

Agenda

MCHA Meeting

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

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

The meeting will be held in person or you can watch live on the City of Mangum webpage (www.cityofmangum.com/Stream.html) as well as the City's YouTube Channel (Search YouTube for "City of Mangum").

CALL TO ORDER

ROLL CALL AND DECLARATION OF A QUORUM

CONSENT AGENDA

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

1. Approve March 23, 2021 minutes.
2. Quality Meeting Minutes from March 11, 2021.
3. Quality Ad Hoc Minutes from April 20, 2021.
4. Medical Staff Minutes from March 18, 2021.
5. Medical Staff Ad Hoc Minutes from April 19, 2021.
6. Allied World Insurance Company -Directors and Officers/Employment Practice Liability.
7. Approve Philadelphia Insurance Company-Property Insurance for hospital building.
8. Approve MedPro Group-Healthcare Liability Coverage-Professional/General Liability.
9. Approve Exhibit A-2 Member Designation Form with Spacelabs Healthcare, LLC for Telemetry.
10. Approve Amendment to the agreement with Press Ganey to change the start date to July 1, 2021.
11. Approve Exhibit B for RX GPO Cardinal Health Premier Ordering.
12. Approve the actual Claim for April.
13. Approve the estimated claims for May 2021.

14. Approve the following policies and procedures.

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

FURTHER DISCUSSION

REMARKS

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

REPORTS

- 15. CCO Report
- 16. March 2021 Quality Report.
- 17. Administrator's Report (CEO)
- 18. Clinic Operations Report.
- 19. Hospital Financial Reports

OTHER ITEMS

- 20. Discussion and possible action regarding the review and approval of the Inpriva Patient Event Notification COP Interoperability Service Agreement.
- 21. Discussion and possible action regarding the review and approval of the Mountaineer Medical Agreement.
- 22. Discussion and possible action regarding the review and approval of the COVID Grant Purchases.
- 23. Discussion and possible action with regard to appointing a board member to attend mediation on June 3, 2021, between the Mangum Regional Medical Center and First Nation Bank of Vinita and providing such board member with settlement authority, with such settlement subject to board approval.

OLD BUSINESS

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

EXECUTIVE SESSION

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

DIA Providers - Privileges

OPEN SESSION

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

STAFF AND BOARD REMARKS

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

NEW BUSINESS

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

ADJOURN

Duly filed and posted at 4:30 p.m. on the 23th day of April 2021, by the Secretary of the Mangum City Hospital Authority.

Billie Chilson, Secretary



Minutes

Mangum City Hospital Authority Session

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=RWg3ZXk0eVY5d3A4d0lHS05pdXZQUT09>

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

Cheryl Lively called the meeting to order at 5:05 pm

ROLL CALL AND DECLARATION OF A QUORUM

PRESENT

Trustee Cheryl Lively
Trustee Laretha Vincent
Trustee Carson Vanzant

ABSENT

Trustee Ilka Heiskell

ALSO PRESENT

Dave Andren, City Manager
Billie Chilson, City Clerk/secretary
Corry Kendall, Attorney

ELECT CHAIRMAN AND VICE CHAIRMAN

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

Motion by Vincent and seconded by Lively to elect Carson Vanzant as Chairman also motion by Lively and seconded by Vincent to elect Heiskell as Vice Chairman,

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

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.

Motion to accept the consent agenda as presented.

Motion made by Trustee Lively, Seconded by Trustee Vincent.

Voting Yea: Trustee Lively, Trustee Vincent, Trustee Vanzant

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 policies 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
 GEN-023A Vendor Sign-In/Sign-Out Sheet
 GEN-024 Prohibiting Firearms and/or Weapons on Hospital Property
 GEN-025 Search of Patient Care Areas, Individuals and/or Personal Property

FURTHER DISCUSSION

None.

REMARKS

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

None

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

6. CEO/Administrator's Report

Cindy Tillman Presented the CEO Report.
Some of the highlight are as follows:

- Continue to participate in daily Region 3 Merc Briefings.
- The Cohesive Task Force has recently rolled out the newest visitation policy and mask policy which went into effect Monday March 15, 2021.
- Participated in all OSDH regional 5 Vaccine Planning Meetings.
 - The hospital and clinic are approved as Pandemic Providers. The clinic will start administering the COVID-19 vaccine April 7th, 2021.

- Email address for directing all patients interested in the vaccine to sign up: vaccinate@mangumregional.org

Hospital Staff and Operations Overview:

- 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.
- Both Cindy Tillman and Kathy Hammons are onsite each week as interim CEO's. 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.

7. CCO Report.

Daniel Coffin gave the Chief Clinical Officer Report
Some of the highlights are as follows:

- Monthly Education topics: Effective management of Critical Lab findings to ensure optimal intervention in a timely manner.
- Additional education topics include proper use and application of products for admitting patients with chronic wounds.
- 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 Department of Health in providing the most up to date COVID-19 vaccination clinics.
- February COVID-10 Stats: 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.
- Open position includes Full Time RT, MLT, RN, LPN, 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.

8. Financial Report.

Dennis gave the financial Report

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.

9. Clinic Operations Report.

Christi gave the Clinic Operations Report.

Highlights

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

10. February 2021 Quality Report.

Melissa Tunstall gave the Quality Report.

The full report can be seen on the City of Mangum Web page under Agenda's and Minutes.
Click on the view details.

OTHER ITEMS

11. Discussion and possible action to remove Zac Zachary and Marie Harrington from the First National Bank and Trust Hospital Bank Account.

Motion to remove Zac Zachary and Marie Harrington immediately.

Motion made by Trustee Vanzant, Seconded by Trustee Vincent.

Voting Yea: Trustee Lively, Trustee Vincent, Trustee Vanzant

12. Discussion and possible action regarding the review and approval of The Oklahoma Blood Institute Agreement.

Motion to approve the agreement with the Oklahoma Blood Institute.

Motion made by Trustee Lively, Seconded by Trustee Vincent.

Voting Yea: Trustee Lively, Trustee Vincent, Trustee Vanzant

13. Discussion and possible action to become a of membership Greer County Chamber. Item requested by Board Member Heiskell. (regular membership \$2500.00)

Tabled until next month.

OLD BUSINESS

14. Discussion and possible action on Hospital Roof agreement with The City.

Approve the Hospital Roof agreement with the City.

Motion made by Trustee Lively, Seconded by Trustee Vincent.

Voting Yea: Trustee Lively, Trustee Vincent, Trustee Vanzant

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.

No action.

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

Motion to re-credential the following:

- o Benjamin Love, MD - Courtesy Privileges - Recredentialing
- o William Gregory Morgan, III, MD - Courtesy Privileges - Recredentialing
- o Kenna Wenthold, ARPN-CNP - Courtesy Privileges - Recredentialing

Motion made by Trustee Vincent, Seconded by Trustee Lively.

Voting Yea: Trustee Lively, Trustee Vincent, Trustee Vanzant

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).

Motion to enter executive session.

Motion made by Trustee Vincent, Seconded by Trustee Lively.

Voting Yea: Trustee Lively, Trustee Vincent, Trustee Vanzant

In at 6:20 p.m.

Chairman Vanzant declared out of executive session. 7:23 pm

OPEN SESSION

18. Discussion and possible action in regard to executive session, if necessary

No action needed

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

Nothing

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 7:24 pm

Motion made by Trustee Vincent, Seconded by Trustee Lively.

Voting Yea: Trustee Lively, Trustee Vincent, Trustee Vanzant

Billie Chilson, Secretary

Carson Vanzant, Chairman

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

Print Name

Signature

Chairman

Administrator

CCO

QM

Respiratory

Drug Room Supervisor

Physical Therapy

Dietary

Case Management

HIM

BOM

Infection Control

Radiology

Plant Operations

Materials Management

Environmental Services

Lab

Human Resources

Other

Other

QUALITY CARE

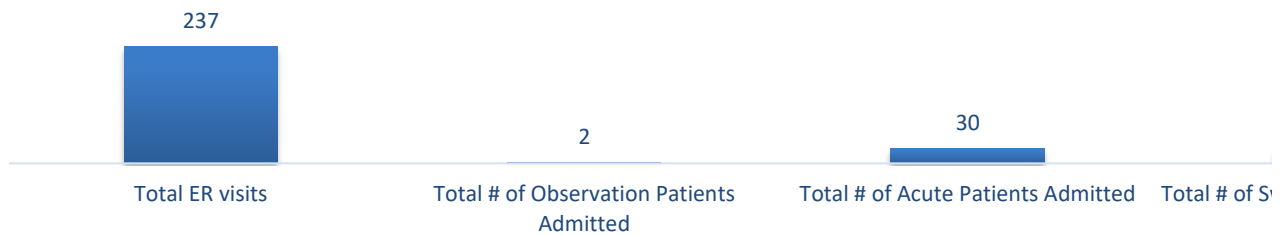
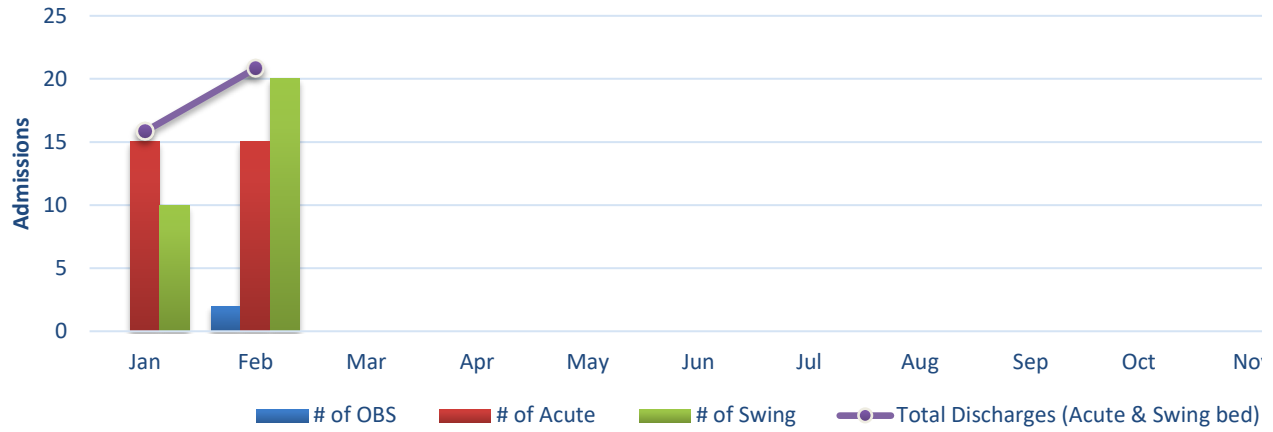
Name of Facility

*QUALITY ASSURANCE &
PERFORMANCE IMPROVEMENT
REPORT*

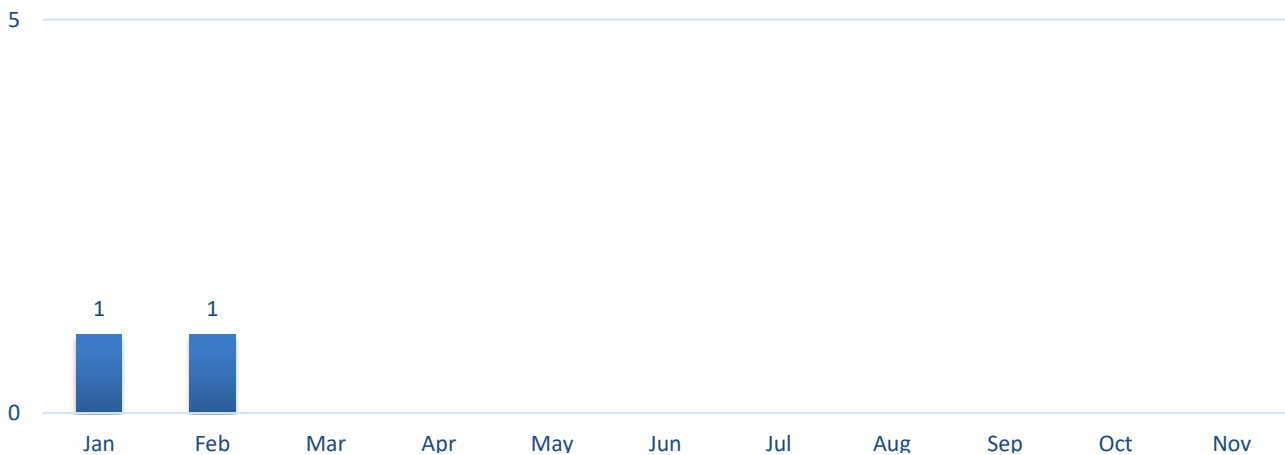
REPORTING PERIOD

Date: Revised 2021

Census - Acute & Swing



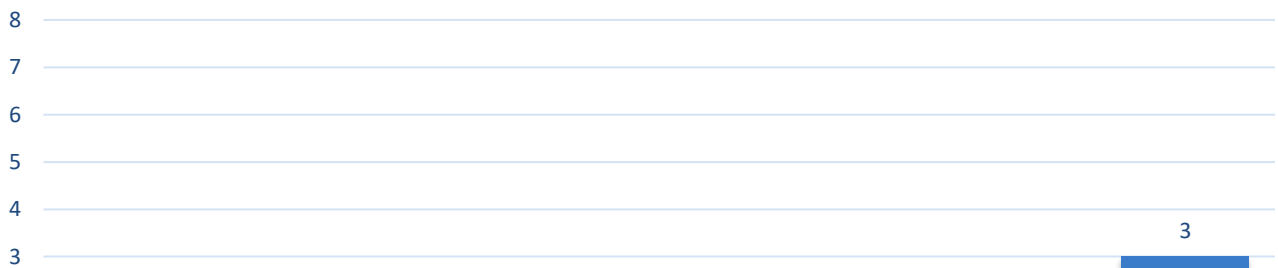
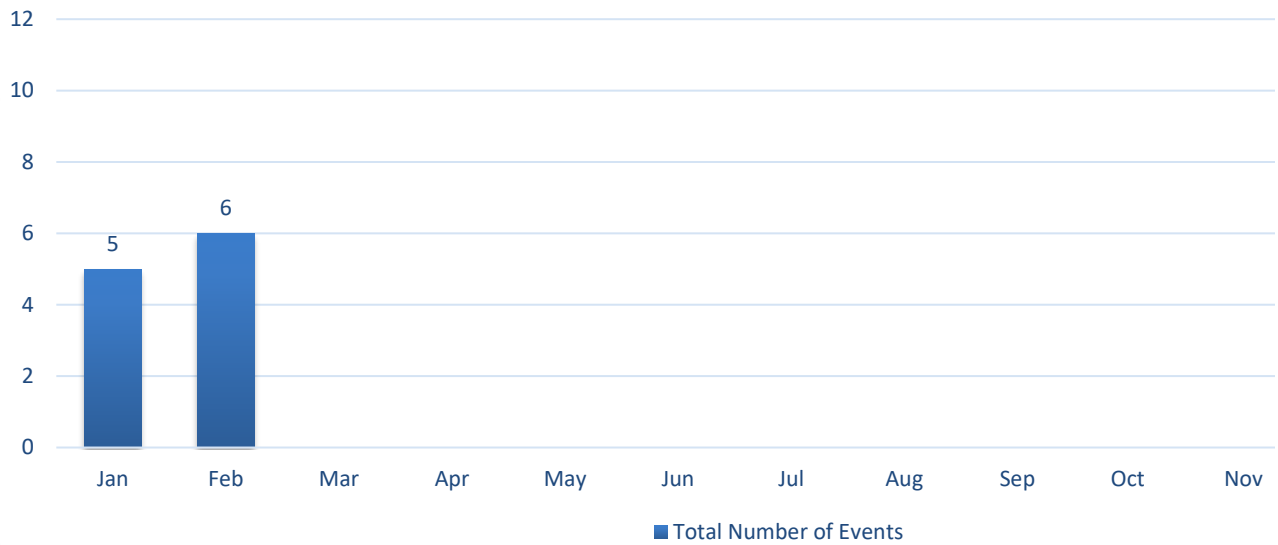
Transfers

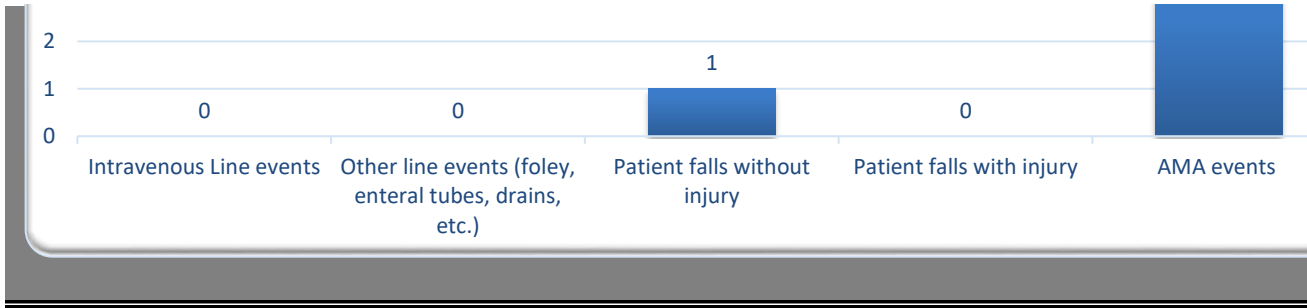


■ # of patients transferred to tertiary facility

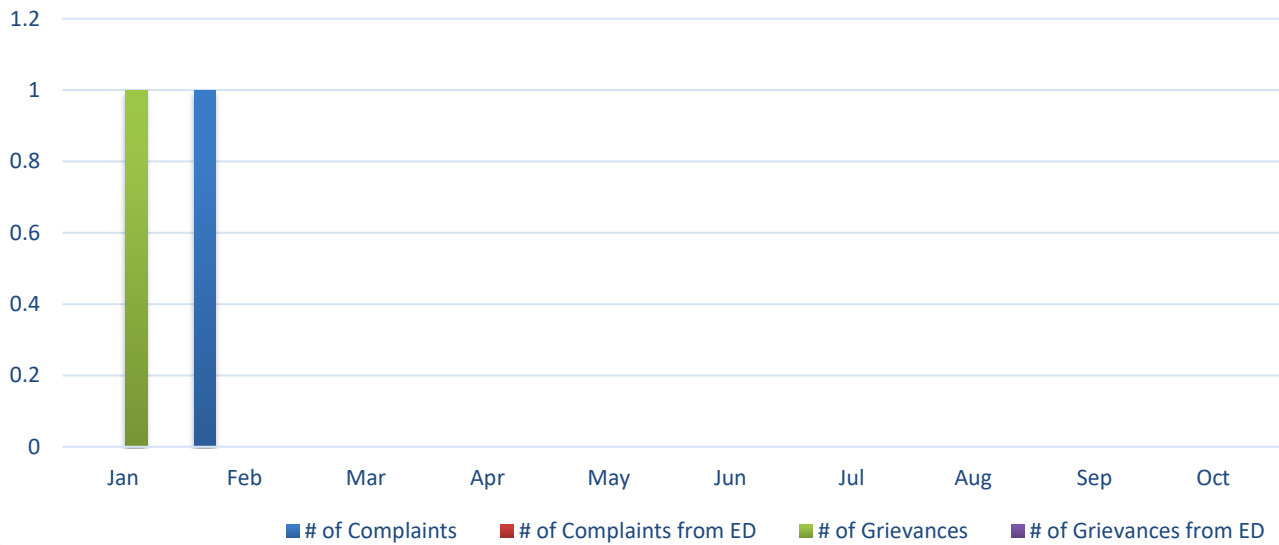


Incident Reports

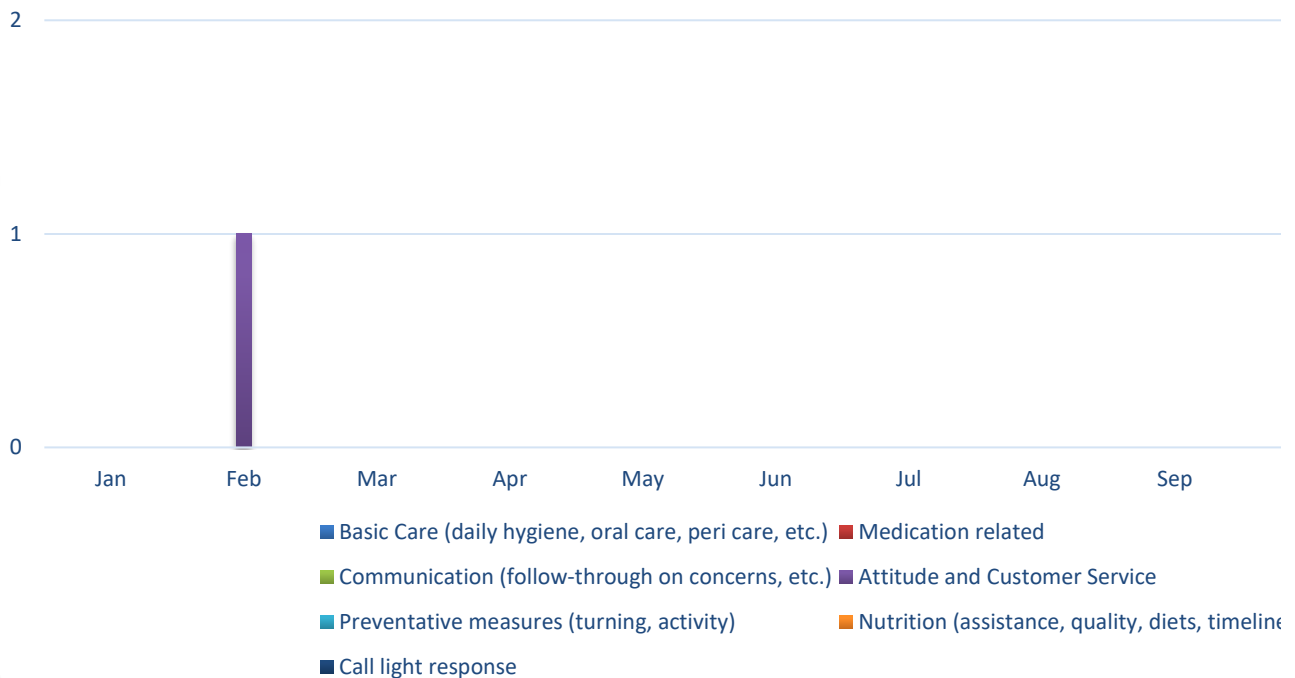




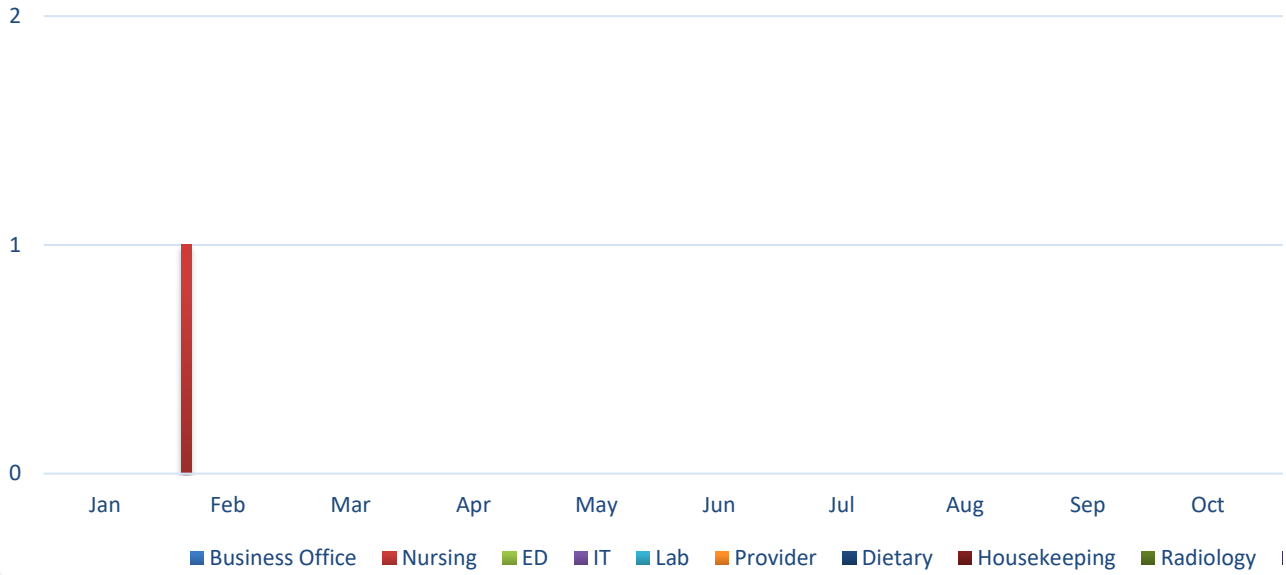
Complaints/Grievances



Complaint Type

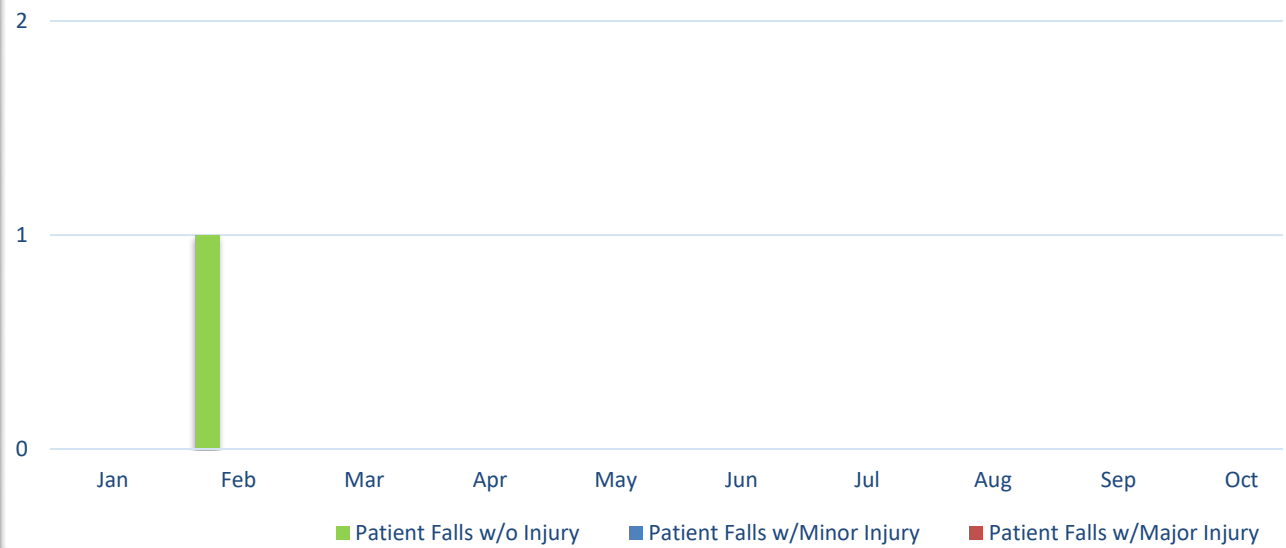


Complaint by Department



D. Patient Falls

Patient Falls

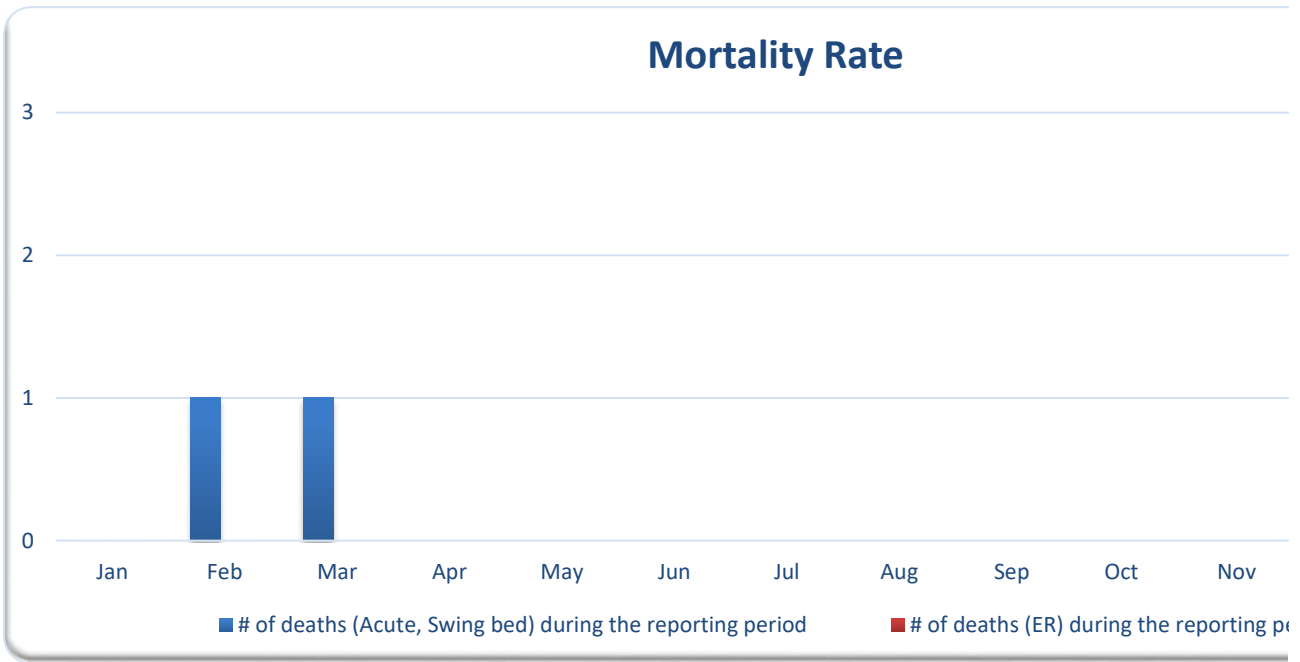


ER Patient Falls

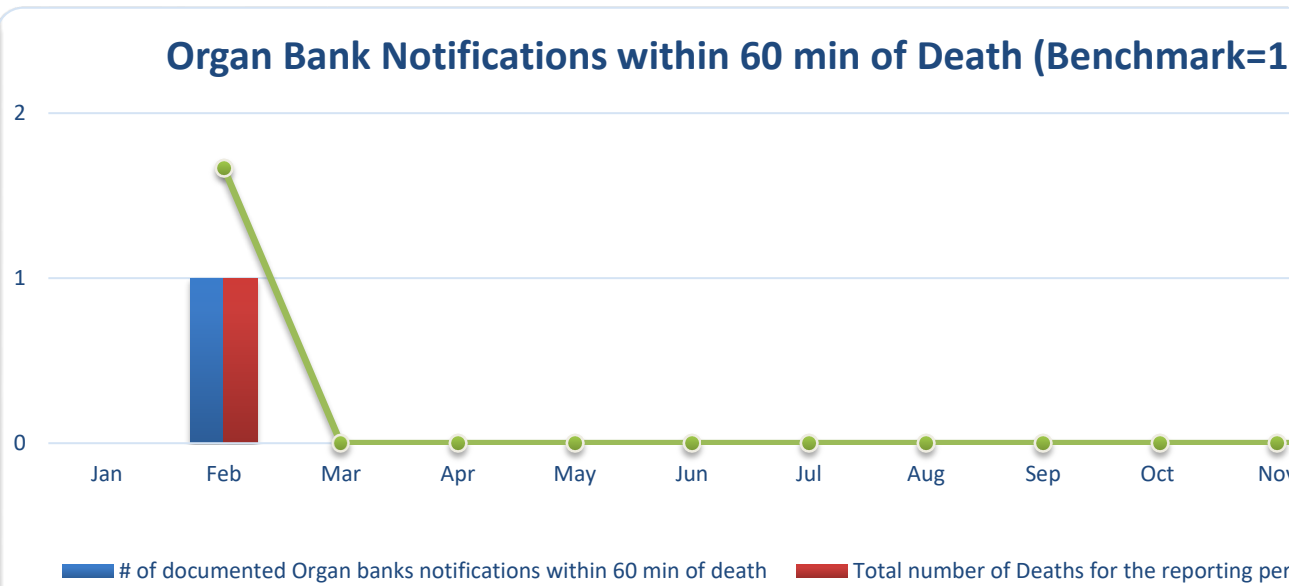




G. Mortality Rate

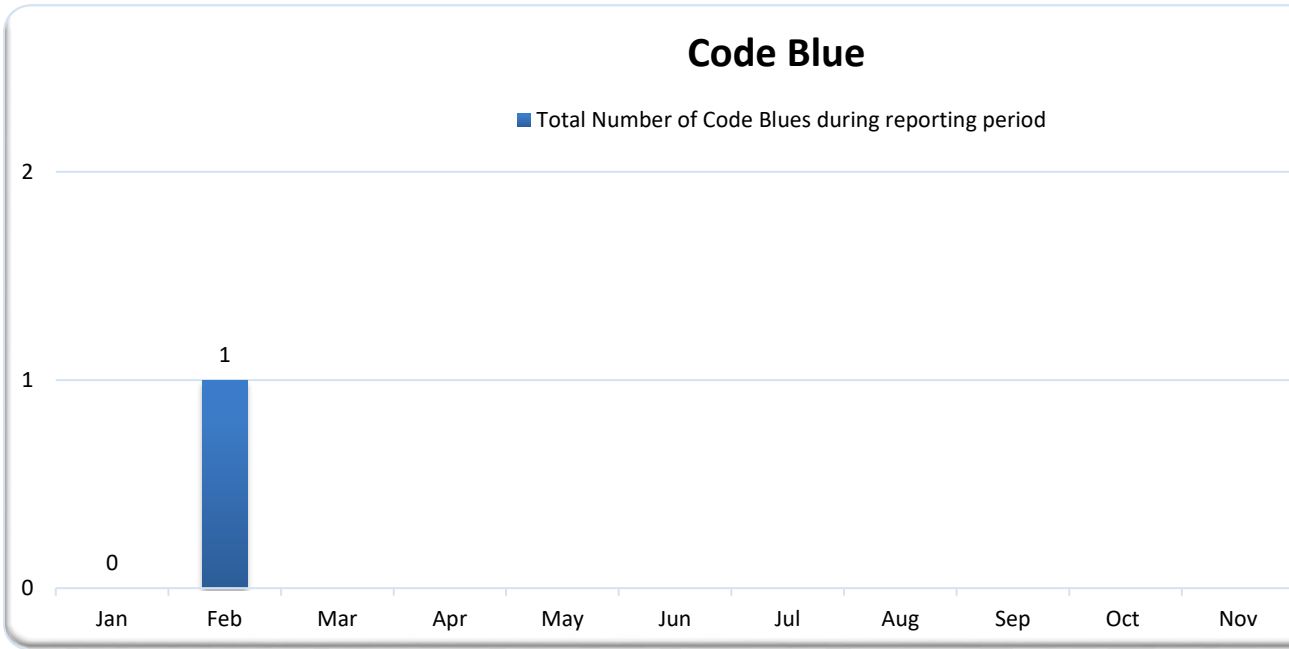


I. OPO

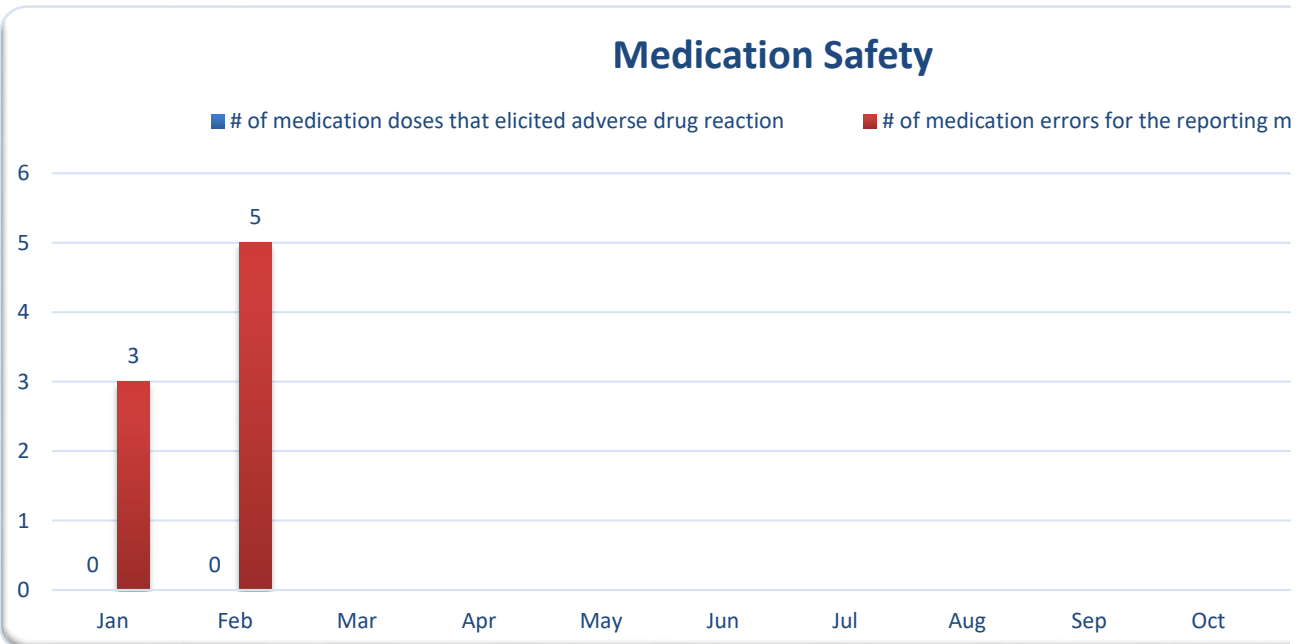


Percent of Deaths Reported (Benchmark = 100%)

J. Code Blue Intervention



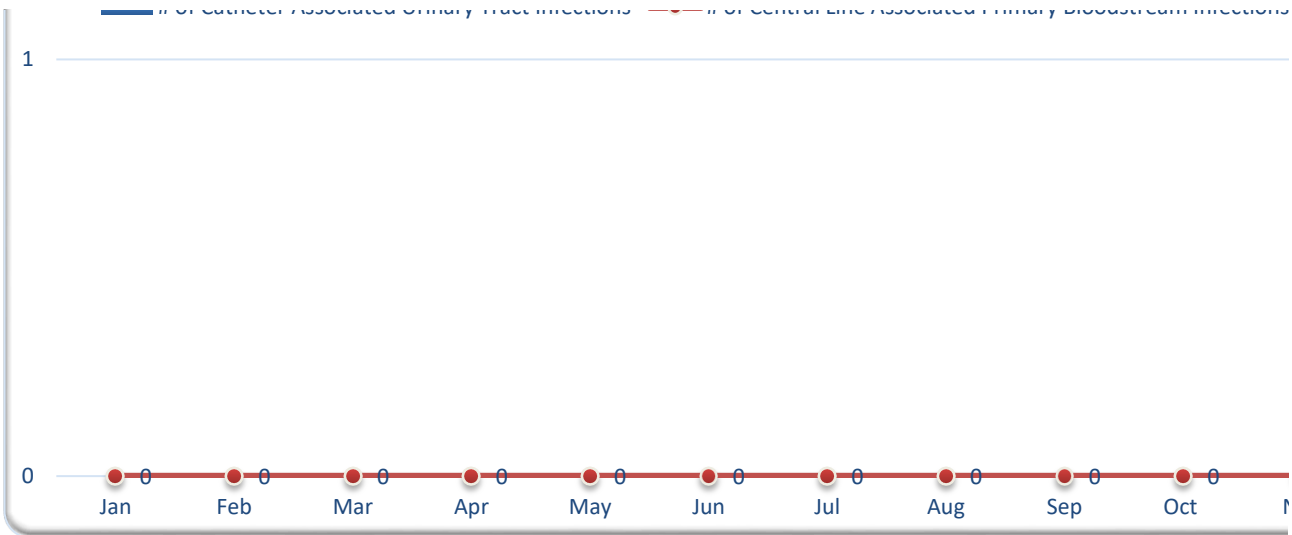
B. Med Errors



XIII. Infection Control & Prevention

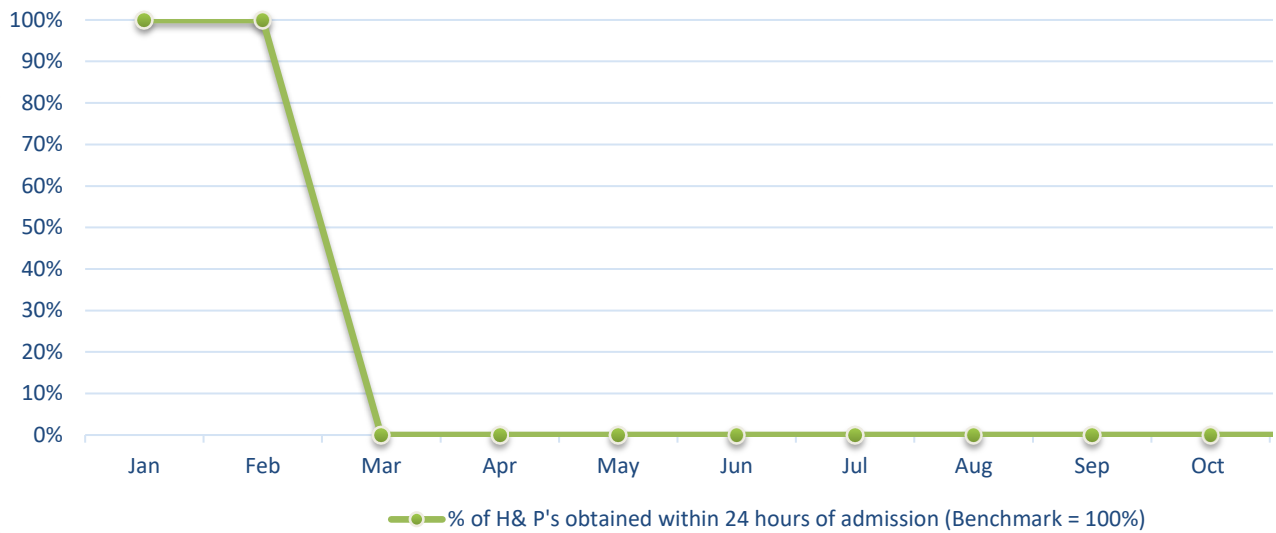
Infection Control and Prevention

■ # of Catheter Associated Urinary Tract Infections ■ # of Central Line Associated Primary Bloodstream Infections

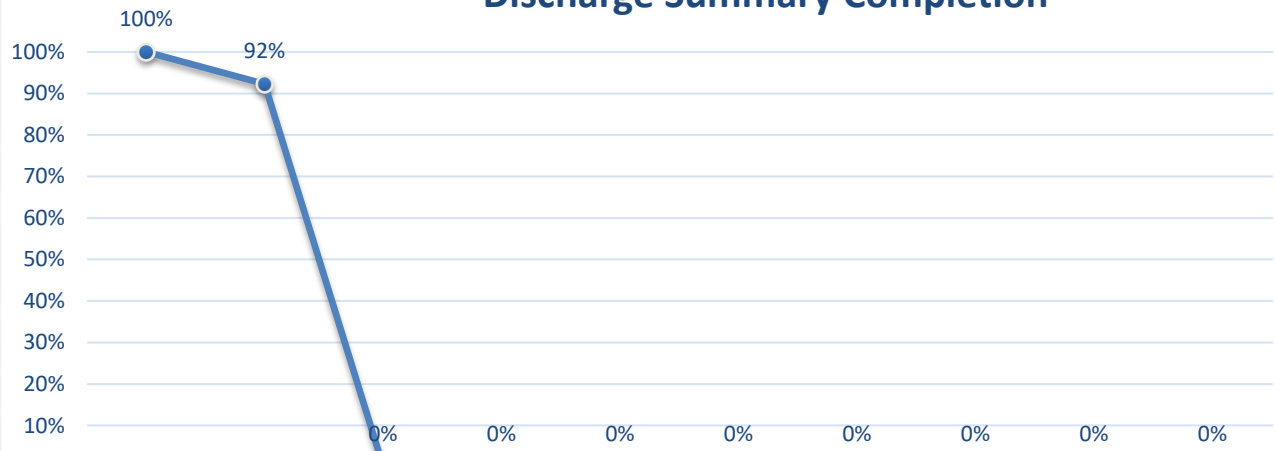


XIV. HIM

History and Physicals Completion

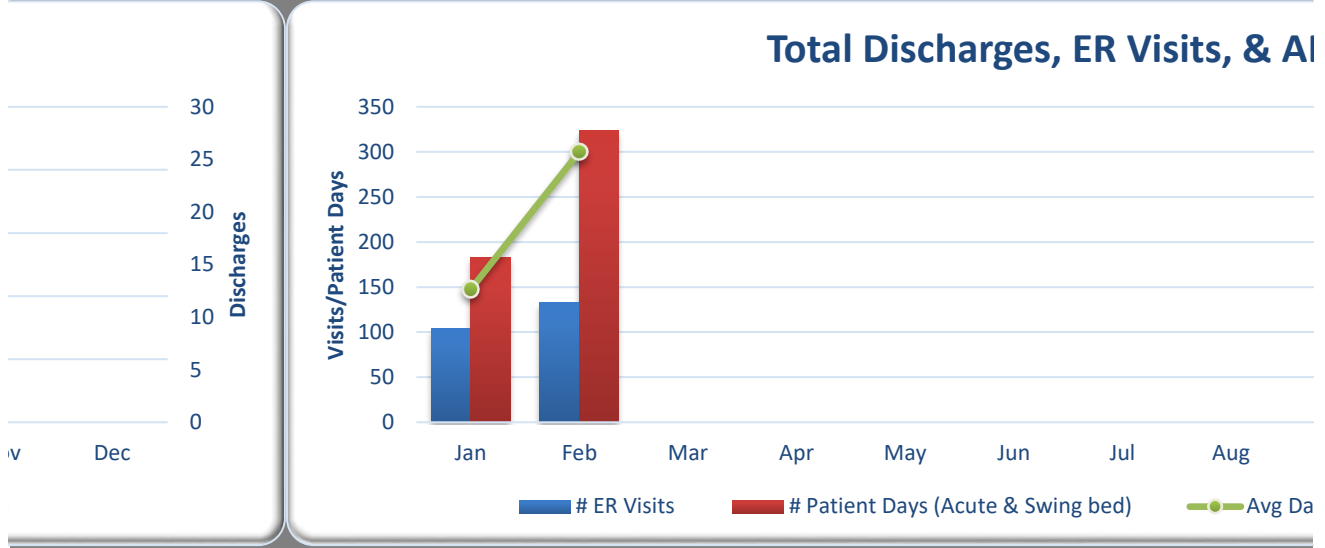


Discharge Summary Completion

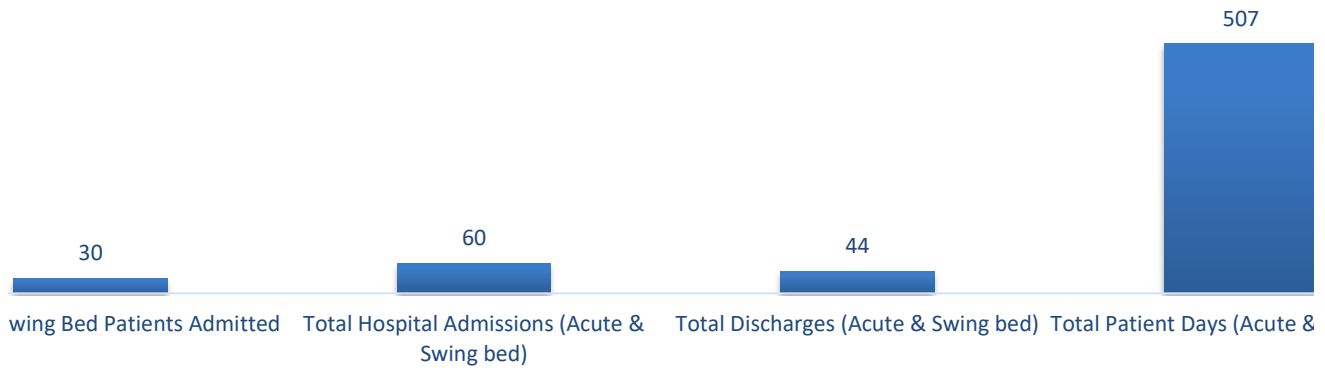




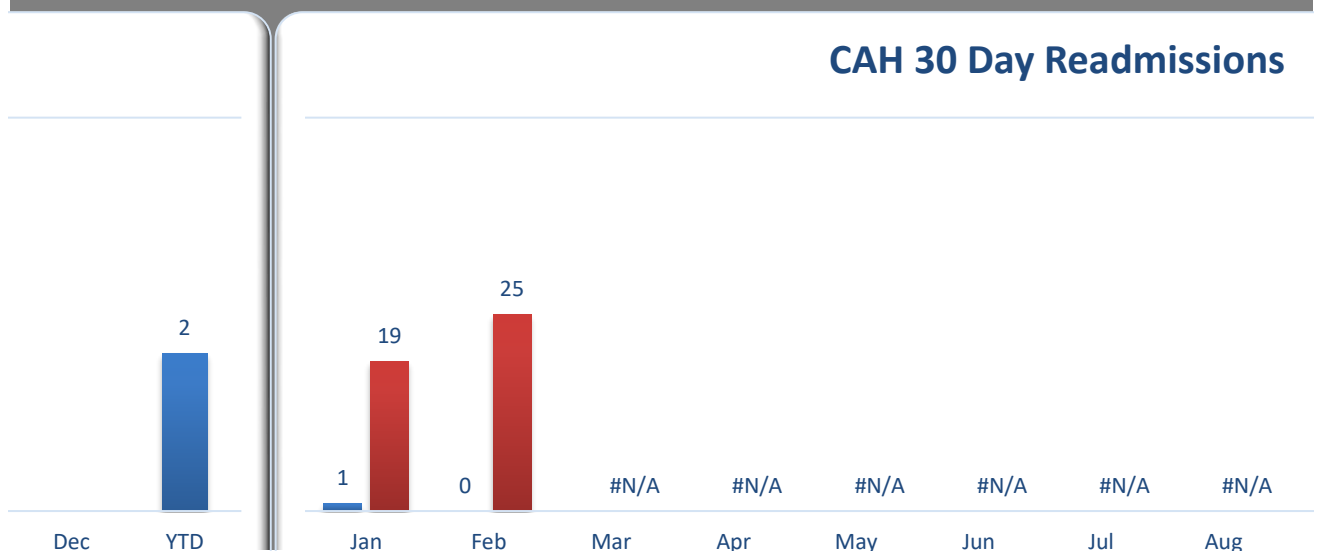
I. Volume & Utilization



Hospital Activity YTD



II. Care Management



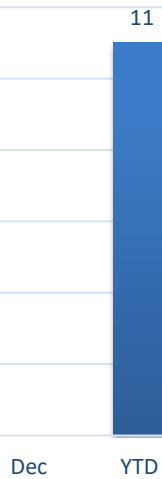
■ Total Number of Readmits (Acute & SWB) Within 30 days of discharge ■ Total

Hospital Activity AMA/LWBS

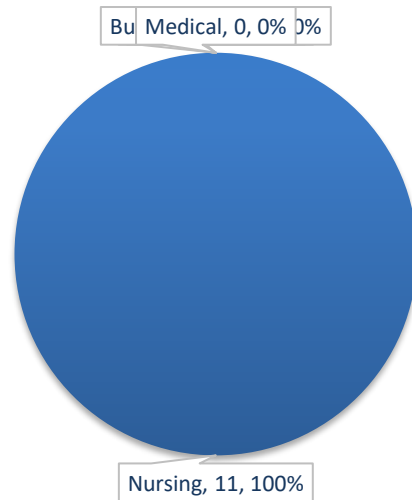
Jun Jul Aug Sep Oct

■ ED patients left without being seen ● Average Wait Time/Minutes (LWBS)

