

**Mangum Regional Medical Center
Quality and Patient Safety Committee Meeting
Agenda for Jan 2025 and Meeting Minutes for Jan 2025**

Meeting Location: OR	Reporting Period: Dec 2024	
Chairperson: Dr Gilmore	Meeting Date: 01/16/2025	Meeting Time: 14:00
Medical Representative: Dr Gilmore	Actual Start Time: 1402	Actual Finish Time: 1439
Hospital Administrator/CEO: Kelley Martinez	Next Meeting Date/Time: 02/13/2025 @ 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 1402	Approval: First –Chasity, 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	Meeting minutes – Nov/Dec 2024	Approval: First – Meghan, Second – Treva
B. Environment of Care (EOC) Committee <i>1. Approval of Meeting Minutes</i>	Mark Chapman	2 min	Meeting minutes – Dec 2024	Approval: First –Chasity, Second – Kelley
C. Infection Control Committee <i>1. Approval of Meeting Minutes</i>	Meghan Smith	2 min	Meeting minutes – Nov 2024	Approval; First –Brittany, Second - Chasity

**Mangum Regional Medical Center
Quality and Patient Safety Committee Meeting
Agenda for Jan 2025 and Meeting Minutes for Jan 2025**

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 - March 2025?	
E. Health Information Management (HIM)/Credentialing Committee 1. <i>Approval of Meeting Minutes</i>	Jennifer Dryer/ Kaye Hamilton	2 min	Meeting minutes – None	
D. Utilization Review (UR) Committee 1. <i>Approval of Meeting Minutes</i>	Chasity Howell	2 min	Meeting minutes – Dec 2024	Approval; First – Brittany, Second – Meghan
III. DEPARTMENT REPORTS				
Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. Nursing/Emergency Department	Nick Walker	5 min	0 restraints 5 PRBC with no reactions 0 code blue	
B. Radiology	Pam Esparza	2 min	1 film repeated.	artifact. Removed and repeated with no issue
C. Laboratory	Tonya Bowan	8 min	34 rejected labs 12/6 - dimension down due to HM drain, waste tubing being replaced. 12/11 - dimension down due to Vessel Feeder issue. Kicker sensor and OPTO/Detector replaced 12/18 - HM wash probe replaced	QC not run on 12/20, 12/21, 12/22 on Cog Analyzer. No patients were run on these days, but manufacture requires QC to be run daily. Lab in-service on coag machine 1/6/25.
D. Respiratory Care	Heather Larson	2 min	32 neb changes for the month 0 vent days	
E. Therapy	Chrissy Smith	2 min	Nov 2024 Pt with assistive needs – 14 Total sessions for the month; 103 -PT 85 -OT 1 -ST Improved Standard Assessment Scores:	Nov – PTA/OTA/SPL - BLS renewal

**Mangum Regional Medical Center
Quality and Patient Safety Committee Meeting
Agenda for Jan 2025 and Meeting Minutes for Jan 2025**

			<p>5 - PT 4 - OT 2 - ST</p> <p>Dec 2024 Pt with assistive needs – 16</p> <p>Total sessions for the month; 105 -PT 79-OT 6 -ST Improved Standard Assessment Scores: 9 - PT 9 - OT 1- ST</p>	
F. Materials Management	Brittany Gray	2 min	<p>Nov 2024 2 back orders (electrodes/bacteria filter), 0 late orders, 0 recalls</p> <p>Dec 2024 3 back orders (electrodes, syringe caps, skin stapler), 0 late orders, 0 recalls</p>	<p>Nov 2024 Removal of inactive items from the item master, waiting on list of chargeable v. non-chargeable items</p> <p>All dept aside from ER/Nursing will submit reqs. For needed items</p> <p>Dec 2024 Removal of inactive items from the item master, waiting on list of chargeable v. non-chargeable items, D. Cooper is now working on this project</p> <p>Nursing will start submitting reqs for room 18/IV cart/Er starting on 1/13/25.</p> <p>New MM will start on 1/13/25</p>

**Mangum Regional Medical Center
Quality and Patient Safety Committee Meeting
Agenda for Jan 2025 and Meeting Minutes for Jan 2025**

				Physical inventory for CS started/completed on 12/26/24 & 12/27/24, adjustments made within CPSI as needed and everything sent to finance on 1/3/25
G. Business Office	Dannille Cooper	2 min	<p>Nov 2024 99% - HIPPA/Ins Card/Consent 98% - DL</p> <p>Dec 2024 99% - HIPPA/Complete Reg Packet/Ins Card/Consent 98% - DL</p>	<p>Nov 2024 1 BO missed 3 consents for OP services 2 pm nurses missed Ins card 2 pm nurses missed DL and 1 pm nurse missed 2 DL</p> <p>Dec 2024 All ER after hours; 1 pm nurse – DL/ins 1 pm nurse – consent 1 wkend am – DL/Ins/Consent 1 wkend am – DL/ins 1 wkend am – DL 1 wkend pm – DL</p> <p>Discussed with BOM to monitor for trends with staff and routine notification of missed info to CNO</p>
H. Human Resources	Bethany Moore	2 min	<p>1 background checks completed for new employees this month</p> <p>BLS 94% - CNA with expired cert, provider out with family emergency cert expired while they were out</p>	CNA scheduled for renewal course and provider will renew before returning to work
I. Environmental Services	Mark Chapman	2 min	100% terminal room cleans	
J. Facility/Plant Operations	Mark Chapman	2 min	<p>24 extinguishers checked</p> <p>5 boiler checks</p>	Bearings out in lobby air handler motor, replaced 12/26/24

