

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

Meeting Location: OR	Reporting Period: March 2026	
Chairperson: Dr Gilmore	Meeting Date: 04/16/2026	Meeting Time: 14:00
Medical Representative: Dr Gilmore	Actual Start Time: 1413	Actual Finish Time: 1452
Hospital Administrator/CEO: Kelley Martinez	Next Meeting Date/Time: tentatively	

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 1415	Approval: First – N. Walker Second– S. Hughes

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>	Meghan Smith	2 min	Meeting minutes – March 2026	Approval: First – N. Walker Second – T. Bowen
B. Environment of Care (EOC) Committee <i>1. Approval of Meeting Minutes</i>	Mark Chapman	2 min	Meeting minutes – March 2026	Approval: First – S. Hughes Second – T. Bowen
C. Infection Control Committee <i>1. Approval of Meeting Minutes</i>	April Summerlin	2 min	Meeting minutes – March 2026	Approval: First – L. Gilmore Second – T. Bowen
D. Pharmacy & Therapeutics (P&T) Committee <i>1. Approval of Meeting Minutes</i>	Chelsea Church/ Lynda James	2 min	Meeting minutes – March 2026	Approval: First – S. Hughes Second – T. Bowen
E. Health Information Management (HIM)/Credentialing Committee <i>1. Approval of Meeting Minutes</i>	Jessica Pineda/ Kaye Hamilton	2 min	Meeting Min – March 2026	Approval: First – S. Hughes Second – N. Walker
D. Utilization Review (UR) Committee <i>1. Approval of Meeting Minutes</i>	Chasity Howell	2 min	Meeting Minutes – March 2026	Approval: First – T. Bowen Second – S. Hughes

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III. DEPARTMENT REPORTS				
Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. Nursing/Emergency Department	Nick Walker	5 min	Blood utilization – 6 Code Blue – 2 Restraint – 1 Emergent Intubations: 1	ACLS guidelines 100% Acute chart with accurate chief complaint 100%
B. Radiology	Pam Esparza	2 min	5/143 repeats	0/34 Contrast reactions 2/2 Critical Test reporting
C. Laboratory	Tonya Bowan	8 min	46 – repeated labs, all critical repeats 1 rejected specimen	eGFR Creatine updated in TruBridge to automatic reflex.
D. Respiratory Care	Heather Larsen	2 min	0 vent day 13 Trach days, no decannulations	Director out
E. Therapy	Christopher Larsen	2 min	Total # of Sessions Performed -PT 213 Inpatient/Outpatient 144 -OT 192 Inpatient -ST 9 Inpatient	Temp checks 100% Gait belt Obs 20/20
F. Materials Management	Cory Ross	2 min	3- Back Orders 0 Late Orders 2 Recalls	24 items validated non-chargeable and stickers removed. Project ongoing
G. Business Office	Desarae Clinesmith	2 min	DL – 73% Cost Share – 73%	Cost Share improving.
H. Human Resources	Stephanie Hughes	2 min	58 employees at end of month	
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	
K. Dietary	Treva Derr	2 min	Daily meal count –	Stove repairs?
L. Information Technology	Hank Hunt	2 min		
M. Strong Minds	Brittany Nelms/Brittany Niles	2 min	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: 1.) AMA Patient seen in ED on 3/18/26 for abnormal labs. Patient is a resident at local skilled nursing facility. SNF reports that patients lab results were abnormal and increased lethragy. Patient reports to staff that he doesn't feel ill but agreed to been seen in ED. Patient was triaged and evaluated in a timely manner. Patient was alert and oriented and capable of making	

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			<p>informed decisions. Complete medical exam completed including lab work and diagnostic imaging. Chest CT impression: "metastatic or primary malignancy with large subcarinal necrotic mass with subsequent right lower lobe collapse and right upper lobe infection and/or atelectasis. The mass is likely primarily of esophageal origin or may be invasive into the esophagus. 2. Spiculated left upper lobe nodule is suspicious. 3. Poorly characterized with possible hepatic metastases. 4. No evidence of pulm embolism." Provider discussed findings with patient and informed patient that patient needed to be transferred to a higher level of care with pulmonology. Patient adamantly declined transfer to another facility or admission to MRMC. Patient educated that condition could be terminal if no intervention. Patient continued to decline transfer. Patient signed AMA paperwork.</p>	
B. Case Management	CM	8 min	<p>Readmits – 1 Patient admitted 12/2/26 for altered mental status. Remained swing bed until 2/4/2026, which is when patient had returned to baseline and wife requested patient to be discharged home with him and with caregivers. Patient returned to ED on 2/18/25 for a fever and possible aspiration. Was admitted for sepsis and aspiration pneumonia. Patient to receive IV antibiotics. Patient's condition declined through stay and family elected to place patient on comfort care. Patient expired that same day.</p>	

