

**Mangum Regional Medical Center**  
**Quality and Patient Safety Committee Meeting**  
**Agenda for May 2024 and Meeting Minutes for April 2024**

|   |  |                          |
|---|--|--------------------------|
| Meeting Location: OR                        | Reporting Period: April 2024               |                          |
| Chairperson: Dr Gilmore                     | Meeting Date: 05/16/24                     | Meeting Time: 14:00      |
| Medical Representative: Dr Gilmore          | Actual Start Time: 1402                    | Actual Finish Time: 1437 |
| Hospital Administrator/CEO: Kelley Martinez | Next Meeting Date/Time: 06/13/2024 @ 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 1402 | Approval: First -- Danielle / Second – Melissa |

**II. COMMITTEE MEETING REPORTS & APPROVAL OF MINUTES**

| Agenda Item  | Presenter      | Time Allotted | Discussion/Conclusions  | Decision/Action Items                       |
|--|----------------|---------------|---|---|
| A. Quality and Patient Safety Committee<br>1. <i>Approval of Meeting Minutes</i> | Denise Jackson | 2 min         | Meeting minutes – March 2024  | Approval: First – Megan, Second – Tonya     |
| B. Environment of Care (EOC) Committee<br>1. <i>Approval of Meeting Minutes</i>  | Mark Chapman   | 2 min         | Ceiling tiles are being replaced  | Approval: First – Melissa, Second – Megan   |
| C. Infection Control Committee<br>1. <i>Approval of Meeting Minutes</i>          | Meghan Smith   | 2 min         | 2 subsequent UTIs for the reporting period, both pt has hx of Utis and cath usage | Approval: First – Heather, Second – Melissa |

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| D. Pharmacy & Therapeutics (P&T) Committee<br>1. <i>Approval of Meeting Minutes</i>                     | Chelsea Church/<br>Lynda James   | <b>2 min</b> | P&T scheduled for June 2024   |  |
| E. Health Information Management (HIM)/Credentialing Committee<br>1. <i>Approval of Meeting Minutes</i> | Jennifer Dryer/<br>Kaye Hamilton | <b>2 min</b> | Kaye only – Dr Langley/Dr Hawkins for credentialing this month  | Approval; First – Danielle, Second - Megan |
| D. Utilization Review (UR) Committee<br>1. <i>Approval of Meeting Minutes</i>                           | Chasity Howell                   | <b>2 min</b> | Total ER – 125<br>Total SWB admits – 10<br>Total Acute admits – 10<br>Total OBS – 2<br>Total pt days – 358<br>Total pt days – 11.8<br>Re-admit – Pt admitted for post op ROIF explanation with spacer placement/wound care/ABT: Discharged to home for OP surgery; Readmitted: s/p Right Hip Revision. No issues identified | Approval: First – Danielle, Second – Megan |

**III. DEPARTMENT REPORTS**

| Agenda Item                     | Presenter   | Time Allotted | Discussion/Conclusions   | Decision/Action Items   |
|---------------------------------|-------------|---------------|--|---|
| A. Nursing/Emergency Department | Nick Walker | <b>5 min</b>  | 0 restraints<br>3 PRBC with no reactions<br>1 code blue,   |   |
| B. Radiology                    | Pam Esparza | <b>2 min</b>  | Dept Director not present – will defer reporting for next month  |   |
| C. Laboratory                   | Tonya Bowan | <b>5 min</b>  | 1 rejected specimens – due to fecal contamination on a urine specimen<br><br>44 repeated labs – all critical labs repeated per policy<br><br>Reagent/blood tubes – expired (replaced)<br><br>Analyzer parts had to be replaced | Manual Diff Education/ Critical Rerun Education/ Patient Identifier Education with lab staff 04/23/2024 |

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|                         |                |              | Seimens did a site survey with no findings for new analyzer needs<br><br>New Dimension machine/CPL/Medline all approved for lab   |  |
| D. Respiratory Care     | Heather Larson | <b>2 min</b> | 21 neb changes for the month<br><br>No vent days<br><br>RT is monitoring and maintaining suction set ups in all patient rooms<br><br>Director to renew RT license this month                                |  |
| E. Therapy              | Chrissy Smith  | <b>2 min</b> | Pt with assistive needs – 22<br><br>Total sessions for the month;<br>210 -PT<br>170 -OT<br>0 -ST<br><br>Improved Standard Assessment Scores:<br>12 - PT<br>12- OT<br>0- ST                                  |  |
| F. Materials Management | Brittany Gray  | <b>2 min</b> | 5 - Back order<br>No - late orders due to vendors<br>None - recalls affecting the hospital<br><br>Requisition training in process with all dept<br>Dept Manager is removing inactive items from item master |  |

