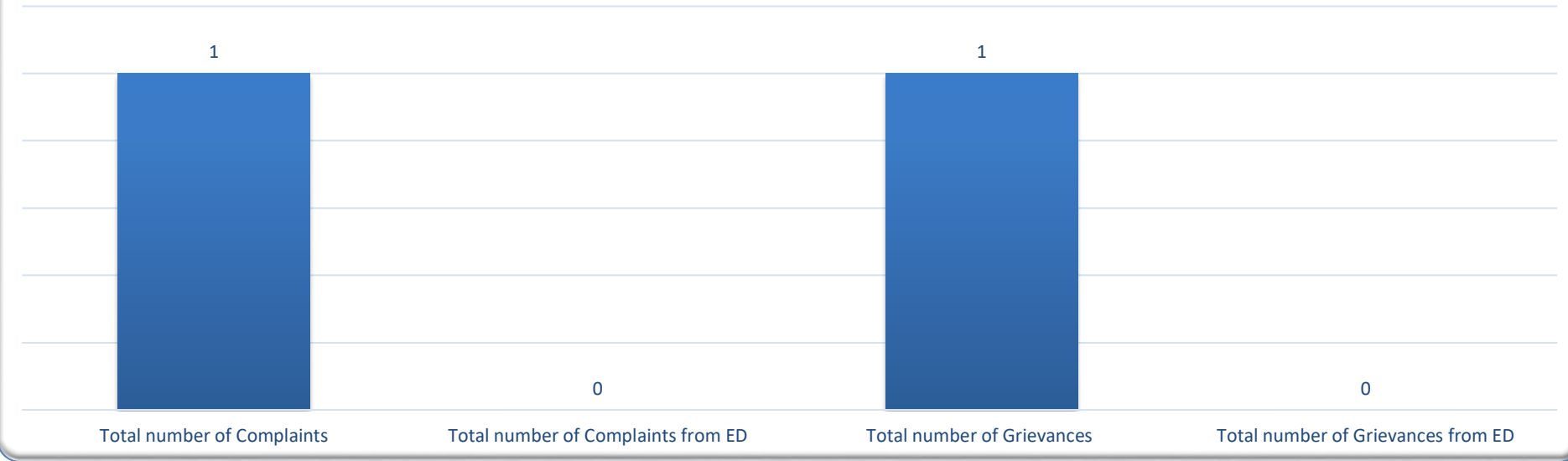


Incident Type	Count	Brief Description of Event & Outcome	Actions
Fall	1	Patient fell unassisted w/o injury on 2/24/21 Patient did not activate call light.	Patient was assessed and assisted back to bed. Re-educated patient to use call light. Bed alarm turned on

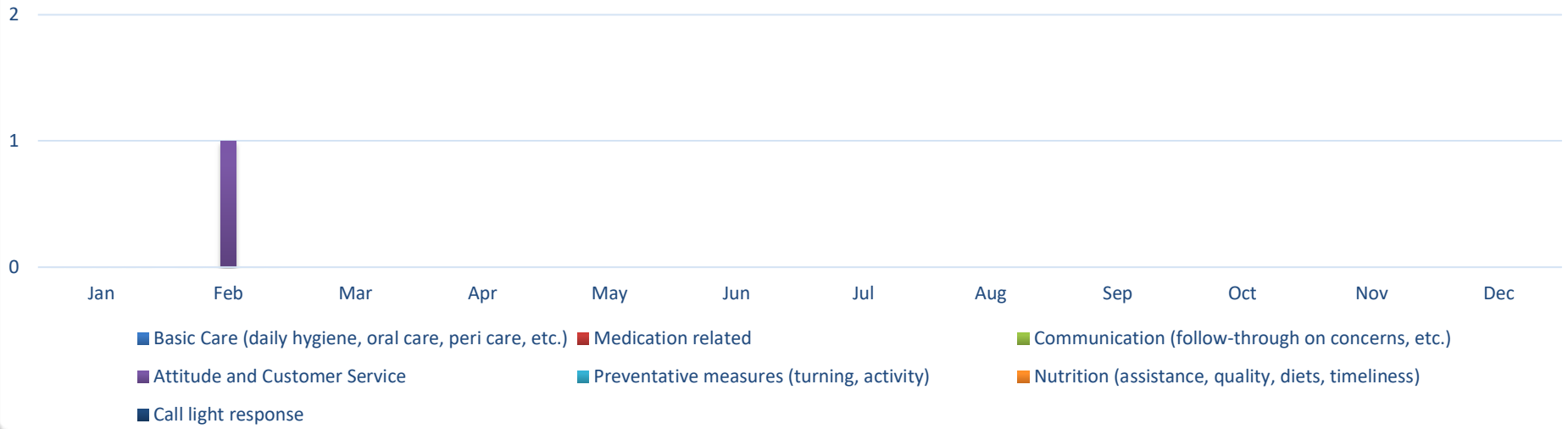
Complaints/Grievances



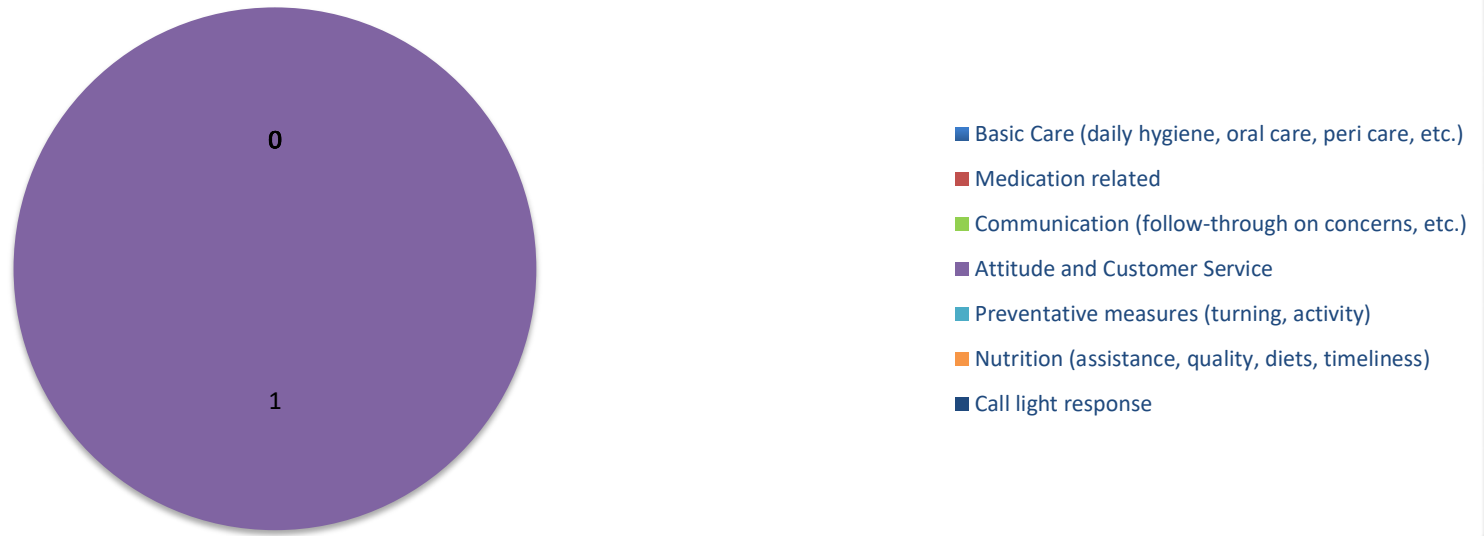
YTD Complaints/Grievances

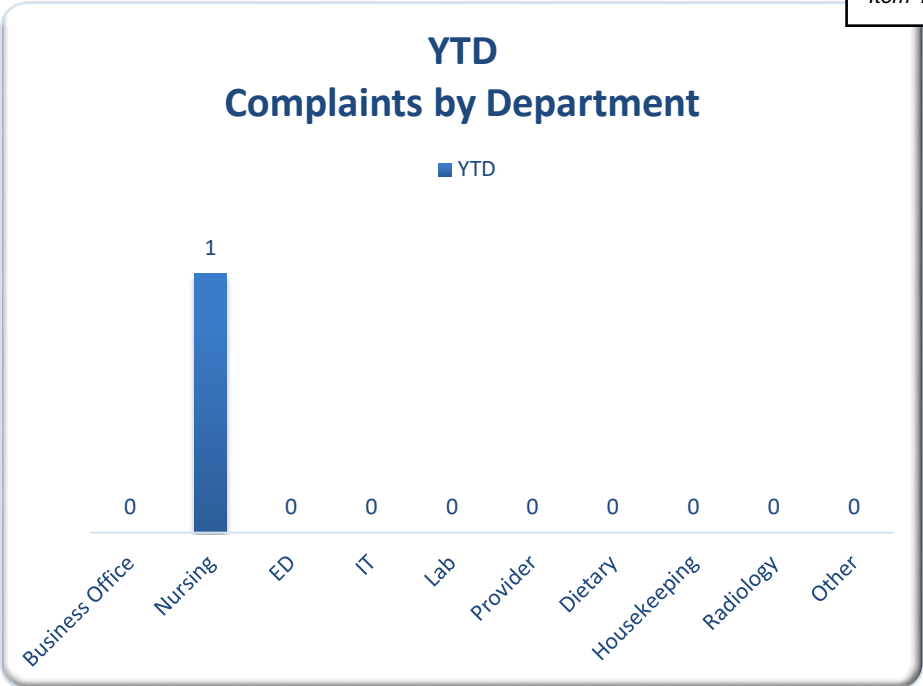
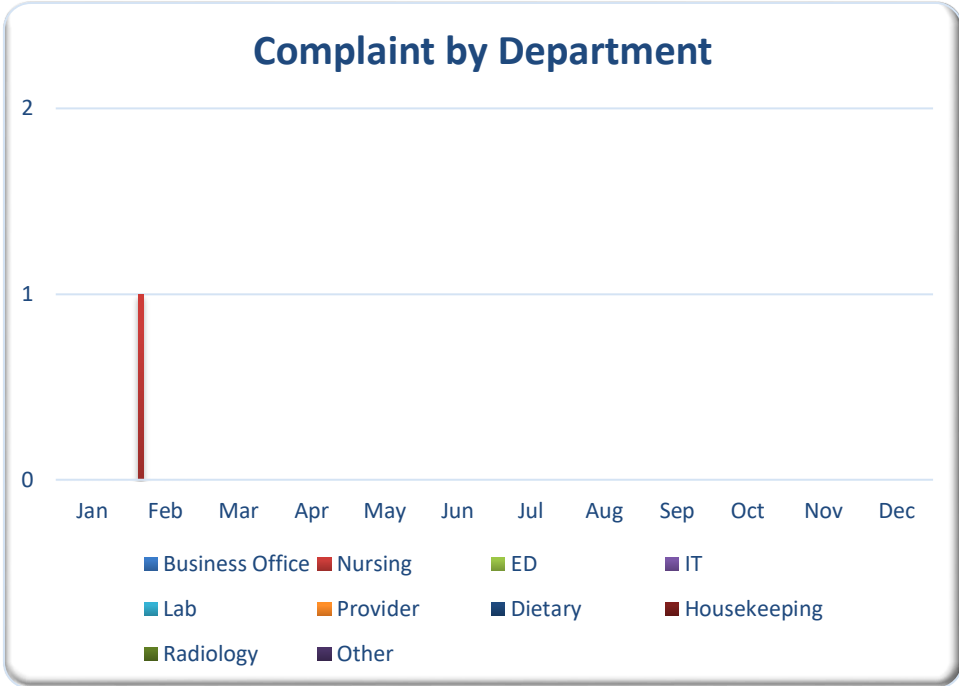


