

Mangum Regional Medical Center
Medical Staff Meeting
Thursday
July 23 2026

MEMBERS PRESENT:

John Chiaffitelli, DO, Medical Director

Laura Gilmore, MD

Absent:

Guest:

ALLIED HEALTH PROVIDER PRESENT

NON-MEMBERS PRESENT:

Kelley Martinez, RN, CEO

Nick Walker, RN, CCO

Chelsea Church, PharmD

Megan Smith, RN – Quality

Ellen Scott, RN – Utilization Review

Karly Banker, LPN – Drug Tech

Kaye Hamilton, Medical Staff Coordinator

1. Call to order
 - a. The meeting was called to order at 12:10 pm by Dr. John Chiaffitelli, Medical Director.
2. Acceptance of minutes
 - a. The minutes of the June 18, 2026, Medical Staff Meeting were reviewed.
i.Action: Dr. Chiaffitelli, Medical Director, made a motion to approve the minutes.
3. Unfinished Business
 - a. None.
4. Report from the Chief Executive Officer
 - o Operations Overview - We have received confirmation from the State That our Lab renovation plan has been approved. We look forward to Beginning work in July or the first of August.
 - o Facility painting has begun and looks good at this time only two halls Remain to be painted and then we will go back to updating patient rooms.

- We continue to do patient rounds 3 times a week and administration continues patient rounds, and we continue to get positive feedback from patients and family.
- We continue to promote all our service lines at the hospital and at the clinic.
- Upfront collections for the hospital were at \$1,197.00 for the month of June.
- Upfront clinic collections for the Clinic were at \$855.36 for the month of June.
- The lab building is completed.
- We continue to provide transportation for our patients when needed.
 - 2-strong mind
 - 2-Physical Therapy pick up and drop off
 - 4- in patient transports to specialty clinic
 - 6- discharged patient transports home
- We are actively reviewing all grant opportunities for the Hospital.

Written report remains in the minutes.

5. Committee / Departmental Reports

a. Medical Records – No Report for June, 2026

1. – ER – ER Notes needed out of – Completed
 OBS – out of
 Acute – H&P – Completed
 ER – ER Note Needs to be H&P – Corrected
 DC – DC Summary – Completed
 SWB - out of 2 H&P - Completed

2. Old Business

No report in the minutes for the Month of June, 2026

b. Nursing

Patient Care

- MRMC Education included:
 1. Nursing documentation updates are communicated to nursing staff weekly.
 2. Nurse meeting held May 6th with the next meeting scheduled for July 15th.
- MRMC Emergency Department reports 0 patient Left Without Being Seen (LWBS).
- MRMC Laboratory reports 0 contaminated blood culture set(s).

- MRMC Infection Prevention reports 2 CAUTI.
- MRMC Infection Prevention report 0 CLABSI.
- MRMC Infection Prevention reports 4 HAI, for the month of June, 2026.

Client Service

- Total Patient Days for June 2026 were 493. This represents an average daily census of 16.
- All open positions are currently filled.
- Patients continue to voice their praise and appreciation for the care received at MRMC. We continue to strive for excellence and improving patient/community relations.

Written report remains in minutes.

c. Infection Control –

- Old Business
 - a N/A
- New Business
 -
- Data:
 - a, N/A
- Policy & Procedures Review:
 - a. Corporate IP and all IPs in the Cohesive system are reviewing 5 IC policies per week.
 - b. Plan to have the IC manual review and updates completed by June 2026 to present to the IC committee, Quality, med Staff and Governing Board.
 - c. The Employee Health policies were revised to ensure that members who are treated and managed as patients due to a workplace injury or illness in the Hospital shall receive the same protections of their health information as any other patient the Hospital treats in accordance with HIPPA regulations.
- Education/In Services
 - a. Nursing Education
- Updates: None at this time.
- N95 Fit Tests –
 - Annual Items:
 - a. Construction Risk Assessment - ICRA presented to IC committee for approval during May meeting. IC committee approved as written. Plan forwarded to Quality, Med Staff, and Governing Board for approval.
IP to follow up with documents as soon as signed.
 - b. Linen Services – Annual site visit will be scheduled for September, 2026.

There wasn't a report for June, 2026.

