

**Mangum Regional Medical Center**  
**Quality and Patient Safety Committee Meeting**  
**Agenda for July 2024 and Meeting Minutes for June 2024**

Other

Other


<b>Meeting Location: OR</b>	<b>Reporting Period: June 2024</b>	
<b>Chairperson: Dr Gilmore</b>	<b>Meeting Date: 07/11/24</b>	<b>Meeting Time: 14:00</b>
<b>Medical Representative: Dr Gilmore</b>	<b>Actual Start Time: 1402</b>	<b>Actual Finish Time: 1451</b>
<b>Hospital Administrator/CEO: Kelley Martinez</b>	<b>Next Meeting Date/Time: 08/08/2024 @ 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				
Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. Call to Order	QM	<b>1 min</b>	Called to order at 1402	Approval: First --Chasity, Second – Jennifer
II. COMMITTEE MEETING REPORTS & APPROVAL OF MINUTES				

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Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. Quality and Patient Safety Committee 1. <i>Approval of Meeting Minutes</i>	Denise Jackson	2 min	Meeting minutes – May 2024	Approval: First – Chasity, Second – Melissa
B. Environment of Care (EOC) Committee 1. <i>Approval of Meeting Minutes</i>	Mark Chapman	2 min	Reviewing policies, replacing flooring/covering hopper sink	Approval: First – Kaye, Second – Chasity
C. Infection Control Committee 1. <i>Approval of Meeting Minutes</i>	Meghan Smith	2 min	May meeting min	Approval; First – Brittany, Second – Chasity
D. Pharmacy & Therapeutics (P&T) Committee 1. <i>Approval of Meeting Minutes</i>	Chelsea Church/ Lynda James	2 min	P&T scheduled for Sept 2024; Annual drug formulary approved	Approval: First – Kelley, Second – Dr C
E. Health Information Management (HIM)/Credentialing Committee 1. <i>Approval of Meeting Minutes</i>	Jennifer Dryer/ Kaye Hamilton	2 min	No credentialing for the month	Approval; First – Chasity, Second - Danielle
D. Utilization Review (UR) Committee 1. <i>Approval of Meeting Minutes</i>	Chasity Howell	2 min	May UR minutes and June UR minutes	Approval; First – Jennifer, Second – Brittany
<b>III. DEPARTMENT REPORTS</b>				
Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. Nursing/Emergency Department	Nick Walker	5 min	0 restraints 0 PRBC with no reactions 0 Code blue	
B. Radiology	Pam Esparza	2 min	0 films repeated	
C. Laboratory	Tonya Bowan	8 min	2 corrected reports, 1 vanc. with the wrong DOS written on specimen, 1 CBC was not marked needing a diff. Both corrected and education to tech. 1 rejected lab – Labcorp lost a UA specimen Millipore installed 6/12/24	Discussed monitoring for trends with techs

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			New dimension machine received – 6/18/24 Nursing CLIA waived license obtained this month	
D. Respiratory Care	Heather Larson	<b>2 min</b>	22 neb changes for the month 0 vent days	
E. Therapy	Chrissy Smith	<b>2 min</b>	Pt with assistive needs – 21  Total sessions for the month. 171 -PT 131-OT 16-ST Improved Standard Assessment Scores: 6 - PT 6- OT 1- ST	
F. Materials Management	Brittany Gray	<b>2 min</b>	6 back orders, No late orders, 1 trach recall/removed it from CS shelf. Inventory management 100% with 7110 items checked out appropriately Working on removal of inactive items from the item master, currently waiting on list of chargeable items vs. non-chargeable items	
G. Business Office	Dannille Cooper	<b>2 min</b>	Cost shares – 100% Medical necessity – 100%	
H. Human Resources	Bethany Moore	<b>2 min</b>	No new employees/no background checks 1 Rad tech license renewed	
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	

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			boiler turned off for warm weather months on 4/30/24; no inspections while boiler is not running  1 generator/transfer switch inspection	
K. Dietary	Treva Durr	<b>2 min</b>	May – 100% on all areas  June – 1 cleaning schedule missed for 75%	Encouraged monitoring for employee trend
L. Information Technology	Tim Hopen	<b>2 min</b>	No IT issues	
<b>IV. OLD BUSINESS</b>				
<b>Agenda Item</b>	<b>Presenter</b>	<b>Time Allotted</b>	<b>Discussion/Conclusions</b>	<b>Decision/Action Items</b>
A. Old Business	QM	5 min	None	
<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 and Appointment 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>

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A. Volume & Utilization	CM	<b>5 min</b>	<p>AMA 3 pts; 2 ER / 1 In-pt;</p> <p>1 in-pt admitted with COPD, after admit pt decided they no longer wanted to be in-patient and wanted to go home. R/B discussed with pt, remained adamant that they are going home, signed out AMA.</p> <p>ER - 1 pt to the er for c/o constipation, examined and treated without success, pt educated on the need for enema as second tx, pt was not agreeable to treatment. Pt willing to complete enema at home but not while in the ER, R/B discussed and pt signed AMA.</p> <p>1 pt to the er for c/o pain secondary to fall. Reports going to another facility the day prior and wanting stronger pain medications. Provider in to talk to patient, pt again requesting stronger pain medications, during discussion/eval with provider pt got up and walk out of the ER. Provider not able to discuss R/B with pt as pt would not converse with provider. Did not sign AMA.</p>	
B. Case Management	CM	<b>8 min</b>	<p>May – 3 readmits</p> <p>June – 2 readmits, decline in Patient portal numbers during CM time out, numbers have since improved greatly</p>	

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C. Risk Management	QM	10 min	<p>0 complaint / 0 grievances</p> <p>Other – None</p> <p><b>Falls w/o injury – 3</b></p> <p>1.) Pt had fall while transferring self to the restroom during am shift. Fall precautions in place prior to fall; low bed, non-skid socks, routine rounding, call light in reach. No injuries noted.</p> <p>2.) Pt yelled out, nursing found patient on the floor during pm shift. Reports they were trying to get to the chair. Fall precautions in place prior to fall; bed alarm, low bed, non-skid socks, call light in reach, room close to nurse station. routine rounding. Nursing reported bad alarm on but did not alert when patient got out of the bed, no injuries noted.</p> <p>3.) Pt family brought in a pair of shoes for the patient to wear while in-pt, Charge nurse reports she educated pt/family that the shoes where a fall risk however pt continued to use the shoes, Pt fell during the pm shift while attempting to transfer self. No injuries reported</p> <p><b>Mortality – 5</b></p>	
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			<p>1.) in-pt admitted s/p craniotomy for SDH, during the course of the hospitalization pt began to overall decline. pt was made comfort care and expired while in pt.</p> <p>2.) Pt admitted for osteomyelitis and wound care, due to the nature of pt multiple diagnoses end of life care was decided on and patient expired</p> <p>3.) Pt admitted for wound care, other dx include; osteo, MRSA, malnutrition. Over the course of hospitalization pt had overall decline, pt was placed on comfort care and expired inpatient</p> <p>4.) Pt admitted for ABT d/t UTI with hx of aspiration pneumonia. Over the course of hospitalization, pt had a slow progressive decline. Pt was placed on comfort measures and pt expired while in-pt</p> <p>5.) Pt admitted for comfort care and pain management with end of life, pt expired while in-pt.</p>	
D. Nursing	CCO	<b>2 min</b>	Total number of charts with pain medication administration were accounted for, excluding duplicate charts. Post assessment, 4 PO and 5 IV, administration(s) not completed	Charge nurse continues to ensuring all nurses f/u with pain reassessment. Will continue to remind nursing staff to reassess patients. IV pain medication reassessment in the ED continues to be an issue. Will

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				continue to educate staff on importance of reassessment.
E. Emergency Department	CCO/QM	<b>5 min</b>	4 ER readmits - No trends or patterns were identified, no further action needed  10 incomplete logs – 2 charts doing business hours with wrong attending (Dr C); 8 charts missing the admit date/time (1 day shift, 7 pm shift with 2 nurses identified, 1 travel staff noted with 5 missing admit date/time)	Readmits were not due to lack of education, care on MRMC part  Incomplete logs – QM continues to notify Nurse and CNO in real time of any missing info, CNO aware of trend with travel nurse
F. Pharmacy & Therapeutics (P&T)	Pharmacy	<b>2 min</b>	Next P&T – Sept 2024  After hours access 100%  0 ADR  Med errors – 1, eliquis order received/verified by two different nurses, causing administering nurse to miss dosage	Nursing education to review and check mars, CNO will monitor for any further issues
G. Respiratory Care	RT	<b>2 min</b>	100 % on chart checks	
H. Wound Care	WC	<b>2 min</b>	1 in-pt wound development for the month - Wound care team seen patient on 6/5/24 the patient had DTI to Left lateral foot and Right medial foot, pictures were taken and placed in chart, ABD pads, kertix, and heel protectors were ordered at this time. patient discharged before wound care team was able to follow up.	Wound care education is planned for the next in-service (September 2024 – tentatively) in the meantime, nurses have been educated on through skin inspections to including removal of socks

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I. Radiology	RAD	<b>2 min</b>	2 - delays in reads for the month (1 xray/1 CT)	
J. Laboratory	LAB	<b>5 min</b>	Stat turn around time – 100%  Corrected reports – 2, specimen collected on wrong date (Vanc), CBC needed manual diff, diff was not marked  No blood culture contaminations	
K. Infection Control/Employee Health	IC/EH	<b>5 min</b>	May – 1 HAI – cdiff, post admin of ABT, pt with extensive ABT use and hospitalizations as a potential contributing factor. Treated with Vanc.  1 aspiration pneumonia, all precautions in place on high-risk non-compliant patient. No IC action at this time.  June – Wound care pt with MRSA, during hospitalization pt with report of candidia auris; corporate IP notified, pt placed on precautions, OSDH notified with education send to all providers. Terminal room clean completed with recommended cleaning agent/process and screening preformed on 7 patients with no further instances HH – 1 CNA did not complete HH post iso room, education provided to employee/signage was in place	IP ordered new cleaning per recommendations Housekeeping using recommended cleaner as directed
L. Health Information Management (HIM)	HIM	<b>2 min</b>	95% H&P completion – 1 SWB not complete	

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			100% Progress Note Completion	
M. Dietary	Dietary	<b>2 min</b>	May – 100% on all areas  June – 1 cleaning schedule missed for 75%	Encouraged monitoring for employee trend
N. Therapy	Therapy	<b>2 min</b>	100%	
O. Human Resources (HR)	HR	<b>2 min</b>	100% - 90-day competency  Annual education – 1 employee has not completed education requirements: PRN PT	
P. Business Office	BOM	<b>2 min</b>	100%	
Q. Environmental Services	EVS	<b>2 min</b>	10/10 on room cleans	
R. Materials Management	MM	<b>2 min</b>	Requisitions – 100%	
S. Life Safety	PO	<b>2 min</b>	100%	
T. Emergency Preparedness	EP	<b>2 min</b>	0 employee oriented Code Pink Drill on 6/27/24	
U. Information Technology	IT	<b>2 min</b>	IT reports no issues	
V. Outpatient Services	Therapy	<b>2 min</b>	Data tool being added to workbook	Email out to creator regarding this still not on workbook
W. Strong Minds	N/A	N/A	N/A	
<b>VII. POLICIES &amp; PROCEDURES</b>				
<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	IP Manual	First approval – Kelley Second approval – Meghan

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			Clinical Consultant Moderate Complexity Job Description  CA-600 Coagulation Instrument - Historical Standard Deviation  MRMC Laboratory Patient Services Manual **  Technical Consultant Moderate Complexity Job Description	** MRMC Laboratory Patient Services Manual – HOLD per Lab Director Tonya **
B. Review and <i>Approve to Retire</i>				
<b>VIII. PERFORMANCE IMPROVEMENT PROJECTS</b>				
<b>Agenda Item</b>	<b>Presenter</b>	<b>Time Allotted</b>	<b>Discussion/Conclusions</b>	<b>Decision/Action Items</b>
A. Performance Improvement Project (PIP)	QM	2 min	1.) Bed side scanning 2.) Pain Assessment 3.) Stroke	
<b>IX. OTHER</b>				
<b>Agenda Item</b>	<b>Presenter</b>	<b>Time Allotted</b>	<b>Discussion/Conclusions</b>	<b>Decision/Action Items</b>
A. Risk Manager Appointment	QM	1 min	Approved - Feb 2024	
B. Infection Preventionist	QM	1 min	Approved – March 2024	
<b>X. ADJOURNMENT</b>				
<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 1451 by Brittany seconded by Chasity	Next Quality scheduled for 8/8/24, QM will discuss this date with Kaye/Kelley based on Board Mtg date for August 2024

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MEMBERS & INVITED GUESTS				
<b>Voting MEMBERS</b>				
Kelley Martinez	Nick Walker	Danielle Cooper	Lynda James	Treva Derr
Kaye Hamilton (teams)	Mark Chapman	Heather Larson	Brittany Gray	Chrissy Smith
Jennifer Dreyer	Melissa Tunstall	Tonya Bowen	Bethany Moore	Chelsea Church
Tim Hopen (teams) *left before reporting	Dr Gilmore (teams) <input type="checkbox"/>	<input type="checkbox"/> Chasity Howell	<input type="checkbox"/> Meghan Smith	Dianne (teams)
<b>Non-Voting MEMBERS</b>				
Denise Jackson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>INVITED GUESTS</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Date Minutes Approved:</b>	
<b>Signature of ChairPerson:</b>	