Mangum Regional Medical Center
Medical Staff Meeting
Thursday
June 18, 2026

MEMBERS PRESENT:

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

ALLIED HEALTH PROVIDER PRESENT

David Arles, APRN-CNP
Mary Barnes, APRN-CNP

NON-MEMBERS PRESENT:
Kelley Martinez, RN, CEO
Chelsea Church, PharmD
Alex Sterns, PharmD
Megan Smith, RN – Quality
Lynda James, LPN – Drug Tech
Kaye Hamilton, Medical Staff Coordinator

1. Call to order
    a. The meeting was called to order at 1:10 pm by Dr. John Chiaffitelli, Medical Director.

2. Acceptance of minutes
    a. The minutes of the May 21, 2026, 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

    - Operations Overview -

        - ARC Architecture Firm has submitted all forms to the State Department of Health, and we are awaiting a response Regarding our Lab Relocation/Renovation project.

- We are continuing to still make improvements at the facility currently we are working on painting the inside of the facility starting with the lobby and then we will move down the patient halls.
- Patient rounds being completed 3 times a week has had a great response from the patients and the staff.
- We continue to promote all our service lines at the hospital and at the clinic.
- Upfront collections for the hospital were at $1,509.00 for the month of May.
- Upfront clinic collections for the month of May were $281.07.
- The lab building is almost completed we are awaiting a few pieces of equipment such as the door and windows.

Written report remains in the minutes.

5. Committee / Departmental Reports
   a. Medical Records – No Report for May, 2026

      1. – ER – ER Notes needed out of – Completed
         OBS – out of
         Acute – H&P – Completed
         ER - ER Note Needs to be H&P – Corrected
         DC – DC Summary – Completed
         SWB - out of 2 H&P - Completed
      2. Old Business
         No report in the minutes for the Month of May, 2026

   b. Nursing
      Patient Care
      - MRMC Education included:
        1. Nursing documentation updates are communicated to nursing staff weekly.
        2. Nurse meeting held May 6th with the next meeting scheduled for July 15th.

      - MRMC Emergency Department reports 0 patient Left Without Being Seen (LWBS).
      - MRMC Laboratory reports 0 contaminated blood culture set(s).
      - MRMC Infection Prevention reports 1 CAUTI.
      - MRMC Infection Prevention report 0 CLABSI.
      - MRMC Infection Prevention reports 1 HAI, for the month of May, 2026.

      Client Service

- Total Patient Days for May 2026 were 389. This represents an average daily census of 13.
- All open positions are currently filled at this time.
- 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 N/A
- New Business
  - NHSN – Patient Safety Structural Measure needs to be completed in NHSN by May 18, 2026, to meet new CMS requirements.
- Data:
  a, N/A
- Policy & Procedures Review:
  a. Corporate IP and all IPs in the Cohesive system are reviewing 5 IC policies per week.
  b. Plan to have the IC manual review and updates completed by June 2026 to present to the IC committee, Quality, med Staff and Governing Board.
  c. The Employee Health policies were revised to ensure that members who are treated and managed as patients due to a workplace injury or illness in the Hospital shall receive the same protections of their health information as any other patient the Hospital treats in accordance with HIPPA regulations. IC committee approved policy changes as written. Forwarded to Quality, Med Staff, and Governing Board for approval.
     - EHP-001 Employee Health Program
     - EHP-003 Employee Occupational illness and Injury
     - EHP-001 EH Standing Orders
     - FMEH-010 Staff Acknowledgement of Work
     - Restrictions FMEH-0032 Staff Refusal for
     - Drug/Alcohol Test Form Urine Drug Screen Process
- Education/In Services
  a. Nursing Education 4/22/2026
     - Vaccine Administration documentation education sent out via Tiger Text to remind nurses on the required documentation from the OSDH to meet the PI measure.
     - IP Training Only:
       Monthly EPIC meeting April 16, 2026 “CDC Updates” presented by connie Sneed MSN, RN, CIC, FAPIC Infection Preventionist Consultant.

4/30/2026 NHSN Hemovigilance Module Next Steps.

