

Mangum Regional Medical Center
Quality and Patient Safety Committee Meeting
Agenda for Dec 2024 and Meeting Minutes for Dec 2024

Meeting Location: OR	Reporting Period: Nov 2024	
Chairperson: Dr Gilmore	Meeting Date: 12/19/24	Meeting Time: 14:00
Medical Representative: Dr Gilmore	Actual Start Time: 1403	Actual Finish Time: 1430
Hospital Administrator/CEO: Kelley Martinez	Next Meeting Date/Time: 01/16/2025 @ 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 1403	Approval: First –Kelley, Second – Meghan
II. COMMITTEE MEETING REPORTS & APPROVAL OF MINUTES				
Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. Quality and Patient Safety Committee <i>1. Approval of Meeting Minutes</i>	Denise Jackson	2 min	None	
B. Environment of Care (EOC) Committee <i>1. Approval of Meeting Minutes</i>	Mark Chapman	2 min	Meeting minutes – Nov 2024	Approval: First – Kelley, Second – Pam
C. Infection Control Committee <i>1. Approval of Meeting Minutes</i>	Meghan Smith	2 min	None	
D. Pharmacy & Therapeutics (P&T) Committee <i>1. Approval of Meeting Minutes</i>	Chelsea Church/ Lynda James	2 min	Meeting minutes – Sept 2024	Approval: First – Kelley, Second – Dr G
E. Health Information Management (HIM)/Credentialing Committee <i>1. Approval of Meeting Minutes</i>	Jennifer Dryer/ Kaye Hamilton	2 min	None	
D. Utilization Review (UR) Committee <i>1. Approval of Meeting Minutes</i>	Chasity Howell	2 min	Meeting minutes – Nov 2024	Approval; First – Meghan, Second – Kelley

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III. DEPARTMENT REPORTS				
Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. Nursing/Emergency Department	Nick Walker	5 min	0 restraints 6 PRBC with no reactions 0 code blue	
B. Radiology	Pam Esparza	2 min	4 films repeated	clipped anatomy/artifact, repeated with no further issues
C. Laboratory	Tonya Bowan	8 min	71 rejected labs UDS changed to iCassette PM done on CA-660 (10/22/24) New thermal sensor installed on blood bank fridge CLIA survey done 12/14	
D. Respiratory Care	Heather Larson	2 min	17 neb changes for the month 0 vent days	
E. Therapy	Chrissy Smith	2 min	Director not present will defer	
F. Materials Management	Brittany Gray	2 min	Director not present will defer	
G. Business Office	Dannille Cooper	2 min	Director not present will defer	
H. Human Resources	Bethany Moore	2 min	1 background checks completed for new employees this month	
I. Environmental Services	Mark Chapman	2 min	100% terminal room cleans	
J. Facility/Plant Operations	Mark Chapman	2 min	24 extinguishers checked	

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			Boiler pump failure on 10/31 that was repaired the next day 11/1	
			1 generator/transfer switch inspection	
K. Dietary	Treva Durr	2 min	100% on all logs for the month	
L. Information Technology	Tim Hopen	2 min	Director not present will defer	
IV. OLD BUSINESS				
V. NEW BUSINESS				
Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. New Business	QM	2 min	See Policy Information 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 – 3</p> <p>1 obs; admitted to OBS via ER. pt was admitted about 24 hrs when they stated they wanted to go. Nurse/Provider provided education on R/B and the need for continued treatment, pt remains adamant that they were leaving. AMA signed.</p> <p>1 in-pt; admitted to Acute via ER for symptom management, pt reports there is a personal issue at home that has to be dealt with. Provider offered to assist or find pt assist with issue, however pt reports that it has to be them that handles the issue, and they need to</p>	Noted trend with same House Sup at the time of both in-pt AMAs, this is the first month operations with house sup

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			<p>leave. The provider discussed R/B with pt, signed AMA.</p> <p>1 ER pt - pt to the ER with multiple c/o, including an injury from a domestic animal, willing to be tested/treated but when additional parties were contacted as required, pt became upset and left without treatment. Pt did not notify staff they were leaving, nor did they sign the AMA, follow up phone calls unsuccessful, additional party reports they will be following up at the pt home.</p>	
B. Case Management	CM	8 min	0 re-admits for the month	
C. Risk Management	QM	10 min	<p>0 complaint</p> <p>1 grievance – Patient reports that a non-professional conversation occurred between CNO/Nurse in the patient room. CEO/HR made aware of pt report, investigation occurred to include discussions with CNO, Nurse, Pt. Investigation concluded, and grievance letter mailed to patient on 12/03/24</p> <p>Falls – 2 w/o injury;</p> <p>1- 1 in pt; pt was found on the floor by BCS, denies any injuries. Not able to recall the events of fall. Fall precautions in place prior to fall; bed alarm, low bed,</p>	

