

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

Meeting Location: OR	Reporting Period: Feb 2026	
Chairperson: Dr Gilmore	Meeting Date: 03/12/2026	Meeting Time: 14:00
Medical Representative: Dr Gilmore	Actual Start Time: 1400	Actual Finish Time: 1456
Hospital Administrator/CEO: Kelley Martinez	Next Meeting Date/Time: tentatively 04/16/26	

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 Derr Second– Stephanie Hughes
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>	Meghan Smith	2 min	Meeting minutes – Feb 2026	Approval: First – Pamela Esparza Second – Kelley Martinez
B. Environment of Care (EOC) Committee 1. <i>Approval of Meeting Minutes</i>	Mark Chapman	2 min	Meeting minutes – Feb 2026	Approval: First – Kelley Martinez Second – Nick Walker
C. Infection Control Committee 1. <i>Approval of Meeting Minutes</i>	April Summerlin	2 min	Meeting minutes – Jan 2026	Due to change of IP, Meeting minutes will be presented at next meeting
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 –	Next P&T scheduled for March 2026
E. Health Information Management (HIM)/Credentialing Committee 1. <i>Approval of Meeting Minutes</i>	Jessica Pineda/ Kaye Hamilton	2 min	Meeting Min – Feb 2026	Approval: First – Pamela Esparza Second – Stephanie Hughes

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D. Utilization Review (UR) Committee 1. <i>Approval of Meeting Minutes</i>	Chasity Howell	2 min	Meeting Minutes – Feb 2026	Approval: First – Kelley Martinez Second – Pamela Esparza
III. DEPARTMENT REPORTS				
Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. Nursing/Emergency Department	Nick Walker	5 min	Blood utilization – 1 Code Blue – 0 Restraint – 0 Emergent Intubations: 0	
B. Radiology	Pam Esparza	2 min	4/122 repeats	0 Contrast reactions 1/1 Critical Test reporting
C. Laboratory	Tonya Bowan	8 min	38 – repeated labs, all critical repeats	
D. Respiratory Care	Heather Larson	2 min	0 vent day neb changes	
E. Therapy	Christopher Larson	2 min	Total # of Sessions Performed 228 -PT 135/228 Inpatient 130 -OT Inpatient 14-ST Inpatient	
F. Materials Management	Cory Ross	2 min	Back Orders 12 Late Orders 0 Recalls 0	C. Ross is working to verify nonchargeable and chargeable list for the hospital supplies. Due to discrepancies with chargeable list, C. Ross is going through list manually to verify if items are chargeable vs non chargeable. Requisitions improving.
G. Business Office	Desarae Clinesmith	2 min	DL – 100% Cost Share – 68%	
H. Human Resources	Stephanie Hughes	2 min	58 employees at end of month	

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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.
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		

VI. QUALITY ASSURANCE/PERFORMANCE IMPROVEMENT DASHBOARD REPORT

Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. Volume & Utilization	CM	5 min	AMA: 1) Patient was seen in ED sustaining an eye injury 1 week before coming to the ED. After prompt examination, it was determined that the patient needed to be transferred due to the risk of losing the eye. The patient adamantly refused transfer multiple times, stating that they have too much to take care of and no family in OKC. The patient	

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			<p>received 1 dose of IV antibiotics and the provider called in a prescription to the local pharmacy.</p> <p>2) The patient presented to ED on c/o nausea/vomiting. The patient appeared to be confused during triage and examination by the provider and only requested "I need a shot." The patient was non-compliant with questioning and allowing staff to complete an exam/labs/radiology. The patient left the ED room, attempts made by nurse and physician to redirect patient back in the room, but were unsuccessful and the patient left the ED. The nurse and provider followed the patient out, collected vehicle information, and notified dispatch. The patient was able to make it home where the patient's aunt was able to convince the patient to come back to ED for a work up.</p>	
B. Case Management	CM	8 min	<p>Readmits –</p> <p>1) Patient was admitted from 01/23-02/03 with dx: Symptomatic Anemia, UTI. Hgb improved after blood transfusion was administered. PT/OT-patient reached current potential. Patient discharged to home with Lifespring HH. Patient readmitted from 02/12-02/16 with dx: Sepsis, unknown etiology.. Urine culture resulted no growth. WBC decreased to 9.8 prior to discharge to home with Lifesprings HH. PO Vancomycin prescribed upon DC.</p> <p>2) Patient was admitted from 12/05-02/04 with dx: ALOC, Severe Hyponatremia, CAUTI. Patient had electrolyte replacement, PT/OT, IV</p>	