- Updates: None at this time.
- N95 Fit Texts – 5 completed

Annual Items:

a. Construction Risk Assessment - ICRA presented to IC committee for approval during May meeting. IC committee approved as written. Plan forwarded to Quality, Med Staff, and Governing Board for approval.
IP to follow up with documents as soon as signed.
b. Linen Services – Annual site visit will be scheduled for September, 2026.

Written report remains in minutes.

d. Environment of Care and Safety Report

i. Evaluation and Approval of Annual Plan

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.—Talked to contractor 10-4-2025 about cover for hopper – contractor measured and is making quote for cover. – Contractor backed out on making cover - - Will check on repairing hopper.
b.ER Provider office flooring needing replaced. Tile is onsite.- Remodel is postponed.
c. Stained ceiling tile throughout facility from leaking roof – Replacement Started 9-15-2025. Need more tile. Started replacement on 3-9-2026. Complete 5-01-2026.
d. Damaged ceiling in OR2 due to leaking roof.
e. New Hope Roof – Leak in Physical Therapy office after hail storm – City approved vendor to repair.-Roof replaced 1-15-2026 Will get contractor to quote ceiling repair. Contractor will be here 3-10-2026.
f. Need light installed for parking lot at New Hope - - Contractor scheduled for week of 16th. This appointment was used for chiller rewire – contractor rescheduled – Complete 4-14-2026.
g. Front wall of lab building damaged from vehicle – Waiting on start date from contractor for repairs.- - -Repairs started on 4-28-2026.

i.i.i. New Business

a. Vacuum Pump issues – Pump 2 quit 4-28-2026 – Pump 1 quit 5-7-2026 – currently relying on portables – Waiting on ETA for parts to make repairs – depending on parts availability.
b. Refrigerator in Pharmacy quit 5-7-2026 – Replacement ordered 5-8-2026.

c. Approve 2026 HVA Assessment
d. Floor needs replaced in Room 19 and Linen room.
e. North door Alarm not working properly.
f. Ceiling tile by business office needs replaced.

Written report remains in the minutes.

e. Laboratory
   i. Tissue Report – No tissue report for May, 2026
   i.i. Transfusion Report – Approved

Written report remains in minutes.

f. Radiology
   i. There was a total of – 202 X-Rays/CT/US
   i.i. Matters for approval
      - Nothing up for approval
   i.i.i. Updates:
      - No Updates

Written 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 in June, 2026.
   i.i.i. Azithromycin injectable still on backorder but we were able to get an allocation. IV contrast is on backorder.
   Demerol IV is unavailable. Morphine is on back order.
   i.v. List of meds recommended for standing order are tums, voltaren gel, nystatin powder, nystatin swish and swallow, and melatonin.
   i.v. Reviewing Policies & Procedures to be presented at a later date.

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 – 1
  - Fall with minor injury – 2
  - Fall with major injury – 0
  - Death – 0
  - AMA/LWBS – 0-In Pt – 1- ER - AMA - 0-OBS – SWB
- Quality – Minutes are in the minutes of Medical Staff

Meeting.

- HIM – ED discharge instructions - Compliance
  100% - D/C Note Compliance
  100% - Progress Notes
  100% - ED DC Instructions
  100% - ED Provider Dx
- Med event – 0
- After hours access was –

Written report remains in the minutes.

k. Utilization Review
   i. Total Patient days for
   i.i. Total Medicare days for
   i.i.i. Total Medicaid days for
   iv. Total Swing Bed days for
   v. Total Medicare Swing Bed days for
   Minutes for May Meeting remain in the minutes.

Motion made by Dr. John Chiaffitelli, Medical Director to approve Committee Reports for May, 2026.

6. New Business
   a. Review & Consideration of Approval of the Hazard and Vulnerability Assessment of 2026
      i.Motion: made by John Chiaffitelli, DO, Medical Director, to approve the Hazard and Vulnerability Assessment of 2026.
   b.Review & Discussion – Running PMP on Patients – CEO led in discussion on Running PMP on Patients.
   c. Revuew & Discussion – On TPA : - Discussion was held on TPA.
      i.Motion: made by John Chiaffitelli, DO Medical Director to remove TPA from the Formulary and to only stock TNKase.

.

7. Adjourn
   a. Dr Chiaffitelli made a motion to adjourn the meeting at 1:28 pm.

_____

Medical Director/Chief of Staff Date