III. Risk Management

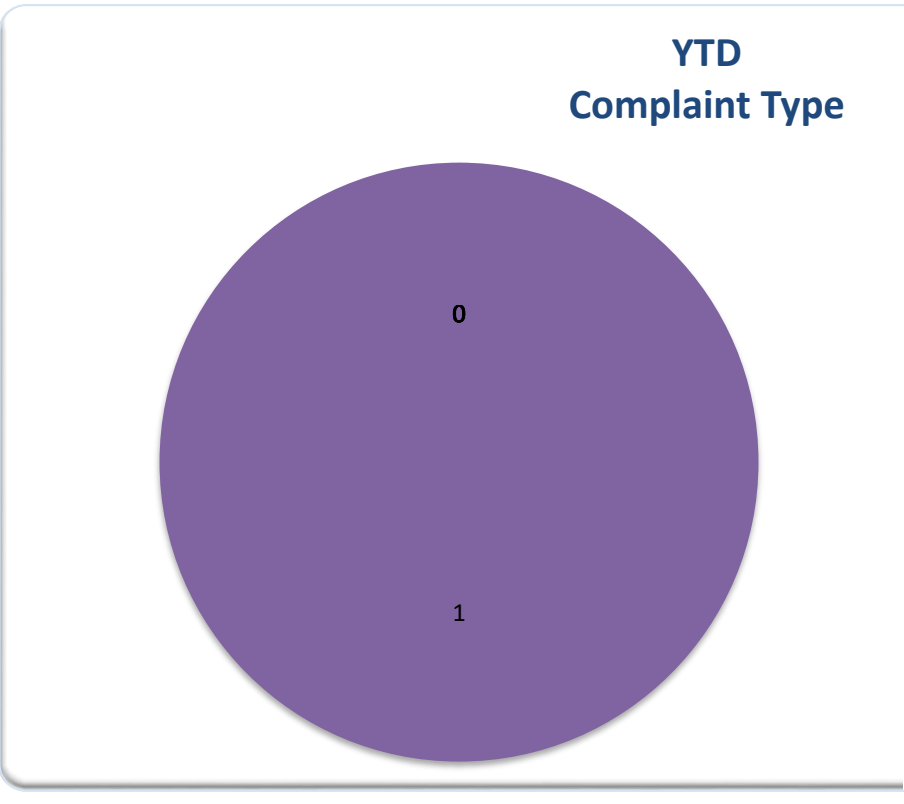
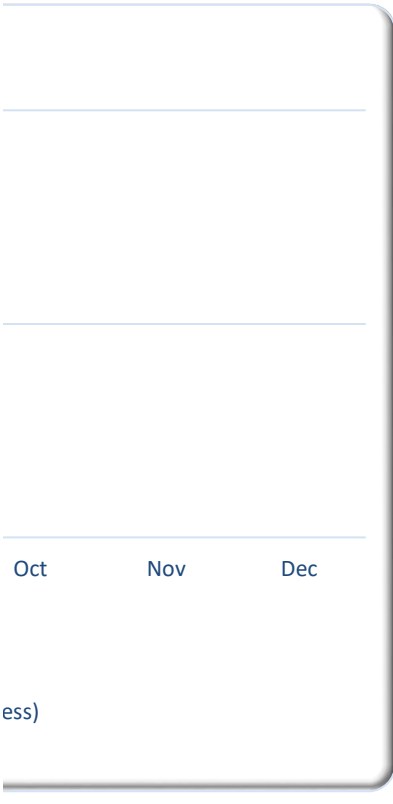
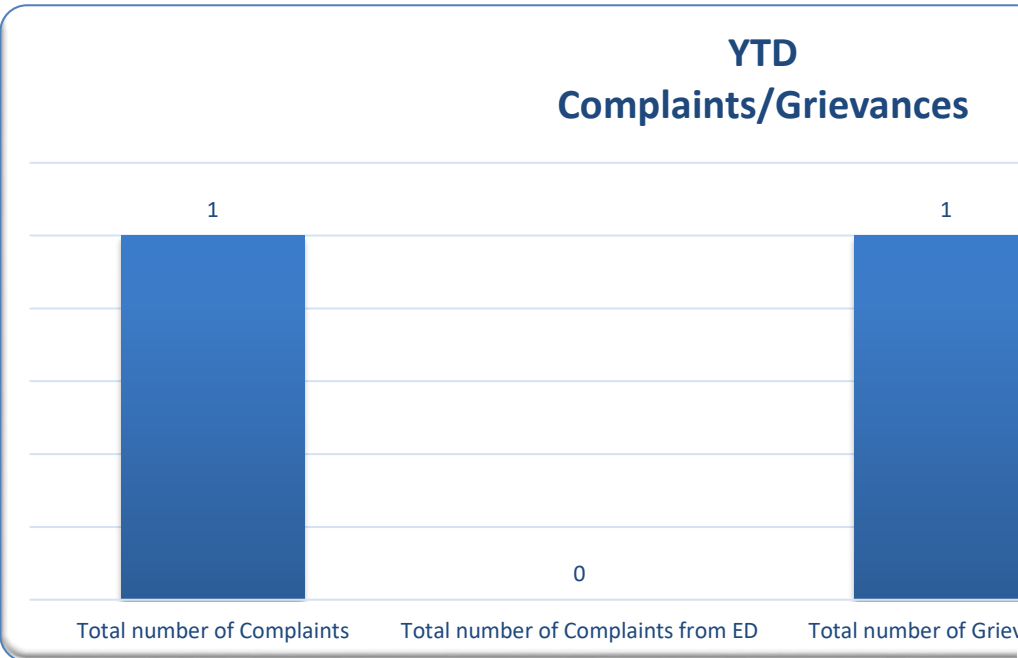
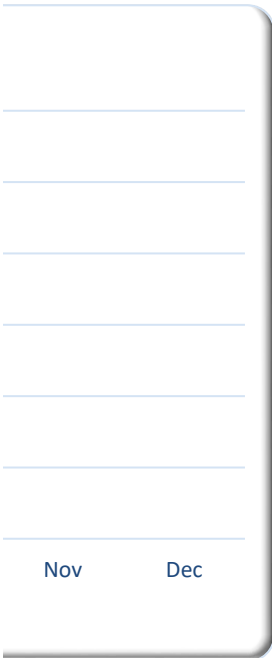
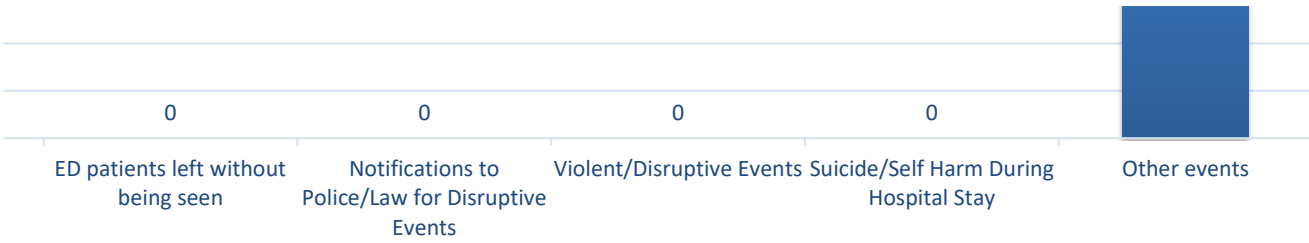


YTD Incident by Department

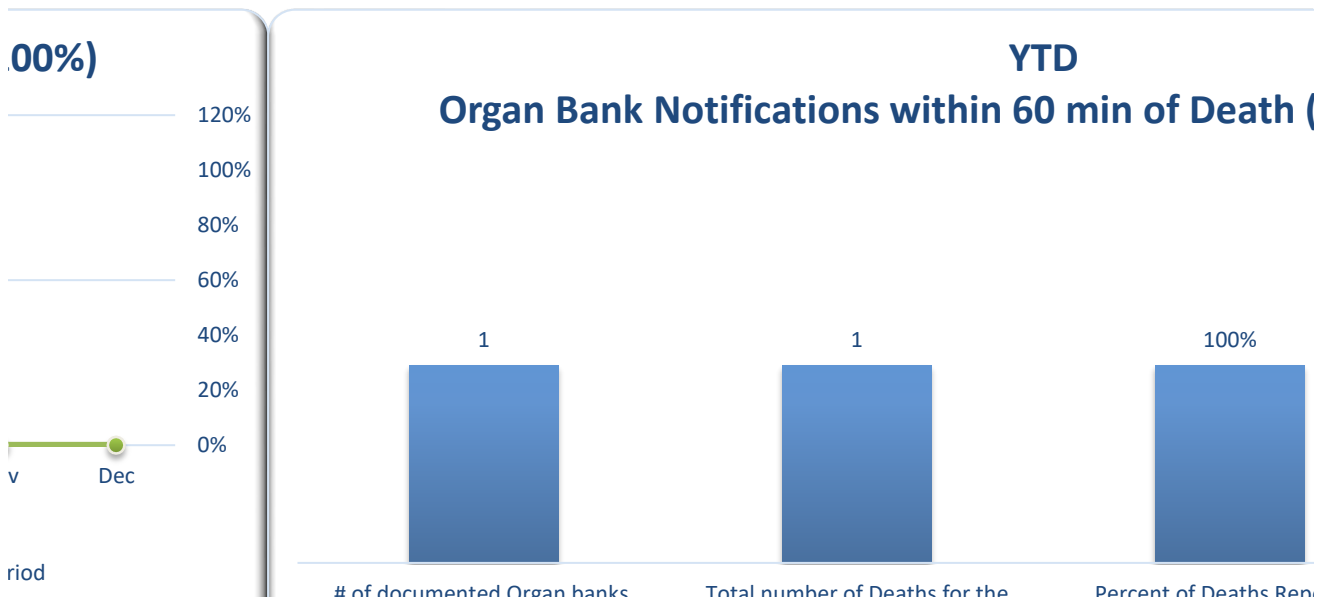
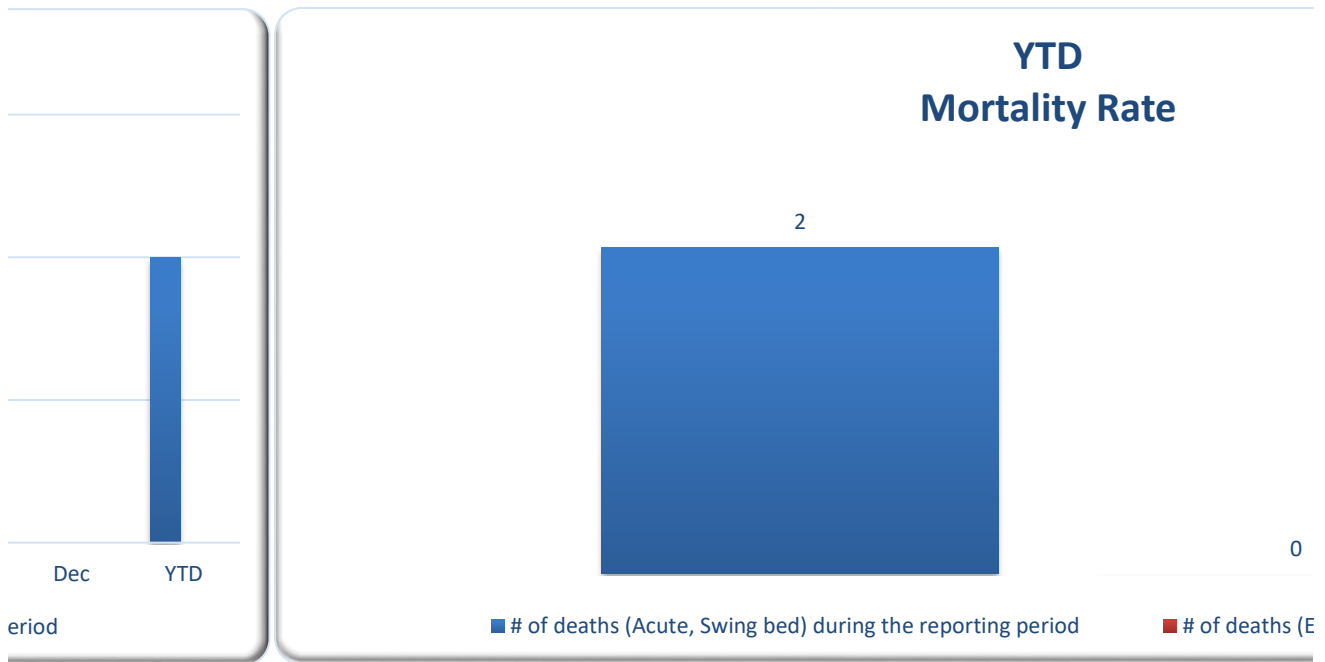
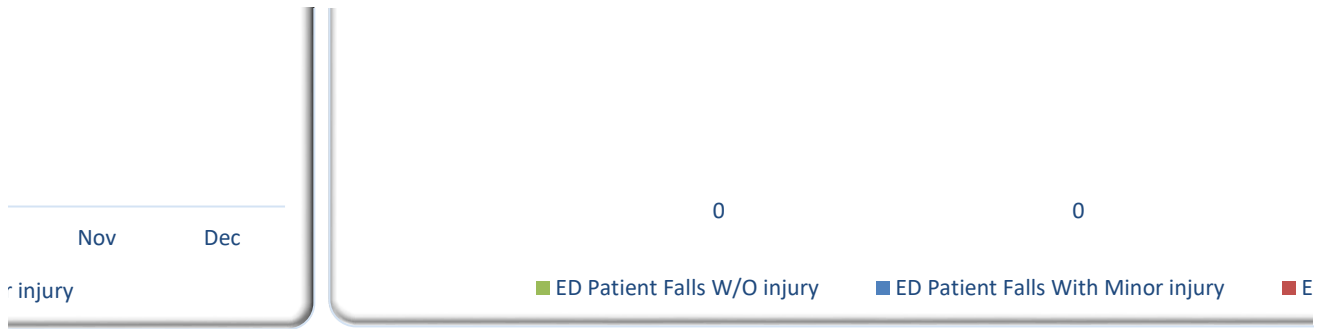


YTD Incident Report Categories

7



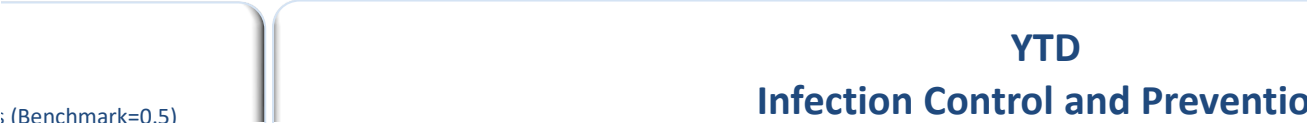
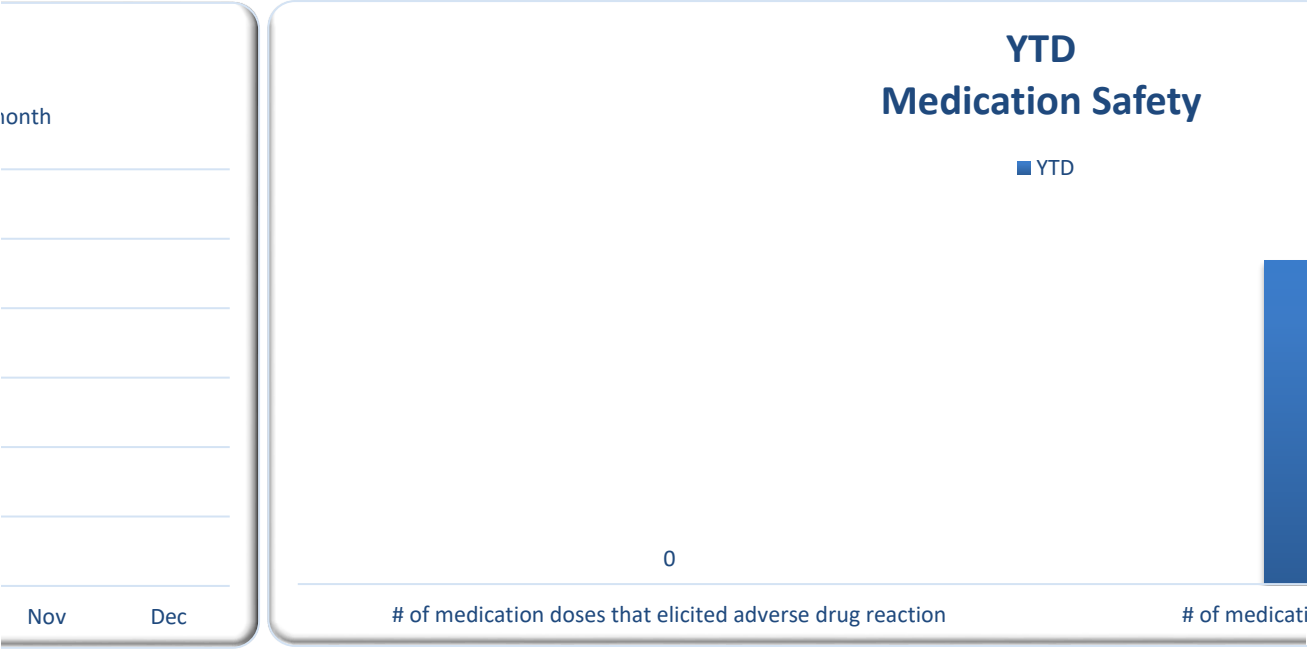
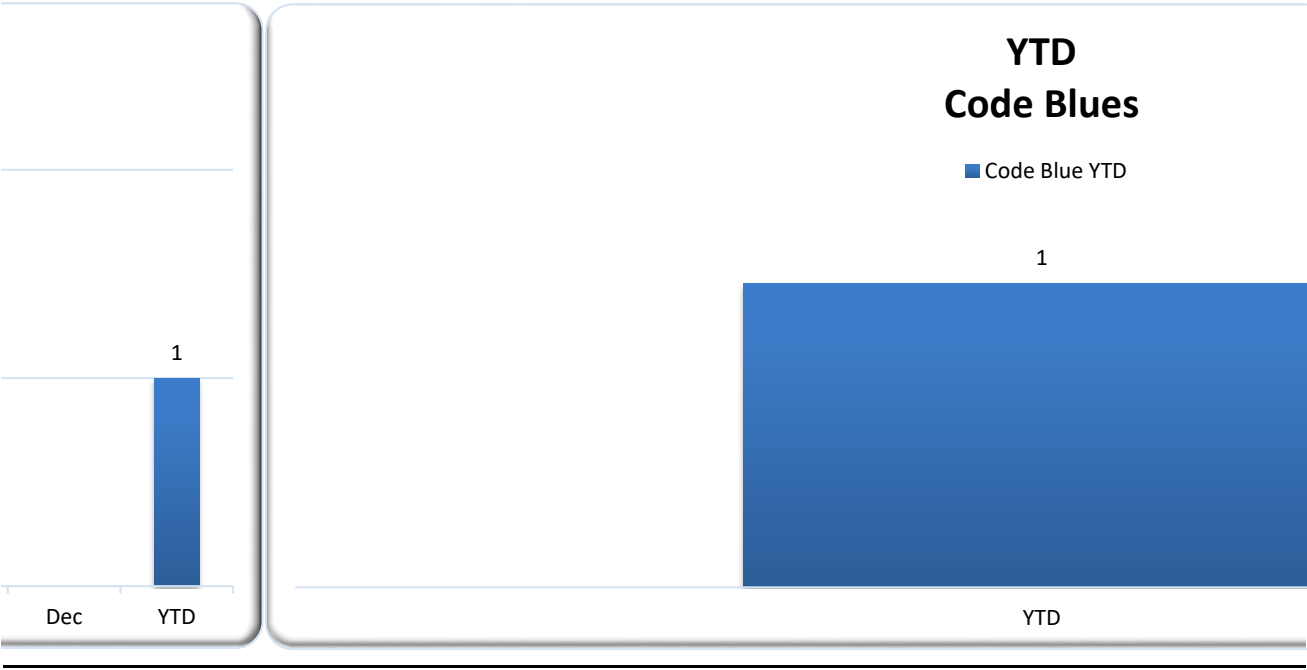


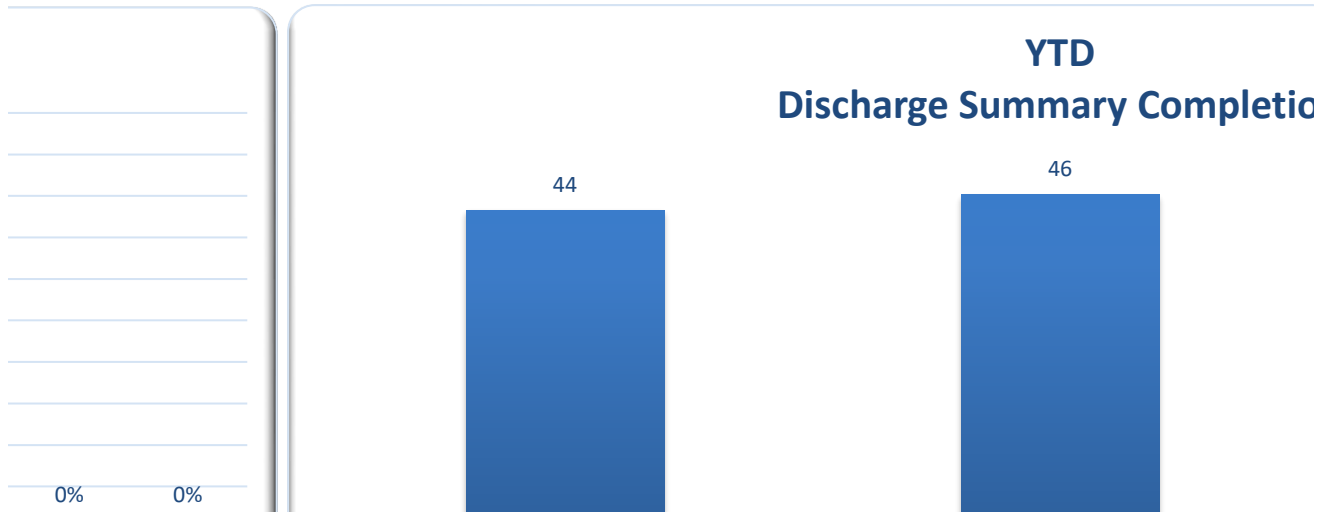
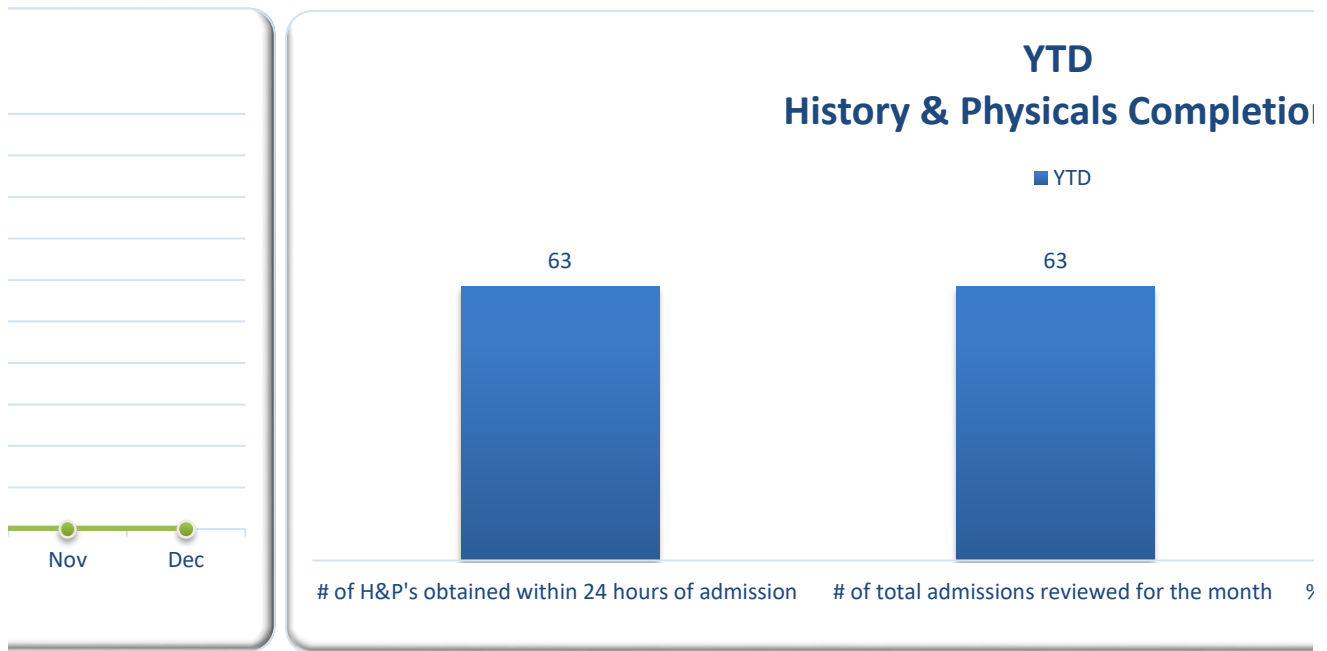
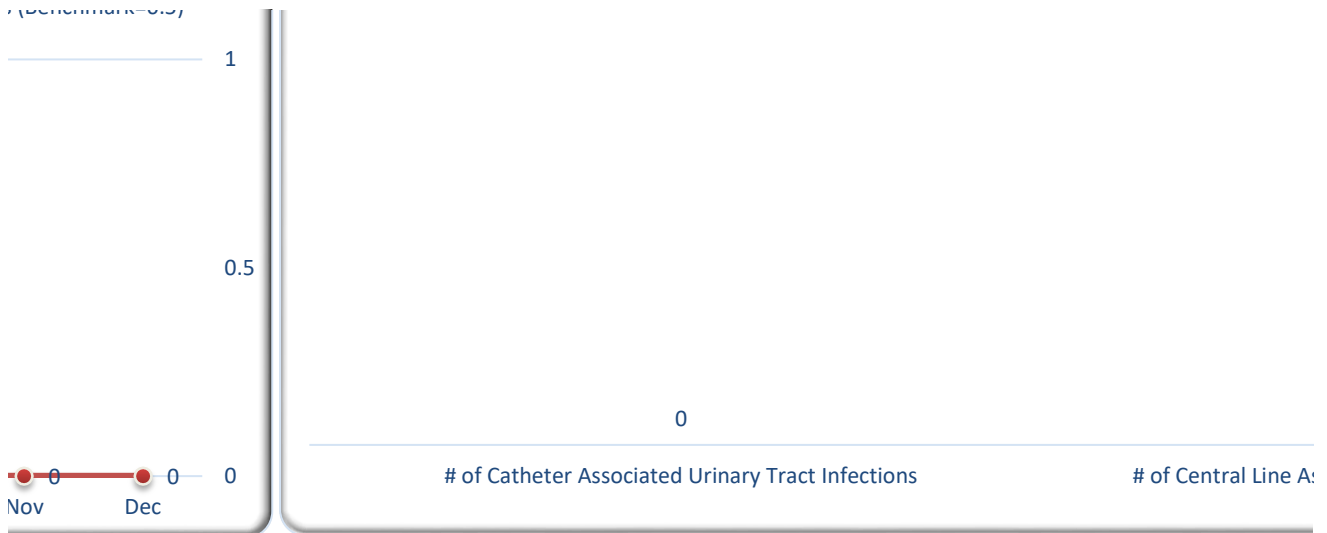


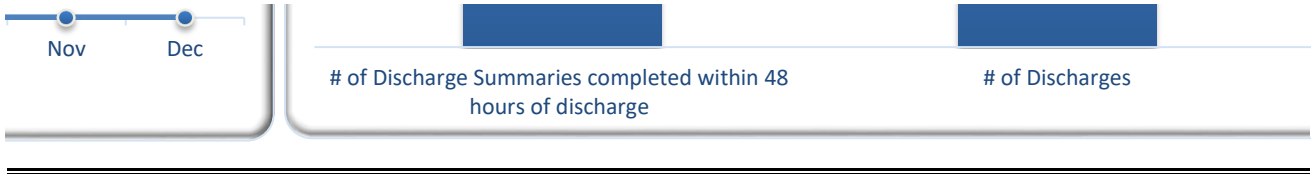
of documented organ banks
notifications within 60 min of death

Total number of deaths for the
reporting period

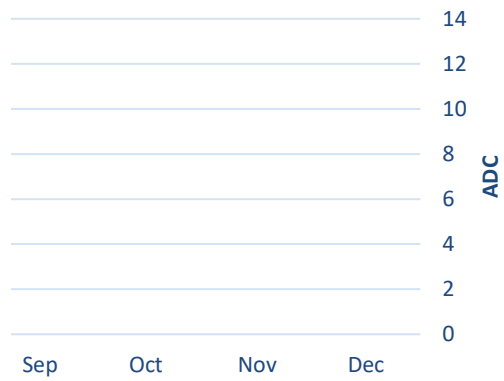
Percent of Deaths Rep
(Benchmark = 100%



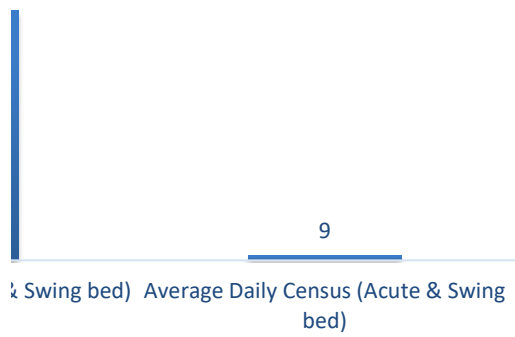




DC



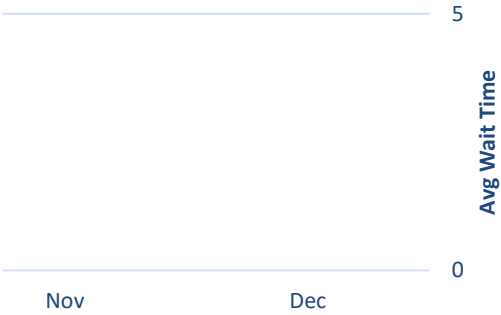
ily Census (Acute & Swing bed)



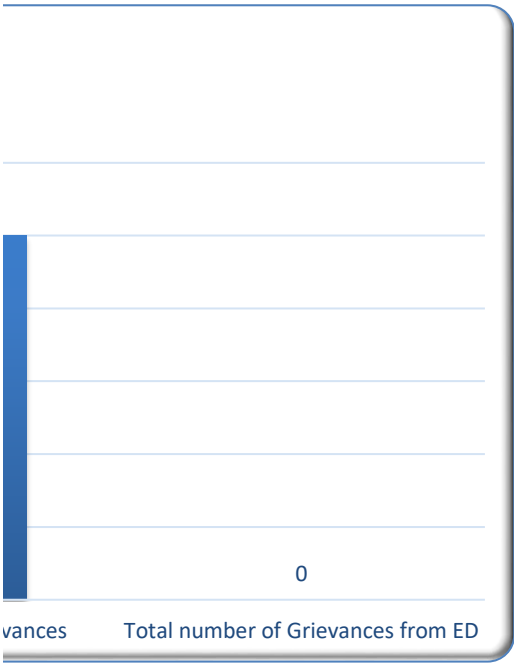
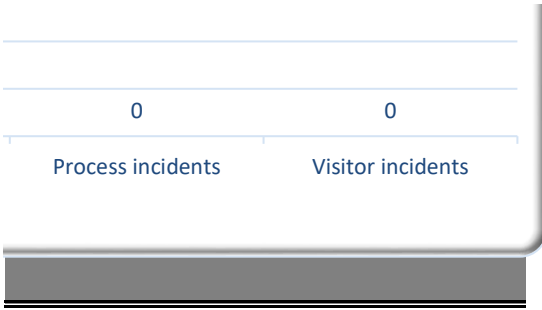
& Swing bed) Average Daily Census (Acute & Swing bed)



Discharges for the reporting month



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



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

	Housekeeping	Radiology	Other
0	0	0	0

0

D Patient Falls With Major injury

ER) during the reporting period

(Benchmark=100%)

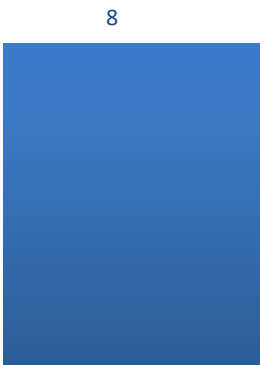
0

orted

Tissue Donations

orted
%)

ISSUE DONATIONS



ion errors for the reporting month

on

0

ssociated Primary Bloodstream Infections
(Benchmark=0.5)

n

100%

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

on

96%

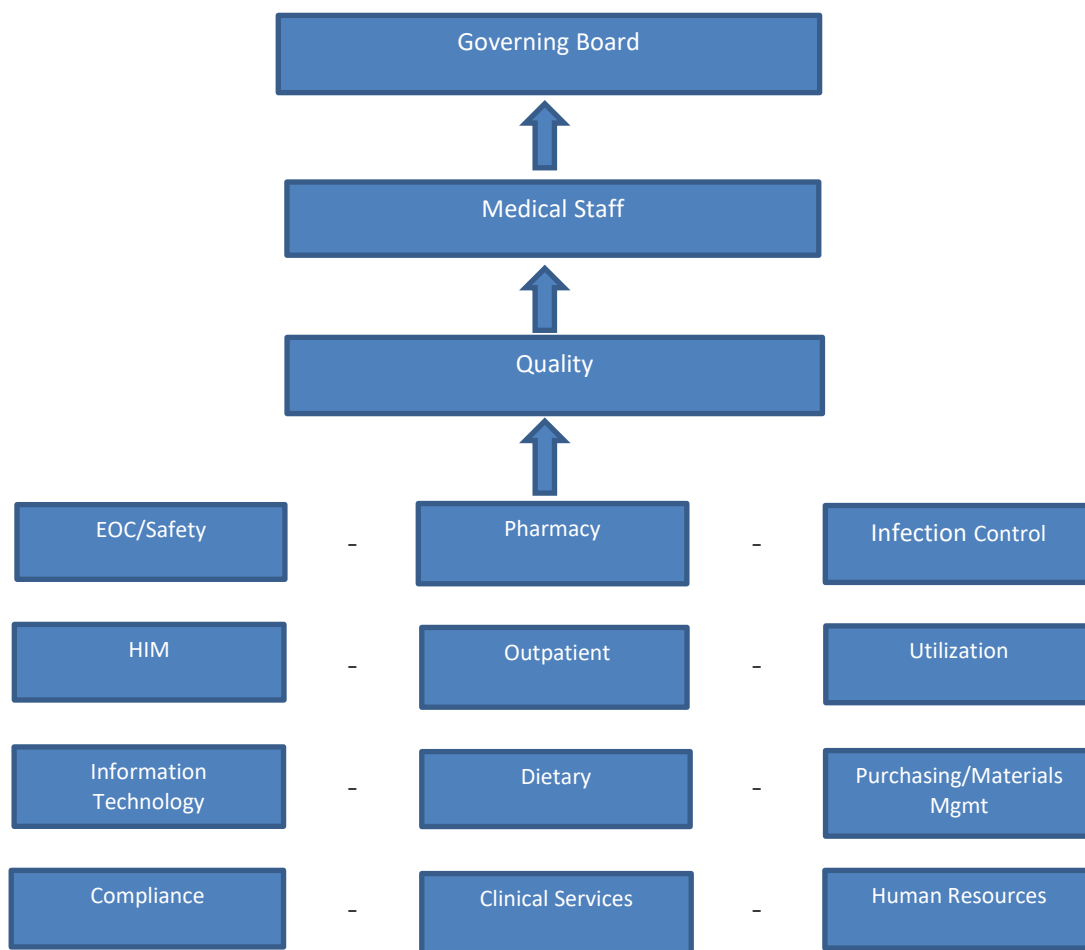
% of Discharge Summaries completed within 48
hours of discharge (Benchmark=100%)

Overview

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

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

Reporting Hierarchy



Name of Facility
Hospital Meeting Calendar/Meeting Frequency

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

MANUGM REGIONAL MEDICAL CENTER

Quality Assurance & Performance Improvement

Agenda

Date: 4/15/2021

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. Blood Utilization
 - II.** Care Management
 - A. CAH Re-Admits
 - B. Acute Transfers
 - C. Transition of Care
 - D. Discharge Follow-Up Phone Calls
 - E. Patient Safety Discharge Checklist
 - III. Risk Management**
 - A. Incidents
 - B. Reported Complaints
 - C. Reported Grievances
 - D. Patient Falls Without Injury
 - E. Patient Falls With Minor Injury
 - F. Patient Falls With Major Injury
 - G. Mortality Rate
 - H. Deaths Within 24 Hours of Admit
 - I. OPO Notification/Tissue Donation
 - J. Patient Identifiers

IV. Nursing

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

V. Emergency Department

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

VI. Pharmacy & Med Safety

- A. Pharmacy Utilization
- B. After Hours Access
- C. Adverse Drug Reaction
- D. Medication Errors

VII. Respiratory Care Services

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

VIII. Wound Care Services

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

IX. Radiology

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

X. Lab

- A. Lab Reports
- B. Blood Culture Contaminants

XI. Infection Control & Employee Health

- A. CAUTI Infections
- B. CLABSI Infections

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

XII. HIM

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

XIII. Dietary

- A. Food Test Tray Evaluation
- B. Dietary Checklist Audit

XIV. Therapy

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

XV. Human Resources

- A. Compliance

XVI. Resgistration Services

XVII. Environmental Services

- A. Terminal Room Cleans

XVIII. Materials Management

- A. Materials Management Indicators

XIX. Plant Ops

- A. Fire Safety Management

XX. Information Technology (IT)

- A. IT Indicators

XXI. Outpatient Services

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

XXII. Strong Mind Services

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

VII. Contract Services**VIII. Regulatory & Compliance**

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

IX. Policy & Procedure Review**X. Standing Agenda**

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

XI. Credentialing/New Appointment Updates**XII. Chief Clinical Officer Report****XIII. Administrator Report****XIV. Education & Training****XV. Performance Improvement Project****XVI. Department Reports****XIX. Other****XX. Adjournment**

Quality Workbook Contents

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

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

XII. Health Information Management (HIM)

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

XIII. Dietary

- A. Food Test Tray Evaluation
- B. Dietary Checklist Audit

XIV. Therapy Services

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

XV. Human Resources

- A. Employee Compliance

XVI. Registration Services

XVII. Environmental Services

- A. Terminal Room Cleans

XVIII. Materials Management/Purchasing Services

- A. Materials Management Indicators

XIX. Plant Operations

- A. Fire Safety Management

XX. Information Technology (IT)

- A. IT Indicators

XXI. Outpatient Services

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

XXII. Strong Mind Services

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

Hospital Volume & Utilization Data

A. [Hospital Activity](#)

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

Hospital Volume & Utilization Data

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

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

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

January

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

February

Summary of Findings	Plan of Action
---------------------	----------------

Hospital Volume & Utilization Data

All blood products were administered without problems All paperwork completed.	no action needed
March	
Summary of Findings	Plan of Action
April	
Summary of Findings	Plan of Action
May	
Summary of Findings	Plan of Action
June	
Summary of Findings	Plan of Action
July	
Summary of Findings	Plan of Action
August	
Summary of Findings	Plan of Action
September	
Summary of Findings	Plan of Action
October	
Summary of Findings	Plan of Action
November	
Summary of Findings	Plan of Action
December	
Summary of Findings	Plan of Action

Hospital Volume & Utilization Data

Care Management

A. [CAH Re-Admits](#)

Function: Outcome & Process Measure														
Rationale: High Risk, Problem Prone														
Data Source: Patient Records														
Sample Size: All acute & SWB patients readmitted to CAH														
Methodology: Medical records, Discharge reports, PDSA														
Inclusion Criteria: All acute & SWB patients readmitted to CAH within 30 days of discharge														
Exclusion Criteria: Patients who are transferred to a higher level of care and then readmitted back to CAH														
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Total Number of Readmits (Acute & SWB) Within 30 days of discharge	1	0											1	
Total Discharges for the reporting month	19	25	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	44	
CAH Readmission Rate per 100 patient discharges	5%	---	---	---	---	---	---	---	---	---	---	---	2%	
January														
Summary of Findings					Plan of Action									
1 re-admit to acute within 30 days. Patient was admitted to acute care on 1-3-20 with CHF, COPD exacerbation and shortness of breath. She was started on IV Rocephin and Zithromax for CXR that showed mediastinal opacity. Neb treatments were ordered routinely. She received DVT and stress ulcer prophylaxis and has improved. She has no dyspnea with exertion and on room air is oxygenating at 95%. She insists she go home, though it was suggested a few more days of IV antibiotics would be beneficial, and sputum culture results would be available. She states she has family that will be staying with her and she 'really needs' to go home. CXR shows improving opacity. She was discharged on Nicotine patch, increase in Lasix to 40 mg BID for one week, then once daily, Metoprolol 50 mg BID and Prednisone 20 mg daily for 5 days, along with Levaquin 500 mg once daily. She has received order for outpatient ultrasound of LLE for mild, chronic edema, worse on left. F/U in one week with PCP. Patient readmitted next day for c/o DOE, for breathing treatments and supplemental O2 prn, Levaquin 750 mg IVPR daily, LLE worse on US.														
February														
Summary of Findings					Plan of Action									
No re-admits for February					Will continue to monitor									
March														
Summary of Findings					Plan of Action									
April														
Summary of Findings					Plan of Action									
May														

Care Management

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

D. Discharge Follow-Up Phone Calls

Function: Outcome Measure Rationale: Problem Prone Data Source: Discharge List Sample Size: All discharged acute & SWB patients to home during the reporting period Methodology: PDSA, Patient Records Inclusion Criteria: All discharged acute & SWB patients to home during the reporting period													
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD

Care Management

Total number of Discharge Follow-Up calls completed within 48 hours; excluding holidays & weekends)													
	19	25											44
# of Discharge Follow-Up calls required during the reporting	19	25											44
Percentage of Compliance	100%	100%	---	---	---	---	---	---	---	---	---	---	100%
January													
Summary of Findings				Plan of Action									
February													
Summary of Findings				Plan of Action									
March													
Summary of Findings				Plan of Action									
April													
Summary of Findings				Plan of Action									
May													
Summary of Findings				Plan of Action									
June													
Summary of Findings				Plan of Action									
July													
Summary of Findings				Plan of Action									
August													
Summary of Findings				Plan of Action									
September													
Summary of Findings				Plan of Action									
October													
Summary of Findings				Plan of Action									
November													
Summary of Findings				Plan of Action									

Care Management

December	
Summary of Findings	Plan of Action

E. Patient Discharge Safety Checklist

Function: Outcome Measure

Rationale: Problem Prone

Data Source: Patient Records

Sample Size: All inpatients discharged to home during the reporting period

Methodology: PDSA, Patient Records

Risk Management

A. [Incidents](#)

Function: Outcome & Process Measure													
Rationale: High Risk, Problem Prone													
Data Source: Patient Records, Incident Reports													
Sample Size: All patients/visitors/facility with unplanned events/incidents													
Methodology: Incident reports, patient records, PDSA													
Inclusion Criteria: All patients/visitors/facility with unplanned events/incidents													
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Intravenous Line events	0	0											0
Other line events (foley, enteral tubes, drains, etc.)	0	0											0
Patient falls without injury	0	1											1
Patient falls with injury	0	0											0
AMA events	2	1											3
ED patients left without being seen	0	0											0
Average Wait Time/Minutes (LWBS)	0	0											0
Notifications to Police/Law for Disruptive Events	0	0											0
Violent/Disruptive Events	0	0											0
Suicide/Self Harm During Hospital Stay	0	0											0
Other events	3	4											7
Process incidents	0	0											0
Visitor incidents	0	0											0
Total Number of Events	5	6	0	0	0	0	0	0	0	0	0	0	11
January													
Summary of Findings				Plan of Action									

Risk Management

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

Risk Management

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

Risk Management

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

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

Risk Management

B. Reported Complaints

Function: Outcome Measure													
Rationale: High Risk, Problem Prone													
Data Source: Patient, Family, Visitor													
Sample Size: All Complaints													
Methodology: Report (Verbal), PDSA													
Inclusion Criteria: All complaints													
Documentation Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total number of Complaints	0	1											1
Total number of Patient Days	183	324	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	507
Rate per 1000 patient days	---	3.1	---	---	---	---	---	---	---	---	---	---	2.0
Total number of Complaints from ED	0	0											0
Total number of ED Visits	104	133	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	237
Percentage of ED Complaints	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings				Plan of Action									
No complaints for January				Will continue to monitor									
February													
Summary of Findings				Plan of Action									
On 2/4/21 Patient spoke with the charge nurse about staff member upsetting her when helping her to the bed side commode. She said the LPN that came in to help her said she needs to finish and empty her bladder this time. She also said that LPN used her hurt arm to help assist her. Patient said she stated "that is my hurt arm" LPN then let go of her arm. QM and CCO spoke with the patient the morning of 2/5 and patient felt nurse was irritated at how many times she goes to the bathroom. QM spoke with LPN about the matter. She said when the patient got off of the commode to quickly she was afraid the patient would fall so she grabbed her arm without thinking of her arm injury. She immediately let go when the patient said that is her hurt arm.				2/5/21 QM and CCO assured patient that we all love taking care of her. CCO asked patient if he made it where the LPN would not assist in her care anymore would that help her to feel more comfortable with her stay here at MRMC? Patient said "yes" Also, CCO asked if patient wanted any further action taken on this matter? Patient stated "no, I am fine with that" Further actions taken was CCO had LPN read and sign education on empathy and human connection. QM also reviewed chart. QM was approved by patient to call her sister and let her know what actions were taken and how her sister was doing. The sister was happy with the process.									
March													
Summary of Findings				Plan of Action									
April													
Summary of Findings				Plan of Action									
May													
Summary of Findings				Plan of Action									

Risk Management

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

C. Reported Grievances

Function: Outcome Measure													
Rationale: High Risk, Problem Prone													
Data Source: Patient, Family, Visitor													
Sample Size: All Complaints													
Methodology: Report (Verbal, Written), PDSA													
Inclusion Criteria: All grievances													
Documentation Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total number of Grievances	1	0											1
Total number of Patient Days	183	324	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	507
Rate per 1000 patient days	5.5	---	---	---	---	---	---	---	---	---	---	---	2.0
Total number of Grievances from ED	0	0											0
Total number of ED Visits	104	133	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	237
Percentage of ED Grievances	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings				Plan of Action									

Risk Management

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

Risk Management

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

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

Risk Management

D. Patient Falls Without Injury

Function: Outcome and Process Measure													
Rationale: High Risk, Problem Prone													
Data Source: Patient Records, Incident Reports													
Sample Size: All patients with falls													
Methodology: Patient Records, Incident Reports, PDSA													
Inclusion Criteria: All patients with falls													
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Patient Falls W/O injury	0	1	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	1
Total number of Patient Days	183	324	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	507
Rate per 1000 patient days (Benchmark = 5 or less)	---	3.1	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	2.0
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
ED Patient Falls W/O injury	0												0
Total number of ED Visits	104	133	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	237
Percent of Total ED Patient Falls (Benchmark = 5 or less)	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings				Plan of Action									
No falls w/o inj for Januray				Will continue to monitor									
February													
Summary of Findings				Plan of Action									
See summary of findings under Risk Management Incident tab													
March													
Summary of Findings				Plan of Action									
April													
Summary of Findings				Plan of Action									
May													
Summary of Findings				Plan of Action									
June													
Summary of Findings				Plan of Action									
July													
Summary of Findings				Plan of Action									
August													

Risk Management

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

E. Patient Falls with Minor Injury

Function: Outcome and Process Measure

Rationale: High Risk, Problem Prone

Data Source: Patient Records, Incident Reports

Sample Size: All patients with falls (minor cuts, minor bleeding, skin abrasions/contusions/tears, swelling, pain)

Methodology: Patient Records, Incident Reports, PDSA

Inclusion Criteria: All patients with falls

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

January

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

February

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

March

Risk Management

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

F. Falls with Major Injury

Function: Outcome and Process Measure														
Rationale: High Risk, Problem Prone														
Data Source: Patient Records, Incident Reports														
Sample Size: All patients with falls (fractures, subdural hematomas, other major head trauma, cardiac arrest, excessive bleeding, lacerations requiring sutures, loss of consciousness)														
Methodology: Patient Records, Incident Reports, PDSA														
Inclusion Criteria: All patients with falls														
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	

Risk Management

Patient Falls with Major Injury	0	0											0
Total number of Patient Days	183	324	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	507
Rate per 1000 patient days (Benchmark = 0.5 or less)	---	---	---	---	---	---	---	---	---	---	---	---	---
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
ED Patient Falls With Major injury	0	0											0
Total number of ED Visits	104	133	0	0	0	0	0	0	0	0	0	0	237
Percent of Total ED Patient Falls (Benchmark = 0.5 or less)	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings				Plan of Action									
No falls this month				Will continue to monitor									
February													
Summary of Findings				Plan of Action									
No falls with major injury for February				Will continue to monitor									
March													
Summary of Findings				Plan of Action									
April													
Summary of Findings				Plan of Action									
May													
Summary of Findings				Plan of Action									
June													
Summary of Findings				Plan of Action									
July													
Summary of Findings				Plan of Action									
August													
Summary of Findings				Plan of Action									
September													
Summary of Findings				Plan of Action									
October													
Summary of Findings				Plan of Action									

Risk Management

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

Risk Management

G. [Mortality Rate](#)

Function: Outcome & Process Measure													
Rationale: High Risk, Problem Prone													
Data Source: Patient Records, Discharge Report													
Sample Size: All patient expirations during reporting period													
Methodology: Patient Records, Discharge Report, PDSA													
Inclusion Criteria: All patient expirations during reporting period													
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
# of deaths (Acute, Swing bed) during the reporting period	0	1	1										2
Total number of patient discharges	19	25	0	0	0	0	0	0	0	0	0	0	44
Percent of Total Discharges (Benchmark=10%)	---	4%	#DIV/0!	---	---	---	---	---	---	---	---	---	5%
Indicator													
# of deaths (observation) during reporting period	0	0											0
Indicator													
# of deaths (ER) during the reporting period	0	0											0
Total number of ER patient discharges	104	133	0	0	0	0	0	0	0	0	0	0	237
Percent of Total Discharges	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings				Plan of Action									
No deaths for MRMC in January				Will continue to monitor									
February													
Summary of Findings				Plan of Action									
One patient death in reporting period. 1. Patient was admitted for CHF and AKI. During stay patient became unresponsive. ACLS protocols administered. No ROSC noted. Death called.				Continue operating capacities for this CAH.									
March													
Summary of Findings				Plan of Action									
April													
Summary of Findings				Plan of Action									
May													
Summary of Findings				Plan of Action									
June													
Summary of Findings				Plan of Action									

Risk Management

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

H. Deaths within 24 hours of Admit

Function: Outcome & Process Measure													
Rationale: High Risk, Problem Prone													
Data Source: Patient Records, Discharge Report													
Sample Size: All patient expirations during reporting period													
Methodology: Patient Records, Discharge Report, PDSA													
Inclusion Criteria: All patient expirations during reporting period													
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
# of deaths within 24 hours of admit	0	0											0
# of deaths during the reporting period	0	0											0
Percentage of deaths within 24 hours	#N/A	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings				Plan of Action									
No deaths w/in 24 hours of admit				No action required at this time									
February													
Summary of Findings				Plan of Action									
No deaths w/in 24 hours of admit				No action required at this time									
March													

Risk Management

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

I. [Organ Procurement Organization Notification/Tissue Donation](#)

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

Risk Management

Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
# of documented Organ banks notifications within 60 min of death	0	1											1
Total number of Deaths for the reporting period	0	1											1
Percent of Deaths Reported (Benchmark = 100%)	#N/A	100%	---	---	---	---	---	---	---	---	---	---	100%
Tissue Donations	0												0
January													
Summary of Findings				Plan of Action									
No deaths				NO action required at this time									
February													
Summary of Findings				Plan of Action									
LifeShare notified within 60 minutes of death.				No action required at this time									
March													
Summary of Findings				Plan of Action									
April													
Summary of Findings				Plan of Action									
May													
Summary of Findings				Plan of Action									
June													
Summary of Findings				Plan of Action									
July													
Summary of Findings				Plan of Action									
August													
Summary of Findings				Plan of Action									
September													
Summary of Findings				Plan of Action									
October													
Summary of Findings				Plan of Action									
November													

Risk Management

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

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

Nursing Services

A. Critical Tests / Labs

Function: Outcome & Process Measure													
Rationale: High Risk, High Volume, Problem Prone													
Data Source: Lab reports, Patient Records													
Sample Size: All critical labs for Reporting Period													
Methodology: Audit Tool, Patient Records, PDSA													
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Critical results with documented MD/LIP contact within 1 hour (from RN notification to provider) (Benchmark=90%)	11	27											38
Total critical results logged during reporting period	16	27											43
Percentage of Critical Lab Results Completed (Benchmark = 90%)	69%	100%	---	---	---	---	---	---	---	---	---	---	88%
January													
Summary of Findings				Plan of Action									
31% below benchmark				CCO has instructed Lab staff to call critical results to nurse. Nurse will promptly log and report results to provider. Additionally, lab staff will accompany their call with a faxed reults and request signed acknowledgment from the receiving nursing. Staff were educated on the updated process via read and sign inservice by CCO.									
February													
Summary of Findings				Plan of Action									
no remarkable findings				no action required at thsi time									
March													
Summary of Findings				Plan of Action									
April													
Summary of Findings				Plan of Action									
May													
Summary of Findings				Plan of Action									
June													
Summary of Findings				Plan of Action									
July													
Summary of Findings				Plan of Action									
August													

Nursing Services

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

B. Restraint Use

Rationale: High Risk, Problem Prone													
Data Source: Patient Records, Audit Log													
Sample Size: All episodes of restraint Use During Reporting Period													
Methodology: Patient Records, Audit Log, PDSA													
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Number of restraint days during reporting period	0	0											0
Total patient days during reporting period	183	324	0	0	0	0	0	0	0	0	0	0	507
Rate per 1000 patient days	---	---											
January													
Summary of Findings				Plan of Action									
No restraint use in January				No action required at thsi time									
February													
Summary of Findings				Plan of Action									
No restraint use in February				No action required at thsi time									
March													
Summary of Findings				Plan of Action									
April													
Summary of Findings				Plan of Action									

