

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

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| Other | _____ | _____ |
| Other | _____ | _____ |
| Other | _____ | _____ |

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| 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 | | | | |

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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 – 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 | |

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| | | | | |
|-------------------------|--------------------|--------------|---|---|
| D. Respiratory Care | Heather Larson | 2 min | July – no unplanned decannulations/no trach pts 100% chart checks/resp assessments for the month Aug - no unplanned decannulations/no trach pts 100% chart checks/resp assessments for the month | |
| E. Therapy | Chrissy Smith | 2 min | Total # of Sessions Preformed 217 -PT 180 -OT 11 -ST Improved Standard Assessment Scores: 11 - PT 11 - OT 0 -ST | |
| F. Materials Management | Waylon Wigington | 2 min | 4 back orders – lab/central supply 0 late orders 2 Recalls - pharmacy (carveiadol) | |
| G. Business Office | Desarae Clinesmith | 2 min | 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 | Language line education to BO staff, BOM reiterated the need for nursing to collect id/ins with CNO |

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|------------------------------|-------------------------------|--------------|--|--|
| | | | 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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Agenda for Sept 2025 and Meeting Minutes for Sept 2025

| | | | | |
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| A. Volume & Utilization | CM | 5 min | AMA – 1 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 | CM reports increase of Average daily census to 13.5 for the month And an increase in OBS patient due to insurance requirements |
| B. Case Management | CM | 8 min | 2 - re-admit 1.) Patient admitted to Acute IP with dx: Intestinal obstruction and readmitted with dx: N/V. Patient discharged to home. 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. 100% SDOH data | |
| C. Risk Management | QM | 10 min | Deaths - 0 Complaints - 0 Grievances – 0 Workplace Violence Events - 0 Falls - 4 without injury; | Falls without injury 1.) Immediate actions taken – assisted up and to recliner, assessment preformed Post fall precautions added – chair alarm, non-slid pad in chair 2.) Immediate actions taken – assisted up and to recliner for breakfast, assessment preformed |

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> | Post fall precautions added – two person assist for transfers 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 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. Other - Line events – 1; ab binder and securement devices ordered for patient nephrostomy, CNO provided education on transfers with this patient due to second incident Skin tear – 1; nurse provided first aide to site Patient care issues – 2; |
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Mangum Regional Medical Center
Quality and Patient Safety Committee Meeting
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| | | | | |
|-------------------------|--------|--------------|--|--|
| | | | <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> <ol style="list-style-type: none"> 1.) Pt had d-dimer completed and it was flagged as critical, but according to the range it was not a critical result. 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>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 blanche able 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 |

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Quality and Patient Safety Committee Meeting
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| F. Pharmacy & Therapeutics (P&T) | Pharmacy | 2 min | Next P&T – Sept 2025 After hours access - 64 ADR - 1 1.) A patient received a x1 dose of metronidazole 500mg IV and began having itching and redness to injection site, along with confusion. Med errors – 6 Dose omissions – 5 | ADR – 1.) IV antidote given, with improvement noted |
| G. Respiratory Care | RT | 2 min | 0 unplanned decannulation 100% resp assessments 100% on Chart checks | |
| H. Wound Care | WC | 2 min | No wound development for the month | |
| I. Radiology | RAD | 2 min | 3 repeats for the month CT was down due to the rain and leaking ceiling, but back up and running with no further issues | |
| J. Laboratory | LAB | 5 min | 2 – Blood culture contaminates | Both drawn by same phlebotomist, Lab director provided 1:1 education on correct collection Calibration completed for the month Licensures updated this month |
| K. Infection Control/Employee Health | IC/EH | 5 min | 0 – Inpt HAIs 0 – MRDO 0 – VAE 0 – Cdiff 0 – CAUTI | 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. |

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| | | | 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 | |

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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% | |
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| 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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| A. Review and <i>Approve</i> | QM | 10 min | <ul 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 <u>Workplace Violence Policies, etc.</u> <ul 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 | <ul 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 <u>Workplace Violence Policies, etc.</u> <ul 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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| | | | <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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| | | | <p>2.) Severe Intrapartum/Postpartum Hypertension Order Set</p> <p>3.) Magnesium Sulfate Infusion Protocol/Order Set</p> <p>4.) Obstetrical Triage, Screening, Stabilization and Disposition Policy</p> <p>5.) Obstetric Emergencies – Precipitous Deliver (Code Labor) Policy</p> | <p><u>OB Policies, etc.</u></p> <p>1.) Approval: First – Kelley , Second – Dr G</p> <p>2.) Approval: First – Kelley, Second – Dr G</p> <p>3.) Approval: First – Kelley , Second – Chasity</p> <p>4.) Approval: First – Kelley , Second – Dr G</p> <p>5.) Approval: First – Kelley, Second – Dr G</p> |
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VIII. PERFORMANCE IMPROVEMENT PROJECTS

IX. OTHER

X. ADJOURNMENT

| Agenda Item | Presenter | Time Allotted | Discussion/Conclusions | Decision/Action Items |
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| 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 |
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| 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"/> |