Complaint Type



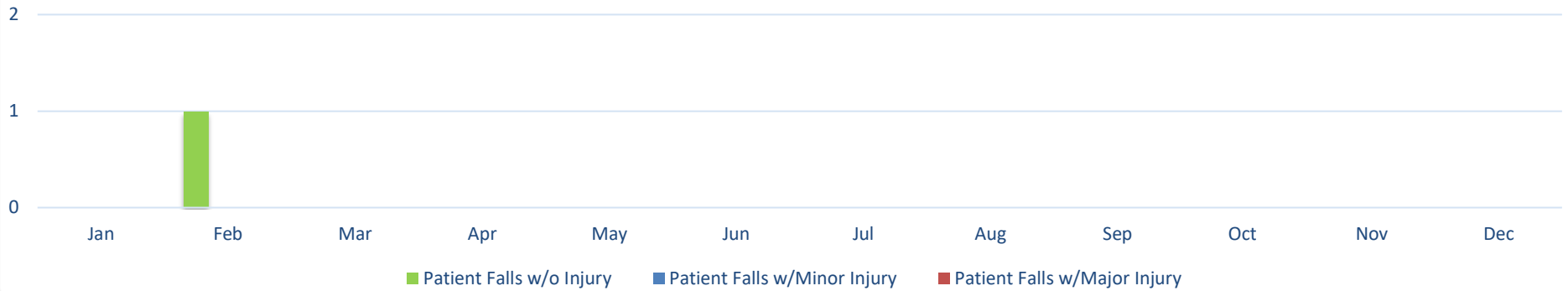
YTD Complaint Type



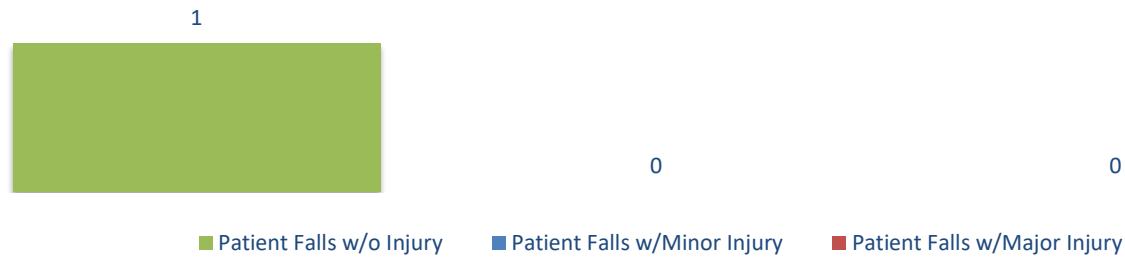


Brief Description of Complaint & Outcome	Actions
Patient voiced a complaint to the charge nurse. CCO and QM spoke with patient and found patient didn't like a comment an LPN made to her.	CCO and QM spoke with patient. Found actions at bedside to make the patient happy. CCO had LPN read and sign education about incident.

Patient Falls

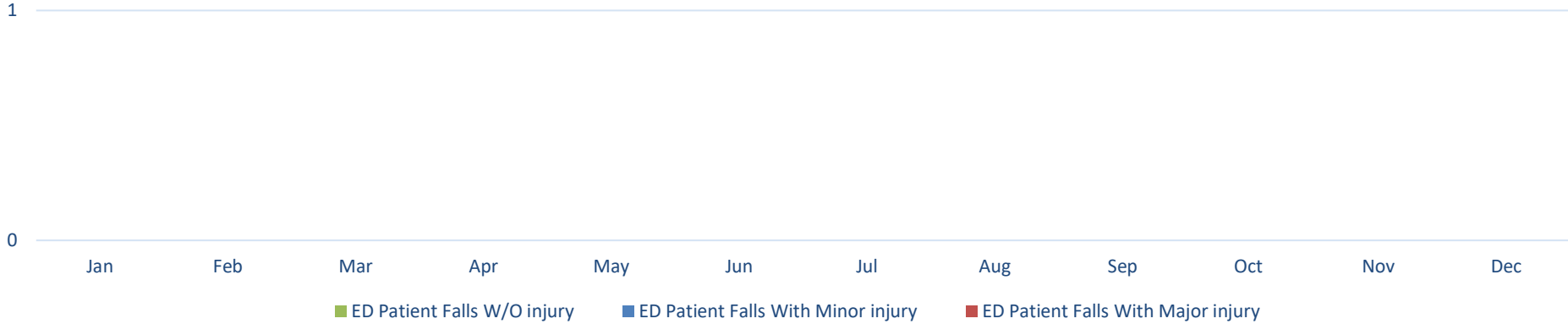


YTD Patient Falls



Count	Brief Description of Event & Outcome	Actions
1	Patient fell, unassisted w/o injury on 2/24/21 Patient did not activate call light.	Patient was assessed and assisted back to bed. Re-educated patient to use call light. Bed alarm turned on

ER Patient Falls

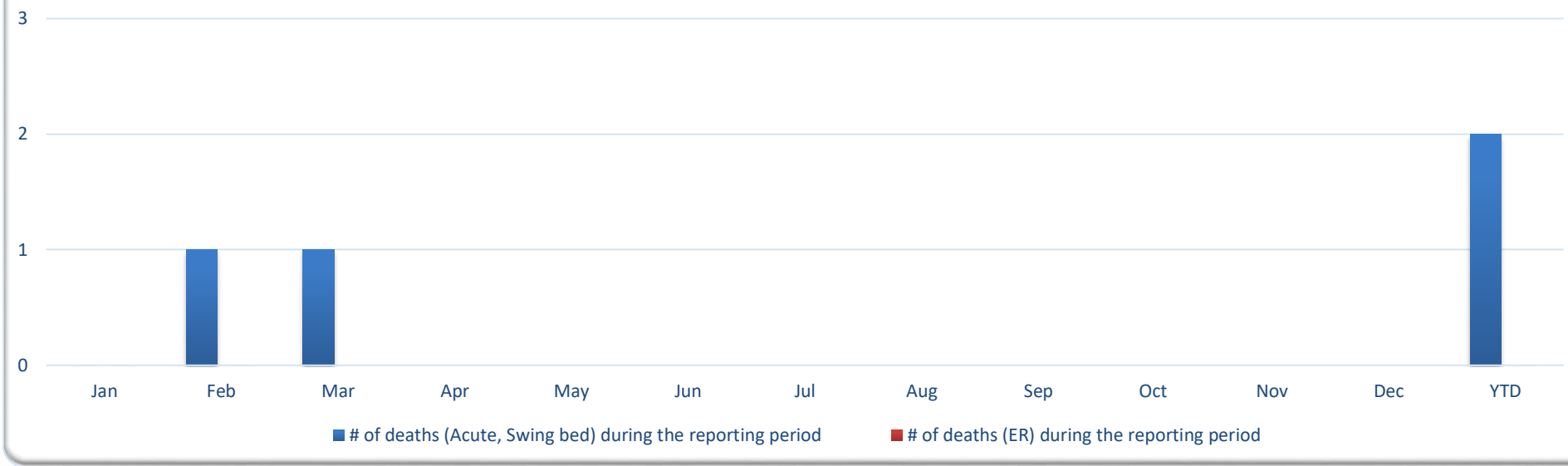


YTD ER Patient

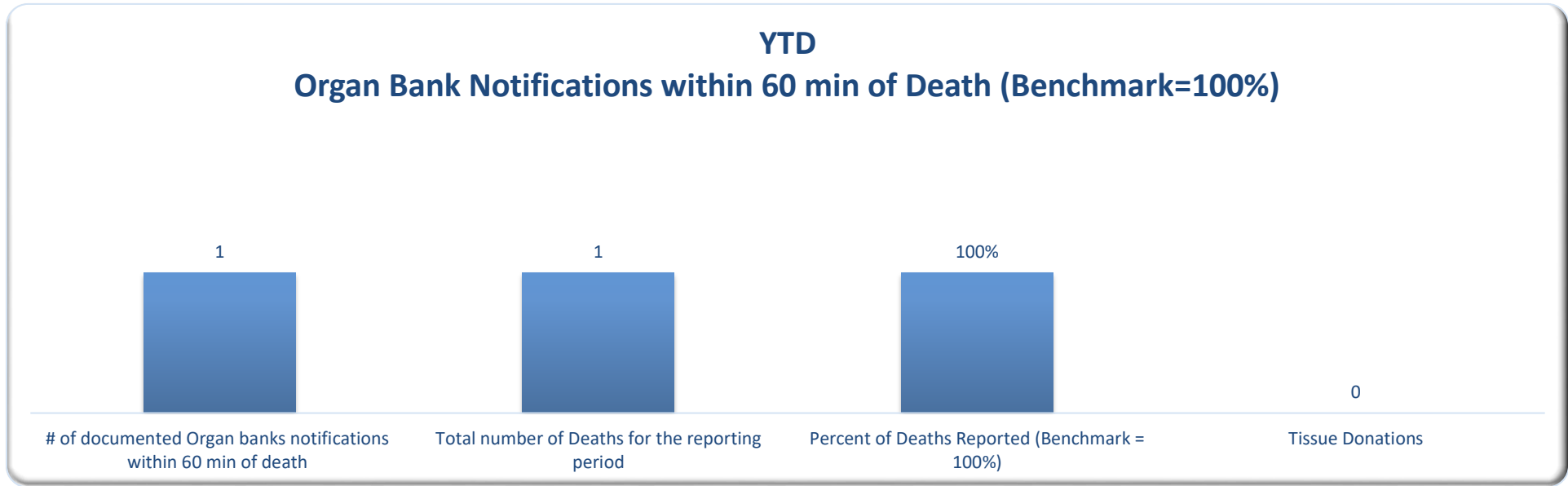
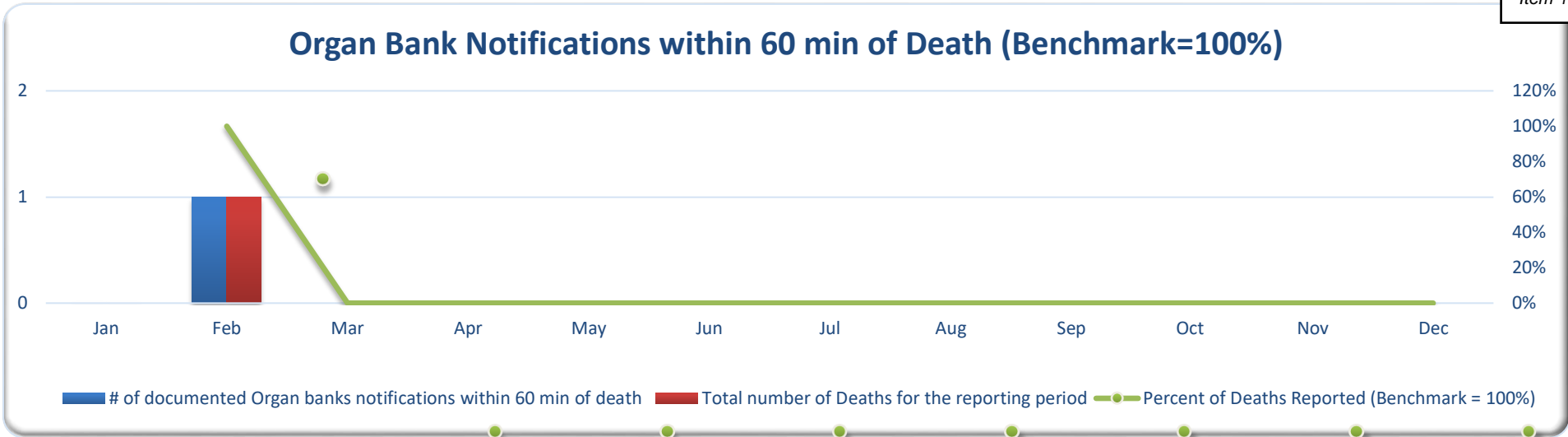


