

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

Meeting Location: OR	Reporting Period: Feb 2025	
Chairperson: Dr Gilmore	Meeting Date: 03/13/2025	Meeting Time: 14:00
Medical Representative: Dr Gilmore	Actual Start Time: 1402	Actual Finish Time: 1440
Hospital Administrator/CEO: Kelley Martinez	Next Meeting Date/Time: tentatively 04/10/2025 @ 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 1402	Approval: First –Meghan, Second– Heather
II. COMMITTEE MEETING REPORTS & APPROVAL OF MINUTES				
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 – Feb 2025	Approval: First – Dr Gilmore, Second – Kelley
B. Environment of Care (EOC) Committee 1. <i>Approval of Meeting Minutes</i>	Mark Chapman	2 min	Meeting minutes – Feb 2025	Approval: First – Pam, Second – Kelley
C. Infection Control Committee 1. <i>Approval of Meeting Minutes</i>	Meghan Smith	2 min	Meeting minutes – Feb 2025	Approval; First – Desirae G, Second - Kaye

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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 - March 20, 2025	
E. Health Information Management (HIM)/Credentialing Committee 1. <i>Approval of Meeting Minutes</i>	Jennifer Dryer/ Kaye Hamilton	2 min	None	
D. Utilization Review (UR) Committee 1. <i>Approval of Meeting Minutes</i>	Chasity Howell	2 min	Director not present will defer until next month	
III. DEPARTMENT REPORTS				
Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. Nursing/Emergency Department	Nick Walker	5 min	0 restraints 7 PRBC with no reactions 0 code blue	
B. Radiology	Pam Esparza	2 min	3 films repeated.	1 clipped anatomy, 1 artifact, 1 repeat for technique
C. Laboratory	Tonya Bowan	8 min	1 rejected lab – HH had expired tubes 51 repeated labs – critical repeats for verification 2/5 - PM done on the Milipore machine 2/6 Siemens came out for service 2/25 and 2/26 - hematology analyzer down due to hard drive crash	
D. Respiratory Care	Heather Larson	2 min	28 neb changes for the month 0 vent days	
E. Therapy	Chrissy Smith	2 min	Jan 2025 Total sessions for the month; 166 -PT 118 -OT 12 -ST Improved Standard Assessment Scores: 16 - PT	

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			13 - OT 1- ST Feb 2025 Total sessions for the month; 153 -PT 112 -OT 4 -ST Improved Standard Assessment Scores: 9 - PT 9 - OT 1 - ST	
F. Materials Management	Waylon Wigington	2 min	0 back orders, 0 late orders, 0 recalls	
G. Business Office		2 min	Cost shares 95%	BO employee counseled and improvement noted thus far
H. Human Resources		2 min	1 competency has not been completed, supervisor has been notified	
I. Environmental Services	Mark Chapman	2 min	100% terminal room cleans	
J. Facility/Plant Operations	Mark Chapman	2 min	24 extinguishers checked boiler checks 1 generator/transfer switch inspection	
K. Dietary	Treva Derr	2 min	100% on all logs for the month	
L. Information Technology	Desirae Galmore	2 min	Data reviewed	
IV. OLD BUSINESS				
V. NEW BUSINESS				
Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. New Business	QM	2 min	See Policy Information Below	

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VI. QUALITY ASSURANCE/PERFORMANCE IMPROVEMENT DASHBOARD REPORT				
Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. Volume & Utilization	CM	5 min	<p>AMA - 4</p> <p>1.) Pt to ER with c/o requesting xray per PCP. Pt advised that they needed an evaluation prior to testing due to no orders from PCP. Allowed nurse assessment and MSE but refused all testing and wanted to leave. R/B discussed with pt and AMA signed.</p> <p>2.) Pt to ER with c/o . All testing completed with new cardiac dx and plan for transfer to higher level of care. Pt refused transfer to higher level of care. R/B up to and possible death discussed with pt who continued to refuse transfer. AMA signed.</p> <p>3.) Pt to ER with c/o. Hx of extensive dx process with recent surgical procedure. Evaluation completed with treatment recommendations. Pt refuses treatment and opts to go see specialty provider. R/B discussed. AMA signed.</p> <p>4.) In-patient – pt admitted to SWB services for new cardiac dx from acute care facility. Over the course of the stay, pt actively participated in therapy services with no other issues reported.</p>	No trends noted at this time

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			pt expressed desire to go home. R/B discussed with patient however pt remained amendment that they were going home, AMA signed.	
B. Case Management	CM	8 min	1 re-admit for the month Patient admitted on with primary dx: and discharged to home per patient request. The patient returned and was readmitted from with secondary dx Patient discharged to home after completion of therapy and medications. DC to home-on-home medications with f/u with PCP.	
C. Risk Management	QM	10 min	0 complaint 0 grievance	
D. Nursing	CCO	2 min	2 inpt transfers – 1.) admitted with primary dx, worsening symptoms r/t dx, requiring further treatment not available at MPMC, transferred to higher level of care 2.) Admitted for primary dx, due to pt need for further specialty treatment of primary dx. Pt was transferred to higher level of care.	
E. Emergency Department	CCO/QM	5 min	ER readmits - 6 1) patient present to the ED c/o Labs were completed, all WNL. Pt prescribed	

