Mangum Regional Medical Center
Quality and Patient Safety Committee Meeting
May 2026 Meeting Minutes

Meeting Location: OR	**Reporting Period:April 2026**	
Chairperson: Dr Gilmore	**Meeting Date: 05/14/2026**	**Meeting Time: 14:00**
Medical Representative: Dr Gilmore	**Actual Start Time: 1401**	**Actual Finish Time: 1500**
Hospital Administrator/CEO: Kelley Martinez	**Next Meeting Date/Time: 6/11/26**	

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 1401	Approval: First – April Summerlin Second– Kaye Hamilton
II. COMMITTEE MEETING REPORTS & APPROVAL OF MINUTES				
Agenda Item	**Presenter**	**Time Allotted**	**Discussion/Conclusions**	**Decision/Action Items**
A. Quality and Patient Safety Committee 1. ***Approval of Meeting Minutes***	Meghan Smith	**2 min**	Meeting minutes – April 2026	Approval: First – Tonya Bowen Second – April Summerlin
B. Environment of Care (EOC) Committee 1. ***Approval of Meeting Minutes***	Mark Chapman	**2 min**	Meeting minutes – April 2026	Approval: First – Pamela Espraza Second – Laura Gilmore
C. Infection Control Committee 1. ***Approval of Meeting Minutes***	April Summerlin	**2 min**	Meeting minutes – April 2026	Approval: First – Pam Esparza Second – Tonya Bowen
D. Pharmacy & Therapeutics (P&T) Committee 1. ***Approval of Meeting Minutes***	Chelsea Church/ Lynda James	**2 min**	Meeting minutes – April 2026	Approval: First – None for this month Second –
E. Heath Information Management (HIM)/Credentialing Committee 1. ***Approval of Meeting Minutes***	Jessica Pineda/ Kaye Hamilton	**2 min**	Meeting Min – April 2026	Approval: First – Nick Walker Second- Pam Esparza

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D. Utilization Review (UR) Committee 1. ***Approval of Meeting Minutes***	Chasity Howell	**2 min**	Meeting Minutes – Will approve two months worth in May 2026	Approval: First – Second –
III. DEPARTMENT REPORTS				
Agenda Item	**Presenter**	**Time Allotted**	**Discussion/Conclusions**	**Decision/Action Items**
A. Nursing/Emergency Department	Nick Walker	**5 min**	Blood utilization – 3 Code Blue – 0 Restraint – 0 Emergent Intubations: 0	
B. Radiology	Pam Esparza	**2 min**	3 / 124 repeats	0/0Contrast reactions 0/0 Critical Test reporting
C. Laboratory	Tonya Bowan	**8 min**	63 – repeated labs, all critical repeats 2- rejected specimen	
D. Respiratory Care	Heather Larsen	**2 min**	0 vent day 15 Trach days, no decannulations	
E. Therapy	Christopher Larsen	**2 min**	Total # of Sessions Preformed 410 -PT Inpatient/Outpatient 248 -OT Inpatient 25 -ST Inpatient	20/20 Temp checks 20/20 Gait belt Obs
F. Materials Management	Cory Ross	**2 min**	5 - Back Orders 0- Late Orders 0- Recalls	
G. Business Office		**2 min**	DL – Cost Share –	Director out
H. Human Resources	Stephanie Hughes	**2 min**	employees at end of month	Director out
I. Environmental Services	Mark Chapman	**2 min**	10/10 terminal room cleans	

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J. Facility/Plant Operations	Mark Chapman	**2 min**	24 extinguishers checked 1 boiler checks 1 generator/transfer switch inspection – filter checks egress inspections	Boiler off for the summer
K. Dietary	Treva Derr	**2 min**	Daily meal count – 31	Director out
L. Information Technology	Hank Hunt	**2 min**	1 low priority ticket completed No IT issues or outages	
M. Strong Minds	Brittany Nelms/Brittany Niles	**2 min**	0 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:** Patient presented to MRMC ED on 4/14/26 chief complaint of chest pain for past 2 hours. Patient was promptly evaluated by ED nurse. EKG completed in triage; indicated sinus rhythm. Provider notified at @ 1229 and to bedside for evaluation at 1232. Chest xray completed @ 1238. Initial labs obtained. No abnormal lab values noted.	

