

Mangum Regional Medical Center
Quality and Patient Safety Committee Meeting
Agenda for Nov 2025 and Meeting Minutes for Nov 2025

Other _____

Other _____

Other _____

Meeting Location: OR	Reporting Period: Oct 2025	
Chairperson: Dr Gilmore	Meeting Date: 11/13/2025	Meeting Time: 14:00
Medical Representative: Dr Gilmore	Actual Start Time: 1400	Actual Finish Time: 1436
Hospital Administrator/CEO: Kelley Martinez	Next Meeting Date/Time: tentatively 12/11/2025 @ 14:00	

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				
Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. Call to Order	QM	1 min	Called to order at 1400	Approval: First – Treva , Second– Meghan
II. COMMITTEE MEETING REPORTS & APPROVAL OF MINUTES				

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Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. Quality and Patient Safety Committee 1. <i>Approval of Meeting Minutes</i>	Denise Jackson	2 min	Meeting minutes – Oct 2025	Approval: First – Tonya, Second – Treva
B. Environment of Care (EOC) Committee 1. <i>Approval of Meeting Minutes</i>	Mark Chapman	2 min	Meeting minutes – Oct 2025	Approval: First – Tonya, Second – Dr G
C. Infection Control Committee 1. <i>Approval of Meeting Minutes</i>	Meghan Smith	2 min	Meeting minutes – Oct 2025	Approval: First – Jessica, Second – Tonya
D. Pharmacy & Therapeutics (P&T) Committee 1. <i>Approval of Meeting Minutes</i>	Chelsea Church/ Lynda James	2 min	Meeting minutes – None Next P&T – Dec 2025/Jan 2026	
E. Health Information Management (HIM)/Credentialing Committee 1. <i>Approval of Meeting Minutes</i>	Jessica Pineda/ Kaye Hamilton	2 min	Meeting Minutes – Oct 2025	Approval: First – Nick, Second – Tonya
D. Utilization Review (UR) Committee 1. <i>Approval of Meeting Minutes</i>	Chasity Howell	2 min	Meeting Minutes – Sept/Oct 2025	Approval: First – Pam, Second – Jessica Approval: First – Pam, Second – Jessica

III. DEPARTMENT REPORTS

Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. Nursing/Emergency Department	Nick Walker	5 min	Blood utilization – 8 Code Blue – 1, unsuccessful resulting in patient expiring restraint - 0	Nurse meeting scheduled for 11/19/2025
B. Radiology	Pam Esparza	2 min	2 repeats for the month, both had clipped anatomy repeated with no further issues	PM completed 10/28/25 Xray system updated – 10/27/2025 State License renewed – 10/05/2025
C. Laboratory	Tonya Bowan	8 min	51 – repeated labs, 51 were critical results	Machine mantaince completed this month

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			ID now taken out of service, BD vector for flu/covid and strep put Inservice	
D. Respiratory Care	Heather Larson	2 min	0 vent day 19 neb changes	No resp issues for this reporting period
E. Therapy	Chrissy Smith	2 min	Total # of Sessions Performed 207 -PT 157 -OT 0 -ST Improved Standard Assessment Scores: 9 - PT 9 - OT 0 - ST	Out patient remains busy
F. Materials Management	Waylon Wigington	2 min	4 back orders - (Ultrasound Probe Covers, Telfa 8x3, Alligator Forceps, 10mL Syringe (LAB)) 0 late orders 0 Recalls	
G. Business Office	Desarae Clinesmith	2 min	DL – 72% Cost Share – 62%	BOM and CEO to discuss trend noted with missing data.
H. Human Resources	Stephanie Hughes	2 min	Director out – will defer until next month	
I. Environmental Services	Mark Chapman	2 min	100% terminal room cleans	

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J. Facility/Plant Operations	Mark Chapman	2 min	24 extinguishers checked 1 boiler checks 1 generator/transfer switch inspection 15 – filter checks 6 egress inspections	Boiler on for the season, no issues No noted issues with inspections/check for the reporting period
K. Dietary	Treva Derr	2 min	Daily meal count – 100%	One employee out for medical related issues
L. Information Technology	Desirae Galmore	2 min	Back up battery for lab completed Cubes – putting in new access point due to not staying connected to internet	New corporate IT director began in Sept
M. Strong Minds	Brittany Nelms/Brittany Niles	2 min	Director out – will defer until next month	

IV. OLD BUSINESS

V. NEW BUSINESS

Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. New Business	QM	2 min	See policy/procedures below **Policy Review email sent out 11/05/2025, Review due 12/01/2025 - requires provider feedback**	

VI. QUALITY ASSURANCE/PERFORMANCE IMPROVEMENT DASHBOARD REPORT

Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. Volume & Utilization	CM	5 min	AMA – 3 (2 inpt/1ER) 1.) Inpt – Patient to the ER with c/o, admitted to inpatient care for treatment	1.) Provider was notified and Risks/benefits were discussed with patient as well as the need for ongoing treatment for symptom management (provider