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|                              |                 |              |   |  |
|------------------------------|-----------------|--------------|---|--|
|                              |                 |              | Waiting on chargeable/non-chargeable list<br><br>Secondary location for supplies has been implemented, central will be locked starting 5/20, Director will stock floor supplies for nursing and other dept will begin using requisitions for all supplies |  |
| G. Business Office           | Dannille Cooper | <b>2 min</b> | 1 – BO missed cost share/payment plan at TOS<br><br>After hours documentation obtaining has improved  | BO employees educated on the need to obtain cost share at TOS  |
| H. Human Resources           | Bethany Moore   | <b>2 min</b> | 1 - background check completed<br>2 - license renewals  | HR with difficulty obtaining number of background checks preformed prior to new hire, on the go forward CEO/QM will be notified via email by HR when this is not being reported to local HR in a timely fashion                    |
| I. Environmental Services    | Mark Chapman    | <b>2 min</b> | 100%  |  |
| J. Facility/Plant Operations | Mark Chapman    | <b>2 min</b> | 24 extinguishers checked<br><br>boiler inspections completed<br><br>1 generator/transfer switch inspection<br><br>generator inspections completed May, no issues reported at this time  |  |
| K. Dietary                   | Treva Durr      | <b>2 min</b> | New Director<br><br>1 cleaning schedule and 1 sanitizer log not documented for the reporting period   | Corporate discussed with New Director the need for daily monitoring of the log to make sure tasks are being completed and documented, new director reports this is in process and going well to date<br>Vent hood cleaned in April |

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| L. Information Technology | Tim Hopen | 2 min         | 1 sever has bad battery that was replaced<br><br>Received and replaced multiple monitors and other small IT items<br><br>Ticketing system is no longer in use, IT is utilizing email for IT issues  |                       |
|---------------------------|-----------|---------------|---|-----------------------|
| <b>IV. OLD BUSINESS</b>   |           |               |   |                       |
| Agenda Item               | Presenter | Time Allotted | Discussion/Conclusions  | Decision/Action Items |
| A. Old Business           | QM        | 5 min         | Extravasation Management Strategies<br><br>Conditions of Admission<br><br>Enteral Tube Management Policy<br><br>Intravenous (IV) Extravasation Management and Treatment Policy<br><br>2024 Mangum Annual Quality and Safety Plan<br><br>2024 Mangum Annual Quality Plan Evaluation<br><br>MRMC Lab Policy Manual (see TOC) and the following lab policies:<br><br><ol style="list-style-type: none"> <li>1. Reporting COIVD to State</li> <li>2. Specimen Labeling Policy</li> <li>3. Lab Plan of Care</li> <li>4. Quality Management Plan</li> <li>5. Competency and Orientation Plan</li> <li>6. Employee Signatures</li> </ol> | Approved April 2024   |

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|                        |           |               | <ul style="list-style-type: none"> <li>7. Lab Ergonomic Plan</li> <li>8. Performance Improvement Plan</li> <li>9. Blood and Urine Centrifuges</li> <li>10. Delegation of Duties</li> <li>11. Error Investigation and Documentation</li> <li>12. Use and Care of PPE</li> <li>13. Pathologist Review of Results</li> <li>14. Proficiency Testing Policy</li> <li>15. Reporting to OSDH</li> <li>16. Specimen Rejection</li> <li>17. Specimen Storage</li> <li>18. Turn-Around Times</li> <li>19. Corrected Reports</li> <li>20. Chemical Hygiene and Exposure Control</li> <li>21. Blood Bank Alarm System</li> <li>22. Blood Culture Collection</li> <li>23. Evacuated Tube Collection</li> <li>24. FDA Medical Device Reporting Procedure</li> <li>25. Look back for Transmitted Disease Policy</li> <li>26. Platelet Poor Plasma</li> </ul> <p>Strong Minds Policy Manual (see TOC)</p> <p>Annual TB Risk Assessment</p> |                       |
|------------------------|-----------|---------------|--|-----------------------|
| <b>V. NEW BUSINESS</b> |           |               |  |                       |
| Agenda Item            | Presenter | Time Allotted | Discussion/Conclusions   | Decision/Action Items |
| A. New Business        | QM        | 2 min         | See Policy and Appointment below   |                       |