			After initial findings patient requested to discharge. Patient reported to nursing and provider that he needed to return to work. Education provided on risks of leaving against medical advice. Patient signed appropriate AMA paperwork.	
B. Case Management	CM	**8 min**	Readmits – 3 1) Patient was admitted from 03/11-3/30/2026 with dx: Hypotension, CHF, dehydration, ams, and hyperkalemia. PT was discharged from inpatient to SWB on 3/18/2026 for debility. Pt then reached proper strength and was discharged home on 3/30/2026. Pt returned to ER on 4/05/2026 for unresponsiveness. Pt was transferred to OKC and then returned to MRMC on 4/10/2026 for debility, pneumonia. Pt reached proper strength potential and was discharged home on 4/22/2026 2) Patient was admitted from 03/03/2026-4/12/2026 with dx: sepsis, r hip cellulitis, UTI, debility, CHF, and hip/sacral wounds. Patient received IV antibiotics, wound care pt was improving and during stay his catheter became dislodged. pt was transferred at this time to SW Integris. Patient was readmitted on 04/16/2026-4/25/2026 for CHF, wounds, debility, and AKI. On 04/25/2026 patient was transferred to SW Integris for Anemia, GI Bleed, Health Care Associated Pneumonia with sepsis. Patient was then readmitted on 5/01/2026 with dx: CHF, CKD, Wounds,	

			and Debility. After wound care and physical therapy pt was discharged home with JCMH home health per patient request on 5/07/2026. 3) Patient admitted on 01/17/2026 from OUMC from 01/17/2026-03/26/2026 with dx: R MCA stroke with craniotomy and left hemiparesis. pt received parenteral nutrition and therapy. On 3/26/2026 pt was seen at her clinic visit and OUMC admitted the patient to OUMC for sunken flap syndrome. Pt readmitted on 4/13/2026 until present with dx: R MCA stroke, craniectomy, and CHF, mono VT	
C. Risk Management	QM	**10 min**	**Deaths – 0** **Complaints 0** **Grievances –1**. Grievance reported to QM and CEO in regard to care received from provider who also works at another facility. Patient reported that he felt his needs were not addressed at previous facility and that provider "didn't care and was covering her tracks." Patient was treated appropriately for osteomyelitis at MRMC with IV antibiotics. Patients reported being happy with care received from other providers while at MRMC. Patient requested to no longer receive any care from provider. Patient	**Other** - 0 **Skin tear 0** **Bodily Injury:0**

			evaluated by oncoming provider on same day. No gaps in patient care. **Workplace Violence Events** –0 **Falls -** 3 **Falls w/o injury:** 1.) During vital signs rounds, patient was found on floor next to his bed. Patient's son had previously been at patient's bedside. At some point the bed alarm was not on. Education provided to patient and patient's family on fall prevention. **Falls with Minor Injury: 2** 1.) Patient's significant other used call light to call nurses' station. Patient's significant other attempted to assist patient to bathroom with walker. Nursing found patient on floor with his walker. Patient reported no injury. Assessment completed. Patient and significant other deny patient struck his head. Very small abrasion noted to right elbow. Education provided to significant other to prevent future falls. 2.) The patient was being assisted from the shower chair back to bedside chair following a successful x2 assisted walk to the shower immediately prior. The patient was wearing a gait belt and two staff members were providing standby assistance with 3 more standing by. During the transfer the patient became	

			non-compliant with verbal cues and refused to sue his legs or pivot to chair. Patient abruptly bent his legs intentionally lowering his center of gravity. Staff used gait belt to provide a controlled assisted descent to the floor to prevent a head strike or uncontrolled impact. **Falls with Major Injury:** **Delay in Care** **Visitor Event: 1** **1.)** Visitor was visiting a patient admitted to MRMC facility. Visitor reported that her foot fell asleep while she was sitting and then she stood up too fast. Nursing assisted visitor to wheelchair and took visitor to ED for evaluation. Visitor reported that they did hit the back of their head. Patient assessed and treated in ED.	
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 – 0**	
F. Pharmacy & Therapeutics (P&T)	Pharmacy	**2 min**	**Next P&T** –	

			After hours access - **ADR** - 0 **Med errors** – 0	
G. Respiratory Care	RT	**2 min**	0 unplanned decannulation 100% resp assessments 100% on Chart checks	
H. Wound Care	WC	**2 min**	0 wound	
I. Radiology	RAD	**2 min**	Repeat tests: CT Stroke Alert within 45 min: 2 Contrast Reactions: 0	
J. Laboratory	LAB	**5 min**	0 – Blood culture contaminates	
K. Infection Control/Employee Health	IC/EH	**5 min**	2 – Inpt HAIs 0 – MRDO 0 – VAE 0– Cdiff 2– CAUTI 0 – CLASBI Sepsis screenings have improved. 16/18 screens completed correctly in ED	HAI 1.) 81 yo male patient admitted on 3/5/26 due to altered mental status, Hypertension emergency, Parkinson's, Chronic cerebral microvascular ischemia, Hyponatremia, Urinary Retention. On 4/11/26 the patient was reported to be confused and mildly agitated. Patient forcefully manipulated indwelling urinary catheter and tore at Y-port of the catheter collection bag, ballon deflated and patient removed catheter. No bleeding or urethral trauma noted. New Foley catheter placed without issue. 4/14/26 patient WBC elevated to 10.4. UA collected on 4/15/26 indicated infection (catheter day 24). Culture positive for Acinetobacter baumannii complex and enterococcus species. Patient recovered