Count	Brief Description of Event & Outcome	Actions
0	No patient falls for February	Will continue to monitor

Mortality Rate

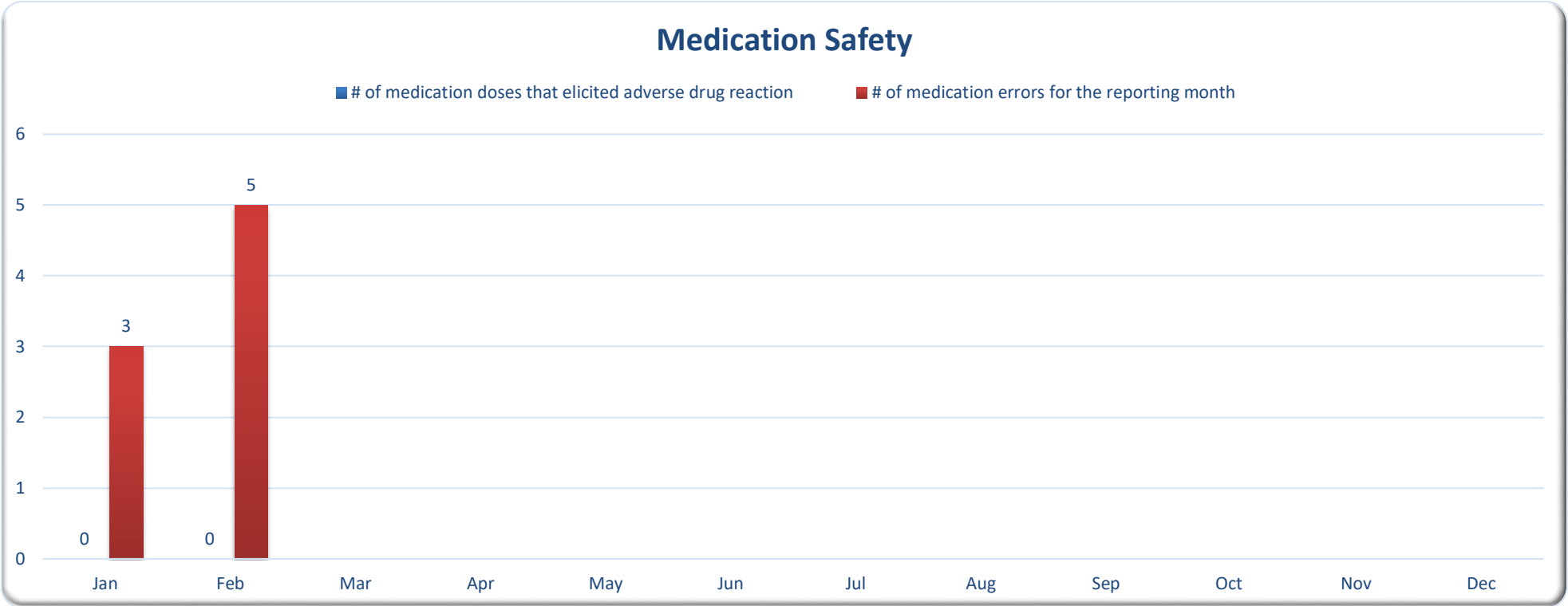


Count	Brief Description of Event & Outcome	Actions
1	One patient death in reporting period. Pt was admitted with worsening of a chronic condition. During stay patient became unresponsive. ACLS protocols appropriately administered with an unsuccessful outcome	Mortality review completed. No indicated outcomes at this time.



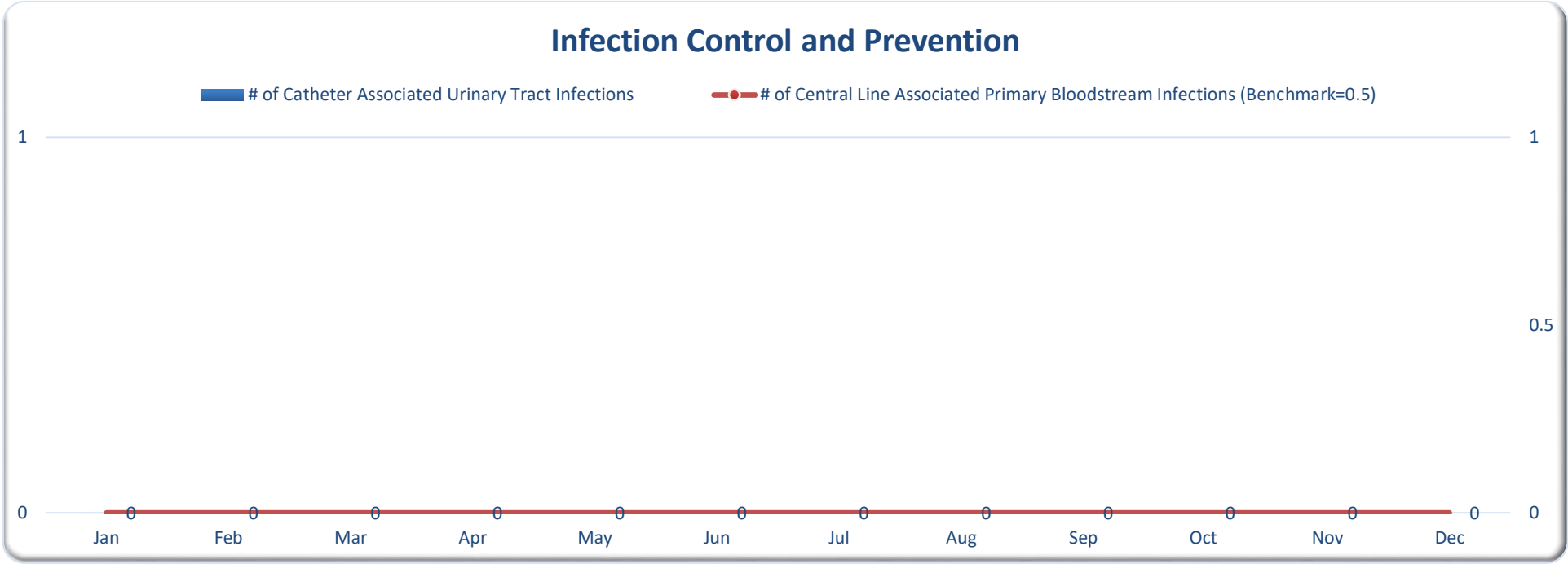
Count	Compliance	Action
1	Life share was called within 60 minutes	No action needed

VI. Medication Report



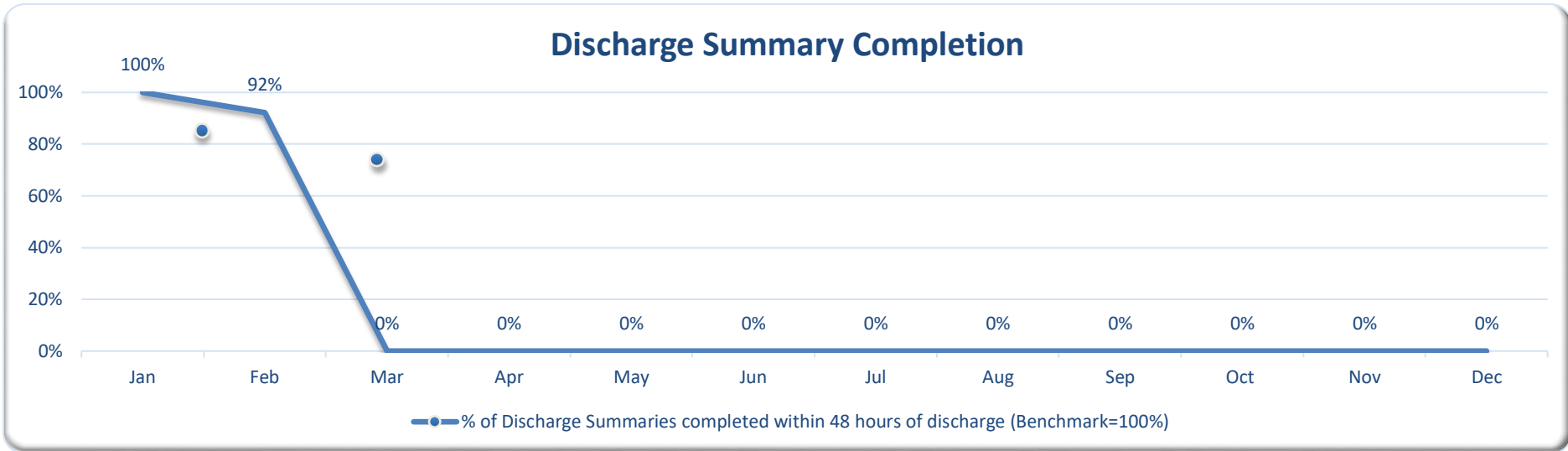
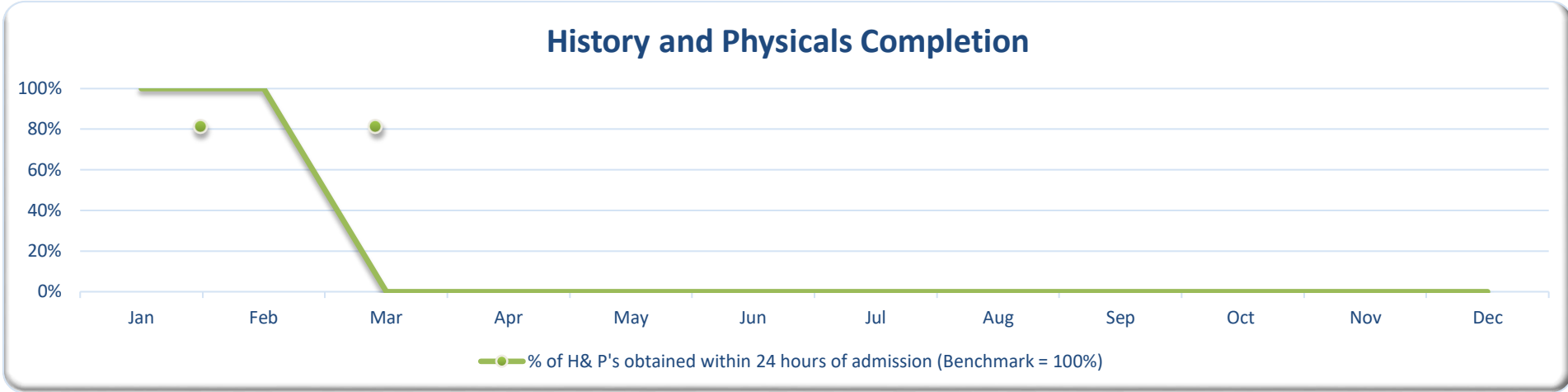
Type of Event (Med Error/ADR)	Count	Brief Description of Event & Outcome	Actions
Med Error	5	1) IV antibiotics 2) IV antibiotics 3) IV antibiotics 4) wrong solution of IV TPN 5) Proper mix IV TPN prior to administration.	1-4) CCO re-educated staff regarding 6 rights of medication administration. Staff acknowledged understanding via signature. 5) Nurse's agency offered re-education and counseling to this nurse on an unrelated matter. Nurse terminated contract and will not be returning to MRMC.

VII. Infection Control



Type of Event (CLABSI/CAUTI)	Count	Brief Description of Event & Outcome	Actions
CLABSI/CAUTI	0	None for February	Will continue to monitor

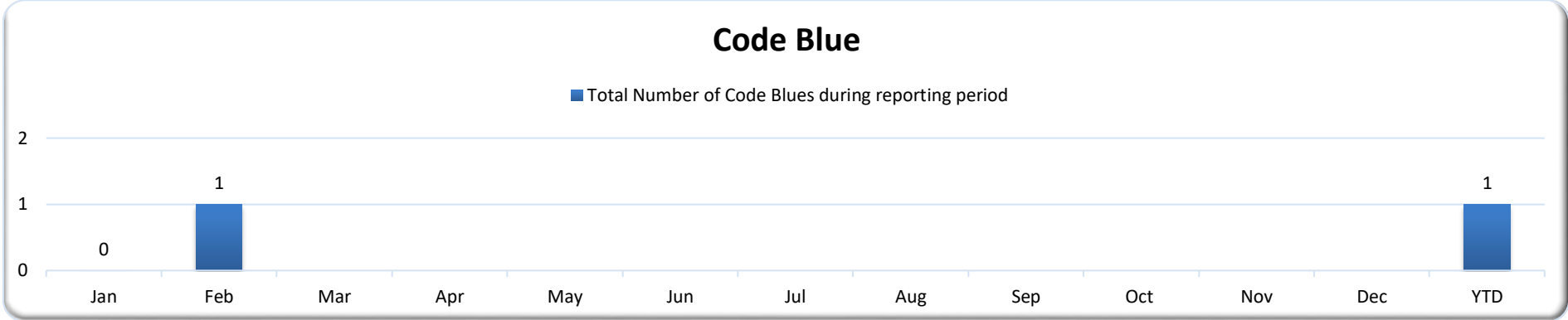
VIII. Health Information Management



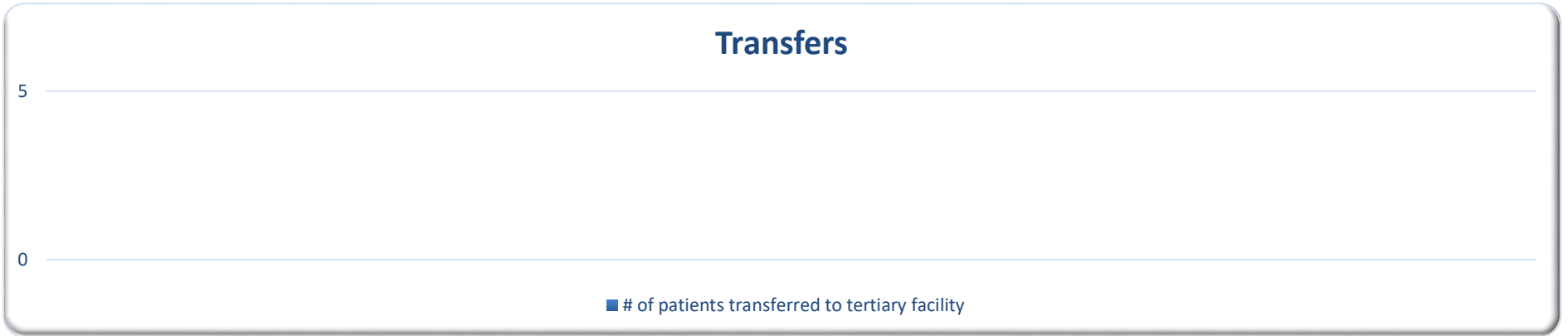
Type of Documentation (H&P/Discharge)	Count	Actions
History and Physicals	100%	No action needed. Will continue to monitor

Discharge Summary	92%	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 CEO and Credentialing and they are going to send the message along to get these matters completed.
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IX. Nursing



Count	Brief Description of Event & Outcome	Actions
1	One code blue reported during reporting period. Pt was admitted with worsening of a chronic condition. During stay patient became unresponsive. ACLS protocol appropriately administered with an unsuccessful outcome.1	Airway was maintained by suction and bagging via RT



a) Surveys

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

b) Product Recalls

Date	Product/Equipment	Action Taken
01/01/21	Derma bond	Did not have product

c) FMEA

Date	Project Title	Actions Taken
01/25/21		

d) RCA

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

6. Blood Utilization

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

7. HIPAA Breaches

Date	Event	Action Taken
01/25/21		

8. Facility/Equipment Issues/Concerns/PM Reports

Date	Brief Description of Issue	Actions Taken	PM Report Summary

01/25/21			
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9. Emergency Preparedness

Date	Type of Drill	Emergency Disaster Event	After Action Summary
01/25/21			

10. Mandatory or Routine Inspections

Date	Inspection Type	Inspection Date	Results
01/25/21			

11. Policy & Procedure Review & Approval

See GB packet

12. Staffing

Date	New Employee	Voluntary Separations	Involuntary Separations	Open Positions
01/25/21				

13. Credentialing & New Appointments

See GB Packet

14. Administrator Report

15. Chief Clinical Officer Report

16. Other

ANNUAL REVIEW AND EVALUATION OF QUALITY PROGRAM

A. Annual Items

- a) Annual Review & Approval of Quality Plan
- b) Policies & Procedures
- c) Appointment of Infection Preventionist
- d) Appointment of Risk Manager
- e) Appointment of Safety Officer
- f) Appointment of Compliance Officer
- g) Annual Review of the Infection Control Risk Assessment & Evaluation
- h) Annual Review of the Hazard Vulnerability Assessment (HVA)
- i) Annual Review of the TB Risk Assessment

B. Annual Review & Summary of the Hospital Quality Program

The 2021 annual report highlights the hospital’s Quality Assurance and Performance Improvement (QAPI) activities, hard work and dedicated effort of the staff. Our overarching aim is to fulfill our:

Mission: To provide our Mangum community and surrounding counties with convenient, gold-standard “dependable and repeatable” patient care, while assisting and supporting all their medical healthcare needs.

Vision: Provide patient-centric care, positioning us to achieve unparalleled standards of excellence in the healthcare industry through the eyes of rural healthcare.

Goals: To improve our valued and loyal patient’s overall health outcomes, increase their access to exceptional healthcare, while exceeding their expectations, from the first encounter to the last, acquiring patients for the lifetime of all their healthcare needs.

C. Key Performance Indicators for 2021

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.

- Inpatient
- Swing Bed
- Observation
- Emergency Room

Outpatient
Measures
Mortality Rate
Readmissions
Pressure Ulcer
Discharges Home
Emergency Room Transfers
Acute/Swing Bed Transfers
Medication Errors
Falls
Against Medical Advice
Left Without Being Seen
Hospital Acquired Infection
Complaint
Grievance
Turnover
Total
Voluntary
Hiring
New Hires

D. Activities and Changes During the 2021

- Change
- Change
- Change

E. Recommendations & Plans for 2021

AGREEMENT BETWEEN
Mangum City Hospital Authority
DBA: Mangum Regional Medical Center
AND
THE OKLAHOMA BLOOD INSTITUTE

THIS AGREEMENT is entered into as of _____, by Mangum City Hospital Authority DBA: Mangum Regional Medical Center, 1 Wickersham Drive Mangum, OK 73554 ("Hospital") and the Sylvan N. Goldman Center, Oklahoma Blood Institute, an Oklahoma not for profit corporation with its principal office located at 1001 North Lincoln Boulevard, Oklahoma City, OK, 73104 ("Blood Institute").

The Hospital desires to utilize the services of the Blood Institute for the procurement of blood, blood components and related services. The charges and fees payable to the Blood Institute for blood and blood components are to compensate the Blood Institute for its direct and indirect costs incurred for the administrative, medical, and technical services provided in the drawing, processing, storage, and delivery of blood or blood components; for donor recruitment; and, for the maintenance of an inventory of blood and blood components (collectively, "blood services").

The Hospital and the Blood Institute agree as follows:

1. Provision of Blood and Blood Components. During the term of this agreement the Hospital will obtain from the Blood Institute all of the blood components required by the Hospital in its daily operations and the Blood Institute will supply all such blood components and services, subject to Paragraph 5 herein. These products and services are for the sole use of the Hospital and will be utilized only within the Hospital's facility at the address above and the Hospital's affiliated facilities.
2. Processing and Services Fees. The Hospital shall pay to the Blood Institute the processing and services fees shown on the attached Schedule 2.0.
 - 2.1 Fee Increases. The Blood Institute, in its sole discretion, may increase the fees paid by the Hospital during the term of this agreement if one or more of the following should occur:
 - (a) The U.S. Food and Drug Administration ("FDA") mandates, endorses, or licenses the implementation of a new test; or
 - (b) Significant change occurs in the cost of compliance with blood banking industry standards, in either the technology used in product manufacturing, or testing, or the offering of new products for patient use.
 - 2.2 Fees for Extended Term. The Blood Institute may increase the processing and services fees effective August 1st of each year by amounts up to four percent (4%), excluding the increased cost of any new test.

