

Mangum Regional Medical Center
Medical Staff Meeting
Thursday
June 19, 2025

MEMBERS PRESENT:

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

ALLIED HEALTH PROVIDER PRESENT:

Mary Barnes, APRN-CNP

NON-MEMBERS PRESENT:

Kelley Martinez, RN, CEO
Chelsea Church, PharmD
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 12:07 pm by Dr. John Chiaffitelli, Medical Director.
2. Acceptance of minutes
 - a. The minutes of the May 22, 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 The Commissioners have approved the Coontz Roofing contract we look at work to start in June or July.
 - o Room remodeling is continuing.
 - o We have been utilizing the Strong Minds van for patient appointments and to take patients home.

- We have also hired a Tech for the Strong Minds program and we are looking forward to this new service at our facility.
- Clinic census remained steady this month. Out of 25 new patients we have 7 follow ups and 7 pending.
- Looking at clinic collections for May we collected a total of \$489.74 down from \$1,124.74 at time of service.
- In the Month of May, the hospital had total patient payments of \$12,773.39 down from \$16,126.73. Of the total amount \$1,627.00 was upfront collections.
- We continue to work on our outreach and marketing within our community and surrounding areas.
- The functional narrative for the Lab has been submitted to the State Department of Health and we are awaiting their response..

Written report remains in the minutes.

5. Committee / Departmental Reports

a. Medical Records –

1. New Business – May – ER- Waiting on one ER Provider note
2. SWB – 2 H&P from April now completed on 5/14/2025.
3. All the progress notes have been completed.

b. Nursing

Patient Care

- MRMC Education included:
 1. Nursing documentation/updates are communicated to nursing staff weekly.
 2. Nurse meeting scheduled for June 23.
- 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 1HAI, and 0 MDRO for the month of May, 2025.

Client Service

- Total Patient Days for May 2025 were 341. This represents an average daily census of 11.0.
- May, 2025 COVID-19 statistics at MRMC: Swabs (0 PCR & 16 Antigen) with 3 positive.

Preserve Rural Jobs and Culture Development

- MRMC hired 1 PM RN house supervisor and two CNA's.
- 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. Stained ceiling tile throughout facility from leaking roof
- d. Damaged wall and ceiling in X-Ray due to leaking roof
- e. Damaged ceiling in OR2 due to leaking roof.
- f. Sink drain in Radiology Hall restroom leaking – complete 4-8-25.
- g. Ceiling light in west hall is out – Complete 4-9-2025.

i.i.i. New Business

- a. New Hope roof – leak in PT office due to hail storm.
- b. New Hope window – on south end of lobby broken due to hail

Written report remains in minutes.

e. Laboratory

- i. Tissue Report – Approved
- i.i. Transfusion Report – No Report
Written report remains in minutes.

f. Radiology

- i. There was a total of – 198 X-Rays/CT/US
- i.i. Nothing up for approval
- i.i.i. Updates:
 - o No updatesWritten report remains in minutes.

g. Pharmacy

- i. Verbal Report by Clinical Pharmacist
- i.i. P & T Committee Meeting –
The P&T Committee Meeting was held on June 19, 2025.
- i.i.i. Lorazepam injectable is on national backorder and is unavailable to order. Will ask the providers to save lorazepam injectable for seizure treatment only. Please use oral lorazepam or Injectable for anxiety/agitation.
- i.v. Discussion of OBNDD PMP Newsletter updates of OBN issued provider-controlled script pad usage.
If the prescriber is prescribing from multiple locations, they need to have an emergency CDS prescription pad for each location with the corresponding address imprinted on the top of the pad.
These may be used if a practitioner who experiences temporary technological or electrical failure or other extenuating circumstance that prevents the prescription from being transmitted electronically; provided, however, that the practitioner documents the reason for this exception in the medical record of the patient.
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
 - o Grievance – 1
 - o Fall with no injury – 1
 - o Fall with minor injury – 1
 - o Fall with major injury – 0
 - o Death – 0

- AMA/LWBS – 4 ER AMA – 1 In-Pt AMA
 - Quality – Minutes are in the minutes of Medical Staff Meeting.
 - HIM – ED discharge instructions 89%
 - 100% - D/C Note Compliance
 - 100% - Progress Notes
 - 100% - ED Provider Dx
 - Med event – 6
 - After hours access was – 100%
- Written report remains in the minutes.

k. Utilization Review

- i. Total Patient days for April: 370
 - i.i. Total Medicare days for April: 241
 - i.i.i. Total Medicaid days for April: 0
 - iv. Total Swing Bed days for April: 306
 - v. Total Medicare SB days for April: 214
- Written reports remain in the Minutes.

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

6. New Business

- a. Review & Consideration of Approval of Policy & Procedure: MRMC – Systems Monitoring and Assessment Policy
 - i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve the MRMC: Systems Monitoring and Assessment Policy.
- b. Review & Consideration of Approval of Policy & Procedure: MRMC - Win 10 Configuration Standard Policy.
 - i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve the Win 10 Configuration Standard Policy.
- c. Review & Consideration of Approval of Policy & Procedure: MRMC - Personal Medical Records Policy
 - i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve the MRMC: - Personal Medical Records Policy.
- d. Review & Consideration of Approval of Policy & Procedure: MRMC – Asset Management Policy
 - i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve MRMC - Asset Management Policy.
- e. Review & Consideration of Approval of Policy & Procedure: MRMC – Device Retirement Policy
 - i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve MRMC – Device Retirement Policy.
- f. Review & Consideration of Approval of Policy & Procedure: MRMC – Lab-0xx – Therapeutic Phlebotomy Policy
 - i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve MRMC

Lab-0xx-Therapeutic Phlebotomy Policy.

g. Review & Consideration of Approval of Policy & Procedure: MRMC – Patient Consent for Therapeutic Phlebotomy

i.Motion: made by John Chiaffitelli, DO, Medical Director, to approve MRMC Patient Consent for Therapeutic Phlebotomy.

h. Review & Consideration of Approval of Policy & Procedure: MRMC – Therapeutic Phlebotomy Record

i.Motion: made by John Chiaffitelli, DO, Medical Director, to approve MRMC - Therapeutic Phlebotomy Record.

i. Review & Consideration of Approval of Policy & Procedure: MRMC – Infection Control Risk Assessment

i.Motion: made by John Chiaffitelli, DO, Medical Director, to approve MRMC - Infection Control Risk Assessment.

7. Adjourn

a. Dr Chiaffitelli made a motion to adjourn the meeting at 12:28 pm.

Medical Director/Chief of Staff

Date