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| <b>VI. QUALITY ASSURANCE/PERFORMANCE IMPROVEMENT DASHBOARD REPORT</b> |                  |                      |  |   |
|---|------------------|----------------------|--|---|
| <b>Agenda Item</b>  | <b>Presenter</b> | <b>Time Allotted</b> | <b>Discussion/Conclusions</b>  | <b>Decision/Action Items</b>  |
| A. Volume & Utilization   | CM               | <b>5 min</b>         | <p>AMA 3 pts;<br/>           1 ER pt for c/o feeling ill, all exams/testing preformed, provider recommended admission however pt declined, R/B discussed with pt however they continued to decline hospital admission. AMA signed, pt left ER.</p> <p>1 pt to the ER with "asthma attack", testing and treatment preformed, provider recommended continued monitoring/treatment, however pt was "feeling better" and desired to leave. R/B discussed with pt, continues to express desire to leave. AMA signed.</p> <p>1 pt to the ER for c/o constipation, expresses that they do not want to have to wait longer than 20 min for entire visit. Seen by provider and again expressed they would not wait for exam/treatment. Advised of R/B, pt signed AMA.</p> | Noted 2 of 3 AMA in PM with same provider/nurse.                                |
| B. Case Management  | CM               | <b>8 min</b>         | My Care Corner   | QM/CM to meet with Leslie about MyCare Corner for further education on findings |
| C. Risk Management  | QM               | <b>10 min</b>        | <p>0 complaint / 0 grievances<br/>           Other – 3 other events (skin tears)<br/>           1.) in-pt noted to have skin tear to arm post transfer into chair.</p>   |   |

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|--|--|--|--|--|
|  |  |  | <p>2.) In-Pt noted to have new skin tear after repositioning self in chair after eating, bumped knee on over bed table with resulting skin tear noted.</p> <p>3.) 1 in-pt noted to have skin tear to leg, unknown cause</p> <p>Falls w/o injury - 4</p> <p>1.) 1 in-pt found on the floor during rounds, pt reports they were folding their blanket and fell backwards, reports hitting head. Eval post fall with no injuries or change in LOC noted. Pre-fall precautions in place; low bed, nonskid socks, rounding, call light in reach, education to patient.</p> <p>2.) 1 in-pt found on the floor in room in front of w/c. pt reports they were leaning over to pick up trash on the floor. No injuries noted post fall. Pre-fall precautions; rounding, room free of obstructions, call light in reach, education.</p> <p>3.) 1 in-pt found on the floor after trying to self-ambulate to the restroom. No injuries noted. Pre-fall precautions; low bed, non-skid socks, rounding, call light in reach, room free of obstacles, close to nurse station, bed alarm.</p> <p>4.) 1 in-pt being transferred from shower chair to wheelchair with walker and x 2 assist, during the transfer, pt became</p> |  |
|--|--|--|--|--|

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|            |     |              | <p>weak and unable to complete transfer, assist to the floor. No injuries reported or noted post fall</p> <p>Pt fall w/minor injury – 1<br/> 1.) 1 in-pt found on the floor on hands/knees, assisted back to chair. Abrasions noted to knee and ankles with no other injuries noted. Pre-fall precautions; rounding, call light in reach, room free of obstructions, chair alarm (not on at time of fall)</p> <p>Mortality - 1 er;<br/> 1 ER pt brought into the ED for SHOB. During the er course, pt heartrate dropped suddenly with interventions preformed including intubation due to resp status. Air-vac arrived and pt simultaneously coded, all life saving measures were preformed, next of kin reported DNR and requested all measures be stopped. Patient expired while in the ER.</p> |  |
| D. Nursing | CCO | <b>2 min</b> | Total number of charts with pain medication administration were accounted for, excluding duplicate charts. Post assessment, 2 PO and 2 IV, administration(s) not completed   | CPSI continues to show past incomplete pain reassessment notifications. Nurses again educated on need to not rely on system for reminder to reassess the patients pain level. The charge nurse is now responsible for ensuring all nurses f/u with pain reassessments. Only a few were missed due to timing during shift and total patient acuity. |

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| E. Emergency Department              | CCO/QM   | <b>5 min</b> | 5 ER readmits - No trends or patterns were identified, no further action needed<br><br>7 incomplete logs – QM notifying CNO and Nurse directly through Tiger Connect  | Readmits were not due to lack of education, care on MRMC part<br><br>CEO/CNO/QM discussed on-going issue, CNO will monitor charts and ER log in real time and notify nurses with missing data. Trend noted with ER nurse. CNO/QM to monitor real time log and notification of nursing staff, should this continue to be an issue with individual staff members, disciplinary actions to follow |
| F. Pharmacy & Therapeutics (P&T)     | Pharmacy | <b>2 min</b> | Next P&T – June 2024  |  |
| G. Respiratory Care                  | RT       | <b>2 min</b> | 100% on chart checks  |  |
| H. Wound Care                        | WC       | <b>2 min</b> | No in-pt wound development for the month  |  |
| I. Radiology                         | RAD      | <b>2 min</b> | 2 - delays in reads for the month (1 xray/1 CT)   |  |
| J. Laboratory                        | LAB      | <b>5 min</b> | Seimens did site survey with nothing needed for new analyzer<br>New dimension approved/CPL approved/<br>Medline approved<br>Lab Education -<br>1. Manual Diff<br>2. Critical Rerun<br>3. Patient Identification |  |
| K. Infection Control/Employee Health | IC/EH    | <b>5 min</b> | 2 hospital acquired;<br>1.UTI - high risk pt with foley, sepsis protocol initiated on admit with UTI found, treated appropriately<br>2. Pt treated with ABT for infection, began having loose stools with stool | 1.) IP to continue to monitor culture results and reinforce importance of foley catheter care.<br>2.) IC to continue monitoring for C. diff cases in hospital. Reinforced education for proper isolation, prevention, and proper cleaning.   |