**Mangum Regional Medical Center
Quality and Patient Safety Committee Meeting
Agenda for Jan 2025 and Meeting Minutes for Jan 2025**

			1 generator/transfer switch inspection	
K. Dietary	Treva Durr	2 min	100% on all logs for the month	
L. Information Technology	Desirae Galmore	2 min	Data reviewed	
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 - 4 3 ER/1 in-pt;</p> <p>1 ER -pt unable to see PCP for med refill so pt reported to the ER, no emergent need reported or assessed only needing a routine med refill. The provider offered x1 dosage of medication in the ER but pt would have to have driver present prior to administration. Pt agreeable, while waiting on driver pt requested the med be given. The nurse reminded pt that the driver has to be present per provider orders, pt became upset and left the ER. Staff were not able to discuss r/b or obtain AMA signature.</p> <p>2 ER - pt to the er for C/O Pt received treatment and tolerating clear liquid diet well, pt did not want to be in the hospital</p>	No trend noted

**Mangum Regional Medical Center
Quality and Patient Safety Committee Meeting
Agenda for Jan 2025 and Meeting Minutes for Jan 2025**

			<p>for Christmas and wanted to go home. Pt was advised to stay for further tx however they remained adamant to go home, R/B discussed as well as the need to return to ER for worsening symptoms. AMA signed.</p> <p>3 ER - Pt to the ER for c/o, placed on ABT by PCP days prior but reports worsening symptoms. The treatment given and pt report felt better, however HR elevated, and provider wanted pt to stay. Pt aware of elevated HR and does not want to stay anylonger, R/B discussed as well as need to return to ED for worsening symptoms. AMA signed.</p> <p>1 in-pt - Pt admitted for SWB services from another acute care facility for therapy services, doing well with diet and therapy services/progressing well. Expressed desire to go home, provider not agreeable to d/c at this time. Pt opted to leave AMA. R/B discussed with pt, as well as returning to ER as needed. AMA signed.</p>	
B. Case Management	CM	8 min	<p>5 re-admits for the month</p> <p>1.) Pt admitted for initial c/o. Patient discharged to home and readmitted with same dx d/t noncompliance when returning home after previous admission. Patient discharged to home. Education regarding compliance reviewed with patient prior to discharge.</p>	

**Mangum Regional Medical Center
Quality and Patient Safety Committee Meeting
Agenda for Jan 2025 and Meeting Minutes for Jan 2025**

			<p>2) Patient admitted with primary dx and transferred to HLOC. Patient readmitted with same dx and discharged to home with home oxygen rx provided to DME.</p> <p>3) Patient admitted with primary dx and discharged to home with self-care. Patient readmitted later with differing dx.</p> <p>4) Patient admitted with primary dx. Patient discharged to home pending further outpatient testing. Patient readmitted with initial primary dx and a secondary dx.</p> <p>5) Patient admitted with primary dx. Patient discharged to home per patient request. Patient readmitted with primary dx. Patient discharged to home with family and HH of choice.</p>	
C. Risk Management	QM	10 min	<p>0 complaint</p> <p>0 grievance</p> <p>Falls – Fall without injury – 1; in-pt fell forward from BSC while staff present. Post fall precautions – staff will always remain directly at patient side during BSC use</p> <p>Mortality - 2</p>	

**Mangum Regional Medical Center
Quality and Patient Safety Committee Meeting
Agenda for Jan 2025 and Meeting Minutes for Jan 2025**

			<p>1.) inpt admitted to in-pt services via the ER, during the course pt continued to decline with discussions of hospice services/comfort care. Pt DNR with comfort measures, pt expired while inpt.</p> <p>2.) Inpt admitted to in-pt services for primary dx, pt also had other significant medical dx. Over the course of hospitalization pt continued to decline, with worsening symptoms related to poor intake and AKI. Family agreeable to comfort measures, Pt was DNR and expired while inpt.</p>	
D. Nursing	CCO	2 min	Post pain assessment, 1 PO and 7 IV, administration(s) not completed. ER missed 1 PO and 3 IV reassessments. The Floor missed 4 IV reassessments. Trend noted with 2 ER nurses and 1 floor nurse.	Charge nurse continues to ensure that all nurses f/u with pain reassessments. Will continue to remind nursing staff to reassess patients. CCO to meet 1:1 with each nurse to provide education.
E. Emergency Department	CCO/QM	5 min	ER readmits - 10	
F. Pharmacy & Therapeutics (P&T)	Pharmacy	2 min	<p>Next P&T – 2025</p> <p>After hours access - 71</p> <p>ADR - 0</p> <p>Med errors – 3</p> <p>1) The patient was receiving continuous IV infusion and was being disconnected due to wanting to frequently walk and shower. IV med should be infused for no more</p>	<p>Med Errors</p> <p>1) The nurses involved were educated on the need to check IV fluids at shift change. This education was also passed on to all nursing staff during the monthly nurse meeting.</p> <p>2) The nurse stated that she missed the medication entirely. Educated the nurse to review the EMAR carefully to ensure all medications are properly administered.</p>

