

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

<b>Meeting Location: OR</b>	<b>Reporting Period: Jan 2025</b>	
<b>Chairperson: Dr Gilmore</b>	<b>Meeting Date: 02/13/2025</b>	<b>Meeting Time: 14:00</b>
<b>Medical Representative: Dr Gilmore</b>	<b>Actual Start Time:</b>	<b>Actual Finish Time:</b>
<b>Hospital Administrator/CEO: Kelley Martinez</b>	<b>Next Meeting Date/Time: 03/13/2025 @ 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**

<b>Agenda Item</b>	<b>Presenter</b>	<b>Time Allotted</b>	<b>Discussion/Conclusions</b>	<b>Decision/Action Items</b>
A. Call to Order	QM	<b>1 min</b>	Called to order at 1410	Approval: First –Chasity, Second– Heather

**II. COMMITTEE MEETING REPORTS & APPROVAL OF MINUTES**

<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 1. <i>Approval of Meeting Minutes</i>	Denise Jackson	<b>2 min</b>	Meeting minutes – Jan 2025	Approval: First – Pam, Second – Tonya

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B. Environment of Care (EOC) Committee 1. <i>Approval of Meeting Minutes</i>	Mark Chapman	<b>2 min</b>	Meeting minutes – Jan 2025	Approval: First –Tonya, Second – Meghan
C. Infection Control Committee 1. <i>Approval of Meeting Minutes</i>	Meghan Smith	<b>2 min</b>	Meeting minutes – Jan 2025	Approval; First – Tonya, Second - Kelley
D. Pharmacy & Therapeutics (P&T) Committee 1. <i>Approval of Meeting Minutes</i>	Chelsea Church/ Lynda James	<b>2 min</b>	Meeting minutes – None Next P&T - March 2025?	
E. Health Information Management (HIM)/Credentialing Committee 1. <i>Approval of Meeting Minutes</i>	Jennifer Dryer/ Kaye Hamilton	<b>2 min</b>	Meeting minutes – Nov/Dec 2024, Jan 2025	Approval: First – Kelley, Second –Tonya
D. Utilization Review (UR) Committee 1. <i>Approval of Meeting Minutes</i>	Chasity Howell	<b>2 min</b>	Meeting minutes – Jan 2025	Approval; First – Jennifer, Second – Meghan

**III. DEPARTMENT REPORTS**

<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>	0 restraints 2 PRBC with no reactions 0 code blue	
B. Radiology	Pam Esparza	<b>2 min</b>	4 films repeated. 1 artifact, 2 clipped anatomy, 1 was incorrect technique	Dir will monitor for any trends
C. Laboratory	Tonya Bowan	<b>8 min</b>	0 rejected labs 66 repeated labs – all critical values for verification	
D. Respiratory Care	Heather Larson	<b>2 min</b>	28 neb changes for the month 0 vent days	
E. Therapy	Chrissy Smith	<b>2 min</b>	Director not present – will defer reporting	

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F. Materials Management	Waylon Wigington	<b>2 min</b>	2 back orders (ECG leads/electrodes), 0 late orders, 35 recalls (none affecting the hospital)
G. Business Office		<b>2 min</b>	Director not present – will defer reporting
H. Human Resources		<b>2 min</b>	Director not present – will defer reporting
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  boiler checks  1 generator/transfer switch inspection
K. Dietary	Treva Derr	<b>2 min</b>	100% on daily meal count (465)
L. Information Technology	Desirae Galmore	<b>2 min</b>	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 2024 Quality Workbook Data Review	Discussed areas in 2024 that were below goal for the reporting year and the need for PI projects in 2025 to improve numbers for the year. Will schedule a PI project meeting to go over the PI projects needed with those individual departments that are with greater need for improvement actions

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<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	<b>5 min</b>	<p>AMA – 6</p> <p>1.) ER – pt to the ER for c/o. Testing/assessment completed; provider ordered tx. Pt became upset stating “I have that at home” and got up and left the ER. Pt left before staff was able to discuss risks/benefits or obtain signed AMA.</p> <p>2.) ER – pt to the ER via ems for c/o. While in the er, pt had continued issues witnessed by staff. Pt then began to refuse all testing or further assessments, wanting to leave and go to a hospital closer to their home. Risks/benefits were discussed with pt and advised to seek immediate attention for any further issues. AMA signed.</p> <p>3.) ER – Pt to the er for c/o. Assessment/testing complete with the need for transfer discussed with pt. Pt agreeable to transfer and further care. While staff were looking for an accepting hospital, several were on divert due to no beds available. Pt was updated and states that they will drive themselves to a higher level of care. Risks/benefits discussed with pt, who voices understanding and signed AMA.</p>	Trends; 2 ER have same provider, 2 ER have the same nurse, in-pt AMAs have the same house supervisor. Discussed that while CM is not in the office it is the nursing staff or house sup responsibility to set up patient with any needs (equipment/HH) when they go home.