Nursing Services

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

Nursing Services

Summary of Findings	Plan of Action

C. RN Assessments

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

Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total Number of RN assessments completed q24 hours	19	20											39
Total Number of assessments reviewed	19	20											39
Percent of Compliance (Benchmark = 100%)		1000	---	---	---	---	---	---	---	---	---	---	1000
January													
Summary of Findings				Plan of Action									
				No action required at this time									
February													
Summary of Findings				Plan of Action									
No remarkable findings				No action required at this time									
March													
Summary of Findings				Plan of Action									
April													
Summary of Findings				Plan of Action									
May													
Summary of Findings				Plan of Action									
June													
Summary of Findings				Plan of Action									
July													
Summary of Findings				Plan of Action									
August													
Summary of Findings				Plan of Action									

Nursing Services

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

Emergency Department

A. ER Log & Visits

Function: Outcome & Process Measure Rationale: High Risk, Problem Prone Data Source: Patient Records, ER Log PDSA Sample Size: All ER patients During Reporting Period Methodology: Patient Records, Audit Tool, PDSA Inclusion Criteria: All ER Patients During Reporting Period													
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
ER Log Current & Complete (Each ER Visit)	104	133											237
Total number of ER Visits	104	133	0	0	0	0	0	0	0	0	0	0	237
Percent of Compliance (Benchmark = 100%)	100%	100%	---	---	---	---	---	---	---	---	---	---	100%
January													
Summary of Findings				Plan of Action									
no remarkable findings				No action required at this time.									
February													
Summary of Findings				Plan of Action									
No remarkable findings				No action required at this time.									
March													
Summary of Findings				Plan of Action									
April													
Summary of Findings				Plan of Action									
May													
Summary of Findings				Plan of Action									
June													
Summary of Findings				Plan of Action									
July													
Summary of Findings				Plan of Action									
August													

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

B. Medical Screening Exams

Function: Outcome & Process Measure													
Rationale: High Risk, Problem Prone, Compliance													
Data Source: Patient Records													
Sample Size: Quarterly Random Sample of 20 Discharged Patients													
Methodology: Patient Records, PDSA													
Inclusion Criteria: ED Records													
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total # of Medical Screening Exams Completed (Benchmark=100%)	20	20											40
Total # of Medical Exam Screenings Reviewed	20	20											40
Compliance Percentage (Benchmark = 100%)	100%	100%	---	---	---	---	---	---	---	---	---	---	100%
January													
Summary of Findings				Plan of Action									
No remarkable findings				No action required at this time.									
February													
Summary of Findings				Plan of Action									
no remarkable findings				No action required at this time.									
March													
Summary of Findings				Plan of Action									
April													
Summary of Findings				Plan of Action									

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

C. Provider ER Response Time

Function: Outcome & Process Measure Rationale: High Risk, Problem Prone, Compliance Data Source: Patient Records Sample Size: Quarterly Random Sample of 20 Discharged Patients Methodology: Patient Records, PDSA Inclusion Criteria: ED Records													
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total number of ER response times within 20 minutes (time of provider notification to provider arrival time)	20	20											40
Total number of ER visits reviewed	20	20											40
ER Provider Response Time (Benchmark=90%)	100%	100%	---	---	---	---	---	---	---	---	---	---	100%
January													

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

D. ED RN Assessment (Initial)

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

Sample Size: Quarterly Random Sample of 20 Discharged ED Patients

Methodology: Patient Records, PDSA

Inclusion Criteria: ED Records

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

January

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

February

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

March

Summary of Findings	Plan of Action

April

Summary of Findings	Plan of Action

May

Summary of Findings	Plan of Action

June

Summary of Findings	Plan of Action

July

Summary of Findings	Plan of Action

August

Summary of Findings	Plan of Action

September

Summary of Findings	Plan of Action

October

Summary of Findings	Plan of Action

November

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

E. ED Readmissions

Function: Outcome & Process Measure Rationale: High Risk, Problem Prone Data Source: Patient Records Sample Size: All ED Readmissions within 72 hours of discharge Methodology: Medical records, Discharge reports, PDSA Inclusion Criteria: All ED Readmissions within 72 hours of discharge													
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
# of patients readmitted to ED within 72 hours	1	3											4
Total # of ED discharges	104	133											237
ER Re-Admits Rate per 100 patient discharges (Benchmark=2.5%)	1	2	---	---	---	---	---	---	---	---	---	---	2
January													
Summary of Findings				Plan of Action									
1 readmit to acute: Patient was admitted to acute care on 1-3-20 with CHF, COPD exacerbation and shortness of breath. She was started on IV Rocephin and Zithromax for CXR that showed mediastinal opacity. Neb treatments were ordered routinely. She received DVT and stress ulcer prophylaxis and has improved. She has no dyspnea with exertion and on room air is oxygenating at 95%. She insists she go home, though it was suggested a few more days of IV antibiotics would be beneficial, and sputum culture results would be available. She states she has family that will be staying with her and she 'really needs' to go home.				no action required at this time.									
February													
Summary of Findings				Plan of Action									

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

December	
Summary of Findings	Plan of Action

F. EMTALA Transfer Form

Function: Outcome & Process Measure													
Rationale: High Risk, Problem Prone													
Data Source: Patient Records													
Sample Size: All ED Transfers													
Methodology: Medical records, Discharge reports, PDSA													
Inclusion Criteria: All patients transferred from ED													
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
# of patients with EMTALA Transfer Form Completed	n/a	n/a											0
Total # of ED discharge reviews													0
ER Re-Admits Rate per 100 patient discharges (Benchmark = 100%)	#####	#####	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings				Plan of Action									
Corporate is working towards getting us the correct EMTALA paperwork for													
February													
Summary of Findings				Plan of Action									
March													
Summary of Findings				Plan of Action									
April													
Summary of Findings				Plan of Action									
May													
Summary of Findings				Plan of Action									
June													
Summary of Findings				Plan of Action									
July													
Summary of Findings				Plan of Action									
August													

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

G. ED Transfers

Function: Outcome & Process Measure													
Rationale: High Risk, Problem Prone													
Sample Size: All acute transfers from ED to tertiary facility													
Methodology: Medical records, Discharge reports, ED Log, PDSA													
Inclusion Criteria: All ED transfers from ED to tertiary facility													
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
# of ED patients transferred to tertiary facility	7	10											17
January													
Summary of Findings				Plan of Action									
7 ER Transfers: 1) Patient had elevated troponin, obstructive uropathy, AKI vs CRF vs acute on chronic renal failure, severe bilateral hydronephrosis, metabolic acidosis, anemia, UTI, hyperphosphatemia. 2) Patient had dizziness, bradycardia, patient transferred for pacemaker placement per cardiologist Dr. Chanrda 3) 8 yr old with a dog bit to the face with avulsion injury, Transferred to OU Children’s 4) Patient had hypovolemic shock with end0organ dysfunction, large abdominal wall hematoma s/p AAA surgery on 1/11/21, anemia. 5) Patient had hypoxia, CHF exacerbation, large right pleural effusion, A-fib 6) Patient had RLQ abdominal pain, RLQ abdominal Spigelian hernia with possible obstruction, probable incarcerated hernia 7) Patient has minimally displaced subcapital right femoral neck fracture s/p fall, syncope, bilateral pleural effusions and right basilar opacity				Continue operations at capacities appropriate for this CAH.									
February													
Summary of Findings				Plan of Action									

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

H. Stroke Care

Function: Outcome & Process Measure														
Rationale: High Risk, Problem Prone														
Sample Size: All stroke alerts during reporting period														
Methodology: Medical records, Discharge reports, ED Log, PDSA														
Inclusion Criteria: All stroke alerts during reporting period														
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Stroke Log Completed	0%	%											0%	
Door to EMS/Air Evac Notification < 15 Minutes	0	0											0	
Total # of Stroke Alerts	0	2											2	
Percentage of Compliance (Benchmark = 80%)	---	---	---	---	---	---	---	---	---	---	---	---	---	
Door to Patient Transfer < 60 minutes	0	0											0	
Total # of Stroke Alerts	0	2											2	
Percentage of Compliance (Benchmark = 80%)	---	---	---	---	---	---	---	---	---	---	---	---	---	
Door to Provider Evaluation < 15 minutes	0	2											2	
Total # of Stroke Alerts	0	2											2	
Percentage of Compliance (Benchmark = 80%)	---	100%	---	---	---	---	---	---	---	---	---	---	100%	
Door to Stroke Center Notification < 20 minutes	0	0											0	
Total # of Stroke Alerts	0	2											2	
Percentage of Compliance (Benchmark = 80%)	---	---	---	---	---	---	---	---	---	---	---	---	---	
Vital Signs Documented Every 15 minutes	0	1											1	
Total # of Stroke Alerts	0	2											2	
Percentage of Compliance (Benchmark = 80%)	---	50%	---	---	---	---	---	---	---	---	---	---	50%	
Neurological Checks Documented Every 15 minutes	0	0											0	
Total # of Stroke Alerts	0	2											2	
Percentage of Compliance (Benchmark = 80%)	---	---	---	---	---	---	---	---	---	---	---	---	---	
Total # of Stroke Patients	0	2											2	
Total # of Acute Stroke Patients	0	2											2	
Total # of Stroke Patients Eligible for Thrombolytics	0	1											1	
January														
Summary of Findings				Plan of Action										
No strokes noted for January				No action required at this time.										
February														

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

I. Suicide Management

Function: Outcome & Process Measure

Rationale: High Risk, Problem Prone

Sample Size: All ED patients during reporting period

Methodology: Medical records, Discharge reports, ED Log, PDSA

Inclusion Criteria: All patients with suicidal/homicidal ideations, suicide attempt, self-harming behaviors, intentional overdose, etc.

	Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
1	Total # of Suicide Screenings Documented on Admission/Triage	2	2											4
	Total # of Suicide Screenings Required	2	2											4
	Percentage of Compliance (Benchmark = 80%)	100%	100%	---	---	---	---	---	---	---	---	---	---	100%
2	Completion of Environmental Patient Safety Checklist	2	1											3
	Total # of Environmental Patient Safety Checklists Required	2	2											4
	Percentage of Compliance (Benchmark = 80%)	100%	50%	---	---	---	---	---	---	---	---	---	---	75%
January														
Summary of Findings					Plan of Action									
1. Patient presented on 1/13 w/suicidal ideations. QM can not find Psych paperwork in the chart. Patient came in with thoughts of self harm, depression and anxiety. Patient was told by Red Rock to come in and get an eval. Patient was triaged and evaluated. Had virtual meeting with Red Rock. Patient was transferred from ED to Red Rock facility by MPD. 2. Patient presented on 1/12 w/chronic depression and auditory hallucinations. Patient wanted to be transfereed to Red Rock. Patient was triaged and evaluated. Had virtual meeting with Red Rock. Patient was transferred from ED to Red Rock facility by MPD					QM spoke with CCO and QA Nurse about not being able to find Psych paperwork. QA Nurse is reassessing the chart. CCO will re-educate the RN involved in the care of that patient about Psyc paperwork that is required to be done.									
February														
Summary of Findings					Plan of Action									
1. Patient presented on 2/17 with thoughts of self harm. Patient was triaged and evaluated. Red Rock held virtual meeting with patient and safety plan was implemented. Patient allowed to discharge home with safety plan. No ED psych paper work noted. 2. Patient presented on 2/24 with suicidal ideations. Patient was triaged and evaluated. Patient had virtual meeting with Red Rock Crisis team and crisis plan/safety plan was implemented. Patient was allowed to discharge home with parents with crisis/safety plan.					ER RN re-educated on Psych paperwork that is required for such patients.									
March														

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

J. Triage

Function: Outcome & Process Measure													
Rationale: High Risk, Problem Prone													
Sample Size: Minimum of 20 records per reporting period													
Methodology: Medical records, Discharge reports, ED Log, PDSA													
Inclusion Criteria: All ED patients													
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Door to Triage Level < 5 minutes	20	20											40
Total # of ED Patients Reviewed	20	20											40

Percentage of Compliance (Benchmark = 85%)	100%	100%	---	---	---	---	---	---	---	---	---	100%
January												
Summary of Findings				Plan of Action								
				No action required at this time								
February												
Summary of Findings				Plan of Action								
No remarkable findings				No action required at this time								
March												
Summary of Findings				Plan of Action								
April												
Summary of Findings				Plan of Action								
May												
Summary of Findings				Plan of Action								
June												
Summary of Findings				Plan of Action								
July												
Summary of Findings				Plan of Action								
August												
Summary of Findings				Plan of Action								
September												
Summary of Findings				Plan of Action								
October												
Summary of Findings				Plan of Action								
November												
Summary of Findings				Plan of Action								
December												
Summary of Findings				Plan of Action								
				No action required at this time								

K. STEMI Care

Function: Outcome & Process Measure													
Rationale: High Risk, Problem Prone													
Sample Size: All cardiac patients during reporting period													
Methodology: Medical records, Discharge reports, ED Log, PDSA													
Inclusion Criteria: All patients reporting chest pain, chest discomfort or other symptoms based on ECG screening criteria													
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Door to ECG < 5 Minutes Met	0	1											2
Total # of Cardiac Patients	0	1											2
Percentage of Compliance (Benchmark = 80%)	100%	---	---	---	---	---	---	---	---	---	---	---	100%
Door to Provider Evaluation < 15 minutes	0	1											2
Total # of Cardiac Patients	0	1											2
Percentage of Compliance (Benchmark = 80%)	100%	---	---	---	---	---	---	---	---	---	---	---	100%
Door to Chest X-ray < 30 minutes	0	1											0
Total # of Cardiac Patients	0	1											2
Percentage of Compliance (Benchmark = 80%)	---	---	---	---	---	---	---	---	---	---	---	---	---
Door to EMS/Air Evacuation Notification < 20 minutes	0	0											0
Total # of Cardiac Patients	0	1											2
Percentage of Compliance (Benchmark = 80%)	---	---	---	---	---	---	---	---	---	---	---	---	---
Door to Patient Transfer < 60 minutes	0	0											0
Total # of Cardiac Patients	0	1											2
Percentage of Compliance (Benchmark = 80%)	---	---	---	---	---	---	---	---	---	---	---	---	---
Door to Fibrinolytic Therapy < 30 minutes	0	0											0
Total # of Cardiac Patients	0	1											2
Percentage of Compliance (Benchmark = 80%)	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings				Plan of Action									
No STEMI/NSTEMI noted for January				No action required at this time									
February													
Summary of Findings				Plan of Action									

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

1. ED Nursing Assessment (Discharge/Transfer)

Function: Outcome & Process Measure

Rationale: High Risk, Problem Prone

Sample Size: Minimum of 20 records per reporting period

Methodology: Medical records, Discharge reports, ED Log, PDSA

Inclusion Criteria: All ED patients

Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
ED Nursing Assessment Completed Upon DC or Transfer	20	20											40
Total # of ED Patients Reviewed	20	20											40
Percentage of Compliance (Benchmark = 90%)	100%	100%	---	---	---	---	---	---	---	---	---	---	100%
January													
Summary of Findings	Plan of Action												
	No action required at this time												
February													
Summary of Findings	Plan of Action												
No remarkable findings	No action required at this time												
March													
Summary of Findings	Plan of Action												
April													
Summary of Findings	Plan of Action												
May													
Summary of Findings	Plan of Action												
June													
Summary of Findings	Plan of Action												
July													
Summary of Findings	Plan of Action												
August													
Summary of Findings	Plan of Action												
September													
Summary of Findings	Plan of Action												
October													
Summary of Findings	Plan of Action												

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

Pharmacy and Medication Safety

A. Pharmacy Utilization

Drug Costs	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total Drug Costs for reporting month	\$9,525	\$18,552											\$28,078
High Cost Medications (Medications that cost more than \$100 per dose)	\$709.92	4177.88											4888
January													
Summary of Findings				Plan of Action									
High Cost Medications: \$709.92 (Advair, Santyl, Cathflo); Antibiotics: \$817.19; Radiology: \$1383.87 (Optiray); Vaccines: \$832.07 (Adacel, Tubersol); COVID-19 Meds: \$131.24 (ProAir)													
February													
Summary of Findings				Plan of Action									
High Cost Medications: \$4177.88 (Symbicort, Lantus, Combivent); Antibiotics: \$2057.90; Vaccines: \$243.85 (Adacel); Nutrition/IV fluids: \$2721.42; COVID-19 Medications: \$2243.25 (Combivent inhalers)													
March													
Summary of Findings				Plan of Action									
April													
Summary of Findings				Plan of Action									
May													
Summary of Findings				Plan of Action									
June													
Summary of Findings				Plan of Action									
July													
Summary of Findings				Plan of Action									
August													
Summary of Findings				Plan of Action									
September													
Summary of Findings				Plan of Action									
October													

Pharmacy and Medication Safety

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

B. After Hours Access

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

Quality Control Monitoring	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total # of after hours access to pharmacy for narcotics	0	0											0
Total # of after hours access to pharmacy for narcotics (Benchmark = < 50)	104	133											237
January													
Summary of Findings				Plan of Action									
DR accessed 104 times: 41 times for refrigerated medications; 11 times for ER patient medications; 3 times to restock RT box; 25 times for IV fluids not stocked in MedDispense; 4 times for inhalers/topicals that are kept in DR to capture charges; 1 time for a vaccine; 1 time for Bamlanivimab therapy; 5 times to restock MedDispense; and 12 times for no need when medications were actually in MedDispense				Refrigerator and MedDispense locking system has been purchased for nursing station. Awaiting installation. Will dramatically decrease the amount of times DR is accessed after hours. We still are looking at options for adding additional automated dispensing systems to increase storage capabilities at the nursing station.									
February													
Summary of Findings				Plan of Action									
Dr accessed 133 times: 3 times for refrigerated medications; 21 times for inhalers/topicals that are kept in DR to capture charges; 12 times for ER patient medications; 7 times for bulk medications; 5 times for vaccines; 31 times for IV fluids not stocked in MedDispense; 13 times to restock RT box; 5 times for Remdesivir or other COVID-19 medications; 9 times to restock MedDispense; and 22 times for no need when medications actually stocked in MedDispense.				Refrigerator and MedDispense locking system has been purchased for nursing station. Awaiting installation. Will dramatically decrease the amount of times DR is accessed after hours. We still are looking at options for adding additional automated dispensing systems to increase storage capabilities at the nursing station.									
March													
Summary of Findings				Plan of Action									

Pharmacy and Medication Safety

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

C. Adverse Drug Reactions

Definition per The American Society of Health-System Pharmacists (ASHP):

"Any unexpected, unintended, undesired, or excessive response to a drug that: 1) requires discontinuing the drug (therapeutic or diagnostic) 2) requires changing the drug therapy 3) requires modifying the dose (except for minor dose adjustments) 4) necessitates hospital admission 5) prolongs stay in a health care facility 6) necessitates supportive 7) significantly complicates diagnosis 8) negatively affects prognosis 9) results in temporary or permanent harm, disability, or death 10) an allergic reaction (an immunologic hypersensitivity occurring as the result of unusual sensitivity to a drug) and idiosyncratic reaction (an abnormal susceptibility to a drug that is peculiar to the individual)"

Function: Outcome & Process Measure

Rationale: High Risk, High Volume, Problem Prone

Data Source: Patient Records, Incident Reports

Sample Size: All Incidences with a Reported/Suspected ADR During Reporting Period

Methodology: Patient Records, Incident Reports, PDSA

Pharmacy and Medication Safety

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

Respiratory Care Services

A. Ventilator Days

Function: Process Measure													
Rationale: High Risk, Problem Prone													
Data Source: Patient Records													
Sample Size: All Inhouse Ventilator Patients During Reporting Period													
Methodology: Patient Records, PDSA													
Inclusion Criteria: All Inhouse Ventilator Patients During Reporting Period													
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total Ventilator Days	0	10											10
January													
Summary of Findings				Plan of Action									
Benchmark met				No action required									
February													
Summary of Findings				Plan of Action									
Benchmark met				No action required									
March													
Summary of Findings				Plan of Action									
April													
Summary of Findings				Plan of Action									
May													
Summary of Findings				Plan of Action									
June													
Summary of Findings				Plan of Action									
July													
Summary of Findings				Plan of Action									
August													
Summary of Findings				Plan of Action									
September													
Summary of Findings				Plan of Action									
October													
Summary of Findings				Plan of Action									

Respiratory Care Services

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

B. Ventilator Wean

Rationale: High Risk, Problem Prone

Data Source: Patient Records

Sample Size: All Inhouse Ventilator Patients On Weaning Program

Methodology: Patient Records, PDSA

Inclusion Criteria: All Inhouse Ventilator Patients On Weaning Program

Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
# of patients on a ventilator at least 7 days, in the weaning program and weaned from the ventilator at least 2 days prior to discharge and at time of discharge	0	0											0
# of ventilator patients discharged during the reporting month that had a physician order to wean, were on a vent > 7 days, and were NOT a terminal wean.	0	0											0
Percent of discharged patients successfully weaned from the ventilator prior to discharge	---	---	---	---	---	---	---	---	---	---	---	---	---
January													
Summary of Findings				Plan of Action									
Benchmark met				No action required									
February													
Summary of Findings				Plan of Action									
Benchmark met				No action required									
March													
Summary of Findings				Plan of Action									
April													
Summary of Findings				Plan of Action									

Respiratory Care Services

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

C. Unplanned Trach Decannulations

Rationale: High Risk, Problem Prone														
Data Source: Patient Records, Incident Reports														
Sample Size: All Patients with Unplanned Trach Decannulations														
Methodology: Patient Records, Incident Reports, PDSA														
Inclusion Criteria: All Patients with Unplanned Trach Decannulations														
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Total Number of Unplanned Patient Decannulations	0	0												0
Total Trach Days	0	10												10
Self Decannulation Rate per 1000 Trach Days	#DIV/0!	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0.0
January														
Summary of Findings	Plan of Action													

Respiratory Care Services

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

D. Respiratory Care Equipment**Rationale: High Risk, Problem Prone****Data Source: Patient Records, Log**

Respiratory Care Services

Sample Size: All Patients with Respiratory Care Equipment

Methodology: Patient Records, Log, PDSA

(Benchmark = 100%)

Inclusion Criteria: All Patients with Respiratory Care Equipment

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

January

Summary of Findings	Plan of Action
Benchmark met	No action required

February

Summary of Findings	Plan of Action
Benchmark met	No action required

March

Summary of Findings	Plan of Action

April

Summary of Findings	Plan of Action

Respiratory Care Services

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

Wound Care

A. Development of Pressure Ulcers

Function: Outcome & Process Measure Rationale: High Risk, Problem Prone Data Source: Patient Records Sample Size: All Patients who Develop a Stage II PU or > Methodology: Patient Records, Incident Reports, PDSA Inclusion Criteria: All Patients who Develop a Stage II PU or > Exclusion Criteria: Kennedy Ulcers Formula: All patients who develop Stage II PU or > (Count on Discharge)/Total # of Discharges for the Month													
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
# of patients that develop hospital acquired pressure ulcers during the stay: Stage II or higher, including eschar	0	0											0
Total number of patients discharged during the reporting period	19	10											29
Percent of patients developing 1 or more pressure ulcers during reporting period (Benchmark = 2% or less)	0%	0%	---	---	---	---	---	---	---	---	---	---	0%
January													
Summary of Findings				Plan of Action									
N/A				N/A									
February													
Summary of Findings				Plan of Action									
N/A				N/A									
March													
Summary of Findings				Plan of Action									
April													
Summary of Findings				Plan of Action									
May													
Summary of Findings				Plan of Action									
June													
Summary of Findings				Plan of Action									
July													
Summary of Findings				Plan of Action									
August													
Summary of Findings				Plan of Action									
September													

Wound Care

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

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

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

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

Wound Care

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

C. Wound Care Documentation**Function: Outcome & Process Measure****Rationale: High Risk, Problem Prone****Data Source: Patient Records**

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

Wound Care

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

D. Wound Debridement/Wound Procedures

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

Wound Care

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

E. Wound Vac Application**Function: Outcome & Process Measure****Rationale: High Risk, Problem Prone****Data Source: Patient Records****Sample Size: All Discharged Patients Receiving Wound Vac Treatment During Reporting Period****Methodology: Patient Records, PDSA**

Wound Care

Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
# of consents completed prior to application of first wound vac	1	0											1
# of patients initiating wound vac therapy during the reporting period	1	0											1
Percent of patients receiving consent for wound vac intervention prior to first treatment (Benchmark=100%)	100%	---	---	---	---	---	---	---	---	---	---	---	100%
January													
Summary of Findings				Plan of Action									
Only 1 patient had a wound vac for January and consent was signed				N/A									
February													
Summary of Findings				Plan of Action									
N/A				N/A									
March													
Summary of Findings				Plan of Action									
April													
Summary of Findings				Plan of Action									
May													
Summary of Findings				Plan of Action									
June													
Summary of Findings				Plan of Action									
July													
Summary of Findings				Plan of Action									
August													
Summary of Findings				Plan of Action									
September													
Summary of Findings				Plan of Action									
October													
Summary of Findings				Plan of Action									
November													
Summary of Findings				Plan of Action									
December													

Wound Care

Summary of Findings	Plan of Action

Radiology/Imaging Services

A. Radiology Films

Function: Outcome & Process Measure													
Rationale: High Risk, High Volume, Problem Prone													
Data Source: Patient Records													
Sample Size: All Radiology Performed During Reporting Period													
Methodology: Patient Records, PDSA													
Inclusion Criteria: All Radiology Reports Performed During Reporting Period													
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Number of films repeated	5	9											14
Total Number of films completed	103	149											252
Percentage of films repeated	5%	6%	---	---	---	---	---	---	---	---	---	---	6%
Poor preparation	1	0											1
Technical Error	4	9											13
Equipment Failure	0	0											0
January													
Summary of Findings				Plan of Action									
Did not make sure the bucky and tube were lined up, There was patient motion. The tech				No action needed.									
February													
Summary of Findings				Plan of Action									
Clipped anatomy in some, the technique was incorrect in the others.				no action needed.									
March													
Summary of Findings				Plan of Action									
April													
Summary of Findings				Plan of Action									
May													
Summary of Findings				Plan of Action									
June													
Summary of Findings				Plan of Action									
July													
Summary of Findings				Plan of Action									
August													
Summary of Findings				Plan of Action									

Radiology/Imaging Services

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

Radiology/Imaging Services

B. Imaging

Function: Outcome & Process Measure													
Rationale: High Risk, High Volume, Problem Prone													
Data Source: Patient Records													
Sample Size: All CT Imaging Performed During Reporting Period													
Methodology: Patient Records, PDSA													
Inclusion Criteria: All CT Imaging Performed During Reporting Period													
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total Number of Contrast CT scans completed <i>with reaction</i>	0	0											0
Total Number of Contrast CT scans completed	19	10											29
Percentage of CT scan reactions	0%	0%	---	---	---	---	---	---	---	---	---	---	---
Contrast CT scans with completed and signed consents	19	10											29
Total Number of Contrast CT scans	19	10											29
Percentage of Contrast CT scan consents	100%	100%	---	---	---	---	---	---	---	---	---	---	100%
January													
Summary of Findings				Plan of Action									
No Reactions. All exams completed with signed consents.				no action needed.									
February													
Summary of Findings				Plan of Action									
No Reactions. All exams completed with signed consents.				No action needed.									
March													
Summary of Findings				Plan of Action									
April													
Summary of Findings				Plan of Action									
May													
Summary of Findings				Plan of Action									
June													
Summary of Findings				Plan of Action									
July													

Radiology/Imaging Services

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

Radiology/Imaging Services

C. Radiation Dosimeter Report

Function: Outcome Measure

Rationale: Safety & Compliance

Data Source: Dosimeter Reports (Quarterly Report)

Sample Size: All Radiology Personnel

Methodology: Dosimeter Reports, PDSA

Inclusion Criteria: All Radiology Personnel

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

January

Summary of Findings	Plan of Action
Reports come in quarterly. All techs within range.	No action needed.

February

Summary of Findings	Plan of Action
Reports were received this month. All techs within range.	No action needed.

March

Summary of Findings	Plan of Action

April

Summary of Findings	Plan of Action

May

Summary of Findings	Plan of Action

June

Summary of Findings	Plan of Action

July

Summary of Findings	Plan of Action

August

Radiology/Imaging Services

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

D. Physicist's Report

Function: Outcome Measure													
Rationale: Safety & Compliance													
Data Source: Physicist Report													
Methodology: Physicist Report, PDSA													
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Physicist Report Completed	X	X	X	X	X	X							0

Laboratory

A. Lab Reports

Function: Outcome & Process Measure													
Rationale: High Risk, High Volume, Problem Prone													
Data Source: Lab Reports													
Sample Size: All Lab Reports Performed During Reporting Period													
Methodology: Lab Reports, PDSA													
Inclusion Criteria: All Lab Reports Performed During Reporting Period													
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Number of labs repeated or rejected	2	1											3
Total Number of labs completed	2140	2286											4426
Percentage of labs repeated	0%	0%	---	---	---	---	---	---	---	---	---	---	0%
Processing Specimen Error	2	1											3
Specimen Collection Procedure/Technique Error	0	0											0
Equipment Failure	0	0											0
Specimen Identification Error	0	1											1
January													
Summary of Findings				Plan of Action									
2 specimens from the nursing home was misplaced when brought in from the nursing home				Lab tech contacted the nursing home and had the patients specimens resent and the correction for the problem had been established, when the specimens are checked in at the laboratory the specimens are ran by the tech that is in that department that day. Instead of several different techs handling the specimens.									
February													
Summary of Findings				Plan of Action									
Sputum specimen recieved in laboratory with wrong label and the laboratory notified Respiratory Therapy about the mistake and Respiratory came to lab and labeled the specimen with the correct label the resspiratory therapist was the person that had collected the specimen and was certain that the specimen was collected from the patient				The respiratory stated that they would make sure the correct label would be applied before the specimen was collected.									
March													
Summary of Findings				Plan of Action									
April													
Summary of Findings				Plan of Action									
May													
Summary of Findings				Plan of Action									
June													
Summary of Findings				Plan of Action									
July													
Summary of Findings				Plan of Action									

Laboratory

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

B. Blood Culture Contaminations

Function: Outcome & Process Measure														
Rationale: High Risk, High Volume, Problem Prone														
Data Source: Lab Reports														
Sample Size: All Blood Culture Lab Reports Performed During Reporting Period														
Methodology: Lab Reports, PDSA														
Inclusion Criteria: All Blood Culture Lab Reports Performed During Reporting Period														
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Number of contaminated blood cultures	0	0											0	
Total number of blood cultures obtained	18	34											52	
Percentage of contaminated blood cultures	0%	---	---	---	---	---	---	---	---	---	---	---	---	
January														
Summary of Findings					Plan of Action									
No contaminated blood cultures					no action needed									
February														
Summary of Findings					Plan of Action									
No contaminated blood cultures					no action needed									
March														
Summary of Findings					Plan of Action									
April														
Summary of Findings					Plan of Action									
May														
Summary of Findings					Plan of Action									

Laboratory

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

Infection Control and Prevention

A. [Catheter Associated Urinary Tract Infections \(CAUTI's\)](#)

Function: Outcome Measure													
Rationale: High Risk, Problem Prone													
Data Source: Patient Records, Lab Reports													
Sample Size: All Patients with Indwelling Urinary Catheters During Reporting Period													
Methodology: Patient Records, Lab Reports, PDSA													
Inclusion Criteria: All Patients with Indwelling Urinary Catheters During Reporting Period													
Catheter Associated Urinary Tract Infections (CAUTI's)	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
# of Catheter Associated Urinary Tract Infections	0	0											0
Total # of Urinary Catheter Days During the Reporting Period	71	100											171
Infection Rate per 1000 foley catheter days (Benchmark=1)	0.0	0.0	---	---	---	---	---	---	---	---	---	---	---
CAUTI Bundle Compliance (Benchmark=90%)	100%	100%											100%
January													
Summary of Findings				Plan of Action									
0 CAUTI'S for the month of January. 71 total catheter days between 7 patients.				IP will continue to monitor CAUTI bundles and maintain surveillance of Foley catheter usage for appropriate usage, initiation, and maintenace.									
February													
Summary of Findings				Plan of Action									
0 CAUTI'S for the month of February. 100 total catheter days between 11 patients.				IP will continue to monitor CAUTI bundles and maintain surveillance of Foley catheter usage for appropriate usage, initiation, and maintenace.									
March													
Summary of Findings				Plan of Action									
April													
Summary of Findings				Plan of Action									
May													
Summary of Findings				Plan of Action									
June													
Summary of Findings				Plan of Action									
July													
Summary of Findings				Plan of Action									
August													
Summary of Findings				Plan of Action									

Infection Control and Prevention

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

B. [Central Line Associated Bloodstream Infections \(CLABSI's\)](#)

Function: Outcome Measure													
Rationale: High Risk, Problem Prone													
Data Source: Patient Records, Lab Reports													
Sample Size: All Patients with Indwelling Central Venous Catheters During Reporting Period													
Methodology: Patient Records, Lab Reports, PDSA													
Inclusion Criteria: All Patients with Indwelling Central Venous Catheters During Reporting Period													
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
# of Central Line Associated Primary Bloodstream Infections	0	0											0
# of Total Central Line Days During the Reporting Period	58	127											185
Infection Rate per 1000 central line days (Benchmark = 0.5)	0.0	0.0	---	---	---	---	---	---	---	---	---	---	---
CLABSI Bundle Compliance (Benchmark=90%)	100%	100%											100%
January													
Summary of Findings				Plan of Action									
0 CLABSI's for the month of January. 58 total CVL days between 6 patients.				Nursing and IP will reinforce rationale for placement and maintenance of central lines. IP will reinforce hand hygiene and sterile technique to nursing staff when performing dressing changes and proper technique for utilization when administering medications.									
February													
Summary of Findings				Plan of Action									

Infection Control and Prevention

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

Infection Control and Prevention

--	--

C. Hospital Acquired MDRO

Function: Outcome Measure														
Rationale: High Risk, Problem Prone														
Data Source: Patient Records, Lab Reports														
Sample Size: All Patients who Develop HA MDRO														
Methodology: Patient Records, Lab Reports, PDSA														
Inclusion Criteria: All Patients who Develop HA MDRO														
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Total # of MDRO identified >24 hours after admission	0	0											0	
Total # of Patient Admissions	25	35	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	60	
Hospital Acquired MDRO Rate per 1000 patient admissions	0.0	---	---	---	---	---	---	---	---	---	---	---	---	
January														
Summary of Findings				Plan of Action										
0 Hospital-acquired MDRO's for the month of January.				IP will continue to reinforce prompt recognition of need and collection for cultures within 3 days of admission through ongoing training and upon orientation of new nursing staff.										
February														
Summary of Findings				Plan of Action										
0 Hospital-acquired MDRO's for the month of February				IP will continue to reinforce prompt recognition of need and collection for cultures within 3 days of admission through ongoing training and upon orientation of new nursing staff.										
March														
Summary of Findings				Plan of Action										
April														
Summary of Findings				Plan of Action										
May														
Summary of Findings				Plan of Action										
June														
Summary of Findings				Plan of Action										
July														
Summary of Findings				Plan of Action										

Infection Control and Prevention

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

Infection Control and Prevention

D. Hospital Acquired C-diff

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

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

January

Summary of Findings	Plan of Action
No C-Diff findings for the month of January	Continue to monitor for C-Diff with ABX surveillance and stewardship.

February

Summary of Findings	Plan of Action
No C-Diff findings for the month of February.	Continue to monitor for C-Diff with ABX surveillance and stewardship.

March

Summary of Findings	Plan of Action

April

Summary of Findings	Plan of Correction

May

Summary of Findings	Plan of Action

June

Summary of Findings	Plan of Action

Infection Control and Prevention

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

Infection Control and Prevention

E. Hospital Acquired Infections by Source

Source	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Blood with CVC (central venous catheter)	0	0											0
Blood without CVC	0	0											0
Urine with indwelling catheter	0	0											0
Urine without indwelling catheter	0	0											0
HAI with artificial airway device	0	0											0
HAI without artificial airway device	0	0											0
Stool	0	0											0
Wound	0	0											0
Total Acquired Infection Sources	0	0	0	0	0	0	0	0	0	0	0	0	0
January													
Summary of Findings				Plan of Action									
0 HAI for January				IP will continue infection control surveillance, increase education and emphasize importance of hand hygiene and PPE usage. Prompt recognition and collection of cultures within 3 days of admission, or less than 24 hrs if possible, will be initiated by nursing and IP.									
February													
Summary of Findings				Plan of Action									
0 HAI for February				IP will continue infection control surveillance, increase education and emphasize importance of hand hygiene and PPE usage. Prompt recognition and collection of cultures within 3 days of admission, or less than 24 hrs if possible, will be initiated by nursing and IP.									
March													
Summary of Findings				Plan of Action									
April													
Summary of Findings				Plan of Action									
May													
Summary of Findings				Plan of Action									
June													
Summary of Findings				Plan of Action									
July													

Infection Control and Prevention

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

F. Hand Hygiene/PPE & Isolation Surveillance

Function: Outcome & Process Measure

Rationale: High Risk, High Volume, Problem Prone

Data Source: Observation

Sample Size: 20 observations/month

Methodology: All Staff, PDSA

Inclusion Criteria: All Staff

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

Infection Control and Prevention

Respiratory	100%	100%												100%
Therapy	100%	100%												100%
Housekeeping/Dietary	100%	100%												100%
Medical Staff (MD/DO, NP, PA)	100%	100%												100%
Isolation	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Total number of patients in isolation	20	22												42
Total number of isolation patient days	122	92												214
January														
Summary of Findings					Plan of Action									
100% compliance with hand hygiene and PPE measures monitored for the month of January. A total of 122 isolation days between 20 patients in January. Each PUI in airborne/contact/droplet isolation pending COVID-19 swab results and screening history. 18 PUI patients for a total of 70 isolation days. 1 on contact and 1 on airborne/droplet, outside of the PUI isolation, for a total of 52 days.					IP will continue to promote and survey hand hygiene and PPE techniques and usage with all staff. Nursing will have continued diligence with COVID-19 PUI status, unless and until swab results with screening history indicate patient can be transferred to "regular" room. IP will continue monitoring appropriate PPE donning & doffing and supply count to be able to protect patients and staff and educate as needed.									
February														
Summary of Findings					Plan of Action									
100% compliance with hand hygiene and PPE measures monitored for the month of February. A total of 92 isolation days between 22 patients in February. Each PUI in airborne/contact/droplet isolation pending COVID-19 swab results and screening history. 18 PUI patients for a total of 49 isolation days. 4 on contact, outside of the PUI isolation, for a total of 43 days.					IP will continue to promote and survey hand hygiene and PPE techniques and usage with all staff. Nursing will have continued diligence with COVID-19 PUI status, unless and until swab results with screening history indicate patient can be transferred to "regular" room. IP will continue monitoring appropriate PPE donning & doffing and supply count to be able to protect patients and staff and educate as needed.									
March														
Summary of Findings					Plan of Action									
April														
Summary of Findings					Plan of Action									
May														
Summary of Findings					Plan of Action									
June														
Summary of Findings					Plan of Action									
July														
Summary of Findings					Plan of Action									
August														

Infection Control and Prevention

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

G. Public Health Reporting

Function: Outcome Measure Rationale: Regulatory Compliance Data Source: Patient Records, Lab Records Sample Size: All Inhouse Patients with A Reportable Disease Condition Methodology: Patient Records, Lab Records, PDSA Inclusion Criteria: All Inhouse Patients with A Reportable Disease Condition													
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Reports to the Health Department	0	9											9
January													
Summary of Findings				Plan of Action									
114 COVID-19 swabs obtained for month of January. 115 results negative, 3 positive. 4 IGG/IGM Serological Antibody tests performed with 2 negative results. Guidance on reporting indicated not to report unless In-House tests were completed and positive. No other issues reported for the month of January.				IP will continue to survey results of all COVID-19 swabs and antibody testing completed by MRMC. No In-House testing to be completed and utilized for official results at this time. Nursing will continue with isolation measures for each patient admitted regarding PUI status.									
February													
Summary of Findings				Plan of Action									

Infection Control and Prevention

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

Infection Control and Prevention

H. Patient Vaccinations

Function: Process Measure													
Rationale: High Risk, Problem Prone													
Data Source: Patient Records													
Sample Size: All Inhouse Patients (Swing bed)													
Methodology: Patient Records, PDSA													
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total number of eligible patients receiving influenza vaccination	3	0											3
Total number of eligible patients inhouse and/or admitted during reporting period that meet criteria for vaccination	3	0											3
Percentage of Compliance	100%	100%%	---	---	---	---	---	---	---	---	---	---	100%
Total number of eligible patients receiving pneumococcal	4	0											4
Total number of eligible patients inhouse and/or admitted during reporting period that meet criteria for vaccination	4	0											4
Percentage of Compliance	100%	100%%	---	---	---	---	---	---	---	---	---	---	100%
January													
Summary of Findings				Plan of Action									
3 patient influenza vaccines given in January. We had 4 patients receive pneumococcal vaccine. All vaccination assessments completed for the month of January except one who was transferred.				IP will continue to monitor patient assessments and documentation regarding vaccination status. Each admission gets a review of any immunizations logged into OSIIS and reported to charge nurse. IP will continue to educate and reinforce policy regarding Flu/Pneumo assessments with nursing staff and to document vaccinations under Immunizations in CPSI. IP will record vaccinations given into OSIIS database. At each IDT, IP will review upcoming discharges with primary nurse for review and administration of vaccines if appropriate.									
February													
Summary of Findings				Plan of Action									
0 patient influenza vaccines given in February. We had 0 patients receive pneumococcal vaccine. 9 vaccination assessments via "blue sheet" completed for the month of February out of 13, two transfers, 2 missed.				IP will continue to monitor patient assessments and documentation regarding vaccination status. Each admission gets a review of any immunizations logged into OSIIS and reported to charge nurse. IP will continue to educate and reinforce policy regarding Flu/Pneumo assessments with nursing staff and to document vaccinations under Immunizations in CPSI. IP will record vaccinations given into OSIIS database. At each IDT, IP will review upcoming discharges with primary nurse for review and administration of vaccines if appropriate.									
March													
Summary of Findings				Plan of Action									

Infection Control and Prevention

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

I. Ventilator Associated Event

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

Health Information Management (HIM)

A. [History and Physicals Completion](#)

Function: Outcome & Process Measure													
Rationale: High Risk, Problem Prone Compliance													
Data Source: Patient Records													
Sample Size: All patient admissions for reporting month if less than 20													
Methodology: Patient Records, PDSA													
Inclusion Criteria: All Patient Admissions													
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
# of H&P's obtained within 24 hours of admission	25	38											63
# of total admissions reviewed for the month	25	38											63
% of H& P's obtained within 24 hours of admission (Benchmark = 100%)	100%	100%	---	---	---	---	---	---	---	---	---	---	100%
January													
Summary of Findings				Plan of Action									
Met benchmark				Will continue to monitor									
February													
Summary of Findings				Plan of Action									
Met benchmark				Will continue to monitor									
March													
Summary of Findings				Plan of Action									
April													
Summary of Findings				Plan of Action									
May													
Summary of Findings				Plan of Action									
June													
Summary of Findings				Plan of Action									
July													
Summary of Findings				Plan of Action									
August													
Summary of Findings				Plan of Action									
September													
Summary of Findings				Plan of Action									
October													
Summary of Findings				Plan of Action									

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

B. [Discharge Summary Completion](#)

Function: Outcome & Process Measure													
Rationale: High Risk, Problem Prone, Compliance													
Data Source: Patient Records													
Sample Size: All discharged patients for reporting month if less than 20													
Methodology: Patient Records, PDSA													
Inclusion Criteria: Patient Discharges (Acute, SWB patients) Exclusion Criteria: Observation Patient Discharges													
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
# of Discharge Summaries completed within 48 hours of discharge	20	24											44
# of Discharges	20	26	0	0	0	0	0	0	0	0	0	0	46
% of Discharge Summaries completed within 48 hours of discharge (Benchmark=100%)	100%	92%	---	---	---	---	---	---	---	---	---	---	96%
January													
Summary of Findings				Plan of Action									
Met benchmark				Will continue to monitor									
February													
Summary of Findings				Plan of Action									
Missing one d/c from swingbed and one for an acute chart.				HIM put these in the dr.'s boxes to be done. HIM sent out an email to both physicians letting them know that these are missing on 3/5/21. 3/9/21 Sent out an email to Marie-CEO and Kaye-Credentialing and they are going to send the message along to get these matters completed.									
March													
Summary of Findings				Plan of Action									
April													
Summary of Findings				Plan of Action									
May													
Summary of Findings				Plan of Action									
June													
Summary of Findings				Plan of Action									
July													
Summary of Findings				Plan of Correction									

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

C. Progress Notes (Swing bed & Acute)

Function: Outcome & Process Measure													
Rationale: High Risk, Problem Prone, Compliance													
Data Source: Patient Records													
Sample Size: All discharged patients for reporting month if less than 20													
Methodology: Patient Records, PDSA													
Inclusion Criteria: All Swing bed Patients													
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total # of complete weekly SWB progress notes	32	23											55
Total # of progress notes audited	32	23											55
Weekly Progress Note Percent of completion (Benchmark=100%)	100%	100%	---	---	---	---	---	---	---	---	---	---	100%
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total # of complete daily acute progress notes	40	46											86
Total # of progress notes audited	40	46											86
Daily Progress Note Percent of completion (Benchmark=100%)	100%	100%	---	---	---	---	---	---	---	---	---	---	100%
January													
Summary of Findings				Plan of Action									
Met benchmark.				Will continue to monitor									
February													
Summary of Findings				Plan of Action									
Met benchmark				Will continue to monitor									
March													
Summary of Findings				Plan of Action									
April													
Summary of Findings				Plan of Action									

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

D. Consent to Treat

Function: Outcome & Process Measure Rationale: High Risk, Problem Prone, Compliance Data Source: Patient Records Sample Size: All discharged patients for reporting month if less than 20 Methodology: Patient Records, PDSA Inclusion Criteria: Patient Records														
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
Total number of consent to treat completed	128	165											293	
Total number of records reviewed	129	172											301	
Consent To Treat Percent of completion (Benchmark=100%)	99%	96%		---	---	---	---	---	---	---	---	---	97%	
January														
Summary of Findings					Plan of Action									
One swingbed is missing the consent.					Jessica with registration checks on them and sends out emails for them to get done when she comes across them. I will run a daily report for the charts to check the consents. if the consents are not scanned in, I will let Daniel in. We will have a sheet that the ward clerks will have to									
February														
Summary of Findings					Plan of Action									

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

E. Swing bed

Function: Outcome & Process Measure													
Rationale: High Risk, Problem Prone, Compliance													
Data Source: Patient Records													
Sample Size: All patient admissions for reporting month if less than 20													
Methodology: Patient Records, PDSA													
Inclusion Criteria: Swing bed Records													
Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Transition of Care to Swing bed Completed	10	20											30
Total number of swing bed admissions	10	20	0	0	0	0	0	0	0	0	0	0	30
Percent of completion (Benchmark=95%)	100%	100%	---	---	---	---	---	---	---	---	---	---	100%
Social History completed within 24 hours or first business day post admission	10	20											30
Total number of swing bed admissions	10	20	0	0	0	0	0	0	0	0	0	0	30
Percent of completion (Benchmark=95%)	100%	100%	---	---	---	---	---	---	---	---	---	---	100%
January													
Summary of Findings				Plan of Action									
There are two swingbeds missing the Social History.				2/08/21 HIM Manager sent SWB Director an email about the 2 missing. I am waiting on her response. Candy emailed me back and stated that she would get them done. 2/10/21 i checked and they are complete.									
February													
Summary of Findings				Plan of Action									
Met benchmark				Will continue to monitor									
March													
Summary of Findings				Plan of Action									
April													
Summary of Findings				Plan of Action									
May													
Summary of Findings				Plan of Action									
June													
Summary of Findings				Plan of Action									
July													
Summary of Findings				Plan of Action									
August													
Summary of Findings				Plan of Action									
September													
Summary of Findings				Plan of Action									

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

F. Electronic Prescribing

Dietary Department

A.