- 2.3 Notice of Changes. The Blood Institute will provide the Hospital with at least 30 days written notice of any changes to the fees payable under this agreement.
3. Blood Product Services. The Blood Institute will provide blood products and related services to the Hospital 24-hours a day every day and reference laboratory and testing services as provided in the attached fee Schedule 2.0. Reference laboratory sample requirements and the definition of “related services” are provided in Schedule 3.0.
4. Hospital Privileges and Medical Consultation Services.
- 4.1 The Blood Institute’s medical directors, being duly licensed medical doctors, shall have medical oversight over the Blood Institute personnel providing blood services at the Hospital, unless those personnel are acting under the direction of the attending physician. The Blood Institute’s medical directors will generally not provide any direct patient care services and may provide such oversight without obtaining medical staff membership or clinical privileges at the Hospital and without the payment of membership or credentialing fees. The Blood Institute’s nursing staff who perform patient care services at the Hospital will obtain clinical privileges or permission to provide specified services as may be required in accordance with the Hospital’s medical staff bylaws or credentialing requirements.
- 4.2 Upon request, the Blood Institute will provide the Hospital with medical consultation services for transfusion-related problems and for recommendations regarding blood product utilization. From time to time, the Blood Institute will endeavor to provide the Hospital with relevant updated scientific, technological, or medical information as such becomes available and as the Blood Institute, in its sole discretion, believes such information may be of interest or relevance to the Hospital. The Blood Institute shall have no duty to keep the Hospital informed of any scientific, technological, or medical information. The Hospital shall be solely responsible for keeping its personnel aware of such information.
5. Inventory Control and Product Stewardship. A minimum standing inventory of transfusable blood products will be agreed upon between the Blood Institute and the Hospital. Such inventory shall be maintained at the Hospital by the Blood Institute on a consistent basis, in the amount and varieties of types necessary to meet the routine needs of the Hospital. The Hospital will promptly notify the Blood Institute of any requests for specialized blood products, services, or variations to the Hospital’s standing inventory. Such requests may be subject to the Blood Institute’s medical review and approval.

The Blood Institute and the Hospital must work together to ensure adequacy and good stewardship of the blood supply for all healthcare providers and patients. Therefore, parameters need to be monitored and maintained to support both sound blood utilization and system-wide operational efficiencies. To these ends, the Blood Institute, at its sole discretion, may implement cost recovery charges if, over a

calendar quarter, the Hospital has: A) product return rates in excess of 50 percent of deliveries; B) O negative red cell usage in excess of 11.5 percent of total RBC usage; or C) non-routine orders (STAT/ASAP) in excess of 35 percent of all delivery requests. If one or more of these targets is exceeded, OBI will work with Hospital over the subsequent calendar quarter to address that metric or metrics before implementing cost recovery fees. If these targets are exceeded in the second consecutive calendar quarter, the Blood Institute will provide 30-days written notice before fee implementation. The fee schedule is: A) up to \$25 per returned product; B) up to \$50 per O negative unit shipped, and C) up to \$75 per order shipped.

6. Credit/Return Policy. Regular communication between the Hospital and the Blood Institute must occur to prevent the expiration and destruction of blood or blood components. Credit will only be issued in accordance with the guidelines stated on the attached Credit/Return Policy, Schedule 6.0. The Blood Institute may modify the Credit/Return policy during the term of this agreement by giving 30-days written notice to the Hospital.
7. Donor Source. Only blood donations from volunteer donors will be utilized in the preparation of blood products for transfusion.
8. Quality Standards and Regulatory Compliance. The Blood Institute shall maintain standards of performance consistent with its experience, research, and expertise in blood banking. Both parties shall maintain standards of performance in accordance with the applicable recommendations of the Center for Biologics Evaluation and Research (CBER) of the FDA, the applicable requirements of all applicable state regulatory agencies, and to comply with all other applicable laws, rules, and regulations. The Hospital shall notify the Blood Institute as soon as practicable of any adverse reactions resulting from the transfusion of any blood product it receives from the Blood Institute. The Hospital shall maintain a record of the adverse reaction, conduct an investigation and provide a written report to the Blood Institute, as required by 21 CFR §606.170(a). Both parties shall comply with OSHA Bloodborne Pathogen Exposure Final Rule 29 C.F.R. Part 1910.1030, effective March 2, 1996, and any subsequent revisions thereof. Compliance Statements are included in Schedule 8.0. All of the foregoing requirements are collectively referred to as the "Regulations."
9. Records and Patient Information. The Hospital will provide the Blood Institute with all transfusion records and patient information necessary for the provision of products and services under this agreement. The parties will use and disclose protected health information in accordance with and as required by the Health Insurance Portability and Accountability Act of 1996, as amended by the Health Information Technology for Economic & Clinical Health Act and the implementing regulations thereunder, as they may be amended from time to time (collectively, "HIPAA"), and will execute the Business Associate Agreement set forth in the attached Exhibit A. The Blood Institute will provide the Hospital such information as may be required by FDA recommended guidelines for look back and product recalls.
10. Charges by Hospital. The Hospital fees provided in this agreement are intended to defer the Blood Institute's previously described operational costs. This agreement

does not restrict the Hospital's ability to add service charges as it deems reasonable and prudent to ensure proper patient service and as may be permitted by applicable law.

11. Billing and Payment. The Blood Institute will provide an itemized monthly statement of charges to the Hospital as of the last day of the month, unless the Hospital has requested semi-monthly billing. Payment in full is expected no later than thirty (30) days from the date of the invoice. A prompt payment discount of 0.5% will be applied to all invoices paid within ten (10) days of the invoice date. A late penalty of 1.5% per month will be added to each invoice not paid within 30 days from the date of the invoice. At the Blood Institute's discretion, the late payment penalty may be suspended for a reasonable period of time in order to resolve any good faith disputes over payment.
12. Indemnification.
 - 12.1 The Blood Institute shall indemnify the Hospital and its officers, directors, employees, and agents and hold each of them harmless from liability to and claims by third parties, including reasonable attorneys' fees, to the extent that they result from or arise in connection with the negligence or willful misconduct of the Blood Institute or its officers, directors, employees, or agents in the performance of this agreement.
 - 12.2 The Hospital shall indemnify the Blood Institute and its officers, directors, employees, and agents and hold each of them harmless from liability to and claims by third parties, including reasonable attorneys' fees, to the extent that they may result from or arise in connection with the negligence or willful misconduct of the Hospital or its officers, directors, employees, or agents.
13. Insurance. Each of the parties shall, at its own expense, maintain in effect a policy of professional liability insurance with coverage in the amount of not less than \$1,000,000 per claim and \$3,000,000 per occurrence. This coverage shall insure a party and its employees against liability for damages directly or indirectly related to the performance of any services and other respective obligations under this agreement. Each party shall provide the other with a certificate from the insurance carrier evidencing the required coverage. With the Blood Institute's prior written consent, the Hospital may opt to self-insure as to specifically identified risks. Each party shall notify the other of any adverse change in insurance coverage required by this agreement.
14. Force Majeure. Neither party will be liable for any failure to perform its obligations (except payment obligations) for any reason beyond the party's reasonable control, including acts of terrorism, strikes, fires, explosion, flood, riot, lock out, injunction, interruption of transportation, unavoidable accidents, or a significant change in any applicable law or regulation.
15. Affirmative Action. The Blood Institute wishes to comply with the provisions of Executive Order 11246 of September 24, 1965; Executive Order 11375 of October 13, 1967; Executive Order 11758 of January 15, 1974; Section 503 of the

Rehabilitation Act of 1973; the Vietnam Era Veterans Readjustment Act of 1974, as amended, 38 U.S.C. 4212 (formerly 2012); and the implementing regulations at 41 CFR Chapter 60. The Hospital will not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, handicap, or status as a disabled veteran or a veteran of the Vietnam Era. This policy not to discriminate in employment includes hiring, transfer, training during employment, and rates of pay.

16. Term. The term of this agreement will begin upon signature of the Agreement and continue through July 31, 2026 (the "Initial Term"). After the Initial Term, the Agreement automatically renews from year to year (a "Successive Term") unless a Party provides written notice of termination at least thirty (30) days before the expiration of the Initial Term or any Successive Term. All terms and conditions of this Agreement shall remain in effect during any Successive Term. The Initial Term and any Successive Terms shall be referred to as the Term. Processing and services fees may be adjusted each year as provided in Section 2.
17. Termination. A Party may unilaterally terminate this Agreement: (a) if the other Party fails to fulfill any one or more of its obligations under this Agreement ("Breach") and the Breach continues for a period of thirty (30) days after the non-breaching Party sends written notice of the Breach, (b) if any of the Regulations are amended in a way that precludes a Party from performing its obligations under this Agreement, effective upon the effective date of the amended Regulation; (c) if a Party ceases to operate or otherwise function as a business; or (d) if a Party fails to maintain professional liability insurance as required herein. The Blood Institute may unilaterally terminate this Agreement upon notice to the Hospital if (x) the Hospital's state license to operate as a hospital in Oklahoma is suspended, terminated, or revoked by the State Department of Health, or (y) the Hospital is excluded from participation in Medicare, Medicaid, or any other federal health care program. Termination of this agreement pursuant to this provision shall not constitute an election of remedies, and the terminating party shall retain all rights and remedies that may be available at law or in equity with respect to the default by the other party. Upon termination, the Hospital shall, within 15 days of the termination date, pay the Blood Institute any and all amounts owing for blood products and related services provided through the date of termination.
18. Confidentiality. Both parties acknowledge that the terms, conditions, and fee schedules of this agreement are confidential. This confidential information shall not be disclosed to any officer, director, employee, or agent of a party, except as necessary in carrying out the person's respective duties under this agreement. This confidential information shall not be used other than in connection with this agreement. Additionally, the parties shall keep confidential, and not divulge to anyone else any of the proprietary, confidential information of the other party, including information relating to such matters as finances, methods of operation and competition, pricing, marketing plans and strategies, operational requirements and information concerning personnel, referral sources, patients and suppliers.
19. Construction and Governing Law. The rule of construction that a document is to be construed most strictly against the party who drafted the document shall not be

applicable because all parties participated in the preparation of this agreement. “Includes” and “including” are not limiting. The laws of the State of Oklahoma shall govern this agreement and the legal relations between the parties without giving effect to any conflict of law provision (whether of the State of Oklahoma or any other jurisdiction) that would cause the application of the law of any other jurisdiction.

