

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

Other	_____	_____
Other	_____	_____
Other	_____	_____

Meeting Location: OR	Reporting Period: Sept 2025	
Chairperson: Dr Gilmore	Meeting Date: 10/16/2025	Meeting Time: 14:00
Medical Representative: Dr Gilmore	Actual Start Time: 1400	Actual Finish Time: 1438
Hospital Administrator/CEO: Kelley Martinez	Next Meeting Date/Time: tentatively 10/13/2025 @ 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 1400	Approval: First –Meghan , Second– Tonya
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 – Sept 2025	Approval: First – Waylon, Second – Tonya
B. Environment of Care (EOC) Committee 1. <i>Approval of Meeting Minutes</i>	Mark Chapman	2 min	Meeting minutes – Sept 2025	Approval: First – Nick, Second – Stephanie
C. Infection Control Committee 1. <i>Approval of Meeting Minutes</i>	Meghan Smith	2 min	Meeting minutes – Sept 2025	Approval: First – Tonya , Second –Nick
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 – Dec 2025/Jan 2026	
E. Health Information Management (HIM)/Credentialing Committee 1. <i>Approval of Meeting Minutes</i>	Jessica Pineda/ Kaye Hamilton	2 min	Meeting Minutes – Sept 2025	Approval: First –Nick , Second – Meghan
D. Utilization Review (UR) Committee 1. <i>Approval of Meeting Minutes</i>	Chasity Howell	2 min	Meeting Minutes – None	Director out will defer until next month
III. DEPARTMENT REPORTS				
Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. Nursing/Emergency Department	Nick Walker	5 min	2 Blood utilization – Code Blue – 0 restraint 0	
B. Radiology	Pam Esparza	2 min	Director out will defer until next month	
C. Laboratory	Tonya Bowan	8 min	3– repeated labs, 52 were critical results 1.) OP c-diff rejected – stool formed	Issues addressed with all parties, Lab director monitoring for any further issues

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			<p>2.) HH sample rejected – clotted sample, redrawn</p> <p>3.) THH/QNS rejected - redrawn</p> <p>Issues/Concerns –</p> <p>1.) Lab missed on outpatient draw, pt had to return</p> <p>2.) CPL rejected specimen that had to be redrawn</p> <p>3.) ESR missed on orders</p> <p>4.) R1/R2 maintained</p> <p>5.) Education on Keppra/Lamictal tubes requirements from CPL</p>	
D. Respiratory Care	Heather Larson	2 min	0 vent day 26 neb changes	No resp issues for this reporting period
E. Therapy	Chrissy Smith	2 min	Total # of Sessions Preformed 192 -PT 186-OT 6 -ST Improved Standard Assessment Scores: 9 - PT 8 - OT 1-ST	Out patient remains busy

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F. Materials Management	Waylon Wigington	2 min	4 back orders - (Ultrasound Probe Covers, Telfa 8x3, Alligator Forceps, 10mL Syringe (LAB)) 0 late orders 0 Recalls	Items pulled and reordered as needed
G. Business Office	Desarae Clinesmith	2 min	DL – 100% Cost Share – 69% 1.) 11 were after hours 2.) 3 refused to sign cost share agreement 3.) BO missed collection while in training	BO has educated BO staff on collecting at time of services, discussed importance of good contact info collection for after hr services
H. Human Resources	Stephanie Hughes	2 min	2 new hires in the reporting period	Open enrollment – Nov 2025
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
K. Dietary	Treva Derr	2 min	Daily meal count – 100%	
L. Information Technology	Desirae Galmore	2 min	Director out will defer until next month	

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M. Strong Minds	Brittany Nelms/Brittany Niles	2 min	Director out 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
A. Volume & Utilization	CM	5 min	<p>AMA – 5 3 ER/ 1 OBS/ 1 SWB</p> <p>1) Pt to the ER with c/o. Evaluated by provider with imaging ordered and performed, pt became agitated and yelling at staff about having to wait for imaging results and demanded to go home. Redirection attempts unsuccessful, pt remained adamant about leaving and going home. Advised R/B and leaving AMA prior to test results, pt aware and signed AMA. Patient was advised that any abnormalities</p>	