**Mangum Regional Medical Center
Quality and Patient Safety Committee Meeting
Agenda for Jan 2025 and Meeting Minutes for Jan 2025**

			<p>than 24 hours per bag, but due to the intermittent delays, more volume was present and a new bag was not scanned for 36 hours.</p> <p>2) Ordered med was not given to a patient at 0400.</p> <p>3) Ordered med was to be given at 1400 but was not scanned in the EMAR.</p>	<p>3) The nurse did not recall missing the medication and there were no indications that it should be held. The nurse did not pull the medication from the Meddispense so it was not a scanning issue. The nurse was educated on the need to carefully review the EMAR to ensure that all medications are properly administered.</p>
G. Respiratory Care	RT	2 min	100% on chart checks	
H. Wound Care	WC	2 min	No in-pt wound development for the reporting period	
I. Radiology	RAD	2 min	<p>2 - delays in reads (1CT/1 x-ray) Tech called multiple times to check on the status of exams</p>	DIA has implemented a new protocol, including a Priority status for exams to help streamline exam reads, thus far there has been improvement in turnaround time
J. Laboratory	LAB	5 min	<p>Lab turnaround time – 87%, delays due to short staff (1 tech)</p> <p>No blood culture contaminations</p>	
K. Infection Control/Employee Health	IC/EH	5 min	NO CAUTIs/CLASBIs/MRDOs/Cdiff	
L. Health Information Management (HIM)	HIM	2 min	<p>H&Ps – 100%</p> <p>D/C Summary; 1 DC summary w/i 72 hrs/1 ED d/c note not completed</p> <p>Progress Note – 1 in-pt progress note</p>	Providers notified of missing notes
M. Dietary	Dietary	2 min	98% on PPM bucket sanitizer – 1 day temps were missed for 2 meals	DM educated dietary staff on proper temp monitoring
N. Therapy	Therapy	2 min	Nov 2024/Dec 2024 - 100%	

**Mangum Regional Medical Center
Quality and Patient Safety Committee Meeting
Agenda for Jan 2025 and Meeting Minutes for Jan 2025**

O. Human Resources (HR)	HR	2 min	90-day competency - 100% Annual education – 100%	
P. Business Office	BOM	2 min	Nov 2024 Cost Shares Nov – 91% Cost Shares Dec – 100%	Nov – 4 BO staff missed out-pt cost share, trend noted
Q. Environmental Services	EVS	2 min	10/10 on room cleans	
R. Materials Management	MM	2 min	Nov 2024 Requisitions – 100% Dec 2024 Requisitions –100%	
S. Life Safety	PO	2 min	100%	
T. Emergency Preparedness	EP	2 min	2 employees oriented	
U. Information Technology	IT	2 min	Data reviewed	Pixsi go live Jan 2025
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	
VII. POLICIES & PROCEDURES				
Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. Review and <i>Approve</i>	QM	10 min	1. Code Blue Record Form 2. 2025 HVA 3. 2024 SRA 4. 2024 SAFER Guides	1. Code Blue Form – no vote! First – Kelley, Second Nick 2-11. First approval – Kelley Second approval – Tonya

**Mangum Regional Medical Center
Quality and Patient Safety Committee Meeting
Agenda for Jan 2025 and Meeting Minutes for Jan 2025**

			<ul style="list-style-type: none"> 5. Secure Messaging Policy 6. Self-Administered Drug Policy 7. Pain Screening, Assessment and Management Policy 8. Consent/Declination for Blood & Blood Products 9. Patient Post-Fall Review Form 10. Blood Product Administration Policy 11. Emergency Release of Blood Policy 	
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 1439 by Chasity seconded by Brittany	

MEMBERS & INVITED GUESTS				
Voting MEMBERS				
Kelley Martinez	Nick Walker	Carlos Mendoza	Lynda James	Treva Derr
Chasity Howell	Jennifer Dreyer	Desirae Galmor	Meghan Smith	Pam Esparza

**Mangum Regional Medical Center
Quality and Patient Safety Committee Meeting
Agenda for Jan 2025 and Meeting Minutes for Jan 2025**

Brittany Gray	Tonya Bowen		Kaye Hamilton (teams)	Dr G (teams)
Dianne (teams)	Chrissy Smith	Mark Chapman <input type="checkbox"/>	Waylon Wigington <input type="checkbox"/>	Zach Powell <input type="checkbox"/>
Non-Voting MEMBERS				
Denise Jackson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>