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|--|---------|--------------|--|---|
|  |         |              | culture ordered and c-diff dx, treated for c-diff  |   |
| L. Health Information Management (HIM) | HIM     | <b>2 min</b> | 100% H&P completion<br>95% Progress Note Completion – 1 swb not complete   | Placed in providers box for completion, completed         |
| M. Dietary                             | Dietary | <b>2 min</b> | 75 % on cleaning scheduled – 1 task not documented for the month<br>98% on PPM Sanitizer – 1 task not documented for the month                           | Manager to monitor schedule daily for completion of tasks |
| N. Therapy                             | Therapy | <b>2 min</b> | 100%   |   |
| O. Human Resources (HR)                | HR      | <b>2 min</b> | 100% - 90-day competency<br><br>Annual education – 9 employees have not completed education requirements; 3 CNAs/2LPNs/1 RN/ 1 PT/ 1 COTA/ 1 Maintenance |   |
| P. Business Office                     | BOM     | <b>2 min</b> | 1 OP did not collect the cost share/payment agreement for the patient at TOS   | Education to BO staff member on collecting this at TOS    |
| Q. Environmental Services              | EVS     | <b>2 min</b> | 10/10 on room cleans   |   |
| R. Materials Management                | MM      | <b>2 min</b> | 5 back orders<br>No late orders<br>No recalls effecting the hospital<br>Secondary supply location set up in room 18                                      |   |
| S. Life Safety                         | PO      | <b>2 min</b> | Routine checks preformed with no issues noted  |   |
| T. Emergency Preparedness              | EP      | <b>2 min</b> | 3 employees oriented   |   |
| U. Information Technology              | IT      | <b>2 min</b> | 1 Server with bad battery, replacement ordered   |   |

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|------------------------|---------|-------|-----------------------------------|---|
| 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? |

**VII. POLICIES & PROCEDURES**

| Agenda Item                            | Presenter | Time Allotted | Discussion/Conclusions  | Decision/Action Items                               |
|--|-----------|---------------|---|---|
| A. Review and <i>Approve</i>           | QM        | 10 min        | MPMC 2024 Emergency Preparedness Plan and appendices (attached) | First approval – Megan<br>Second approval – Heather |
| B. Review and <i>Approve to Retire</i> |           |               |   |   |

**VIII. PERFORMANCE IMPROVEMENT PROJECTS**

| Agenda Item                              | Presenter | Time Allotted | Discussion/Conclusions                                     | Decision/Action Items |
|--|-----------|---------------|--|-----------------------|
| A. Performance Improvement Project (PIP) | QM        | 2 min         | 1.) Bed side scanning<br>2.) Pain Assessment<br>3.) Stroke |                       |

**IX. OTHER**

| Agenda Item                 | Presenter | Time Allotted | Discussion/Conclusions | Decision/Action Items |
|-----------------------------|-----------|---------------|------------------------|-----------------------|
| A. Risk Manager Appointment | QM        | 1 min         | Approved - Feb 2024    |                       |
| B. Infection Preventionist  | QM        | 1 min         | Approved – March 2024  |                       |

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**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 1437 by Melissa seconded by Brittany |                       |

**MEMBERS & INVITED GUESTS**

| <b>Voting MEMBERS</b>     |   |                          |                                       |                          |
|---------------------------|---|--------------------------|---------------------------------------|--------------------------|
| Melissa Tunstall          | Nick Walker                                 | Danielle Cooper          | Meghan Smith <input type="checkbox"/> |                          |
| Kaye Hamilton (teams)     | Mark Chapman                                | Heather Larson           | Brittany Gray                         |                          |
| Dr C (phone)              | Dr Gilmore (teams) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/> |
| <b>Non-Voting MEMBERS</b> |   |                          |                                       |                          |
| Denise Jackson            | <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/> |
| <b>INVITED GUESTS</b>     |   |                          |                                       |                          |
| <input type="checkbox"/>  | <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/> |

|                                  |  |
|----------------------------------|--|
| <b>Date Minutes Approved:</b>    |  |
| <b>Signature of ChairPerson:</b> |  |