

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

Other  
 Other  
 Other

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|--|---|---------------------------------|
| <b>Meeting Location: OR</b>                        | <b>Reporting Period: Nov 2025</b>                             |                                 |
| <b>Chairperson: Dr Gilmore</b>                     | <b>Meeting Date: 12/11/2025</b>                               | <b>Meeting Time: 14:00</b>      |
| <b>Medical Representative: Dr Gilmore</b>          | <b>Actual Start Time: 1402</b>                                | <b>Actual Finish Time: 1432</b> |
| <b>Hospital Administrator/CEO: Kelley Martinez</b> | <b>Next Meeting Date/Time: tentatively 01/15/2026 @ 14:00</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                                    |           |               |                         |  |
|---|-----------|---------------|-------------------------|--|
| Agenda Item   | Presenter | Time Allotted | Discussion/Conclusions  | Decision/Action Items                      |
| A. Call to Order                                    | QM        | 1 min         | Called to order at 1402 | Approval: First – Stephanie, Second– Tonya |
| II. COMMITTEE MEETING REPORTS & APPROVAL OF MINUTES |           |               |                         |  |

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| <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<br>1. <i>Approval of Meeting Minutes</i>                        | Denise Jackson                | <b>2 min</b>         | Meeting minutes – Nov 2025   | Approval: First – Chasity, Second – Meghan   |
| B. Environment of Care (EOC) Committee<br>1. <i>Approval of Meeting Minutes</i>                         | Mark Chapman                  | <b>2 min</b>         | Meeting minutes – Nov 2025   | Approval: First – Chasity, Second – Tonya  |
| C. Infection Control Committee<br>1. <i>Approval of Meeting Minutes</i>                                 | Meghan Smith                  | <b>2 min</b>         | Meeting minutes – Nov 2025   | Approval: First – Chasity, Second – Tonya  |
| D. Pharmacy & Therapeutics (P&T) Committee<br>1. <i>Approval of Meeting Minutes</i>                     | Chelsea Church/ Lynda James   | <b>2 min</b>         | Meeting minutes – None<br>Next P&T – Jan 2026?   |  |
| E. Health Information Management (HIM)/Credentialing Committee<br>1. <i>Approval of Meeting Minutes</i> | Jessica Pineda/ Kaye Hamilton | <b>2 min</b>         | Director out – will defer until next month   |  |
| D. Utilization Review (UR) Committee<br>1. <i>Approval of Meeting Minutes</i>                           | Chasity Howell                | <b>2 min</b>         | Meeting Minutes – Oct 2025/Nov 2025  | Approval: First – Stephanie, Second – D. Clinesmith<br>Approval: First – Tonya, Second – D. Clinesmith |
| <b>III. DEPARTMENT REPORTS</b>  |                               |                      |  |  |
| <b>Agenda Item</b>  | <b>Presenter</b>              | <b>Time Allotted</b> | <b>Discussion/Conclusions</b>  | <b>Decision/Action Items</b>   |
| A. Nursing/Emergency Department   | Nick Walker                   | <b>5 min</b>         | Blood utilization – 0<br>Code Blue – 0<br><br>restraint - 0  |  |
| B. Radiology  | Pam Esparza                   | <b>2 min</b>         | 4 repeats;<br>1 – hip, anatomy clipped<br>2 – abd; artifact<br>3 – Chest ,anatomy clipped<br>4 – c-spine, patient position | Repeats completed with no further issues.<br>Radiology repairs completed and operational as normal     |

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| C. Laboratory                | Tonya Bowan        | <b>8 min</b> | 37 – repeated labs, all critical repeats   | Dimension wheel not spinning, service out to fit it.<br>Working around some operational issues due to trauma to the lab, waiting on insurance for repairs. |
| D. Respiratory Care          | Heather Larson     | <b>2 min</b> | 0 vent day<br>12 neb changes   | EKG machine is having issues with time/date resetting. Director is monitoring this issue.  |
| E. Therapy                   | Chrissy Smith      | <b>2 min</b> | Total # of Sessions Performed<br>251-PT<br>105 -OT<br>16 -ST<br>Improved Standard Assessment Scores:<br>8 - PT<br>7 - OT<br>0 - ST | No issues to report, Out patient services is picking up  |
| F. Materials Management      | Waylon Wigington   | <b>2 min</b> | back orders - 3; foam electrodes, Jloops,<br>10ml syringes<br><br>0 late orders<br><br>0 Recalls                                   | Still working on removing unneeded items from the charge master  |
| G. Business Office           | Desarae Clinesmith | <b>2 min</b> | DL –<br>Cost Share –   |  |
| H. Human Resources           | Stephanie Hughes   | <b>2 min</b> |  | Competencies have been caught up, with all current at this point   |
| I. Environmental Services    | Mark Chapman       | <b>2 min</b> | 100% terminal room cleans  |  |
| J. Facility/Plant Operations | Mark Chapman       | <b>2 min</b> | 24 extinguishers checked   |  |