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			<p>noted on imaging would be called to patient.</p> <p>2) Pt to the ER with c/o. Provider assessment completed with testing ordered and completed, pt was returned to exam room and became verbally aggressive towards nursing staff, demanding to go home. Pt was not able to be redirected and was swinging at the staff attempting to hit nurse while continuing to yell. Pt did not require higher level of care for the findings, provider recommended psych eval to determine cause behaviors however family was adamant against this. Family and patient wanted to leave er, refusing any further care, risks and benefits discussed, pt refused to sign AMA.</p> <p>3) Pt to the ER with c/o. Seen and assessed by provider who ordered testing, pt then wanted to leave without waiting for results.</p>	
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			<p>Discuss R/B with patient, remained adamant that pt was leaving and signed out AMA</p> <p>OBS – 1.) Pt to ER for c/o and admitted to OBS. Pt was in OBS approx. 5 hrs when pt demanded to leave. R/B discussed with patient, AMA signed</p> <p>SWB – 1.) Pt direct admit to SWB s/p acute hospitalization. Pt had an outpatient appointment with where they were transported by MRMC via EMS. CM received phone call from outpatient provider stating that patient was adamantly refusing to return to the facility and wanted to go home. Outpatient office noted that patient was strongly encouraged to return to MRMC for continued care until specialty appointment however pt remained adamant that they were not returning and going home.</p>	
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B. Case Management	CM	8 min	Director out will defer until next month	
C. Risk Management	QM	10 min	<p>Deaths - 2</p> <p>1.) Patient direct admit from higher level of care for SWB. Pt had extensive treatment/procedures while at a higher level of care hospital. Pt arrived with a poor prognosis, unable to participate in therapy services with minimal verbal response. Pt was quickly transitioned to comfort care with the family's agreement and DNR signed. Pt expired as an expected death.</p> <p>2.) Pt admitted to acute care. Pt began having worsening symptoms, requiring transfer to a higher level of care. However, the family did not want the patient to transfer for a higher level of care or aggressive treatment as the patient is a DNR and did not want aggressive treatment if it was needed. Family requested patient remain at MRCM with comfort care measures. Pt continued to decline as anticipated and expired as an expected death.</p> <p>Complaints - 0</p> <p>Grievances - 0</p> <p>Workplace Violence Events - 1</p> <p>Pt was being transferred back to bed after shower. When patient became combative</p>	<p>Workplace Violence – staff attempts at redirection unsuccessful</p> <p>Fall -</p> <p>Immediate actions taken – assisted up and to the chair, assessment performed</p> <p>Post fall precautions added – staff to always remain with patient when pt is using the BSC</p> <p>QM reviewed incident</p> <p>Other -</p> <p>1-2; Nursing attempts at redirection unsuccessful, QM reviewed chart. 3 -</p> <p>Nursing changed dressing to picc, no further issues noted</p>

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			<p>with staff, hitting and grabbing nursing staff. Contributing dx - seizure disorder, hallucinations, hx of CVA, cognitive deficit</p> <p>Falls - 1 fall w/o injury Pt on sitting on the bedside commode. Nurse left room, while pt was still on the BSC. When nurse returned to the room, pt was on the floor. Call light was in the patient's hand but was not utilized. Slight scratch noted to back, denies hitting head.</p> <p>Fall precautions in place prior to fall – non-skid socks, bed alarm, bed in low position, routine rounding, call light in reach, pt/family education, room free of obstructions, chair alarm, non-slip pad in chair</p> <p>Risk factors – antidepressants, hx of falls, greater than 60 yo, physical impairment</p> <p>Other – Violent/Disruptive event – 2 a. Pt to the ER with c/o . Evaluated by provider with imaging ordered and preformed, pt became agitated and yelling at staff about having to wait for imaging results and demanded to go home. Redirection attempts</p>	
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			<p>unsuccessful, pt remained adamant about leaving and going home.</p> <p>b. Pt to the ER with c/o . Provider assessment completed with testing ordered and completed, pt was returned to exam room and became verbally aggressive towards nursing staff, demanding to go home. Pt was not able to be redirected and was swinging at the staff attempting to hit nurse while continuing to yell. Pt did not require higher level of care for the findings, provider recommended psych eval to determine cause behaviors however family was adamant against this. Family and patient wanted to leave er, refusing any further care, risks and benefits discussed, pt refused to sign AMA.</p> <p>Other event – 1</p> <p>a. Picc Tegaderm causing blister/redness to skin underneath.</p>	
D. Nursing	CCO	2 min	Med reconciliation – 100% Preferred Pharmacy – 100% Hospital Formulary – 100%	
E. Emergency Department	CCO/QM	5 min	1.) ER log compliance – 100% 2.) EDTC Data – 100%	

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F. Pharmacy & Therapeutics (P&T)	Pharmacy	2 min	<p>Next P&T – Sept 2025</p> <p>After hours access - 54</p> <p>ADR - 0</p> <p>Med errors – 1</p> <p>1) The patient was to only have a one-time order for 1L of NS but received a second bag. The nurse was contacted with regard to this med error. The nurse stated that she did not scan the bag of NS but was told in the report that it was supposed to be continuous. The nurse failed to scan the medication at bedside, review the EMAR, and orders for the patient. Education provided to said nurse, medication and arm band scanning rate also attached for the nurse' reference. The nurse is also a travel nurse that does not frequent this facility.</p> <p>Dose omissions – 2 spriva</p>	<p>Med errors - 1) The nurse was educated on the 5 rights of medication administration. This included education that the patient's arm band and medication must be scanned prior to administration. The nurse was also advised to review orders/EMAR to develop a plan and ensure compliance with orders.</p> <p>Dose omissions -</p> <p>Home medication that is not kept in the pharmacy routinely, ordered from the wholesaler</p>
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	Director out will defer until next month	
J. Laboratory	LAB	5 min	0 – Blood culture contaminates	

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K. Infection Control/Employee Health	IC/EH	5 min	1 – Inpt HAIs 0 – MRDO 0 – VAE 0 – Cdiff 0 – CAUTI 0 - CLASBI	Patient admitted with recent antibiotic treatment for ESBL (extended-spectrum beta-lactamase) in the urine at the previous facility. Patient placed on contact precautions due to ESBL history. Patient developed symptomatic urinary tract infection post admission. No gaps in peri care and documented in nurses' notes. ABT treatment ordered and provided to patient with no further issues, IP monitoring patient.
L. Health Information Management (HIM)	HIM	2 min	100% - D/C Note Compliance 100% - Progress Notes 93% - ED DC Instructions 100% - ED provider Dx	D/C instructions not signed by patient or nurse, technical difficulty with signature pad. IT notified and problem resolved
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 – 69% Med Necessity Verification – 100%	
Q. Environmental Services	EVS	2 min	10/10 on room cleans	

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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	Director out will defer until next month	
V. Outpatient Services	Therapy	2 min	Temp logs – 100%	
W. Strong Minds	SM	2 min	Director out will defer until next month	

VII. POLICIES & PROCEDURES

Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. Review and <i>Approve</i>	QM	10 min	1.) 2025 SRA 2.) 2025 SAFER Guides 3.) Conditions of Admissions 4.) Antimicrobial Stewardship (AMS) Policy 5.) Medical Records Integration Policy (RHC)	1.) Approval: First –Stephanie , Second – Jessica 2) Approval: First – Stephanie, Second – Jessica 3) Approval: First – Meghan, Second – Dr. G 4.) Approval: First – Jessica, Second – Stephanie 5.) Approval: First – Jessica, Second – Stephanie

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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 1428 by Nick seconded by Jessica	

MEMBERS & INVITED GUESTS				
Voting MEMBERS				
Tonya Bowen	Nick Walker	Treva Derr	Meghan Smith	Jessica Pindea
D. Clinesmith	Chrissy Smith	Lynda James	Stephanie Hughes	Heather Larson

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Dr Gilmore (teams)	Kaye Hamilton (teams)	Dianne (teams)	Waylon Wigington	Mark Chapman
Non-Voting MEMBERS				
Denise Jackson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>