

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

Other
Other
Other

Meeting Location: OR	Reporting Period: Aug 2025	
Chairperson: Dr Gilmore	Meeting Date: 09/11/2025	Meeting Time: 14:00
Medical Representative: Dr Gilmore	Actual Start Time: 1402	Actual Finish Time: 1456
Hospital Administrator/CEO: Kelley Martinez	Next Meeting Date/Time: tentatively 10/16/2025 @ 14:00	

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 1402	Approval: First – Kelley, Second– Nick

II. COMMITTEE MEETING REPORTS & APPROVAL OF MINUTES

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

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 – Aug 2025	Approval: First – Meghan, Second – Chasity
B. Environment of Care (EOC) Committee 1. <i>Approval of Meeting Minutes</i>	Mark Chapman	2 min	Meeting minutes – Aug 2025	Approval: First – Nick , Second – Dr G
C. Infection Control Committee 1. <i>Approval of Meeting Minutes</i>	Meghan Smith	2 min	Meeting minutes – July/Aug 2025	Approval: First – Kelley, Second – Jessica
D. Pharmacy & Therapeutics (P&T) Committee 1. <i>Approval of Meeting Minutes</i>	Chelsea Church/ Lynda James	2 min	Meeting minutes – None Next P&T – Sept 2025	
E. Health Information Management (HIM)/Credentialing Committee 1. <i>Approval of Meeting Minutes</i>	Jessica Pineda/ Kaye Hamilton	2 min	Meeting Minutes – Aug 2025	Approval: First –Chasity , Second – Meghan
D. Utilization Review (UR) Committee 1. <i>Approval of Meeting Minutes</i>	Chasity Howell	2 min	Meeting Minutes – Aug 2025	Approval: First – Dr. G , Second – Kelley
III. DEPARTMENT REPORTS				
Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. Nursing/Emergency Department	Nick Walker	5 min	2 Blood utilization – 0 Code Blue – 1 restraint	Monthly nurse meeting held on 08/20/25, Skills Fair scheduled for 10/14-16
B. Radiology	Pam Esparza	2 min	No critical reports No CT reactions for the month Dsoimeter – 5/0	
C. Laboratory	Tonya Bowan	8 min	55 – repeated labs, 53/55 were critical results 5 rejected – HH draws that were not signed, no time of draw noted on specimen or hemolyzed specimen	

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

D. Respiratory Care	Heather Larson	2 min	<p>July – no unplanned decannulations/no trach pts 100% chart checks/resp assessments for the month</p> <p>Aug - no unplanned decannulations/no trach pts 100% chart checks/resp assessments for the month</p>	
E. Therapy	Chrissy Smith	2 min	<p>Total # of Sessions Preformed 217 -PT 180 -OT 11 -ST Improved Standard Assessment Scores: 11 - PT 11 - OT 0 -ST</p>	
F. Materials Management	Waylon Wigington	2 min	<p>4 back orders – lab/central supply</p> <p>0 late orders</p> <p>2 Recalls - pharmacy (carveiadol)</p>	
G. Business Office	Desarae Clinesmith	2 min	<p>DL – 100% Cost Share – 89% 1 cost share/PP was not collected due to no working number, 1 cost share/PP was not collected due to language barrier 1 cost share/PP was not collected due to refusing payment plan. 1 cost share/PP was not collected due to the patient refusing to make any financial decisions. 1 cost share/PP not collected due to patient's guarantor refusing PP 1 cost</p>	Language line education to BO staff, BOM reiterated the need for nursing to collect id/ins with CNO

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

			share not collected due to not being able to contact patient	
H. Human Resources	Stephanie Hughes	2 min	2 new hires in the reporting period Including HR	
I. Environmental Services	Mark Chapman	2 min	100% terminal room cleans	
J. Facility/Plant Operations	Mark Chapman	2 min	24 extinguishers checked 0 boiler checks – Boiler off 04/30/25 for the season 1 generator/transfer switch inspection 15 – filter checks 6 egress inspections	No noted issues with inspections/check for the reporting period Roof done, ceiling tiles replacement going on. Drywall repairs to CT done
K. Dietary	Treva Derr	2 min	Daily meal count – 100%	
L. Information Technology	Desirae Galmore	2 min	SAFER Guides/SRA meeting scheduled for this month, completion date is 10/01/2025	
M. Strong Minds	Brittany Nelms/Brittany Niles	2 min	Director/Representative not present, will defer until next month	

IV. OLD BUSINESS

V. NEW BUSINESS

Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. New Business	QM	2 min	See policy/procedures below	

VI. QUALITY ASSURANCE/PERFORMANCE IMPROVEMENT DASHBOARD REPORT

Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
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Mangum Regional Medical Center
Quality and Patient Safety Committee Meeting
Agenda for Sept 2025 and Meeting Minutes for Sept 2025

A. Volume & Utilization	CM	5 min	<p>AMA – 1</p> <p>1 pt to the ER for c/o syncopal feeling. Pt was evaluated and treated with IV therapy and meds while in the ER. Pt reported to be feeling better and wanted to leave to get back to work. Pt was advised to stay for continued treatment but was adamant that they needed to return to work. Pt was advised on R/B of leaving AMA, pt signed AMA form and left ER</p>	<p>CM reports increase of Average daily census to 13.5 for the month</p> <p>And an increase in OBS patient due to insurance requirements</p>
B. Case Management	CM	8 min	<p>2 - re-admit</p> <p>1.) Patient admitted to Acute IP with dx: Intestinal obstruction and readmitted with dx: N/V. Patient discharged to home.</p> <p>2) Patient admitted to SWB with dx: Cancer dx and discharged to home requiring indwelling tube reinsertion. Patient readmitted with dx: fistula and discharged home with HH of choice and family.</p> <p>100% SDOH data</p>	
C. Risk Management	QM	10 min	<p>Deaths - 0</p> <p>Complaints - 0</p> <p>Grievances – 0</p> <p>Workplace Violence Events - 0</p> <p>Falls - 4 without injury;</p>	<p>Falls without injury</p> <p>1.) Immediate actions taken – assisted up and to recliner, assessment preformed</p> <p>Post fall precautions added – chair alarm, non-slid pad in chair</p> <p>2.) Immediate actions taken – assisted up and to recliner for breakfast, assessment preformed</p>

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

		<p>1.) Pt leaned forward while sitting in the recliner and slid from recliner to the floor. Unwitnessed fall. No injuries noted Fall precautions in place prior to fall</p> <p>2.) Pt being assisted up to chair for breakfast, pt unsteady and began falling forward, pt was not able to turn to complete transfer and staff assisted pt to the floor. No injuries noted Fall precautions in place prior to fall</p> <p>3.) Pt observed on the floor by therapy services, unwitnessed fall. Pt was noted in front of recliner. Denies any injuries or hitting head. Nursing noted that chair alarm was unhooked with note of pt hx of unplugging chair alarm Fall precautions in place prior to fall</p> <p>4.) Pt found on floor in front of recliner. States they were trying to get out up, denies any injury or hitting head Fall precautions in place prior to fall</p> <p>Other – Line events – 1; Nephrostomy patient was being transferred to the shower chair when pt felt something “fall out”, nephrostomy tube was noted to have come out. Charge nurse and provider were notified, with patient scheduled for replacement of tube.</p>	<p>Post fall precautions added – two person assist for transfers</p> <p>3.) Immediate actions taken – assisted up and to recliner for breakfast, assessment preformed, chair alarm set back up. Post fall precautions added – place chair alarm connection out of reach of patient, education to patient on fall precautions</p> <p>4.) Immediate actions taken – assisted up and to recliner, assessment preformed, chair alarm set back up and moved to different location. Post fall precautions added - place chair alarm connection out of reach of patient, education to patient on fall precautions, elevated feet.</p> <p>Other -</p> <p>Line events – 1; ab binder and securement devices ordered for patient nephrostomy, CNO provided education on transfers with this patient due to second incident</p> <p>Skin tear – 1; nurse provided first aide to site</p> <p>Patient care issues – 2;</p>
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Mangum Regional Medical Center
Quality and Patient Safety Committee Meeting
Agenda for Sept 2025 and Meeting Minutes for Sept 2025

			<p>Skin tear – 1; pt was noted to have small amount of blood on pillow, pt reports that skin tear occurred at another hospital while IV was being d/c'd</p> <p>Patient care issues – 2;</p> <p>1.) Pt had d-dimer completed and it was flagged as critical, but according to the range it was not a critical result.</p> <p>2.) PM shift notified CNO that wound care for patient X had not been completed during the AM shift for the date of service</p> <p>Other events – 1; Pt was noted to have red, bruise like described area to left lower back. Unknown cause.</p> <p>Visitor event – 1 ER visitor, visitor fell while exiting the Er to the lobby. Denies any injuries/hitting head. Denies any need for treatment.</p>	<p>1.) Nurse notified Provider for lab review, lab tech/director and CNO notified of lab resulting error. Lab director notified contacted lab technology company regarding this resulting error and it was corrected on the company's machine end. No negative effects on patient(s) while this was being corrected.</p> <p>2.) CNO spoke with assigned nurse who was educated on ensuring all wound care was completed with med passes, PM shift completed wound care on day of finding.</p> <p>Other events – 1; CNO followed up on spot with noted blanchable red/pinkness, no bruising noted. No pain/swelling noted in area. Staff monitoring area.</p>
D. Nursing	CCO	2 min	<p>Med reconciliation – 97%</p> <p>Preferred Pharmacy – 71%</p> <p>Hospital Formulary – 97%</p>	Nursing education on completion of these items on admit
E. Emergency Department	CCO/QM	5 min	<p>1.) ER log compliance – 99%</p> <p>2.) EDTC Data – 100%</p>	1.) QM continues to notify CNO and Nurse in real time of missing data

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

F. Pharmacy & Therapeutics (P&T)	Pharmacy	2 min	<p>Next P&T – Sept 2025</p> <p>After hours access - 64</p> <p>ADR - 1 1.) A patient received a x1 dose of metronidazole 500mg IV and began having itching and redness to injection tie, along with confusion.</p> <p>Med errors – 6</p> <p>Dose omissions – 5</p>	ADR – 1.) IV antidote given, with improvement noted
G. Respiratory Care	RT	2 min	<p>0 unplanned decannulation</p> <p>100% resp assessments</p> <p>100% on Chart checks</p>	
H. Wound Care	WC	2 min	No wound development for the month	
I. Radiology	RAD	2 min	<p>3 repeats for the month</p> <p>CT was down due to the rain and leaking ceiling, but back up and running with no further issues</p>	
J. Laboratory	LAB	5 min	2 – Blood culture contaminates	<p>Both drawn by same phlebotomist, Lab director provided 1:1 education on correct collection</p> <p>Calibration completed for the month</p> <p>Licensures updated this month</p>
K. Infection Control/Employee Health	IC/EH	5 min	<p>0 – Inpt HAIs</p> <p>0 – MRDO</p> <p>0 – VAE</p> <p>0 – Cdiff</p> <p>0 – CAUTI</p>	Aug – incidental finding on inpt of right lower lobe pneumonia, did not meet the criteria of HAI, pt was treated for pneumonia and remained asymptomatic throughout.

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

			0 - CLASBI	Stewardship numbers are improving Flu vaccines for staff beginning October 1, 2025.
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%	
N. Therapy	Therapy	2 min	Gait belt usage – 100%	
O. Human Resources (HR)	HR	2 min	3 new hires for the reporting period	

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

P. Business Office	BOM	2 min	Cost shares – 89% Med Necessity Verification – 100%	
Q. Environmental Services	EVS	2 min	10/10 on room cleans	
R. Materials Management	MM	2 min	Electronic Requisitions – 100%	
S. Life Safety	PO	2 min	Fire extinguisher Inspections -100% Egress checks – 100%	
T. Emergency Preparedness	EP	2 min	2 - new hires for the month all educated on EP plan	
U. Information Technology	IT	2 min	54 - IT events for the month	
V. Outpatient Services	Therapy	2 min	Temp logs – 100%	
W. Strong Minds	SM	2 min	Director/Representative not present, will defer until next month	
VII. POLICIES & PROCEDURES				
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Mangum Regional Medical Center
Quality and Patient Safety Committee Meeting
Agenda for Sept 2025 and Meeting Minutes for Sept 2025

A. Review and <i>Approve</i>	QM	10 min	<ol style="list-style-type: none"> 1.) Emergency Department Policy and Procedure Manual Table of Contents 2.) Administrative Policy Manual Table of Contents 3.) Intravenous Line Management Policy 4.) Conditions of Admission <p><u>Workplace Violence Policies, etc.</u></p> <ol style="list-style-type: none"> 1.) Hospital Workplace Violence Prevention Program Policy 2.) Hospital Workplace Violence Event Tracking Log 3.) Intimate Partner/Domestic Violence Assessment Form 4.) Post-Threat or Event Report 5.) Violence/Aggression Assessment Checklist (VAAC) 6.) Workplace Violence Incidence Report Form 	<ol style="list-style-type: none"> 1.) Approval: First – Kelley, Second – Meghan 2.) Approval: First – Kelley, Second – Meghan 3.) Approval: First – Kelley, Second – Nick 4.) Approval: First – Kelley, Second – Dr G <p><u>Workplace Violence Policies, etc.</u></p> <ol style="list-style-type: none"> 1.) Approval: First – Kelley , Second – Meghan 2.) Approval: First – Kelley , Second – Dr G 3.) Approval: First – Kelley , Second – Dr G 4.) Approval: First – Kelley , Second – Dr G 5.) Approval: First – Kelley , Second – Dr G 6.) Approval: First – Kelley , Second – Dr G
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Mangum Regional Medical Center
Quality and Patient Safety Committee Meeting
Agenda for Sept 2025 and Meeting Minutes for Sept 2025

			<p>7.) Hospital Workplace Violence Hazard Vulnerability Assessment Tool</p> <p>8.) Workplace Violence Incident Immediate Debrief Form</p> <p>9.) Hospital Workplace Violence Risk Assessment Analysis/Checklist</p> <p>10.) Workplace Violence in the Healthcare Setting (Orientation: Leadership & Workplace Violence Event Response Team)</p> <p>11.) Workplace Violence Prevention (New Hire Orientation Staff Education)</p> <p><u>OB Policies, etc.</u></p> <p>1.) Postpartum Hemorrhage Order Set</p>	<p>7.) Approval: First – Kelley , Second – Dr G</p> <p>8.) Approval: First – Kelley , Second – Dr G</p> <p>9.) Approval: First – Kelley , Second – Chasity</p> <p>10.) Approval: First – Kelley, Second – Chasity</p> <p>11.) Approval: First – Kelley , Second – Chasity</p>
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Mangum Regional Medical Center
Quality and Patient Safety Committee Meeting
Agenda for Sept 2025 and Meeting Minutes for Sept 2025

			2.) Severe Intrapartum/Postpartum Hypertension Order Set 3.) Magnesium Sulfate Infusion Protocol/Order Set 4.) Obstetrical Triage, Screening, Stabilization and Disposition Policy 5.) Obstetric Emergencies – Precipitous Deliver (Code Labor) Policy	<u>OB Policies, etc.</u> 1.) Approval: First – Kelley , Second – Dr G 2.) Approval: First – Kelley, Second – Dr G 3.) Approval: First – Kelley , Second – Chasity 4.) Approval: First – Kelley , Second – Dr G 5.) Approval: First – Kelley, Second – Dr G
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 1456 by Kelley seconded by Chasity	

MEMBERS & INVITED GUESTS				
Voting MEMBERS				
Kelley Martinez	Nick Walker	Treva Derr	Chasity Howell	Jessica Pindea

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

D. Clinesmith	Pam Esparza	Tonya Bowen	Stephanie Hughes	Heather Larson
Dr Gilmore (teams)	Kaye Hamilton (teams)	D. Galmor	Waylon Wigington	
Non-Voting MEMBERS				
Denise Jackson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>