Function: Outcome & Process Measure													
Rationale: High Risk, High Volume, Problem Prone													
Data Source: Patient Food Trays													
Sample Size: 3 Trays/Month													
Methodology: Food Trays, PDSA													
Formula: # of Food Trays Meeting Goal/# of Food Trays Evaluated													
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Food Test Tray Evaluation (Composite Score)	100	100											200
Total Score Possible (Composite Score)	100	100											200
Percentage of Compliance	100%	100%	---	---	---	---	---	---	---	---	---	---	100%
January													
Summary of Findings				Plan of Action									
February													
Summary of Findings				Plan of Action									
March													
Summary of Findings				Plan of Action									
April													
Summary of Findings				Plan of Action									
May													
Summary of Findings				Plan of Action									
June													
Summary of Findings				Plan of Action									
July													
Summary of Findings				Plan of Action									
August													
Summary of Findings				Plan of Action									
September													
Summary of Findings				Plan of Action									
October													

Dietary Department

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

B. Quality Checks

Function: Outcome & Process Measure

Therapy

A. Therapy Indicators

Function: Process, Outcome Measure Rationale: High Risk, Problem Prone Data Source: Patient Records Sample Size: All patients on therapy services Methodology: Patient records; PDSA Inclusions: Swing bed patients receiving rehab services during reporting period													
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Physician Signature on Evaluation Within 7 Days of Initial Evaluation	7	13											20
Total Number of Evaluations (Benchmark = 95%)	7	13											20
Percentage of Compliance	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%
Physician Signature & Date on Recertification Within 7 Days of Completion	2	1											3
Total Number of Recertifications (Benchmark = 95%)	2	1											3
Percentage of Compliance	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%
30-Day Progress Notes Present & On Time	2	1											3
Total Progress Notes Due (Benchmark = 80%)	2	1											3
Percentage of Compliance	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%
Discharge Note Present Within 72 Hours of Discharge (PT/OT/ST) (exclude weekends & holidays)	5	7											12
Total Number of Discharge Patients With Therapy Services (Benchmark = 75%)	5	7											12
Percentage of Compliance	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%
Number of Patients With Assistive Equipment Needs (Evaluation & Recommendations By Therapy)	5	13											18
Total Number of Discharge Patients With Identified Assistive Equipment Needs (Benchmark = 95%)	5	13											18
Percentage of Compliance	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%
January													
Summary of Findings				Plan of Action									
All paperwork completed on time.				No changes needed.									
February													
Summary of Findings				Plan of Action									
All paperwork completed on time.				No changes needed.									
March													
Summary of Findings				Plan of Action									
April													
Summary of Findings				Plan of Action									

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

B. Therapy Visits

Function: Outcome Measure Rationale: High Risk, Problem Prone Data Source: Patient Records Sample Size: All patients receiving therapy services Methodology: Patient records; PDSA Inclusions: Swing bed patients receiving rehab services during reporting period Formula: # of treatments sessions completed/# of planned treatment sessions													
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total number of PT treatment sessions performed	79	117											196
Total # of planned treatment sessions	0	4											4
Treatment Compliance (Benchmark = 85%)	#DIV/0!	2925%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	4900%
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total number of OT treatment sessions performed	72	130											202
Total # of planned treatment sessions	3	144											147

Treatment Compliance (Benchmark = 85%)	2400%	90%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	137%
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total number of ST treatment sessions performed	5	0											5
Total # of planned treatment sessions	5	0											5
Treatment Compliance (Benchmark = 85%)	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%
January													
Summary of Findings				Plan of Action									
Good participation from patients this month.				Continue seeing patients that are well enough to participate.									
February													
Summary of Findings				Plan of Action									
Good participation from patients this month.				Continue seeing patients that are well enough to participate and offer those refusing treatment alternative options for therapy.									
March													
Summary of Findings				Plan of Action									
April													
Summary of Findings				Plan of Action									
May													
Summary of Findings				Plan of Action									
June													
Summary of Findings				Plan of Action									
July													
Summary of Findings				Plan of Action									
August													
Summary of Findings				Plan of Action									
September													
Summary of Findings				Plan of Action									
October													
Summary of Findings				Plan of Action									
November													
Summary of Findings				Plan of Action									
December													

Summary of Findings	Plan of Action

C. Standardized Assessment Improvement Outcomes

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

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

January

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

February

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

March

Summary of Findings	Plan of Action

April

Summary of Findings	Plan of Action

May

Summary of Findings	Plan of Action

June

Summary of Findings	Plan of Action

July

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

Human Resources

A. Compliance

Function: Process & Outcome Measure													
Rationale: High Risk, Problem Prone, Regulatory Compliance													
Data Source: Employee Records													
Sample Size: All Employees as Applicable													
Methodology: Employee Records, PDSA													
Inclusion Criteria: All Employees													
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
90-Day Staff Competency Check-Off Completed	100%	100%											100%
New Hire Orientation Compliance	100%	100%											100%
Background Check Completed	100%	100%											100%
Annual Licensure Check for Governing Board Action	100%	100%											100%
CPR Certification Compliance	100%	100%											100%
ACLS Certification Compliance	100%	100%											100%
PALS Certification Compliance	100%	100%											100%
Annual Education Compliance	100%	100%											100%
January													
Summary of Findings				Plan of Action									
Monitored closley				Continue to monitor									
Summary of Findings				Plan of Action									
Monitored closley				Continue to monitor									
March													
Summary of Findings				Plan of Action									
April													
Summary of Findings				Plan of Action									
May													
Summary of Findings				Plan of Action									
June													
Summary of Findings				Plan of Action									
July													
Summary of Findings				Plan of Action									

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

A. Registration Services

Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Correct Insurance Plan (COB)	300	340											640
Primary Doctor	340	365											705
Insurance Verified	340	360											700
Correct Guarantor	315	350											665
HIPAA	340	367											707
Emergency Contact	340	340											680
Signed Documents	300	340											640
Total Number of Documents Completed	340	367											707
Total Number of Documents Audited	340	367											707
Percentage of Compliance (Benchmark = 90%)	100%	100%	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	100%
January													
Summary of Findings				Plan of Action									
HAVE FOUND THAT HOSPITAL STAFF ARE STILL NOT PUTTING IN CORRECT INS INFO,CORRECT GUARANTOR, SIGNED DOCUMENTS				RCM MANAGER, CEO, RCM DIRECTOR ARE PUTTING AN AUDIT PROCESS IN PLACE TO MAKE SURE THESE THINGS ARE CAUGHT AND WILL BE AUDITED BY RCM MANGER, WILL CONTINUE TO MONITOR AND EDUCATE IN THE MEANTIME.									
February													
Summary of Findings				Plan of Action									
HAVE FOUND THAT HOSPITAL STAFF ARE STILL NOT PUTTING IN CORRECT INS INFO,CORRECT GUARANTOR, SIGNED DOCUMENTS				RCM MANAGER, CEO, RCM DIRECTOR ARE PUTTING AN AUDIT PROCESS IN PLACE TO MAKE SURE THESE THINGS ARE CAUGHT AND WILL BE AUDITED BY RCM MANGER, WILL CONTINUE TO MONITOR AND EDUCATE IN THE MEANTIME.									
March													
Summary of Findings				Plan of Action									
April													
Summary of Findings				Plan of Action									
May													
Summary of Findings				Plan of Action									
June													
Summary of Findings				Plan of Action									
July													
Summary of Findings				Plan of Action									

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

Environmental Services

A. Terminal Room Cleans

Function: Process & Outcome Measure													
Rational: High Risk, Problem Prone													
Data Source: Observation, EOC rounds report, incident reports													
Sample Size: Ten per month or all whichever is greater													
Methodology: Observation, EOC rounds report, incident reports, PDSA													
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Terminal Room Cleans Meeting Inspection Standards	8	8											16
Total Number of Rooms Inspected	8	8											16
Percent of Compliance (Benchmark=100%)	100%	100%	---	---	---	---	---	---	---	---	---	---	100%
January													
Summary of Findings				Plan of Action									
Compliant				No action needed									
February													
Summary of Findings				Plan of Action									
Compliant				No action needed									
March													
Summary of Findings				Plan of Action									
April													
Summary of Findings				Plan of Action									
May													
Summary of Findings				Plan of Action									
June													
Summary of Findings				Plan of Action									
July													
Summary of Findings				Plan of Action									
August													
Summary of Findings				Plan of Action									
September													
Summary of Findings				Plan of Action									

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

Materials Management

A. Materials Management Indicators

Function: Process & Outcome Measure													
Rational: High Risk, Problem Prone													
Data Source: Order Sheets, Invoices, Audits													
Methodology: Order Sheets, Invoices, Audits PDSA													
Sample Size: All Orders and All Recalls													
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total Number of Back Orders by Vendors	1	3											4
Total Number of Orders Placed to Vendors by Hospital	30	32											62
Percentage of Back Orders	3%	9%	---	---	---	---	---	---	---	---	---	---	6%
Total Number of Late Orders due to Vendor(s) Issues	0	1											1
Total Number of Orders Placed to Vendors by Hospital	30	32											62
Percentage of Late Orders	---	3%	---	---	---	---	---	---	---	---	---	---	2%
Total Number of Recalls (Items utilized by the hospital)	2	1											3
Total Number of Items Checked Out Properly	712	981											1693
Total Number of Items Checked Out	721	984											1705
Percentage of Compliance	99%	100%	---	---	---	---	---	---	---	---	---	---	99%
January													
Summary of Findings				Plan of Action									
recalls feb particulate respirator and surgical mask													
RECALLS: (1) Dermabond Advanced™ Topical Skin Adhesive, (2) Strata II™, Delta™, and CSF-Flow Control™ Valves and Shunts				Materials Manager checked stock, did not have affected product. No action needed.									
February													
Summary of Findings				Plan of Action									
RECALLS: 3M PARTICULATE RESPIRATOR AND SURGICAL MASK				This is an update to a safety notice posted on 2/3/2021 to include additional lot numbers. Due to increasing reports of fraud. This is a counterfeit notification not a product recal. No action needed.									
Summary of Findings				Plan of Action									
April													
Summary of Findings				Plan of Action									
May													
Summary of Findings				Plan of Action									

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

B. Materials Management Indicators

Function: Process & Outcome Measure Rational: High Risk, Problem Prone Data Source: Order Sheets, Invoices, Audits Methodology: Order Sheets, Invoices, Audits PDSA Sample Size: Ten Items Per Month with a sampling of 20 "eaches" or all if less than 20 "eaches" for each item Inclusion Criteria: Chargeable Items Exclusion Criteria: Non-Chargeable Criteria Process: For each reporting month a total of 10 separate "chargeable items" are reviewed for correct labeling, expiration date/within use date, & correct inventory information. Utilize the Audit Tool to gather and compile data. At the end of the month when the data is entered for all 10 items, a value will be autocalculated for a composite score. These are the values that will be entered into the Quality Report.													
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Percentage of Chargeable Items Correctly Labeled	100%	100%											100%
Percentage of Items Within Use Date (Benchmark = 90%)	100%	98%											99%
Percentage of Inventory Information Correct (Benchmark = 90%)	100%	100%											100%
January													
Summary of Findings	Plan of Action												
Met benchmark.	Continue to monitor												

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

Plant Operations

A. Fire Safety Management

Function: Process & Outcome Measure														
Rationale: High Risk, Problem Prone														
Data Source: Fire Drill Reports, Audit														
Methodology: Fire Drill Reports, Audits														
Note: Fire drills must be conducted at least quarterly but may be conducted more frequently.														
Note: Fire extinguisher checks must be performed monthly														
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	
	Q1			Q2			Q3			Q4				
Total Number of Fire Drills Completed													0	
Total Number of Fire Drills													0	
Percentage of Compliance	---			---			---			---			---	
Monthly Fire Extinguisher Checks Completed	24	24											48	
Total Number of Fire Extinguishers	24	24											48	
Percentage of Compliance	100%	100%	---	---	---	---	---	---	---	---	---	---	100%	
January														
Summary of Findings				Plan of Action										
Compliant				No action needed										
February														
Summary of Findings				Plan of Action										
Compliant				No action needed										
March														
Summary of Findings				Plan of Action										
April														
Summary of Findings				Plan of Action										
May														
Summary of Findings				Plan of Action										
June														
Summary of Findings				Plan of Action										
July														
Summary of Findings				Plan of Action										
August														
Summary of Findings				Plan of Action										
September														
Summary of Findings				Plan of Action										

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

Information Technology

A. IT Incidents

Function: Process & Outcome Measure													
Rational: High Risk, Problem Prone													
Data Source: Work Reports													
Methodology: Work Reports, PDSA													
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Equipment Malfunction/Issue	2	0											2
EHR System Shutdown	0	0											0
Power/Electrical Failure	0	0											0
Internet Outage	0	0											0
Interface Issue	0	0											0
Server Outage	0	0											0
Planned Changes	0	0											0
Other (Include in findings)	58	68											126
January													
Summary of Findings				Plan of Action									
this month was quiet, usual password resets and such. we do have 2 COW units down on the floor that need new pc's istalled in them				IT will replace the PCs in the COW units and deliver back to the floor. WHEN? when i got the parts, at the time i did not know when the new units would arrive, and so instead of guessing, i chose not to make mention of a date.									
February													
Summary of Findings				Plan of Action									
it was a pretty quiet month again, only 68 tickets, mostly tv remotes and													
March													
Summary of Findings				Plan of Action									
April													
Summary of Findings				Plan of Action									
May													
Summary of Findings				Plan of Action									
June													
Summary of Findings				Plan of Action									
July													
Summary of Findings				Plan of Action									
August													

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

Outpatient Services

A. Outpatient Orders & Assessments

Function: Process & Outcome Measure Rational: High Risk, Problem Prone Data Source: Patient Records Sample Size: 10 randomized records per month Methodology: Patient Records, PDSA Inclusion Criteria: All patients receiving outpatient services													
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Scheduled Appointment for Outpatient Services	10	0											10
Correct Order On Chart	10	0											10
Total number of orders	10	0											10
Percentage of correct orders (Benchmark=100%)	100%	---	---	---	---	---	---	---	---	---	---	---	100%
RN assessments completed	4	0											4
Total number of RN assessments required & completed	4	0											4
Percentage of RN assessments required & completed (Benchmark=100%)	100%	---	---	---	---	---	---	---	---	---	---	---	100%
January													
Summary of Findings				Plan of Action									
No OP noted for the month of February				No plan of action needed.									

B. Outpatient Therapy Services

Function: Process & Outcome Measure Rational: High Risk, Problem Prone Data Source: Patient Records, Patient Reports Methodology: Patient Records, PDSA Inclusion Criteria: All patients receiving outpatient therapy services Exclusion Criteria: death, unplanned/unexpected discharge													
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Physician Signature on Initial Evaluations	1	0											1
Total # of Evaluations	1	0											1
Percentage of Compliance (Benchmark = 75%)	100%	---	---	---	---	---	---	---	---	---	---	---	100%
Total # Treatments Performed	12	9											21
Total # of Planned Patient Treatments	12	9											21
Percentage of Compliance (Benchmark = 70%)	100%	100%	---	---	---	---	---	---	---	---	---	---	100%
30-Day Progress Notes (performed on or before 30 days from initial evaluation)	0	0											0

Total Number of Progress Notes (all patients with therapy services greater than 30 days)	0	0											0
Percentage of Compliance (Benchmark = 95%)	---	---	---	---	---	---	---	---	---	---	---	---	---
Discharge Note Performed Within 72 Hours By PT (exclude weekends & holidays)	2	0											2
Total Number of Discharged Patients	2	0											2
Percentage of Compliance (Benchmark = 95%)	100%	---	---	---	---	---	---	---	---	---	---	---	100%
Total # of patients discharged with improved standardized assessment scores	2	0											2
Total # patients with documented standardized assessment score on admission	2	0											2
% of Functional Improvement (Benchmark=80%)	100%	---	---	---	---	---	---	---	---	---	---	---	100%
January													
Summary of Findings							Plan of Action						
All paperwork written and received back in timely manner.							No changes needed at this time.						

C. Outpatient Wound Services

Function: Process & Outcome Measure													
Rational: High Risk, Problem Prone													
Data Source: Patient Records, Patient Reports													
Methodology: Patient Records, PDSA													
Inclusion Criteria: All patients receiving outpatient therapy services													
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total Number of Wound Debridements	4	4											8
Total Number of Consents Completed	2	2											4
Total Number of Consents Required	2	2											4
Percentage of Compliance (Benchmark = 100%)	100%	100%	---	---	---	---	---	---	---	---	---	---	100%
Total Number of Wounds Showing Improvement	2	2											4
Total Number of Wounds	2	2											4
Percentage of Compliance	100%	100%	---	---	---	---	---	---	---	---	---	---	100%
January													
Summary of Findings				Plan of Action									
N/A				N/A									
February													
Summary of Findings				Plan of Action									
N/A				N/A									
March													

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

Strong Mind Services

A. Record Compliance

Function: Compliance Measure Rationale: High Risk, Problem Prone Data Source: Client Records Sample Size: All clients in program Methodology: Client records; PDCA Inclusions: All clients in program during reporting month Formula: # of complete charts/# of charts audited													
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total number of records meeting compliance													0
Total number of records audited													0
Percentage of Compliance (Benchmark=95%)	---	---	---	---	---	---	---	---	---	---	---	---	#DIV/0!
January													
Summary of Findings				Plan of Action									

B. Client Satisfaction Surveys

Function: Outcome Measure Rationale: High Risk, Problem Prone Data Source: Client Surveys Sample Size: All discharged clients in program Methodology: Client Surveys; PDCA Inclusions: All clients in program discharged during reporting month Formula: # of surveys completed/# of surveys returned													
Indicators (Active Clients)	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total number surveys returned													0
Total number of surveys distributed (active clients)													0
Return Rate (Benchmark=80%)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Satisfaction Score Results (composite score/active clients)													0
Total Score													0
Percentage of satisfaction (Benchmark=80%)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Indicators (Discharged Clients)	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total number surveys returned													0

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

C. Master Treatment Plans

Function: Process & Outcome Measure Rationale: High Risk, Problem Prone Data Source: Client Files Sample Size: All clients in program Methodology: Client records; PDCA Inclusions: All clients in program during reporting month Formula: # of master treatment plans completed within 5 days/# of master treatment plans													
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total number of master treatment plans completed													0
Total number of master treatment plans required													0
Master Treatment Plans Completed (Benchmark=100%)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
January													
Summary of Findings							Plan of Action						

D. Suicidal Ideation

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

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

E. Scheduled Appointments

Function: Process & Outcome Measure													
Rationale: High Risk, Problem Prone													
Data Source: Client Files													
Sample Size: All clients in program													
Methodology: Client records; PDCA													
Inclusions: All clients in program during reporting month													
Formula: # of missed appointments/total number of scheduled appointments													
Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total number of missed appointments													0
Total number of scheduled appointments													0
Percentage of Missed Appointments (Benchmark=less than 10%)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
January													
Summary of Findings				Plan of Action									

Contract Services

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

MEC/GB Approval
Yes
Yes
Yes
Yes
Yes
Yes
Yes

Education & Training

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

Performance Improvement Projects

Date	Title	Goals	Status	Progress
01/25/21				

Surveys

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

Product Recalls

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

FMEA

Date	Project Title	Actions Taken
01/25/21		

RCA

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

Blood Utilization

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

HIPAA Breaches

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

Facility/Equipment Issues/Concerns/PM Reports

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

Emergency Preparedness

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

Mandatory or Routine Inspections

Date	Inspection Type	Inspection Date	Results
01/25/21			

Policy & Procedure Review and Approval

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

Staffing

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

Open Positions

Credentialing & New Appointments

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

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

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

Date: 3/11/2021	Time: 12:43	Recorder: Melissa Tunstall		Reporting Period Discussed: FEBRUARY 2021			
Members Present via Teams Meeting							
Chairperson:		CEO: Marie Harrington			Medical Representative: Dr. Chiaffitelli		
Name	Title	Name	Title	Name	Title	Name	Title
Jennifer Waxell	Respiratory	Josey Kenmore	Materials Management	Amber Jackson	Clinic Manager	Tanya Knight	Lab Manager
Sarah Dillahunty	Dietary	Daniel Coffin	CCO	Kaye Hamilton	Credentialing	Sarah Cox	Infection
Zack Canaday	IT	Pamela Esparza	Radiology Manager	Jennifer Dreyer	HIM	Kasi Hilley	Business/RCM Director
Angela Williams	Corporate QM						
TOPIC	FINDINGS/CONCLUSIONS			ACTIONS/RECOMMENDATIONS			FOLLOW-UP
Call to Order	Melissa Tunstall and Daniel Coffin						
Review of Minutes	Pam Esparza						
Review of Committee Meetings							
A. EOC/Patient Safety Committee	Was not present for the meeting			Will report in March meeting			
B. Infection Control Committee	No CLABSI, CAUDIA, HAI. 100% hand hygiene. Health stream.			Will continue to monitor			
C. Pharmacy & Therapeutics Committee	No data will have PNT meeting in April						
D. HIM/Credentials Committee	Discharge summary - 2 Consents missing 1-ER 3-acute 2-swingbed JANUARY - Consents had 1 missing out of swingbed. All others met benchmark			HIM emailed providers. K. Hamilton is going to call Physicians to get them to log on to get it complete Consents -. HIM manager sent emails and made phone calls. JANUARY - HIM will run a daily report for the charts to			
E. Utilization Review Committee	UR Mangager was not present for the meeting			Will report in March meeting			
F. Compliance Committee	No meetings started as of this time						
Old Business	Safety Officer has set up active shooter drill to be completed on March 11, 2021. Vaccine clinics are being held here at the hospital for the community to help get vaccinations to the public						
New Business	Electricion(Reyes Electric) came on 2/22/2021 to complete the rewiring of the Covid wing. It now has correct amperage to safely run ventilators and to heat and cool all of the rooms on that wing.						
Quality Assurance/Performance Improvement							
Volume & Utilization							
A. Hospital Activity							

B. Blood Utilization	1 Product was administered without problems	Will continue to monitor	
Care Management			
A. CAH/ER Re-Admits	0		
B. Acute Transfers	1		
C. Transition of Care			
D. Discharge Follow-Up Phone Calls			
E. Patient Discharge Safety Checklist	Implemented on 2/23/2021		
Risk Management			
A. Incidents	6 1-AMA 4 - Other events 1 - Patient fall w/o inj AMA Patient had an emergency at her home and had to leave.	AMA - Provider explained benefits of staying and the risks of leaving to the patient. Patient understood and still had to leave.	
B. Reported Complaints	1 Complaint for February.	CCO and QM visited with patient and found resolve at the bedside. Patient was happy with the decisions made.	
C. Reported Grievances			
D. Patient Falls Without Injury	1 Unassisted fall with no injury. Patient sustained no injuries. QM reviewed chart and incident report and found patient did not use the call	QM reviewed chart and incident report and found patient did not use the call light that was within reach. Nursing staff reeducated patient to call	
E. Patient Falls With Minor Injury			
F. Patient Falls With Major Injury			
G. Mortality Rate	One patient death in reporting period. 1. Patient was admitted for CHF and AKI. During stay patient became unresponsive. ACLS protocols administered. No ROSC noted. Death called	Continue operating capacities for this CAH.	
H. Deaths Within 24 Hours of Admit			
I. OPO Notification/Tissue Donation	1 within the 60 minute time frame.		
J. Patient Identifiers			
Nursing			
A. Critical Tests/Labs	100% In addition to calling lab results to nursing staff, CCO is having the lab fax results and request signed acknowledgment from receiving nursing. Process has already made improvements.		
B. Restraints			
C. RN Assessments			

D. Code Blue	1 code blue. This was the mortality for February		
Emergency Department			
A. ER Log & Visits	133 Log book completed		
B. MSE			
C. Provider ER Response Time			
D. ED RN Assessment (Initial)			
E. ED Readmissions			
F. EMTALA Transfer Form			
G. ED Transfers	10 7 due to higher level of care 2 due to heat in covid wing 1	CCO has Electrician scheduled to fix the wiring to be able to accomodate	
H. Stroke Care	2 1 had completed paper work. 1 had imcomplete paperwork	Continue operations at capacities for this CAH. No other action required at this time. ER RN's re-educated on stroke protocols for vital signs and neuro checks.	
I. Suicide Management	2 1. Patient was triaged and evaluated. Red Rock held virtual meeting with patient and safety plan was implemented. Patient allowed to discharge home with safety plan. No ED psych paper work noted. 2. Patient was triaged and evaluated. Patient had virtual meeting with Red Rock Crisis team and crisis plan/safety plan was implemented. Patient was allowed to discharge home with parents with crisis/safety plan.	ER RN re-educated on Psych paperwork that is required for such patients.	
J. Triage			
K. Stemi Care	1 Patient presented to ER with NSTEMI per EKG. Patient was delayed transfer due to inclement weather and pandemic (lack of beds). Thrombolytic therapy was not indicated for patient.	CCO re-educated ED RN on cardiac protocols. Continue operating capacities for this CAH. No action required at this time.	
L. ED Nursing Assessment (Discharge/Transfer)			
Pharmacy & Medication Safety			
A. Pharmacy Utilization			
B. After Hours Access	133 times (22 times were unnecessary entrances. Meds were stocked in med dispense)	Refrigerator and med dispense locking system has been purchased to go in the nurses statioin. Awaiting installation. (This is expected to reduce the majority of after hours access)	

C. Adverse Drug Reactions			
D. Medication Errors	5 1) Nurse failed to administer IV antibiotics 2)Nurse failed to administer IV antibiotics 3) nurse failed to administer IV antibiotics 4) Nurse administered wrong solution of IV TPN 5) Nurse failed to properly 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.	
Respiratory Care Services			
A. Ventilator Days	10		
B. Ventilator Wean Rate			
C. Patient Self-Decannulation Rate			
D. Respiratory Care Equipment			
Wound Care Services			
A. Development of Pressure Ulcer			
B. Wound Healing Improvement			
C. Wound Care Documentation			
D. Debridement/Wound Care Procedures			
E. Wound Vac Application			
Radiology			
A. Radiology Films			
B. Imaging			
C. Radiation Dosimeter Report			
D. Physicist's Report			
Lab			
A. Lab Reports	1 Lab repeated/rejected sputum specimen received in lab w/wrong label	The respiratory stated that they would make sure the correct label would be applied before the specimen was collected.	
B. Blood Culture Contaminants			
Infection Control & Employee Health			

A. CAUTI's	0		
B. CLABSI'S	0		
C. HA MDROs	0		
D. HA C. diff	0		
E. Hospital Acquired Infections By Source	0		
F. Hand Hygiene/PPE & Isolation Surveillance	100%		
G. Public Health Reporting	9 132 COVID-19 PCR swabs obtained for month of February. 118 results negative, 14 positive. 12 IGG/IGM Serological Antibody tests performed with 3 negative results, 9 positive. 8 resulted Positive Rapid Swabs. Guidance on reporting indicated not to report unless In-House tests were completed and positive. 1 Chlamydia STI reported.	IP will continue to survey results of all COVID-19 swabs and antibody testing completed by MRMC. In-House Covid-19 Rapid Tests to be completed by lab and reported by lab to PHIDDO within 24 hours of results. Ordering physicians to give the results to the patients or a resulted paper with result disclosure by lab tech. Nursing will continue with isolation measures for each patient admitted regarding PUI status. All other indicated positive results reported by IP to PHIDDO.	
H. Patient Vaccinations			
I. Ventilator Associated Events			
J. Employee Health Summary	1 Light duty case continued; 2 employee injuries- sprain and contusion; 0 employee flu given; 0 TB screenings, 13 Covid vaccines given. 42 Lost work days: 1 GI, 5 URI, 1 Sore Throat/earache/fever, 1 Migraines/Bodyaches, 16 Covid-19 pending days, 1 positive Covid-19 with hospitalization- still out.		
HIM			
A. H&P's			
B. Discharge Summaries	Missing one d/c from swingbed and one for an acute chart.	HIM put these in the dr.'s boxes to be done. HIM sent out an email to both physicians letting them know that these are missing on 3/5/21. 3/9/21 Sent out an email to Marie-CEO and Kaye-Credentialing and they are going to send the message along to get these matters completed.	
C. Progress Notes (Swing bed & Acute)			

D. Consent to Treat	There is 1 er, 1 obs, 3 acute and 2 swb that are missing consents.	HIM sent out emails to RCM-Kasi, CCO-Daniel, Ward Clerks-Desiree & Krystle letting them know about some of the charts that were missing consents on 2/11/21. Kasi followed up with me and i let her know that four of them had gotten done, but the other 7 had not. Kasi-RCM manager also followed up with HIM via emial on 2/25/21 about consents and they still were not done.	
E. Swing bed Indicators			
F. E-prescribing System			
G. Legibility of Records			
Dietary			
A. Food Test Tray Eval			
B. Dietary Checklist Audit			
Therapy			
A. Therapy Indicators			
B. Therapy Visits			
C. Standardized Assessment Outcomes			
Human Resources			
A. Compliance			
Registration Services			
Registration Services			
Environmental Services			
A. Terminal Room Cleans			
Materials Management			
A. Materials Management Indicators			
Plant Operations			
A. Fire Safety Management			
Information Technology			
A. IT Indicators			
Outpatient Services			

A. Outpatient Orders and Assessments			
B. Outpatient Therapy Services			
C. Outpatient Wound Services			
Contract Services			
Contract Services	Oklahoma Blood Institute contract renewal		
Regulatory & Compliance			
A. OSDH & CMS Updates			
B. Surveys			
C. Product Recalls	None for facility		
D. FMEA			
E. RCA			
Policy & Procedure Review			
Policy & Procedure	Health Information Technology Policies and Procedures Manual		
Standing Agenda			
Credentialing/New Appointments			
A. Credentialing/New Appointment Updates	Benjamin Love, MD Courtesy Privileges William G. Morgan, MD Courtesy Privileges Kenna Wenthold, APRN Courtesy Privileges		
Education & Training			
A. Education & Training	ACLS to be done 3/4/2021 CCO will review with nursing staff and educate new policies and procedures 3/9 Basic life support classes will be held 3/18 Active shooter drill will be held 3/11.		
A. Department			
Other			
A. Other			
Adjournment			
A. Adjournment	1356	M. Tunstall and J. Kenmore	

QUALITY AD HOCK MEETING MINUTES

APRIL 20, 2021

On April 20, 2021 at 14:30 Quality Manager held an Ad Hock meeting to review the LOC for the previously approved Space Lab contract. This was to add the signature page for the Space Lab contract. Members present reviewed the LOC. Meeting adjourned at 14:34.

Members present were:

Melissa Tunstall, QM

Kari Bowles, RN/Infection Control

Candy Denney, RN/CM

Mangum Regional Medical Center
Medical Staff Meeting
March 18, 2021

MEMBERS PRESENT:

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

ALLIED HEALTH PROVIDER PRESENT:

David Arles, APRN
Mary Barnes, APRN
Randy Benish, PA

NON-MEMBERS PRESENT:

Chelsea Church, PhD
Cindy Tillman, Interim 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 February 18, 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 – Cindy Tillman, Interim CEO
 - 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. The Task Force will continue to monitor and update as new information is released.

- Participated in all OSDH Region 5 Vaccine Planning Meetings:
 - The hospital and clinic are approved as Pandemic Providers. We are working through the logistics of having the vaccines administered through the Mangum Family Clinic.
 - The Greer County Health Department offers the vaccinations on Thursday of each week. They will not have a vaccine clinic this Thursday and it is subject to change week by week.
 - The Mangum Family Clinic will be offering a vaccine clinic beginning April 7th.
 - New vaccinate@mangumregional.org email address for directing all patients interested in the vaccine to sign up.

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.
- Kathy Hammons and I 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 the current meeting schedule in order to combine some of the meetings. Once the meeting schedule is confirmed, we will roll it out to the staff and providers.
- The plan is to continue to sign checks every Friday or Monday for MRMC Accounts Payable Clerk.
- 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
 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: 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.
- 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 Oklahoma through MRMC's COVID-19 Vaccination Clinic.
- Coming up:

Effective March 15, 2021, in response to the COVID-19 pandemic, Mangum Regional Medical Center is uniquely charged with protecting both the health of those they serve and the health of their caregivers. As an essential part of the front line to stopping the community spread of COVID-19, Mangum Regional Medical Center should maintain compliance with current CDC guidelines

regarding limiting visitation to their facilities. If determined that it is safe for the patient and the staff, there will be other visitation allowed except for the COVID-19 Wing. That visitation list is in the CCO's report that remains in the minutes.

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.

Written report remains in minutes.

c. Infection Control

Date of Meeting: March 11, 2021

- Infection Control
 - a. Rapid Testing – reported to PHIDDO by lab
 - b. Phases of Covid Vaccinations
 - 1. Johnson & Johnson
 - c. New email: vaccinate@mangumregional.org
 - d. Mangum Family Clinic
- Employee Education
 - a. HealthStream
- Employee Health
 - a. Employee Files – Annual TB
 - b. COVID Vaccinations
 - c. Annual N-95 Fit Testing
- Policy & Procedure
 - a. No Current updates
- Committee Updates:
 - a. Performance Improvement Projects
 - N/A
 - b. Regulatory Compliance/Site Visits
 - TB Risk Assessment Completed
 - ICRA for 2021 in process
 - 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. "CT in USE" Light – Wire cut between control room and light – will need new wiring before light can be connected-wiring issue resolved 2-4-2021 – Brad will connect wiring.
- b. Flooring in nurses break area and med prep room - rescheduled - additional tile will need to be ordered.
- c. Evaluation and approval of annual plans – plans will be presented March meeting.
- d. Install additional outlets on east side of patient hall-will get quotes to install additional outlets.
- e. New oxygen/suction headwall needed in ER1- will schedule site visit with APEX Medgas
- f. New Covered Pegboard needed for supplies in ER1 – will complete PR and submit bid
- g. Wall repair around window in room 19 has been postponed due to COVID.
- h. Roof over OR2 area damaged and in need of repair-insurance not covering repairs-item on Board Agenda for discussion
- i. Complete Active Shooter Exercise-Drill was postponed due to conflicts-drill pending for week of February 8th.
- j. 15amp Receptacles-all 15 amp receptacles will be replaced with 20 amp receptacles throughout hospital-replacement has started.
- k. Room 9 needs electrical coming through floor addressed-resolved 1-29-2021
- l. Exit signs in COVID Wing-signs arrived-Installation to start 2-9-2021
- m. Additional electrical circuits for COVID Wing-on Board Agenda for discussion.
- n. Gurney in ER2 leaking oil-cylinder arrived 2-4-2021 replaced 2-5-2021
- o. Stained ceiling tile needs-replaced-replacement started 2-8-2021
- p. Pharmacy refrigerator needs lock installed-lock scheduled 2-10-2021
- q. Ceiling in SW Room of Lab needs repaired

i.i.i. New Business

- a. Greer County Emergency Management Meeting held with MRMC 1-28-2021 from 9:30 am to 11:00 am
- b. Sewer issues in rooms 18-22 were resolved 2-9-2021
Written report remains in minutes.

e. Laboratory

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

f. Radiology

- i. There was a total of – 246 X-Rays/CT/US
- i.i. Nothing up for approval
- i.i.i. The CT Hallway Light has been wired in and ceiling in CT for power injector has been fixed. Waiting on CT serviceman to hook the light to the machine.

Written report remains in minutes.

g. Pharmacy

- i. Verbal Report by Pharmacist.
- i.i. Clinimix is back in stock.
- i.i.i. P & T Meeting will be held next month.

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/GB (2/23/21)
 - 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. EMD-016 Blood Alcohol Collection for Law Enforcement
 - 8. EMD-016A Blood Alcohol Concentration Form
 - 9. EMD-016B Testing for Blood Alcohol Concentration Log
 - 1. Form – Blood transfusion outcome review
 - 2. Form – Patient discharge safety plan
 - 3. Consent Agenda – HR Performance Evaluation Policy
- Previous policies approved by Quality/Med Staff/No Approval from Governing Board.
 - 1. General Policies and Procedures
- Policies approved in Quality on 3/11/21
- Health Information Technology Policies and Procedures
 - 1. HIM-001 Approval Letter

2. HIM-002 Videotaping Audiotaping and Still Photography
 3. HIM-002A Consent for Photography Multimedia and Authorization for Use or Disclosure
- HIM – Keeps showing improvement on completing documentation. Physician access to EMR outside of the facility is set up and going and has helped. Also, the Kiosk is set and in use. Discharge summaries are at 92% - Missing 1 D/C from Swing Bed & 1 Acute chart.
 - Reyes Electric rewired the Covid Wing to have enough electricity to start using the ventilators.
 - Compliance
 - Contracts that were approved in Quality for January. Approved in GB Meeting on 2/23/21
 1. Wolter Kluwer Health
 2. Lippincott Procedures
 3. OFMQ Agreement and quote (Peer Review)
 - Contracts that were approved in Quality/Med Staff for November then Approved in GB Meeting on 2/23/21
 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
 - No new contracts to approve
 - Hospital KPI's
 - Report is in Quality Report in minutes.
 - 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 February: 324
- i.i. Total Medicare days for February: 274
- i.i.i. Total Medicaid days for February: 2
- i.v. Total Swing bed days for February: 278
- v. Total Medicare SB days for February: 243

Written reports remain in minutes.

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

6.New Business

- a. Approval of HIM-001 Approval Letter
 - i.Motion: made by Dr. Chiaffitelli to approve HIM-001 Approval Letter.
- b. Approval of HIM-002 Videotaping Audiotaping and Still Photography

- i.Motion:** made by Dr. Chiaffitelli to approve HIM-002 Videotaping Audiotaping and Still Photography
- c. Approval of HIM-002A Consent for Photography Multimedia and Authorization for Use or Disclosure
- i.Motion:** made by Dr. Chiaffitelli to approve HIM-002A Consent for Photography Multimedia and Authorization for Use or Disclosure
- d. Approval of Agreement – Mangum City Hospital Authority dba: Mangum Regional Medical Center and The Oklahoma Blood Institute
- i.Motion:** made by Dr. Chiaffitelli to approve Mangum City Hospital Authority dba: Mangum Regional Medical Center and The Oklahoma Blood Institute.
- e. Approval of Oklahoma Blood Institute – Fee Schedule
- i.Motion:** made by Dr. Chiaffitelli to approve Oklahoma Blood Institute-Fee Schedule.

7. Adjourn

- a. Dr. Chiaffitelli made a motion to adjourn the meeting at 12:45 pm.


Medical Director/Chief of Staff

4/19/2021
Date

Mangum Regional Medical Center
Ad Hoc Medical Staff Meeting
April 19, 2021

MEMBERS PRESENT:

John Chiaffitelli, DO, Medical Director

Absent:

Guest:

ALLIED HEALTH PROVIDER PRESENT:

David Arles, APRN-CNP

NON-MEMBERS PRESENT:

Cindy Tillman, Interim CEO

Daniel Coffin, CCO

Melissa Tunstall, Quality Director

Kaye Hamilton, Medical Staff Coordinator

1. Call to order
 - a. The meeting was called to order at 10:01 am by Dr. John Chiaffitelli, Medical Director.
2. Acceptance of minutes
 - a. The minutes of the March 18, 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. Ad Hoc meeting today to review and approve contracts. Contracts that needed to be approved before the regular Medical Staff Meeting. An overview was given of each contract.
5. Committee / Departmental Reports
 - a. No reports were given.
6. New Business
 - a. Diagnostic Imaging Associates, Inc.
i. Motion: Dr. Chiaffitelli made a motion to approve the Diagnostic Imaging Associates, Inc.
 - b. Interoperability (Inpriva) Patient Event Notification Software Pricing
i. Motion: Dr. Chiaffitelli made a motion to approve the Interoperability (Inpriva) Patient Event Notification Software Pricing
 - c. Interoperability PEN Solution – Evident COP Interoperability
i.Motion: Dr. Chiaffitelli made a motion to approve the Interoperability PEN Solution – Evident COP Interoperability.
 - d. Mangum RMC Contract with Evident

- i.Motion:** Dr. Chiaffitelli made a motion to approve the Mangum RMC Contract with Evident.
- e. Mangum Rx GPO Cardinal Health Premier Ordering
i.Motion: Dr. Chiaffitelli made a motion to approve the Mangum Rx GPO Cardinal Health Premier Ordering
- f. MedPro Group Healthcare MRMCital Authority Property, MedPro Group Professional, General Liability, D&O, EPL Proposal
i.Motion: Dr. Chiaffitelli made a motion to approve the MedPro Group Healthcare MRMCital Authority Property, Professional, General Liability, D&O, EPL Proposal.
- g. Mountain Medical Contract (Patient Safety Products)
i.Motion: Dr. Chiaffitelli made a motion to approve the Mountain Medical Contract (Patient Safety Products}.
- h. Press Ganey Amendment to signed Contract – New Start Date – July
i.Motion: Dr. Chiaffitelli made a motion to approve the Press Ganey Amendment to signed Contract – New Start Date – July.
7. Adjourn
- a. Dr. Chiaffitelli made a motion to adjourn the meeting at 10:07 am

 Medical Director/Chief of Staff

 Date

Hospital Vendor Contract – Summary Sheet

1. Name of Contract: Allied World Insurance Company
2. Contracted Parties: Allied World Insurance Company and Mangum Regional Medical Center
3. Contract Type Services: Directors and Officers/Employment Practice Liability
4. Description of Services: Allied World Insurance Company has provided the Directors and Officers/Employment Practice Liability for the past 4 years. The proposed premium for the policy period April 21, 2021-2022 is \$22, 156 compared to last years premium \$16, 611. The D&O/EPL market has changed tremendously due to COVID-19 which is a result of higher premiums.
5. Cost: ☒ _____ (Monthly) -and- ☒ \$22,156 _____ (Annually)
6. Term: yearly Months / Years
7. Termination Clause: _____

Hospital Vendor Contract – Summary Sheet

1. Name of Contract: Philadelphia Insurance Company
2. Contracted Parties: Philadelphia Insurance Company and Mangum Regional Medical Center
3. Contract Type Services: Property Insurance for the hospital building
4. Description of Services: The proposed property premium from Philadelphia Insurance Company is \$18, 545 which is less than last years premium of \$26, 954. The Philadelphia property insurance policy covers Property, Business Income, Earth Movement, Flood, Wind & Hail. The coverage locations include the hospital, lab building and clinic building.
5. Cost: ☒ _____ (Monthly) -and- ☒ \$18,545 (Annually)
6. Term: Yearly Months / Years
7. Termination Clause: _____

An Insurance Proposal

Prepared For:

*Mangum City Hospital Authority
1 Wickersham Street
Mangum, OK 73554-9117*

OHA Insurance Agency, Inc.
4000 Lincoln Blvd.
Oklahoma City, Oklahoma 73105

Executive Summary

OHA Insurance Agency is pleased to offer the following insurance renewal proposals to Mangum City Hospital Authority effective 4/21/2021:

**MedPro Group
Medical Protective Company
Healthcare Liability Coverage**

The Medical Protective Company is a member of Berkshire Hathaway's MedPro Group and is rated A++ (Superior) by A.M. Best.

The Healthcare Liability Coverage(Professional/General Liability) proposed by Medical Protective Company is for the Policy Period April 21, 2021 -2022 and offers the same coverage as the Policy Period April 21, 2020 -2021. The premium increased from \$60,592 to \$69,078 due to an increase in patient exposures, a small rate adjustment and the step factor increase for the mid-term physician that was added during this past policy year.

MedPro has provided Professional/General Liability coverage to Mangum City Hospital Authority since 2015. Prior to 2015 the coverage was provided by PLICO which was purchased by MedPro in 2015.

MedPro/PLICO is known for their superior customer service, and pride themselves in providing personalized attention to every customer. More so, because they have a local office, they are intimately familiar with the Oklahoma medical community, giving you accurate and beneficial guidance on a wide range of issues. They take a customer-focused, compassionate approach as advocates for our healthcare professionals.

**Philadelphia Insurance Company
Property Coverage**

Philadelphia Insurance Company has provided industry leading expertise and unsurpassed customer service for more than 55 years and Rated **A++** (Superior) by AM Best. They currently insure the hospital building that is owned the City of Mangum. The proposed property premium is \$18,545 which is less than last years' premium of \$26,954.

**Zurich
Property Coverage**

Zurich is a leading multi-line insurer that serves its customers in global and local markets. With about 55,000 employees, it provides a wide range of property and casualty, life insurance products and services in more than 215 countries and territories. Zurich's customers include individuals, small businesses, and mid-sized and large companies, as well as multinational corporations. Zurich has provided the property coverage for the past 3 years to Mangum City Hospital Authority. Zurich is rated **A+** by AM Best.

Zurich's proposed property premium for Mangum City Hospital Authority is \$40,150.

**Allied World Specialty Insurance Company
Directors and Officers/Employment Practices Liability**

Allied World Assurance Company Holdings, Ltd, through its subsidiaries, is a global provider of insurance and reinsurance solutions. They operate under the brand Allied World and have supported clients, cedents and trading partners with thoughtful service and meaningful coverages since 2001. Allied World is rated A by AM Best.

Allied World Insurance Company has provided the Directors and Officers/Employment Practice Liability coverage for Mangum City Hospital Authority for the past 4 years. The proposed premium for the Policy Period April 21, 2021 – 2022 is \$22,156 compared to last years' premium of \$16,611. The D&O/EPL market has changed tremendously due to COVID-19 which has resulted in higher premiums.

OHA Insurance Agency

Mangum City Hospital Authority

Healthcare Liability Coverage

MedPro	Policy Period 4/21/2021-2022	Policy Period 4/21/2020-2021
Professional Liability		
Per Event	\$1,000,000	\$1,000,000
Aggregate Limit	\$3,000,000	\$3,000,000
Claims Expenses	Defense Outside the Limits	Defense Outside the Limits
General Liability		
Per Event	\$1,000,000	\$1,000,000
Aggregate Limit	\$3,000,000	\$3,000,000
Medical Expense	\$5,000 each person	\$5,000 each person
Claims Expenses	Defense Outside the Limits	Defense Outside the Limits
Employee Benefits Liability		
Per event limit	\$1,000,000	\$1,000,000
Aggregate Limit	\$3,000,000	\$3,000,000
Claims Expenses	Defense Outside the Limits	Defense Outside the Limits
Cyber Liability		
Coverage	\$100,000	\$100,000
Aggregate Limit	\$100,000	\$100,000
Claims Expenses	Defense Within Limits	Defense Within Limits
Retention		
Professional Liability	\$Nil Per Event/ \$Nil Aggregate	\$Nil Per Event/ \$Nil Aggregate
General Liability	\$Nil Per Event/ \$Nil Aggregate	\$Nil Per Event/ \$Nil Aggregate
Employee Benefits Liability	\$1,000 Per Event/ \$Nil Aggregate	\$1,000 Per Event/ \$Nil Aggregate
Cyber Liability	\$Nil each Claim Self - Insured Retention	\$Nil each Claim Self - Insured Retention
	8 hours' Time Retention (Coverage E.2. and G)	8 hours' Time Retention (Coverage E.2. and G)
	180 consecutive days Period of Indemnity(Coverage M)	180 consecutive days Period of Indemnity(Coverage M)
Premium	\$69,078	\$60,592

An Insurance Proposal

Medical Protective Company

OHA Insurance Agency, Inc.
4000 Lincoln Blvd.
Oklahoma City, Oklahoma 73105



QUOTATION

NOTICE:

Actual terms, conditions and pricing provided by a subsequent quote may differ from that provided herein as the result of additional information provided to us. Coverage is not bound by this quote and may be made effective only by an authorized agent of the Issuing Company. Please review this quote carefully and advise us if you have any questions.

Issued By: Underwriter: Lyla Ruesewald
 Phone: (405) 446-8682
 Email: Lyla.Ruesewald@medpro.com

Quotation Date: March 24, 2021

Issued To: Producer: OHA Insurance Agency Inc
 Address: 4000 N Lincoln Blvd
 Oklahoma City, OK 73105-5207

PREMIUM SUMMARY

Total Premium:	Primary Total Policy Premium	\$ 69,078
	Total Premium	\$ 69,078
Commission:	Primary Policy:	
Payment Terms:	Payment must be received by Medical Protective within 28 days from date of billing invoice or the offer of coverage is subject to withdrawal.	
	Payment Schedule – Primary Policy: Full Pay	
	If a patient compensation fund surcharge is included in the amount quoted, payment for such surcharge will be due in full with the initial premium payment.	

HEALTHCARE LIABILITY COVERAGE TERMS

ISSUING COMPANY: The Medical Protective Company
Fort Wayne, Indiana

QUOTE NUMBER: H003788

EXPIRING POLICY NUMBER: H003788

FIRST NAMED INSURED:	Mangum City Hospital Authority		
ADDRESS:	1 Wickersham St Mangum, OK 73554-9117		
	<input type="checkbox"/> Administrative First Named Insured		
POLICY PERIOD:	From 04/21/2021 to 04/21/2022 both days at 12:01 a.m. at the address of the First Named Insured stated herein.		
COVERAGE PARTS SELECTED:	(please refer to the applicable Schedule of Named Insureds for detailed Retroactive Dates, Limits of Liability, Retentions, etc.)		
Professional Liability:	Claims-Made and Reported		
General Liability:	Occurrence		
Employee Benefits Liability:	Claims-Made and Reported		
Cyber Liability and Breach Response:	Claims-Made and Reported		
RETROACTIVE DATE:			
Professional Liability:	10/01/2004		
General Liability:	n/a		
Employee Benefits Liability:	10/01/2004		
Cyber Liability and Breach Response:	04/21/2018		
	All days at 12:01 a.m. at the address of the First Named Insured stated herein.		
LIMITS OF LIABILITY:			
Professional Liability:			
Per Event Limit	\$1,000,000		
Aggregate Limit	\$3,000,000		
Claims Expenses	Defense Outside Limits		
General Liability:			
Per Event Limit	\$1,000,000		
General Aggregate Limit	\$3,000,000		
Products Completed Operations Hazard Aggregate Limit	\$3,000,000		
Personal and Advertising Injury Limit	\$1,000,000 Each Person		
Damage to Premises Rented to an Insured	\$ 50,000 Any One Premises		
Medical Expense Limit	\$ 5,000 Each Person		
Claims Expenses	Defense Outside Limits		
Employee Benefits Liability:			
Employee Benefits Liability Per Event Limit	\$1,000,000		
Employee Benefits Liability Aggregate Limit	\$3,000,000		
Claims Expenses	Defense Outside Limits		
Cyber Liability and Breach Response:			
Coverage A - Multimedia Liability	\$ 100,000 each claim/aggregate		

Coverage B - Security and Privacy Liability	\$ 100,000 each claim/aggregate
Coverage C - Privacy Regulatory Defense and Penalties	\$ 100,000 each claim/aggregate
Coverage D - Privacy Breach Response Costs, Customer Notification Expenses, and Customer Support and Credit Monitoring Expenses	\$ 100,000 each claim/aggregate
Coverage E - Network Asset Protection	\$ 100,000 each claim/aggregate
Coverage F - Cyber Extortion	\$ 100,000 each claim/aggregate
Coverage G - Cyber Terrorism	\$ 100,000 each claim/aggregate
Coverage H - Regulatory Proceeding	\$ 100,000 each claim/aggregate
Coverage I - Evacuation Expense Reimbursement	\$ 100,000 each claim/aggregate
Coverage J - Disinfection Expense Reimbursement	\$ 100,000 each claim/aggregate
Coverage K - Public Relations Expense Reimbursement	\$ 100,000 each claim/aggregate
Coverage L - E-Discovery Claim Expenses and E-Discovery Regulatory Investigation Expenses	\$ 100,000 each claim/aggregate
Coverage M - Data Protection Reputational Harm	\$ 100,000 each claim/aggregate
Aggregate Limit	\$ 100,000
Claims Expenses	Defense Within Limits
RETENTION:	
Professional Liability:	\$Nil Per Event / \$Nil Aggregate
General Liability:	\$Nil Per Event / \$Nil Aggregate
Employee Benefits Liability:	\$1,000 Per Event / \$Nil Aggregate Deductible - Loss Only
Cyber Liability and Breach Response:	\$Nil Each Claim Self-Insured Retention 8 hours' Time Retention (Coverages E.2. and G) 180 consecutive days Period of Indemnity (Coverage M)
PREMIUM:	
Policy Premium	\$68,878
Terrorism Premium (TRIA)	\$ 200
Total Premium	\$69,078
FORMS & ENDORSEMENTS: Refer to attached Schedule of Forms and Endorsements	

ADDITIONAL TERMS AND CONDITIONS

Expiration Date of Quotation:	This quote is valid until the requested Policy Effective Date.
Subjectivities:	<p>This quote is provided in reliance upon the representations made prior to the Quotation Date, is contingent upon the underwriting of a completed application and is also subject to the following:</p> <ul style="list-style-type: none"> • N/A
Significant Coverage Provisions:	<p>In addition to the standard policy conditions and terms, the following significant coverage provisions or endorsements will be added to the policy:</p> <ul style="list-style-type: none"> • No coverage is provided for physicians, surgeons, podiatrists, chiropractors, dentists, certified registered nurse anesthetists, midwives, residents or interns unless listed on the Schedule of Named Insureds attached.
Additional Notes:	<ul style="list-style-type: none"> • N/A



Issuing Company:
The Medical Protective Company
Fort Wayne, Indiana

THIS NOTICE IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS NOTICE DOES NOT GRANT ANY COVERAGE OR CHANGE THE POLICY.

Forming Part of Policy No.:	H003788 (Primary Policy)
Issued to:	Mangum City Hospital Authority
Policy Period:	From 04/21/2021 to 04/21/2022 at 12:01 a.m. at the address of the First Named Insured stated herein.

**DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT
 SCHEDULE***

Terrorism Premium Quoted – Primary Policy (for Certified Acts)	\$ 200
Terrorism Premium Quoted – Excess Policy (for Certified Acts)	\$ N/A
<p><u>The portion of premium that is attributable to coverage for certified acts of terrorism is shown in the Schedule of this endorsement if such coverage is purchased, and does not include any charges for the portion of losses covered by the United States Government under the Act.</u></p>	
<p>Additional information, if any, concerning the terrorism premium:</p> <p>Coverage for acts of terrorism is included in your policy unless you sign and return this document indicating that you are declining coverage for certified acts of terrorism.</p>	
<p>* Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations.</p>	

You are hereby notified that under the Terrorism Risk Insurance Act, as amended and reauthorized, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. *As defined in Section 102(1) of the Act:* The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 80% BEGINNING ON JANUARY 1, 2020, OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS SET FORTH ABOVE AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

By receipt of this Disclosure, you have been notified that under the Terrorism Risk Insurance Act, as extended on December 22, 2005, amended on December 31, 2007 and January 12, 2015, and reauthorized on December 20, 2019, any losses resulting from certified acts of terrorism under this policy coverage may be partially reimbursed by the United States Government, and may be subject to a \$100 billion cap that may reduce the coverage provided. By receipt of this Disclosure, you have been notified of the portion of the premium attributable to such coverage.

ELECTION TO PURCHASE TERRORISM COVERAGE:

IF YOU ELECT TO PURCHASE THE TERRORISM COVERAGE DESCRIBED IN THIS DISCLOSURE NOTICE, YOU NEED DO NOTHING FURTHER. COVERAGE FOR ACTS OF TERRORISM WILL BE AUTOMATICALLY ADDED TO YOUR POLICY FOR THE PREMIUM SET FORTH ABOVE.

DECLINATION OF TERRORISM COVERAGE:

IN ORDER TO DECLINE TO PURCHASE COVERAGE, I UNDERSTAND THAT I MUST SIGN BELOW AND RETURN THIS DISCLOSURE FORM TO MY AUTHORIZED REPRESENTATIVE OR INSURANCE COMPANY. I FURTHER UNDERSTAND THAT IF I FAIL TO SIGN THIS DISCLOSURE FORM AND RETURN IT, I HAVE ELECTED TO PURCHASE TERRORISM COVERAGE AND THE PREMIUM AMOUNT(S) SET FORTH ABOVE WILL BE ADDED TO MY POLICY PREMIUM, AND COVERAGE FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WILL BE ADDED TO MY POLICY.

Policyholder/Applicant's Signature – Declination of Terrorism Coverage Only

Print Name

Date



Issuing Company:
The Medical Protective Company
Fort Wayne, Indiana

Forming Part of Policy No.: H003788

Issued to: Mangum City Hospital Authority

Policy Period: From 04/21/2021 to 04/21/2022 at 12:01 a.m. at the address of the First Named Insured stated herein.

SCHEDULE OF FORMS AND ENDORSEMENTS

Forms and Endorsements attached to this Policy:

FORM NAME	FORM NUMBER	ENDORSEMENT NUMBER
Disclosure Pursuant to Terrorism Risk Insurance Act	0015-XGX-00-0520	
Healthcare Liability Policy Declarations	0001-PXX-OK-0618	
Schedule of Forms and Endorsements	0002-PXX-00-1215	
Schedule of Named Insureds - Professional Liability	0006-PPX-00-1215	
Schedule of Named Insureds - General Liability	0007-PGX-00-0717	
Schedule of Named Insureds - Cyber Liability and Breach Response	0008-PCX-00-1215	
Schedule of Trade, Fictitious and/or Business Names	0009-PXX-00-1215	
Healthcare Liability Policy Common Policy Provisions and Conditions	0010-PXX-00-1215	
Healthcare Liability Policy - Professional Liability Coverage Part	0011-PPH-00-1215	
Healthcare Liability Policy - General Liability Coverage Part	0012-PGH-00-1215	
Healthcare Liability Policy - Cyber Liability and Breach Response Coverage Part	0013-PCX-00-1215	
Schedule of Additional Insureds - Management Company Endorsement	1124-PXX-00-1215	
Disciplinary, Licensing and Credentialing Actions Endorsement (Professional Liability)	1303-PPX-00-1215	
Employee Benefits Liability Endorsement (General Liability) (Claims-Made and Reported Coverage)	1504-PGX-00-1215	
Blanket Waiver of Subrogation Endorsement (General Liability)	1512-PGX-00-1215	
Blanket Additional Insured - Premises and Equipment Lessors Endorsement (General Liability)	1514-PGX-00-1215	
Blanket Hired and Non-Owned Auto Liability Limited Coverage Endorsement (General Liability)	1517-PGX-00-1215	
Schedule of Additional Insureds - Mortgagees, Premises Lessors and Equipment Lessors - Notice of Cancellation Endorsement (General Liability)	1530-PGX-00-1215	
Cap on Losses from Certified Acts of Terrorism Endorsement (General Liability)	1536-PGX-00-0520	
Healthcare Liability Policy Oklahoma Amendatory Endorsement	1802-PXX-OK-1215	



Issuing Company:
The Medical Protective Company
Fort Wayne, Indiana

Forming Part of Policy No.: H003788
Issued to: Mangum City Hospital Authority
Policy Period: From 04/21/2021 to 04/21/2022 at 12:01 a.m. at the address of the First Named Insured stated herein.