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			<p>Antibiotics and improved with care. Patient discharged to home with Healthwatch HH. Patient readmitted from 02/18-03/02 with dx: Afib w/RVR, Sepsis, UTI. IV Antibiotics implemented. Respiratory decline with BIPAP placed. Patient had continued decline. Family discussed patient status and requested comfort measures to be implemented. Patient kept comfortable and expired at MRMC.</p>	
C. Risk Management	QM	10 min	<p>Deaths - 1 1.) Patient admitted to MRMC on Admission diagnosis includes Ileus, malnutrition, thrombocytopenia, acute kidney injury, debility, conjunctivitis, and hypotension. Due to his decline, the patient's POA and family declines vasopressors and transfer to high level of care. Per family/POA request, the patient was made comfort measures only. Patient was kept comfortable and passed. This was an expected death due to the progression of his illness.</p> <p>Complaints 1 Patient reported to CCO that the nurse was rude and abrasive when the patient requested pain medication.</p> <p>Grievances – Grievance filed by spouse regarding care provided by ED provider.</p> <p>Workplace Violence Events – 1</p>	<p>Other - 0</p> <p>Skin tear 0</p> <p>Bodily Injury:</p>

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			<p>An event involving a patient who assaulted a staff member. Patient was discharged.</p> <p>Falls - 3</p> <p>Falls w/o injury: Patient called staff to room via call light. Upon entering room patient found to be sitting up right with back to door facing the bed. Patient unable to describe how he fell or what he was doing to cause the fall. Patient was assessed no injuries found. Post fall assessment completed by staff. Bed alarm was found not to be on. Education provided to insure bed alarms are in use for high risk patients.</p> <p>Falls without Injury: Patient was found on floor in front of chair when POC entered the room. Bed alarm in place but did not go off. Patient stated he was trying to go back to bed. Pt alert and oriented. Skin tear noted to left elbow. Provider, family, and administration notified.</p> <p>Falls with Major Injury: Loud noise was heard by POC and other nurses. Nursing immediately responded to patient's room where they found pt lying on right side. Bed alarm sounding. When asked what happened patient stated "I was reaching for the walker". Bleeding noted to patient's forehead. Gauze bandage placed at this time.</p>	
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			Neuro check completed. Patient has had multiple falls throughout stay. Delay in Care 0	
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 – 100% 2.) EDTC Data 100% 3.) LWBS – 1 Patient presented to the ED on with their mother, reports a bug bite to the wrist that occurred prior to arrival. During triage, the mother stated that the bug bite had diminished in size and that it is no longer emergent. The nurse educated the mother on risks of leaving without seeing a provider and decided to leave. The patient was immediately seen an triaged once they arrived to the ED.	
F. Pharmacy & Therapeutics (P&T)	Pharmacy	2 min	Next P&T – March 2026 After hours access - ADR - 0 Med errors – 3 1.) Patient to receive Levetiracetam 250mg Liq via PEG . Our stock bottle was Levetiracetam 100mg/ml. I drew up five syringes with 2.5ml in each equal 250mg per syringe. I labeled them and scanned them. The nurse gave 2 1/2	Med errors - 1.) missed Vancomycin dose. No trends noted with nurse. CCO did 1:1 with the nurse

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			<p>syringes on 02/19/2026 at 0800. Total dose the patient received was 625mg. No harm to patient, provider notified by nursing.</p> <p>2.) Patient to receive Vitamin D3 50,000 iu on 02/22/2026 then weekly. Patient received the scheduled dose on 02/22/2026 and another nurse repeated the same dose on 02/24/2026. No harm to patient.</p> <p>Dose omissions –</p>	
G. Respiratory Care	RT	2 min	<p>0 unplanned decannulation</p> <p>100% resp assessments</p> <p>100% on Chart checks</p>	
H. Wound Care	WC	2 min	1 wound	1 hospital acquired wound. Patient treated by the wound care team.
I. Radiology	RAD	2 min	Pt site verification - 100%	
J. Laboratory	LAB	5 min	0 – Blood culture contaminates	
K. Infection Control/Employee Health	IC/EH	5 min	<p>3 – Inpt HAIs</p> <p>0 – MRDO</p> <p>0 – VAE</p> <p>0– Cdiff</p> <p>1 – CAUTI</p> <p>0 - CLASBI</p>	
L. Health Information Management (HIM)	HIM	2 min	<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	2 min	100% - daily meal count	
N. Therapy	Therapy	2 min	Gait belt usage – 100%	

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O. Human Resources (HR)	HR	2 min	90 day evals – 100% Annual evals – 100%	
P. Business Office	BOM	2 min	Cost Share Collections – 68% Med Necessity Verification – 100% Drivers Licenses – 100%	
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	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	
VII. POLICIES & PROCEDURES				
Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. Review and <i>Approve</i>	QM	10 min	1) Appointment April Summerlin RN as Infection Preventionist for MRMC	1. Approval: First – P. Esparza , Second– N. Walker

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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 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 Credentialing	Jessica Pineda HIM
Dianna Sanders Wound Care Nurse	April Summerlin RN, IP			
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: 03/12/2026

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		