

Chief Executive Officer
Louis Ward, MHA



Mayers Memorial Hospital District

Board of Directors
Michael D. Kerns, President
Beatriz Vasquez, PhD, Vice President
Abe Hathaway, Secretary
Allen Albaugh, Treasurer
Laura Beyer, Director

**Board of Directors
Regular Meeting
Agenda**

June 27, 2018 1:00pm
Boardroom: Burney
Teleconference: 2916 Payson St., Houston, TX 77021

Mission Statement

Mayers Memorial Hospital District serves the Intermountain area, providing outstanding patient-centered healthcare to improve quality of life through dedicated, compassionate staff, and innovative technology.

1	CALL MEETING TO ORDER	President Mike Kerns	Approx. Time Allotted
2	CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS	Persons wishing to address the Board are requested to fill out a "Request Form" prior to the beginning of the meeting (forms are available from the Clerk of the Board (M-W), 43563 Highway 299 East, Fall River Mills, or in the Board Room). If you have documents to present for the members of the Board of Directors to review, please provide a minimum of nine copies. When the President announces the public comment period, requestors will be called upon one-at-a time, please stand and give your name and comments. Each speaker is allocated five minutes to speak. Comments should be limited to matters within the jurisdiction of the Board. Pursuant to the Brown Act (Govt. Code section 54950 et seq.) action or Board discussion cannot be taken on open time matters other than to receive the comments and, if deemed necessary, to refer the subject matter to the appropriate department for follow-up and/or to schedule the matter on a subsequent Board Agenda.	
3	APPROVAL OF MINUTES	3.1 Regular Meeting – May 23, 2018 Attachment A Action Item	2 min.
4	DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS	4.1 Resolution 2018-7 – May Employee of the Month Attachment B Action Item	5 min.
5	BOARD COMMITTEES	5.1 Finance Committee Chair Allen Albaugh 5.1.1 Committee Meeting Report Report 10 min. 5.1.3 May 2018 Financial Review, AP, AR, and acceptance of financials Dispersed Separately Action Item 5 min. 5.2 Strategic Planning Committee Chair Mike Kerns 5.2.1 Committee Meeting Report Report 10 min. 5.3 Quality Committee Chair Beatriz Vasquez 5.3.1 Committee Meeting Report Report 10 min.	
6	NEW BUSINESS	6.1 July Board Meeting Date Action Item	5 min.

- Chief Executive Officer Compensation
- Donated Medical Goods: Esperance
- ER Culture Follow Up Form MMH603
- ER Culture Follow Up Letter MMH604

7 ADMINISTRATIVE REPORTS

7.1 Chief's Reports

Attachment C

7.1.1	CEO	Louis Ward	Report	10 min.
7.1.2	CCO	Keith Earnest	Report	10 min.
7.1.3	CFO	Travis Lakey	Report	10 min.
7.1.4	CNO	Candy Vculek	Report	10 min.
7.1.4	COO	Ryan Harris	Report	10 min.

8 OTHER INFORMATION/ANNOUNCEMENTS

Information 5 min.

9 ANNOUNCEMENT OF CLOSED SESSION

9.1 **Government Code Section 54962:**
Quality Assurance: Quality Improvement Issues, Medical Staff Report

9.2 **Personnel Government Code 54957**

9.3 **Real Property Government Code 54956.8**

9.4 **Pending Litigation Government Code 54956.9**

10 RECONVENE OPEN SESSION – Report Closed Session Action

Information

11 ADJOURNMENT: Next Regular Meeting – July 25, 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.

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Board of Directors

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**Board of Directors
Regular Meeting
Minutes**

May 23, 2018 1:00pm
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:** President Mike Kerns called the regular meeting to order at 1:01pm on the above date.

BOARD MEMBERS PRESENT:

Mike Kerns, President
Beatriz Vasquez, Vice President
Abe Hathaway, Secretary
Allen Albaugh, Treasurer
Laura Beyer, Director (via telephone)

STAFF PRESENT:

Louis Ward, CEO
Travis Lakey, CFO
Ryan Harris, COO
Marlene McArthur, IHF CEO
Candy Vculek, Interim CNO
Diana Groendyke, Interim SNF DON
Jessica Stadem, Board Clerk

ABSENT:

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

None

- 3 **APPROVAL OF MINUTES**

3.1 A motion/second carried; Board of Directors accepted the minutes of April 20, 2018 Vasquez/Albaugh **Approved All**

- 4 **DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS**

4.1 **Resolution – 2018-6:** A motion/second carried; Linda Smith was recognized by the Board of Directors as April Employee of the Month. Vasquez/Albaugh **Approved All**