SCHEDULE OF NAMED INSUREDS – PROFESSIONAL LIABILITY

Only with respect to coverage provided under the Professional Liability Coverage Part, and in consideration of the premium due, and in reliance upon the representations of all **insureds**, the **company** and the **insureds** agree the organizations and persons listed below are designated as **named insureds** and the Retroactive Dates, Limits of Liability and Retentions shown on the Declarations are amended as follows, but only with respect to the designated **named insureds**.

SCHEDULE OF NAMED INSUREDS						
NAMED INSURED	ID NUMBER	RETRO-ACTIVE DATE	TERMINATION DATE	LIMITS OF LIABILITY (PER EVENT LIMIT/ AGGREGATE LIMIT)	RETENTION (PER EVENT/ AGGREGATE)	PREMIUM
Mangum City Hospital Authority	221619	10/01/2004		\$1,000,000 / \$3,000,000	\$Nil / \$Nil	\$48,649
Physicians :						
Byron Carpenter MD	1361770	05/01/2020	11/01/2020	FNI	\$Nil / \$Nil	Included
Physician FTEs :						
Physician FTE 1		02/01/2005		\$1,000,000 / \$3,000,000	\$Nil / \$Nil	\$9,196
All Emergency Physicians and Residents Employed and Contracted by Mangum City Hospital Authority	1463533			Physician FTE 1	\$Nil / \$Nil	Included
Physician FTE 2		04/21/2020		FNI	\$Nil / \$Nil	\$483
All Clinic Physicians Employed and Contracted by Mangum City Hospital Authority	1653669			Physician FTE 2	\$Nil / \$Nil	Included

* Indicates any applicable surcharges, taxes or fees.

As used in this Schedule, "FNI" means the **first named insured**.

All other terms and conditions of the policy remain unchanged.



Issuing Company:
The Medical Protective Company
Fort Wayne, Indiana

Forming Part of Policy No.:	H003788
Issued to:	Mangum City Hospital Authority
Policy Period:	From 04/21/2021 to 04/21/2022 at 12:01 a.m. at the address of the First Named Insured stated herein.

SCHEDULE OF NAMED INSUREDS – GENERAL LIABILITY

Only with respect to coverage provided under the General Liability Coverage Part, and in consideration of the premium due, and in reliance upon the representations of all **insureds**, the **company** and the **insureds** agree the organizations and persons listed below are designated as **named insureds** and the Retroactive Dates, Limits of Liability and Retentions shown on the Declarations are amended as follows, but only with respect to the designated **named insureds**.

LIMITS OF LIABILITY:

Per Event Limit	\$1,000,000
General Aggregate Limit	\$3,000,000
Products Completed Operations Hazard Aggregate Limit	\$3,000,000
Personal and Advertising Injury Limit	\$1,000,000 Each Person
Damage to Premises Rented to an Insured	\$ 50,000 Any One Premises
Medical Expense Limit	\$ 5,000 Each Person
Claims Expenses	Defense Outside Limits

RETENTION:

\$ NIL Per Event / \$ NIL Aggregate

SCHEDULE OF NAMED INSUREDS

NAMED INSURED	ID NUMBER	RETRO- ACTIVE DATE	TERMIN- ATION DATE	PREMIUM
Mangum City Hospital Authority	221619	n/a		\$10,550

* Indicates any applicable surcharges, taxes or fees.

All other terms and conditions of the policy remain unchanged.



Issuing Company:
The Medical Protective Company
Fort Wayne, Indiana

Forming Part of Policy No.:	H003788
Issued to:	Mangum City Hospital Authority
Policy Period:	From 04/21/2021 to 04/21/2022 at 12:01 a.m. at the address of the First Named Insured stated herein.

SCHEDULE OF NAMED INSUREDS – CYBER LIABILITY AND BREACH RESPONSE

Only with respect to coverage provided under the Cyber Liability and Breach Response Coverage Part, and in consideration of the premium due, and in reliance upon the representations of all **insureds**, the **company** and the **insureds** agree the organizations and persons listed below are designated as **named insureds** and the Retroactive Dates, Limits of Liability and Retentions shown on the Declarations are amended as follows, but only with respect to the designated **named insureds**.

LIMITS OF LIABILITY:

Coverage A - Multimedia Liability	\$100,000 each claim/aggregate
Coverage B - Security and Privacy Liability	\$100,000 each claim/aggregate
Coverage C - Privacy Regulatory Defense and Penalties	\$100,000 each claim/aggregate
Coverage D - Privacy Breach Response Costs, Customer Notification Expenses, and Customer Support and Credit Monitoring Expenses	\$100,000 each claim/aggregate
Coverage E - Network Asset Protection	\$100,000 each claim/aggregate
Coverage F - Cyber Extortion	\$100,000 each claim/aggregate
Coverage G - Cyber Terrorism	\$100,000 each claim/aggregate
Coverage H - Regulatory Proceeding	\$100,000 each claim/aggregate
Coverage I - Evacuation Expense Reimbursement	\$100,000 each claim/aggregate
Coverage J - Disinfection Expense Reimbursement	\$100,000 each claim/aggregate
Coverage K - Public Relations Expense Reimbursement	\$100,000 each claim/aggregate
Coverage L - E-Discovery Claim Expenses and E-Discovery Regulatory Investigation Expenses	\$100,000 each claim/aggregate
Coverage M - Data Protection Reputational Harm	\$100,000 each claim/aggregate
Annual Aggregate Limit	\$100,000
Claims Expenses	Defense Within Limits

RETENTION:

\$Nil Each Claim Self-Insured Retention
 8 hours Time Retention (Coverages E.2. and G)
 180 consecutive days Period of Indemnity (Coverage M)

SCHEDULE OF NAMED INSURED				
NAMED INSURED	ID NUMBER	RETRO- ACTIVE DATE	TERMIN- ATION DATE	PREMIUM
Mangum City Hospital Authority	221619	04/21/2018		Included

* Indicates any applicable surcharges, taxes or fees.

All other terms and conditions of the policy remain unchanged.

Draft



Issuing Company:
The Medical Protective Company
Fort Wayne, Indiana

Forming Part of Policy No.: H003788

Issued to: Mangum City Hospital Authority

Policy Period: From 04/21/2021 to 04/21/2022 at 12:01 a.m. at the address of the First Named Insured stated herein.

HEALTHCARE LIABILITY POLICY
SCHEDULE OF TRADE, FICTITIOUS AND/OR BUSINESS NAMES

In consideration of the payment of the premium due, and in reliance upon the representations of all **insureds**, the **company** and the **insureds** agree that any trade, fictitious, and/or business name listed in the Schedule of Trade, Fictitious and/or Business Names below and any other trade, fictitious and/or business name by which any **named insured** operates or trades as are by reference included in the coverage afforded to the associated **named insured**. Any such trade, fictitious and/or business name shares the Limits of Liability and any other terms and conditions applicable to the associated **named insured**, regardless of the number of **named insured(s)** scheduled below or on the policy.

SCHEDULE OF TRADE, FICTITIOUS AND/OR BUSINESS NAMES		
NAMED INSURED	ID NUMBER	TRADE, FICTITIOUS OR BUSINESS (D/B/A) NAME
Mangum City Hospital Authority	221619	Mangum Family Clinic
Mangum City Hospital Authority	221619	Mangum Regional Medical Center

All other terms and conditions of the policy remain unchanged.



Issuing Company:
The Medical Protective Company
Fort Wayne, Indiana

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Endorsement No.:

Forming Part of Policy No.: H003788

Issued to: Mangum City Hospital Authority

Effective Date of Endorsement: 04/21/2021 at 12:01 a.m. at the address of the First Named Insured stated herein.

HEALTHCARE LIABILITY POLICY SCHEDULE OF ADDITIONAL INSUREDS – MANAGEMENT COMPANY ENDORSEMENT

Only with respect to coverage provided under this endorsement and only under the Coverage Part(s) listed in the Schedule of Additional Insureds – Management Company below, and in consideration of the payment of the additional premium due, if any, and in reliance upon the representations of all **insureds**, the **company** and the **insureds** agree to amend the policy as follows:

The definition of **additional insured** in the Definitions section of the Common Policy Provisions and Conditions is deleted and replaced with the following:

Additional insured means a **management company** named in a **claim** or **potential claim** that arises from a **health care event, event**, offense or accident resulting from the management of a **named insured** or **location** listed in a Schedule of Additional Insureds – Management Company.

The following definition is added to the Definitions section of the Common Policy Provisions and Conditions:

Management company means any person or organization listed in a Schedule of Additional Insureds – Management Company who has a signed management company agreement with a **named insured** that is in effect at the time of the **health care event, event**, offense or accident.

The following subparagraph is added to the Insuring Clause(s) of the Coverage Part(s) listed in the Schedule of Additional Insureds – Management Company below:

The **company's** duty to defend and pay **losses** or **claims expense** on behalf of any **insured** shall extend to any **additional insured** meeting the terms and conditions of this policy, but only with respect to liability arising out of the management of a **named insured** or **location** listed in a Schedule of Additional Insureds – Management Company.

However, the coverage provided to an **additional insured** shall not be broader than that which an **insured** is required by written contract or agreement to provide to that **additional insured**.

The following provision is added to the Limits of Liability section of the Coverage Part(s) listed in the Schedule of Additional Insureds – Management Company below:

ADDITIONAL INSUREDS

With respect to any **claim** arising from the acts and omissions of a **management company**, the **management company** shares the Limits of Liability of the applicable Coverage Part with the corresponding Named Insured/Location listed in a Schedule of Additional Insureds – Management Company, and with any **insured** who is acting within the

scope of their duties for the corresponding Named Insured/Location.

SCHEDULE OF ADDITIONAL INSURED – MANAGEMENT COMPANY		
MANAGEMENT COMPANY	NAMED INSURED/LOCATION	COVERAGE PART
Cohesive Healthcare Management & Consulting, LLC	Mangum City Hospital Authority	Professional Liability & General Liability

All other terms and conditions of the policy remain unchanged.

Draft



Issuing Company:
The Medical Protective Company
Fort Wayne, Indiana

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Endorsement No.:

Forming Part of Policy No.: H003788

Issued to: Mangum City Hospital Authority

Effective Date of Endorsement: 04/21/2021 at 12:01 a.m. at the address of the First Named Insured stated herein.

HEALTHCARE LIABILITY POLICY
SCHEDULE OF ADDITIONAL INSURED – MORTGAGEES, PREMISES LESSORS AND EQUIPMENT
LESSORS – NOTICE OF CANCELLATION ENDORSEMENT (GENERAL LIABILITY)

Only with respect to coverage provided under this endorsement and under the General Liability Coverage Part, and in consideration of the payment of the additional premium due, if any, and in reliance upon the representations of all **insureds**, the **company** and the **insureds** agree to amend the policy as follows:

The definition of **additional insured** in the Definitions section of the Common Policy Provisions and Conditions is deleted and replaced with the following:

Additional insured means a **mortgagee, premises lessor or equipment lessor** named in a **claim** or **potential claim** that arises from an **event**, offense or accident that results from the acts or omissions of an **insured** with respect to the ownership, maintenance, operation or use of premises or equipment mortgaged or leased to a **named insured** that took place during the term of the mortgage or lease for those premises or equipment. However, such **mortgagee, premises lessor or equipment lessor** is not an **additional insured** with respect to **losses** arising from, or in connection with, any acts or omissions alleged to have been committed by that **mortgagee, premises lessor or equipment lessor**.

The following definition is added to the Definitions section of the Common Policy Provisions and Conditions:

Mortgagee, premises lessor or equipment lessor means any person or organization listed in a Schedule of Additional Insureds – Mortgagee, Premises Lessor or Equipment Lessor who provides premises and/or equipment to an organization that is a **named insured** pursuant to a written mortgage or lease agreement during the **policy period**.

The following subparagraph is added to the Cancellation, Nonrenewal and/or Termination of Coverage condition of the Conditions section of the Common Policy Provisions and Conditions:

It is further agreed that in the event that the **company** cancels this policy for any reason other than either non-payment of premium before the expiration date of the **policy period** or at the request of the **first named insured**, the **company** shall provide prior notice of such cancellation to the **additional insured** listed in a Schedule of Additional Insureds at the same time notice is provided to the **first named insured**.

The following subparagraph is added to all Insuring Clauses of the General Liability Coverage Part:

The **company's** duty to defend and pay **losses** or **claims expense** on behalf of any **insured** shall extend to any **additional insured** meeting the terms and conditions of this policy, but only with respect to any **loss** or **claims expense** payable as the result of the **additional insured's** vicarious liability for the acts or omissions of an **insured** otherwise covered under this Coverage Part.

However, the coverage provided to an **additional insured** shall not be broader than that which an **insured** is required by written contract or agreement to provide to that **additional insured**. Additionally, coverage shall not apply to structural alterations, new construction or demolition operations performed by or on behalf of an **additional insured**.

The following provision is added to the Limits of Liability section of the General Liability Coverage Part:

ADDITIONAL INSUREDS

All **additional insureds** share the Limits of Liability applicable to any **claim** with any **insured** for which the **additional insured** is alleged to be vicariously liable with respect to that same **claim**.

SCHEDULE OF ADDITIONAL INSUREDS – MORTGAGEE, PREMISES LESSOR OR EQUIPMENT LESSOR	
MORTGAGEE, PREMISES AND/OR EQUIPMENT LESSOR	LOCATION OF PREMISES / DESCRIPTION OF EQUIPMENT
Carnegie Tri-County Municipal Hospital Management, Inc	Leased Van

All other terms and conditions of the policy remain unchanged.

Draft

OHA Insurance Agency

Mangum City Hospital Authority

Property Proposal

Property Policy	Policy Period 4/21/2021-2022 Philadelphia	Policy Period 4/21/2021-2022 Zurich
Policy Limits		
Blanket Real Property	\$64,400	\$64,600
Blanket Personal Property	\$5,560,000	\$5,560,000
Business Income	\$6,399,000	\$6,399,000
Earth Movement	\$2,000,000	\$2,000,000
Flood	\$1,000,000	\$1,000,000
Deductibles		
Property	\$10,000	\$10,000
Wind and Hail	2%	\$250,000
Earth Movement	\$50,000	\$50,000
Flood	\$50,000	\$50,000
Hospital Bldg - 1 Wickersham St		
Business Personal Property Limit	\$5,000,000	\$5,000,000
Business Income Limit	\$5,454,685	\$5,454,685
Lab Building 2 – 1 Wickersham St		
Building Limit	\$64,400	\$64,400
Business Personal Property Limit	\$500,000	\$500,000
Business Income Limit	\$281,025	\$281,025
Clinic Building – 118 S Louis Tittle Ave		
Business Personal Property Limit	\$60,000	\$60,000
Business Income Limit	\$663,290	\$663,290
Premium	\$18,977	\$40,150

An Insurance Proposal

Philadelphia Insurance Company

OHA Insurance Agency, Inc.
4000 Lincoln Blvd.
Oklahoma City, Oklahoma 73105



PHILADELPHIA
INSURANCE COMPANIES

A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
Bala Cynwyd, Pennsylvania 19004
610.617.7900 Fax 610.617.7940
PHLY.com

PROPOSAL FOR INSURANCE

Quotation Number: 14456653

Proposal Date: 03/17/2021

Named Insured and Mailing Address:

Mangum City Hospital Authority
dba Magum Regional Medical Center
PO Box 280
Mangum, OK 73554-0280

Producer: 18820

Acrisure, LLC dba Frates Insurance & Ris
103 Dean A McGee Ave Ste 700
Oklahoma City, OK 73102

Contact: Phillip Williams

Phone: (405)290-5600

Fax: (405)290-5701

Insurer: Philadelphia Indemnity Insurance Company

Policy Period From: 04/21/2021

To: 04/21/2022

Proposal Valid Until: 04/21/2021

at 12:01 A.M. Standard Time at your mailing address shown above.

Product: Medical Facilities/Hospitals

Submission Type: New Business

PHLY Representative: Boyack, Brandon R. LUTCF

PHLY Representative Phone: (913) 333-4996

Email: brandon.boyack@phly.com

Underwriter: Hutman, Sherry I.

Underwriter Phone: (913) 333-5041

Email: Sherry.Hutman@phly.com

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO EXTEND INSURANCE AS STATED IN THIS PROPOSAL.

THIS PROPOSAL CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

	PREMIUM
UltimateCover Coverage Part	\$ 18,545.00

The Total Premium includes Federal Terrorism Risk Insurance Act Premium in the amount of:

TOTAL	\$ 18,545.00
	\$ 432.00

Bill Plan Options:*

- 25% Down and 11 Consecutive Monthly Installments - Combined minimum premium must be \$7,350
- 25% Down and 9 Consecutive Monthly Installments - Combined minimum premium must be \$6,000
- 25% Down and 5 Consecutive Monthly Installments - Combined minimum premium must be \$3,333
- 25% Down and 3 Consecutive Monthly Installments - Combined minimum premium must be \$2,000
- 50% Down and 2 Consecutive Monthly Installments - Combined minimum premium must be \$2,000
- 30% Down and 3 Quarterly Installments - Combined minimum premium must be \$2,150
- Premiums under \$2,000 are Fixed Annual billing

*Bill plan options are only available for Direct Bill customers. All others require Fixed Annual billing

The premium shown is subject to the following terms and conditions:

A signed UM/UIM Selection/Rejection form is required upon binding. (If applicable.)

Any taxes, fees or surcharges included in the total premium shown on the proposal are not subject to installment billing.



PHILADELPHIA
INSURANCE COMPANIES

A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
Bala Cynwyd, Pennsylvania 19004
610.617.7900 Fax 610.617.7940
PHLY.com

Proposal Date: 03/17/2021

Quotation Number: 14456653

Named Insured: Mangum City Hospital Authority

The premium shown is subject to the following terms and conditions:

A maximum per installment fee of \$5.00 may be included (some states may vary).

-
-

***The following is required PRIOR TO BINDING:

- PHLY Diagnostic Equipment Questionnaire
- Schedule of any equipment valued at \$250,000 or more. The schedule should include a description of the equipment, explanation of its use, and value. Any piece of equipment valued at \$2,500,000 is subject to review prior to binding
- Property is quoted at \$10,000 AOP deductible with SEPARATE 2% Wind/hail deductible
- As respects Boiler coverage, the deductible for Diagnostic Equipment is equal to 2 X the PD deductible



PHILADELPHIA
INSURANCE COMPANIES

A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
Bala Cynwyd, Pennsylvania 19004
610.617.7900 Fax 610.617.7940
PHLY.com

Proposal Date: 03/17/2021

Quotation Number: 14456653

Named Insured: Mangum City Hospital Authority

The producer placing this policy may receive commission and additional underwriting profit share incentives. These incentives are based on the underwriting performance of this producer's book of business. Any questions about the nature of this compensation should be directed to the producer.

In order to complete the underwriting process, we require that you send us the additional information requested in the "conditions" section of this proposal. We are not required to bind coverage prior to our receipt, review and underwriting approval, of said additional information. However, if we do bind coverage, it shall be for a temporary period of not more than 30 days. Such temporary binding of coverage shall be void ab initio ("from the beginning") if we have not received, reviewed and approved in writing such materials within 15 days from the effective date of the temporary binder. This 30 day temporary conditional binder may be extended only in writing signed by the Insurer. Payment of premium shall not operate to extend the binding period or nullify the automatic voiding as described above.

This quotation is strictly conditioned upon no material change in the risk occurring between the date of this proposal and the inception date of the proposed policy (including any claim or notice of circumstances that which may reasonably expected to give rise to a claim under any policy of which the policy being proposed by this letter is a renewal or replacement). In the event of such change in risk, the Insurer may in its sole discretion, whether or not this quotation has been already accepted by the Insured, modify and/or withdraw this quotation.

Subject to the terms and conditions outlined above and prior to the quote expiration date, this quote may be bound by signing and dating below and by initialing, on the previous page, the option to be bound. This form will then act as the binder of coverage for 30 days from the date signed and may be distinguished by the Quotation number on page 1. This binder is only valid for 30 days.

No coverage is afforded or implied unless shown in this proposal.

This proposal does not constitute a binder of insurance.

This proposal is strictly limited to the terms and conditions herein. Any other coverage extensions, deletions or changes requested in the submission are hereby rejected.

Signature of Authorized Insurance Representative

Date

PI-TER-DN1 (01/15)

Policy Number: 14456653Named Insured: Mangum City Hospital Authority
**PHILADELPHIA
INSURANCE COMPANIES**

A Member of the Tokio Marine Group

 One Bala Plaza, Suite 100
 Bala Cynwyd, Pennsylvania 19004
 610.617.7900 Fax 610.617.7940
 PHLY.com

 Terrorism Premium (Certified Acts) \$ 432.00

PHILADELPHIA INSURANCE COMPANIES DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE REJECTION OPTION

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. *As defined in Section 102(1) of the Act:* The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 and 80% BEGINNING ON JANUARY 1, 2020, OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED ABOVE AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Your attached proposal (or policy) includes a charge for terrorism. We will issue (or have issued) your policy with terrorism coverage unless you decline by placing an "X" in the box below.

NOTE 1: If -included is shown on your proposal (or policy) for terrorism you WILL NOT have the option to reject the coverage.

NOTE 2: You will want to check with entities that have an interest in your organization as they may require that you maintain terrorism coverage (e.g. mortgagees).

EXCEPTION: If you have property coverage on your policy, the following Standard Fire Policy states do not permit an Insured to reject fire ensuing from terrorism: CA, CT, GA, HI, IA, IL, ME, MA, MO, NJ, NY, NC, OR, RI, VA, WA, WV, WI. Therefore, if you are domiciled in the above states and reject terrorism coverage, you will still be charged for fire ensuing from terrorism as separately designated on your proposal.

PI-TER-DN1 (01/15)

	I decline to purchase terrorism coverage. I understand that I will have no coverage for losses arising from "certified" acts of terrorism, EXCEPT as noted above.
--	---

You, as the Insured, have 30 days after receipt of this notice to consider the selection/rejection of "terrorism" coverage. After this 30 day period, any request for selection or rejection of terrorism coverage WILL NOT be honored.

REQUIRED IN GA – LIMITATION ON PAYMENT OF TERRORISM LOSSES (applies to policies which cover terrorism losses insured under the federal program, including those which only cover fire losses)

The provisions of the Terrorism Risk Insurance Act, as amended, can limit our maximum liability for payment of losses from certified acts of terrorism. That determination will be based on a formula set forth in the law involving the national total of federally insured terrorism losses in an annual period and individual insurer participation in payment of such losses. If one or more certified acts of terrorism in an annual period causes the maximum liability for payment of losses from certified acts of terrorism to be reached, and we have satisfied our required level of payments under the law, then we will not pay for the portion of such losses above that maximum. However, that is subject to possible change at that time, as Congress may, under the Act, determine that payments above the cap will be made.

INSURED'S SIGNATURE _____
DATE _____



PHILADELPHIA
INSURANCE COMPANIES

A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
Bala Cynwyd, Pennsylvania 19004
610.617.7900 Fax 610.617.7940
PHLY.com

Proposal Date: 03/17/2021
Quotation Number: 14456653

Named Insured: Mangum City Hospital Authority

LOCATION SCHEDULE

Loc	Bldg					
#	#	Address #1	Address #2	City	St	Zip
0001	0001	1 Wickersham St		Mangum	OK	73554-9117
0001	0002	1 Wickersham St		Mangum	OK	73554-9117
0002	0001	118 S Louis Tittle Ave		Mangum	OK	73554-4441



PHILADELPHIA
INSURANCE COMPANIES

A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
Bala Cynwyd, Pennsylvania 19004
610.617.7900 Fax 610.617.7940
PHLY.com

Proposal Date: 03/17/2021
Quotation Number: 14456653

Named Insured: Mangum City Hospital Authority

FORM SCHEDULE

Form	Edition	Description
WHY MyPHLY	0000	WHY MyPHLY?
CSNotice-1	0120	Making Things Easier
BJP-190-1	1298	Commercial Lines Policy Jacket
OK Fracking Notice	1215	OK Notice: Earthquakes From Oil And Gas Activities
PI-FEES-NOTICE 1	1119	Notice Late/Non-Sufficient Funds/Reinstatement Fee
PP2020	0220	Privacy Notice For Commercial Lines
CPD-PIIC	0614	Common Policy Declarations
Location Schedule	0100	Location Schedule
Named Insured Sched	0100	Named Insured Schedule
PI-BELL-1	1109	Bell Endorsement
PI-CME-1	1009	Crisis Management Enhancement Endorsement
IL0017	1198	Common Policy Conditions
IL0174	0702	Oklahoma Changes - Appraisal
IL0179	1002	Oklahoma Notice
IL0236	0907	Oklahoma Changes - Cancellation and Nonrenewal
PI-ACL-001 OK	1218	Absolute Cyber Liability And Electronic Exclusion
PI-TER-DN1	0115	Disclosure Notice Of Terrorism Ins Coverage Rejection
CP P 003	0706	Excl of Loss Due to Virus or Bacteria Advisory Notice
PI-ULTD-002	1198	Property Coverage Part Declarations
PI-ULTD-005	0513	Additional Coverage Summary Declarations
PI-ULTD-006	1198	UltimateCover Program Blanket Limits
CP0090	0788	Commercial Property Conditions
CP0140	0706	Exclusion of Loss Due to Virus or Bacteria
PI-SP-M-B	1005	Exclusion of Certain Earthquake Coverage
PI-SP-M-C	1005	Exclusion of Certain Flood Coverage
PI-ULT-007	1198	Property Coverage Form
PI-ULT-008	1198	Causes of Loss Form
PI-ULT-009	1198	Crime Coverage Form
PI-ULT-010	1198	Business Income with Extra Expense Coverage Form
ULT10COV	1198	Business Income with Extra Expense Coinsurance Sched
ULT10OPT	1198	Business Income with Extra Expense Optional Cov Sched
PI-ULT-018	0216	Windstorm Or Hall Percentage Deductible
PI-ULT-019	0906	Earthquake Endorsement
PI-ULT-021	1198	Flood Endorsement
PI-ULT-021A	0110	Flood Endorsement Location Schedule
PI-ULT-023	0701	Boiler and Machinery Endorsement
PI-ULT-056	0599	Oklahoma Changes - Replacement Cost Endorsement
PI-ULT-072	1010	Limitations On Fungus,Wet Rot, Dry Rot And Bacteria
PI-ULT-83	0401	Loss of Income due to Workplace Violence



PHILADELPHIA
INSURANCE COMPANIES

A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
Bala Cynwyd, Pennsylvania 19004
610.617.7900 Fax 610.617.7940
PHLY.com

Proposal Date: 03/17/2021

Quotation Number: 14456653

Named Insured: Mangum City Hospital Authority

FORM SCHEDULE

Form	Edition	Description
PI-ULT-085	0516	Cap On Losses From Certified Acts Of Terrorism
PI-ULT-088	0419	Changes - Electronic Data
PI-ULT-089	0605	Multiple Deductible Form
PI-ULT-104	0908	Elite Property Enhancement: Nursing Homes/Medical Fac
PI-ULT-142	0814	Collapse - Exclusion And Additional Coverage Re-Stated
PI-ULT-148	1016	Boiler And Machinery - Separate Deductible Endorsement
PI-ULT-238	0119	Continuous Or Repeated Water Damage Exclusion



PHILADELPHIA
INSURANCE COMPANIES

A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
Bala Cynwyd, Pennsylvania 19004
610.617.7900 Fax 610.617.7940
PHLY.com

Proposal Date: 03/17/2021
Quotation Number: 14456653

Named Insured: Mangum City Hospital Authority

ULTIMATECOVER

Total: \$ 18,545.00

BLANKET LIMITS

Blanket No	Limit
1	\$ 64,400
2	\$ 5,560,000
3	\$ 6,399,000

LOCATION COVERAGES

Loc/Bldg	Coverage	Blanket #	Limit	Premium
1-1	BUSINESS PERSONAL PROPERTY Deductible: 10000, Coinsurance: 90%, Wind/Hail Ded: 2% W/H, Agreed Value: NO	2	\$ 5,000,000	\$ 7,050.00
1-1	BUS INCOME Deductible (hours): 72, Coinsurance: 90%, Agreed Value: , Agreed Value Limit: NONE, Extra Expense: YES, Extended Period: NONE, Monthly Limitation: NONE, Ordinary Payroll: FULL	3	\$ 5,454,685	\$ 5,509.00
1-1	TERRORISM		\$	377.00
1-2	BUILDING Deductible: 10000, Coinsurance: 90%, Wind/Hail Ded: 2% W/H, Agreed Value: NO	1	\$ 64,400	\$ 91.00
1-2	BUSINESS PERSONAL PROPERTY Deductible: 10000, Coinsurance: 90%, Wind/Hail Ded: 2% W/H, Agreed Value: NO	2	\$ 500,000	\$ 705.00
1-2	BUS INCOME Deductible (hours): 72, Coinsurance: 90%, Agreed Value: , Agreed Value Limit: NONE, Extra Expense: YES, Extended Period: NONE, Monthly Limitation: NONE, Ordinary Payroll: FULL	3	\$ 281,025	\$ 284.00
1-2	TERRORISM		\$	32.00
2-1	BUSINESS PERSONAL PROPERTY Deductible: 10000, Coinsurance: 90%, Wind/Hail Ded: 2% W/H, Agreed Value: NO	2	\$ 60,000	\$ 85.00
2-1	BUS INCOME Deductible (hours): 72, Coinsurance: 90%, Agreed Value: , Agreed Value Limit: NONE, Extra Expense: YES, Extended Period: NONE, Monthly Limitation: NONE, Ordinary Payroll: FULL	3	\$ 663,290	\$ 670.00
2-1	TERRORISM		\$	23.00

PROP ELITE - NURSE HOMES/MED FAC/HOSP



PHILADELPHIA
INSURANCE COMPANIES

A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
Bala Cynwyd, Pennsylvania 19004
610.617.7900 Fax 610.617.7940
PHLY.com

Proposal Date: 03/17/2021
Quotation Number: 14456653

Named Insured: Mangum City Hospital Authority

ULTIMATECOVER

Coverage	Limit/Ded	Premium
FLOOD		\$ 1,683.00
ANY ONE PREMISES LIMIT	1,000,000	
ALL PREMISES IN ANY SINGLE POLICY YEAR LIMIT	1,000,000	
DEDUCTIBLE	50,000	
Coverage Applies at Locations:1-1, 1-2, 2-1		
EARTHQUAKE		\$ 721.00
ANY ONE COVERED PREMISES LIMIT	2,000,000	
ALL COVERED PREMISES IN ANY SINGLE POLICY YEAR LIMIT	2,000,000	
DOLLAR DEDUCTIBLE	50,000	
(See Deductible Exceptions Schedule, If applicable)		
Coverage Applies at Locations:1-1, 1-2, 2-1		
BOILER MACHINERY/EQUIPMENT BREAKDOWN (SEE FORM)		\$ 1,315.00



PHILADELPHIA INSURANCE COMPANIES

A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
Bala Cynwyd, Pennsylvania 19004
610.617.7900 Fax 610.617.7940
PHLY.com

Proposal Date: 03/17/2021
Quotation Number: 14456653

Named Insured: Mangum City Hospital Authority

ULTIMATECOVER

CRIME

For the Additional Coverages and Coverage Extensions shown below, if a Superceding Limit of Insurance is shown, that Superceding Limit is the applicable Limit of Insurance

Coverage	Limit of Ins	Deductible	Superceding Limit	Superceding Deductible	Premium
Money & Securities (inside)	\$ 5,000	\$ 500			
Money & Securities (outside)	\$ 5,000	\$ 500			
Money Order/Counterfeit Currency	\$ 5,000	\$ 500			
Kidnap, Ransom, Extortion	\$ 25,000	None			
Forgery or Alteration					
Computer Fraud					
Employee Dishonesty					

ADDITIONAL POLICY COVERAGES – subject to the Limit of Insurance shown below:

Coverage	Limit of Insurance
Brands and Labels	Included in Policy Limits
Claims Expense	\$ 10,000
Contract Penalty Clause	\$ 25,000
Computer Property	Included in Personal Property Limits
Excavation & Landscaping	\$ 25,000
Fine Arts	\$ 25,000
Fines for False Alarms	\$ 5,000
Fire Department Service Charge	\$ 50,000
Fire, Sprinkler or Burglar Alarm Upgrade	\$ 50,000
Fish in Aquariums	\$ 1,000
Glass	Included in Policy Limits
Guard Dogs	\$ 1,000
Lost Key Replacement	\$ 2,500
Newly Acquired Property	\$ 1,000,000 Blanket Limit Real & Personal
New Construction	\$ 500,000
Ordinance or Law – Undamaged Portion	Included in Building Limit
Ordinance or Law – Demolition	\$ 250,000
Ordinance or Law – Incr. Cost or Construction	\$ 250,000
Personal Effects – Portable Electronic Equip away from premises	\$ 1,000
Personal Effects – Premises	\$ 25,000
Personal Effects – Spouses	\$ 500
Personal Effects – Worldwide	\$ 1,000
Pollutant Cleanup & Removal	\$ 25,000
Precious Metals	\$ 2,500
Signs	Included in Personal Property Limits
Theft Damage to Building	Included in Personal Property Limits
Utility Service – Direct Damage	\$ 10,000
Voluntary Parting	\$ 10,000

For the Additional Coverages and Coverage Extensions shown below, if a Superceding Limit of Insurance is shown, that Superceding Limit is the applicable Limit of Insurance

Coverage	Limit of Insurance	Superceding Limit	Premium
Accounts Receivable	\$ 250,000		
Arson Reward	\$ 25,000		
Computer Virus	\$ 2,500		
Consequential Damage	\$ 25,000		
Debris Removal	\$ 250,000		
Pers Prop at Unspecified Premises	\$ 100,000		
Pers Prop in Transit	\$ 50,000		
Valuable Papers	\$ 250,000		

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**BOILER AND MACHINERY ENDORSEMENT**

This endorsement modifies insurance provided under the following:

Property Coverage Form
 Causes of Loss Form
 Business Income and Extra Expense Coverage Form
 Business Income Coverage Form
 Extra Expenses Coverage Form

SCHEDULE

Coverage Description	Limit of Insurance
Property Damage	\$ 5,624,400
Property Damage and Business Income/Extra Expense	\$
Business Income and Extra Expense	\$ 6,399,000
Business Income	\$
Extra Expense	\$

Sublimits of Insurance applicable to each covered location. These sublimits are part of and not in addition to the Limits of Insurance shown above.

Coverage	Sublimit of Insurance
Ammonia Contamination	\$ 100,000
Water Damage	\$ 100,000
Hazardous Substances	\$ 100,000
Spoilage	\$ 100,000
Expediting Expense	\$ 250,000
Newly Acquired Location Coverage	\$ 1,000,000
Off Premises Service Interruption	
Business Income	\$
Business Income and Extra Expense	\$ 6,399,000
Extra Expense	\$
Spoilage	\$ 25,000
Ordinance or Law	\$ 300,000

Deductibles

Coverage	Deductible
Property Damage	\$ 5,000
Business Income and Extra Expense	72 hours
Business Income	hours
Extra Expense	\$
Spoilage	COMBINED W/PD
Off Premises Service Interruption	72 hours
Ammonia Contamination	COMBINED W/PD
Other (DIAGNOSTIC EQUIP)	\$ 2XPD DED
Premium	\$ 1,315

PI-ULT-023 07.01

A. Coverage

For the purposes of this endorsement, the following exclusions and limitations, or parts thereof, are deleted as respects to the Boilers, Pressure Vessels and Machinery and Equipment at the described premises:

- | | |
|---------------------|---|
| Exclusion B.2.a. | Artificially generated electric current, including electric arcing, that disturbs electrical devices, wiring or wires. |
| Exclusion B.2.d.(2) | The word latent is deleted. |
| Exclusion B.2.d.(6) | Mechanical breakdown, including rupture or bursting caused by centrifugal force. |
| Exclusion B.2.e. | Explosion of steam boilers, steam pipes, steam engines, steam turbines owned or leased by your, or operated under your control. |
| Limitation C.1.a. | Steam boilers, steam pipes, steam engines or steam turbines caused by or resulting from a condition or event inside such equipment. |
| Limitation C.1.b. | Hot water boilers or other water heating equipment caused by or resulting from any condition or event inside such boilers or equipment. |

B. Exclusions

As respects the Boiler and Machinery coverage provided by this endorsement, coverage shall not include "loss" caused by or resulting from:

1. Damage while any boiler, fired or unfired vessel or electrical steam generator is undergoing a hydrostatic or gas pressure test;
2. Damage while any type of electrical or electronic equipment is undergoing an insulation breakdown test;
3. Damage to or destruction of media, however caused, and regardless of the function of that media;
- 4/ Depletion, deterioration, corrosion, erosion or wear or tear, and other gradually developing conditions. But if "loss" or damage otherwise covered by this endorsement ensues, we will pay for such ensuing "loss";

C. Limits

The most we will pay under this endorsement for direct "loss" to Covered Property is the Property Damage Limit of Insurance shown in the schedule of this endorsement. If Business Income Coverage, Extra Expense Coverage, or Business Income and Extra Expense Coverage is included in the policy to which this endorsement is a part, the most we will pay for those extensions of coverage under this endorsement are the respective Limits of Insurance shown in the schedule of this endorsement.

All losses covered by this endorsement occurring at any one location which manifests themselves at the same time and are the result of the same cause will be considered a single loss. If an initial loss covered by this endorsement causes other losses covered by this endorsement, all will be considered a single loss.

D. Extra Expediting

This endorsement is extended to cover the reasonable extra cost of temporary repair and of expediting repair or replacement of Covered Property as a direct result of loss otherwise covered by this endorsement. The most we will pay under this extension is the amount shown as the Expediting Expense Sublimit in the schedule of this endorsement.

E. Ammonia Contamination

If Covered Property is contaminated by ammonia as a direct result of loss otherwise covered by this endorsement, the most we will pay for this kind of damage, including salvage expense, is the amount shown as the Ammonia Contamination Sublimit in the schedule of this endorsement.

F. Water Damage

If Covered Property is damaged by water as a direct result of loss otherwise covered by this endorsement, the most we will pay for this kind of damage, including salvage expense, is the amount shown as the Water Damage Sublimit in the schedule of this endorsement.

G. Hazardous Substances

If covered Property is contaminated by a hazardous substance as the direct result of loss otherwise covered by this endorsement, the most we will pay for expenses to clean up or dispose of such property is the amount shown as the Hazardous Substances Sublimit in the schedule of this endorsement.

H. Spoilage

If Covered Property spoils from lack of power, light, heat, steam, or refrigeration as a direct result of the Breakdown of the insured's Boilers, Pressure Vessels, Machinery or Equipment, the most we will pay for this kind of damage, including salvage expenses, is the amount shown as the Spoilage Sublimit in the schedule of this endorsement.

I. Newly Acquired Locations

The coverages of this endorsement are extended to the interest of the named insured in Boilers, Pressure Vessels, Machinery and Equipment, not otherwise insured, at newly constructed, acquired, or leased locations within the policy coverage territory and which have been previously undeclared. The most we will pay under this extension for loss or damage at any one location is the amount shown as the Newly Acquired Location Coverage Sublimit in the schedule of this endorsement.

J. Off Premises Service Interruption

If Off Premises Service Interruption Coverage is included in the policy of which this endorsement is a part, the coverage extensions of this endorsement for Business Income and/or Extra Expense and/or Spoilage are further extended to include loss caused by Boilers, Pressure Vessels, Machinery and Equipment, whether or not they are located on Insured's premises, owned by a public utility or other company and used to directly supply electrical power, communications services, heating, gas, water, steam or air conditions to the described premises.

K. Deductibles

There shall be liability under this endorsement only when the amount of loss exceeds the Boiler and Machinery Deductibles shown in the schedule of this endorsement. If no Boiler and Machinery Deductibles are shown, coverage under this endorsement is subject to the policy deductible.

PI-ULT-023 07.01

If an hour deductible is shown in the schedule, we will only pay for loss or damage you sustain after the first specified number of hours immediately following the physical loss to the Covered Property.

If a multiplier is shown in the schedule of this endorsement, the deductible is determined by multiplying the One Hundred Percent Average Daily Value (100% ADV) times the multiplier. The 100% ADV will be obtained by dividing the total net profits, fixed charges and expenses for the entire location that would have been earned had no physical loss occurred during the period of interruption of business by the number of working days in that period. No reduction shall be made for net profits, fixed charges and expenses not being earned, or in the number of working days, because of the physical loss or damage or any other scheduled or unscheduled shutdowns during the period of interruptions.

If a percent of loss deductible is indicated in the schedule of this endorsement, we will not be liable for the indicated percentage of loss or damage insured under this endorsement. If the dollar amount of such percentage is less than the indicated minimum deductibles, the minimum deductible will be the applicable deductible.

L. Suspension

If any Boiler, Pressure Vessel, Machinery or Equipment covered by this endorsement is found to be in, or exposed to, a dangerous condition, any of our representatives may immediately suspend the coverage provided by this endorsement for that equipment by written notice mailed or delivered to:

1. Your last known address; or
2. The address where the affected equipment is located.

Once suspended in this way, your insurance can be reinstated only by endorsement.

If we suspend your insurance, you will get a pro rata refund for the affected equipment. But the suspension will be effective even if we have not yet made or offered a refund.

M. Mechanical or Electrical Breakdown

With respect to coverage provided by this endorsement, Mechanical or Electrical Breakdown means a sudden and accidental breakdown of covered Boilers, Pressure Vessels, Machinery and Equipment. At the time breakdown occurs, it must become apparent by physical damage that requires repair or replacement of the affected equipment or part of the affected equipment.

Mechanical or Electrical Breakdown does not mean or include any of the following:

1. Breakdown of any structure or foundation.
2. Breakdown of any boiler setting, insulating or refractory material.
3. Breakdown of a power shovel, dragline, excavator, vehicle, aircraft, floating vessel or structure, well casing, penstock or draft tube.
4. Breakdown of any elevator, crane, hoist, escalator or conveyor, but not including any pressure vessel or electrical equipment used with such a machine.
5. Breakdown of Boilers, Pressure Vessels, Machinery or Equipment manufactured or held for sale by you.
6. Breakdown of catalyst.

7. Breakdown of any oven, stove, furnace, incinerator, pot or kiln.
8. Breakdown of any buried vessel or piping.
9. Breakdown of a felt, wire, screen, die, mold, form, pattern, extrusion plate, swing hammer, grinding disc, cutting blade, chain, cable, belt, rope, clutch plate, brake pad, nonmetallic part or any part or tool subject to frequent, periodic replacement.
10. Breakdown, of any nonmetallic vessel, unless it is constructed and used in accordance with the American Society of Engineers (A.S.M.E.) code.
11. Breakdown of sewer piping, piping forming a part of a fire protection system or water piping other than:
 - a. Feed water piping between any boiler and its feed pump or injector; or
 - b. Boiler condensate return piping; or
 - c. Water piping forming a part of refrigerating and air conditioning vessels and piping used for cooling, humidifying or space heating purposes.
12. Breakdown of a part of a Boiler, Pressure Vessel or Electric Steam Generator that:
 - a. Does not contain steam or water; or
 - b. Is not under pressure of contents of the vessel; or
 - c. Is not under internal vacuum.
13. The functioning of any safety or protective devices.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**ELITE PROPERTY ENHANCEMENT:
NURSING HOMES / MEDICAL FACILITIES / HOSPITALS**

This endorsement modifies insurance provided under the following:

PROPERTY COVERAGE FORM
CAUSES OF LOSS FORM
CRIME COVERAGE FORM

I. Schedule of Coverages and Limits

The following is a summary of increased Limits of Insurance, additional coverages and/or coverage extensions provided by this endorsement. This endorsement is subject to the provisions of your policy.

Coverage Applicable	Limit of Insurance	Page #
Covered Property		
Fine Arts	\$50,000	2
Additional Coverages		
Alternative Key Systems	\$100,000	2
Automated External Defibrillators (AEDs)	\$5,000	3
Earthquake Sprinkler Leakage	\$10,000	3
Lease Cancellation Moving Expenses	\$2,500	3
Pollutant Clean up and Removal	\$100,000	3
Transition to Replacement Premises	Included	3
Coverage Extensions		
Business Income and Extra Expense	\$100,000	4
Civil Authority	Included in BI/EE limit	4
Contingent Business Property	Included in BI/EE limit	4
Ingress or Egress	\$5,000	4
Newly Acquired Premises	\$100,000	5
Emergency Vacating Expense	\$15,000	6
Expediting Expense	\$25,000	6
Garages	\$5,000	6
Money Orders and Counterfeit Paper Currency	\$25,000	7
Non-Owned Detached Trailers	\$5,000	7
Ordinance or Law – Demolition Cost	\$300,000	7
Ordinance or Law – Increased Cost of Construction	\$300,000	7
Personal Property of Residents:		
Residents' Property Personal Effects		
Any One Resident	\$5,000	7
Any One Occurrence	\$25,000	7
Policy Aggregate	\$100,000	7
Residents' Money and Securities		
Any One Resident	\$500	8
Any One Occurrence	\$5,000	8
Policy Aggregate	\$50,000	8
Reward Reimbursement	\$5,000	8
Spoilage	\$50,000	8
Limitations		
Furs	\$5,000	9
Precious Metals	\$5,000	9

PI-ULT-104 (09/08)

II. Conditions

A. Applicability of Coverage

Coverage provided in forms attached to your policy is amended by this endorsement where applicable.

B. Limits of Insurance

1. When coverage is provided by this form and another coverage form attached to this policy, the greater Limits of Insurance will apply. In no instance will multiple limits apply to coverages which may be duplicated within this policy.
2. Limits of Insurance identified in this endorsement are not excess of, or in addition to, Limits of Insurance provided by the **PROPERTY COVERAGE FORM**, the **CAUSES OF LOSS FORM** or the **CRIME COVERAGE FORM** unless otherwise stated.
3. Coverage is considered to be on an occurrence basis (not on a per location basis) unless otherwise stated.

C. Applicability of Exclusions

Specific exclusionary endorsements attached to the policy supersede coverage provisions contained in this coverage enhancement.

D. Requirement for Covered Causes of Loss

Except where a specific Covered Cause of Loss is identified in this coverage enhancement, coverage for the "losses" described herein are applicable only for Covered Causes of Loss as designated in the **CAUSES OF LOSS FORM** attached to the policy.

III. Covered Property

- A. Section A. Coverage, 1. Covered Property, a. Your Business Personal Property, (d) "Fine Arts" in the **PROPERTY COVERAGE FORM** is amended as follows:

If the total value of "Fine Arts" is over \$50,000, they must be listed in a schedule on file with us;

- B. Section A. Coverage, 2. Property Not Covered, o. "Fine Arts" in the **PROPERTY COVERAGE FORM** is amended as follows:

"Fine Arts," if the total value of such property is greater than \$50,000, unless such property is listed in a schedule on file with us;

IV. Additional Coverages

The following are added to or amend the **PROPERTY COVERAGE FORM** under Section A. Coverage, 4. Additional Coverages:

A. Alternative Key Systems

We will pay for "loss" or damage to, or cost to reprogram, "alternative key systems," including card programmers, card-readers, computers, related alarms, transceivers, power supplies and any other electronic or mechanical apparatus needed to make the card keys work. The "loss" must be caused by a Covered Cause of Loss and take place at a covered location.

PI-ULT-104 (09/08)

The most we will pay for "loss" or damage under this coverage is \$100,000.

B. Automated External Defibrillators

Automated external defibrillators (AEDs) are considered covered property.

The most we will pay for "loss" or damage under this coverage is limited to \$5,000 per occurrence, which is in addition to the Business Personal Property Limit stated in the Declarations.

C. Earthquake Sprinkler Leakage

We will pay up to \$10,000 for damages resulting from sprinkler leakage which is caused by earth movement.

D. Lease Cancellation Moving Expenses

We will reimburse you for any moving expenses necessitated by your need to relocate due to the cancellation of the lease at your premises listed in the Declarations. The lease cancellation must occur as a result of a Covered Cause of Loss.

The limit for this coverage will be \$2,500 for all insureds combined. No deductible applies to this coverage.

E. Pollutant Clean Up and Removal

Section A. Coverage, 4. Additional Coverages, f. Pollutant Clean Up and Removal is amended as follows:

The Limit of Insurance for this additional coverage for each described premises is increased to \$100,000 for the sum of all covered expenses arising out of a Covered Cause of Loss occurring during each separate 12 month period of this policy.

F. Transition to Replacement Premises

If Covered Property is moved to a new premises from a scheduled premises that is being vacated, the Limit of Insurance applicable to that vacated premises will apply proportionately to both premises as the property is moved. This coverage ends when any one of the following first occurs:

1. 90 days after the move begins;
2. The move is completed; or
3. This policy expires.

V. Coverage Extensions

With the exception of Item E. Money Orders and Counterfeit Paper Currency below, the following are added to or amend the PROPERTY COVERAGE FORM under Section A. Coverage, 5. Coverage Extensions:

A. Business Income and Extra Expense

1. Coverage is extended to include the actual "loss" of Business Income you sustain, and

PI-ULT-104 (09/08)

necessary Extra Expense you incur when your covered **"building"** or Business Personal Property listed in the Declarations is damaged by a Covered Cause of Loss.

We pay any Extra Expense you incur:

- a. To continue your normal **"operations"** at the described premises; or
- b. To continue your normal **"operations"** at replacement premises or temporary locations; including:
 - (1) Relocation expenses; and
 - (2) The costs to equip or operate the replacement premises or temporary locations; or
- c. To minimize the suspension of your normal **"operations"** if you cannot continue them.

2. Civil Authority

We will pay for the actual **"loss"** of Business Income you sustain, and necessary Extra Expense you incur that is caused by action of civil authority that prohibits access to the described premises due to direct physical **"loss"** of or damage to property, other than at the described premises, caused by or resulting from any Covered Cause of Loss. The coverage for Business Income will begin 72 hours after the time of that action and will apply for a period of up to 3 consecutive weeks after coverage begins. The coverage for Extra Expense will begin immediately after the time of that action and will end:

- a. 3 consecutive weeks after the time of that action; or
- b. When your Business Income coverage ends; whichever comes first.

3. Contingent Business Property

We will pay for the actual **"loss"** of Business Income you sustain, and necessary Extra Expense you incur when Contingent Business Property is damaged by a Covered Cause of Loss. We will reduce the amount of your Business Income **"loss,"** other than Extra Expense, to the extent you can resume **"operations,"** in whole or in part, by using any other available:

- a. Source of materials; or
- b. Outlet for your products.

The most we will pay under these sections A. 1., 2. and 3. combined is \$100,000 for any one occurrence.

4. Ingress or Egress Coverage

We will pay for the actual **"loss"** of Business Income you sustain, and necessary Extra Expense you incur due to the necessary suspension of your **"operations"** in the event that ingress or egress is prevented at the described premises as a result of a Covered Cause of Loss. The **"loss"** or damage by a Covered Cause of Loss preventing ingress or egress must occur within one mile of the described premises. This coverage will apply for up to 30 consecutive days from the date when the ingress or egress is denied.

The most we will pay for this coverage is \$5,000 for any one occurrence.

This additional coverage does not apply in the event that access is denied by action of civil

PI-ULT-104 (09/08)

authority. Such coverage is provided subject to Item 2. above.

5. Newly Acquired Premises

We will pay for the actual "loss" of Business Income you sustain, and necessary Extra Expense you incur when property at a newly acquired premises is damaged by a Covered Cause of Loss.

Coverage under this extension will end when any of the following first occurs:

- a. This policy expires;
- b. 90 days expire after you acquire the property that would qualify as covered property; or
- c. You report values to us.

We will charge you additional premium for values reported from the date you acquire the property that would qualify as covered property.

The most we will pay under this extension is \$100,000 in any one occurrence at each newly acquired premises. This limit is in addition to the Business Income and Extra Expense limit provided above.

6. The following, when used in this section, are defined as follows:

- a. Business Income means net income (net profit or loss before income taxes) that would have been earned or incurred during the period of restoration and continuing normal operating expenses including payroll.
- b. Extra Expense means necessary expenses you incur during the period of restoration that you would not have incurred if there had been no direct physical "loss" or damage to property caused by or resulting from a Covered Cause of Loss.
- c. Contingent Business Property means property operated by others on whom you depend to:
 - (1) Deliver materials or services to you or to others for your account (Contributing Locations);
 - (2) Accept your products or services (Recipient Locations);
 - (3) Manufacture products for delivery to your customers under contract of sale (Manufacturing Locations); or
 - (4) Attract customers to your business (Leader Locations).
- d. Period of restoration means the period of time that:
 - (1) Begins with the date of physical "loss" or damage caused by or resulting from any Covered Cause of Loss; and
 - (2) Ends on the date when the property should be repaired, rebuilt or replaced with reasonable speed and similar quality.