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			<p>call light in reach. Chair alarm added post fall.</p> <p>2- 1 in pt; pt was being assisted x 1 from BSC, during transfer pt legs started to buckle and pt was lowered to the floor, no injuries noted. Fall precautions in place prior to fall; low bed, call light in reach, non-skid socks. Verbal ques added post fall for all transfers.</p> <p>Mortality – 2</p> <p>1 SWB admitted for comfort care in-pt services. Pt was DNR upon arrival with admit for comfort care only. Pt expired, death expected.</p> <p>1 SWB pt admitted via the ER for overall decline at home. During the stay pt continued to decline. Family aware of decline and pt overall status prior to ER visit was poor. Family agreed to in-pt comfort care and pt expired while inpt on 11/18/24, expected death.</p>	
D. Nursing	CCO	2 min	Pain assessment in ER at 83% (1IV med)	Charge nurses are reviewing PRN pain medications reassessments to ensure completion, excluding the ER.
E. Emergency Department	CCO/QM	5 min	ER readmits - 1	

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			The patient was initially evaluated in the ED for c/o, improved with treatment in the ED, and was discharged home. The patient returned later c/o same symptoms and the decision to admit was made due to failed outpatient/home treatment plan.	
F. Pharmacy & Therapeutics (P&T)	Pharmacy	2 min	Next P&T –2025 After hours access - 43 ADR - 0 Med errors – 3 1-2) The medications were administered to the patient but not scanned in the EMAR per the nurse. They are home medications, and a sticker must be printed and scanned. 3) Insulin was administered to a patient who did not require coverage at the time. Provider notified; patient monitored with no adverse side effects noted. Discussion with the nurse as bedside scanning was not performed.	
G. Respiratory Care	RT	2 min	100% on chart checks	
H. Wound Care	WC	2 min	No wound development for reporting period	
I. Radiology	RAD	2 min	1 - delays in reads (xray)	Staff remains in contact with DIA for delay reads, DIA reports multiple studies prior to MRMC xray
J. Laboratory	LAB	5 min	No blood culture contaminations	

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			Stat turnaround time – 100%	
			3 duplicate orders deleted for the month	
K. Infection Control/Employee Health	IC/EH	5 min	1 HAI – wound patient with staph/pseudomonas to the wound culture, no IP recommendations for this as all orders were in place and appropriate.	
L. Health Information Management (HIM)	HIM	2 min	Director not present will defer	
M. Dietary	Dietary	2 min	100%	
N. Therapy	Therapy	2 min	Director not present will defer	
O. Human Resources (HR)	HR	2 min	90-day competency - None Annual education – 100%	
P. Business Office	BOM	2 min	Director not present will defer	
Q. Environmental Services	EVS	2 min	10/10 on room cleans	
R. Materials Management	MM	2 min	Director not present will defer	
S. Life Safety	PO	2 min	100%	
T. Emergency Preparedness	EP	2 min	1 employee oriented	
U. Information Technology	IT	2 min	Director not present will defer	
V. Outpatient Services	Therapy	2 min	Data tool being added to workbook	Email out to creator regarding this still not on workbook
W. Strong Minds	N/A	N/A	N/A	Policies were approved in April 2024 for the SM program, looking for Councilor?

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VII. POLICIES & PROCEDURES				
Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. Review and <i>Approve</i>	QM	10 min	<ol style="list-style-type: none"> 1. Patient Privacy Notice (updated verbiage – MyHealth) 2. Blood Pressure Management Protocol for Acute Stroke 3. Stroke Alert Standing Orders 4. Stroke Alert Policy 5. Tenecteplase in Acute Stroke 6. Administration of Thrombolytic Therapy 7. VAN Screening Assessment Tool 8. Thrombolytic Therapy Inclusion/Exclusion Criteria for Stroke 9. Tenecteplase Inclusion/Exclusion Criteria for Stroke 	<p>First approval – Kelley</p> <p>Second approval – Nick</p>

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			10. Nursing Bedside Swallow Screen 11. Emergency Department Stroke Alert Audit 12. Tenecteplase in AIS Dosing Recommendations 13. Vital Signs and Neuro Check Flow Sheet 14. ED Stroke Alert Protocol Algorithm 15. Tenecteplase AIS Dosing and Administration Instructions 16. RHC School Physicals 17. RHC Clinic Financial Assistance Policy	
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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 1430 by Chasity seconded by Jennifer	

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MEMBERS & INVITED GUESTS				
Voting MEMBERS				
Kelley Martinez	Nick Walker	Heather Larson	Lynda James	Treva Derr
Chasity Howell			Meghan Smith	Pam Esparza
		Zach Powell	Kaye Hamilton (teams)	Dr G (teams)
Dianne (teams)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Voting MEMBERS				
Denise Jackson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>