4.2 **IHF Quarterly Report:** In addition to written report. Had regular board meeting May 21, scholarship committee reviewed 6 high school, 2 college, 1 employee applications, \$7900 total; Finance committee reviewed 10 applications totaling \$40,430, proceeds come from thrift store; golf tournament August 18, working to get all expenses covered by donations, designated proceeds to landscaping for new wing; Norcal Road Gypsies July 15, all proceeds go to hospice; gift shop sale in lobbies June 4 in FR, June 6 in Burney, will be closing gift shop in Burney but will continue with sales; 2017 net \$59k for stores, increase in revenue over the years; a lot of new donations for campaign coming in recently, \$40k left to reach goal, 5 rooms left to name; June 15 ground breaking ceremony, invites in the mail.

5 **BOARD COMMITTEES**

5.1 **Finance Committee**

5.1.1 Committee Meeting Report – Purchasing and lab presented; lab numbers have decreased over the years but the referrals from MVHC over the past few months have increased, marketing with new providers is important.

5.1.2 A motion/second carried; acceptance of BOD Quarterly Finance Review Albaugh/Hathaway **Approved All**

5.1.2 A motion/second carried; acceptance of March & April 2018 Financial Review, A/P, A/R Albaugh/Hathaway **Approved All**

5.1.3 A motion/second carried; acceptance of Construction Change Order Policy, as amended. Albaugh/Hathaway **Approved All**

5.2 **Strategic Planning Committee**

5.2.1 Committee Meeting Report – Nothing of significance was discussed or reported.

5.2.2 Discussed changes made to SP at retreat, risk areas may need to be changed (SNF and hospital star ratings are not differentiated in SP); needs more review and revision, no action taken; **will add action item to next month's agenda.** **No Action Taken**

5.3 **Quality Committee**

5.3.1 Committee Meeting Report – No meeting in May, next meeting June 6.

6 **NEW BUSINESS**

6.1 **Policies for Approval**

Albaugh/Vasquez **Approved All**

A motion/second carried – Approved only the two policies below:

- Bylaws, Medical Staff
- Rules, Medical Staff

No action taken on below policies, request to review next month:

- Chief Executive Officer Compensation
- Donated Medical Goods: Esperance
- ER Culture Follow Up Form MMH603
- ER Culture Follow Up Letter MMH604

7 ADMINISTRATIVE REPORTS

7.1 Chief's Reports

7.1.1 **CEO:** Introduced and welcomed Candy, Interim CNO and Diana, Interim SNF DON; discussed plans for upcoming survey, reviewed reasons for tags during last survey and re-survey in April, last POC was not reviewed/implemented properly, unable to receive new SNF patients until re-surveyed and POC completed; Diana has helped other facilities correct CDPH issues; also working with consultants on survey processes and hospital procedures, working hard on building accountability amongst staff; Candy provided handouts and discussed POC and how they are already implementing corrections, discussed new in-depth worksheet on fall policy, staff will read and sign policy, doing better at documenting trainings and re-education with staff; have had PCC consultant on site reviewing and teaching system to staff for more accurate usage, although changes are hard, staff are engaging and want to succeed, treating travelers just like staff, expectations are the same, charting requirements are getting better with administration constantly checking, focus is mainly on SNF but will be hospital wide eventually, physicians are on board and cooperative with plans and changes.

Discussed/reviewed points on written report; new building licensure doesn't seem to be an issue; MMH is one of six hospitals state-wide who won an innovation award (Planting Seeds, Growing Our Own); meeting regularly with IPG, included Cal Fire, Public Health, Pit River Trice, MVHC, sharing resources, creating MOUs, have invited Sheriff and CHP; met with Dave Jones, MVHC has starting new clinic project, expected to finish in December-January; continue discussions with JPIA but group needs new motivations; 299 Collaborative funding has mostly been spent, will see how group continues on, new commercials are geared toward recruitment, may need to take a new approach to advertising (Facebook, Pandora ads), **ask Val to bring info on new commercial stats for her next report**; power outage today, processes went well, generator kicked on almost immediately, all important equipment on battery backup.

7.1.2 **CCO:** Written report provided, not in attendance.

7.1.3 **CFO:** Cash is down because of IGT, transferring \$43k tomorrow for another program; programs change every year, we have spent responsibly but shouldn't rely on it forever; started feasibility study for Wellness Center, should have results in approx. 2 months. Implemented new billing software; worker's comp rate going down \$5k.