Period of restoration does not include any increased period required due to the enforcement of any ordinance or law that:

PI-ULT-104 (09/08)

- (1) Regulates the construction, use or repair, or requires the tearing down of any property; or
- (2) Requires any insured or others to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of "pollutants."

The expiration date of this policy will not cut short the period of restoration.

B. Emergency Vacating Expense

- 1. The coverage provided by this policy is extended to apply to the reasonable expenses that you incur in the "emergency" vacating of the premises of your facility described in the Declarations, provided that vacating is necessary due to an "emergency" situation resulting from a Covered Cause of Loss.
- 2. We will not pay for any expenses under this extension arising out of:
 - a. A strike, bomb threat or false fire alarm, unless vacating is ordered by a civil authority;
 - b. A planned vacating drill; or
 - c. The vacating of one or more individuals that is solely due to their individual medical condition.
- 3. The most we will pay in any one occurrence for the evacuation of residents, regardless of the number of residents evacuated is \$15,000. The deductible for emergency vacating expenses is \$1,000 per occurrence.

C. Expediting Expense

The coverage provided by this policy is extended to apply to your reasonable and necessary expense of temporary repairs to your business property or the extra costs of expediting the permanent repair or replacement of your property, whichever is less. These expenses include overtime wages and extra costs for rapid means of transportation. However, we will not pay for the temporary rental of property or the temporary replacement of damaged property.

The most we will pay under this extension is \$25,000.

D. Garages

"Building" coverage is extended to apply to any garage or storage shed located at the premises described in the Declarations.

The most we will pay under this extension is \$5,000.

E. Money Orders and Counterfeit Paper Currency

The Basic Limit of Insurance that is provided for Money Orders and Counterfeit Paper Currency under the **CRIME COVERAGE FORM** is increased to \$25,000.

PI-ULT-104 (09/08)

F. Non-Owned Detached Trailers

You may extend the insurance that applies to your Business Personal Property to apply to "loss" or damage to trailers that you do not own, provided that:

1. The trailer is used in your business;
2. The trailer is in your care, custody or control at the premises described in the Declarations; and
3. You have a contractual responsibility to pay for "loss" or damage to the trailer.

We will not pay for any "loss" or damage that occurs:

1. While the trailer is attached to any motor vehicle or motorized conveyance, whether or not the motor vehicle or motorized conveyance is in motion;
2. During hitching or unhitching, or when a trailer becomes accidentally unhitched from a motor vehicle or motorized conveyance.

The most we will pay under this extension is \$5,000.

G. Ordinance or Law

Section A. Coverage, 5. Coverage Extensions, j. Ordinance or Law is amended as follows:

1. The Limit of Insurance for demolition costs is increased to \$300,000 in any one occurrence.
2. The Limit of Insurance for increased cost of construction is increased to \$300,000 in any one occurrence.

H. Personal Property of Residents**1. Residents' Property – Personal Effects**

- a. The Business Personal Property coverage is extended to apply to the personal effects of the residents of your facility while at a premises described in the Declarations.
- b. (1) The most we will pay for "loss" or damage to the property of any one resident is \$5,000.

(2) The most we will pay for "loss" or damage in any one occurrence, regardless of the number of residents who had property lost or damaged is \$25,000 subject to the any one resident limit shown in 1.b.(1) above.

(3) The most we will pay for the sum of all such "loss" or damage during each separate policy period is \$100,000, regardless of the number of occurrences.
- c. We will not pay for a "loss" under this coverage until the amount of "loss" exceeds a \$1,000 deductible. We will then pay the amount of "loss" in excess of the deductible up to the applicable Limit of Insurance.
- d. Residents' Personal Effects do not include "money" or "securities." Such coverage is provided subject to Item 2. below.

2. Residents' Money and Securities

- a. We cover "money" and "securities" belonging to the residents of your facility while at a covered location. We cover such property against "loss" from a Covered Cause of Loss applying to your business personal property at the location. We do not cover any "loss" caused by or resulting from forgery, alterations, the giving or surrendering of checks or "money" in exchange or purchase, or accounting or arithmetic errors and omissions.
- b. (1) The most we will pay for "loss" or damage to the "money" and "securities" of any one resident is \$500.
- (2) The most we will pay for "loss" or damage in any one occurrence, regardless of the number of residents who had "money" and "securities" lost or damaged is \$5,000 subject to the any one resident limit in 2.b.(1) above.
- (3) The most we will pay for the sum of all such "loss" or damage during each separate policy period is \$50,000, regardless of the number of occurrences.
- c. We will not pay for a "loss" under this coverage until the amount of "loss" exceeds a \$500 deductible. We will then pay the amount of "loss" in excess of the deductible up to the applicable Limit of Insurance.

I. Reward Reimbursement

We will pay a reward for information that leads to a criminal conviction in connection with "loss" or damage to covered property by a Covered Cause of Loss; provided that the reward is pre-approved by us.

The most we will pay for "loss" or damage under this extension is \$5,000 regardless of the number of persons who provide information. No deductible shall apply to this coverage.

This extension does not include arson reward, as arson reward is included in Section 4. Additional Coverages of the **PROPERTY COVERAGE FORM**.

J. Spoilage

- 1. We will pay for direct physical "loss" or damage to your perishable business personal property, and perishable personal property of others while at or within 1000 feet of the described premises caused by spoilage due to changes in temperature or humidity resulting from:
 - a. Complete or partial interruption of electrical power to the described premises due to conditions beyond your control; or
 - b. Mechanical breakdown or failure of heating, cooling or humidity control equipment or apparatus at the described premises.
- 2. Coverage does not apply to:
 - a. The disconnection of any heating, cooling or humidity control equipment or apparatus from the source of power.
 - b. The deactivation of electrical power or current caused by the manipulation of any switch or other device used to control the flow of electrical power or current.
 - c. The inability of an electric utility company or other power source to provide sufficient

power due to:

- (1) Lack of fuel; or
- (2) Governmental order.

d. The inability of a power source at the described premises to provide sufficient power due to insufficient generating capacity to meet demand.

3. The most we will pay for "loss" or damage in any one occurrence is \$50,000.

VI. Limitations

A. Section C. Limitations in the **CAUSES OF LOSS FORM** is amended as follows:

- 2. a. The limit for furs, fur garments and garments trimmed with fur is increased to \$5,000.
- b. The limit for jewelry, watches, watch movements, jewels, pearls, precious and semi-precious stones, bullion, gold, silver, platinum and other precious alloys or metals is increased to \$5,000. This Limit of Insurance does not apply to jewelry and watches worth \$100 or less per item.

VII. Definitions

- A. "Alternative key systems" means programmable keying systems, such as mechanically or electronically coded key cards.
- B. "Counterfeit money" means an imitation of "money" that is intended to deceive and to be taken as genuine.
- C. "Emergency" means imminent danger arising from an external event or a condition in the facility which would cause loss of life or harm to occupants.



PHILADELPHIA
INSURANCE COMPANIES

A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
Bala Cynwyd, Pennsylvania 19004
610.617.7900 Fax 610.617.7940
PHLY.com

Taxes, Surcharges, and Fees Notice

*Note: The above proposal may not account for local taxes, Surcharges, and/or fees mandated by the State in which you/your business operate(s). The final policy will include a description of how local taxes, surcharges and fees, if applicable, have been allocated as determined by the risk location. Please contact a PHLY representative if you have any questions.

An Insurance Proposal

Zurich

OHA Insurance Agency, Inc.
4000 Lincoln Blvd.
Oklahoma City, Oklahoma 73105

A Property Proposal for

Mangum City Hospital Authority

PO Box 280

Mangum, OK 73554-0280



Policy Period

April 21, 2021 - April 21, 2022

Submitted to

FRATES INS & RISK MANAGEMENT

Proposal Date

March 26, 2021



EXECUTIVE SUMMARY – PROPERTY



Mangum City Hospital Authority						
Line of Business:	Property					Total
Policy Number	TBD					
Program Structure and Limits						
Limits	See Cov Overview					
Structure	See Cov Overview					
Deductible	See Cov Overview					
Exposure						
Total Exposure	TIV:\$12,023,400					
Premium (including estimated taxes, surcharges and assessments)						
Composite Rated	N/A					
Est. Premium	\$39,373.00					\$39,373.00
Est. Terrorism	\$777.00					\$777.00
Est. CAT	Included					\$0.00
Exp. Constant	N/A					\$0.00
Est. Taxes, Surcharges & Assessments	\$0.00					\$0.00
Estimated Total	\$40,150.00					\$40,150.00

If you want to learn more about the compensation Zurich pays agents and brokers visit: <http://www.zurichnaproducercompensation.com> or call the following toll-free number: (866) 903-1192. This Notice is provided on behalf of Zurich American Insurance Company and its underwriting subsidiaries.

Mangum City Hospital Authority

4



REQUIRED AGREEMENTS AND SUBJECTIVITIES: PROPERTY

Required Underwriting Information / Subjectivities	Due Date
Signed Property Application	Policy Effective Date
Complete schedule of requested Named Insureds, including description of operations and percent ownership	Policy Effective Date
Business income and extra expense worksheets	Prior to Binding Coverage
Written verification of adequate insurable values.	Policy Effective Date

Note: Should the Insured fail to provide the requested information by the due date(s), Zurich reserves the right to withdraw or amend this Proposal.

NAMED INSUREDS - PROPERTY



Company	Property						
Mangum City Hospital Authority	X						
Cohesive Healthcare Management and Consulting, LLC	X						



COMMON POLICY FORMS

Schedule of Forms and Endorsements		
Form Number	Form Title	Fill-In Wording / Comments
U-GU-630-E CW	Disclosure of Important Information Relating to Terrorism Risk Insurance Act	
U-GU-767-B CW	Cap On Losses From Certified Acts Of Terrorism	
U-GU-D-310-A	Common Policy Declarations	
U-GU-619-A CW	Schedule of Forms and Endorsements	
U-GU-319-F	Important Notice - In Witness Clause	
U-GU-621-A CW	Schedule Of Named Insured(s)	
U-GU-618-A CW	Schedule of Locations	
IL 00 17	Common Policy Conditions	
IL 01 77	Oklahoma Changes - Concealment, Misrepresentation Or Fraud	
IL 01 79	Oklahoma Notice	
IL 01 93	Oklahoma Exclusion Of Trustor As Named Insured	
IL 02 36	Oklahoma Changes - Cancellation And Nonrenewal	
IL 00 03	Calculation Of Premium	
U-GU-1191-A CW	Sanctions Exclusion Endorsement	

*Note: The most recently approved edition date will be used, unless otherwise noted.
Various state mandatory forms will be included as required.*



PROPERTY

Program Structure, Coverage and Premium Overview

Issuing Company: Zurich American Insurance Company

Policy Period: 04/21/2021 – 04/21/2022

Policy Number: TBD

Blanket Limits of Insurance	
Personal Property Blanket Limit of Insurance	\$5,560,000
Business Income and Extra Expense Blanket Limit of Insurance	\$6,399,000
Summary of Premises	
Premises # 1	Premises Address: 1 Wickersham St Mangum, OK 73554-9117
Coverage	Limit of Insurance
Real Property	\$64,400
Personal Property	Included in Blanket Limit of Insurance
Business Income and Extra Expense	Included in Blanket Limit of Insurance
Earth Movement (Schedule A)	\$2,000,000
Flood (Schedule I)	\$1,000,000
Deductible	Amount
Earth Movement (Schedule A)	\$50,000
Flood (Schedule I)	\$50,000
Water Damage Deductible	\$100,000
Wind and Hail--Direct Damage And Time Element	\$250,000
Special Conditions	
Building 1 is the Main Hospital & Building 2 is a Lab	
Loss Payee: (Loss Payable)	Interim Diagnostic Imaging, LLC 4960 Yuma Court North Plymouth MN 55446

Summary of Premises**Premises # 2**

Premises Address:
 118 S Louis Tittle Ave
 Mangum, OK 73554-4441

Coverage	Limit of Insurance
Personal Property	Included in Blanket Limit of Insurance
Business Income and Extra Expense	Included in Blanket Limit of Insurance
Earth Movement (Schedule A)	\$723,290
Flood (Schedule I)	\$723,290
Deductible	Amount
Earth Movement (Schedule A)	\$50,000
Flood (Schedule I)	\$50,000
Water Damage Deductible	\$25,000
Wind and Hail--Direct Damage And Time Element	\$28,932
Special Conditions	
Clinic	

Additional Coverage – Limits of Insurance

Limits of Insurance applicable at a "premises" that differ from those indicated below will be shown under the Summary of Premises section of this Declarations for that "premises". Those Limits of Insurance replace, and are not in addition to, the Limits of Insurance shown below for those specified coverages and "premises". If any Additional Coverages do not apply at any specific "premises", the Limit of Insurance will show as Not Covered for those "premises".

Coverage	Limit of Insurance
Civil Authority	
Business Income	30 Days
Extra Expense	30 Days
Communicable Disease Suspension Of Operations--Business Income	Not Covered
Consequential Loss -- Net Leasehold Interest	\$25,000 Per Premises
Consequential Loss -- Tenants Improvements and Betterments	\$250,000 Per Premises
Consequential Loss - Undamaged Stock	\$250,000 Per Premises
Contamination by A Refrigerant	\$25,000 Per Premises
Contractual Penalties - Business Income	\$25,000 Per Occurrence
Debris Removal - Covered Property	Covered
Debris Removal - Supplemental Limit	\$250,000 Per Occurrence
Debris Removal - Uncovered Property	\$2,500 Per Occurrence
Decontamination Expense	\$50,000 Per Premises
Deferred Payments	\$50,000 Per Occurrence
Dependent Business Income – Unscheduled Locations	\$250,000 Per Occurrence
Electronic Vandalism	
Direct Damage	\$25,000 Annual Aggregate
Business Income	\$25,000 Annual Aggregate
Expediting Expense	\$25,000 Per Premises
Expense to Reduce Loss--Business Income	Covered
Extended Period of Indemnity -- Business Income	30 Days
Extra Expense	\$25,000 Per Premises
Fairs or Exhibitions	
Personal Property	\$50,000 Per Occurrence
Business Income	\$10,000 Per Occurrence
Fire Department Service Charge	\$250,000 Per Premises
Fire Protective Equipment Refills	Covered
Inflation Guard	
Real Property	4 % Annual
Personal Property	4 % Annual
Ingress/Egress	
Business Income	30 Days
Extra Expense	30 Days
Lock and Key Replacement	\$25,000 Per Premises
Microorganisms	\$25,000 Annual Aggregate

Coverage	Limit of Insurance
Microorganisms – Business Income	\$25,000 Annual Aggregate
Mobile Medical Equipment	\$50,000 Per Any One Unit \$50,000 Per Occurrence
Newly Acquired Premises	
Real Property	\$1,000,000 For 180 Days
Personal Property	\$1,000,000 For 180 Days
Business Income	\$250,000 For 180 Days
Extra Expense	\$25,000 For 180 Days
	<i>Note: The above limits apply separately to each newly acquired premises.</i>
Newly Acquired Property	
Real Property	\$250,000 Per Premises For 180 Days
Personal Property	\$250,000 Per Premises For 180 Days
Off-Premises Service Interruption – Direct Damage	\$100,000 Per Premises
	\$250,000 Per Premises
Outdoor Trees, Shrubs, Plants, or Lawns	\$5,000 Per Tree, Shrub, Plant, or Lawn
Patient Evacuation	\$25,000 Per Premises
Pollutant Clean Up and Removal -- Land and Water	\$25,000 Annual Aggregate Per Premises
Preservation of Property	180 Days
Professional Fees	\$25,000 Per Occurrence
Radioactive Contamination	\$50,000 Per Premises
Reported Unscheduled Premises	
Real Property	Not Covered
Personal Property	Not Covered
Business Income	Not Covered
Extra Expense	Not Covered
Reward Payments	\$25,000 Per Occurrence
Salespersons Samples	\$25,000 Per Occurrence
Spoilage -- Equipment Breakdown	\$100,000 Per Premises
Theft Damage to Buildings	Covered
Unreported Premises	
Real Property	\$100,000 Per Unreported Premises
Personal Property	\$100,000 Per Unreported Premises
Business Income	\$10,000 Per Unreported Premises
Extra Expense	\$10,000 Per Unreported Premises

Crime Coverage – Limits of Insurance	
Coverage	Limit of Insurance
Computer Fraud	\$25,000 Per Occurrence
Employee Theft	\$25,000 Per Occurrence
Forgery or Alteration	\$25,000 Per Occurrence
Funds Transfer Fraud	\$25,000 Per Occurrence
Money and Securities – Inside Buildings	\$25,000 Per Occurrence
Money and Securities – Outside Buildings	\$25,000 Per Occurrence

Marine Coverage – Limits of Insurance

Limits of Insurance applicable at a "premises" that differ from those indicated below will be shown under the Summary of Premises section of this Declarations for that "premises". Those Limits of Insurance replace, and are not in addition to, the Limits of Insurance shown below for those specified coverages and "premises". If any Marine Coverages do not apply at any specific "premises", the Limit of Insurance will show as Not Covered for those "premises".

Coverage	Limit of Insurance
Accounts Receivable (Revenue Loss)	\$250,000 Per Premises
Accounts Receivable (Revenue Loss) – Away From Premises	\$250,000 Per Occurrence
Fine Arts	\$25,000 Per Premises
Fine Arts – Away From Premises	\$25,000 Per Occurrence
Installation and Service Property	
Stock to be Installed	\$25,000 Per Occurrence – Installation Premises \$25,000 Per Occurrence – Temporary Storage Location \$25,000 Per Occurrence - Transit
Tools and Equipment	
Scheduled Tools and Equipment	Not Covered
Unscheduled Tools and Equipment	\$10,000 Per Occurrence \$1,000 Per Item
<i>Unscheduled tools and equipment coverage is intended for items valued at or less than the limit per any one item shown above. An item valued at more than this limit must be specifically scheduled or no coverage applies to that item.</i>	
Original Information Property	\$250,000 Per Premises
Original Information Property – Away From Premises	\$250,000 Per Occurrence
Transit	
Personal Property	\$25,000 Per Occurrence
Business Income	\$10,000 Per Occurrence

General Deductibles	
Property Deductible The deductible applies to all loss, damage, cost, or expense covered by this Commercial Property Coverage Part, unless a specific coverage deductible is shown elsewhere on this Declarations or an endorsement.	\$10,000 Per Occurrence
Business Income and Extra Expense Waiting Period The waiting period applies to all loss or expense covered by Business Income and Extra Expense coverages contained in this Commercial Property Coverage Part, unless a specific coverage deductible is shown elsewhere on this Declarations or an endorsement.	72 Hours
Computer Fraud Deductible: The deductible applies to all loss or damage covered by Computer Fraud coverage contained in this Commercial Property Coverage Part, unless a specific coverage deductible is shown elsewhere on this Declarations or an endorsement.	\$5,000 Per Occurrence
Employee Theft Deductible: The deductible applies to all loss or damage covered by Employee Theft coverage contained in this Commercial Property Coverage Part, unless a specific coverage deductible is shown elsewhere on this Declarations or an endorsement.	\$5,000 Per Occurrence
Forgery Or Alteration Deductible: The deductible applies to all loss or damage covered by Forgery or Alteration coverage contained in this Commercial Property Coverage Part, unless a specific coverage deductible is shown elsewhere on this Declarations or an endorsement.	\$5,000 Per Occurrence
Funds Transfer Fraud Deductible: The deductible applies to all loss or damage covered by Funds Transfer Fraud coverage contained in this Commercial Property Coverage Part, unless a specific coverage deductible is shown elsewhere on this Declarations or an endorsement.	\$5,000 Per Occurrence
Money And Securities – Inside Buildings Deductible: The deductible applies to all loss or damage covered by Money and Securities – Inside Buildings coverage contained in this Commercial Property Coverage Part, unless a specific coverage deductible is shown elsewhere on this Declarations or an endorsement.	\$5,000 Per Occurrence
Money And Securities – Outside Buildings Deductible: The deductible applies to all loss or damage covered by Money and Securities – Outside Buildings coverage contained in this Commercial Property Coverage Part, unless a specific coverage deductible is shown elsewhere on this Declarations or an endorsement.	\$5,000 Per Occurrence
Transit Deductible: The deductible applies to all loss or damage covered by Transit coverage contained in this Commercial Property Coverage Part, unless a specific coverage deductible is shown elsewhere on this Declarations or an endorsement.	\$5,000 Per Occurrence

Catastrophe Peril Deductibles

Earth Movement Deductibles:

Loss or damage to Covered Property caused by "earth movement" is subject to separate deductible amounts. The deductibles applicable to "earth movement" are stated in the Summary of Premises section of this Declarations for that specific premises". If the Earth Movement coverage applies to loss or damage to "contractor's equipment" away from "premises" or to "installation property" away from "premises", those deductible amounts are stated on the Coverage – Limits of Insurance and Deductibles section of this Declarations.

The Earth Movement Deductibles only apply to loss or damage that, but for the application of the Deductibles, would be paid by us under this Commercial Property Coverage Part.

Flood Deductibles:

Loss or damage to Covered Property caused by "flood" is subject to separate deductible amounts. The deductibles applicable to "flood" are stated in the Summary of Premises section of this Declarations for that specific "premises". If the Flood coverage applies to loss or damage to "contractor's equipment" away from "premises" or to "installation property" away from "premises", those deductible amounts are stated on the Catastrophe Coverage – Limits of Insurance and Deductibles section of this Declarations.

The Flood Deductibles only apply to loss or damage that, but for the application of the Deductibles, would be paid by us under this Commercial Property Coverage Part.

Wind And Hail Deductibles:

Loss or damage to Covered Property caused by wind or hail is subject to separate deductible amounts. The deductibles applicable to wind and hail are stated in the Summary of Premises section of this Declarations for that specific "premises". If the Wind and Hail Deductibles apply to loss or damage at "reported unscheduled premises", the deductible amounts for "reported unscheduled premises" are stated on the Catastrophe Coverage – Limits of Insurance and Deductibles section of this Declarations.

The Wind and Hail Deductibles only apply to loss or damage that, but for the application of the Deductibles, would be paid by us under this Commercial Property Coverage Part.

Application of Multiple Deductibles

Unless otherwise stated in a Coverage Form or endorsement, if more than one deductible applies, we will apply each deductible separately. Except for covered loss or damage due to "earth movement", "flood", or "named storm", or to wind or hail when a separate Wind Deductible or Wind and Hail Deductible is applicable, the total of all deductible amounts applied will not exceed the highest applicable deductible for loss or damage to Covered Property and the highest applicable deductible for loss under "time element coverage".

Catastrophe Coverage – Limits of Insurance and Deductibles

Catastrophe Coverages shown below apply only at those "premises" that show an applicable Limit of Insurance for that Catastrophe Coverage in the Summary of Premises section of this Declarations. If coverage applies at "reported unscheduled premises", those Limits of Insurance and Deductibles are shown below.

Coverage	Limit Of Insurance
Earth Movement (Schedule A)	
Premises	See Summary of Premises Section
Occurrence	\$2,000,000
Annual Aggregate	\$2,000,000
Deductible	See Summary of Premises Section
Flood (Schedule I)	
Premises	See Summary of Premises Section
Occurrence	\$1,000,000
Annual Aggregate	\$1,000,000
Deductible	See Summary of Premises Section
Wind and Hail--Direct Damage and Time Element Deductible	See Summary of Premises Section

Schedule of Forms and Endorsements

Form Number	Form Title	Fill-In Wording / Comments
PPP-0001	Commercial Property Coverage Part Declarations	
PPP-0101	Commercial Property Coverage Part General Provisions	
PPP-0102	Commercial Property Conditions	
PPP-0103	Commercial Property Definitions	
PPP-0110	Real and Personal Property Coverage Form	
PPP-0111	Additional Coverages Form	
PPP-0112	Accounts Receivable Coverage Form (Revenue Loss)	
PPP-0113	Crime Coverage Form	
PPP-0114	Fine Arts Coverage Form	
PPP-0115	Installation and Service Property Coverage Form	
PPP-0116	Original Information Property Coverage Form	
PPP-0117	Transit Coverage Form	
PPP-0130	Business Income Coverage Form (Excluding Extra Expense)	
PPP-0132	Extra Expense Coverage Form	
PPP-0208	Flood Exclusion -- Amended Definition	
PPP-0226	Wind and Hail--Direct Damage and Time Element Deductible	
PPP-0253	Water Damage Deductible	

Schedule of Forms and Endorsements

Form Number	Form Title	Fill-In Wording / Comments
PPP-0302	Dependent Premises Business Income Coverage--Unscheduled Locations	
PPP-0304	Earth Movement Coverage	
PPP-0308	Enabling Endorsement	
PPP-0310	Flood Coverage	
PPP-0314	Joint Loss Agreement--Property and Equipment Breakdown	
PPP-0320	Off-Premises Service Interruption--Direct Damage	
PPP-0409	Healthcare Industry Coverage	
PPP-0502	Loss Payable Provisions	
PPP-1351	Oklahoma Changes - Appraisal	

*Note: The most recently approved edition date will be used, unless otherwise noted.
Various state mandatory forms will be included as required.*

Premium Details

Premium	\$39,373.00
Terrorism	\$777.00
Taxes, Surcharges & Assessments	\$0.00
Total	\$40,150.00



TERMS & CONDITIONS

General Conditions

Throughout this document the terms "the Insured", "the Producer" and "the Company" are used. These terms refer to the following entities:

The Insured: Mangum City Hospital Authority

The Producer: FRATES INS & RISK MANAGEMENT

The Company: Zurich American Insurance Company, American Guarantee and Liability Insurance Company, American Zurich Insurance Company, Zurich American Insurance Company of Illinois, and/or The Zurich Services Corporation.

This proposal is valid for 30 days or until the proposed policy inception date, whichever is sooner.

No changes to the terms, conditions, or pricing reflected in this document may be made without written authorization from the Company.

This proposal is presented to the Insured with the understanding that neither Zurich nor any of its subsidiaries, affiliates, or employees, offer, or purport to offer, advice to the Insured concerning the proper financial, accounting, or tax treatment for the policy(ies) of insurance referenced herein and nothing herein should be considered to constitute such advice. If accounting advice, tax advice, or other expert professional assistance is required, the Insured should consult with their own accountant, adviser, counsel, or other similar competent professional with expertise in the required area.

This is a proposal for insurance coverage and is not an insurance policy. Any coverage description shown in this proposal may be an abbreviated title and does not indicate insurance policy language. Only the insurance policy itself provides coverage. This proposal is not part of and is not incorporated into the insurance policy. Policy forms attached to this proposal, if any, are sample policy forms and are not the insurance policy itself and do not represent the final terms and conditions of the insurance policy. If there is any conflict between the coverage descriptions shown in this proposal, the sample policy forms, and the actual insurance policy, the insurance policy will prevail and supersede this proposal. This proposal describes the coverages, terms, and conditions offered by the Company. Please review them carefully as they may differ from the expiring program or from the specifications requested in the submission.

Any person who knowingly and with the intent to defraud an insurance company, or a person who files an application or who submits through its producer exposure and associated information for an insurance policy, or files an insurance claim or statement containing any materially false information, or conceals information for the purpose of misleading an insurance company, commits a fraudulent insurance act which may be subject to both criminal and civil penalties.

Under the policy(ies) offered, coverage will not be provided and payments cannot be made hereunder to the extent that such coverage or payment would violate any applicable trade or economic sanctions law or regulation.



TERMS & CONDITIONS

Proposal Preparation

Zurich has prepared this proposal in response to your submission requesting insurance coverage for specific lines of business. This proposal is based only on the lines of business included in this proposal. In the event you seek a proposal for lines of business that differs from those included in this proposal, Zurich reserves the right to review and revise the terms and pricing of this proposal.

The program structure and pricing components were designed using data provided by the Producer. Any errors, omissions, or alterations to the Producer specifications may result in a change or withdrawal of this proposal.

This proposal is strictly conditional upon no material change in the risk and no known new losses occurring between the date of this proposal and the inception date of the proposed policy. In the event of such change in risk or loss, Zurich may in its sole discretion, whether or not this proposal has been already accepted by the insured, modify or withdraw this proposal.

This proposal identifies the policy forms and the associated form number that will be provided by Zurich. The policy forms may deviate from the requested coverage and wording contained in the submission. The policy forms noted herein include countrywide and some state-specific forms. Additional state-specific forms not noted herein will be endorsed on to the policy, where applicable. There may be instances where the policy form actually issued by Zurich differs from that which is in this proposal. This may be due to an insured-specific request, recent amendments to the policy form filed and approved for use but not yet updated in the Zurich proposal, or other reasons. Zurich may also include policy forms that are in addition to those requested by the Insured or Producer in the submission. These additional policy forms are issued by Zurich in accordance with internal and/or state specific requirements. Any premium associated with these additional policy forms is included in the quoted premium in this proposal.

Premium-Specific Conditions

The premium elements, which include, but are not limited to, premium, factors, or formulas, included within this proposal are estimates. These estimates are based upon the information contained in the application and submission made available to Zurich at the time this proposal was prepared. Any subsequent changes in the information provided may result in modifications to this proposal. Changes in the information that may result in modifications to the premium elements include, but are not limited to, rates, classifications, new or different exposures, changes in operations, prior exposures, prior loss information, experience modifications, managed care modifications, drug free modifications, tax multipliers, insured's request for removal of any products contained in the proposal, or the insured's financial condition.

Risk Engineering

Risk Engineering services are provided by The Zurich Services Corporation (ZSC) and/or strategic vendors of ZSC. The outline of Risk Engineering services is intended as a general description of the services available and is provided solely for informational purposes. Nothing herein should be construed as advice or recommendations, and ZSC, its affiliates and strategic vendors do not guarantee any particular outcome or reduction in losses, claims or costs.



TERMS & CONDITIONS

Claim Services Disclosures

Legal Bill Review utilizes a rules-based software program provided by an outside vendor and a dedicated staff of legal professionals and support staff to verify the accuracy of electronically submitted legal bills presented under the policy for payment in an effort to control your overall claim costs. As a component of ALAE, each claim file is charged 1.5%* of the legal charges reviewed through this service.

Zurich's Recovery Services consist of seven regional recovery hubs providing multi-line commercial recovery services on a domestic and international basis. Front-end data mining, fully dedicated personnel, recovery panel counsel, forensic engineering and other leveraged programs assist in driving results. Zurich Recovery Services will charge seventeen percent (17%)* of the gross amount recovered from the third parties responsible for the loss. If a recovery is not produced, a fee will not be earned. Associated expense in pursuit of recovery will be charged to the claim file.

Certain special claim handling services are provided only for the duration of your effective policy period. These services can continue beyond an effective policy term, but will be charged according to Zurich's current rates at that time.

* *Subject to change*



THIS DISCLOSURE DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER ANY POLICY.

DISCLOSURE OF IMPORTANT INFORMATION RELATING TO TERRORISM RISK INSURANCE ACT

SCHEDULE*

Premium attributable to risk of loss from certified acts of terrorism for lines of insurance subject to TRIA:

Property Portfolio Protection	\$777.00
-------------------------------	----------

*Any information required to complete this Schedule, if not shown above, will be shown in the quote or proposal.

A. Disclosure of Premium

In accordance with the federal Terrorism Risk Insurance Act ("TRIA"), as amended, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to the risk of loss from terrorist acts certified under that Act for lines subject to TRIA. That portion of premium attributable is shown in the Schedule above. The premium shown in the Schedule above is subject to adjustment upon premium audit, if applicable.

B. Disclosure of Federal Participation in Payment of Terrorism Losses

You should know that where coverage is provided by this policy for losses resulting from certified acts of terrorism, the United States Government may pay up to 80% of insured losses exceeding the statutorily established deductible paid by the insurance company providing the coverage.

C. Disclosure of \$100 Billion Cap on All Insurer and Federal Obligations

If aggregate insured losses attributable to terrorist acts certified under TRIA exceed \$100 billion in a calendar year (January 1 through December 31) and an insurer has met its deductible under the program, that insurer shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of Treasury.

D. Availability

As required by TRIA, we have made available to you for lines subject to TRIA coverage for losses resulting from acts of terrorism certified under TRIA with terms, amounts and limitations that do not differ materially from those for losses arising from events other than acts of terrorism.

E. Definition of Act of Terrorism under TRIA

TRIA defines "act of terrorism" as any act that is certified by the Secretary of the Treasury, in accordance with the provisions of the federal Terrorism Risk Insurance Act ("TRIA"), to be an act of terrorism. The Terrorism Risk Insurance Act provides that the Secretary of Treasury shall certify an act of terrorism:

1. To be an act of terrorism;
2. To be a violent act or an act that is dangerous to human life, property or infrastructure;
3. To have resulted in damage within the United States, or outside of the United States in the case of an air carrier (as defined in section 40102 of Title 49, United States Code) or a United States flag vessel (or a vessel based

principally in the United States, on which United States income tax is paid and whose insurance coverage is subject to regulation in the United States), or the premises of a United States mission; and

4. To have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

No act may be certified as an "act of terrorism" if the act is committed as part of the course of a war declared by Congress (except for workers' compensation) or if losses resulting from the act, in the aggregate for insurance subject to TRIA, do not exceed \$5,000,000.

Policy Number

Proposal

SCHEDULE OF LOCATIONS

Named Insured Mangum City Hospital Authority

Effective Date: 04/21/2021
12:01 A.M., Standard Time

Agent Name FRATES INS & RISK MANAGEMENT

Agent No. 36216000

Loc. No.	Bldg. No.	Designated Locations (Address, City, State, ZIP Code)	Occupancy
001		1 Wickersham St Mangum, OK 73554-9117	
001	001	1 Wickersham St Mangum, OK 73554-9117	
001	002	1 Wickersham St Mangum, OK 73554-9117	
002		118 S Louis Tittle Ave Mangum, OK 73554-4441	
002	001	118 S Louis Tittle Ave Mangum, OK 73554-4441	

OHA Insurance Agency

Mangum City Hospital Authority Directors and Officers Employment Practices Liability Proposal

Allied World Specialty Insurance Company	Policy Period 4/21/2021-2022	Policy Period 4/21/2020-2021
Directors and Officers		
Limits of Liability		
Per Claim	\$1,000,000	\$1,000,000
Aggregate	\$1,000,000	\$1,000,000
Sublimit of Liability		
Anti-Trust Claims Coverage	\$1,000,000	\$1,000,000
Regulatory Claims	\$250,000	\$250,000
HIPAA Fines and Penalties Coverage	\$25,000	\$50,000
Crisis Events /Response Costs	\$10,000	\$10,000
EMTALA Coverage	\$50,000	\$100,000
IRS Actions, Defense Only Coverage	\$25,000	\$25,000
Excess Benefits Transactions Excise Tax Coverage	\$100,000	\$100,000
Punitive Damages Coverage	\$1,000,000	\$500,000
Retention		
Directors and Officers	\$25,000	\$25,000
Antitrust	\$100,000	\$100,000
Regulatory	\$250,000	\$250,000
Premium	\$15,925	\$12,015

[illegible]

An Insurance Proposal

Allied World Specialty Insurance Company

OHA Insurance Agency, Inc.
4000 Lincoln Blvd.
Oklahoma City, Oklahoma 73105



ALLIED WORLD SPECIALTY INSURANCE COMPANY
 311 South Wacker Drive, Suite 1100
 Chicago, IL 60606
 USA

T. 312-646-7700
 F. 312-922-1159

To:	Ryan Roth Pro Access, L.L.C. 120 S. Riverside Plaza, Suite 2160 Chicago, IL 60606	Date:	03/19/2021
From:	Chelsea Cerruto	Account #:	2099359
Re:	Mangum City Hospital Authority - Healthcare Forcefield D&O		

QUOTATION VIA: EMAIL

Quote Expiration Date	04/21/2021		
Insured	Mangum City Hospital Authority		
Address	1 Wickersham Drive Mangum, OK 73554		
Policy Period	From: 04/21/2021	To: 04/21/2022	

Quote #	1
----------------	---

Limits of Liability	
Policy Per Claim Limit	\$1,000,000
Policy Aggregate Limit of Liability	\$1,000,000
Dedicated Excess Coverage for all Insured Persons	N/A

Sublimits of Liability	
Anti-Trust Claims Coverage	\$1,000,000
Regulatory Claims Coverage	\$250,000
HIPAA Fines and Penalties Coverage	\$25,000
Crisis Event Coverage/Response Costs	\$10,000
EMTALA Coverage	\$50,000
IRS Actions, Defense Only Coverage	\$25,000
Excess Benefits Transactions Excise Tax Coverage	\$100,000
Punitive Damages Coverage	\$1,000,000

Retention	
Each and every Claim (not applicable to Insuring Agreement A, D, E, G and H)	\$25,000
Each and every Antitrust Claim under Insuring Agreement D	\$100,000
Each and every Regulatory Claim under Insuring Agreement E	\$250,000
Policy Premium	\$15,675
Pending and Prior Date	06/30/2017

Discovery Period	
1 Year	TBD
2 Years	N/A
3 Years	N/A
4 Years	N/A
5 Years	N/A
6 Years	N/A

Insurer	Allied World Specialty Insurance Company - Admitted
Policy Form	
HC DO 00004 00 (12/15)	- Directors and Officers Liability Policy
Premium Due Date	30 Days from effective date of policy

Endorsements

1. HC DO 00015 00 (07/10) - Duty to Defend Coverage, Subject to Hammer Clause (80/20)
2. HC DO 00024 00 (07/10) - Major Security Holder Claims Exclusion (5%)
3. HC DO 00036 00 (07/10) - Pre-Approved Crisis Management Firm(s)
4. HC DO 00043 00 (07/10) - Full Securities Exclusion
5. HC DO 00056 00 (07/10) - Antitrust Coverage Subject to Co-Insurance (20%)
6. HC DO 00059 35 (01/13) - Pcly Clarifictn No Reten Applicable To Insrgr Agrmet G,Crisis Event Cvrge
7. HC DO 00061 35 (03/13) - Newly Acquired Entities Asset/Revenue Threshold (10%)
8. HC DO 00068 35 (04/13) - Regulatory Coverage-Coinsurance Basis (D&O Standalone) (20%)
9. HC DO 00120 00 (06/18) - Separate Retention For Claims Brought By High Wage Earners Endorsement (\$100k salary threshold; \$100k retention)
10. HC DO 00124 00 (06/18) - TCPA Exclusion (*NEW*)
11. HC DOEP 00010 35 (07/10) - Oklahoma State Amendatory Endorsement
12. HC DOEP 00023 00 (07/10) - Prior Acts Exclusion (6/30/2017)
13. HC DOEP 00056 35 (5/12) - Allocations of Loss (HC FF Stand Alone Forms)
14. HC DOEP 00058 35 (04/13) - Workplace Violence Expenses Covge,W Sublimit (D&O,EPL Standalone)
15. HC DOEP 00059 35 (05/13) - Increased Reten for Phyn Claims (by or agnst)(D&O,EPL,EMP Law Standline Forms) (\$100,000)
16. HC DOEP 00063 35 (10/16) - Amend Discovery Period Provision (Standalone)
17. HC FF 00005 35 (05/13) - Amend Retention Provision Rvsd (D&O,EPL,FID,EMP Law Standalone Forms)
18. PN 9001 (01/15) - Terrorism Policyholder Notice
19. Z-FFHCDO 00029 00 (05/20) - Bankruptcy Exclusion - Defense Costs Coverage Only; Sublimit Applies (*NEW* \$50k Sublimit)
20. Z-FFHCDO 00031 - Amend HIPAA Coverage (*NEW* replaces and amends expiring HC DO 00058 35 to clarify no cover for private actions)
21. Z-FFHCDO 00035 - Amend Definition of Loss (*NEW*)
22. Z-FFHCDO 00036 00 (01/21) - Amend Regulatory Wrongful Act (CARES Act) (*NEW*)

TERMS AND CONDITIONS

This quote is strictly conditioned upon no material change in the risk, including a submission being made to the insurer of a claim or circumstance that might give rise to a claim, between the date of this quote and the policy inception date. In the event of such a change in risk, the insurer may, in its sole discretion, amend or withdraw this quote.

All other terms and conditions as per our Policy Form and any applicable endorsements referenced herein.

Thank you for choosing Allied World Specialty Insurance Company.

**POLICYHOLDER DISCLOSURE STATEMENT
UNDER THE TERRORISM RISK INSURANCE ACT**

The Insured is hereby notified that under the federal Terrorism Risk Insurance Act, as amended, (the "Act"), the Insured has a right to purchase insurance coverage for losses arising out of an Act of Terrorism, as defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury in consultation with the Secretary of Homeland Security and the Attorney General of the United States to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside of the United States in case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. The Insured should read the Act for a complete description of its coverage. The decision to certify or not to certify an event as an Act of Terrorism covered by this law is final and not subject to review.

The Insured should know that where coverage is provided by this policy for losses caused by a Certified Act of Terrorism may be partially reimbursed by the United States Government under a formula established by federal law. However, the insured's policy may contain other exclusions that might affect coverage, such as an exclusion for nuclear events. Under the formula, the United States generally reimburses 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019; and 80% beginning on January 1, 2020, of covered terrorism losses exceeding the statutorily established deductible that must be met by the Insurer, and which deductible is based on a percentage of the Insurer's direct earned premiums for the year preceding the Act of Terrorism

Be advised that the Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap on all losses resulting from Certified Acts of Terrorism. If aggregate insured losses attributable to Certified Acts of Terrorism exceed \$100 billion in a calendar year the United States Government shall not make any payment for any portion of the amount of such loss that exceeds \$100 billion. If aggregate insured losses attributable to Acts of Terrorism exceed \$100 billion in a Program Year and the Insurer has met its deductible under the Act, the Insurer shall not be liable for payment of any portion of the losses that exceeds \$100 billion, and in such case, insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

Coverage for "insured losses" as defined in the Act is subject to the coverage terms, conditions, amounts and limits in this policy applicable to losses arising from events other than Acts of Terrorism.

Please see the options available to the Insured below.

- If you, the Insured, **elect to purchase coverage** in accordance with the Act, there will be \$0.00 additional premium due and **no further action or response is needed by you.**
- If you, the Insured, reject coverage in accordance with the Act, you must check below and sign and return this form to the Insurer.

☐ I HEREBY REJECT THIS COVERAGE.

Signature of Insured

Mangum City Hospital Authority

Print/Title

0310-8204

Date



Allied World Specialty Insurance Company
 311 South Wacker Drive, Suite 1100, Chicago, IL 60606
 Telephone: 312-646-7700 Fax: 312-922-1159

To	Ryan Roth Pro Access, L.L.C. Chicago, IL 60606	Date	03/19/2021
		Account #	2099359
From	Chelsea Cerruto 860-284-1810		
Re	Mangum City Hospital Authority - Healthcare Forcefield EPL		

QUOTATION VIA: EMAIL

Quote Expiration Date	04/21/2021		
Insured	Mangum City Hospital Authority		
Address	1 Wickersham Drive Mangum, OK 73554		
Policy Period	From: 04/21/2021	To: 04/21/2022	

Quote #	1
----------------	---

Limits of Liability	
Policy Per Claim Limit	\$1,000,000
Policy Aggregate Limit of Liability	\$1,000,000

Sublimits of Liability	
Third Party Wrongful Acts Coverage	N/A
FLSA Defense Only Coverage	N/A
Punitive Damages Coverage	\$1,000,000

Retention	
Each and every Claim	\$25,000
Policy Premium	\$6,231
Pending and Prior Date	06/30/2017

Discovery Period	
1 Year	TBD%
2 Years	N/A%
3 Years	N/A%
4 Years	N/A%
5 Years	N/A%
6 Years	N/A%

Insurer	Allied World Specialty Insurance Company - Admitted
Policy Form	
HC EP 00001 00 (09/16) - Employment Practices Liability Declarations	
HC EP 00004 00 (12/15) - Employment Practices Liability Policy	
Premium Due Date	30 Days from effective date of policy

Endorsements

1. HC DOEP 00010 35 (07/10) - Oklahoma State Amendatory Endorsement
2. HC DOEP 00023 00 (07/10) - Prior Acts Exclusion (6/30/2017)
3. HC DOEP 00056 35 (5/12) - Allocations of Loss (HC FF Stand Alone Forms)

4. HC DOEP 00063 35 (10/16) - Amend Discovery Period Provision (Standalone)
5. HC EP 00012 00 (07/10) - FLSA Coverage Deleted (Fair Labor Standards Act)
6. HC EP 00019 00 (07/10) - Delete Third Party Coverage
7. HC EP 00020 00 (07/10) - Duty to Defend Coverage, Subject to Hammer Clause (80/20)
8. HC EP 00031 35 - Violation of Employee Privacy (Defense Costs Only, Subject to Sublimit of Liability) (\$25k)
9. HC EP 00035 35 (07/13) - Newly Acquired Entities, Notice to Insurer Required
10. HC EP 00062 00 (06/18) - Separate Retention for Claims Brought by High Wage Earners Endorsement (\$100k salary threshold; \$100k retention)
11. HC EP 00065 00 (07/18) - Amend Other Insurance Clause (Excess Over All Other Policies) (*NEW*)
12. HC EP 00066 00 (07/18) - Employee Privacy Wrongful Act Endorsement - Include Biometric Data; Defense Costs Only; Sublimit (*NEW* \$25k Sublimit)

TERMS AND CONDITIONS

This quote is strictly conditioned upon no material change in the risk, including a submission being made to the insurer of a claim or circumstance that might give rise to a claim, between the date of this quote and the policy inception date. In the event of such a change in risk, the insurer may, in its sole discretion, amend or withdraw this quote

All other terms and conditions as per our Policy Form and any applicable endorsements referenced herein.

Thank you for choosing Allied World Specialty Insurance Company a member company of Allied World Assurance Company Holdings Ltd.

PREMIUM SUMMARY
Mangum City Hospital Authority

	<u>Premium 2021-22</u>	<u>Premium 2020-21</u>
Property –Philadelphia	\$18,977	\$26,954
Professional and General Liability - MedPro	\$69,078	\$60,592
Directors and Officers – Allied World	\$15,925	\$12,015
Employment Practices Liability	\$ 6,231	\$ 4,846
Totals	\$110,211	\$104,407

Hospital Vendor Contract – Summary Sheet

1. Name of Contract: MedPro Group-Medical Protection Company

2. Contracted Parties: MedPro and Mangum Regional Medical Center

3. Contract Type Services: Healthcare Liability Coverage (Professional/General Liability by Medical Protection Company.

4. Description of Services: Policy period is April 21, 2021-2022 and overs the same coverage as the policy period April 21, 2020-2021. Premium increased from \$60,592 to \$69,078. This coverage has been provided by MedPro since 2015. Prior to that it ws provided by PLICO which was purchased by MedPro in 2015.

5. Cost: ☒ _____ (Monthly) -and- ☒ \$69,078 (Annually)
6. Term: 1Year _____ Months / Years
7. Termination Clause: _____

EXHIBIT A-2 PARTICIPATING MEMBER DESIGNATION FORM

SELLER: Spacelabs Healthcare, LLC
CONTRACT NUMBER: PP-MM-623
CONTRACT DATES: 6/1/2018 - 5/31/2021
PRODUCT CATEGORY: Physiological Monitoring Systems

1. Tier. The undersigned Participating Member hereby designates the following desired tier under the above-referenced Premier Healthcare Alliance, L.P. Group Purchasing Agreement:

a. Select one Tier by initialing below

VOLUME TIERS	TOTAL PRODUCT PURCHASES (COMMITMENT % PER CALENDAR YEAR)
TIER 1	No commitment required; PMDF not required
TIER 2	75% Commitment
TIER 3	85% Commitment
TIER 4	85% Commitment for a conversion Participating Member who is converting a minimum of 80% of their units from a competitor's equipment to Seller Products

b. Seller shall not reduce a Participating Member's tier level without first (i) notifying the Participating Member and Premier in writing that the Participating Member's purchase volume is below the tier level selected by the Participating Member (the "Tier Reduction Notice") and (ii) providing the Participating Member sixty (60) calendar days from the date of notice to remedy the purchasing volume issues described in the Tier Reduction Notice. If the Participating Member does not remedy the issues described in the Tier Reduction Notice within sixty (60) days, Seller may move the Participating Member to the appropriate tier based on the Participating Member's Product purchases. Any tier adjustment pursuant to this paragraph that results in a less favorable tier for the Participating Member will apply for Products purchased after the effective date of the tier reduction.

2. Aggregation Pricing Option. By initialing where indicated below, the undersigned Participating Member or Participating Member group purchasing organization ("GPO") hereby elects to invoke the Aggregation Pricing Option whereby such Participating Member which operates multi-facility systems and has the ability to coordinate the purchasing decisions of such facilities, or such entity that has an established network of facilities for purposes of group purchasing, shall be entitled to aggregate the purchasing volume within their respective systems and networks in order to meet the tier designated in Item 1 above. In order to invoke this election, the undersigned must be a Participating Member that is able to coordinate the purchasing decisions of the facilities it wishes to aggregate or a GPO with members that are Participating Members. Attached hereto as Schedule 1 is a list of all such facilities. Seller shall be responsible for checking the Membership Roster for updates as specified in Section 3.0 of the Agreement. The undersigned Participating Member or GPO hereby elects to invoke the Aggregation Pricing Option: **Participating Member's (or GPO's) Initials:** _____.

Participating Member's Primary Distributor: _____ Secondary Distributor: _____

The undersigned Participating Member hereby acknowledges and confirms the above designations.

Participating Member/GPO
 Print Name of Person Signing _____
 Signature _____
 Title of Person Signing _____
 Phone Number _____
 E-mail Address _____
 Date Signed _____
 Entity Code _____
 Print Name of Participating Member/GPO _____
 Address _____
 City and State _____

Spacelabs Healthcare, LLC
 Print Name of Person Signing _____
 Signature _____
 Title of Person Signing _____
 Date Signed _____

Upon completion, please submit this form to both Seller and Premier.

Spacelabs Healthcare
Fax: 425-363-5399
Email: slcorporateaccounts@spacelabs.com

Premier Healthcare Alliance, L.P.–
Fax: 704.816.3509
Email: PremierPMDf@PremierInc.com

Hospital Vendor Contract – Summary Sheet

1. Name of Contract: Premier-Participating Member Designated Form for Spacelabs Healthcare
2. Contracted Parties: Spacelabs Healthcare, LLC and Mangum Regional Medical Center
3. Contract Type Services: Physiological Monitoring Systems (Telemetry)
4. Description of Services: The Telemetry system has been approved by the board but the designation form needs to be approved and signed by the board to move forward with Spacelabs Healthcare, LLC
5. Cost: ☒ _____ (Monthly) -and- ☒ _____ (Annually)
6. Term: _____ Months / Years
7. Termination Clause: _____

AMENDMENT TO AGREEMENT

This Amendment is entered into by and between **Press Ganey Associates LLC** (d/b/a Press Ganey Associates, Inc.) ("Press Ganey") and **Mangum Regional Medical Center** ("Client") (and together with Press Ganey, the "Parties") as of **April 1, 2021** ("Amendment Effective Date").

WHEREAS, the Parties have entered into a Master Services Agreement effective July 23, 2018 as amended on April 1, 2021 (the "Agreement"); and

WHEREAS, the Parties desire to amend the Agreement with the terms and conditions set forth herein; and

NOW THEREFORE, in consideration of the premises set forth above and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties agree as follows:

1. Amendments to the Agreement. As of the Amendment Effective Date, the Agreement is hereby amended as follows:

a. Section 1.a. (first paragraph) of the Amendment effective April 1, 2021 will be repealed and replaced with the following:

Beginning **July 1, 2021** and running concurrently to the Agreement, the Parties agree to replace the existing Phone Methodology for Inpatient with HCAHPS service and Emergency Department service with eSurvey Blend and Text Invitation Methodology as outlined in Exhibit A-1 and Attachment A-1, attached hereto. These services shall renew as outlined in Section 3. TERM of the Agreement

2. Limited Effect. Except as expressly provided in this Amendment, all of the terms and provisions of the Agreement are and will remain in full force and effect and are hereby ratified and confirmed by the Parties. On and after the Effective Date, each reference in the Agreement to "this Agreement," "the Agreement," "hereunder," "hereof," "herein" or words of like import, and each reference to the Agreement in any other agreements, documents or instruments executed and delivered pursuant to, or in connection with, the Agreement, will mean and be a reference to the Agreement as supplemented by this Amendment.

3. Conflicts. To the extent there is a conflict between the terms of this Amendment and the Agreement, the terms of this Amendment shall control.

IN WITNESS WHEREOF, the undersigned have executed this Amendment as of the Amendment Effective Date.

