

Chief Executive Officer
Louis Ward, MHA



Mayers Memorial Hospital District

Board of Directors

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Beatriz Vasquez, PhD, Vice President
Abe Hathaway, Secretary
Allen Albaugh, Treasurer
Laura Beyer, Director

Board of Directors
Quality Committee
FINAL Minutes

June 6, 2018 - 12:00pm
Boardroom (Fall River Mills)

These minutes are not intended to be a verbatim transcription of the proceedings and discussions associated with the business of the board's agenda; rather, what follows is a summary of the order of business and general nature of testimony, deliberations and action taken.

- 1 **CALL MEETING TO ORDER:** Board Chair Beatriz Vasquez called the meeting to order at 12:04pm on the above date.

BOARD MEMBERS PRESENT:

Beatriz Vasquez, Vice President
Laura Beyer, Director via phone

ABSENT:

STAFF PRESENT:

Louis Ward, CEO
Jack Hathaway, DOQ
Dawn Jacobson
Keith Earnest, CCO
Mary Ranquist
Pam Sweet
Diana Groendyck
Candy Vculek
Jessica Stadem, Board Clerk

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- 2 **CALL FOR REQUEST FROM THE AUDIENCE – PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS**

None

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- 3 **APPROVAL OF MINUTES**

3.1 A motion/second carried; committee members accepted the minutes of April 11, 2018, with Beyer/Jacobson **Approved All**
correction: change "meeting called to order by" name to Laura Beyer.

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- 4 **DEPARTMENT REPORTS**

- 4.1 **Pharmacy:** Presented PowerPoint. Implemented medication barcoding in SNF last week, explained process of how scanning and pharmacy quality process works; looking into adding PCC module to allow nursing staff to order refills via system; 75% on acute barcoding, down from 84% in March, no nurse is under 50% compliance.
- 4.2 **Hospice:** 100% compliance monitoring quality measures; would like to streamline hospice admit process from SNF, will include process for properly updating care plans, working in different programs but still need to include same assessments, will do in-service training for staff once plan is in place; PCC is creating a hospice module, would like to be a beta site.

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- 5 **QUARTERLY REPORTS**

- 5.1 **Compliance:** Nothing of importance to report, compliance is good.
- 5.2 **Patient Safety First:** One WPV report, incident not patient related, there have probably been several reportable items but staff still not reporting, reportable incidents include combative patients/residents.

- 5.3 **CMS Core Measures:** Numbers still aren't meeting requirements but will continue to submit reports. Will see how ER patient reporting goes now that Krissy is on maternity leave (measure indicators include stroke, heart attack); 3rd parties interested in helping us implement a stroke program, we are not currently a thrombolytic facility.

6 **STANDING MONTHLY REPORTS**

- 6.1 **Quality/Performance Improvement:** Working on auditing procedures based on SNF survey tags and acute survey tags, focusing on these items only to be prepared for resurvey.
- 6.2 **PRIME:** Everything has been completed and reported, next deadline is after fiscal year, August or September; no reports have been run since last submission, don't foresee any changes; patient reporting numbers are low but that was expected.
- 6.3 **SNF Events/Survey:** Have completed root cause analysis on each tag, reviewing policies pertaining to each tag, revising policies to be easier process for staff to follow; have provided trainings, post-tests, working on return demonstrations now, chart auditing process now looks at all charts daily, correcting issues as they arise; COMS helping staff chart and record events properly, based on notes, June 25 implementation; wound and weights program, wound care nurse rounds on Thursday in SNF, able to do full assessments and working with nursing staff, PCC created wound and weight document to be completed weekly by wound care nurse and dietician; committee would like demonstration of how system works.
- 6.4 **Infection Control:** Attended training in Chico, was provided tracking forms for hand hygiene, glucose meters, etc., will not recreate forms since they are directly from CDPH, will send all tracking forms to committee for review via email; Dawn going back to school, someone else will be taking over Infection Control.

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- 7 **ADMINISTRATIVE REPORT:** Escrow on new house closes tomorrow; briefly discussed upcoming SNF revisit survey, could come anytime between now and end of July, working daily on accountability, charting audits, changing behaviors, staff are all onboard with new processes, will continue watching changes closely for 4-6 months, have met with CDPH contacts to review processes; meeting with NPH on 14th to review new registry staff orientation process, will include expectations of registry staff; hospital council northern section meeting tomorrow, items to be discussed CNA shortage and lack of programs, education opportunities; have started moving dirt, all permits have been signed and received, met with PGE yesterday, will start moving poles on June 18, will go through end of month, there will be no delays in project.

8 **NEW BUSINESS**

- 8.1 **Policy Process:** Provided policy procedure flow chart; "service line" means adding or removal of a service; only certain policies go to board sub committees; Pam gets her information from board clerk, will work on communication; would like to bring education to board in June.

9 **OTHER INFORMATION/ANNOUNCEMENTS**

10 **ANNOUNCEMENT OF CLOSED SESSION**

- 10.1 **Government Code Section 54962:**
Chief of Staff Report (Health & Safety Code §32155) Dr. Tom Watson, Chief of Staff Report

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- 11 **RECONVENE OPEN SESSION** - No closed session items.

12 **ADJOURNMENT:** 1:31pm

Next Regular Meeting – July 11, 2018 (Fall River Mills)

Public records which relate to any of the matters on this agenda (except Closed Session items), and which have been distributed to the members of the Board, are available for public inspection at the office of the Clerk to the Board of Directors, 43563 Highway 299 East, Fall River Mills CA 96028. This document and other Board of Directors documents are available online at www.mayersmemorial.com.