20. Notice. Any notice, consent or communication required or permitted to be given under this Agreement shall be deemed to have been duly given if in writing and either delivered personally, sent by electronic transmission, or sent by United States first class mail, postage prepaid to the addresses set forth in the introduction of this Agreement.
21. No Assignment. Neither party may assign its rights or delegate its duties under this agreement without the prior written consent of the other party; such consent shall not be unreasonably withheld.
22. Binding Effect. This agreement shall be binding upon, and insure to the benefit of, the parties and their respective legal representatives, successors, and assigns.
23. No Third Party Beneficiaries. Nothing in this agreement, express or implied, is intended to confer upon any person, firm, or corporation, other than the parties named herein, any right, remedy, or claim under or by reason of this agreement, as third party beneficiaries or otherwise.
24. Communications and Community Relations. The Hospital plays a critical role in the Blood Institute’s ability to support the Hospital with blood products, and the Hospital desires to assist the Blood Institute in its efforts. The Hospital can accomplish this objective by encouraging community support of the Blood Institute. Through the use of its public relations and communications efforts, the Hospital can encourage the public to make blood donations to the Blood Institute. In communities where the Blood Institute is the new blood provider, the Hospital can help to introduce the Blood Institute to the community as the blood provider. In furtherance of these goals, the Hospital will issue news releases to the local media announcing the Blood Institute as the provider of blood and blood products. It will advise Hospital staff of the collaboration between the Hospital and the Blood Institute to ensure that the Hospital staff is knowledgeable and supportive of the relationship. The Hospital shall allow the Blood Institute to place approved printed materials in strategic locations within the Hospital (e.g., in lobbies, waiting rooms, etc.) stating the Blood Institute is the blood provider and encouraging blood donations. From time to time, the Hospital may have the appropriate persons in Hospital administration send communications to community leaders (e.g., business leaders, ministers, school superintendents, civic group leaders, governmental leaders, etc.) encouraging personal and group support of blood donations to the Blood Institute. The Hospital may provide ongoing support for the Blood Institute with the media, the Hospital, and the community. The Blood Institute will provide staff and resources to assist with any or all of the hospital’s public relations efforts on behalf of the Blood Institute.
25. Entire Agreement; Amendments; Waiver. This agreement is the final expression of the entire agreement of the parties. This agreement supersedes all prior

agreements and understandings between the parties. This agreement may not be amended, modified, or waived except by a written agreement designated as such and signed by the party against whom it is to be enforced. The failure of a party to insist upon the strict observance or performance of any of the provisions of this agreement or to exercise any right or remedy shall not impair any such right or remedy or be construed as a waiver or relinquishment thereof with respect to subsequent defaults.

- 26. Counterparts. This agreement may be executed in one or more counterparts, each of which will be deemed to be an original copy of this agreement and all of which, when taken together, will constitute one and the same agreement. The exchange of copies of this agreement and of signature pages by facsimile transmission shall constitute effective execution and delivery of this agreement and may be used in lieu of the original agreement for all purposes.
- 27. Survivability of Terms. The terms and provisions and each party's obligations and/or agreements under Sections 9, 12 and 18 shall survive any termination or expiration of this Agreement and will be construed as agreements independent of any other provisions of this Agreement.

FOR: THE HOSPITAL

FOR: THE BLOOD INSTITUTE

Signature

John Armitage, M.D.
President and CEO

Date

Date

Print Name

Schedules:
 2.0 Fee Schedule
 3.0 Crossmatch Sample Requirements
 6.0 Blood Products Credit/Return Policy
 8.0 Compliance Requirements

Print Title

Schedule 3.0 Crossmatch Sample Requirements

Sample Labeling Requirements. The Facility shall provide properly identified blood samples in sufficient volume to the Blood Institute for laboratory testing in accordance with the Blood Institute's SOPs and AABB and FDA guidelines. The Blood Institute may refuse mislabeled samples and require the Facility to collect new, properly labeled samples. If multiple mislabeled samples are received from the Facility, then the Blood Institute may suspend cross-matching services until the Facility can provide reasonably satisfactory written assurance to the Blood Institute that corrective action has been implemented.

**Schedule 6.0
BLOOD PRODUCTS CREDIT/RETURN POLICY
OKLAHOMA BLOOD INSTITUTE**

The following blood products may be returned for credit or exchange to the Oklahoma Blood Institute in accordance with the following established guidelines:

Product	Timeframe
	Restrictions required to receive credit:
LEUKOREDUCED RED CELLS	<p>a. Stored at 1 to 6 degrees Centigrade as documented by a continuous recording device;</p> <p>b. The blood container has not been entered;</p> <p>c. Product storage has met all other applicable CBER/FDA and AABB requirements;</p> <p>d. At least one crossmatch segment remains attached; and,</p> <p>e. Greater than 10 days of shelf life is remaining before the product outdates/expires.</p> <p>Leukoreduced Red Cell products ordered as STAT or ASAP will not be accepted for credit.</p>
LEUKOREDUCED PLATELETS (Single donor) (Aphereis-derived)	<p>Greater than 24 hours of shelf life providing such products have been:</p> <p>a. Stored at 20 to 24 degrees Centigrade as documented by a continuous recording device;</p> <p>b. Stored with continuous agitation</p>
	<p>If <u>less</u> than 24 hours, OBI will assist Hospital in offering the product to another facility [provided products have also been stored at 22 degrees Centigrade, plus or minus 2 degrees]. If successful, credit will be issued to Hospital; if unsuccessful, credit will not be issued. <i>This policy provision will not apply where the product had 48 hours or less of remaining shelf life when supplied to Hospital by OBI.</i></p>
PLASMA and PLASMA PRODUCTS	Plasma and Plasma products will not be accepted for credit.
MODIFIED PRODUCTS	Products modified by Blood Institute or Hospital will not be accepted for credit.
AUTOLOGOUS UNITS	No returns will be accepted/credited.
RESTOCKING FEE	<p>If OBI, in its sole discretion, determines that Hospital is routinely overstocking red cells and/or platelets and returning for credit, OBI may impose a restocking fee in the amount of \$100 per excess red cell unit and/or \$250 per excess platelet unit. OBI shall notify Hospital in writing 30 days prior to imposing the restocking fee and provide Hospital with an opportunity to remedy the overstocking problem. If after the 30-day period Hospital continues to overstock, OBI will add the restocking fee to its monthly statement of charges as provided in Section 11 of the Agreement. The restocking fee covers OBI's administrative and logistical costs related to supplying Hospital with red cells and/or platelets and accepting the units for return and credit, represents a fair estimation of reimbursing Hospital for such costs, and does not constitute a penalty.</p>

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	Leukoreduced Red Cell products ordered as STAT or ASAP will not be accepted for credit.
LEUKOREDUCED PLATELETS (Single donor) (Aphereis-derived)	Greater than 24 hours of shelf life providing such products have been: a. Stored at 20 to 24 degrees Centigrade as documented by a continuous recording device; b. Stored with continuous agitation
	If <u>less</u> than 24 hours, OBI will assist Hospital in offering the product to another facility [provided products have also been stored at 22 degrees Centigrade, plus or minus 2 degrees]. If successful, credit will be issued to Hospital; if unsuccessful, credit will not be issued. <i>This policy provision will not apply where the product had 48 hours or less of remaining shelf life when supplied to Hospital by OBI.</i>
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***Please post in the Blood Bank**

Schedule 8.0 COMPLIANCE STATEMENTS

The Oklahoma Blood Institute (OBI) manufactures Blood and Blood Products under Food and Drug Administration (FDA) license number 0766. Each OBI facility has an FDA assigned Establishment Identification Number (FEIN) and is inspected by the FDA to evaluate Current Good Manufacturing Practices (CGMP) and compliance with relevant sections of 21 CFR 200, 600, 800 and 1200.

AABB Blood Bank and Transfusion Services accreditation is maintained by OBI. In accordance with the Social Security Act and 42 CFR Parts 422.156, 422.157 and 422.158 the Health Care Financing Administration has granted AABB deemed status with the Centers for Medicare and Medicaid Services (CMS). Therefore, AABB standards have been found to meet or exceed all relevant CMS requirements for participation. AABB bi-annual assessments evaluate OBI against these standards.

Infectious Disease Testing is provided under CLIA number 37D0470358 and Immunohematology Testing is provided under CLIA number 37D2175055 in the headquarters location in Oklahoma City. Immunohematology Testing is also provided under CLIA number 37D0931105 in the Tulsa location, CLIA number 04D2096885 in the Little Rock location, and CLIA number 45D0507042 in the Coffee Memorial Blood Center location. CLIA compliance inspections and renewals are performed bi-annually by the AABB. OBI Laboratories participate in CMS approved proficiency testing programs. AABB Immunohematology Laboratory Accreditation is maintained by the Clinical Laboratories in Oklahoma City, Tulsa, Little Rock, and Coffee Memorial Blood Center.

OBI maintains a Quality Plan, Quality Manual, Emergency Preparedness and Disaster Plan, Transfusion Associated Disease Investigation Procedures, Look-Back Procedures (HCV and HIV), and Consignee Notification Procedures for Positive Test Results, Market Recalls and Market Withdrawals for non-conforming blood or blood components. Initial consignee notifications occur in accordance with federal and state statutes and regulations. Specifically within 3 calendar days if the blood collecting establishment supplied blood and blood components collected from a donor who tested negative at the time of donation but tests reactive for evidence of HIV or HCV infection on a later donation or who is determined to be at increased risk for transmitting HIV or HCV infection; within 3 calendar days after the blood collecting establishment supplied blood and blood components collected from an infectious donor, whenever records are available; and within 45 days of the test, of the results of the supplemental (additional, more specific) test for HIV or HCV, as relevant, or other follow-up testing required by FDA. These documents can be made available for reference during relevant facility inspections.

OBI performs bacterial detection testing on all apheresis platelet components. This test is a culture that is incubated throughout the shelf life of the product.

OBI maintains a Privacy Policy, Notification of Privacy Practices and Business Associate Agreements that include relevant requirements identified in 45 CFR 164, Health Insurance Portability and Accountability Act (HIPAA) of 1996 and the Information Technology for Economic and Clinical Health (HITECH) Act of 2009.

For Regulatory or Compliance Issues, Call

VP, Quality Management	(405) 297-5758
Compliance Officer	(405)297-5733

Exhibit A
BUSINESS ASSOCIATE AGREEMENT

THIS AGREEMENT is entered into as of _____, by Mangum City Hospital Authority DBA: Mangum Regional Medical Center, 1 Wickersham Drive Mangum, OK 73554 ("Hospital") and the Sylvan N. Goldman Center, Oklahoma Blood Institute, an Oklahoma not for profit corporation with its principal office located at 1001 North Lincoln Boulevard, Oklahoma City, OK, 73104 ("Blood Institute").

- A. The Blood Institute provides services for the procurement of blood and blood components and related services (the "Services") for the Hospital pursuant to a written agreement between the parties (the "Services Agreement").
- B. The Blood Institute and the Hospital are subject to the privacy and security requirements of the Health Insurance Portability and Accountability Act of 1996, the Health Information Technology for Economic & Clinical Health Act, and the implementing regulations promulgated thereunder, as amended from time to time (collectively, "HIPAA").
- C. To facilitate the provision of Services by the Blood Institute, it may be necessary for the Hospital to disclose protected health information concerning its patients to the Blood Institute. "Protected health information" is demographic information collected from a patient which (a) is created or received by the Hospital, (b) relates to the past, present or future physical or mental health condition, the provision of health care or the past, present or future payment for the provision of health care of a patient, and (c) identifies the patient, or the information can be used to identify the patient. "Protected health information" includes information that is transmitted, maintained or received electronically. Demographic information that identifies the patient or that could be used to identify a patient includes: name, street address, city, county, precinct, zip code, birth date, admission date, discharge date, date of death, telephone number, fax number, email address, social security number, medical record number, health plan beneficiary number, account number, certificate/license numbers, vehicle identifier and serial number, and full face photographic images and any comparable images.
- D. The Hospital wishes to obtain satisfactory assurances from the Blood Institute that the Blood Institute will safeguard protected health information from misuse and unauthorized disclosure and that the Blood Institute will assist the Hospital in complying with other requirements related to protected health information.