MANGUM REGIONAL MEDICAL CENTER (Client #33187)	PRESS GANEY ASSOCIATES LLC (D/B/A PRESS GANEY ASSOCIATES, INC.)
By:	By:
Name:	Name:
Title:	Title:
Date:	Date:

Hospital Vendor Contract – Summary Sheet

1. Name of Contract: Press Ganey
2. Contracted Parties: Press Ganey Associates LLC and Mangum Regional Medical Center
3. Contract Type Services: Amendment to Agreement for HCAHPS service and Emergency Department service with eSurvey Blend and Text Invitation Methodology
4. Description of Services: Replacing the existing Phone Methodology for inpatient with HCAHPS service and Emergency Department service with eSurvey Blend and Text Invitation Methodology. Mangum's Governing Board approved the Press Ganey amendment switching patient surveys to eSurvey/text. Press Ganey is providing another amendment to move the start date to July. Delaying the implementation of the eSurvey/text switch to July will allow plenty of time for Press Ganey to test file process.
5. Cost: ☒ No cost (Monthly) -and- ☒ (Annually)
6. Term: renew as outlined in Section 3 Term of Agreement Months / Years
7. Termination Clause:

EXHIBIT B – PHARMACY PROGRAM REQUIREMENTS - ACUTE AND HEALTH SYSTEM

Mangum Regional Medical Center

Facility Name

FM7151777

DEA #

HIN #

PLEASE INCLUDE COPY OF DEA CERTIFICATE WHEN SUBMITTING APPLICATION

PHARMACY START DATE*: 1/11/2019

(*If there is an existing contract with another service provider, the start date may be delayed until after the expiration of the existing contract.)

Please check one which applies:

<input checked="" type="checkbox"/> Acute	<input type="checkbox"/> Infusion Suite	<input type="checkbox"/> Non Acute Non Retail
<input type="checkbox"/> DSH Inpatient	<input type="checkbox"/> Long Term Care	<input type="checkbox"/> Physician Practice
<input type="checkbox"/> Government	<input type="checkbox"/> LTC Closed Door Provider	<input type="checkbox"/> Prison / Correctional Provider
<input type="checkbox"/> Infusion Closed Door	<input type="checkbox"/> LTC Closed Door Provider with Specialty	<input type="checkbox"/> Retail
<input type="checkbox"/> Infusion Closed Door with Specialty	<input type="checkbox"/> LTC Combo Provider	<input type="checkbox"/> Retail Closed Door
<input type="checkbox"/> Infusion Combo	<input type="checkbox"/> LTC Combo Provider with Specialty	<input type="checkbox"/> Retail with Specialty
<input type="checkbox"/> Infusion Combo with Specialty	<input type="checkbox"/> Mail Order	<input type="checkbox"/> Specialty Pharmacy

- Participating Member agrees that it shall not purchase through any other GPO during the term of this Agreement. In cases where Premier has not contracted for certain items required by Participating Member, Participating Member is encouraged to contact Premier so that those items may be added to the Premier portfolio of contracted products. In cases where Premier has not contracted for certain items required by Participating Member, Participating Member is encouraged to contact Premier so that those items may be added to the Premier portfolio of contracted products.
- Participating Member designates the below listed wholesaler to be its prime vendor for purchasing pharmaceuticals under the Pharmacy Program. Participating Member further authorizes the below listed wholesaler to release total purchase data to Premier. Nothing contained in this Agreement shall prohibit Member from purchasing Products through any wholesaler's or distributor's house contracts or source programs for non-injectable generic products.
- Participating Member represents that all products and supplies purchased under Premier group purchasing agreements are for Participating Member's own operations, excluding operations which compete with retail trade. If Participating Member is a Multi-Facility System, Participating Member represents that all products and supplies purchased under Premier group purchasing agreements by facilities in Participating Member's system are for each such facility's own operations, excluding operations which compete with retail trade. If Participating Member competes with retail trade, Participating Member acknowledges that it will be eligible to purchase products and supplies through the Program only from Premier suppliers who offer pricing to the Participating Member with the expectation and understanding that the products will be re-sold.
- Participating Member understands that each manufacturer and each wholesaler agreement has individual terms and conditions.

Former Purchasing Group:

Termination Date:

Primary Designated Wholesaler

Secondary Designated Wholesaler

Cardinal Health

Name

Name

Address

Address

City/State/ZIP

City/State/ZIP

Signature of Member's Pharmacy Director or Other Authorized Person

Printed Name

Pharmacy Service Provider Classification	Description
ACUTE	Acute care hospitals (including both acute and sub-acute beds) that use pharmaceuticals for their own operations, excluding operations which compete with retail trade.
DSH Inpatient	Acute care hospitals serving a disproportionate share of indigent care patients as defined in Section 1886(d)(1)(B) of the Social Security Act.
NON ACUTE NON RETAIL	Health facilities that have no (or few) acute care beds and use pharmaceuticals for their own operations, excluding operations which compete with retail trade. Such facilities include, but are not limited to ambulatory surgery centers, diagnostic imaging centers, rehabilitation facilities, clinics, and hospices.
Long Term Care	A facility that provides rehabilitative, restorative, and/or ongoing skilled nursing care to patients or residents in need of assistance with activities of daily living.
Prison/Correctional Provider	Provides pharmaceuticals to inmates in a correctional facility. A "Closed Door" pharmacy has no sales to the general public
LTC Closed Door Provider with Specialty	Provides pharmaceuticals to nursing homes, hospices, skilled nursing facilities, assisted living facilities, sub-acute facilities, group homes and/or other facilities that are sold and billed to end users or their agent. A "Closed Door" pharmacy has no sales to the general public. Provider also dispenses specialty drugs (high cost and/or high maintenance infusion, injectable, oral or inhaled therapies that require complex care on an ongoing basis.)
LTC Combo Provider	Provides pharmaceuticals to nursing homes, hospices, skilled nursing facilities, assisted living facilities, sub-acute facilities, group homes and/or other facilities that are sold and billed to end users or their agent. Provider also services retail patients.
LTC Combo Provider with Specialty	Provides pharmaceuticals to nursing homes, hospices, skilled nursing facilities, assisted living facilities, sub-acute facilities, group homes and/or other facilities that are sold and billed to end users or their agent. Provider also services retail patients and dispenses specialty drugs (high cost and/or high maintenance infusion, injectable, oral or inhaled therapies that require complex care on an ongoing basis.)
Infusion Closed Door	Provides infusion therapy services, which are administered in a home setting, at the provider's premises or at a physician's office. Infusion Therapy is defined as the way that liquid solutions or liquid medications are administered directly into the blood stream through an intravenous catheter inserted in a vein in the body. Infusion therapies can include total parenteral nutrition, antibiotics or other drugs, blood, and chemotherapy. Must have a valid DEA certificate and pharmacy license. A "Closed Door" pharmacy has no sales to the general public.
Infusion Closed Door with Specialty	Provides infusion therapy services, which are administered in a home setting, at the provider's premises or at a physician's office. Infusion Therapy is defined as the way that liquid solutions or liquid medications are administered directly into the blood stream through an intravenous catheter inserted in a vein in the body. Infusion therapies can include total parenteral nutrition, antibiotics or other drugs, blood, and chemotherapy. Must have a valid DEA certificate and pharmacy license. A "Closed Door" pharmacy has no sales to the general public. Provider also dispenses specialty drugs (high cost and/or high maintenance infusion, injectable, oral or inhaled therapies that require complex care on an ongoing basis.)
Infusion Combo	Provides infusion therapy services, which are administered in a home setting, at the provider's premises or at a physician's office. Infusion Therapy is defined as the way that liquid solutions or liquid medications are administered directly into the blood stream through an intravenous catheter inserted in a vein in the body. Infusion therapies can include total parenteral nutrition, antibiotics or other drugs, blood, and chemotherapy. Must have a valid DEA certificate and pharmacy license. Provider also services retail patients.
Infusion Combo with Specialty	Provides infusion therapy services, which are administered in a home, at the provider's premises or at a physician's office. Infusion Therapy is defined as the way that liquid solutions or liquid medications are administered directly into the blood stream through an intravenous catheter inserted in a vein in the body. Infusion therapies can include total parenteral nutrition, antibiotics or other drugs, blood, and chemotherapy. Must have a valid DEA certificate and pharmacy license. Provider also serves retail patients and dispenses specialty drugs (high cost and/or high maintenance infusion, injectable, oral or inhaled therapies that require complex care on an ongoing basis.)
Infusion Suite	Provides infusion therapy services, in an outpatient infusion suite setting. Infusion Therapy is defined as the way that liquid solutions or liquid medications are administered directly into the blood stream through an intravenous catheter inserted in a vein in the body. Infusion therapies can include total parenteral nutrition, antibiotics or other drugs, blood, and chemotherapy. Must have a valid DEA certificate and pharmacy license.
Mail Order	A closed door pharmacy that provides home delivery of prescriptions for patients with chronic conditions. Provider also dispenses specialty drugs (high cost and/or high maintenance infusion, injectable, oral or inhaled therapies that require complex care on an ongoing basis.)
Physician Practice	A certified and licensed physician office and business unit that engages in the diagnosis and /or management of patients, including but not limited to, oncology, pediatrics, immunology, neurology related diseases, purchase, preparation, dispensing, administration, management, and billing of diagnostics and therapy.
Retail	Provides prescription and over the counter drugs as well as other health related items to patients discharged from the hospital and to the general public.
Retail Closed Door	Provides prescription and over the counter drugs as well as other health related items to patients discharged from the hospital, employees and their covered entities.
Retail with Specialty	Provides prescription and over the counter drugs as well as other health related items to patients discharged from the hospital and to the general public. Provider also dispenses specialty drugs (high cost and/or high maintenance infusion, injectable, oral or inhaled therapies that require complex care on an ongoing basis.)
Specialty Pharmacy	Specialty pharmacies dispense and deliver specialty drugs to patients. They may also perform services for patients. Such services include, but not limited to managing reimbursement, performing case management and providing patient education.
GOVERNMENT	1. Non-federal government entities or agencies providing health benefits (drug) to state/county/municipal employees on a self-insured or self-funded basis. 2. Entities that meet the definition of non-profit as defined by Internal Revenue Service code 501(c)(9) that provide health benefits on a self-insure or self-funded basis via Taft-Hartley Trust Funds and is tax exempt.

Hospital Vendor Contract – Summary Sheet

1. Name of Contract: Cardinal Health Premier Ordering

2. Contracted Parties: Mangum Regional Medical Center and Premier

3. Contract Type Services: Purchasing Agreement for pharmaceuticals through the Premier GPO.

4. Description of Services: This agreement allows the hospital to have better contract pricing for pharmaceuticals through Cardinal Health under the Premier GPO. There are no cost associated with signing the agreement with Premier.

5. Cost: ☒ _____ 0 _____ (Monthly) -and- ☒ _____ 0 _____ (Annually)
6. Term: _____ Months / Years
7. Termination Clause: _____

Employee Health Policy Manual

Table of Contents

Plan/Policy #	Title of Plan/Policy	Effective Date	Review/Revise Date
EHP-001	Employee Health Program		
EHP-002	Employee Health Safety Education and Training		
EHP-003	Employee Occupational Illness and Injury		
EHP-004	Bloodborne Pathogen Exposure Control Plan		
EHP-005	Sharps Safety		
EHP-006	Respiratory Protection Program		
EHP-007	TB Screening and Testing		
EHP-008	Employee Influenza Vaccine Program		
EHP-009	Employee Hepatitis B Vaccine Program		
EHP-010	Measles/Mumps/Rubella (MMR) and Varicella Vaccine		
EHP-011	Tetanus and Tdap Vaccine		
FORMS			
FMEH-001	Employee Health Questionnaire		
FMEH-002	Ishihara Color Blindness Test Instructions		
FMEH-003	Ishihara Color Blindness Test		
FMEH-004	Employee Ishihara Color Blindness Test Form		
FMEH-005	Employee Health Log		
FMEH-006	Employee Illness and Occupational Illness/Injury Log		
FMEH-007	Employee Incident Form		
FMEH-008	Employee Event Report		
FMEH-009	Employee Acknowledgement of Work Restrictions		
FMEH-010	Employee Injury Follow-Up Form		
FMEH-011	Bloodborne Post-Exposure Follow-Up Plan		
FMEH-012	CDC Exposure to Blood Brochure		
FMEH-013	Pepline Poster		
FMEH-014	Sharps Injury Log		

FMEH-015	Respiratory Protection Administrator Appointment Form		
FMEH-016	Respiratory Protection Hazard Assessment		
FMEH-017	Respiratory Assignment by Task or Location		
FMEH-018	Respiratory Program Evaluation Checklist		
FMEH-019	Respiratory Protection Program Evaluation Summary		
FMEH-020	Employee Respirator Fit Test Form		
FMEH-021	Respiratory Protection Program Tables		
FMEH-022	Respiratory Fit Tester Competency		
FMEH-023	Fit Test Sequence		
FMEH-024	Rainbow Passage		
FMEH-025	Don and Doff Respiratory Instructions		
FMEH-026	User Information Instructions for N-95 Mask Users		
FMEH-027	Baseline Individual TB Risk Assessment, Symptom Evaluation, and Test Form		
FMEH-028	Employee Seasonal Influenza Vaccine		
FMEH-029	Employee Hepatitis B Vaccine Consent/Declination Form		
FMEH-030	MMR Consent Form		
FMEH-031	Varicella Consent Form		
FMEH-032	Tetanus/Tdap Consent/Declination Form		

MANGUM REGIONAL MEDICAL CENTER
Infection Control and Prevention Policy Manual

Table of Contents

Plan/Policy #	Title of Plan/Policy	Effective Date	Review/Revise Date
ICP-001	Infection Control Program and Plan		
ICP-002	Infection Control and Prevention Committee Meeting Structure		
ICP-003	Infection Control Risk Assessment (ICRA)		
ICP-004	Infection Control and Prevention Surveillance		
ICP-005	Healthcare Associated Infection (HAI) Core Prevention		
ICP-006	Outbreak Investigation		
ICP-007	Pandemic Preparedness		
ICP-008	Ebola Preparedness		
ICP-009	Infection Control Construction Risk Assessment		
ICP-010	Transmission-Based Precautions: Preventing Transmission of Infectious Agents		
ICP-011	Water Management Program		
ICP-012	Water and Waterborne Disease		
ICP-013	TB Control Plan		
ICP-014	Reportable Disease		
ICP-015	Seasonal Influenza		
ICP-016	Care for Immunocompromised/Neutropenic Patients		
ICP-017	Pest Control		
ICP-018	Device Associated Infection Prevention		
ICP-019	Appropriate Urine Culturing Practices		
ICP-020	Hand Hygiene		
ICP-021	Personal Protective Equipment (PPE)		
ICP-022	CAUTI Prevention Elements		
ICP-023	CLABSI Prevention Elements		
ICP-024	Ventilator Associated Event Prevention Elements		

ICP-025	Environment of Care Rounds		
ICP-026	Corrugated Boxes		
ICP-027	Hospital Cleaning and Disinfecting Guidelines		
ICP-028	Hospital Laundry/Linen		
ICP-029	Cleaning Strategies for Spills of Blood and Body Substances		
ICP-030	Flowers and Plants in Patient Care Areas		
ICP-031	Management of Regulated Waste		
ICP-032	Medical Equipment, Devices, and Supplies		
ICP-033	Patient Bedding Accessories		
ICP-034	Patient Influenza and Pneumococcal Vaccination		
ICP-035	Staff Food and Drink in Patient Care Areas		
ICP-036	Latex Allergy/Sensitivity		
ICP-037	Vaccine Adverse Event		
FORMS			
FMIC-001	Infection Preventionist Authority and Appointment Statement		
FMIC-002	Annual Infection Control Risk Assessment and Annual Infection Control Program Evaluation		
FMIC-003	Infection Control Surveillance Log		
FMIC-004	HAI Outbreak Investigation Abstraction Form		
FMIC-005	Outbreak Investigation Line Listing Log		
FMIC-006	Hospital Pandemic Influenza/Novel Virus Checklist and Planning Guide		
FMIC-007	After Action Report (AAR)		
FMIC-008	CDC ASPR Hospital Checklist for Ebola Preparedness		
FMIC-009	Ebola Virus Disease Screening Questionnaire		
FMIC-010	Ebola Virus Disease Room Entry Log		
FMIC-011	Infection Control Risk Assessment		
FMIC-012	CDC Developing a Water Management Program to Reduce Legionella Growth & Spread in Buildings A Practical Guide to Implementing Industry Standards		
FMIC-013	CDC Legionnaires Disease Fact Sheet		

FMIC-014	CDC TB Annual Risk Assessment		
FMIC-015	Airborne Infection Isolation Room (AIIR) Negative Air Pressure Log		
FMIC-016	Adherence Monitoring Tool for Hand Hygiene and PPE		
FMIC-017	CDC Sequence for Donning and Doffing PPE		
FMIC-018	CAUTI Review Tool		
FMIC-019	Central Line Insertion Practices Adherence Monitoring Tool		
FMIC-020	CLABSI Review Tool		
FMIC-021	VAP Review Tool		
FMIC-022	Environment of Care Survey Rounds Tool		
FMIC-023	Annual Review of Contracted Linen/Laundry Services		
FMIC-024	Management of Regulated Waste Items Guide		
FMIC-025	Indications for Pneumococcal Vaccine		
FMIC-026	Seasonal Influenza Patient Vaccine Consent/Declination Form		
FMIC-027	Pneumococcal Patient Vaccine Consent/Declination Form		
FMIC-028	Pneumococcal Vaccine Timing for Adults		
FMIC-029	CDC 2020 Recommended Adult Immunization Schedule		
FMIC-030	CDC 2020 Recommended Child and Adolescent Immunization Schedule		
FMIC-031	Understanding the Vaccine Reporting System (VAERS)		
FMIC-032	VAERS Table of Reportable Events Following Vaccination		
FMIC-033	VAERS Vaccine Adverse Event Reporting System Form		

Name of Hospital

Health Insurance Portability and Accountability Act (“HIPAA”) Policies

Table of Contents

Plan/Policy #	Title of Plan/Policy	Effective Date	Review/Revise Date
HIP-000	Development & Implementation of Protected Health Information Policies		
HIP-001	Uses and Disclosures of Protected Health Information		
HIP-002	Release of Medical Information and Request for Restrictions and Confidential Communications		
HIP-003	Responding to and Processing Subpoenas and Court Orders		
HIP-004	HIPAA Patient Privacy Notice		
HIP-005	Accounting of Disclosures		
HIP-006	Determination, Notification, Investigation and Sanctions for Breach of PHI		
HIP-007	Patient Privacy Related Complaint		
HIP-008	HIPAA Privacy and Security Training		
FORMS			
FMHP-001	Authorization to Release Protected Health Information		
FMHP-002	Invalid Authorization Letter		
FMHP-003	Motion to Quash Letter		
FMHP-004	Satisfactory Assurances Letter		
FMHP-005	Unreviewable Denial Letter		
FMHP-006	Reviewable Denial Letter		
FMHP-007	Patient Request for Restrictions on Use/Disclosure of Protected Health Information and Request for Confidential Communications		
FMHP-008	Patient Request for Health Information		
FMHP-009	Telephone Request for Patient Access to PHI		
FMHP-010	Waiver of Authorization Research Project		
FMHP-011	Restriction Agreement		

FMHP-012	Letter of Approval for Request for Restrictions		
FMHP-013	Letter of Denial for Request for Restrictions		
FMHP-014	Invalid Service Letter		
FMHP-015	Invalid Subpoena Letter		
FMHP-016	Subpoena Processing Form		
FMHP-017	Out of State Subpoena Letter		
FMHP-018	Patient Privacy Notice		
FMHP-019	Patient Acknowledgement of Notice of Privacy		
FMHP-020	Request for Accounting of Disclosures		
FMHP-021	HIPAA Breach Incident Decision Tool		
FMHP-022	Breach Notification Risk Assessment Tool		
FMHP-023	Breach Notification Letter Template		
FMHP-024	Breach & Incident Log		
FMHP-025	Confidentiality and Security Agreement For Workforce Members		

Beginning May 1, 2021, per CMS' finalized ruling [CMS-9115-F], as a condition of participation, all acute care hospitals, including psychiatric hospitals, and CAHs must show reasonable effort to send Patient Event Notifications (PEN) to a patient's primary care physician, other specialty providers identified by the patient, and applicable post-acute providers for coordination of care when a patient is admitted to, discharged from and/or transferred to another health care facility, provider, or practitioner.

In summary:

- At a minimum, hospitals must send notification (conformant with HL7 2.5.1 content exchange standard) that includes the patient name, treating practitioner name, sending facility name.
- Event notifications are required for all inpatients regardless of whether they are admitted from the ED, observation stay, or home.
- If a patient is admitted from the ED or Observation, the hospital will have to send a PEN at admission to the ED or OBS, and again when the patient is admitted as IP to the hospital.
- Hospitals are not required to obtain patient consent for sending a PEN for treatment, care coordination, or quality improvement purposes.
- Patients have the right to restrict the delivery of PENs.
- Hospitals must be able to show date/time/content of PENs for audits.

Pre-requisites:

- Thrive UX.
- Direct Message with Inpriva.
- IMS.
- Order for Patient Event Notification.
- Thrive Software version 20.17.11 or higher.

Thrive update (20.17.11) includes features that allow for the following:

- Thrive users' ability to manage the Patient Event Notification Care Team.
- Automated Patient Event Notifications on patient admission, discharge and/or transfer from the facility.
- Acquire the provider's preferences for notifications.
- Query and retrieve an outside provider's direct email address from a National Provider Directory.
- Track all PEN communications through Auditing tools.

Setup

The Patient Event Notifications will only be enabled if there is a Direct Address loaded on page 5 of the 999999 provider's physician table. This will serve as the originating message address for Patient Event Notifications.

Thrive UX > Tables > Control > Physicians > Select "999999" Physician > pg 5

Physicians List: FACILITY 2

Facility 2: EVIDENT HOSPITAL

Physician Number: 999999

Page 1 Page 2 Page 3 Page 4 Page 5 MJ

Physician Information - page 5 -

INTERFACE RESULT SENDING

1. Interface Code:

2. Depts. to Send:

3. TCP/IP Address:

4. Receiving Directory:

5. Direct Address: test@cpsi.hin.us

All providers and/or organizations that will need to receive Patient Event Notifications must be setup in the Referring Physician Table.

To access the **Referring Physician table**:

Thrive UX > Tables > Business Office > Referring Physician Table

Referring Physicians List: FACILITY 2

Facility 2: EVIDENT HOSPITAL

Search: Name

Referring Physicia...	Name
901	Alex Morie
999	Alex Morie MD
BRY	BEAU BRYARS
100	Brittany Rockett
CLB	Cathy Byron
CWB	Chris Boutnes
907	DARRELL MIDDLETON
JLW	JAMES WILLIAMSON
JAR	JENNIFER RICE
JOE	Joe Dint
101	Kimberly Frazier
LTC	LONG TERM CARE FAC
7	MLMC
A01	PHYS NAME
RSB	RITAS PHY NAME
132	WILLIAM BRANNON
	test

Select New to create a new record or highlight an existing provider and select Edit to update an existing provider.

On the Referring Physician table, the following fields will need to be completed:

- **Direct Address:** The direct address is required for Patient Event Notifications to send.
- **Thrive Provider:** This field links a Thrive Provider to the Referring Physician record. This is used by a facility for the primary care provider (loaded on Person Profile) to automatically pull as a Patient Event Notification Care Team member. Selecting the lookup next to Thrive Provider field will display the Thrive Providers' directory. Select the provider to link to the Referring Physician table.
- **Patient Event Notification Preference:** This field determines which types of notifications a provider will receive. Providers may choose from the following options:
 - Send Admit/Discharge
 - Send Admit Only
 - Send Discharge Only
 - Do Not Send

NOTE: This Patient Event Notification Preference field defaults to blank upon the initial entry. Thrive's logic is set to send notifications for Admit and Discharge when this field is blank.

Accessing Patient Event Notification Care Team

There are multiple ways to access the Patient Event Notification Care Team within Thrive:

- Patient Profile – Care Team Event Notification Members may be added from a patient's profile.
Thrive UX > System Menu > Hospital Base Menu > Patient Profile > Select Patient > Contact/Billing Info Tab > Care Team Event Notifications

The screenshot shows the 'Patient Profile' screen for 'BRYARS GARTIST GOODY'. The 'Contacts' tab is selected, and the 'Care Team Event Notifications' link is highlighted in red. Other tabs include 'Demographics', 'Contact/Billing Info', and 'Clinical Info'. The 'Insurance Coverage Listing' shows 'MB MEDICARE OP' as the primary insurance. The 'Miscellaneous Information' section includes fields for 'Patient Note', 'Primary Phy', 'BRYARS BEA', 'Driver Lic#/State', 'Privacy Notice', 'Privacy Date', and 'Indigent'.

- Census – Care Team Event Notification Members may be added for an existing visit or during the registration of a new visit.
Thrive UX > System Menu > Hospital Base Menu > Enter Account Number > Census > Stay Tab > Care Team Event Notifications

The screenshot shows the 'Census' screen for 'BRYARS GARTIST GOOD'. The 'Stay' tab is selected, and the 'Care Team Event Notifications' link is highlighted in red under the 'Miscellaneous' section. The 'Admission' and 'Discharge' sections show dates and times. The 'Physicians' section lists 'Douglass J' as the attending physician. The 'Miscellaneous' section includes fields for 'Room Req', 'Call Ref', 'Last Acct', 'Last Date', 'Pit Neces', 'Hosp Dir', and 'ABN Signed and Reason'.

- Thrive UX Patient Demographics
Thrive UX > Charts > Select Account > Demographics > Back Arrow > Care Team Event Notifications

The screenshot shows the 'Patient Demographics' screen for a patient named ADDINGTON WINSTON BARN. The patient's information includes MR#: 970913, ACCOUNT#: IPTESTH8, DOB: 03/14/1940, Birth Sex: Male, Current Weight: 0.00 kg 0.0 g, AGE: 81Y, CrCl: N/A, Height: 0 inches, BMI: 0 kg/m2, BSA: 0.00 m2, Admit Weight: 0.00 kg 0.0 g, RM: 843-H, and Diagnosis: N/A. The 'Care Team Event Notifications' option is highlighted in the left sidebar.

- Thrive UX Consent/Privacy Screen
Thrive UX > Charts > Select Account > Demographics > Consent/Privacy > Care Team Event Notification

The screenshot shows the 'Consent/Privacy' screen for the same patient. The 'Consent/Privacy' option is highlighted in the left sidebar. The patient's information is the same as in the previous screenshot. The 'Consent/Privacy' section is expanded, showing various consent and privacy settings.

The screenshot shows the 'Care Team Event Notification' screen for the same patient. The 'Care Team Event Notification' option is highlighted in the left sidebar. The patient's information is the same as in the previous screenshots. The 'Care Team Event Notification' section is expanded, showing various notification settings.

Adding Patient Event Notification Care Team Members

Selecting the Care Team Event Notifications will display the Care Team Event Notification screen into which Patient Event Notification Care Team members may be added. Please note, the Care Team Event Notification table is established/stored at the profile level. *When added, the Patient Event Notification Care Team and their preferences will pull forward to subsequent visits.*

As was noted previously, Thrive is capable of automatically pulling the primary care physician entered on the patient's profile to the Patient Event Notification Care Team if the physician is setup in Thrive's Physicians Table and is linked to a Referring Physician Table record.

To add Patient Event Notification Care Team members, select **Add**.

The screenshot shows the 'Care Team Event Notification' interface. At the top, patient details for BRYARS GARTEST GOOD are displayed. Below this, a table titled 'CARE TEAM EVENT NOTIFICATION' lists team members. The 'Add' button is highlighted with a red box.

Name	Send Event Notification	Direct Address	Active
BEAU BRYARS	Y	bbry@dydirect.com	Y

On the Edit Screen, select the Search option to choose a provider. Please note the Search option is required. Once selected, the Referring Physician table will display, allowing for selection of a provider. Select the provider to add to the Patient Event Notification Care Team.

The screenshot shows the 'CARE TEAM EVENT NOTIFICATION EDIT' form. It includes fields for Provider, Send Notifications (radio buttons for Yes/No), Direct Address, Specialty, Active Date, and Inactive Date. The Search icon is highlighted with a red box.

Once selected from the Referring Physicians listing, the physician and their Direct Address will display in the Care Team Event Notification Edit screen.

The Provider name and Direct Address fields are view only on this screen. However, the following fields may be changed:

- **Send Notifications:** This determines if this Provider will receive Patient Event Notifications for this patient. Reminder, the Care Team Event Notifications list is stored at the Patient Profile level. This field Defaults to Yes.
- **Active Date:** The starting date the provider may receive Patient Event Notifications for this patient. Note: If this field is blank, Thrive will send a Patient Event Notification.
- **Inactive Date:** The date the provider will no longer receive Patient Event Notifications for this patient.

NOTE: A Warning will appear if the Direct Address is absent from the Referring Physician, and must be setup on the Referring Physician table before proceeding.

To add the direct address, select the Provider Search option again, highlight the desired provider and select **Edit**.

CHARTS
Care Team Event Notification

BRYARS GARTEST GOOD (DISCHG)

AGE: 55Y MR#: 970993 ACCOUNT#: 20000836 DOB: 09/27/1965 Birth Sex: Male Current Weight: 0.00 kg 0.0 g
RM: N/A Diagnosis: SOB CrCl: N/A Height: 0 inches BMI: 0 kg/m2 BSA: 0.00 m2 Admit Weight: 0.00 kg 0.0 g
CCM: N/A Allergies:

New Select **Edit** Refresh

Facility 2: EVIDENT HOSPITAL

Search: [Name]

Referring Physicia...	Name
001	Alex Monie
899	Angella Ferry MD
BBB	BEAU BRYARS
009	BLACK HUGO
100	Brittany Rickert
CLB	Cathy Byron
CWB	Chris Doubles
007	DARRELL MIDDLETON
AHT	Goff Jamie
JLW	JAMES WILLIAMSON
JAR	JENNIFER RICE
JOE	Joe Ditt
JRY	Jyork Physician Office
101	Kimberly Frazier
LTC	LONG TERM CARE FAC
?	MLMC
MP	MY PHAM
SAB	NEW PHY
AD1	REFERRING PHYSICIAN NM
RSB	RITAS REF PHY
SSS	SMITH

A new option in Thrive will access Inpriva's Provider Directory to assist in finding the Provider's direct address. The user may launch the Inpriva Provider Directory from within the Referring Physician Information screen, using the **Provider Directory** option.

TABLES
Referring Physician: CLB

Show Shared Print Delete Save Refresh **Provider Directory**

REFERRING PHYSICIAN INFORMATION

Facility 2: EVIDENT HOSPITAL

Physician Code: CLB
Physician Name: Cathy Byron
Phone: [Field]
Foreign Address: [Field]
Address: 6600 Wall Street
City: Mobile
State: AL
Zip: 36695
Healthcare Service Location: [Field]
Direct Address: [Field]
Thrive Provider: [Field]
Patient Event Notification Preference: [Field]

Ins Code	Summ Code	State	Field Code	Provider	NPI	Type	NPI Type

Within the Inpriva Provider Directory, users will be able to find their providers' direct address based on how they registered with Direct Trust. We have found that some registered as individual Providers, while others registered as members of organizations. Search options available within Inpriva are as follows:

- Name
- City/State
- Organization
- NPI Number
- Specialty

Tables

Referring Physician: BEN

Tables

Referring Physicians List

Referring Physician X

INPRIVA PROVIDER DIRECTORY

INPRIVA

Provider Search

First name

Last name

City

State

MOBILE

ALABAMA

NPI Number

Organization name

Specialty

SEARCH

Search Results

Show 10 entries

Search

Provider Name	Provider ID	Direct Address	Address	Phone
BRYARS, BEN	12345678	ben.bryars@12345.dynect.com	801 S. MOBILE AVE, 36686-0550	(251) 507-4413

Showing 1 to 1 of 1 entries (filtered from 1,513,755 total entries)

Previous Next

Copyright © 2003-2021 Inpriva

NOTE: This option is available to customers using Inpriva for direct secure messaging.

The user may copy and paste the Direct Address from their Inpriva search and select the appropriate Patient Event Notification Preference as needed.

[illegible]

Patients May Restrict PEN Deliveries

While hospitals are not required to obtain patient consent to send a PEN for treatment, care coordination, or quality improvement purposes, patients do have the right to restrict the delivery of PENs. This is accomplished using the Consent/Privacy Settings from patient accounts:

Thrive UX > System Menu > Hospital Base Menu > Enter Account > Census > Stay tab

The screenshot shows the 'SYSTEM MENU' window with the 'Patient Data' tab selected. The patient's name is BRYARS GARTEST GOOD, Account: 20000836, and Room: DISCHARGED. The 'Consent/Privacy Settings' button is highlighted with a red box.

On the Patient Consent/Privacy Settings screen, users will find the additional field for controlling the sending of Patient Event Notifications for the patient. Reminder, the Patient Event Notifications settings are stored at the Patient Profile level. Therefore, this setting will apply to the current and subsequent visits until this setting is changed.

The screenshot shows the 'Patient Consent/Privacy Settings' screen for patient BRYARS GARTEST GOOD. The 'Patient Event Notification' dropdown menu is open, showing options: 'Do not share data with HIE', 'Send Notification', and 'Do Not Send Notification'. The 'Send Notification' option is highlighted with a red box.

NOTE: This Patient Event Notification field will default to blank upon initial entry, and Thrive's logic has been set to Send Notifications when this field is blank.

When addressed the Date field will be populated with the current date.

The screenshot shows the 'Patient Consent/Privacy Settings' form for a patient named BRYARS GARTEST GOOD. The 'Patient Event Notification' section is highlighted with a red box, showing the option 'Do Not Send Notification' selected and the date '03/09/2021'.

The PEN Transmission Log

The PEN Transmission Log report has been created to provide a tool to be used for Tracking and Audit purposes.

Report Dashboard > Add > PEN Transmission Log > Run

The screenshot shows the 'PEN Transmission Log' report parameters form. The form includes fields for Facility (0002 EVIDENT HOSPITAL), PEN Provider Name, Patient Profile, Visit Number, Message ID, Sent Date Range, Status Date Range, Status, and Miscellaneous options like Include Cover Sheet, Safe Mode, and Output Format (HTML).

The report parameters are as follows:

PEN Provider Name: Enter a Provider Name or leave blank for all.

Patient Profile: Enter a Patient Profile number or leave blank for all.

Visit Number: Enter a visit number or leave blank for all.

Message ID: This refers to the Thrive generated Message ID, related to the IMS.

Sent Date Range: Users may utilize Relative Date Range options in the drop-down menu or manually enter this information.

Status Date Range: Users may utilize Relative Date Range options in the drop-down menu or manually enter this information.

Status: Options in the drop-down menu are Pending, Not Sent, Success, or Failure, or leave blank for all.

03/30/2021 14:11		EVIDENT HOSPITAL		PEN Transmission Log		pen_transmissions.template	
Message ID	ARID	Patient Name	Profile #	Visit Number	Status	Date/Time Sent	Status Date/Time
a90a0c9f-a704-48ba-0033-33a202a5804 1		MATTHEWS DILLON M	4399	DM0330	Success	03/30/2021 10:15:40	03/30/2021 10:15:40
PEN Provider: JENNIFER RICE							
Sending Address: test@pspi.hin.us							
Sent To Address: test@pspi.hin.us							
Status Description: Message Sent From Thrive							
e475b320-a0a-4175-a0f8-a05375456a0e2 1		MATTHEWS DILLON M	4399	DM0330	Failure	03/30/2021 10:15:48	03/30/2021 10:15:48
PEN Provider: Angela Perry MD							
Sending Address: test@pspi.hin.us							
Sent To Address: angela.ferry@test.hin.us							
Status Description: Failure disposition received from target HISP							
48342420-3443-4ee4-a148-a05c85330193 1		MATTHEWS DILLON M	4399	DM0330	Not Sent	03/30/2021 10:15:48	03/30/2021 10:15:47
PEN Provider: Chris Bournies							
Sending Address: test@pspi.hin.us							
Sent To Address: test@pspi.hin.us							
Status Description: Provider/Organization Opted Out							
cc5d481-437f-4b31-b962-378f37a08585 1		RICE DARBY MARIE	4239	RICE1111	Success	03/30/2021 08:41:09	03/30/2021 08:41:09
PEN Provider: Graff Jamie							
Sending Address: test@pspi.hin.us							
Sent To Address: ahsdemo@pspi.hin.us							
Status Description: Message Sent From Thrive							
18a0eef4123-4a65-48f8-49a2c297009 1		RICE DARBY MARIE	4239	RICE1111	Success	03/30/2021 08:41:09	03/30/2021 08:41:09
PEN Provider: JENNIFER RICE							
Sending Address: test@pspi.hin.us							
Sent To Address: test@pspi.hin.us							
Status Description: Message Sent From Thrive							
e4e1a000-c104-447d-a0d7-0db82abaf8e 1		MATTHEWS DILLON M	4399	DM0330	Failure	03/30/2021 08:33:58	03/30/2021 08:33:58
PEN Provider: Angela Perry MD							
Sending Address: test@pspi.hin.us							
Sent To Address: angela.ferry@test.hin.us							
Status Description: Failure disposition received from target HISP							
04cb717e-6969-42ec-b96a-3af541a0858d 1		MATTHEWS DILLON M	4399	DM0330	Success	03/30/2021 08:33:58	03/30/2021 08:33:58
PEN Provider: JENNIFER RICE							
Sending Address: test@pspi.hin.us							
Sent To Address: test@pspi.hin.us							
Status Description: Message Sent From Thrive							
86d508da-0a07-460b-ae8b-2a8110a4e00e 1		MATTHEWS DILLON M	4399	DM0330	Not Sent	03/30/2021 08:33:58	03/30/2021 08:33:58
PEN Provider: Chris Bournies							
Sending Address: test@pspi.hin.us							

Page 1

The information contained in the report includes the following:

Message ID: The Thrive-generated Message ID related to the IMS communications.

PEN Provider: The name of the PEN Provider for whom the message was intended.

Sending Address: The Direct Address loaded in the Physician '999999' record.

Sent To Address: The Direct Address loaded in the PEN Provider's Referring Physician table.

Status Description: This message gives a further description of the success or failure of a PEN. If the transmission was a Success or is Pending, the "Message Sent From Thrive" verbiage appears. If the message was Not Sent the reason is specified with either the "Provider/Organization Opted Out" (meaning the provider opted out of receiving this message based on Patient Event Notification Preference setting in Referring Physician Information) or the "Patient Opted out" message. If the transmission failed, "Failure disposition received from target HISP" will appear on the report which means the targeted address was not available.

ARID: The Thrive Company Number assignment.

The report includes Patient Name, Profile #, Visit Number information, and Event type.

Status: The status of the message. The options are:

- Pending: Sent from Thrive, but not yet sent to Inpriva.
- Not Sent: No message sent due to either Patient or Provider opting out of the PEN transmission.
- Success: Message sent from Thrive to Inpriva and Inpriva was able to successfully send via direct to the provider/organization.
- Failure: Message sent from Thrive to Inpriva and Inpriva could not send the message via direct to the provider/organization.

Date/Time Sent: The date and time the notification was sent or attempted.

Status Date/Time: The date and time the status was last updated.



COHESIVE HEALTHCARE MANAGEMENT & CONSULTING

MANGUM REGIONAL MEDICAL CENTER

TITLE		POLICY
Admission, Discharge, Transfer (ADT) Notifications		HIM-_____
MANUAL	EFFECTIVE DATE	REVIEW DATE
Health Information Management	4/2021	
DEPARTMENT	REFERENCE	
Health Information Management	See below.	

SCOPE

This policy applies to all Mangum Regional Medical Center workforce members and patients.

PURPOSE

To establish procedures for Hospital to send real-time electronic admission, discharge, transfer (ADT) notifications to patient-directed providers in compliance to the Centers for Medicare & Medicaid Services' (CMS) Condition of Participation Interoperability and Patient Access Rule (CMS-9115-F), state and federal laws and regulatory standards.

POLICY

To the extent allowed under the Health Insurance Portability and Accountability Act (HIPAA), federal and state laws and regulations, and consistent with a patient's expressed privacy preferences, the hospital shall send real-time ADT electronic notifications to patient-directed providers in situations in which the information is for treatment, care coordination, or quality improvement purposes.

PROCEDURE

- A. Hospital shall use an electronic health record (EHR)/electronic medical record (EMR) to send ADT electronic notifications that is conformant to the HL7 2.5.1 content exchange standard referenced at 45 CFR 170.205(d)(2).
- B. Hospital's EHR/EMR notification capacity shall be fully operational and used in accordance with all state and federal statutes and regulations applicable to the Hospital's exchange of patient health information (PHI).
- C. Hospital's ADT electronic notifications shall be made through an intermediary that facilitates exchange of health information (e.g., a health information exchange).
- D. Hospitals are not required to obtain patient consent for sending an ADT notification for treatment, care coordination, or quality improvement purposes; however, patients have the

- right to restrict the delivery of ADT electronic notifications. The procedures to restrict the delivery of ADT electronic notifications can be found in the Patient Event Notification Manual (See Attachment A).
- E. During the Hospital registration process, the Hospital and patient shall identify the patient-directed providers who should receive the real-time ADT electronic notifications. The procedures to send ADT electronic notifications to the patient-directed providers can be found in the Patient Event Notification Manual (See Attachment A).
1. The patient-directed providers can fall into the following categories:
 - a. Established primary care practitioner;
 - b. Established primary care practice group or entity; or
 - c. Other practitioners or practice groups or entities, identified by the patient as the practitioner, or practice group or entity, primarily responsible for his or her care.
 2. Hospitals shall send real-time ADT electronic notifications at the patient's:
 - a. Inpatient admit, discharge, and transfer; and
 - b. Emergency department (ED) presentation and discharge.
 3. At a minimum, the real-time ADT electronic notifications shall include:
 - a. Patient's name;
 - b. Treating practitioner name; and
 - c. Name of the sending hospital.
- F. In the event the Hospital and patient are not able to identify a provider to send an ADT electronic notification, the Hospital is not required to send a notification for that patient.
- G. Hospitals must be able to show date/time/content of ADT electronic notifications for tracking and audit purposes. The procedures to conduct the audit report can be found in the Patient Event Notification Manual (See Attachment A).
- H. Hospital shall provide education and training to the applicable workforce members as needed as deemed appropriate by job functionality.

ATTACHMENTS

Attachment A - Patient Event Notification Manual

REFERENCES

45 CFR 170.205(d)(2)

CMS-9115-F

CMS Interoperability and Patient Access Final Rule

REVISIONS/UPDATES

Date	Brief Description of Revision/Change



COHESIVE HEALTHCARE MANAGEMENT & CONSULTING

MANGUM REGIONAL MEDICAL CENTER

TITLE		POLICY
Scanning Documents into the Electronic Health Record		HIM-012
MANUAL	EFFECTIVE DATE	REVIEW DATE
Health Information Management	3/27/2017	8/2017, 5/2018, 8/30/2019, 12/1/20
DEPARTMENT	REFERENCE	
Health Information Management	See below	

PURPOSE

To ensure the Mangum Regional Medical Center scanning procedures shall adhere to all applicable HIPAA regulations.

POLICY

The Hospital Electronic Health Record System supports scanning and storage of documents as images. The Health Information Management (“HIM”) Department is responsible for the appropriate scanning and indexing of all image documents. Acceptable methods for authenticating a scanned document shall follow paper or electronic guidelines.

All entries to be scanned into the electronic health record must be made in black ink to facilitate legible reproduction of records. Entries should not be made in pencil. Paper records, as well as corresponding microfilm, shall be retained for the period of ten (10) years. Legibility of a sampling of records, including scanned records, are to be included in this hospital’s quality control and performance improvement processes.

PROCEDURE

- A. Scanning of Documents into the Electronic Health Record:
 1. Open the electronic health record system.
 2. Type in the patient's last name; select the correct patient using the date of birth and other identifier.
 3. Open the patient's medical record. Click on "scan documents".
 4. Place the paperwork into the scanner. Scan the document.
 5. Assign the paperwork. A particular tab must be selected for the scanned paperwork. Click the proper tab located on the electronic health record for the patient, and the paperwork will be located under the appropriate tab in the patient's electronic health record.
 6. Perform quality assurance and review images.

B. Store the hard copy documents, per policy and procedure.

C. Errors in Scanning Documents:

1. If a document is scanned with wrong encounter date or to the wrong patient, the following shall be performed:
 - a. Reprint the scanned document.
 - b. Rescan the document to the correct date or patient, and void (delete) the incorrectly scanned document in the permanent document repository.

REFERENCES

American Health Information Management Association (AHIMA), e-HIM Work Group on Maintaining the Legal HER, *Update: Maintaining a Legally Sound Health Record-Paper and Electronic*, Journal of AHIMA 76, no.10 (November-December 2005): 64A-L,
http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_028509.hcsp?dDocName=bok1_028509

REVISIONS/UPDATES

Date	Brief Description of Revision/Change
8/30/2019	Change in header, number, and font.
12/1/20	Change in header and spacing. Apply acronym. Use number word format. Add “References” section and move references. Add “Attachments” section. Add “Purpose” section and verbiage. Change number paragraph format.



COHESIVE HEALTHCARE MANAGEMENT & CONSULTING
MANGUM REGIONAL MEDICAL CENTER

TITLE		POLICY
Faxing Protected Health Information		HIM-014
MANUAL	EFFECTIVE DATE	REVIEW DATE
Health Information Management	8/22/2016	8/2017, 5/2018, 8/30/2019, 12/1/2020
DEPARTMENT	REFERENCE	
Health Information Management	See below	

PURPOSE

To ensure the appropriate safeguards are in place for faxing of protected health information (hereafter referred to as “PHI”).

POLICY

Mangum Regional Medical Center ensures appropriate technical, physical safeguards and practices are in place to protect the privacy of PHI.

PROCEDURE

The steps below shall be followed by all individuals responsible for handling the faxing of PHI to ensure appropriate safeguards are in place to protect patient privacy.

A. Sending Faxes Containing PHI

1. Transmission of PHI via fax machine shall be performed only when necessary if documentation cannot be viewed electronically or mail-delivered copies will not suffice.
 Examples:
 - a. Faxing to another covered entity for continuity of care.
 - b. Case Management faxing for transfer placement, concurrent insurance review and DME.
2. When required by the Use and Disclosure of Protected Health Information policy (See HIP-000), a HIPAA Compliant authorization for release of PHI signed by the patient or the patient’s legal representative shall be obtained prior to faxing any information.
3. Highly sensitive information such as HIV status, alcohol or drug related diagnoses or test results and mental health information shall not be faxed unless emergency

medical care or the quality or timeliness of patient care is dependent upon immediate receipt of the information.

4. A Fax Coversheet (See Attachment A) shall be utilized with all manual fax transmittals. This Fax Coversheet shall contain the following elements:
 - a. Date of fax transmission.
 - b. Time of fax transmission.
 - c. Name of recipient.
 - d. Recipient's fax number.
 - e. Recipient's phone number.
 - f. Name of sender.
 - g. Sender's fax number.
 - h. Sender's phone number.
 - i. Number of pages sent (including cover sheet).
 - j. Confidentiality Notice.

CONFIDENTIALITY NOTICE

The documents accompanying this transmission contain confidential health information that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to destroy the information after its stated need has been filled.

If you are not the intended recipient, you are hereby notified that any use, disclosure, copying or distribution of the contents of these documents, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.

5. The sender shall compare the fax number in the fax machine readout with the fax number on the cover sheet to ensure there has not been a misdial. If the number is not the same this affords the opportunity for correction prior to pushing the "Send" button.
6. All fax machines shall be in a secure area.
7. If a question arises as to the transmission or receipt of a faxed document, a log can be generated from the fax machine, which indicates the transmission and receipt information.

B. Auto-faxing

1. Auto-faxing shall be used exclusively for continued care and treatment.

Examples:

 - a. Faxing radiology results to the ordering physician.
 - b. Faxing laboratory results to the ordering physician.

2. Auto-faxing is the automated (computer initiated) method of sending documents over a network.
3. The system generates a cover page with auto-faxed transmittals.
4. Numbers used for auto-faxing shall be audited every six months to eliminate errors in faxing.

C. Receiving faxes containing PHI

1. Workforce members shall promptly remove faxed documents from fax machines when fax machines are not located in a secure area.
2. If a fax is received in error, inform the sender if possible and dispose of the fax in a secure manner.

D. Misdirected Faxes

1. If a workforce member sends a fax to an incorrect number, the workforce member must immediately take steps to retrieve and/or destroy the information.
2. The workforce member must promptly call the recipient of the misdirected fax to have the receiver either destroy the information or mail the information back to the workforce member.
3. The workforce member must notify the Privacy Officer, Security Officer and Compliance Officer.

ATTACHMENT

Attachment A - Fax Coversheet (HIM-014A)

REVISIONS/UPDATES

Date	Brief Description of Revision/Change
8/30/2019	Change in header, number, font, and format.
12/1/20	Change in Header and Spacing. Revise Section A heading. Revise Section A4 to include elements of fax. Add sections C and D. Apply acronym.


COHESIVE HEALTHCARE MANAGEMENT & CONSULTING, LLC
Mangum Regional Medical Center

 One Wickersham Drive
 Mangum, OK 73554

Phone Number: 580-782-3353

PRIVILEGED AND CONFIDENTIAL

DATE: _____

TIME: _____

NUMBER OF PAGES (INCLUDING COVER PAGE): _____

TO: _____

RE: _____

FAX NUMBER: _____

PHONE NUMBER: _____

FROM _____

 Health Information Management Department
 Office: 580-782-3353
 Fax: 580-782-5944

MESSAGE: _____

 INFORMATION SENT: ☐ DS ☐ H&P ☐ EKG ☐ LAB ☐ RADIOLOGY ☐ OP

☐ OTHER: _____

CONFIDENTIALITY NOTICE

The documents accompanying this transmission contain confidential health information that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to destroy the information after its stated need has been filled.

If you are not the intended recipient, you are hereby notified that any use, disclosure, copying, or distribution of the contents of these documents, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.



COHESIVE HEALTHCARE MANAGEMENT & CONSULTING

MANGUM REGIONAL MEDICAL CENTER

TITLE		POLICY
Location, Security, Maintenance and Destruction of Medical Records		HIM-039
MANUAL	EFFECTIVE DATE	REVIEW DATE
Health Information Management	8/22/2016	8/28/2017, 5/2018, 8/30/2019, 12/1/2020
DEPARTMENT	REFERENCE	
Health Information Management	See below	

PURPOSE

To ensure the integrity, safety, security, and confidentiality of the medical record. Further, to prevent loss and inappropriate access or unauthorized use.

POLICY

It is the Mangum Regional Medical Center policy that medical records be maintained in a secure and confidential manner. The Hospital Health Information Management (“HIM”) Manager shall be responsible for the security, storage, and maintenance of medical records (including paper or electronic format) and/or individual patient reports against loss, defacement, tampering, removal from the Hospital and unauthorized use. Access and security of systems containing protected health information (“PHI”) is based on designated roles and responsibilities.

PROCEDURE

- A. Medical Record Reconciliation and Related Functions:
 1. The HIM department will ensure receipt of all original paper medical records after patient discharge from the hospital.
 2. Copies (duplicate) of individual reports maintained by hospital departments (such as emergency, radiology, or pharmacy) shall only be used for providing follow-up information to the attending or primary care physician, or for responding to requirements for regulatory information (such as those required by pharmacy).
- B. Physical Security:
 1. HIM personnel are trained to protect the integrity, safety, security and confidentiality of the record. They are also trained in loss prevention practices, as well as who may or may not access records and for what reasons.

2. All hospital personnel are trained to protect against any anticipated threats or hazards to the security and integrity of patient PHI.
3. When the hospital contracts with an external company to store and maintain the records, such company will also be responsible for retrieving, delivering, and returning the records to storage, when applicable. Requests for retrieval should be granted through HIM and Administration as negotiated in individual contracts.
 - a. This also applies to PHI that is stored electronically with an outside vendor that can offer electronic access to scanned images of the record.
4. All contractors must have a written contract with the Hospital. Contractors must also sign and comply with business associate requirements as set forth by the Health Insurance Portability and Accountability Act (“HIPAA”) privacy regulations, state regulations and the signed Business Associate Contract / Business Associates Agreement.
5. PHI storage regardless of whether in the HIM department or through a record storage company will be in accordance with state fire safety standards. Smoke and fire alarm systems should be in place to limit smoke and fire damage.
 - a. If PHI is stored electronically with an outside vendor, a copy of the vendor’s disaster plan should be provided and reviewed before the contract is signed to ensure a backup plan is available should the vendor’s system fail.
6. The HIM department shall provide office space to HIM employees only. To prevent unauthorized use, inappropriate access, and loss of paper documentation non-HIM employees will not be allowed to office in the HIM department or have access to the HIM department unless an HIM employee is present.

C. Maintenance of a Complete and Accurate Medical Record

1. Timely processing and scanning of paper documentation shall occur within twenty-four (24) to forty-eight (48) hours of discharge to prevent loss and ensure record integrity.
2. Incomplete record analysis process shall occur within twenty-four (24) to seventy-two (72) hours to ensure an accurate and complete record.
3. Re-analysis process, to include phone calls and letters, shall occur daily in order to obtain identified deficiencies on a daily basis.

D. Removal of Records from the Hospital

1. Removal of medical records or copies of medical records from the hospital is strictly prohibited except as outlined below and will result in immediate disciplinary action.
 - a. In response to a subpoena or court order addressed to the Hospital Administrator or HIM Manager.
 - b. Risk management and/or hospital administration must be notified when records leave the Hospital under these circumstances.
2. Medical records shall be released in accordance to the Uses and Disclosures of Protected Health Information policy (See HIP-000); Release of Information; Patient & Third-Party Requests policy (See HIP-001), as well as HIM Department specific policies related to Release of Information.