- d. Environment of Care and Safety Report
 - i. Evaluation and Approval of Annual Plan
 - i.i. Old Business - -
 - a. Chrome pipe needs cleaned and escutcheons replaced on hopper in ER – could not replace escutcheons due to corroded piping in wall – capped off leaking pipe under the floor to stop leak – hopper will be covered – remodel postponed.—Talked to contractor 10-4-2025 about cover for hopper – contractor measured and is making quote for cover. – Contractor backed out on making cover - - Will check on repairing hopper.
 - b.ER Provider office flooring needing replaced. Tile is onsite.- Remodel is postponed.
 - c. Damaged ceiling in OR2 due to leaking roof. - - Pending August Repairs.
 - d. New Hope Roof – Leak in Physical Therapy office after hail storm – City approved vendor to repair.-Roof replaced 1-15-2026 Will get contractor to quote ceiling repair. Contractor will be here 3-10-2026.
 - e. Front wall of lab building damaged from vehicle – Waiting on start date from contractor for repairs – repairs started 4-28-2026. Waiting on door and windows to complete.
 - f. Vacuum pump issues – Pump 2 quit 4-28-2026 – Pump 1 quit 5-7-2026 – Currently relying on portables – waiting on ETA for parts to make repairs—depending on parts availability – Repairs Made 6-8-2026. – Complete.
 - g. Refrigerator in Pharmacy quit 5-7-2026 – Replacement ordered 5-8-2026. Complete 5-15-2026.
 - h. Approve 2026 HVA Assessment – Complete 5-12-2026
 - i. Floor needs replaced in room 19, linen room and Pharmacy.
 - i.i.i. New Business
 - a. North door alarm not working properly-complete 5-12-2026
 - b. Ceiling tile by business office needs replaced-complete 5-13-2026.
 - c. Trim needs replaced in Radiology
Written report remains in minutes.
- e. Laboratory
 - i. Tissue Report – Approved
 - i.i. Transfusion Report – No -Transfusion report for June, 2026
Written report remains in minutes.
- f. Radiology

- i. There was a total of – 218 X-Rays/CT/US
 - i.i. Matters for approval
 - o Nothing up for approval
 - i.i.i. Updates:
 - o No Updates

Written report remains in minutes.
 - g. Pharmacy
 - i. Verbal Report by Clinical Pharmacist
 - i.i. P & T Committee Meeting –

The P&T Committee Meeting was held in June, 2026.
 - i.i.i. Azithromycin injectable still on backorder but we were able to get an allocation. IV contrast is on backorder.

Demerol IV is unavailable. Morphine is on back order.
 - i.v. List of meds recommended for standing order are tums, voltaren gel, nystatin powder, nystatin swish and swallow, and melatonin.
 - i.v. Reviewing Policies & Procedures to be presented at a later date.

Written report remains in the minutes.
 - h. Physical Therapy
 - i. No report.
 - i. Emergency Department
 - i. No report
 - j. Quality Assessment Performance Improvement
 - Risk Management
 - o Grievance – 0
 - o Fall with no injury – 1
 - o Fall with minor injury – 1
 - o Fall with major injury – 1
 - o Death – 1
 - o AMA/LWBS – 0-In Pt – 0- ER - AMA - 0-OBS – SWB
 - Quality – Minutes are in the minutes of Medical Staff Meeting.
 - HIM – ED discharge instructions - Compliance

100% - D/C Note Compliance

100% - Progress Notes

100% - ED DC Instructions

100% - ED Provider Dx
 - Med event – 1
 - After hours access was –

Written report remains in the minutes.
 - k. Utilization Review

- i. Total Patient days for
 - i.i. Total Medicare days for
 - i.i.i. Total Medicaid days for
 - iv. Total Swing Bed days for
 - v. Total Medicare Swing Bed days for
- Minutes for June Meeting remain in the minutes.

Motion made by Dr. John Chiaffitelli, Medical Director to approve
Committee Reports for June, 2026.

6. New Business

- a. Review & Consideration of Approval of the Policy & Procedure: MRMC EHP BBB Exposure Control Plan
 - i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve the MRMC EHP BBB Exposure Control Plan.
- b. Review & Consideration of Approval of the Policy & Procedure: MRMC FMEH-008 BB Pathogens Guide
 - i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve the MRMC FMEH-008 BB Pathogens Guide.
- c. Review & Discussion of Approval of the Policy & Procedure: MRMC NUR-001 Critical Lab Value and Diagnostic Imaging Testing Reporting
 - i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve the MRMC NUR-001 Critical Lab Value and Diagnostic Imaging Testing Reporting.
- d. Review & Discussion of Approval of the Policy & Procedure: MRMC NUR-026 Medical Administration
 - i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve the MRMC NUR-026 Medication Administration.
- e. Review & Consideration of Approval of Policy & Procedure: MRMC Radiologic Equipment Maintenance
 - i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve MRMC Radiologic Equipment Maintenance.
- f. Review & Consideration of Approval of Policy & Procedure: MRMC RDPR-001 IV Contrast Administration for CT Protocol
 - i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve MRMC RDPR-001 IV Contrast Administration for CT Protocol.
- g. Review & Discussion on Admit, Discharge and Transfer Orders -
Kelley Martinez, CEO, led in the discussion on Admit, Discharge and Transfer Orders.
- h. Review & Discussion on Physical Assessments
Kelley Martinez, CEO, led in the discussion on Physical Assessments.

7. Adjourn

- a. Dr Chiaffitelli made a motion to adjourn the meeting at 12:28 pm.

Medical Director/Chief of Staff

Date

