

**Mangum Regional Medical Center  
Quality and Patient Safety Committee  
Meeting  
February 2026 Meeting Agenda**

<b>Meeting Location: OR</b>	<b>Reporting Period: Jan 2026</b>	
<b>Chairperson: Dr Gilmore</b>	<b>Meeting Date: 02/11/2026</b>	<b>Meeting Time: 14:00</b>
<b>Medical Representative: Dr Gilmore</b>	<b>Actual Start Time: 1400</b>	<b>Actual Finish Time: 1455</b>
<b>Hospital Administrator/CEO: Kelley Martinez</b>	<b>Next Meeting Date/Time: tentatively 03/12/26</b>	

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

*\* Items in blue italics denote an item requiring a vote*

**I. CALL TO ORDER**

<b>Agenda Item</b>	<b>Presenter</b>	<b>Time Allotted</b>	<b>Discussion/Conclusions</b>	<b>Decision/Action Items</b>
A. Call to Order	QM	<b>1 min</b>	Called to order at 1400	Approval: First – Kelley Martinez Second– Stephanie Hughes

**II. COMMITTEE MEETING REPORTS & APPROVAL OF MINUTES**

<b>Agenda Item</b>	<b>Presenter</b>	<b>Time Allotted</b>	<b>Discussion/Conclusions</b>	<b>Decision/Action Items</b>
A. Quality and Patient Safety Committee <i>1. Approval of Meeting Minutes</i>	Meghan Smith	<b>2 min</b>	Meeting minutes – Jan 2026	Approval: First – Stephanie Hughes Second – Kelley Martinez
B. Environment of Care (EOC) Committee <i>1. Approval of Meeting Minutes</i>	Mark Chapman	<b>2 min</b>	Meeting minutes – Jan 2026	Approval: First – Nick Walker Second – Stephanie Hughes
C. Infection Control Committee <i>1. Approval of Meeting Minutes</i>	Meghan Smith	<b>2 min</b>	Meeting minutes – N/A	IP to complete 2 months of meeting minutes March 2026
D. Pharmacy & Therapeutics (P&T) Committee <i>1. Approval of Meeting Minutes</i>	Chelsea Church/ Lynda James	<b>2 min</b>	Meeting minutes – None Next P&T –	Next P&T scheduled for March 2026
E. Health Information Management (HIM)/Credentialing Committee	Jessica Pineda/ Kaye Hamilton	<b>2 min</b>	Meeting Min – Jan 2026	1.) Approval: First Stephanie Hughes Second Nick Walker

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1. <i>Approval of Meeting Minutes</i>				
D. Utilization Review (UR) Committee 1. <i>Approval of Meeting Minutes</i>	Chasity Howell	<b>2 min</b>	Meeting Minutes – January 2026	Approval: First – Jessica Pineda, Second – Stephanie Hughes
<b>III. DEPARTMENT REPORTS</b>				
Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. Nursing/Emergency Department	Nick Walker	<b>5 min</b>	Blood utilization – 2 Code Blue – 1 Restraint – 1 Emergent Intubations: 1	Every Monday CCO will validate crash cart checks to insure nursing has checked the crash cart. Binder in CCO office to be keep Monday checklist and monthly crash cart checklists.
B. Radiology	Pam Esparza	<b>2 min</b>	5/12 repeats	0 Contrast reactions 1/1 Critical Test reporting
C. Laboratory	Tonya Bowan	<b>8 min</b>	41 – repeated labs, all critical repeats	1 AMT license review Competency completed with x2 employees 0 Contaminated blood cultures
D. Respiratory Care	Heather Larson	<b>2 min</b>	0 vent day neb changes	Director out
E. Therapy		<b>2 min</b>	Total # of Sessions Performed 147 -PT SWG 23 OP PT 136 -OT 25-ST Improved Standard Assessment Scores: - PT - OT - ST	Director out
F. Materials Management	Cory Ross	<b>2 min</b>	Back Orders 0 Late Orders 2 Recalls 0	Cory Ross is the new Materials Manager for MRMC

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G. Business Office	Desarae Clinesmith	2 min	DL – 100% Cost Share – 68%	BO manager reports that attempts to collect are being made but patients have just not been willing to pay or set up payment plan.
H. Human Resources	Stephanie Hughes	2 min		59 employees at the end of the month
I. Environmental Services	Mark Chapman	2 min	100% terminal room cleans	
J. Facility/Plant Operations	Mark Chapman	2 min	24 extinguishers checked 1 boiler checks 1 generator/transfer switch inspection 15 – filter checks 1 egress inspections	
K. Dietary	Treva Derr	2 min	Daily meal count – 100%	Stove repairs still pending. Attempts to order replacement parts The health inspector came to evaluate the dietary department. No deficiencies noted.
L. Information Technology	Hank Hunt	2 min	Director out –	
M. Strong Minds	Brittany Nelms/Brittany Niles	2 min	1 active patient	