E. Record Retention

1. Medical records will be retained for a period of ten (10) years after the last episode of care.

F. Technical Safeguards

1. Access to Electronic Health Record requires secure user Id's, passwords and is role-based.
2. Staff are required to log off or lock computer when leaving the area.
3. Automatic log off procedures are enabled.
4. Workstations require person authentication.
5. Routine audits of access and changes to EMR are conducted.
6. Contingency plans and data backup plans are in place.
7. Data is encrypted.
8. Anti-hacking and anti-malware software is installed.

G. Destruction

1. Hospital has a duty to protect the confidentiality and integrity of confidential PHI and ePHI as required by law.
2. Hospital, its officers, employees, and agents must destroy data that is no longer necessary to retain in the regular course of business pursuant to Hospital's Retention Schedule. Hospital, its officers, employees, and agents must not destroy data that is involved in audit, investigation, or litigation.
3. Hospital's employees and agents must destroy data as follows:
 - a. Destruction of Paper PHI Documents.
 - b. Do not dispose of paper documents containing PHI in trash bins, dumpster or in other containers accessible by the public or unauthorized persons.
 - c. Methods to dispose paper documents containing PHI include burning, shredding, pulping, and pulverizing so that PHI is essentially unreadable, indecipherable, and otherwise cannot be reconstructed.
 - d. Records involved in any open litigation, audit, or litigation must not be destroyed until the litigation case has been closed.
4. The Information Technology Manager and the HIM Manager are responsible for determining whether to shred in-house or to use a commercial destruction service. The Information Technology Department and the HIM Manager must approve the method of destruction. Destruction and disposal of Hardware and electronic media.
 - a. Computers and/or hard drives must be degaussed upon disposal or otherwise disposed of in a manner approved by the Information Technology Manager and the HIM Manager.
 - b. Magnetic media and tapes must be degaussed or demagnetized (reducing magnetic induction to zero by applying a reverse magnetizing field) or erased by overwriting and purging using an approved program. The Information Technology Manager and the HIM Manager are responsible for choosing a method of destruction and for determining whether to destroy in-house or to use a commercial destruction service. The Information Technology Manager and the HIM Manager must approve the method of destruction.
 - c. Microfilm or microfiche methods of destruction include recycling and pulverizing.

- d. Hard drives, flash drives, and USBs are destroyed by shredding, disintegrating, pulverizing or burning by licensed incinerator.
 - e. DVDs are destroyed by shredding or cutting.
 - f. Laser discs used in write once-read many document-imaging applications are destroyed by pulverizing.
 - g. Hardware shall be properly logged and disposed of when no longer used through the Information Technology Manager .
5. Destruction and Disposal of Leased Equipment or Devices
- a. Hospital cannot destroy leased equipment or devices.
 - b. Any IT equipment leased to the Hospital by a vendor that contains data storage such as internal hard drives (e.g. computers, mobile phones, tablets copy machines, multi-function devices, printers, fax machines, medical equipment, etc.) must be wiped of all data before being returned to the vendor. This includes returns due to service as well as lease-end.
 - i. Lease agreements will include requirements for the vendor to irretrievably destroy all data on internal storage devices.
 - ii. The vendor will provide a Certificate of Disposal in compliance with applicable federal, state and/or local regulations.
 - iii. Certificates of Disposal are maintained by Hospital and retained for a minimum of six (6) years.
6. Hospital shall clear data from mobile phones or tablets by completing the following steps. Follow these steps to erase sensitive information from mobile devices:
- a. Remove the memory/SIM card.
 - b. Go to the devices setting and select Erase All Settings, Factory Reset, Memory Wipe, etc. The language differs from model to model but all devices should have some version of this option.
 - c. Destroy the memory/SIM card so that it cannot be used again.
 - d. Deactivate the storage account (Apple ID for iPhones and iPads) associated with the device.
7. Department directors will keep destruction records for not less than six (6) years and include the following:
- a. Individual's records destroyed.
 - b. The dates of services included in the records.
 - c. Date of destruction.
 - d. Description of the disposed records.
 - e. Method of destruction.
 - f. The signatures of the individuals supervising and witnessing the destruction.
8. The Information Technology Manager and the HIM Manager is responsible for ensuring that selected destruction services have signed business associate contracts before providing destruction services.
- a. In accordance with HIPAA privacy rules, if destruction is accomplished through a business associate, the contract must include:
 - i. Method of destruction.
 - ii. The time that will elapse between acquisition and destruction.
 - iii. Safeguards against security breaches.

- iv. Indemnification for the Hospital or provide for loss due to unauthorized disclosure.
- v. Business associate will have liability insurance in the amount specified.

REFERENCES

42 CFR § 485.638(b)(1),(2),(3)(c)

45 CFR § 164.306, 164.310 and 164.312

45 CFR Parts 160 and 164

UPDATES/REVISIONS

Date	Brief Description of Revision/Change
8/30/2019	Change in header, number, font, format, and update in procedure.
12/1/20	Change in header and spacing. Apply acronym. Use number word format. Add Attachments section. Add References section. Renamed policy from Location, Security and Maintenance of Medical Records to Location, Security, Maintenance and Destruction of Medical Records. Change paragraph numbering format. Consolidated information from policy HIP-061 for clarity, concise and pertinent content.



COHESIVE HEALTHCARE MANAGEMENT & CONSULTING

MANGUM REGIONAL MEDICAL CENTER

TITLE		POLICY
Amending the Contents of a Patient's Record		HIM-040
MANUAL	EFFECTIVE DATE	REVIEW DATE
Health Information Management	4/17	8/17, 5/18, 11/18, 1/20, 12/20
DEPARTMENT	REFERENCE	
Health Information Management		

PURPOSE

To define the process for responding to patient requests for amendments.

DEFINITIONS

Protected Health Information ("PHI") - Individually, identifiable health information that is transmitted or maintained in any form (electronic, paper, verbal), which is protected under federal regulations, such as patient name, demographic information, medical record documentation radiological images, photographs, etc.

POLICY

Mangum Regional Medical Center recognizes the patient's right to request an amendment of protected health information. The patient may seek changes in the medical record, and the provider, under HIPAA rules, has the countervailing right to accept, deny, or otherwise limit those changes. Accepted amendments will be in the form of supplements to the record that will supersede the original material. Original information will not be removed, altered or expunged from the record.

PROCEDURE:

A. Qualified Requestors for Amending the Record

1. Patient
2. Patient's legal guardian
3. Patient's legal personal representative
4. Patient's power of attorney ("POA")

B. Acting on the Request

1. The Hospital HIM Manager shall act upon a request in any form, except email.
 - a. The Hospital may request that the request be written on the Hospital Request for Amendment Form (Attachment A), but shall not require the request to be on the Hospital form.
2. Requirements

- a. Whether the patient uses the Hospital form or writes their own request, the following shall be included:
 - i. Provision of a reason to support the request, and
 - ii. A copy of the documentation in question is to be attached with the specific area underlined or highlighted.
3. Written Request by patient
 - a. The HIM Manager shall attach the patient's request to the Request for Amendment form
 - b. The HIM Manager shall complete the demographic information on the form, and write across the patient section "amendment request attached".
4. Written Request on Hospital form
 - a. Provide a copy of the form to the patient
 - b. Ensure a copy of the documentation in question is attached with the specific area marked.

C. Forwarding the Request to the Physician

1. Upon receipt and review of the amendment the HIM Manager shall review to ensure there are no denials such as demographic corrections or name changes (amendment request not required for these purposes) under their review.
2. The HIM Manager shall send a letter to the physician explaining the patient has requested an amendment. The letter will specify a response due within two weeks from receipt.
3. A copy of the amendment request shall be made and included with the letter.

D. Denial of Request

1. The HIM Manager shall deny the request if:
 - a. The information was not created by the Hospital.
 - b. Is not allowed to be disclosed per HIPAA regulations or state statutes.
 - c. Is not part a of the patient's medical record.
 - d. Is already accurate and complete.
2. When the document author denies the request:
 - 1) The HIM Manager shall prepare and mail the Denial Letter (Attachment B) to send to the patient no later than sixty (60) days after receipt of request, which will include:
 - a. The reason for the denial
 - b. The right of the patient or the patient's personal representative to file a written statement of disagreement with the denial,
 - c. The right of the patient or the patient's personal representative to have the request for amendment, the denial, and (if submitted) the patient's written statement of disagreement attached to all future disclosures of the PHI, and
 - d. The right of the patient to a file a complaint with the Hospital and HHS, including instructions on how to file the complaint.
3. **For partial denials:**
 - a. The HIM Manager shall prepare and mail a cover letter (Attachment B) to send to the patient no later than 60 days after receipt of request, which will include:
 - i. Explanation of what portion of the amendment will be granted and what portion will be denied
 - ii. The right of the patient or the patient's personal representative to file a written statement of disagreement with the partial denial,

- iii. The right of the patient or the patient's personal representative to have the request for amendment, the partial denial, and (if submitted) the patient's written statement of disagreement attached to all future disclosures of the PHI, and
 - iv. The right of the patient to file a complaint with the Hospital and HHS, including instructions on how to file the complaint.
- 4. If a request for amendment is denied and the requestor files a written statement of disagreement:
 - a. the Hospital may choose to provide a written rebuttal to the patient. Both the patient's statement of disagreement and the Hospital's rebuttal (if appropriate) will be placed behind the request for amendment and remain a part of the medical record. The statement of disagreement and rebuttal shall be placed in the medical record within thirty (30) days. Additionally, these documents shall be released as part of the patient's PHI.

E. Approval of Request

- 1. The physician may document an amendment by several methods as follows:
 - a. Using the patient's account number and the document type an amendment may be dictated with the correction.
 - b. If documented electronically, the provider may add an addendum to the document electronically.
 - c. If the documentation was on paper, the provider may come to the HIM department to enter his/her correction on the original document.
- 2. The HIM Manager shall make an entry regarding the amendment and link all related documents, including the correction to the document that is being amended, in the patient's health record.
- 3. The HIM Manager shall send the Approval Letter (Attachment C) with a copy of the correction no later than sixty (60) days after receiving the request to the patient or qualified requester.
- 4. The HIM Manager will disclose the amendment to any entities requested by the patient, as well as to any Business Associates that received the information.
- 5. If the physician doesn't respond by thirty (30) days after receipt of request, the HIM Manager shall call the physician and explain the deadline and request a response.
- 6. The HIM Manager, on behalf of the provider, will make reasonable efforts to inform persons identified by the provider and the patient as having received original information.
- 7. The HIM will note on the form all parties notified of the amendment, and will replace the copy with the original, completed form in the patient's medical record.
- 8. Future releases of the amended documents will include a copy of the amendment request and the amendment.

F. Physician Response

- 1. The physician shall utilize the physician portion of the form to respond by:
 - a. Checking the not approved box and documenting the reason on the form and documenting the reason for the denial on the request form.
 - b. Checking the approval box. Providing the form and amendment to the HIM Manager.

G. Timeliness

- 1. A response will be sent to the patient no later than sixty (60) days after the receipt of the request.

2. If the covered entity is unable to act in the time frame required, the covered entity may extend the time frame no more than thirty (30) days, provided that written statement is provided to the patient within the sixty (60) days providing a reason for the delay and the date by which it will be completed. The covered entity may only have one such extension. This should only be used in rare cases and shall be approved by the corporate Privacy Officer in advance.

H. Exceptions

1. A correction to demographic information that was made in error (such as, a misspelled name, wrong insurance group number, incorrect birth date) does not require the entire amendment process as described above. Information entered in error during registration requires only proof from the patient of the correct information in order to make the necessary changes in the patient financial system.
2. Changes to the patient's name, address, date of birth, social security number, or insurance information can be changed at any time with proof from the patient of the correct information. The business office will be notified of these types of changes immediately to ensure accuracy in the billing processes. The business office will make the necessary changes in the patient financial system.
3. Errors in charting identified by the author will be corrected in the body of previously charted text by using the single line, initials and current date with re-charting of corrected information on the last page after the last person documented of the page using "Late Entry". Errors in charting identified by the author will be corrected in the source system, if functionality is available. If functionality does not exist, the above proper process will be utilized, as well as any other system in which the information is maintained. In the EMR, the correction may be made by an addendum correctly dated and timed.
4. The addition of information not documented at the time of the encounter shall be documented in a similar manner by the health care professional. "Late Entry", the current date and the information shall be documented after the last person documented of the last page of documentation (i.e., last page of nursing notes, progress notes, etc.). For the electronic health record, the amendment shall be documented in the source system as a correction to the original, if functionality is available; otherwise the above proper process will be utilized.

ATTACHMENTS

Attachment A - Amendment Request Form (HIM-040A)

Attachment B - Denial Letter (HIM-040B)

Attachment C - Approval Letter (HIM-040C)

REFERENCES

45 CFR Part 164, Subpart E, §164.524

45 CFR Part 164, Subpart E, §164.526

45 CFR Part 164, Subpart E, §164.530

REVISIONS/UPDATES

Date	Brief Description of Revision/Change
11/26/18	Change in Header, Font and Policy Number
1/28/20	No updates.
12/1/20	Change in Header, Font, and Spacing. Apply acronym. Add verbiage. Remove individual page header. Add “Attachments” section and list attachments. Add “References” section and move references from first page to correct section. Move policy from HIPAA Manual to HIM Manual. Change policy number from HIP-015 to HIM-040.



COHESIVE HEALTHCARE MANAGEMENT & CONSULTING



MANGUM REGIONAL MEDICAL CENTER

Amendment Request Form

Patient Name	Date of Birth	Medical Record #
Address	Home or Cell Phone #	Work Phone #
After review of my medical record, I do not feel the original documentation made by the following physicians, caregiver or other hospital employee on the service date(s) indicated below accurately reflects my condition / diagnosis / treatment and should be supplemented with clarifying information in the form of an addendum to the medical record:		
Caregiver:		
Service Date(s):		
I am amending my medical record by adding the following information:		
<hr/>		
<hr/>		
<hr/>		
<hr/>		
<hr/>		
<hr/>		
<hr/>		
I understand the caregiver may or may not supplement the medical record with an addendum based on my request, and under no circumstance, is able to alter the original documentation of the medical record. In any event, this request for an amendment will be made part of my permanent medical record and it will be sent as part of the medical record in response to any authorized requests for my medical information.		
Patient or Authorized Party Signature:	Date / Time:	

Caregiver Response	
<input type="checkbox"/> I agree with your request and have added a late entry to the body of the medical record.	
<input type="checkbox"/> Your request has been made a part of your permanent record. However, I do not agree for the following	
Reasons:	
<hr/>	
<hr/>	
<hr/>	
<hr/>	
<hr/>	
<hr/>	
<hr/>	
<hr/>	
Caregiver Signature:	Date / Time:

Medical Record Amendment Request

Patient Label

MANGUM REGIONAL MEDICAL CENTER



The email address is privacyofficer@health.ok.gov and the Fax no. is 405-271-5493, ATTN HIPAA Privacy Officer. For further instructions go to [https://www.ok.gov/health/Organization/HIPAA Privacy Rules/How to File an OSDH HIPA A Privacy Complaint/](https://www.ok.gov/health/Organization/HIPAA_Privacy_Rules/How_to_File_an_OSDH_HIPA_A_Privacy_Complaint/).

If I can be of further service to you, please do not hesitate to contact me at xxx-xxx-xxxx.

Sincerely.

Name, Privacy Officer
enclosure(s)



COHESIVE HEALTHCARE MANAGEMENT & CONSULTING

MANGUM REGIONAL MEDICAL CENTER



Approval Letter for Amendment Request

Date:

Name of requestor

Address

City, state, zip


RE: Amendment Request of xx/xx/xxxx

Dear Mr/Ms Name:

I am writing to inform you that your record amendment request has been approved. Your medical record was updated with your request and the amendment on xx/xx/xxxx. Enclosed please find a copy of your approved request and a copy of the amendment.

Sincerely,

Name, Privacy Officer
enclosures

COHESIVE HEALTHCARE MANAGEMENT & CONSULTING		
		
MANGUM REGIONAL MEDICAL CENTER		
TITLE		POLICY
Videotaping, Audiotaping and Still Photography		HIM-041
MANUAL	EFFECTIVE DATE	REVIEW DATE
Health Information Management	8/2017	5/18, 11/18, 1/20, 12/20
DEPARTMENT	REFERENCE	
Health Information Management	See below	

PURPOSE

This policy applies to all patients, visitors, workforce members, and medical staff members of Mangum Regional Medical Center that may be the subject of photography and/or multimedia activities performed by the Hospital and its employees.

Hospital is committed to ensuring compliance with the Health Insurance Portability and Accountability Act (“HIPAA”) Standards for Privacy of Individually Identifiable Health Information (“Privacy Rule”), 45 CFR Parts 160 and 164 and any other Federal or State regulations and guidelines. To establish guidelines for the photography and multimedia imaging of patients, visitors, workforce and medical staff members to ensure their privacy and protected health information as applicable is protected whenever photography and/or multimedia activities are performed by the Hospital and its employees. For the purposes of this policy, photography is referred to in a broad sense including, but not limited to: photographs, videotaping, recording, audio/visual, or other imaging mediums, and including other such mediums that may be developed in the future.

DEFINITIONS

Audio Monitoring- For the purposes of this policy, “audio monitoring” refers to monitoring an individual’s voice using video cameras, cellular phones, tape recorders, wearable technology, or other technologies capable of capturing audio or transmitting sound for monitoring purposes.

Audio Recording- For the purposes of this policy, “audio recording” refers to the capture and storage of the individual’s voice or sounds using capable technology (e.g., video camera, cellular telephones, tape recorders, wearable technology).

Photography- For the purposes of this policy, “photography” refers to recording an individual’s likeness (e.g., image, picture) using photography (e.g., cameras, cellular phones), video recordings (e.g., video cameras, cellular phones), digital imaging (e.g., digital cameras, web cameras), wearable technology, or other technologies capable of capturing an image (e.g., Skype). This does not include medical imaging i.e., MRIs, CTs, images of specimens, etc. Not

all patient photos contain protected health information (“PHI”) but are identified as health information. A patient photo is considered to contain PHI if it has any of the following patient identifiers:

- Any portion of the face;
- Unique identifying marks (e.g., tattoos, birthmarks)
- Name or Initials;
- Birth Date;
- Social Security Number;
- Address;
- Date of Service;
- Medical Record Number.

Video Monitoring- For the purposes of this policy, “video monitoring” refers to monitoring an individual or transmitting PHI or the patient’s likeness using technologies capable of transmitting a video (e.g., video cameras, cellular phones, web cameras, wearable technology) regardless of whether the transmission is recorded.

Video Recording- For the purposes of this policy, “video recording” refers to the capture and storage of the individual’s likeness using video technologies (e.g., video cameras, cellular phones, web cameras, wearable technology).

POLICY

The Hospital shall take reasonable steps to protect patients, visitors, workforce members, and medical staff members from unauthorized photography as defined in the broadest sense of this policy (photographs, videotaping, recording, audio/visual, or other imaging mediums, and including other such mediums that may be developed in the future). The Hospital shall follow the guidelines and procedures outlined in this policy before allowing, or prior to photographing or other such related activities of patients, visitors, workforce and medical staff members to protect patient and workforce member information and privacy. The Hospital shall follow device standards and guidance before using devices, applications, and/or software for photographs and multimedia in order to adhere to the Hospital’s security and privacy requirements.

PROCEDURE

- A. Devices used for the purpose of obtaining images of patients, visitors, workforce and medical staff members must be company-owned and company-approved for use by the Hospital. In the event a device does not meet this criteria, approval by the Hospital Administrator to use the device must be obtained prior to use.
- B. All devices will be securely stored and accessed only by designated personnel with authority or the responsibility for using the devices.
- C. Consent for Photography/Multimedia and Authorization for Use or Disclosure (See Attachment A) shall be obtained from the patient or workforce and medical

staff member prior to obtaining the image or recording. Patient consents will be maintained in the patient's medical record. Employee consents will be maintained in the workforce member's personnel file.

- D. Photographs and recordings will not be permanently stored on the device (e.g., camera, wearable technology), or on unencrypted memory cards and must be transferred or stored to a permanent location (e.g., patient's medical record) in a timely manner and deleted from the device.
- E. The Hospital is not required to obtain consent from the patient under the following situations:
 - 1. When the patient is the subject of the photography and is performed by the patient or patient's visitors.
 - 2. When a workforce member is asked by the patient to photograph the patient using the patient's or patient's visitor device.
- F. Patient's and/or the patient's visitors are not permitted to take photographs of other patients, workforce and medical staff members without consent.
- G. The Hospital may permit law enforcement agencies and applicable public health agencies (e.g., child protective services) to photograph or record a patient if the patient consents and the patient's medical provider agrees the patient is medically stable.
- H. The Hospital may disclose photographs and/or audio recordings to law enforcement agencies or applicable public health agencies (e.g., child protective services) when required by state law, such as for child abuse and neglect, domestic abuse, elder abuse, and similar disclosures required by law.
- I. Clinical photography (e.g., wounds) is considered a routine practice of the care and treatment of patients and is covered within the general admission consent to treat.
- J. The patient or patient representative has the right to refuse photography/audio recordings.
- K. The patient or patient representative has the right to withdraw consent at any time by contacting any one of the following: Hospital Administrator, Quality Manager, Charge Nurse, or Compliance Officer.
- L. The Hospital must obtain written consent and authorization from the patient or workforce member prior to photographing/audio recording the patient or workforce member for publicity purposes, receipt of gifts, or commemorative purposes using the Consent for Photography/Multimedia and Authorization for Use or Disclosure (See Attachment A). The authorization is only good for the

type of photographs/recordings indicated and the timeframe listed in the authorization. Otherwise, a new authorization form must be obtained.

- M. Patients should be provided with the knowledge of what is being shared and with whom it is being shared.
- N. The Hospital is not required, but may permit news media to photograph or record a patient if the patient consents and the patient's medical provider agrees the patient is medically stable.
- O. In the event of an emergency or disaster the Hospital must ensure the patient agrees to the photograph/recording and was provided with the opportunity to object and did not, or it was inferred from the circumstances, based on the exercise of professional judgment that the patient did not object.
- P. In the event of an emergency or disaster, if the patient is not present, or the opportunity to agree or object to the use or disclosure cannot practicably be provided because of the patient's incapacity or an emergency circumstance, the workforce member or medical staff member with access to PHI may, in the exercise of professional judgment, determine whether the disclosure of the photograph is in the best interest of the patient.
- Q. Workforce and medical staff members are strictly prohibited from photographing/audio recording patients or patient's visitors within the Hospital for their personal use. This includes, but is not limited to, taking pictures to share with friends and/or co-workers, to post on the internet using social media (e.g., Facebook, Twitter, etc.).
- R. Signage should be posted in conspicuous patient areas to support this policy and should read: "Patient and staff permission required before photos are taken or recordings are made."
- S. Storage
 - 1. Photographs/audio recordings related to the care and treatment of the patient will be stored in the patient's medical record.
 - 2. Photographs and recordings that contain protected health information (PHI) and determined not to be included in the patient's medical record will be stored in the Medical Records Department.
 - 3. All photographs and recordings must be clearly identified (patient name, medical record number, account number, and date of admission), securely stored, and readily accessible for retrieval.
- T. Disclosures
 - 1. Photographs/audio recordings will not be released without specific written authorization from the patient or workforce and medical staff member, unless the disclosure is for treatment, payment, or health care operations.

2. Unless prohibited by law, photographs/audio recordings may be released to the patient in accordance with the patient's right of access to their medical record. The Hospital will retain the originals.

U. Workforce and Medical Staff Members

1. Written consent and/or authorization for photographs/audio recordings must be obtained prior to the performance of the following activities, but not limited to:
 - a. Dissemination to Hospital staff (medical providers, health professionals);
 - b. Emergency/Disaster Notification;
 - c. Educational;
 - d. Research;
 - e. Scientific;
 - f. Public Relations;
 - g. Marketing;
 - h. News Media;
 - i. Charitable Purposes;
 - j. Law Enforcement;
 - k. Legal
2. It is the policy of this Hospital that any photographs/audio recordings of workforce members that occur in conjunction with an organized meeting (e.g., Zoom, Teams, tape recorders) are to be used strictly for work and historical purposes and are not to be shared with others not privileged to such information and deleted once the information is transcribed into a permanent format. Workforce member consent is not required for these purposes.
3. In the event any workforce members use personal devices that have a camera and/or audio/video recording any interaction with any workforce members on Hospital property, such photographs or video recordings shall not be publicly shared, such as on the internet, social media or in public viewings. Workforce members shall immediately notify Hospital Administrator of such photographs or audio/video recordings.
4. Hospital shall obtain written consent from workforce members prior to using photograph or audio/video recording related to Hospital event functions on publicly shared media, such as on the internet, social media or in public viewings.
5. Consent is not required from workforce member for Hospital to use photograph or audio/video recording related to Hospital event functions on privately shared media, such as the Hospital intranet or newsletter.

V. Accountability

1. Failure to follow this policy may result in corrective action up to and including termination.
2. Staff are encouraged to report any HIPAA violations to the Hospital Compliance Officer without fear of retaliation.

3. The Hospital will provide education and training to the workforce members on hire, annually, and as needed.

ATTACHMENTS

Attachment A - Consent for Photography/Multimedia and Authorization for Use or Disclosure (HIM-041A)

REFERENCES

HIPAA Social Media Rules Retrieved from March 2018 HIPAA Journal

<https://www.hipaajournal.com/hipaa-social-media/#:~:text=HIPAA%20and%20Social%20Media&text=The%20HIPAA%20Privacy%20Rule%20prohibits,in%20a%20patient%20being%20identified.>

REVISIONS/UPDATES

Date	Brief Description of Revision/Change
11/26/18	Change in Header, Font and Policy Number
1/20/20	No Updates
12/1/20	Change in Header. Change verbiage. Add References section. Add Attachments section. Move policy from HIPAA Manual to HIM Manual. Change policy number from HIP-056 to HIM-041.

COHESIVE HEALTHCARE MANAGEMENT & CONSULTING
MANGUM REGIONAL MEDICAL CENTER

Consent for Photography/Multimedia and Authorization for Use or Disclosure

Patient or Employee Name: _____

Consent for Photograph or Multimedia

☐ **Patient or Patient Representative:**

I hereby consent to be photographed while at Mangum Regional Medical Center by its employees to record or document my care or treatment, or other images of me. The term "photograph" includes video, or still photography, in digital or any other format, and any other means of recording or reproducing images, testimonials, and any other later developed mediums and for the purpose of:

*Patient/Patient Representative Signature*_____

☐ **Employee:**

I hereby consent to be photographed at Mangum Regional Medical Center by its employees, on hospital property, or other areas that the hospital may deem appropriate. The term "photograph" includes video, or still photography, in digital or any other format, and any other means of recording or reproducing images, testimonials, and any other later developed mediums and for the purpose of:

*Employee Signature*_____

Authorization for Use and Disclosure

I hereby authorize the use of the photograph(s) by, or disclosure of the photograph(s) to:

(Person(s)/Organization(s) authorized to receive the information)

(Address: Number, Street, City, State, Zip Code)

This Authorization expires (*insert date*):_____

Upon expiration of this Authorization, the hospital will not permit further release of any photograph(s), but will not be able to call back any photographs or information already released.

Purpose

I hereby authorize the use or disclosure of my name, treatment, and/or experience as a patient, including the photograph(s) for the following uses or purposes (check all that apply):

☐ Dissemination to Hospital staff (medical providers, health professionals) ☐ Emergency/Disaster Notification

☐ Educational ☐ Treatment ☐ Research ☐ Scientific ☐ Public Relations ☐ Marketing ☐ News Media

☐ Charitable Purposes ☐ Law Enforcement ☐ Legal ☐ Illustrations ☐ Medical Publications

☐ Other: _____

Date: ____/____/____ Time: _____ AM/PM

I and any persons as my successors agree to release Mangum Regional Medical Center and its employees from any and all claims or cause of action, now or in the future from any and all claims for injury or compensation resulting from the activities authorized by this agreement. I also understand that this material may be used in diverse settings within an unrestricted geographic area.

Patient/Patient Representative or Employee

Signature: _____

If signed by someone other than patient, indicate relationship:

Corporate Policy Review for MRMC**Recommendations Received: March 22, 2021****Corporate Review Period:****Corporate Review Revisions Sent Out to Hospitals:****Policies Reviewed: Infection Control Manual, Employee Health Manual, HIPAA Manual, and HIM Policies**

1. Please review the document below for the feedback to the policies/forms that were submitted. The Corporate Policy Review Committee has made every effort to review and discuss the feedback that we received. We appreciate your feedback in ensuring that we are able to provide sound, evidence-based policies and procedures that meet the needs of your hospital.
2. Please review each item to see what the proposed change/revision or question was raised for review. Each policy or form is bolded to delineate when another policy/form is discussed. All of the same named policies/forms are grouped together.
3. All policy/form changes will be uploaded to the ShareFile. Go to ShareFile > Shared Folders > Cohesive Healthcare & Management Folder > Clinical > Select appropriate file.
4. Policies that need to be changed with your header and date and archived in your policies are:

Policy/Form	Proposed Change/Revision or Question	Submitted By	Corporate Review	Instructions	Final Change/Revision
HIPAA Manual (Policies and Forms)					
FMHP-001: Authorization to Release PHI FMHP-008: Patient Request for Health Information	Currently, we use the Oklahoma Standard Authorization to Use or Share PHI form to release PHI. Our preference would be to continue the use of this form instead of FMHP-001 or FMHP-008. If this is not feasible, I believe there is only a need for one of the aforementioned forms. Of the two, the preference would be FMHP-001 with the following revision: revision – add “legal” as a selection under disclosure purpose.	Pawhuska	Chee note: Keep FMHP-001 and add “legal” as a selection under disclosure purpose. Keep FMHP-008 as it is referenced in policy HIP-002 for patient request vs. authorization form.	Retire the current Oklahoma Standard Authorization to Use or Share PHI. FMHP-001 & FMHP-008 will be utilized as instructed per HIP-001 and HIP-002	FMHP-001: Added “legal” as a selection under disclosure purpose
FMHP-008: Patient Request for Health Information FMHP-019: Notice of Privacy Practices	On the Patient Privacy Notice (FMHP-018), there is a place for patient signature on page 2 which I assume is an acknowledgement of the notice. It seems redundant to have the patient sign there & also sign the Patient Acknowledgement of Notice of Privacy Practices (FMHP-019). Could the signature line be removed from FMHP-018 or disregard FMHP-19 in its entirety?	Pawhuska	Chee note: Remove patient signature on the FMHP-018 and keep FMHP-019 as is.	Both forms FMHP-018 & FMHP-019 will be utilized as instructed per HIP-004	FMHP-018: Removed patient signature
HIP-002: Release of medical information and request for restrictions and confidential communication:	On the first page under the word Minor in bold: Was unsure if it made them not a minor or just made them treated differently like an emancipated or married etc minor.	Prague	Chee Note: The following definition pulled from HIP-002 makes the patient a minor. I recommend leaving the definition as is with no changes. Minor - Any person under the age of eighteen (18) years of age, except such person who is on active duty with or has served in any branch of the Armed Services of the United States shall be considered an adult.	Leave policy as is. The bolding is the same for all definitions.	No revisions.

FMHP-001: Authorization to Release PHI	the very last words on the bottom are half way cut off	Prague	Chee Note: I am re-submitting FMHP-001 to make sure Prague has the correct formatted policy. I recommend making no changes to this policy.		Form resubmitted to make sure the form has the correct formatting. No changes made to the form or policy.
HIP-005: Accounting of Disclosures	Red needs omitted since we do not have an EHR in place. (I already emailed this attached revised, in red, policy to you on 3/23/21)	Prague	Chee Note: I agree.		Corrected. Only areas left are those were specific information related to hospital or EHR system needs to be inserted. Prague will need to revise to identify there specific system for tracking.
Employee Health Manual (Policies and Forms)					
EHP-001: Employee Health Program	Line #11 - Healthcare worker vs health care worker	Pawhuska			Revised: healthcare worker HOLDING POLICY UNTIL FURTHER CLARIFICATION OF FMEH-001 BY CORPORATE
EHP-001: Employee Health Program	Suggestion: adding language to clarify or define the pre-employment documentation timeline The pre-employment examination documents should be returned to “who” when completed and become part of the employee’s employee file within “?” days of hire. - Inconsistent spacing on page 4 between lines 6, 7, 8	Pawhuska			Revised: The pre-employment documents are returned to the Employee Health nurse prior to the first working day , who will maintain a separate, confidential employee health file. Spacing issues resolved
EHP-001: Employee Health Program	Bullet list margins not consistent on page 5	Pawhuska			Fixed bullet points
EHP-001: Employee Health Program	Suggestion: add “include” to the following statement: Page 5 > number 5 : item a- Illnesses that require reporting include but are not limited to:	Pawhuska			Revised: Situations that may result in an “ill” employee being restricted from work may include but are not limited to:
EHP-001: Employee Health Program	Suggestions for Health and Safety Education	Pawhuska			Revised: Personnel health and safety education will be provided by the Hospital upon hire; during

	<p>*New employees must attend the infection prevention and control orientation within “?” days of hire.</p> <p>*At a minimum, the following topics are included in the initial and ongoing training on infection control and prevention:</p> <ul style="list-style-type: none"> -Hand washing vs hand hygiene -Sharps Injury Prevention? 				<p>the initial orientation process annually, and whenever the need arises, with in-service training and education on appropriate safety and infection control topics for their work assignments, so that personnel can maintain accurate and up-to date knowledge about the essential elements of safety and infection control.</p> <p>Revised: Hand Hygiene; Center for Disease Control (CDC) and World Health Organization (WHO) evidence-based practices and guidelines.</p> <p>Added: Sharps injury prevention.</p>
FMEH-001: Employee Health Questionnaire Form	Form is on hold per further review.	Corporate		Will send document upon final review: target goal 4/5/21.	
FMEH-002: Isihara Color Blindness Test Instructions		Corporate	This form is part of policy EH-001 and will hold until FMEH-001 has been clarified and send policy and all forms together		HOLD FORM UNTIL FMEH-001 HAS BEEN CLARIFIED BY CORPORATE
FMEH-003: Isihara Color Blindness Test		Corporate	This form is part of policy EH-001 and will hold until FMEH-001 has been clarified and send policy and all forms together		HOLD FORM UNTIL FMEH-001 HAS BEEN CLARIFIED BY CORPORATE
FMEH-004: Employee Isihara Color Blindness Test Form		Corporate	This form is part of policy EH-001 and will hold until FMEH-001 has been clarified and send policy and all forms together		HOLD FORM UNTIL FMEH-001 HAS BEEN CLARIFIED BY CORPORATE
FMEH-005: Employee Health Log		Corporate	This form is part of policy EH-001 and will hold until FMEH-001 has been clarified and send policy and all forms together		HOLD FORM UNTIL FMEH-001 HAS BEEN CLARIFIED BY CORPORATE
FMEH-006: Employee Illness & Occupational Illness & Injury Log		Corporate	This form is part of policy EH-001 and will hold until FMEH-001 has been clarified and send policy and all forms together		HOLD FORM UNTIL FMEH-001 HAS BEEN CLARIFIED BY CORPORATE
FMEH-011: Bloodborne Pathogens Post-	some of the headers and words have been cut off some	Prague			Due to the excel format, the Hospital may have to adjust the

Exposures Follow-up Plan					margins and do a prevent pr of the document.	Item 14.
Infection Control (Policies and Forms)						
ICP-018: Device Associated Infection Prevention	highlighted area on section 7 letter J. That highlight might need to be removed.	Prague	Corrected		Removed highlights from section 7 letter J.	
FMIC-011: IC/ Safety Construction Risk Assessment and Permit	spelling error towards the bottom of first page, beginning is spelled incorrectly.	Prague	Corrected		Corrected spelling for the word beginning on the IC Safety Construction Risk Assessment and Permit.	
ICP-034 Patient Influenza & Pneumococcal Vaccination	Remove the 2020 Vaccination Schedules (these documents are updated annually). Need to print out and not include as part of the policy.	I. Bowden	See changes/revisions		Change: Added ADDITIONAL RESOURCES For current guidance on vaccine recommendations refer to the CDC website: CDC Immunization Schedules at https://www.cdc.gov/vaccines/schedules/ . CDC guidance on vaccine recommendations should be checked at the start of each year for recommendations and guidance by the Infection Preventionist.	
ICP-013 TB Control Plan	Recommendation to create Patient TST form.	Carnegie	See changes/revisions		Individuals with suspected TB should have a tuberculin skin test unless there has been a previous positive skin test, a chest x-ray, and or up to 3 negative early morning sputum specimens for acid-fast bacillus (See FMIC-015 Patient Tuberculin Skin Test Form).	
FMIC-015 Patient Tuberculin Skin Test Form	New form	Carnegie	See changes/revisions	To be used when administering a TST to a patient.	Added form: See FMIC-015 Patient Tuberculin Skin Test Form.	
HIM (Policies and Forms)						
HIM-012: Scanning Documents into the EHR	entire policy is irrelevant at this time and should also be omitted.	Prague	Agree, until Prague has an EHR this policy would not be implemented.			

					Item 14.



Chief Clinical Officer Report March 2021

Excellent Patient Care

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

Excellent Client Service

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

1. All patients who are COVID-19 positive, as well as those with pending test results, may not have a visitor at this time.
2. All other patients will be allowed two designated visitors with the following guidance.
 - a. The two patient visitors must be designated upon admission and remain the same throughout the stay. We are not opening our facilities freely to visitors.
 - b. Patient Visitors shall be subject to all screening procedures required by the facility including temperature screenings, observance of hand hygiene practices, and always appropriately wearing their mask while in the facility.
 - c. The facility may further limit access to patients when patient visitors fail to follow facility policy.



Chief Clinical Officer Report March 2021

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.

Preserve Rural Healthcare

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

Preserve Rural Jobs

- Open Positions include Full Time RT, MLT, RN, LPN, and CNA.
- Open Director positions include Rehabilitation.
- For the clinical team MPMC has Hired the following core positions: Laboratory Manager, RN and CNA!
- Recruiting efforts included positing of positions on mangumregional.net and Facebook.



April 2021 CEO Report for MPMC Hospital Board

Interim CEO: Cindy Tillman

April 27, 2021

COVID - 19 Activity and Overview:

- ✓ As reported last month, we continue to participate in daily Region 3 Merc Briefings to increase communication with those in the area regarding COVID-19. 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: Daniel's CCO report documents a detailed overview of the COVID information for the hospital and Mangum area. We continue to keep up to date on the most current COVID-19 information for the Mangum area and statewide. Cohesive has continued with the COVID Task Force that monitors the continuous updates and newest releases concerning COVID. The Task Force will continue to monitor and update as new information is released.
- ✓ Cohesive and hospital leadership continue to ensure the staff and providers are kept up to date regarding any changes or new policies pertaining to COVID-19. 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 Mangum Family Clinic will be planning additional vaccine clinics as reported in the Clinic Director's report.

Hospital Staff and Operations Overview:

- ✓ The transition from the previous CEO continues to go smooth with the hospital staff. They have been very cooperative with Cohesive leadership. The staff is engaged and positive about new leadership on the horizon.
 - We filled three positions in March. Those include a new lab manager, Evan Bratcher, a CNA, June Heath and Infection Control Nurse, Karli Bowles. We have two candidates selected for the dietary aide and housekeeping positions. We have openings for 2 RN, 2 LPN, physical therapist, respiratory



therapist, quality manager/risk. The three ER Residents who are covering weekend ER shifts will be leaving the end of June due to the completion of their residency. We feel fortunate to have several nurse practitioners and PA candidates who are interested in weekend shifts.

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

Additional Items:

Contracts to be presented to the board:

- ✓ Inpriva Patient event notification COP Interoperability
- ✓ Cardinal Health Premier Ordering (Rx)
- ✓ Mountaineer Medical (Patient Safety)
- ✓ Press Ganey Addendum for date change 7.1.21
- ✓ Healthcare General Liability Insurance (MedPro Group)
 - Professional/General (Healthcare) Liability Policy
 - Philadelphia - Property Policy
 - Allied World - Directors & Officers/Employment Practices Liability Policy
- ✓ Premier-Participating Member Designation Form for Spacelabs Healthcare



Clinic Operations Report

Mangum Medical Clinic

March 2021

Clinic Operations

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

Quality Improvement

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

Community Outreach

- COVID Vaccine Clinic joint venture with Hospital continued

Visits per Productive Hour=Goal 2.00

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



Evident, LLC
System Solution

for

MANGUM REGIONAL MEDICAL CENTER

All rights reserved. No part of this document may be reproduced, shared or distributed in any form or by any means without permission in writing from Evident, LLC

Submitted by:

Rachel Reid
Account Manager

Submitted to:

Craig Peter

Date Submitted: March 23, 2021



MANGUM REGIONAL MEDICAL CENTER ADDITIONAL SOFTWARE

Facility Application

License, Patient Event Notification	276
Monthly Support: \$23	
Includes: 1,800 transactions per month	
Overage Fee: \$0.01 per transaction	



MANGUM REGIONAL MEDICAL CENTER SYSTEM SUMMARY - ADDITIONAL SOFTWARE

SOFTWARE	\$276
License, Patient Event Notification	
SYSTEM PRICE	<hr/> \$276
TOTAL	<hr/> \$276

Hardware prices in this proposal will remain valid for a period of 30 days. All other prices will remain valid for 90 days.

Hospital Vendor Contract – Summary Sheet

1. Name of Contract: Evident, LLC System Solution
2. Contracted Parties: Evident, LLC System Solution with Mangum Regional Medical Center
3. Contract Type Services: Electronic transfer of patient event notifications (PENs) which is a condition for participation with Medicare and Medicaid effective May 1, 2021.
4. Description of Services: As part of the CMS Interoperability and Patient Access final rule, all acute care, critical access, and psychiatric hospitals that participate in Medicare and Medicaid will be required to electronically send patient event notifications (PENs) related to a patient's admission, discharge, and/or transfer to another health care facility, provider, or practitioner. Within Thrive, there are new fields to enter the names of the providers who should be notified of patient status during the admission and discharge processes. This information will be added directly into the patient registration workflow. It has the ability to automatically trigger the need for the ADT transmission through secure delivery of the patient event notification. Inpriva ensures the electronic transmission of patient event notifications to designated providers is seamless for the hospital. With Inpriva it delivers assurance the hospital will receive reimbursement for Medicare and Medicaid claim submissions.
5. Cost: ☒ Initial Subscription Fee: \$276.00, Monthly subscription fee \$23.00, First 1,800 transactions included per month. Overage fee over 1800 per month is \$0.01 per transaction _____ (Monthly) -and- ☒ _____ (Annually)
6. Term: 1 year Months / Years
7. Termination Clause: _____

Hospital Vendor Contract – Summary Sheet

1. Name of Contract: Mountaineer Medical LLC

2. Contracted Parties: Mountaineer-Medical and Mangum Regional Medical Center

3. Contract Type Services: Price protection and loyalty agreement for the purchasing of fall prevention products and restraint reduction products.

4. Description of Services: This is a purchase agreement between the distributor and the hospital. Mountaineer Medical provides fall prevention products and restraint reduction products in consideration of Distributor is guaranteed pricing. The hospital may guarantee the prices listed for three years subject to conditions of the agreement.

5. Cost: ☒ Only cost of products (Monthly) -and- ☒
None (Annually)
6. Term: _____ Months / Years
7. Termination Clause: _____

MOUNTAINEER MEDICAL L.L.C.**11063D South Memorial Drive****#437****Tulsa, OK 74133****PH: (918) 369-8160****Fax: (918) 369-8164****MOUNAINEER MEDICAL****CONTRACT #MRMC100****PRICE PROTECTION & LOYALTY AGREEMENT**

This is a purchase agreement between **Mountaineer-Medical** ("Distributor"), and Mangum Regional Medical Center, ("Purchaser" or "Facilities") identified below, as follows:

1. (Provider). Purchaser engages Distributor as its provider for fall prevention products and restraint reduction products in consideration of Distributor is guaranteed pricing and no charge control units for the term described.
2. (Products for Purchase). See Pricing & Loyalty Agreement
3. (Identity – Facility & Purchase).
Name: Mangum Regional Medical Center
Address: 1 Wickersham St
City, State & Zip: Mangum, OK 73554
4. (Price Guaranteed). Purchaser may guarantee the prices above described for three (3) years subject to conditions of this Agreement. The effective date hereof is _____ through _____. Terms are net 30days. FOB Destination and freight prepaid and invoiced to Purchaser. Purchaser will not pay for items not received.
5. (Terms and conditions)
 - a. (Warranties). Stanley Healthcare Corporation offers a separate limited warranty and conditions on each system and component so pursuant to this Agreement. Such warranty information is provided with the systems and components. Mountaineer Medical M200 units are to be used with Mountaineer Medical pads. Purchaser assumes all responsibility for product damage or failure or for personal injury. Facility agrees to indemnify and hold arising from Facility's use of Stanley Healthcare Corporation and Distributor harmless from any claims and liabilities arising from Facility's use of Stanley Healthcare Components and systems with those of a third party.
 - b. (Repair and Replacement). Facility may obtain information on warranties, products, repairs and replacement through Mountaineer Medical at (918) 369-8160. Facility is responsible to observe and test all equipment and to remove any apparently malfunctioning equipment from service immediately and to return it to Mountaineer Medical for such testing and repair as is indicated.

Dated: _____

Dated: _____

MOUNTAINEER MEDICAL

Mangum Regional

By: Trevor Taylor

By: Authorized Agent

MOUNTAINEER MEDICAL L.L.C.

11063D South Memorial Drive

#437

Tulsa, OK 74133

PH: (918) 369-8160

Fax: (918) 369-8164

*MOUNTAINEER MEDICAL**CONTRACT #MRMC100***PRICE PROTECTION AGREEMENT
PRODUCTS FOR PURCHASE**

Product Description	Order Number	Cohesive Healthcare Pricing
M200 Bed/Chair Monitor	M200	\$0.00
M200 Wall Mounting Package (Includes mounting option, power supply, Nurse call cord, Installation, and in-servicing)	M200APKG	\$0.00
Single Patient Use Bed Pads	74030	\$15.55
Single Patient Use Chair Pads	73030	\$14.00
Injury Prevention Fall Mat (72"x24"x.75")	PM20GA	\$129.50
Fall Prevention Kit (Wrist Band, Socks, Magnet, Blanket, Literature) w/Logo	APB200	\$10.70

		Description	Justification	Vol.	COST ESTIMATE	TOTAL COST
	1	Magnetic Pedal Exercise	Necessary to promote the proper physical/occupational therapy treatment necessary in the higher acuity COVID patients. Currently there is not appropriate physical and occupational therapy equipment available to promote goal therapies.	1	\$261.00	\$ 261
	2	Basic Easy Stand Evolve Adult	Necessary to promote the proper physical/occupational therapy treatment necessary in the higher acuity COVID patients. Currently there is not appropriate physical and occupational therapy equipment available to promote goal therapies.	1	\$3,493.76	\$ 3,494
	3	Mat Platform Table	Necessary to promote the proper physical/occupational therapy treatment necessary in the higher acuity COVID patients. Currently there is not appropriate physical and occupational therapy equipment available to promote goal therapies.	1	\$8,082.75	\$ 8,083
	4	NuStep T4r Inclusive Cross Trainer	Necessary to promote the proper physical/occupational therapy treatment necessary in the higher acuity COVID patients. Currently there is not appropriate physical and occupational therapy equipment available to promote goal therapies.	1	\$3,945.00	\$ 3,945
	5	ED Peg Board	To organize supplies necessary for all emergent (including Covid) patients.	1	\$3,832.00	\$ 3,832
	6	Crash Cart	Code cart is a requirement by regulation on units. It is necessary to have a code cart readily accessible to the patients on the Covid wing.	1	\$2,914.14	\$ 2,914
	7	Parallel Bars		1	\$2,234.75	\$ 2,235

		Description	Justification	Vol.	COST ESTIMATE	TOTAL COST
8		Med Dispense Cabinets #101920	Additional MedDispense cabinets are needed for COVID patients and are required safe medication passage, especially those with higher acuity. Currently there is no additional storage space necessary to store the medications required to care for the patients in the Covid wing. Additional MedDispense cabinets for the Covid wing will provide guidance on drug interactions, help promote safe medication administration and are essential for assisting with appropriate medication storage safety.	1	\$80,182	\$ 80,182
9		Code Cart Supplies	Code cart is a requirement by regulation on units. These supplies are required within the code card on the COVID unit.	1	\$ 5,000	\$ 5,000
10		Defibrillator	Defibrillator is a requirement with a code cart on units. This defibrillator would be required by regulations for life sustaining measures.	1	\$ 20,000	\$ 20,000
11						\$ -
12						\$ -
13						\$ -
14						\$ -
15						\$ -
16						\$ -
17						\$ -
18						\$ -
19						\$ -
20						\$ -
21						\$ -
22						\$ -
23						\$ -
24						\$ -
25						\$ -

		Description	Justification	Vol.	COST ESTIMATE	TOTAL COST
	26					\$ -
	27					\$ -
	28					\$ -
	29					\$ -
	30					\$ -
	31					\$ -
	32					\$ -
	33					\$ -
	34					\$ -
	35					\$ -
	36					\$ -
	37					\$ -
	38					\$ -
	39					\$ -
	40					\$ -
	41					\$ -
	42					\$ -
	43					\$ -
	44					\$ -
	45					\$ -
	46					\$ -
	47					\$ -
	48					\$ -
	49					\$ -
	50					\$ -
	51					\$ -
	52					\$ -
	53					\$ -
	54					\$ -
	55					\$ -
	56					\$ -
	57					\$ -

[illegible]

		Description	Justification	Vol.	COST ESTIMATE	TOTAL COST

Approved by BOARD	Approved by Cohesive Clinical	Approved by Cohesive Financial	Invoice Paid	
	Yes	yes		
	yes	yes		
	yes	yes		
	yes	yes		
	yes	yes		
	yes	yes		
	yes	yes		

[illegible]

[illegible]

[illegible]

Approved by BOARD	Approved by Cohesive Clinical	Approved by Cohesive Financial	Invoice Paid	

Schedule 1 - List of Providers

Mangum City Hospital Authority dba// Mangum Regional Medical Center

Kaye Hamilton khamilton@mangumregional.org

dob, ss, npi, col, dl

Each provider on this list has been granted the following privileges: Teleradiology

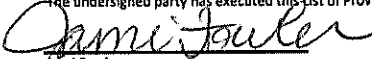
NAME

A-Added via this Schedule
R- Removed via this Schedule

1 Abdel-Hamid, Emad, MD	
2 Arrowsmith, Laura DO	A
3 Back, Stephen, DO	
4 Brooks, Damon, DO	
5 Brown, Marcus, MD	
6 Browning, Carol MD	R
7 Bull, Nicholas, DO	
8 Choi, Bo Yon, DO	
9 Cole, Kelly, MD	
10 Degner, Alfred Christopher MD	
11 Dennis, John, DO	
12 Erquiaga, Eugenio, MD	A
13 Flowers, Kyle, DO	
14 Fullingim, Dean, DO	
15 Fullingim, Jeremy, DO	
16 Gerstel, Jeffrey, DO	A
17 Golden, Michael, MD	
18 Gonzalez, Troy, MD	R
19 Grant, Shawn MD	
20 Hamm, Kevin, DO	
21 Ingle, David DO	R
22 Kirkland, Jonathon, DO	
23 Knarreborg, Julia Dry, MD	
24 Lawson, McKinley MD	
25 Lee, Jeff	
26 Mann, Kenneth, DO	
27 McCay, Timothy, DO	
28 Monfore, Natosha DO	R
29 Mostert, Peter, DO	
30 Noah, Ralph, MD	
31 O'Hayre, Patrick, DO	
32 Pack, Jay, MD	
33 Pascual, Felino, DO	
34 Pham, James, DO	
35 Ponder, Michelle, MD	
36 Polanco, George, DO	
37 Pritchard, Ronald MD	
38 Roman, Christopher MD	A
39 Rowlett, Bart, MD	
40 See, Danielle, DO	
41 Shelton, Jeffrey, MD	
42 Smith, Cameron, DO	R
43 Songrug, Tanakorn, MD	
44 Stillerman, Ronald, DO	
45 Strle, Nicholas, DO	
46 Taber, Sheila, DO	
47 Vassiliou, Chris, DO	
48 Von Borstel, Donald, DO	
49 Walters, Michael, MD	
50 Walton, John, DO	
51 Weaver, Blake, DO	
52 White, Brooke, DO	
53 Wolfstein, Judith, MD	
54 Wright, Steven MD	
55 Yassa, Nabil MD	
56 Yoon, Hooby, DO	R
57 Yoon, Myeong, MD	
58 Young, Laura MD	

The undersigned party has executed this List of Providers Privileged.

By:


 Azmi Fowler
 Director of Clinical Operations
 Diagnostic Imaging Associates, Inc.

Date:

4/8/2021

By:

Facility

Date: