

Mangum Regional Medical Center
Medical Staff Meeting
Thursday
May 22, 2025

MEMBERS PRESENT:

John Chiaffitelli, DO, Medical Director
Laura Gilmore, MD
Sonja Langley, MD
Absent:
Guest:

ALLIED HEALTH PROVIDER PRESENT:

Mary Barnes, APRN-CNP
Jeff Brand, PA

NON-MEMBERS PRESENT:

Kelley Martinez, RN, CEO
Nick Walker, RN, CCO
Meghan Smith, RN, Infection Control
Denise Jackson, RN – Quality
Chasity Howell, RN – Utilization Review
Lynda James, LPN – Pharmacy Tech

1. Call to order
 - a. The meeting was called to order at 12:35 pm by Dr. John Chiaffitelli, Medical Director.
2. Acceptance of minutes
 - a. The minutes of the April 17, 2025, Medical Staff Meeting were reviewed.
i.Action: Dr. Chiaffitelli, Medical Director, made a motion to approve the minutes.
3. Unfinished Business
 - a. None.
4. Report from the Chief Executive Officer
 - o Operations Overview
 - o We have been taking BIDs for the roof project and several contractors have been interested in the plans.
 - o Our hospital census has increased significantly this month.
 - o Room remodeling is ongoing.

- The agreement between ODOT and the hospital for our van has been signed and returned to the State, we continue to wait approval to order our van.
- Clinic census continues to improve.
- Looking at clinic collections for April we collected a total of \$1,124.74 down from \$704.88 at time of service.
- In the Month of April, the hospital had total patient payments of \$16,126.73 up from \$14,121.11. Of the total amount \$1,547.23 was upfront collections.
- We are starting to work towards moving the lab from its current location to utilizing the OR space.
- We continue to work with the business office to ensure we are getting our claims out clean. What does this mean we have got to make sure our documentation covers our admission, and our diagnostics support our dx.
- Like all other hospitals we are seeing an increase in Managed Medicare. This means we have got to document well. Our Managed Medicare for inpatient is 17.5% and for SWB it is 8.19%. The OHA estimates that this number will go to 40%.

Written report remains in the minutes.

5. Committee / Departmental Reports

a. Medical Records –

1. February, 2025 -
No Issues
2. March, 2025 -
Lacking signatures on discharge instructions.
3. April, 2025
Signatures on discharge instructions has improved after CCO was notified. Couple of H&Ps needed to be edited. Contacted Provider and they were completed.

b. Nursing

Patient Care

- MRMC Education included:
 1. Nursing documentation/updates are communicated to nursing staff weekly.
 2. Yearly online training completed by hospital staff at the end of March.
- MRMC Emergency Department reports 0 patients Left Without Being Seen (LWBS).
- MRMC Laboratory reports 0 contaminated blood culture set(s).
- MRMC Infection Prevention reports 0 CAUTI.
- MRMC Infection Prevention report 0 CLABSI.

- MRMC Infection Prevention reports 0 HAI, and 0 MDRO for the month of April, 2025.

Client Service

- Total Patient Days for April, 2025 were 348. This represents an average daily census of 11.6.
- April, 2025 COVID-19 statistics at MRMC: Swabs (0 PCR & 22 Antigen) with 0 positive.

Preserve Rural Jobs and Culture Development

- MRMC continues to recruit for 2 PM RN-House Supervisor and 2 CNA positions.
- Patients continue to voice their praise and appreciation for the care received at MRMC. We continue to strive for excellence and improving patient/community relations.

Written report remains in minutes.

c. Infection Control –

- Old Business
 - a. None
- New Business
 - a. N/A
- Data:
 - a. N/A
- Policy & Procedures Review:
 - a. N/A
- Education/In Services
 - a. Monthly EPIC meeting for IP education.
 - b. Weekly Call with Corp. IP.
 - c. Weekly Lunch and Learns.
 - d. Staff education
- Updates: Employees are offered flu shots through the influenza vaccine program. Influenza vaccinations and declinations completed for MRMC employees. Zero annual Fit test completed.

Annual Items:

- a. Completed March 2023
- b. ICRA approved by Board March, 2024.
- c. 1 ICRA for July 2024
- d. Linen Services – Annual Site Visit – Site visit completed 10/11/2024 – No new reported issues with linen facility. New contract with linen company pending.

Written report remains in minutes.

d. Environment of Care and Safety Report

- i. Evaluation and Approval of Annual Plans
- i.i. Old Business - -
 - a. Chrome pipe needs cleaned and escutcheons replaced on hopper

- in ER – could not replace escutcheons due to corroded piping in wall – capped off leaking pipe under the floor to stop leak – hopper will be covered – remodel postponed.
 - b. ER Provider office flooring needing replaced. Tile is onsite.- remodel is postponed.
 - c. EOC, and Life Safety Plans will be evaluated and approved in the April EOC meeting.
 - d. Stained ceiling tile throughout facility from leaking roof
 - e. Damaged wall and ceiling in X-Ray due to leaking roof
- i.i.i. New Business
 - a. Damaged Ceiling in OR2 due to leaking roof
 - b. Approve Life Safety Policies – LSP-001, LSP-002, LSP-003, LSP-004 and LSP-005, Approved 4-8-2025.
 - c. Approve EVS Policies – EVS-001, EVS-002, EVS-003, EVS-004, EVS-005, EVS,-006, EVS-007, EVS-008, and EVS-009. EVS Forms - FMES-001, FMES-002, FMES-003, and FMES -004. Approved 4-8-2025.
 - d.Sink drain in radiology hall restroom is leaking.
 - e. Ceiling light in west hall is out.
Written report remains in minutes.
- e. Laboratory
 - i. Tissue Report – Approved
 - i.i. Transfusion Report – Approved
Written report remains in minutes.
- f. Radiology
 - i. There was a total of – 236 X-Rays/CT/US
 - i.i. Nothing up for approval
 - i.i.i. Updates:
 - o Physicist was here on April 22, 2025. We have received his Report and everything was good.
Written report remains in minutes.
- g. Pharmacy
 - i. Verbal Report by Pharmacy Tech.
 - i.i. P & T Committee Meeting –
The next P&T Committee Meeting will be held on June 19, 2025.
 - i.i.i. Sterile Cipro IV and Levaquin 750mh IV have been added to the shortage list. Morphine 15mg ER is on back order. It is unavailable at this time.
 - iv. Pyxis live went well.
Written report remains in the minutes.
- h. Physical Therapy
 - i. No report.
- i. Emergency Department

- i. No report
 - j. Quality Assessment Performance Improvement
 - Risk Management
 - Grievance – 1
 - Fall with no injury – 0
 - Fall with minor injury – 0
 - Fall with major injury – 0
 - Death – 0
 - AMA/LWBS – 1 ER AMA – 1 In-Pt AMA
 - Quality – Minutes are in the minutes of Medical Staff Meeting.
 - HIM – ED discharge instructions 69% - 42 not signed by the nurse, 1 was not signed by the patient or nurse.
 - Med event – 3
 - After hours access was – 51
- Written report remains in the minutes.

- k. Utilization Review
 - i. Total Patient days for March: 211
 - i.i. Total Medicare days for March: 182
 - i.i.i. Total Medicaid days for March: 4
 - iv. Total Swing Bed days for March: 171
 - v. Total Medicare SB days for March: 157
- Written reports remain in the Minutes.

Motion made by Dr. John Chiaffitelli, Medical Director to approve Committee Reports for April, 2025.

6. New Business

- a. Discussion: Appropriateness of Admissions:
 - i. Discussion was lead by the CEO on Appropriateness of Admissions.
- b. Discussion: How to increase Insurance coverage and approval for patients in the ER and admissions to Mangum Regional Medical Center.
 - i. Discussion was lead by the CEO on how to increase Insurance coverage and approval for patients in the ER and admissions to Mangum Regional Medical Center.
- c. Discussion: Out patient procedures that can be done at Mangum Regional Medical Center
 - i. Discussion was lead by the CEO on Out patient procedures that can be done at Mangum Regional Medical Center.
- d. Discussion and Approval to establish parameters for blood pressures on Blood Pressure medication administration
 - i. **Motion:** made by John Chiaffitelli, DO, Medical Director, to approve to establish parameters for blood pressures on Blood Pressure medication administration.
- e. Discussion and Approval to establish parameters for Heart Rate on cardiac Medications

administration

i.Motion: made by John Chiaffitelli, DO, Medical Director, to approve to establish parameters for Heart Rate on cardiac Medications administration..

f.Discussion: Utilization of the language line for non- English speaking Patients

i.Discussion was lead by the CEO for the Utilization of the language line for non-English speaking Patients. CEO provided the Providers with the language line number.

g.Discussion & Approval to change Glucose critical <40 to Glucose <60

i.Motion: made by John Chiaffitelli, DO, Medical Director, to approve to change Glucose critical <40 to Glucose <60.

7. Adjourn

a. Dr Chiaffitelli made a motion to adjourn the meeting at 1:10 pm.

Medical Director/Chief of Staff

Date