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|                           |                               |              | 1 boiler checks<br>1 generator/transfer switch inspection<br>15 – filter checks<br>6 egress inspections | No noted issues with inspections/check for the reporting period   |
| K. Dietary                | Treva Derr                    | <b>2 min</b> | Daily meal count – 100%   | Oven issues, currently looking at resolutions for this  |
| L. Information Technology |                               | <b>2 min</b> | Director out – will defer   |   |
| M. Strong Minds           | Brittany Nelms/Brittany Niles | <b>2 min</b> |   | 1 active patient currently, there have been 4 denials. Look at SM tech going to PAWs meetings for community outreach. |

**IV. OLD BUSINESS**

**V. NEW BUSINESS**

| <b>Agenda Item</b> | <b>Presenter</b> | <b>Time Allotted</b> | <b>Discussion/Conclusions</b> | <b>Decision/Action Items</b> |
|--------------------|------------------|----------------------|-------------------------------|------------------------------|
| A. New Business    | QM               | 2 min                | See policy/procedures below   |                              |

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

| <b>Agenda Item</b>      | <b>Presenter</b> | <b>Time Allotted</b> | <b>Discussion/Conclusions</b>   | <b>Decision/Action Items</b>  |
|-------------------------|------------------|----------------------|---|---|
| A. Volume & Utilization | CM               | <b>5 min</b>         | AMA – ER 2/ inpatient 3<br><br>ER 1.) Patient to the ER for c/o. Eval/assessment by provider who felt there were no further concerns; pt requested a head ct due concern for head injury. The provider was agreeable to head CT then the patient refused CT and | ER 1-2; risks and benefits discussed with patient by nurse/provider. AMA forms signed. Patients advised to return to ER as needed.<br>ER patient 2 advised to follow d/c directions at home.<br><br>Inpatient 1&3; risks and benefits discussed with patient by nurse/provider. AMA forms |

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|  |  |  | <p>any further monitoring. The patient wanted to leave. Left ER AMA.</p> <p>ER 2.) Patient to the ER for c/o. Eval and assessment by provider with dx of pancreatitis with recommendations of inpatient admission. Patient did not want admission and requested to go home. Provider felt the best course of action was admission for treatment; however, pt remained adamant against admission. Left AMA.</p> <p>INpt 1.) Patient admitted to inpatient. Patient expressed desire to go home, felt being in the hospital was not good for them. Patient adamant about going home.</p> <p>INpt 2.) Patient admitted for SWB status for therapy services and participated per orders. patient stated that they had to leave the hospital due to Family emergency.</p> <p>INpt 3.) Patient admitted to inpatient status via the ER. Upon admission pt became upset due to family issue. Patient calmed for the night with no further issues. On the next morning the Patient became upset and wanted to leave the facility and go home.</p> | <p>signed. Advised to continue medications as prescribed at home. Patients advised to return to ER as needed.</p> <p>Inpatient 2; risks and benefits discussed with patient by nurse. AMA forms signed. Advised to continue medications and treatment plans as prescribed at home. Patients advised to return to ER as needed.</p> |
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|                    |    |               |  |   |
| B. Case Management | CM | <b>8 min</b>  | <p>CAH readmits – 2</p> <p>1. Patient admitted for c/o. Patient discharged to home pending specialty consult. Readmitted with ongoing symptoms. Patient discharged to home for upcoming appointment.</p> <p>2. Patient admitted with dx. Patient discharged to home d/t family request. Physician agrees with discharge to home. Patient readmitted with ongoing c/o and ABT began.</p>  |   |
| C. Risk Management | QM | <b>10 min</b> | <p><b>Deaths - 0</b></p> <p><b>Complaints – 0</b></p> <p><b>Grievances – 0</b></p> <p><b>Workplace Violence Events - 0</b></p> <p><b>Falls - fall w/o injury</b><br/>         HS heard chair/bed alarm going off, upon entering patient room, noted patient ambulating and beginning to stumble, pt was assisted to the floor. HS noted red mark on patient arm where HS grabbed pt to keep them from falling. Follow up on red mark with no residual noted.</p> | <p>Fall -<br/>         Immediate actions taken – assisted up and back to the chair, assessment preformed, ,post fall assessment completed by nursing staff<br/>         Post fall precautions added – prompt response to pt alarm by staff, unable to educate patient on calling for assistance due to cognitive state<br/>         QM reviewed incident/post fall assessment</p> <p>Other -<br/>         Hospital staff promptly responded to the incident and visitor was taken to the ER for</p> |