**IV. OLD BUSINESS**

**V. NEW BUSINESS**

Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. New Business	QM	2 min	MRMC Risk Manager appointment – Meghan Smith MRMC Compliance officer	

**VI. QUALITY ASSURANCE/PERFORMANCE IMPROVEMENT DASHBOARD REPORT**

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Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. Volume & Utilization	CM	5 min	1) AMA- Patient seen in ED on 1/8/26. Chief complaint back pain and new onset weakness. Patient received prompt evaluation. ED Provider recommended that the patient needed to transfer to a higher level of care for neurology/neurosurgical evaluation. Patient declined transfer stating he had too much to do to be transferred.	
B. Case Management	CM	8 min	CAH readmits – Patient was admitted from 01/07-01/13 with dx: UTI, AKI, Hypokalemia. Patient completed IV antibiotics and requested discharge to home with home health of choice. Patient readmitted acute inpatient and then changed to observation due to United Healthcare Medicare advantage denial for acute IP stay dates from 01/20-01/23 and patient approved for SWB stay dates from 01/23-02/03. Patient completed IV antibiotics and requested discharge to home. United Healthcare provided "Notice of Medicare Noncoverage" for this patient with last covered day of 02/05. Patient did not wish to appeal the decision from United Healthcare. Patient requested discharge on 02/03 with Lifesprings Home Health.	
C. Risk Management	QM	10 min	<b>Deaths - 3</b>	

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		<p>1.) Inpatient: Patient admitted from ER for unresponsiveness. Patient had a DNR in place. Due to poor prognosis, patient's daughter (POA) elected to keep patient at MRMC for comfort care. Patient expired the next day.</p> <p>2.) Inpatient: Patient admitted from another facility for UTI, debility, malnutrition. Patient had a DNR on file with facility. Due to patients continued decline, family chose to make patient comfort care. Patient expired three days later.</p> <p>3.) ER: Patient arrived to ED via EMS. Pt reportedly had upset stomach the night before. Was found to be unresponsive and had vomited blood. Upon arrival patient had no pulse and no spontaneous respirations. Code Blue was initiated in ED. Resuscitation attempts unsuccessful.</p> <p><b>Complaints – 0</b></p> <p><b>Grievances – 0</b></p> <p><b>Workplace Violence Events - 0</b></p> <p><b>Falls - 3</b></p> <p>Falls w/o injury -</p> <p>1.) Patient was found sitting on the floor next to the bed, pt was in the chair at prior check. Attempted to go to the restroom and fell. No injuries noted. Fall precautions in place prior to fall – chair/bed alarm, non-skid socks, call</p>	<p><b>Other</b> - 1.) pt was assisted to the bathroom and shut the door, when attempting to open the bathroom door, it was found to have been locked from the inside and pt was not able to unlock it.</p> <p><b>Skin tear (2)</b></p> <p>1.) Pt found to have skin tear to left arm, found arm blankets were moved and gown was over patient arm. Pt is not able to recall events. 2.) Pt spouse found pt to have skin tear upon their arrival to patient room. RN noted pt to have skin tear to arm. Spouse reports patient arm fell off the bed and hit a hook like area on the side of the chair.</p> <p><b>Bodily Injury:</b></p> <p>1.) Pt was found with right leg between the seat and foot rest of the garichair, pt not able to free leg. Nursing assisted patient in freeing leg with noted approx 15 cm skin tear to right shin.</p>
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			<p>light within reach, frequent rounding and room free obstructions.          Risk factors - &gt;60 years, impaired cognition, physical impairment, hx of falls          2.) Outpatient being transported for outpatient services, when unloading patients who were ready to exit the van, driver noted the lift gait would not go completely down due to the curb. Patient remain standing while the van was being moved up to be able to lower the lift gait completely, patient was not able to hold on to the handrails while moving the van and fell over hitting the other patient. Both patients fell on the floor. Patient declined any injuries or the need to be evaluated in the ER.          3.) Outpatient being transported for outpatient services, when unloading patients who were ready to exit the van, driver noted the lift gait would not go completely down due to the curb. Patient remained standing while the van was being moved up to be able to lower the lift gait completely, second patient fell knocking over this patient. Both patients fell on the floor. Patient declined any injuries or the need to be evaluated in the ER</p> <p><b>Delay in Care 1</b>          Pt arrived via EMS unresponsive, no spontaneous respirations, no palpable pulse. CPR and Code blue initiated. No adult ambu bag found on the crash cart. Floor staff sent to locate an adult ambu bag. Leading to delay in ventilation. After the code was completed, it was found that there were no adult ambu</p>	
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			bags in central stores. Per RT an order request was made to previous materials manager 1 month prior to this incident.	
D. Nursing	CCO	<b>2 min</b>	Med reconciliation – 100% Preferred Pharmacy – 100% Hospital Formulary – 100%	
E. Emergency Department	CCO/QM	<b>5 min</b>	1.) ER log compliance – 100% 2.) EDTC Data 88% 3.) LWBS – 0	EDTC data: 1 transfer chart did not include signed nurses note.
F. Pharmacy & Therapeutics (P&T)	Pharmacy	<b>2 min</b>	Next P&T – March 2026  After hours access -  ADR - 0  Med errors – 1  Dose omissions –	<b>Med errors -</b> 1.) missed Vancomycin dose. No trends noted with nurse. CCO did 1:1 with the nurse
G. Respiratory Care	RT	<b>2 min</b>	0 unplanned decannulation 100% resp assessments 100% on Chart checks	
H. Wound Care	WC	<b>2 min</b>	1 wound	1 hospital acquired wound. Patient treated by the wound care team.
I. Radiology	RAD	<b>2 min</b>	Pt site verification - 100%	
J. Laboratory	LAB	<b>5 min</b>	0 – Blood culture contaminates	
K. Infection Control/Employee Health	IC/EH	<b>5 min</b>	1 – Inpt HAIs 0 – MRDO 0 – VAE 0– Cdiff 1 – CAUTI	1 CAUTI. Patient admitted after a fall at home. During patients stay the patient required an indwelling foley due to urinary retention. On 1/31/2026, the patient developed a fever of 100.9. Urinalysis was

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			0 - CLASBI	<p>ordered and patient was started on Rocephin 1gm IV q 24hr. Urine culture pending. Patient remained febrile on 2/1/26 and antibiotic switched to Levaquin 750mg IVPB q 24hr. Patient met NSHN criteria for CAUTI due to temperature greater than 100.4.</p> <p>Contributing factors: Patient's age, history of urinary retention, foley catheter use, prolonged stay in hospital, weakened immune system, and dementia.</p> <p>Outcome: Patient was started on antibiotic therapy. Urine culture resulted pseudomonas aeruginosa which is sensitive to Levaquin. No fever documented after</p>
L. Health Information Management (HIM)	HIM	<b>2 min</b>	<p>100% - D/C Note Compliance</p> <p>100% - Progress Notes</p> <p>100% - ED DC Instructions</p> <p>100% - ED provider Dx</p>	
M. Dietary	Dietary	<b>2 min</b>	100% - daily meal count	
N. Therapy	Therapy	<b>2 min</b>	Gait belt usage – 100%	
O. Human Resources (HR)	HR	<b>2 min</b>	<p>90 day evals – 100%</p> <p>Annual evals – 100%</p>	
P. Business Office	BOM	<b>2 min</b>	<p>Cost Share Collections – 68%</p> <p>Med Necessity Verification – 100%</p> <p>Drivers Licenses – 100%</p>	
Q. Environmental Services	EVS	<b>2 min</b>	10/10 on room cleans	

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R. Materials Management	MM	2 min	Electronic Requisitions – 100%	
S. Life Safety	PO	2 min	Fire extinguisher Inspections -100% Egress checks – 100%	
T. Emergency Preparedness	EP	2 min	None for the reporting period	
U. Information Technology	IT	2 min	Director out – will defer	
V. Outpatient Services	Therapy	2 min	Temp logs – 100%	
W. Strong Minds	SM	2 min	Continuing outreach to boost patient numbers	
<b>VII. POLICIES &amp; PROCEDURES</b>				
Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. Review and <i>Approve</i>	QM	10 min	<ol style="list-style-type: none"> <li>1) Compliance Officer Appointment</li> <li>2) Risk Manger Appointment</li> </ol>	<ol style="list-style-type: none"> <li>1. Approval: First – K. Martinez , Second– S. Hughes</li> <li>2. Approval: First –, K. Martinez Second– S. Hughes</li> </ol>

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<b>VIII. PERFORMANCE IMPROVEMENT PROJECTS</b>				
<b>IX. OTHER</b>				
<b>X. ADJOURNMENT</b>				
Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. Adjournment	QM	1 min	There being no further business, meeting adjourned at 1455 by K. Martinez seconded by C. Howell	

MEMBERS & INVITED GUESTS				
Voting MEMBERS				
Kelley Martinez CEO	Nick Walker CCO	Dr Gilmore (Teams)	Treva Derr Dietary Manager	Lynda James DRS
Chasity Howell CM	Desarae Clinesmith BO Manger	Cory Ross Materials Management	Pam Esparza Radiology Manger	Mark Chapman Plant Ops
Tonya Bowen Lab Director	Stephanie Hughes HR	Brittany Niles Strong Minds	Kaye Hamilton	Jessica Pineda HIM
Non-Voting MEMBERS				
Meghan Smith QM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**Sign-In Sheet**  
Date of Meeting: 02/12/2026

Title	Print Name	Signature
Chairman		
Administrator		
CCO		
Quality Manager		
Respiratory Care		
Drug Room Supervisor		
Physical Therapy		
Dietary		
Case Management		
HIM		
Business Office		
Infection Control		
Radiology		
Plant Operations		
Materials Management		
Environmental Services		
Laboratory		
Human Resources		
Strong Minds		
Other		