7.1.4 **COO:** Had meeting with OSHPD and CDPH in Chico, OSHPD was not aware that we had closed OB, started asking questions about what was in each room now, vacancy permits need to be filed any time a room is moved/changed, will not slow down building project, OSHPD is expecting a drawing of use of current space. PGE has not removed poles yet, have found all correspondence referring to date of pole removal, still waiting for contracts; preconstruction meeting with USDA, went well; need OSHPD permit before grading and site work starts; still waiting for fire and mechanical to be approved, everything else approved, should have building permit by next week; will make decision on grading permit process on Tuesday; should be able to start June 4; trees will be removed from Annex and laundry facility soon, contacted water department to mark lines so stump removal can happen; fence in Burney is still going up, no security issues in last 2 months.

8 OTHER INFORMATION/ANNOUNCEMENTS

None

9 **ANNOUNCEMENT OF CLOSED SESSION – 3:22 PM**

9.1 **Government Code Section 54962:**

Quality Assurance: Quality Improvement Issues, Medical Staff Report

STAFF STATUS CHANGE

- 1. Mark Goodwin, MD
- 2. Henry Patterson, OD

MEDICAL STAFF REAPPOINTMENT

- 1. Gregory Taylor, MD – Emergency Medicine
- 2. Tikoes Blankenberg, MD – Pathology
- 3. Dale Syverson, MD – General Surgery
- 4. William Dykes, MD – Emergency Medicine
- 5. Michael Maloney, MD – Radiology

MEDICAL STAFF APPOINTMENT

- 1. Jeffrey McGillicuddy, MD – Orthopedic Surgery
- 2. Beverly Chang, MD – Psychiatry

9.2 **Personnel Government Code 54957**

9.3 **Real Property Government Code 54956.8**

9.4 **Pending Litigation Government Code 54956.9**

10 **RECONVENE OPEN SESSION – 3:46pm**

A motion/second carried; approval of purchase of home at 43216 5 th St., Fall River Mills, CA 96028	Hathaway/Albaugh	All Approved
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A motion/second carried; acceptance of all credentials	Vasquez/Hathaway	All Approved
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11 **ADJOURNMENT – 3:47pm**

Next Regular Meeting – June 27, 2018 (Burney)

I, _____, Board of Directors _____, certify that the above is a true and correct transcript from the minutes of the regular meeting of the Board of Directors of Mayers Memorial Hospital District

Board Member

Board Clerk



Mayers Memorial Hospital District
Always Caring. Always Here.

RESOLUTION NO. 2018-7

**A RESOLUTION OF THE BOARD OF TRUSTEES
OF MAYERS MEMORIAL HOSPITAL DISTRICT RECOGNIZING**

Michael Stark

As May 2018 EMPLOYEE OF THE MONTH

WHEREAS, the Board of Trustees has adopted the MMHD Employee Recognition Program to identify exceptional employees who deserve to be recognized and honored for their contribution to MMHD; and

WHEREAS, such recognition is given to the employee meeting the criteria of the program, namely exceptional customer service, professionalism, high ethical standards, initiative, innovation, teamwork, productivity, and service as a role model for other employees; and

WHEREAS, the MMHD Employee Recognition Committee has considered all nominations for the MMHD Employee Recognition Program;

NOW, THEREFORE, BE IT RESOLVED that, Michael Stark is hereby named Mayers Memorial Hospital District Employee of the Month for May 2018; and

DULY PASSED AND ADOPTED this 27th day of June 2018 by the Board of Trustees of Mayers Memorial Hospital District by the following vote:

- AYES:
- NOES:
- ABSENT:
- ABSTAIN:

Mike Kerns, CHAIRMAN
Board of Trustees, Mayers Memorial Hospital District

ATTEST:

Jessica Stadem
Clerk of the Board of Directors



Operations Report June 2018

Statistics	May YTD FY18 <i>(current)</i>	May YTD FY17 <i>(prior)</i>	May Budget YTD FY18
Surgeries <i>(including C-sections)</i> ➤ Inpatient ➤ Outpatient			
Procedures <i>(surgery suite)</i>			
Inpatient	1901	2017	1993
Emergency Room	3889	3720	3712
Skilled Nursing Days	25673	25141	26400
OP Visits (OP/Lab/X-ray)	13754	13939	14866
Hospice Patient Days	1157	753	1430
PT	3068	3006	2830

Operations District-Wide

Prepared by: Louis Ward, MHA, CEO

Skilled Nursing Facility

Late this month, the California Department of Public Health (CDPH) once again surveyed our Skilled Nursing facilities. I am happy to report the survey went very well, with no cited deficiencies. As reported in past board meetings the outcome of this survey was critically important to our District. The entire team came together with a unified mission, they worked together.....they communicated well.....they used new technologies.....they learned new skills.....they worked long hours.....and it all paid off. A big thank you to Candy Vculek, CNO; Diana Groendyke, interim DON SNF; Shelly Lee, ADON SNF; and Jack Hathaway, DOQ; our fantastic charge nurses and SNF leadership. More information to be reported verbally at the June BOD meeting.

Groundbreaking on the new hospital wing

It was an exciting month for the District's largest project, the new hospital wing expansion. The contractors began moving the dirt, the fencing went up, and of course, the ceremonial digging of the dirt occurred. It has been very exciting for District staff and the community to observe the progress since the construction crews started on June 4th. The ceremonial groundbreaking event had a great turn out and organized extremely well. Thank you to MIHF, our fantastic volunteers, and District staff for their preparation for and involvement throughout the event. Further information of the project and developments as well as what to expect next month will be reported by Ryan Harris COO at the June BOD meeting and reflected in the minutes.

Strategic Plan Updated

The 2016-2021 Strategic Plan has been amended to reflect changes approved by the District Board earlier this year. District Administration will begin the process to work with staff to determine FY2019 goals over the next month. These goals are manageable expectations that directly align with the overall District Strategic Plan. The result of these efforts will be presented at the August BOD meeting.

Wellness Center Update

District Administration is working with WIPFLI and Greenbough Design to perform a feasibility study on the concept of a Wellness Center here in Fall River Mills. The District is seeking information on the development of a retail pharmacy, new space for physical therapy and cardiac therapy, exam rooms, gym space, and a community wellness education room. The final report will be presented to the BOD at the July Board meeting.

The District has a new Chief Nursing Officer

I am very happy to report Candy Vculek has accepted the permanent Chief Nursing Officer position here at the District. Candy has been a great addition to TEAM Mayers and a vital part of our success with our recent SNF survey. I look forward to working closely with Candy in the upcoming months in an effort to educate her to the District's Strategic Plan.

Visit from Shasta Regional CEO

This month MMHD was visited by Casey Fatch, CEO at Shasta Regional Medical Center, a welcomed visit. Casey and I spoke at length about our ER to SRMC transfer process, mental health patients, opioid usage in Shasta County, and collaboration initiatives such as training and shared purchasing agreements. I found Casey to be a very community minded and down to earth individual. I am confident that MMHD and SRMC will continue to seek opportunities to work together as well as strengthen our relationship.

Chief Operating Officer Report

Prepared by: Ryan Harris, COO

Hospital Expansion Project

- OSHPD Final Permit
 - We received our permit from OSHPD on 5/31/2018. This permit does not include our approved Fire Life & Safety drawings, which we had to defer submittal on in order to get our permit in time. Greenbough design is working with our Fire Life & Safety OSHPD reviewer to clear up some of the answers they had causing the deferred submittal. We do not expect this to delay our timeline in any way and should have

this permit in hand well before the start of this work. Our official **START** of construction is 6/4/2018.

- PG&E
 - PG&E started phase 1 of their work on Monday 6/18. This work includes everything that needs to be completed in order to get the 3 poles in the construction site removed. Another phase will include getting power to the new transformer. They will bring distribution across 299 and underground power to the new transformer. The last phase will be removing the poles running parallel with hwy 299 on the river side of the building, clearing the way for a possible new helicopter pad in the future.
- Domestic Cold Water Storage
 - This will be a deferred submittal to OSHPD meaning the domestic cold water storage tank will be approved after construction has started. We are now working on putting the tank on the South East Side (back) of the new building. This will eliminate the tank taking up parking spaces, being in the front of our buildings and will have an entry point into the newest pipes in our Plant. There will be minimal cost increase from putting it at this location vs. the front of the hospital near the 4" water main. We are currently looking at the cost difference between a poly, stainless steel, and galvanized steel tank.
- Deferred submittals
 - The deferred submittals were submitted to OSHPD for the fire alarm and fire sprinkler on July 20th, 2018. They will now go into triage and then reviewed for approval.

Wellness Center

- Travis and I are currently working through the feasibility study with Wipfi and Greenbough design. We currently have the parameters of a building cost established. Once we have that document cleaned up Wipfi will be able to complete the feasibility study for us. We are expecting to have more information to present at the July board meeting.

Plant Operations, Maintenance, Other Construction Projects

- Construction of the Burney laundry facility will start July 16th, 2018.
- Remodeling the new traveler house started June 16th and will be completed by July 13th.
- We are currently re-painting the stripes in the parking lot in Fall River. The Burney Annex Parking Lot will also be done.
- Dave Burks, our long-time employee and maintenance manager, retired as of July 22nd, 2018. Alex Johnson has accepted to take over the role. Dave and Alex have been working together over the last month to ensure a smooth transition.