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|----------------------------------|----------|--------------|---|--|
|                                  |          |              | <p>Fall precautions in place prior to fall – chair/bed alarm, non-skid socks, routine rounding, room free of obstructions, call light in reach</p> <p>Risk factors - &gt;60 years, impaired cognition, physical impairment (unsteady gait)</p> <p><b>Other –</b><br/> Visitor incident – Family member returning to the facility. Upon arrival, visitor ran into the front of the lab department (building) by hitting the ramp and the front door of the lab building. There was an employee in the building at the time of the incident who did not sustain any injuries.</p> | <p>eval, and the visitor was additionally admitted to OBS for monitoring. Lab staff declined eval and reported to EH for incident reporting. Lab was placed on divert until the safety and securement of the building could be determined and repairs made. CEO made arrangements with a nearby facility for lab work until MRMC lab was operational again. Visitor interactions with family marked concerns with staff and appropriate referrals made as deemed necessary by staff.</p> |
| D. Nursing                       | CCO      | <b>2 min</b> | <p>Med reconciliation – 100%</p> <p>Preferred Pharmacy – 100%</p> <p>Hospital Formulary – 100%</p>  | 1 inpatient transferred out to higher level of care from SWB to Neurology Services   |
| E. Emergency Department          | CCO/QM   | <b>5 min</b> | <p>1.) ER log compliance – 99%</p> <p>2.) EDTC Data – 100%</p> <p>3.) LWBS – 0</p>  |  |
| F. Pharmacy & Therapeutics (P&T) | Pharmacy | <b>2 min</b> | <p>Next P&amp;T – Dec 2025/Jan 2026</p> <p>After hours access - 36</p>  | <p>Med errors -</p> <p>1) Both nurses received counseling/education on the 5 rights of medication administration.</p>  |

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|                     |    |              | <p>ADR - 0</p> <p>Med errors – 3</p> <p>1) The patient was scheduled to receive 1 gram of Vancomycin IV at 1000 and instead received 200 mg of Ciprofloxacin IV. The nurse reports that she was distracted at the pyxis, reached in, and grabbed the wrong medication. The nurse scanned the patient, did not scan the medication, and a second nurse signed off without verifying the medication. The provider was notified when the error was found. The nurses involved have not had any recent med errors. (CM, SM travel.)</p> <p>2) The patient was scheduled to receive Clinimix E 4.25/5 via IV and received Clinimix E 5/15. The bag had an auxiliary label for 4.25/5E on bag.</p> <p>3) Upon review, 4 bags of Clinimix E 5/15 were found to be mislabeled as Clinimix E 4.25/5.</p> <p>Dose omissions – 1<br/> Breo inhaler, not carried in house buy ordered from the wholesaler</p> | <p>2) Four Clinimix 5/15E bags were found to be mislabeled in the Pyxis. The nurses involved were educated on the process to scan the barcode on the bags of Clinimix so it will work correctly. The nurses were educated on visually verifying that they have the correct medication.</p> <p>3) All of the Clinimix bags that were mislabeled were removed from the pyxis and auxiliary labels were removed by Pharmacy. An RCA was completed by the CCO and CEO for the Clinimix error. It was determined within the RCA that the error originated from the Clinimix not being scanned in when arrived in the pharmacy.</p> |
| G. Respiratory Care | RT | <b>2 min</b> | 0 unplanned decannulation<br>100% resp assessments<br>100% on Chart checks  |   |
| H. Wound Care       | WC | <b>2 min</b> | No wound development for the month  |   |