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C. Risk Management	QM	10 min	<p>Deaths – 3</p> <p>1.) Patient admitted to MRMC for urosepsis and atrial fib with RVR, and aspiration pneumonia. Admitted for IV antibiotics and oxygen support. Past Medical History: CVA, hemiplegia of left nondominant side, dysphagia, hypertension, BPH with LUTS, PEG tube. Continued respiratory decline through the stay. Patient's family elected to place patient on comfort care and expired.</p> <p>2.) Patient arrived ED via EMS from home, cardiac arrest Code Blue in progress on arrival. ACLS protocol followed per AHA guidelines. ROSC achieved but required high dose vasopressors. Provider discussed with patients about poor prognosis for patient and family elected to stop lifesaving measures. Patient had a DNR on file with MRMC from previous hospitalization. Patient expired. LifeShare and examiner notified. Both declined.</p> <p>3.) Patient arrived to ED via EMS from home. Patient was found unresponsive by family CPR initiated by EMS on scene. Drug paraphernalia present at the scene. Narcan administered on scene with no improvement. 4 rounds of Epi administered by EMS. CPR in progress on arrival to MRMC ED @ 2005. ACLS</p>	<p>Other - 0</p> <p>Skin tear 0</p> <p>Bodily Injury:0</p>

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			<p>protocol followed. Epi 1 mg x4 doses, Narcan, Romazicon, and bicarb administered without improvement. Cardiac monitor indicated asystole and pulseless electrical activity. Femoral doppler negative for cardiac activity. CPR discontinued at 2025. Medical examiner notified. Body to be released to medical examiner.</p> <p>Complaints 0</p> <p>Grievances –0.</p> <p>Workplace Violence Events –0</p> <p>Falls - 3 n</p> <p>Falls w/o injury: 1.) Patient was found in his room on the floor in front of the bathroom door. No signs of obvious injury. Patient denied hitting his head or any other injuries. Patient reported that he was attempting to walk to bathroom with walker.</p> <p>Falls with Minor Injury: 1.) Patient was outside by ER doors in personal electric wheelchair. When returning to the entrance of the hospital, the patient ran over a curb and the electric wheelchair turned over, resulting in patient falling from the wheelchair. EVS staff found patient. Patient was awake and alert. Nursing staff responded</p>	
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			<p>promptly and assessed patient. Patient evaluated by ER provider.</p> <p>Falls with Major Injury:</p> <p>Delay in Care 1 1.) Chest xray was ordered @ 1456 on 3/29/26. Order was verified by point of care nurse at 1719. Radiology was not contact in a timely manner, and the imaging was not completed until 1910. Chest x-ray indicated interstitial edema. No harm noted to patient.</p>	
D. Nursing	CCO	2 min	<p>Med reconciliation – 100% Preferred Pharmacy – 100% Hospital Formulary – 100%</p>	
E. Emergency Department	CCO/QM	5 min	<p>1.) ER log compliance – 100%</p> <p>2.) EDTC Data</p> <p>3.) LWBS – 0</p>	
F. Pharmacy & Therapeutics (P&T)	Pharmacy	2 min	<p>Next P&T – March 2026</p> <p>After hours access -</p> <p>ADR - 0</p> <p>Med errors – 2 1.) Patient scheduled to receive Lactulose 30ml. Nurse scanned dose and took to patients’ room but the dose was never administered. Patient reported that it was unopened, so they did not take it.</p>	

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			2.) Patient admitted to ED received a dose of ceftriaxone 1gm @ 1548 in the ED. Received 2nd dose of ceftriaxone 1gm @ 1900. Order was ceftriaxone 1gm every 24hrs Dose omissions –	
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: 3 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	4 – Inpt HAIs 0 – MRDO 0 – VAE 1– Cdiff 0– CAUTI 0 – CLASBI	HAI 1.) 56 year old female patient admitted on 3/4/2026 for MRSA pneumonia, Respiratory failure with trach, Dysphagia with PEG tube, HTN, and DMII. Original diagnosis of pneumonia was on 1/11/26. Patient had tracheostomy removed on 3/16/2026. Patient developed signs and symptoms of pneumonia on 3/22/2026- wheezes bilaterally with rhonchi. On 3/23/2026 WBC's elevated to 13.5 with crackles, rhonchi throughout and productive cough with thick green sputum. X-ray findings suggest a combination of Congestive heart failure and superimposed pneumonia with consolidation and effusion

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				<p>left chest. Clinical staff documented patient refusal to participate with PT to increase mobility and no oral care documentation found the 7 days prior to infection.</p> <p>2.) 89-year-old female admitted on 3/9/2026 due to CVA, NSTEMI, Hypothyroidism, Pain, and Nausea. Chest X-ray completed on 3/9/26 Impression: Medial Right lung base infiltrate concerning pneumonia. Not addressed at time of admission. On 3/12/26 patients started on IV Rocephin and Azithromycin. On 3/13/26 WBCs increased to 17.8 (9.1 on admission) with altered mental status and fever of 101.3 and new symptoms of dyspnea and new cough. Patient had been medicated with Ativan 2 mg that caused patient to sleep. Patient remained in bed or laying in geri-chair for 3 days. Patient also had recent surgery for PEG tube placement on 3/6/2026. Gaps in oral care noted for 3 days prior to infection. 3/13/2026 IV antibiotics changed to IV Vancomycin and Merrem.</p> <p>3 81 year old male patient admitted on 3/6/2026 for Altered mental status, Hypertensive emergency, Parkinson's, Chronic cerebral microvascular ischemia, hyponatremia, and urinary retention. Patient pulled his foley catheter out on 3/16/2026 due to increase confusion. 3/19/26 patient developed hypotension with increased altered mental status resulting in urine culture being collected. Urine culture positive for Klebsiella aerogenes a multi-drug-resistant organism. Patient had urine collected on 3/6/26 and 3/11/26 both</p>
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				<p>negative for infection. One other patient admitted to the facility on 3/4/2026 that test positive for Klebsiella aerogenes who shared the same clinical staff.</p> <p>4.) 71 year old male patient admitted on 3/3/2026 due to Sepsis, Right hip cellulitis, Hepatic encephalopathy, UTI, Hip/sacral wounds, DMII, and Hypertension. Patient seen by wound care on 3/4/26. No admission wound cultures collected. No cultures collected at previous facility for wounds. 3/25/26 wound care provider documented “Improving wound appearances with the exception of right leg with greenish discoloration of wound bed. Cultures collected.” Preliminary culture results on 3/31/2026, patient started on IV Ceftriaxone and Levofloxacin. 4/1/2026 culture resulted in Pseudomonas aeruginosa and Proteus mirabilis both multi-drug-resistant organisms.</p> <p>CDI: 63 year old female patient admitted on 2/4/2026 due to Spontaneous bacterial peritonitis, NASH-decompensated, Morbid obesity, Debility, cirrhosis, and blood loss anemia. 3/11/2026 patient tested positive for C. diff due to increased loose stools that started on 3/10/26 and WBC’s was 20.6. Patient diagnosed with leukocytosis during stay and placed on 5 different IV anti-microbials from Zosyn, Levofloxacin, Vancomycin, Micafungin, and Merrem.</p>
L. Health Information Management (HIM)	HIM	2 min	100% - D/C Note Compliance 100% - Progress Notes	

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			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	Director out – will defer	
V. Outpatient Services	Therapy	2 min	Temp logs – 100%	
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 <i>Approve</i>	QM	10 min	1) 340 B Purchasing Plan	1. Approval: First – K. Martinez

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			<p>2.) FMHP-018 Patient Privacy Notice</p> <p>3.) 2026 TB Risk Assessment</p> <p>4.) Annual Antimicrobial Stewardship Leader Appointment</p> <p>5.) Respiratory Protection Program Evaluation for 2026</p>	<p>Second– T. Bowen</p> <p>2. Approval: First – T. Bowen Second– T. Derr</p> <p>3. Approval: First – K. Martinez Second– N. Walker</p> <p>4. Approval: First – K. Martinez Second– T. Bowen</p> <p>5. Approval: First – T. Bowen Second– N. Walker</p>
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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 1452 by A. Summerlin seconded by P. Esparza	

MEMBERS & INVITED GUESTS

Voting MEMBERS				
Kelley Martinez CEO	Nick Walker CCO	Dr Gilmore (Teams)	Treva Derr Dietary Manager	Lynda James DRS

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	Desarae Clinesmith BO Manger	Cory Ross Materials Management	Pam Esparza Radiology Manger	Mark Chapman Plant Ops/EVS (Out)
Tonya Bowen Lab Director	Stephanie Hughes HR	Brittany Niles Strong Minds (Out)	Kaye Hamilton Credentialing	Jessica Pineda HIM
Dianna Sanders Wound Care Nurse	April Summerlin RN, IP	Heather Larsen Respiratory Director (Out)	Chris Larsen PT Director (With Outpatients)	
Non-Voting MEMBERS				
Meghan Smith QM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Sign-In Sheet
Date of Meeting: 04/13/2026

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		