

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

Other

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Meeting Location: OR	Reporting Period: March 2025	
Chairperson: Dr Gilmore	Meeting Date: 04/10/2025	Meeting Time: 14:00
Medical Representative: Dr Gilmore	Actual Start Time: 1400	Actual Finish Time: 1440
Hospital Administrator/CEO: Kelley Martinez	Next Meeting Date/Time: tentatively 05/08/2025 @ 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 –Meghan Second– Treva
II. COMMITTEE MEETING REPORTS & APPROVAL OF MINUTES				
Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. Quality and Patient Safety Committee <i>1. Approval of Meeting Minutes</i>	Denise Jackson	2 min	Meeting minutes – March 2025	Approval: First – Kelley Second – Waylon

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B. Environment of Care (EOC) Committee 1. <i>Approval of Meeting Minutes</i>	Mark Chapman	2 min	Meeting minutes – March 2025	Approval: First – Kelley, Second – Tonya
C. Infection Control Committee 1. <i>Approval of Meeting Minutes</i>	Meghan Smith	2 min	None	
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 - June 2025	
E. Health Information Management (HIM)/Credentialing Committee 1. <i>Approval of Meeting Minutes</i>	Jessica Pineda/ 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	Director not present will defer until next month	
B. Radiology	Pam Esparza	2 min	3 films repeated.	
C. Laboratory	Tonya Bowan	8 min	1 contaminated blood culture for the month	Education to techs on proper nursing supplies
D. Respiratory Care	Heather Larson	2 min	12 neb changes for the month 0 vent days	
E. Therapy	Chrissy Smith	2 min	86 -PT 73-OT 1 -ST Improved Standard Assessment Scores: 7 - PT 8- OT 1- ST	Inpatient and outpatient remain busy

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F. Materials Management	Waylon Wigington	2 min	2 back orders,(4oz alcohol/splint 5x30) late orders 0 Recalls 0	
G. Business Office	Desarae Clinesmith	2 min	DL –96% Weekend nursing staff missing DL and insurance for ER/SWB	BO/CNO are being made aware daily on missing data. CNO to educate floor nurses on obtaining this information for SWB after hours
H. Human Resources	Leticia Sanchez	2 min	Director not present will defer until next month	
I. Environmental Services	Mark Chapman	2 min	100% terminal room cleans	
J. Facility/Plant Operations	Mark Chapman	2 min	24 extinguishers checked  4 boiler checks  1 generator/transfer switch inspection	
K. Dietary	Treva Derr	2 min		
L. Information Technology	Desirae Galmore	2 min	Data reviewed	
<b>IV. OLD BUSINESS</b>				
<b>V. NEW BUSINESS</b>				
<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 Information Below	
<b>VI. QUALITY ASSURANCE/PERFORMANCE IMPROVEMENT DASHBOARD REPORT</b>				
<b>Agenda Item</b>	<b>Presenter</b>	<b>Time Allotted</b>	<b>Discussion/Conclusions</b>	<b>Decision/Action Items</b>
A. Volume & Utilization	CM	5 min	AMA - 2	

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			<p>1 ER.) Pt to the er for c/o. Labs reviewed and further testing performed. The provider recommended transfer due to all findings, pt however did not want to be transferred. Reports that they are here visiting and want to go home to see personal physician/specialist. R/B discussed with patient; AMA signed.</p> <p>1 IN-PT.) Pt admitted inpatient via the ER for c/o. Admitted for 24 hrs. when pt decided they wanted to go home, staff discussed the R/B of discharge, pt aware but adamant they were leaving. AMA signed.</p>	
B. Case Management	CM	8 min	Director not present will defer until next month	
C. Risk Management	QM	10 min	<p><b>Deaths - 0</b></p> <p><b>Complaints - 0</b></p> <p><b>Grievances - 1</b>  1 ER pt called CEO and reported that they were treated poorly during visit, CEO took detailed report from pt phone call. All involved parties were contacted and interviewed with statements based on the dated of visit/incident. Due to the nature of the patient's conversation during the phone call with CEO other parties were contacted regarding the pt complaints to</p>	<p><b>Grievances –</b>  Final grievance letter mail to patient</p> <p><b>Workplace Violence Event -</b>  Phone call from pt to CEO to initiate the grievance, all staff involved interviewed regarding events on date of service, chart audit, notification to HR and PD due to nature of phone call with CEO. Grievance final response letter mailed to pt.</p>