				from infection and discharged into the care of long-term care at the VA. Risk Factors: • Incontinent of stool • Advanced age with intermittent confusion • Prolonged hospitalization Cause: • High risk for CAUTI due to continued need for invasive line device • Fecal contamination of urine • No other patients in house with similar infection Conclusion: Unavoidable infection due to possible fecal contamination of urine due to incontinence and physical removal of catheter by patient. 2. Summary of Findings: 89 yo female patient admitted on 3/9/2026 due to diagnosed with CVA, NSTEMI, Hypothyroidism, Pain, Nausea. Patient had foley catheter placed for strict intake and output. On 4/26/26, catheter day 49, nursing reported increased weakness for the patient. CBC shown WBC's elevated at 23.2. UA positive for infection. Urine culture positive for E. coli and Vancomycin Resistant Enterococcus faecium. Risk Factors: • Incontinence of stool • Bed Bound • Continued need for indwelling device • Prolonged hospitalization Cause: • Fecal contamination causing infection • Advanced age • Female Conclusion:

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				Infection was unavoidable due to patients' inability to control bowels with continued need for foley catheter to monitor strict intake and output.
L. Health Information Management (HIM)	HIM	**2 min**	100% - D/C Note Compliance 100% - Progress Notes 100% - ED DC Instructions 100% - ED provider Dx	
M. Dietary	Dietary	**2 min**	100% - daily meal count	
N. Therapy	Therapy	**2 min**	Gait belt usage – 100%	
O. Human Resources (HR)	HR	**2 min**	90 day evals – 100% Annual evals – 100%	
P. Business Office	BOM	**2 min**	Cost Share Collections – Med Necessity Verification – Drivers Licenses –	
Q. Environmental Services	EVS	**2 min**	10/10 on room cleans	
R. Materials Management	MM	**2 min**	Electronic Requisitions – 56%	
S. Life Safety	PO	**2 min**	Fire extinguisher Inspections - 24 Egress checks – 2	
T. Emergency Preparedness	EP	**2 min**	None for the reporting period	
U. Information Technology	IT	**2 min**		
V. Outpatient Services	Therapy	**2 min**	Temp logs – 100%	

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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 ***Approve***	QM	10 min	1. FIN-001: Hospital Credit Card Policy 2. FIN-002: Account Reconciliations 3. FMFN-001: Acknowledgement of Credit Card Holder Responsibility 4. FMFN-002: Purchase Authorization Form 5. FMFN-003: Account Risk Table 6. FMFN-004: Balance Sheet Reconciliation 7. Finance Corporate Policy Review Feedback 8. EHP-001 Employee Health Program 9. EHP-003 Emp Occu Illness 10. EHPR-001 EH Standing orders 11. FMEH-010 Staff Acknowledgement or Work Restrictions 12. FMEH-032 Staff Refusal for Drug/Alcohol 13. HR Drug, Alcohol, and Substance Abuse Policy and Testing Program 14. Urine Drug Screen Process	1. 1st Nick Walker 2nd Heather Larsen 2. 1st Nick Walker 2nd Heather Larsen 3. 1 Nick Walker 2nd Heather Larsen 4. 1st Nick Walker 2nd Heather Larsen 5. 1st Nick Walker 2nd Heather Larsen 6. 1st Nick Walker 2nd Heather Larsen 7. 1st Nick Walker 2nd Heather Larsen 8. 1st Lynda James 2nd Tonya Bowen 9. 1st Lynda James 2nd Tonya Bowen 10. 1st Lynda James 2nd Tonya Bowen 11. 1st Lynda James 2nd Tonya Bowen 12. 1st Lynda James 2nd Tonya Bowen 13 1st Lynda James 2nd Tonya Bowen 14 1st Lynda James 2nd Tonya Bowen

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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 1500 by Nick Walker seconded by Pam Esparza	

MEMBERS & INVITED GUESTS				
Voting MEMBERS				
Kelley Martinez CEO (out)	Nick Walker CCO	Dr Gilmore (Teams)	Treva Derr Dietary Manager (out)	Lynda James DRS
	BO Manager (out)	Cory Ross Materials Management	Pam Esparza Radiology Manger	Mark Chapman Plant Ops/EVS
Tonya Bowen Lab Director	Stephanie Hughes HR (out)	Brittany Niles Strong Minds	Kaye Hamilton Credentialing	Jessica Pineda HIM
Dianna Sanders Wound Care Nurse	April Summerlin RN, IP	Heather Larsen Respiratory	Chris Larsen PT Director (out)	
Non-Voting MEMBERS				
Meghan Smith QM	☐	☐	☐	☐

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Sign-In Sheet
Date of Meeting: 05/14/2026

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		