In consideration of the covenants, terms and conditions set forth in this Agreement, the Hospital and the Blood Institute agree as follows:

1. Protected Health Information. The Blood Institute and the Hospital shall appropriately safeguard from misuse and unauthorized disclosure all data that is protected health information.

2. Business Associate Standards. By virtue of this Agreement, the Blood Institute may receive protected health information on behalf of Hospital, and is thereby subject to the “business associate” standards set forth herein. The Blood Institute may use and disclose protected health information it receives from the Hospital, in accordance with HIPAA, strictly for the following purposes and only to the extent necessary for the Blood Institute to perform its obligations under the Services Agreement:
- a. The Blood Institute may use and disclose protected health information it receives from the Hospital (i) in the proper management and administration of the Blood Institute; (ii) as required by law; (iii) to carry out its legal responsibilities; (iv) to perform blood banking and transfusion services in accordance with recognized standards of care; or, (iv) to other person(s) who provide reasonable written assurances that the information will be held confidentially, under the same conditions and restrictions that apply to the Blood Institute, and used or further disclosed only as required by law or for the purpose for which it was disclosed to such person, and that such person(s) will notify the Blood Institute of any instances which it is aware or becomes aware that the confidentiality of the information has been breached;
 - b. The Blood Institute may use and disclose protected health information it receives from Hospital to provide data aggregation services relating to the health care operations of the Hospital;
 - c. The Blood Institute may use and disclose protected health information it receives from the Hospital for purposes related to the testing and analysis of specimens and for internal operational purposes, including: conducting quality assessment and improvement activities; conducting or arranging for medical review, legal services or auditing functions; business planning, development and management; implementing and conducting compliance programs; performing aggregate data analysis; and conducting due diligence in connection with the sale of part or all of the business.
 - d. With respect to information that it has received from Hospital, the Blood Institute shall:
 - (i) Not use or further disclose the information other than as permitted or required by this Agreement or as required by law, not copy, duplicate or otherwise reproduce any part of the information except as required to perform services under the Services Agreement, and comply with the HIPAA privacy regulations with respect to any obligations under HIPAA that the Blood Institute is performing on behalf of the Hospital;
 - (ii) Promptly report to Hospital if the Blood Institute becomes aware of any use or disclosure of protected health information not permitted by this Agreement or any other security incident related to the protected health information, and take all necessary actions to promptly remedy the situation and to minimize any adverse consequences of such use, disclosure or security incident;

- (iii) Ensure that any agents, representatives, subcontractors or others to whom the Blood Institute provides protected health information received from, or created or received by the Blood Institute on behalf of the Hospital (each, a (“Subcontractor”)) enters into a written agreement with Blood Institute that imposes the same obligations on Subcontractor that are imposed on Blood Institute under this Business Associate Agreement;
 - (iv) Make available protected health information in accordance with 45 CFR 164.524;
 - (v) Make available protected health information for amendment and incorporate any amendments to protected health information in accordance with 45 CFR 164.526;
 - (vi) Make available the information required to provide an accounting of disclosures in accordance with 45 CFR 164.528;
 - (vii) Make its internal practices, books and records relating to the use and disclosure of protected health information received from, or created or received by the Blood Institute on behalf of the Hospital, available to the Secretary of the Department of Health and Human Services for purposes of determining the Hospital’s compliance with 45 CFR 164.500 – 534; and,
 - (viii) At termination of this Agreement, if feasible, return, destroy or permanently delete all protected health information received from, or created or received by the Blood Institute on behalf of the Hospital that the Blood Institute still maintains in any form and retain no copies of such information, except (A) the Blood Institute may retain, use and disclose such protected health information to meet quality standards and public health and regulatory requirements related to its blood banking and transfusion services, or (B) the Blood Institute may retain such protected health information if return or destruction is not feasible and the Blood Institute extends the protections of this Agreement to retained information and limits further uses and disclosures to the purposes that make return or destruction infeasible.
- e. Hospital shall be responsible for obtaining all consents and authorizations of patients, in accordance with HIPAA.
3. Use of Safeguards. The Blood Institute shall use appropriate safeguards to prevent the use or disclosure of the protected health information other than as provided for by this Agreement. If protected health information is transmitted, maintained or received electronically, the Blood Institute shall use administrative, technical and physical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of such information, including access controls, workstation security, integrity controls, data backup and storage and encryption.

4. Reporting. The Blood Institute shall promptly report to the Hospital not later than 30 days after the Blood Institute becomes aware of (a) any acquisition, access, use or disclosure of protected health information not permitted by this Agreement or HIPAA, or (b) any other security incident related to protected health information of which the Blood Institute becomes aware (an "Incident") whether or not the Incident qualifies as a "reportable breach" under HIPAA. With respect to a reportable breach, the Blood Institute shall provide the following information to the Hospital: (a) a brief description of the Incident; (b) a description of the nature and extent of protected health information involved in the Incident and the likelihood of re-identification; (c) the individual who impermissibly used the protected health information; (d) a description of the Blood Institute's actions to mitigate the consequences of the Incident and to prevent further Incidents; and (e) if requested by the Hospital, contact procedures for individuals to contact the Blood Institute for additional information. Except as directed by the Hospital, the Blood Institute shall not directly report an Incident to the Secretary, the media, or any individual, and shall keep the matter strictly confidential. The parties shall take all necessary actions to promptly remedy the situation and to minimize any adverse consequences of such Incident.
5. Independent Contractor Status. The Blood Institute is performing services for the Hospital as an independent contractor. Nothing in this Agreement shall be construed as creating an agency, partnership, employment or joint venture relationship between the Blood Institute and the Hospital. Neither party may bind, or create any obligations on behalf of, the other party.
6. Obligation to Disclose Information. This Agreement does not impose any specific obligations on the Hospital to disclose protected health information.
7. Binding Effect. This Agreement shall be binding upon the parties hereto and their respective legal representatives, successors and assigns.
8. Governing Law. This Agreement shall be governed by, and construed in accordance with, the laws of the State of Oklahoma.
9. Assignment. This Agreement may not be assigned by the Blood Institute, nor may the Blood Institute delegate its duties hereunder, without the express prior written consent of the Hospital.
10. Amendments. This Agreement may not be amended except by an instrument in writing signed by the Hospital and the Blood Institute.
11. Notices. Any and all notices, consents or other communications by one party intended for the other shall be deemed to have been properly given if in writing and personally delivered, transmitted by electronic means, or deposited in the United States, postpaid, to the addresses or numbers set forth below the signatures of the parties.
12. No Waiver. No waiver of a breach of any provision of this Agreement shall be construed to be a waiver of any breach of any other provision. No delay in acting with regard to any breach of any provision of this Agreement shall be construed as a waiver of such breach.

13. Entire Agreement. This Agreement constitutes the entire understanding and agreement of the parties with respect to its subject matter and cannot be changed or modified except by another agreement in writing signed by the parties.

EXECUTED as of the date written above.

FOR: THE HOSPITAL

FOR: THE BLOOD INSTITUTE

Signature

John Armitage, M.D.
President and CEO

Date

Date

Print Name

Print Title



PRODUCT & SERVICES FEE SCHEDULE
Effective August 1, 2020 through July 31, 2021

1.A Core Products		A, D Full Svc
16B	Leukoreduced Red Blood Cells (Prestorage)	\$ 252.60
16I	Irradiated Leukoreduced Red Blood Cells (Prestorage)	\$ 303.60
16CP	Leukoreduced Red Blood Cells CPD Unit	\$ 268.40
16CPI	Irradiated Leukoreduced Red Blood Cells CPD Unit	\$ 319.10
20	Autologous Red Blood Cells (Prestorage Leukoreduced)	\$ 252.60
* 24C	Autologous Red Blood Cells - Collected by Apheresis (2 Unit Prestorage Leukoreduced)	\$ 502.40
44	Cryoprecipitate - Whole Blood Derived (from 200 ml plasma)	\$ 50.90
44PD5	Pooled Cryoprecipitate - (5) Whole Blood Derived	\$ 332.10
44PD10	Pooled Cryoprecipitate - (10) Whole Blood Derived	\$ 666.40
* 60	White Blood Cells - Collected by Apheresis	\$ 1,188.70
61	Leukoreduced Platelets - Collected by Apheresis (Full Dose > or = 3.0X10 ⁽¹¹⁾)	\$ 593.40
61I	Irradiated Leukoreduced Platelets - Collected by Apheresis (Full Dose > or = 3.0X10 ⁽¹¹⁾)	\$ 644.20
63	Leukoreduced Platelets - Collected by Apheresis (Partial Dose - (1.5 to 2.9 x 10 ⁽¹¹⁾ Platelets)	\$ 225.30
* 62	Leukoreduced Platelets - Collected by Apheresis (HLA Matched) (Full Dose)	\$ 1,346.90
40	AFFP (250 ± 25ml) x 2 Apheresis Derived	\$ 184.60
40-1	AFFP (250 ± 25ml) x 1 Apheresis Derived Type AB	\$ 90.20
40-2	AFFP (250 ± 25ml) x 1 Apheresis Derived non-AB	\$ 50.90
40PED	AFFP (100 ± 10ml) x 1 Apheresis Derived	\$ 35.90
42PED	FP-24 (Frozen < 24 hours) 1 x 100ml (100 ± 10 ml)	\$ 35.90
42	FFP-WBD 1 x 250ml (250 ± 25 ml) Whole Blood Derived	\$ 50.90
42HR	FP-24 (Frozen < 24 hours) 1 x 250ml (250 ± 25ml)	\$ 50.90
50	Cryo Poor Plasma 1 x 250ml (250 + 25ml) Whole Blood Derived	\$ 50.90
1.B	Blood Product Fees	
11	Red Blood Cells - Washing Fee	\$ 140.00
12	Red Blood Cells - Freezing and Deglycerolization Fee (Allogeneic & Autologous)	\$ 356.60
14	CMV Negative Blood Product (Available Inventory)	\$ 47.80
* 32	Volume Reduction Fee	\$ 67.90
* 34	Platelet Washing Fee (plus plasma)	\$ 199.40
34A	Platelet Washing Fee (plus plasma-lyte A)	\$ 199.40
RF61	Platelet Restocking Fee (only when applicable, see Credit/Return Policy)	\$ 257.60
* 38	Hematocrit Adjustment	\$ 96.50
* L16	STAT Component Modification Fee	\$ 166.60
* 37	Plasma Thawing - Per Product	\$ 25.40
* 62	Medically Directed Donor Processing Fee	\$ 126.20
98	Irradiation Procedure Fee	\$ 50.90
CPD	CPD Manufacturing Fee	\$ 15.60
99	Each Additional Satellite Bag	\$ 8.40
97	Directed Donor Handling Fee	\$ 58.50
96	Autologous Donor Handling Fee	\$ 58.50