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			<p>tx and d/c home. The patient returned for the same symptoms. Pt was examined, treated. The patient received a prescription and was d/c home.</p> <p>2) patient presented to the ED c/o. Pt was treated and was d/c home. The pt returned d/t the same symptoms as before. Further work up complete, with findings for admit for symptom control and IV antibiotics.</p> <p>3) patient presented with c/o. The patient would not allow lab work to be completed, only chest x-ray and viral swabs. Pt then became anxious and stated that they needed to leave to care for family member. The patient signed out AMA but did receive RX. the patient returned d/t increased c/o. The patient was examined and was DX, they report they did not fill the RX. Pt received RX and d/c home.</p> <p>4) Patient presented to the ED c/o Labs and CT completed with no urgent dx noted. Pt discharged home. pt returned to the ED with similar c/o, Pt again noted to not have a medical ailment to be treated and was d/c home.</p> <p>5) The patient presented to the ED c/o. Full work up completed and was DX. Pt was d/c home with orders and f/u with their PCP. the patient returned to the ED c/o the same symptoms. Pt was advised</p>	
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			<p>to cease taking home medication, and to f/u with their PCP.</p> <p>6) The patient presents to the ED with c/o. Extensive education provided to the patient and was d/c home. the patient presented to the ED c/o secondary issue. The patient stated that they called their specialist and was prescribed ABT but pt did not take the ABT yet. The patient was worked up with labs, imaging, and was diagnosed. Pt wanted to d/c, discussed r/b with pt however they were adamant and signed out AMA</p>	
F. Pharmacy & Therapeutics (P&T)	Pharmacy	2 min	<p>Next P&T – March 2025</p> <p>After hours access - 93</p> <p>ADR - 0</p> <p>Med errors – 4</p> <p>1) The patient received a dose of Nivestym when the order specifically noted to hold once WBC>3. Providers, pharmacy, and nursing did not follow up to ensure that a CBC was scheduled at least twice weekly.</p> <p>2) Nurses failed to give bedside report on a patient resulting in the patient not receiving their Buspar.</p>	<p>1) Education provided to all care areas involved that we must be diligent with medications that we are unfamiliar with and ensure that we are following best practices.</p> <p>2-4) Both nurses received write up for not following bedside reporting procedure. The nightshift nurse was also educated on the importance of taking their time and understanding their assignment prior to starting the shift. Nursing staff reminded that bedside report is not optional. This was only one night/occurrence.</p>

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			<p>3) Nurses failed to give bedside report on a patient resulting in the patient not receiving their Mucinex.</p> <p>4) Nurses failed to give bedside report on a patient resulting in the patient not receiving their Lisinopril. This patient still had an assessment by the house supervisor and reported no complaints to the staff.</p>	
G. Respiratory Care	RT	2 min	Pt trach dislodged, pt unable to recall how this occurred. Multiple attempts made to reinsert trach before successful reinsertion	Education to pt on notification to staff for loose collar and RT increasing checks on patient to monitor closely
H. Wound Care	WC	2 min	No inpatient wound development for the reporting period	
I. Radiology	RAD	2 min	Internet outage on 2/28, unable to send exams to DIA, all were walk-ins to the ER	
J. Laboratory	LAB	5 min	No blood culture contaminates for the reporting period	
K. Infection Control/Employee Health	IC/EH	5 min	<p>4 HAIS –</p> <p>1&2) Admitted for UIT, treated and resolved. The same patient developed UTI and flu while in patient</p> <p>3.) Pt admitted for pneumonia, treated and resolved. During hospital course pt was dx a second time with pneumonia after c/o persistent cough</p> <p>4.) Pt admitted for ABT, over the course of hospital stay and due to lengthy ABT</p>	

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			requirements, pt began having loose stools and has positive c-diff results	
L. Health Information Management (HIM)	HIM	2 min	ED d/c instructions – 73%, 31 were not signed by both nurse/patient ER Provider Note Dx – 99%, 1 noted was put in provider box for completion	New HIM director, will monitor these numbers and discuss further interventions as needed
M. Dietary	Dietary	2 min	100% on cleaning schedules	
N. Therapy	Therapy	2 min	Jan – all PT renewed licenses	
O. Human Resources (HR)	HR	2 min	Annual Evals – 40%, annual evaluations are due March 31, 2025	
P. Business Office	BOM	2 min	DL 97% - 3 om nurses missed 6 visits, 2 am nurses missed 3 visits	New BO director will send weekly reports to CNO regarding missing info from nursing staff
Q. Environmental Services	EVS	2 min	10/10 on room cleans	
R. Materials Management	MM	2 min	88% on requisitions, MM continues to work on setting up all users for ordering for the system	
S. Life Safety	PO	2 min	100%	
T. Emergency Preparedness	EP	2 min	No new orientation for the reporting period	
U. Information Technology	IT	2 min	43 events for the month	
V. Outpatient Services	Therapy	2 min	100 % on temps logs for Jan/Feb 2025	
W. Strong Minds	N/A	N/A	Coming 2025	
VII. POLICIES & PROCEDURES				
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A. Review and <i>Approve</i>	QM	10 min	1. HIM – Incomplete Records Policy 2. RHC – Medical Records Policy 3. Cohesive Corporate Bad Debt Policy	1.) First approval – Meghan Second approval – D. Galmor 2.) First approval – Kelley Second approval – Nick 3.) First approval – Kelley Second approval – Nick
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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 1440 by Jennifer seconded by Heather	

MEMBERS & INVITED GUESTS

Voting MEMBERS				
Kelley Martinez	Nick Walker	Desarae Clinesmith	Karly Banker	Treva Derr
	Jennifer Dreyer	Desirae Galmor	Meghan Smith	Pam Esparza
Danielle Cooper	Tonya Bowen	Heather Larson	Kaye Hamilton (teams)	Dr G (teams)
Dianne (teams)	Chrissy Smith		Waylon Wigington <input type="checkbox"/>	Jessica Pineda

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Non-Voting MEMBERS				
Denise Jackson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>