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			<p>. Kept NPO, with IV fluids and meds. During the first night patient demanded to leave.</p> <p>2.) Inpt - Pt admitted to SBW on via the ER for dx. pt decided that they were feeling better and wanted to go home, pt called family to pick them up and family arrived to the facility to pick up patient. Patient remained adamant that they wanted to go home.</p> <p>1.) ER - Patient to the ER for c/o . Pt was seen and evaluated by provider. Testing without definitive dx and treatment in the ER unsuccessful. Provider recommended transfer to higher level of care for ongoing testing and dx, patient declined.</p>	<p>discussion), AMA signed with education to follow up with PCP</p> <p>2.) Provider notified and Risks/Benefits were discussed with patient and family member (provider discussion) , AMA signed by patient</p> <p>1.) Risks/Benefits discussed, AMA signed. Patient educated on returning to ED as needed</p>
B. Case Management	CM	8 min	Readmit: Patient admitted to Acute IP and transitioned to SWB status with dx: left AMA with family. Patient then returned to ER with same dx d/t not getting better faster. Patient readmitted to SWB status	
C. Risk Management	QM	10 min	Deaths - 2 (1 inpt/1ER) 1 SWB – Patient to the ER and admitted to SWB for c/o. Multiple dx Hx. Pt admitted to inpatient care and transitioned to SWB status . During the course of	Complaints - Patient was advised by CEO that they are able to request an amendment to the chart though HIM but it would be up to the provider if they can change the documentation per the patient’s request.

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		<p>hospitalization patient continued to decline as expected due to diagnosis/prognosis. Patient expired while inpatient as expected death.</p> <p>1 ER – Patient to the ER with c/o. Medical Hx of multiple dx. Treatment course provided. Provider decision to intubate to maintain airway prior to transfer to higher level of care. Post intubation, patient became pulseless and CRP initiated. Multiple rounds of epi and CPR were unsuccessful with patient remaining pulseless despite ongoing CRP efforts. Patient was pronounced in the ER .</p> <p>Complaints – 1 Patient was seen in the ER , called CEO on October 17, 2025. Patient complaint about what was documented by the provider in the ER chart and demanding it be changed.</p> <p>Grievances – 1 Family brought pt to the er for eval, staff met patient at the ER door. There was a call to the facility prior to arrival by the family advising that they were coming to the facility so staff was await arrival. Family called CEO and reported concerns that due to poor communication between all parties at time of request for care, they</p>	<p>Patient remained upset and demanded it be changed to want they wanted at this very moment even if that required calling the provider in to correct it. CEO again reiterated the process to the patient. Patient upset and argumentative with CEO, he again advised patient of the process that would need to occur for the request to be completed.</p> <p>Grievances CEO/QM interviewed all family parties and staff involved in the incident. CEO met 1:1 with nursing staff for education, EMTALA nursing education to be set up for all nursing staff at a later date, awaiting completion of EMTALA education. Grievance extension letter mailed out, grievance final letter mailed out</p> <p>Falls 1.) Immediate actions taken – assisted up and to the bed, assessment preformed, pt educated on using call light for help with transfers, post fall assessment completed by nursing staff. Post fall precautions added – CEO/CNO spoke with staff about ensuring the bed/chair alarms are on and in use at all times, pt to be at nurse station while up during the day or a sitter at bedside if not at the nurse station QM reviewed incident/post fall assessment</p>
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		<p>were not able to get help from ER staff. Family states that they felt there were alot of conflicting concerns with the patient needs, including the potential need for higher level of care and the family ultimately went to another hospital for care as they felt MRMC were not able to help them.</p> <p>Workplace Violence Events - 0</p> <p>Falls - without injury x 2</p> <p>1.) Pt found on the floor, denies any pain or injury. Reports sitting in the chair prior to fall. Fall precautions in place prior to fall – non-skid socks, bed alarm, bed in low position, routine rounding, call light in reach, pt/family education, room free of obstructions, chair alarm, non-slip pad in chair, transfers x 2 assist, staff with pateint at all times during BSC use Risk factors – antidepressants, hx of falls, greater than 60 yo, physical impairment</p> <p>2.) Patient was assisted to the BSC, nurse remained in the room with patient. Patient leaned forward while still sitting on the BSC and fell forward on to the floor. Hitting head. Fall precautions in place prior to fall – non-skid socks, routine rounding, call light in reach,</p>	<p>2.) Immediate actions taken – assisted up and to the bed, assessment preformed, pt educated on using call light for help with transfers, post fall assessment completed by nursing staff. Post fall precautions added – CEO/CNO spoke with staff about ensuring the bed/chair alarms are on and in use at all times, pt to be at nurse station while up during the day or a sitter at bedside if not at the nurse station QM reviewed incident/post fall assessment</p> <p>Other</p> <p>Other - Contraband - CNO spoke with staff regarding visitor restriction and visitor check in for all visitors at nurses station after hours and on weekends</p> <p>1.) BOM and Local FD staff witnessed fall, pt was assisted up. Pt denied injuries, CEO and IP verified that patient did not have any pain or injuries and declined the need for ER eval. 2.) CEO spoke with Corporate and local IT, local IT visited each department individually to assist with gaining access to all systems affected</p>
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		<p>pt/family education, room free of obstructions Risk factors – antihypertensives, benzos, high fall risk, greater than 60 yo, physical impairment, behavioral issues</p> <p>Other –</p> <p>Contraband –</p> <p>1.) Patient noted to have increased drowsiness, reported to have told family that patient took a sedative last night. Pt reported that a visitor brought the medication into the patient. Reports that money is missing from wallet as well. Charge nurse notified provider with UDS ordered, visitors to check in with nurses station, pt refused to lock up valuables in lockbox.</p> <p>Other 2 –</p> <p>1.) Outpatient fall without injury - Patient in front lobby here to check in for outpatient services. Patient fell off rolling scooter as they were turning the corner in the lobby, falling backwards into a chair.</p> <p>2.) Near miss - IT implemented a change where all user names/passwords could be recalled from the browser. Staff were not notified about this change prior</p>	
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			to implementation. Due to this function being changed and locking users out of systems vital in patient care (lab/radiology) a near miss occurred and could have caused delay in care to all patients	
D. Nursing	CCO	2 min	Med reconciliation – 100% Preferred Pharmacy – 100% Hospital Formulary – 100%	
E. Emergency Department	CCO/QM	5 min	1.) ER log compliance – 99% 2.) EDTC Data – 89% 1 packet did not include provider note 1 packet did not include ER notes --CNO notified of missing data and the need for 1:1 with nurse as well as the potential for additional training to HS for transfers as this is not a routine task for HS	
F. Pharmacy & Therapeutics (P&T)	Pharmacy	2 min	Next P&T – Dec 2025/Jan 2026 After hours access - ADR - Med errors – Dose omissions –	Director out – will defer until next month

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G. Respiratory Care	RT	2 min	0 unplanned decannulation 100% resp assessments 100% on Chart checks	
H. Wound Care	WC	2 min	No wound development for the month	
I. Radiology	RAD	2 min	100% No critical reports for the period	
J. Laboratory	LAB	5 min	0 – Blood culture contaminates	
K. Infection Control/Employee Health	IC/EH	5 min	0 – Inpt HAIs 0 – MRDO 0 – VAE 0 – Cdiff 0 – CAUTI 0 - CLASBI	Incidental finding for the reporting period – pt with an infection classification however it does not classify as an inpatient infection/hospital acquired infection
L. Health Information Management (HIM)	HIM	2 min	100% - D/C Note Compliance 100% - Progress Notes 97% - ED DC Instructions 100% - ED provider Dx	
M. Dietary	Dietary	2 min	100%	
N. Therapy	Therapy	2 min	Gait belt usage – 100%	
O. Human Resources (HR)	HR	2 min	Director out – will defer until next month	
P. Business Office	BOM	2 min	Med Necessity Verification – 100%	

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Q. Environmental Services	EVS	2 min	10/10 on room cleans	
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	1 - new hires for the month all educated on EP plan	
U. Information Technology	IT	2 min	67 – IT events	
V. Outpatient Services	Therapy	2 min	Temp logs – 100%	
W. Strong Minds	SM	2 min	Director out – will defer until next month	

VII. POLICIES & PROCEDURES

Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. Review and <i>Approve</i>	QM	10 min	1.) Patient Rights and Responsibilities 2.) OB Emergency Medication Chart	1.) Approval: First –Pam, Second – Meghan 2) Approval: First – Nick , Second – Meghan

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VIII. PERFORMANCE IMPROVEMENT PROJECTS

IX. OTHER

X. ADJOURNMENT

Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. Adjournment	QM	1 min	There being no further business, meeting adjourned at 1436 by Nick seconded by Meghan	

MEMBERS & INVITED GUESTS

Voting MEMBERS				
Tonya Bowen	Nick Walker	Treva Derr	Meghan Smith	Jessica Pineda
D. Clinesmith	Chrissy Smith	Heather/Carlos	Pam Esparza	Mark Chapman
Dr Gilmore (teams)	Kaye Hamilton (teams)	Dianne (teams)	Waylon Wigington	Kelley Martinez (teams)
D Galmor (teams)				
Non-Voting MEMBERS				

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Denise Jackson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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