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			<p>include HR and PD, with follow up phone calls to staff for safety purposes. No egregious findings noted during investigation process.</p> <p><b>Workplace Violence Events – 1</b>  1 pt to the er via ambulance, pt was non-compliant and combative/verbally aggressive during EMS transport. Upon arrival to the ER, pt would not allow staff to evaluate or provide EMS. Pt remained non-compliant and bilgerant to staff adamantly refusing any exams or treatments from ER staff, pt left ER without any exam/treatment</p> <p><b>Falls - 0</b></p> <p><b>Other – 1 delay in care</b>  Pt admitted for UTI/sepsis, UA obtained and ABT began. New urine culture results reported to lab on 3/29/25 with no documentation found of notification to provider for new urine culture results. IP in office on 3/30/25, noted new culture results and notified provider with new ABT orders based on results. Discussion with Lab director, IP, CNO and QM noted that lab results do not always print out via fax through the EHR system as they should resulting in delay or proper notification not being received.</p>	<p><b>Other -</b> Discussed the lab director, IP and CNO that TrueBridge has a notes section that will allow labs to be forwarded to all parties that should be aware of lab results at time of results. Walked through the process with IP, CNO, lab director. Lab director requested that demo be done with lab staff, this was completed same day with instructions for all labs to be forwarded to; IP, CNO, provider, Charge/House Sup and Pharmacy.</p>
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D. Nursing	CCO	<b>2 min</b>	Director not present will defer until next month	
E. Emergency Department	CCO/QM	<b>5 min</b>	Director not present will defer until next month	
F. Pharmacy & Therapeutics (P&T)	Pharmacy	<b>2 min</b>	Next P&T – June 2025  After hours access - 51  ADR - 0  Med errors – 3 and 1 dose omission (CNO not present will defer med error reporting until next month)	Pyxis and Pyxis C2 are fully operational
G. Respiratory Care	RT	<b>2 min</b>	0 unplanned decannulation 7 resp assessments 100% on Chart checks	
H. Wound Care	WC	<b>2 min</b>	No wound development for the reporting period	
I. Radiology	RAD	<b>2 min</b>	No CT reactions 100% pt site verification	
J. Laboratory	LAB	<b>5 min</b>	33 repeat labs 03/20/25 PM preformed on Dimension Education on hemochron (3/19) and Blood cultures (3/26)) for lab staff	
K. Infection Control/Employee Health	IC/EH	<b>5 min</b>	No HAIs for the reporting period  Prevention of NVHAP upcoming C.Diff testing requirements	Working with Sentri 7 to interface accurate data
L. Health Information Management (HIM)	HIM	<b>2 min</b>	ED discharge instructions 69% - 42 not signed by the nurse, 1 not signed by the patient or nurse	HIM and CNO to discuss this issue
M. Dietary	Dietary	<b>2 min</b>	100% on cleaning schedules	

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N. Therapy	Therapy	<b>2 min</b>	No issues to report, both inpatient and outpatient remain busy	
O. Human Resources (HR)	HR	<b>2 min</b>	Director not present will defer until next month	
P. Business Office	BOM	<b>2 min</b>	1 missed cost share	BO employee reeducated on cost share collection
Q. Environmental Services	EVS	<b>2 min</b>	10/10 on room cleans	
R. Materials Management	MM	<b>2 min</b>	Items label correctly – 100% Corrected numerous entries in CPSI this month	
S. Life Safety	PO	<b>2 min</b>	100%	
T. Emergency Preparedness	EP	<b>2 min</b>	3 new employees oriented	
U. Information Technology	IT	<b>2 min</b>	41 IT events for the reporting period	
V. Outpatient Services	Therapy	<b>2 min</b>	Outpatient services remain busy, no issues to report	
W. Strong Minds	N/A	N/A	Coming 2025	

**VII. POLICIES & PROCEDURES**

<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	<u><b>Quality Policies (see TOC)</b></u>  1. Annual Performance Improvement Plan 2. Annual Quality and Patient Safety Plan 3. Continuous QI PDSA Corporate Worksheet 4. Corporate Performance Improvement Project Charter 5. Corporate PI Quarterly Report	Table Quality items 1-9  1.) Tonya/Meghan 2.) Tonya/Meghan 3.) Tonya/ Waylon 4.) Tonya/Treva 5.) Tonya/Treva 6.) Kelley/Tonya 7.) Waylon/Meghan 8.) Waylon/Jessica

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			6. Hospital Quality Program 7. Development of a Quality Plan 8. Development of PI Program and Plan 9. PI Plan Appendix  <u><b>EVS Policies (see TOC)</b></u> 1. Environmental Services Program and Overview 2. Education and Training for Environmental Services Staff 3. Environmental Services Infection Control and Prevention 4. Disease Specific Infectious Agents- Room Cleaning 5. Cleaning Chemicals 6. Floor Care and Finishing 7. Cleaning Computers 8. Portable Fans 9. Flood Clean-up 10. Standard Operating Procedures for Environmental Services 11. CDC Environmental Checklist for Monitoring Terminal Room Cleans 12. EVS Department Orientation 13. Chemical Inventory List  <u><b>Life Safety Policies</b></u> 1. Utility System Management 2. Security Management Plan 3. Fire Management Plan 4. Equipment Management Plan	9.) Meghan/Treva  EVS Policy Manuel/Policies Approval Kelley/Meghan  Life Safety Policy Manuel/Policies Approval Kelley/Meghan  Code Blue Form – Not Approved Kelley/Heather
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			5. Hazardous Materials Management Plan  Code Blue Form	
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**VIII. PERFORMANCE IMPROVEMENT PROJECTS**

**IX. OTHER**

**X. ADJOURNMENT**

<b>Agenda Item</b>	<b>Presenter</b>	<b>Time Allotted</b>	<b>Discussion/Conclusions</b>	<b>Decision/Action Items</b>
A. Adjournment	QM	1 min	There being no further business, meeting adjourned at 1433 by Pam seconded by Heather	

**MEMBERS & INVITED GUESTS**

<b>Voting MEMBERS</b>				
Kelley Martinez	Heather Larson	Lynda James	Chrissy Smith	Treva Derr
Jessica Pineda	Desare Clinesmith	Desirae Galmor (teams)	Meghan Smith	Pam Esparza
Mark Chapman	Waylon Wigington	Tonya Bowen		Dr G (teams)
Dianne (teams)				
<b>Non-Voting MEMBERS</b>				
Denise Jackson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>