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			<p>4.) ER – Pt returned to er for continued c/o (has been previously seen at MRMC and other facilities for same c/o) after assessment, family member arrived to bedside. Both patient and family member requested to go to another facility, discussed risks and benefits with pt. Signed out AMA</p> <p>5.) In-pt – Pt admitted to in-pt via the Er for c/o and transitioned to SWB. Pt was admitted to SWB and voiced the desire to go home the same day. No documentation of risks/benefits being discussed with patient. AMA signed.</p> <p>6.) In-pt – Pt admitted to in-pt via the ER for c/o and transitioned to SWB. Pt continues to require tx but expresses desire to go home. Risks and benefits discussed and AMA signed.</p>	
B. Case Management	CM	<b>8 min</b>	<p>3 re-admits for the month</p> <p>1) Patient admitted with primary dx: and discharged to home per patient request. Patient returned and was readmitted from with different and primary dx: with patient leaving AMA.</p> <p>2) Patient admitted with primary dx: discharged to home with home health. Patient readmitted with primary dx. Patient discharged to home with HH with family support in stable condition.</p>	

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			3) Patient admitted with primary dx: and discharged to home with family. Patient readmitted different dx	
C. Risk Management	QM	<b>10 min</b>	0 complaint  1 grievance - 1 in-pt; family member reported poor communication from nursing staff. CNO spoke with nursing staff on duty on the day of the reports from family. Staff accounts of events noted in grievance.	Staff education on therapeutic communication and grievance letter mailed out to family member
D. Nursing	CCO	<b>2 min</b>	1 in-pt transfer – Pt admitted for primary dx, during the course pt had ongoing further issues from primary dx and required higher level of care; transfer appropriate  Pain/oral medication follow up 100%	
E. Emergency Department	CCO/QM	<b>5 min</b>	Re-admits – 4 1) The patient was initially seen in the ED due to c/o, patient was treated and d/c home. The following day, the patient was seen due to different dx. The patient was treated and d/c home.  2) The patient presented to the ED d/t primary c/o. Tx and released.  3) The patient (#2) returned to the ED d/t primary c/o. Tx and released.	

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			4) The patient (#2) returned to the ED d/t c/o. Tx provided with education on non-compliance. Released home.  (*Readmissions 2, 3 and 4 are all the same patient)	
F. Pharmacy & Therapeutics (P&T)	Pharmacy	<b>2 min</b>	Next P&T – March 2025  After-hours access - 98  ADR - 0  Med errors – 0	Pixiss is running good so far
G. Respiratory Care	RT	<b>2 min</b>	1 unplanned decannulation – RT to check on patient, found trach dislodged. RT was able to replace trach after several attempts, pt was not able to recall events that lead to dislodged trach	Patient education provided on calling if there are issues with trach or loose trach collar, RT rounding on patient increased to monitor trach placement closely
H. Wound Care	WC	<b>2 min</b>	0 – wound development for the reporting period	
I. Radiology	RAD	<b>2 min</b>	0 – CT reactions 100% - Site verification 0 – Critical Test Values	New DIA protocol has resulted in streamline exam reads with improvement in turnaround time  CT was down x 1 day
J. Laboratory	LAB	<b>5 min</b>	0 – blood culture contaminates  LED cal. Failure on coag. machine. This did not result in any problems; operation, running tests or quality control. Service came and fixed the machine  Education – platelet clumps review	

