

Mangum Regional Medical Center
Quality and Patient Safety Committee Meeting
Agenda for May 2025 and Meeting Minutes for May2025

Laboratory

Human Resources

Other

Other

Other

Meeting Location: OR	Reporting Period: April 2025	
Chairperson: Dr Gilmore	Meeting Date: 05/15/2025	Meeting Time: 14:00
Medical Representative: Dr Gilmore	Actual Start Time: 1402	Actual Finish Time: 1444
Hospital Administrator/CEO: Kelley Martinez	Next Meeting Date/Time: tentatively 06/12/2025 @ 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 1404	Approval: First – Jessica, Second– D. Clinesmith

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II. COMMITTEE MEETING REPORTS & APPROVAL OF MINUTES				
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 – April 2025	Approval: First – Tonya, Second – Chasity
B. Environment of Care (EOC) Committee 1. <i>Approval of Meeting Minutes</i>	Mark Chapman	2 min	Meeting minutes – April 2025 -Leak in Annex since EOC rounds	Approval: – Kelley, Second – Chasity
C. Infection Control Committee 1. <i>Approval of Meeting Minutes</i>	Meghan Smith	2 min	None	
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 - June 2025	
E. Health Information Management (HIM)/Credentialing Committee 1. <i>Approval of Meeting Minutes</i>	Jessica Pineda/ Kaye Hamilton	2 min	Meeting Min - Feb 2025 March 2025 April 2025	Approval: First – Nick, Second – Kelley
D. Utilization Review (UR) Committee 1. <i>Approval of Meeting Minutes</i>	Chasity Howell	2 min	Meeting Minutes – April 2025	Approval: First – D. Galmor, Second – Kelley
III. DEPARTMENT REPORTS				
Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. Nursing/Emergency Department	Nick Walker	5 min	6 prbc/1 plt – 3 total episodes No restraints No code blues	CNO continues to monitor pain reassessments/bed side scanning rates. House Sups continue to review PRN pain med reassessments to ensure completion, excluding the ED
B. Radiology	Pam Esparza	2 min	4 films repeated. Physicist out this month	
C. Laboratory	Tonya Bowan	8 min	62 repeated labs due to critical, 2 rejected from HH, these samples were recollected	

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D. Respiratory Care	Heather Larson	2 min	20 neb changes for the month 0 vent days	1 EKG completed >10 min, Reminder to CNO (nursing) that Nursing should not be waiting on RT for ekg. Documentation of RT notification is needed from Nursing staff.
E. Therapy	Chrissy Smith	2 min	162 -PT 123 -OT 0 -ST Improved Standard Assessment Scores: 13 - PT 10 - OT 0 - ST	
F. Materials Management	Waylon Wigington	2 min	4 back orders,0 late orders 0 Recalls	
G. Business Office	Desarae Clinesmith	2 min	SWB id/ins numbers are improving	-CM will attempt to obtain this info from External CM prior to admit -Nursing will add note if the patient does not have id/ins
H. Human Resources	Leticia Sanchez	2 min	No new hires for the reporting period	
I. Environmental Services	Mark Chapman	2 min	100% terminal room cleans	
J. Facility/Plant Operations	Mark Chapman	2 min	24 - extinguishers checked boiler turned off 4/30/2025 generator/transfer switch inspection – 100%	
K. Dietary	Treva Derr	2 min	There have been a few missed temp checks	Education to staff on maintaining the log, open dietary position

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L. Information Technology	Desirae Galmore	2 min	Server issues, Dell quote has been sent out, IT has multiple projects going on	
IV. OLD BUSINESS				
V. NEW BUSINESS				
Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. New Business	QM	2 min	None	
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 (4ER/1INPT)</p> <p>ER 1.) Pt brought to the ER by family for c/o, pt states that they did not want to be at the ER. Provider did not note any urgent medical needs at time of exam, pt agreeable to oral med for c/o but no other treatment. Pt does not want to be seen for any current complaints and will follow up with personal provider. Left without signing AMA form.</p> <p>ER 2.) Pt to the ER for c/o, worse over the past 2 days. Work up completed with provider</p>	

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			<p>recommendation for admission and follow up testing. Pt declined admit, wanting to go home. Discussed R/B with pt, left without signing AMA form.</p> <p>ER 3.) Pt to the ER requesting tx for chronic issues. Reports that they have not been able to get help from PCP or mental health clinic. Pt denies any emergent issues. Pt was offered tele-med visit with MH unit but pt did not want that and left AMA. Reused to sign AMA.</p> <p>ER 4.) Pt to the ER c/o pain and requesting specific medications for tx. Provider was not comfortable with pain med requested due to the other controlled substances that pt was being prescribed. When pt was told that requested med was not going to be given, pt lunged out of the wheelchair towards the</p>	
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		<p>provider, yelling, cursing and screaming at provider/nurse. Nurse was able to get pt to return to the room, however pt continued to yell, scream and curse at staff. Other staff directed to contact PD for assistance with pt as they continued with aggressive behavior, demanding requested medications. PD arrived and pt would not redirect, provider adamant that requested medication was not going to be given and PD escorted pt out of the building. Due to behavior issues with pt, staff was not able to educate pt on returning to ER for urgent issues or obtain AMA.</p> <p>In-pt 1.) Pt admitted for dx, on the second day of admission pt became agitated attempting to leave the facility. Family to the facility to attempt to help redirect patient, these attempts were</p>	
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			unsuccessful, and family decided it was in the patient's best interest to take them home. Provider was not agreeable with d/c and family opted to sign pt out AMA.	
B. Case Management	CM	8 min	<p>1 re-admit</p> <p>Patient admitted with primary dx and discharged to home with home health. Patient readmitted later that day post d/c with same dx as family was not able to care for pt at home any longer.</p>	
C. Risk Management	QM	10 min	<p>Deaths - 0</p> <p>Complaints - 0</p> <p>Grievances – 1 During CEO rounds with patients, In-pt reports that they requested to not be assisted by male staff, reports that the female nurse was rude in response to patient's request.. Interviews by CEO/QM with all staff matching the pt description of the nurse and the male staff that was in the room.</p>	

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		<p>The interview of the RN reflects that the patient was told that she wanted assistance with the transfer only as she was not comfortable with independent transfer as this was a new patient to the nurse and wanted to perform a safe transfer. Request with the no male staff assistance was being respected by the nurse. Chart review with no significant findings.</p> <p>Workplace Violence Events - 1 Pt to the ER c/o pain and requesting specific medications for tx. Provider was not comfortable with pain med requested due to the other controlled substances that pt was being prescribed. When pt was told that requested med was not going to be given, pt lunged out of the wheelchair towards the provider, yelling, cursing and screaming at provider/nurse. Nurse was able to get pt to return to the room, however pt continued to yell, scream and curse at staff. Other staff directed to contact PD for</p>	
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			<p>assistance with pt as they continued with aggressive behavior, demanding requested medications. PD arrived and pt would not redirect, provider adamant that requested medication was not going to be given and PD escorted pt out of the building. Due to behavior issues with pt, staff was not able to educate pt on returning to ER for urgent issues or obtain AMA.</p> <p>Falls - <i>1 w/o injury;</i> In-pt being assisted with transfer x 2 with gait belt, during the transfer pt reports that it felt like leg was giving out and was not going to be able to complete the transfer. Pt was assisted to the floor as pt was not able to complete the transfer. No injuries noted or reported. Post fall assessment completed by nursing; CP not updated. Fall precautions in place prior to fall; low bed, nonskid socks, routine rounding, room free of obstructions, call light in reach, pt education, close to nursing station. No increased precautions at this time.</p>	
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			<p><i>1 fall with minor injury;</i> In-pt ambulating with therapy assist x 1 with gait belt, moved walker quickly to the side as patient was "joking around with staff" and lost balance, sustaining a fall. Noted abrasion to shoulder, denies any other pain/injuries. Post fall assessment completed, CP not updated Fall precautions in place prior to fall; non-skid socks, low bed, call light in reach, room free of obstructions</p> <p>Other – 2 1.) SWB pt; limited mobility and incont, noted with open area to buttocks. Wound care ordered multiple treatments and prevention measures for patient, however area continued to decline. Wound care provider noted this area as a deep tissue injury/skin failure due to multiple morbidities (this is not included in wound development of pressure ulcer due to exclusion criteria) wound care services ordered and notified of area, purwick ordered,</p>	
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			<p>LAL mattress, wound care dressing initiated.</p> <p>2.) Outpatient – pt to facility for outpatient services, upon leaving the facility pt drove elec. scooter off the curb next to the w/c ramp, pt was assisted up and back to w/c by staff, noted to have abrasion to elbow. pt assisted up and back to w/c, refused ER evaluation, first aid provided to abrasion area and pt denied any further needs.</p>	
D. Nursing	CCO	2 min	Nursing Documentation updates weekly Nurse meeting on 4/15/2025	
E. Emergency Department	CCO/QM	5 min	<p>1.) ER log compliance – 97%</p> <p>2.) EDTC Data – 79%</p>	<p>1.) CNO is aware of trend with travel nurse not completing ER log, nurse has also been reminded on each occasion that log was incomplete and educated that both the EHR log and book must be completed by QM</p> <p>2.) CNO made aware, multiple reminders have been sent to nurses about making a copy of packet to scan into chart.</p>
F. Pharmacy & Therapeutics (P&T)	Pharmacy	2 min	<p>Next P&T – June 2025</p> <p>After hours access - 100%</p> <p>ADR - 0</p> <p>Med errors – 6</p>	<p>Med errors -</p> <p>1) Dose omitted due to sleeping, documentation not completed.</p> <p>Education to nurse on documentation</p>

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			<p>1) The patient had scheduled pain medication at 2100 and it was not administered by the PM nurse.</p> <p>2) The provider entered a duplicate order for levothyroxine. Two separate dosages were entered by provider. The nurse administered incorrect dosage instead of patient's normal dosage.</p> <p>3) The patient was experiencing vomiting that PO medication did not resolve. An order was received for Phenergan 25 mg IM x 1 dose, but the nurse entered it in as IV. We do not administer Phenergan IV as it is a known vesicant.</p> <p>4) The patient had scheduled fingerstick and it was not performed at 2100.</p> <p>5) The patient did not receive their 2100 dose of laxative.</p> <p>6) The patient did not receive their 1700 dose of Vitamin C.</p>	<p>2) Nurse felt order was incorrect and did not question it. Education to nurse on verification of orders as needed.</p> <p>3) Nurse educated on Phenergan administration. IT corrected medication in the system to no longer be able to be ordered IV</p> <p>4) Nurse educated to carefully review MAR</p> <p>5) Nurse educated to carefully review MAR</p> <p>6) Nurse educated to carefully review MAR</p>
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G. Respiratory Care	RT	2 min	0 unplanned decannulation 100% resp assessments on Chart checks	
H. Wound Care	WC	2 min	No inpatient wounds for the reporting period	Deep tissue injury/skin failure for the reporting period due to multiple comorbs
I. Radiology	RAD	2 min	0- CT reactions 100% - pt site verification	
J. Laboratory	LAB	5 min	RBC Morph education 4/2/25 No blood culture contaminations	
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 100% - Progress Notes 89% - ED DC Instructions 100% - ED provider Dx	
M. Dietary	Dietary	2 min	100% on cleaning schedules 98% on Daily Meal counts	DM to provide education to staff on completion of documentation
N. Therapy	Therapy	2 min	Gait belt usage – 93% 1.) gait belt not in use by PT/OT during patient co-treatment, pt becoming increasingly agitated with therapy staff. Therapy staff was unable to properly place gait belt during treatment 2.) one pt refused to wear gait belt during gait training with PT staff	1-2.) education to patients regarding the importance of gait belt for safety during transfers and gait
O. Human Resources (HR)	HR	2 min	Annual Evaluations – 100% No new hires for the reporting period	

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P. Business Office	BOM	2 min	Cost Shares – 98% 1 BO specialist did not collect cost shares DL – 96% weekend shift nurses missing getting IDs/INS on 3 visits. 6 visits for SWB were missed.	Cost Shares – BO specialist educated on cost share collection DL - Continue to have BO specialist send missing info to CNO/BOM daily on missing data. CNO is going to make sure floor nurses are obtaining this information with each SWB admission
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	No new hires Events – Tornado Warning and Power outage during the reporting period	
U. Information Technology	IT	2 min	40 IT events for the reporting period	
V. Outpatient Services	Therapy	2 min	Temp logs – 100%	Outpatient therapy services remain busy
W. Strong Minds	N/A	N/A	Coming 2025	
VII. POLICIES & PROCEDURES				
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A. Review and <i>Approve</i>	QM	10 min	None	

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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 1444 by Chasity seconded by Pam	

MEMBERS & INVITED GUESTS				
Voting MEMBERS				
Kelley Martinez	Nick Walker	Treva Derr	Jessica Pineda	Desare Clinesmith
Pam Esparza	Mark Chapman	Waylon Wigington	Tonya Bowen	Leticia Sanchez
Lynda James (teams)	Chelsea Church (teams)	Dianne (teams)	Dr G (teams)	
Non-Voting MEMBERS				
Denise Jackson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>