* **Special Request/Requires OBI Physician Approval**

FDA License Number: 0766

Laboratory CLIA Registry: 37D0470358

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2. Medical Services		A, B1, D
<i>Test / Service</i>		2020-21
S02	Therapeutic Cytapheresis	\$ 1,476.60
* S12	Therapeutic Plasma Exchange	\$ 1,476.60
* S38	Therapeutic Procedure - Service Fee Wait Time (per hour)	\$ 102.00
* S13	Therapeutic Phlebotomy (at OBI) (Manual) Monday-Friday (8:00am-5:00pm)	N.C.
* 13A	Therapeutic Phlebotomy (at Hospital) (Manual only)	\$ 368.90
* S45	Therapeutic Procedure Call Out Fee (Nights & Weekends)(Same day procedures ordered after 2:00 PM)	\$ 368.90
S49	Red Blood Cell Exchange	\$ 1,476.60
S50	Red Blood Cell Depletion	\$ 1,476.60
S15	Therapeutic Phlebotomy by Apheresis (2 units) (at Hospital)	\$ 623.20
S61	Photopheresis	\$ 2,928.90
* S18	UVADEX (Methoxsalen) Sterile Solution, 20 mcg/ml	\$ 327.90
S63	Peripheral Blood Progenitor Cells - Collected by Apheresis	\$ 1,427.20
S40	Blood Warmer Usage	\$ 48.40
* S90	Component Administration Fee (per Unit)	\$ 117.60
* 111	Dressing Change Charge	\$ 62.00
* S96	Cancelled Procedures - Plasma Exchange Disposable Software Recovery Fee	\$ 378.30
S52	Cancelled Procedures - Photopheresis Disposable Software Recovery Fee	\$ 1,867.50
S97	STAT Equipment Relocation Fee	\$ 165.00
S99	Equipment Relocation Fee	\$ 78.90
S96	Cancellation of Procedure (after staff arrives at facility)	\$ 123.00
S80	Bone Marrow Processing (at Hospital)	\$ 1,427.20
131	CD 34 Enumeration	\$ 240.70
L55	Progenitor Cells Processing and Storage Cryopreservation, Storage in LN2, Bacteriological Cultures, CBC, CD 34 Counts, Delivery and Thawing	\$ 2,153.40
VXA	Vortex Port Access	\$ 104.00

2. A Laboratory Services - Processing Laboratory		
<i>Test / Service (Charge Per Test - Volume Discount Available)</i>		
L16	STAT Test Charge (per test) Processing Laboratory. # of tests completed x fee	\$ 168.10
L40	Donor Prescreen (must add CMV Fee if applicable.) Includes all required screening tests including NAT HCV, HIV, HBV & WNV - Per Donor (routine test time)	\$ 154.60
L58	Chagas	\$ 38.00
L62	HBsAg	\$ 27.40
62 A	HBsAg Neutralization	\$ 228.10
L63	Anti-HBc	\$ 30.50
L64	Anti-HBs	\$ 91.50
L68	Anti-CMV (Total)	\$ 40.00
69A	Cholesterol (Total)	\$ 22.00
L70	Anti-HIV 1/2	\$ 38.00
L76	Anti-HCV	\$ 38.00
L77	HIV-1 IFA	\$ 152.50
L78	Serologic Test For Syphilis (STS)	\$ 22.00
L84	Anti-HTLV I/II	\$ 32.60
84B	Supplemental Anti-HIV 2 EIA	\$ 94.60
HCVA	HCV Anti-HCV Alternate Screen	\$ 54.60
L129	NAT-ULTRIO HIV, HCV & HBV	\$ 50.40
L130	Syphilis Confirmatory	\$ 68.40
RPR	RPR Card Test for Syphilis	\$ 26.40
CESA	Chagas Confirmatory	\$ 709.40
HTWB	HTLV Western Blot	\$ 100.00
L127	WNV	\$ 38.00

2. B Laboratory Services - Clinical Laboratories		
Test / Service		
01A	ABO-Rh	\$ 48.40
02A	Direct Antiglobulin Test (Coombs Test) - single	\$ 34.60
L03	Antibody Screen	\$ 48.40
L04	Antibody Identification (includes ABO/Rh, antibody screen, comprehensive DAT, red cell panel, written consultation report, medical consultation as needed.)	\$ 129.20
C05	Member Hospital Credit for: Antibody Identification (includes ABO/Rh, antibody screen, comprehensive DAT, red cell panel, written consultation report, medical consultation as needed.)	\$ (282.60)
04A	Cold Agglutinin Low Temperature Screen (22C, 18C, 4C)	\$ 131.40
04B	Antibody Elution and Red Cell Panel	\$ 131.40
04E	Antibody Absorption and Red Cell Panel	\$ 173.50
04F	Additional Red Cell Antibody Panel	\$ 82.00
L07	Antibody Titer (per antibody)	\$ 41.00
L19	Antibody Titer and Red Cell Panel	\$ 171.20
L08	After-Hours Tech Call Fee: Surcharge per patient request	\$ 123.00
RH2	C Antigen Type	\$ 30.10
RH3	E Antigen Type	\$ 30.10
RH4	c Antigen Type	\$ 42.60
RH5	e Antigen Type	\$ 42.60
RH8	Cw Antigen Type	\$ 59.40
MS1	M Antigen Type	\$ 83.20
MS2	N Antigen Type	\$ 42.60
MS3	S Antigen Type	\$ 84.20
MS4	s Antigen Type	\$ 42.60
K1	K Antigen Type	\$ 30.10
K2	k Antigen Type	\$ 42.60
K3	Kpa Antigen Type	\$ 68.40
FY1	Fya Antigen Type	\$ 72.90
FY2	Fyb Antigen Type	\$ 72.90
JK1	Jka Antigen Type	\$ 72.90
JK2	Jkb Antigen Type	\$ 72.90
LE1	Lea Antigen Type	\$ 84.20
LE2	Leb Antigen Type	\$ 84.20
P1	P1 Antigen Type	\$ 84.20
DI3	Wra Antigen Type	\$ 68.40
AB4	A1 Type - Lectin A1 Type	\$ 33.60
WDV	Partial D Weak D Testing	\$ 138.60
OTH	Rare Antigen Type - Ag types requiring rare antisera or genotyping	\$ 68.40
L12	Compatibility Test (Allogeneic) per Unit - Immediate Spin	\$ 71.50
12H	Autologous Compatibility (ABO/Rh per unit)	\$ 47.40
12B	Compatibility Test (Allogeneic) per Unit - Full Crossmatch (AHG)	\$ 104.00
L13	Pretreatment of Serum (eg. DTT, Rest, Plasma Neutralization, Urine Inhibition, Lewis Neutralization, P1 Neutralization)	\$ 109.30
L14	Pretreatment of RBCs (eg. DTT, CDP, EGA, Ficin, Density Gradient Separation, Neocytes)	\$ 109.30
L15	Fetal Hemoglobin Stain (Kleihauer-Betke)	\$ 173.50
15A	Fetal Hemoglobin Screen (rosette test)	\$ 84.00
L17	Complete Red Blood Cells Phenotype	\$ 113.60
RMT	RBC Phenotype by Molecular Testing	\$ 315.30
EXT	Extraction of DNA for Red Cell Phenotype by Molecular Testing	\$ 28.40

Laboratory Services - Clinical Laboratories (Continued)		
Test / Service		
L18	Cord Blood Workup (ABO/Rh, DAT, Ab elution and red cell panel, written consultation report, medical consultation as needed.).	\$ 216.60
L30	Blood Component Preparation for each order to cover the preparation of the blood component for transport and transfusion	\$ 40.00
L31	Sample Resubmission Fee charged when a facility collects an improperly labeled sample for compatibility testing and requests another sample be picked up STAT from the facility.	\$ 88.20
L32	Cancellation Fee charged when an order is cancelled once a driver is dispatched	\$ 45.20
L33	STAT Specimen Transportation Fee (> 50 miles round trip)	\$ 45.20
L35	Specimen Transportation Fee	\$ 45.20
L36	Obstetrical Patient Rhlg Workup (Post Delivery) Includes: ABO/Rh, Antibody Screen, Fetal Cell Screen.	\$ 129.20
L37	Antigen Negative Multi-Unit Request - requests for greater than 10 units screened for a specific set of antigens. Add additional fee per unit.	\$ 66.20
L85	Platelet Antibody Screen - Indirect	\$ 128.20
L88	Platelet Antibodies - Crossmatch (per strip)	\$ 128.20
L89	Hemoglobin S Screen (sickle cell)	\$ 40.00
NCTS	Non-Contracted Transfusion Service Fee	\$ 77.20
RHD	Partial D typing by molecular method	\$ 257.60
RHC	RHCE variant typing by molecular testing	\$ 257.60
LC1	Technologist Written Consultation Report	N.C.
LC2	Medical Written Consultation Report - Serological Problem	N.C.
TRXN	Medical Staff Transfusion Reaction Workup Review	\$ 55.80
LC3	Historical Report Request	\$ 25.40
3. Blood Derivatives - Contact OBI for information on costs.		
Product		
D01	Normal Serum Albumin (Human) 25% (12.5 gm)	Products Billed @ Cost + 21%
D02	Normal Serum Albumin (Human) 5% (12.5 gm)	
D03	Normal Serum Albumin (Human) 5% (25 gm)	
D07	Factor VIII C: Monoclonal Monoclate (Armour) (per unit) Kogenate Recombinant	
D12	Rho Immune Globulin 300 ug	
4. Disposable		
YST	Y-Type Blood/Solution Set	\$ 11.60
CST	Blood Component Recip Set	\$ 5.40
TYP	Typenex Armbands	\$ 25.20
SAL	0.9% NaCl, 500ml	\$ 3.00
RED	Red Top Vacutainer Tubes X 100, 7 ml	\$ 8.40
EDT7	EDTA Vacutainer Tubes X 100, 7ml	\$ 8.40
EDT5	EDTA Vacutainer Tubes X 100, 5ml	\$ 8.40

Discussion of agreement between the City Manager and the Hospital CEO regarding the Hospital Roof. The negotiated agreement is for a 50/50 split of the costs associated with the roof replacement. The roof will be replaced in stages over the next year, to maximize available funding. Stage 1 is to replace the section of the roof that is actively leaking, the City's cost of which is \$15,000, will commence upon approval of this agreement. Stage 2 will be completed in late summer of FY2022 (August or September of 2021), the City's cost to be \$11,500, and Stage 3 will be completed in spring of FY2022 (February/March of 2022), the City's cost to be \$15,000.

Agreement approved by the City Commission on March 2, 2021.