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K. Infection Control/Employee Health	IC/EH	5 min	<p>3 HAI –</p> <p>1) pt. admitted for primary diagnosis Ileus. Multiple med dx hx. Initial urinalysis did not meet criteria for urine culture. During stay patient reported urinary urgency and painful urination. Urine culture resulted in growth; sensitive to Rocephin. Pt reports significant history of urinary tract infections, increased risk of UTI due to comorbidities and gender. Reviewed patient's medical record, patient met NHSN non-CAUTI criteria. Pt discharged; symptoms reportedly resolved prior to discharge.</p> <p>2) pt admitted for primary dx. Remained in hospital for treatment and went SWG. Pt denied N/V, headache, or fever at time of admission. During the stay, pt's family who visited pt in patient, was Covid positive and would remain at home. pt reported increased nasal congestion Dr notified and flu and Covid swabs ordered. Pt remained afebrile and reported mild symptoms. Pt was placed on droplet isolation due to mild symptoms no other orders received. Provided supportive medications to alleviate symptoms. Pt remained on isolation for 10 days. Discharged home. Symptoms resolved prior to discharged.</p>	
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			3.) patient admitted for primary dx/secondary dx. Admitted for antibiotics and pain management. During stay, pt reported a sore throat to nursing staff. Dr notified, orders received to test patient flu and covid. Pt placed on droplet isolation following positive Covid test. The only symptom reported was the sore throat. Provided supportive medications to alleviate symptoms. Sore throat and fever resolved prior to discharge. Pt discharged home.	
L. Health Information Management (HIM)	HIM	<b>2 min</b>	<p>Nov 2024 –  H&amp;P – SWB 91%  D/C Summary – Acute/SWB 96%  Progress notes – 100%</p> <p>Dec 2024 –  H&amp;P – 100%  D/C Summary – Acute/SWB 98%, ER 95%  Progress Notes – Inpatient 95%</p> <p>Jan 2025  72 hr D/C note compliance – 98%; 1 inpatient left AMA without D/C summary completed in 72 hrs</p>	Monitor incomplete notes for provider trend with notification to CEO/QM
M. Dietary	Dietary	<b>2 min</b>	No issues at this time, all cleaning logs 100%	
N. Therapy	Therapy	<b>2 min</b>	Director not present – will defer reporting	
O. Human Resources (HR)	HR	<b>2 min</b>	Director not present – will defer reporting	

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P. Business Office	BOM	2 min	Director not present – will defer reporting	
Q. Environmental Services	EVS	2 min	10/10 on room cleans	
R. Materials Management	MM	2 min	Electronic Reqs- 68% MM continues to stock supply room for nursing and education to staff on using EHR for supply ordering	
S. Life Safety	PO	2 min	100%	
T. Emergency Preparedness	EP	2 min	No drills for the reporting period	
U. Information Technology	IT	2 min	53 – IT events  Low priority tickets – 64%; issues with other vendors applications	
V. Outpatient Services	Therapy	2 min	Director not present – will defer reporting	
W. Strong Minds	N/A	N/A	Coming 2025	
<b>VII. POLICIES &amp; PROCEDURES</b>				
Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. Review and <i>Approve</i>	QM	10 min	<ol style="list-style-type: none"> <li>1. Consent for Wound Debridement</li> <li>2. Wound Assessments by Nurse and Wound Care Team Policy</li> <li>3. Wound Prevention Policy</li> <li>4. 2025 Safety Officer Appointment – Mark Chapman</li> <li>5. 2025 HIPPA Privacy Officer Appointment – Jennifer Dreyer</li> </ol>	<ol style="list-style-type: none"> <li>1.) First approval – Kelley Second approval – Meghan</li> <li>2.) First approval – Kelley Second approval – Meghan</li> <li>3.) First approval – Chasity Second approval – Kelley</li> <li>4.) First approval – Pam Second approval – Kelley</li> <li>5.) First approval – Jennifer Second approval – Meghan</li> </ol>

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			6. 2025 Compliance Officer Appointment – Denise Jackson 7. 2025 HIPPA Security Officer Appointment – Desirae Galmor 8. 2025 Infection Preventionist – Meghan Smith 9. 2025 Risk Manager – Denise Jackson	6.) First approval – Kelley Second approval – Chasity 7.) First approval – Chasity Second approval – Kelley 8.) First approval – Chasity Second approval – Kelley 9.) First approval – Chaisty Second approval – Jennifer
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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 1504 by Chasity seconded by Kelley	

**MEMBERS & INVITED GUESTS**

<b>Voting MEMBERS</b>				
Kelley Martinez	Nick Walker (teams)	Heather Larson	Lynda James	Treva Derr
Chasity Howell	Jennifer Dreyer	Desirae Galmor (teams)	Meghan Smith	Pam Esparza

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Mark Chapman	Tonya Bowen	Waylon Wigington	Kaye Hamilton (teams)	Dr G (teams)
Dianne (teams)				
<b>Non-Voting MEMBERS</b>				
Denise Jackson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>