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| I. Radiology                           | RAD     | <b>2 min</b> | Pt site verification - 100%<br>1 - critical report for the period, reported within the 1 hour time period   |   |
| J. Laboratory                          | LAB     | <b>5 min</b> | 0 – Blood culture contaminates  |   |
| K. Infection Control/Employee Health   | IC/EH   | <b>5 min</b> | 0 – Inpt HAIs<br>0 – MRDO<br>0 – VAE<br>0 – Cdiff<br>0 – CAUTI<br>0 - CLASBI  | Employee Health – 1 incident; employee was in the lab when it was hit by a vehicle. Employee denied any injuries at the time and declined ER eval. EH incident form completed with incident review by EH. |
| L. Health Information Management (HIM) | HIM     | <b>2 min</b> | 100% - D/C Note Compliance<br><br>100% - Progress Notes<br><br>100% - ED DC Instructions<br><br>100% - ED provider Dx   |   |
| M. Dietary                             | Dietary | <b>2 min</b> | 97% - daily meal count  | 2 meals not recorded, Director has scheduled a meeting with all dietary staff for reeducation on maintaining the logs accurately  |
| N. Therapy                             | Therapy | <b>2 min</b> | Gait belt usage – 100%  |   |
| O. Human Resources (HR)                | HR      | <b>2 min</b> | 90 day evals – 100%<br>Annual evals – 100%  | All evaluations are caught up and current   |
| P. Business Office                     | BOM     | <b>2 min</b> | Cost Share Collections – 63%<br>11 – were after BO hours<br>1 – self pay did not sign payment plan<br>1 – refused to pay copay<br><br>Med Necessity Verification – 100% |   |

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|                                       |                  |                      |  |   |
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|                                       |                  |                      | Drivers Licenses – 77%<br>3 – were after BO hours<br>61 – attempts were made but pt did not give DL  |   |
| 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%<br>Egress checks – 100%  |   |
| T. Emergency Preparedness             | EP               | 2 min                | No new hires for the month   |   |
| 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                | Scheduled appointments 4/7, attempts are being made to reschedule  | Tech is continuing out reach to help increase patient numbers   |
| <b>VII. POLICIES &amp; PROCEDURES</b> |                  |                      |  |   |
| <b>Agenda Item</b>                    | <b>Presenter</b> | <b>Time Allotted</b> | <b>Discussion/Conclusions</b>  | <b>Decision/Action Items</b>  |
| A. Review and <i>Approve</i>          | QM               | 10 min               | 1.) Oklahoma Physician Orders for Life-Sustaining Treatment (POLST) Form<br>2.) Information for Patients and Their Families – Your Medical Treatment Rights Under Oklahoma Law<br>3.) Indwelling Urinary Catheter Insertion/Removal Protocol | 1. Approval: First – Pam, Second–D. Clinesmith<br>2. Approval: First – Chasity, Second–Stephanie<br>3. Approval: First – Meghan, Second–Chasity<br>4. Approval: First – Chasity, Second–Heather |

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|  |  |  | 4.) Advance Directives Policy<br>5.) Foley Catheter Line Insertion/Removal Policy<br><br>*6) IV Line Management Policy | 5. Approval: First – Meghan, Second–Chasity<br>6. TABLED – K. Martinez |
|--|--|--|--|--|

**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 1432 by Pam seconded by Dr G |                       |

**MEMBERS & INVITED GUESTS**

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| <b>Voting MEMBERS</b>     |                          |                          |                          |                          |
|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Nick Walker               | Heather Larson           | Lynda James              | Chrissy Smith            | Treva Derr               |
| Chasity Howell            | D. Clinesmith            | Meghan Smith             | Pam Esparza              | Waylon Wigington         |
| Tonya Bowen               | Stephanie Hughes         | Brittany Niles           | Dr. G (teams)            | Kelley Martinez (teams)  |
|                           |                          |                          |                          |                          |
| <b>Non-Voting MEMBERS</b> |                          |                          |                          |                          |
| Denise Shaw               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |