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

Other		
Other		
Other		

Meeting Location: OR	**Reporting Period: July 2025**	
Chairperson: Dr Gilmore	**Meeting Date: 08/14/2025**	**Meeting Time: 14:00**
Medical Representative: Dr Gilmore	**Actual Start Time: 1402**	**Actual Finish Time: 1457**
Hospital Administrator/CEO: Kelley Martinez	**Next Meeting Date/Time: tentatively 09/11/2025 @ 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 – Jessica, Second– Chasity
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. ***Approval of Meeting Minutes***	Denise Jackson	**2 min**	Meeting minutes – July 2025	Approval: First – Chasity, Second – D. Clinesmith
B. Environment of Care (EOC) Committee 1. ***Approval of Meeting Minutes***	Mark Chapman	**2 min**	Meeting minutes – July 2025	Approval: First – Kelley, Second – Nick
C. Infection Control Committee 1. ***Approval of Meeting Minutes***	Meghan Smith	**2 min**	Meeting minutes – None	Director out – will defer until next month
D. Pharmacy & Therapeutics (P&T) Committee 1. ***Approval of Meeting Minutes***	Chelsea Church/ Lynda James	**2 min**	Meeting minutes – None Next P&T – Sept 2025	
E. Heath Information Management (HIM)/Credentialing Committee 1. ***Approval of Meeting Minutes***	Jessica Pineda/ Kaye Hamilton	**2 min**	Meeting Minutes – July 2025	Approval: First – Chasity, Second – Kelley
D. Utilization Review (UR) Committee 1. ***Approval of Meeting Minutes***	Chasity Howell	**2 min**	Meeting Minutes – July 2025	Approval: First – Pam, Second – D. Clinesmith
III. DEPARTMENT REPORTS				
Agenda Item	**Presenter**	**Time Allotted**	**Discussion/Conclusions**	**Decision/Action Items**
A. Nursing/Emergency Department	Nick Walker	**5 min**	Blood utilization – 3 units/2 episodes Code Blue – 0	HS continues to monitor PRN pain medication reassessments to ensure completion for inpatients Nurse meeting scheduled for 08/20/25
B. Radiology	Pam Esparza	**2 min**	No critical reports No CT reactions for the month Dosimeter – 5/0	3 repeats – 2 clipped imaged, 1 AEC not working so image was grainy. All repeated with no further issues
C. Laboratory	Tonya Bowan	**8 min**	88 – repeated labs	Pm done on Chemistry analyzer 7/8/25, Blood bank graph was not changed, tech was coached on proper procedure. Blood bank education to lab 08/04/25, Chemistry rerun education 7/21/25 and 08/01/25

D. Respiratory Care	Heather Larson	**2 min**	Director out – will defer until next month	
E. Therapy	Chrissy Smith	**2 min**	Total # of Sessions Preformed 134 -PT 101 -OT 19 -ST Improved Standard Assessment Scores: 3 - PT 3 - OT 1 -ST	
F. Materials Management	Waylon Wigington	**2 min**	3 back orders – central line kit, secondary set, spectrum wipes 0 late orders 1 Recalls - Gabapentin – pharmacy aware	
G. Business Office	Desarae Clinesmith	**2 min**	DL – 98% Cost Share – 79%	DL – ER pm shift not collecting DL
H. Human Resources	Leticia Sanchez	**2 min**	2 new hires in the reporting period 3 open positions	
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	No noted issues with inspections/check for the reporting period

			6 egress inspections	
K. Dietary	Treva Derr	**2 min**	Daily meal count – 100%	
L. Information Technology	Desirae Galmore	**2 min**	Incidents include – AT&T issues, restarting of the Spacelabs.	IT reports that SAFER guides and SRA will be completed by October 1st
M. Strong Minds	Brittany Nelms/Brittany Niles	**2 min**	Services began in July 2025 with 1 patient	So far program is starting off with one patient who is coming routinely
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**
A. Volume & Utilization	CM	**5 min**	AMA – 1 inpatient / 2 AMA 1.) Inpatient was admitted for primary DX. During the stay patient intermittently refused treatment. Pt refused medications and stated that they wanted to go home. Discussed the need for continued treatment, pt was willing to stay “awhile longer” but still refused medication. Later in the day patient decided they wanted to go home. R/B were discussed with patient as well as the need to follow up with PCP the next day. AMA signed.	ER staff could benefit from redirection education for patients with anxiety while in the ER as this could benefit the patient with completion of treatments with completion of treatments

			1.) ER – 1 pt to the ER for c/o S Pt seen and evaluated by provider with orders for hand held nebulizers. As patient was receiving hand held nebulizer treatment, they began refusing treatment, offered hand held instead of mask for comfort however patient continued to refuse, stating that they could do "this at home" Discussed treatment with patient who remained addiment that they wanted to go home without further treatment in the ER. R/B discussed with patient, signed AMA. 2.) ER – 1 pt to the ER with multiple complaints. During the assessment, pt became upset requesting that they only have a specific nurse. Nurse and provider attempted to assist/comfort patient however this was not successful and treatments were not able to be completed. Pt decided they wanted to d/c home without further care. Spouse was supportive with pt decision to leave AMA. R/B were discussed, provider felt further treatment would have been beneficial however as patient was not noted to be a risk to themselves or others at time of ER visit they were able sign out AMA/leave. AMA was not signed.	
B. Case Management	CM	**8 min**	0 - re-admit 100% SDOH data	

C. Risk Management	QM	**10 min**	**Deaths - 1** Pt admitted for multiple dx and treatment. Pt overall prognosis upon admit, poor. First week IDT with discussion of pallivate care with family due to patient current state. Family was in agreeance with palliative care, DNR on admit. Continued with comfort care and wound care as ordered. Patient declined as expected per dx progression. Patient expired while in patient, as death was expected. **Complaints - 0** **Grievances – 1** CEO spoke with patient who reports being very upset that the call light system was down during the night and patients were not notified of this. CEO was notified of event at 0700 the next day with IT working on it at 0730. QM reviewed inpatient charts from the night of said event, CEO spoke with all staff on shift for the evening with multiple notifications that call lights had been out for the shift with no notification via the EP system. **Workplace Violence Events** - 0 **Falls** - 1 without injury; In patient fell while transferring self from chair to the bed. No injuries noted,	**Deaths - 1; expected** **Grievances – 1;** CEO met with charge nurse and HR regarding event, all staff reminded of the EP notification and where phone numbers are located, handheld bells purchased and stored in familiar location in the event of call light failure in the future with staff education on the bells and storage location. Grievance letter mailed to patient. **Falls** - 1 without injury; Fall precautions post call - education on calling for assist with transfers, bed/chair alarm **Other** – 1.) Skin tear- tele box removed/repositioned, area cleaned and left open to air 2.) Line event – Pt required transfer to higher level of care for nephrostomy replacement 3.) Delay in treatment – chart to Med Director for review 4.– 7.) Near Misses – All nursing staff involved noted, incident reports written. QM paired incident reports, psych tool findings and education for CNO to meet with each

			assisted back to bed. Fall precautions in place prior to fall; low bed, call light in reach, clutter free room **Other** – 1.) Skin tear- Nurse reports skin tear to patient right side, reports that it was noted patient was laying on tele box and this resulted in skin tear to patient side 2.) Line event – Patient was in the shower when aide reported to charge nurse that nephrostomy tube was laying on the ground. 3.) Delay in treatment – Pt was seen in the ER. Provider ordered EKG, troponin while in the ER, troponin elevated and not rechecked while in the ER (recommended time -frame) no follow up ABG ordered as well, troponin was scheduled for the next day. Per nursing, er provider did not want to recheck the troponin but no documentation to support this. No mention of ekg or vitals in the H&P. Pt required bipap prior to transfer. 4.– 7.) Near Misses – 4 EOD charts where documentation was not	nurse 1:1 for education on proper documentation and psych policy review 8 - 12.) Lack of documentation – All findings noted and incident report written for each incident. Report/findings and education on documentation requirements for transfers given to CNO for 1:1 education with each nurse At time of this meeting; items 4-12 were still with CNO for completion

			completed per policy. Missing data includes; Environmental safety sheets, observation sheets, line of site/one on one documentation and accurate triage level documented on admit to the ER 8 - 12.) Lack of documentation – 5 transfer charts lacked completed documentation that was sent to the receiving facility per the transfer chart to include; nurse notes, EOD documentation, provider note.	
D. Nursing	CCO	**2 min**	1 inpatient transfer - Patient transferred for nephrology tube replacement after it came out during the shower	
E. Emergency Department	CCO/QM	**5 min**	1.) ER log compliance – 98% 2.) EDTC Data – 67% 9 transfer charts had incomplete data	1.) QM continues to notify CNO and Nurse in real time of missing data 2.) CNO aware and given packets of incident reports and education for each nurse, CNO to met with each nurse for 1:1 education
F. Pharmacy & Therapeutics (P&T)	Pharmacy	**2 min**	Next P&T – Sept 2025 Afterhours access - 67 ADR - 1	ADR - 1 L of NS fluid bolus was given, along with flumazenil 0.4mg IVP. The patient was monitored closely and returned to baseline.

			A patient received a 10mg IV dose of diazepam pushed over 1 minute. Patient became lethargic, hypotensive, and unresponsive, requiring a sternal rub. Med errors – 1 1) The patient was ordered to receive 2-Lyrica 50 mg capsules and received an extra 50 mg dose, causing the patient to receive 150 mg total, instead of the ordered 100 mg. Dose omissions – 0	Med errors - The nurse scanned the medication correctly but per the nurse, did not notice an extra scan when administering the medication. Nurse advised to slow down, ensure your medication scans are correct before administering to the patient.
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**	No issues in dept – ceiling doing better sine roof repair	
J. Laboratory	LAB	**5 min**	0 – Blood culture contaminates	
K. Infection Control/Employee Health	IC/EH	**5 min**	0 – Inpt HAIs 0 – MRDO 0 – VAE 0 – Cdiff 0 – CAUTI 0 - CLASBI	
L. Health Information Management (HIM)	HIM	**2 min**	100% - D/C Note Compliance 95% - Progress Notes; 1 incomplete note, provider has been notified	

			99% - ED DC Instructions; 1 note not signed by Nursing 97% - ED provider Dx; 1 note not completed, provider notified	
M. Dietary	Dietary	**2 min**	100%	
N. Therapy	Therapy	**2 min**	Gait belt usage – 100%	
O. Human Resources (HR)	HR	**2 min**	2 new hires for the reporting period	
P. Business Office	BOM	**2 min**	Cost shares – 79% 1.) 1 refusal to pay/sign agreement 2.) 3 transfer out prior to pay/agreement signature 3.) 1 pt was not corporative with BO staff 4.) % not able to make contact due to not updated contact patient by ER staff CNO aware of continued issues with information not being collected during non-business office hours 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**	45 - IT events for the month	
V. Outpatient Services	Therapy	**2 min**	Temp logs – 100%	
W. Strong Minds	N/A	N/A		
VII. POLICIES & PROCEDURES				
Agenda Item	**Presenter**	**Time Allotted**	**Discussion/Conclusions**	**Decision/Action Items**
A. Review and ***Approve***	QM	10 min	1.) Neutropenic Precautions Sign – English 2.) Neutropenic Precautions Sign – Spanish 3.) Transmission-Based Precautions: Preventing Transmission of Infectious Agents Policy 4.) Chest Pain/Acute Coronary Syndrome (ACS)/STEMI/NSTEMI Protocol 5.) Management of Acute Chest Pain and Acute Coronary Syndrome (ACS) Policy 6.) Management of ST-Elevation Myocardial Infarction (STEMI), Non-ST Elevation Myocardial Infarction (NSTEMI) and Unstable Angina (UA) Acute Coronary Syndrome (ACS) Policy	1.) Approval: First – Kelley, Second – Chasity 2.) Approval: First – Pam, Second – Leticia 3.) Approval: First – Kelley, Second – Nick 4.) Approval: First – Kelley, Second – Chaisty 5.) Approval: First – Kelley, Second – Nick 6.) Approval: First – Kelley, Second – Chasity 7.) NOT APPROVED 8.) Approval: First – Kelley, Second – Chasity 9.) Approval: First – Kelley, Second – Chasity 10.) Approval: First – Kelley, Second – Chasity

			7.) ACLS Acute Coronary Syndromes Algorithm 8.) Fibrinolytic Indications and Contraindications Checklist & TNKase/Activase Dosing Instructions 9.) Fibrinolytic Therapy Dosing 10.) ECG Screening Criteria 11.) Chest Pain Assessment Tool 12.) Heart Score Evaluation Tool 13.) Cardiac Chest Pain/ACS/NSTEMI Outcome Review Tool	11.) Approval: First – Kelley, Second – Chasity 12.) Approval: First – Kelley, Second – Chasity 13.) Approval: First – Kelley, Second – Chasity
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 1457 by Jessica seconded by Dr G.	

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MEMBERS & INVITED GUESTS				
Voting MEMBERS				
Kelley Martinez	Nick Walker	Treva Derr	Chasity Howell	Jessica Pindea
D. Clinesmith	Pam Esparza	Tonya Bowen	Leticia Sanchez	Brittney Niles
Dr Gilmore (teams)	Kaye Hamilton (teams)	D. Galmor (teams)	Waylon Wigington (teams)	Chelsea Church (teams)
Non-Voting MEMBERS				
Denise Jackson	☐	☐	☐	☐