IT

- IT is focusing on upgrading aging IT infrastructure, including routers, switches, battery backups, and servers. They have also sent out a customer satisfaction survey to find out how we can improve our IT service to staff.

Purchasing

- Our purchasing department is currently working on preparing for our end of the year inventory. This includes working with all departments heads to ensure everyone is aware of their responsibilities during inventory.

Dietary

- Susan, Libby and I are meeting weekly to ensure we do a full reopening of the kitchen on August 1st, 2018. Right now our focus is on staffing, scheduling improvements, process improvement, and staff improvements.

Security

- We are moving forward with fencing the Burney Annex parking lot. It will be a 6' high chain link fence. We are also moving forward with access control at the Burney Annex. A meeting with the contractor is set up for June 21st, 2018 to finalize the details of the project.

Environmental Services

- We have two new environmental services staff starting this month. We will also be increasing our staffing as we continue to grow our staff housing and once the laundry facility is complete.
- Sherry Rodriguez EVS manager has also selected the linens, washers, and dryers, and we are currently working on a vehicle to transport linens to each facility.

Chief Clinical Officer Report

Prepared by: Keith Earnest, Pharm.D., CCO

Cardiac Rehab

- The NuStep machine purchased through an award from the Mayers Intermountain Healthcare Foundation is in place. Patients love it.
- Referrals for monitored patients remain strong, currently 5 active with an additional patient pending insurance authorization.
- The exterior door to the hall way was upgraded some months ago. Recently the maintenance department fixed the lip on the floor allowing easier wheelchair/walker access and Cardiac Rehab patients have expressed their gratitude.

Laboratory

- A system to report epidemiological important pathogens to the Infection Control Committee and key managers is being created. (Reporting to public health and the CDC is already in place).
- A mechanism to autoclose the door to the phlebotomy room in Burney has been installed to prevent unauthorized access.
- The issue with the Paragon/Labcorp interface have been escalated.

Pharmacy

- Barcoding of prescription refills for skilled nursing went live (full presentation made to Quality Committee.)
- The department is navigating shortages, mainly of narcotics and fluids.
- Keith Earnest, Pharm.D. has completed the Antibiotic Stewardship Training program sponsored by Stanford University.
- The lighting in the designated compounding area of the pharmacy has been replaced with compliant lighting and compliant flooring is scheduled to be installed on June 27th.

Imaging

- A registry ultrasound tech is working and catching up on the backlog of referrals.
- Mayers is currently operating with all registry imaging techs until a full time tech (already hired) starts.

Telemedicine

- Amanda Harris, manager, is exploring options for tele-psych as our previous practitioner is leaving the program.

Many Clinical Departments will be participating in the Pit River Indian Health Center's Health Fair.

Chief Nursing Officer Report

Prepared by: Candy Vculek, CNO

- Skilled Nursing has passed CDPH Survey with NO deficiencies and all restrictions have been lifted.
 - Standard work created, disseminated and educated to SNF staff that enabled them to understand and close the performance gaps.
 - Standard management processes implemented such as scheduled leadership rounding to both facilities.
 - Tracking mechanisms activated and in place that will continue to be used to ascertain that SNF staff continues to succeed in their work.
 - Team continuing to work on other opportunities for improvement and will utilize same standard processes for staff education and management of compliance.
- Susanville residents have been repatriated. With the lifting of the restrictions, SNF management will be actively working to fill these beds.
- Developed and implemented standard weekly multidisciplinary skin and weights committee meeting to evaluate and manage resident's care in these areas.
- Implemented processes to stabilize registry staffing
 - Orientation packets created in conjunction with HR for registry staff
 - Working with registry to standardize entry of registry staff into facility and to ascertain their level of competence before arrival
 - Mandated education prior to working at MMHD
 - Working to fill long term assignments with consistent nursing staff.
 - Initially placing 4 registry LVNs in 13 week contracts
 - Will place another 4 in 4 to 6 weeks to stagger the start date of the contracts.
 - Exploring options in conjunction with HR for long term recruitment and retention.
- The team is continuing to work hard on improving multiple processes!
- See attached project plan document.

Acute

Prepared by: Theresa Overton, DON

1. May Acute ADC=1.06 and Swing ADC=0.77 with ALOS=0 (no discharges in the month of May for swingbed patients).
2. FTE: 6 with 2 of these staff members working in other departments of the hospital. Hired new RN to start in July.
3. Still require use of travel nurses to fill gap.
4. Acute Care RN starting Perioperative nurse training in July.

ER

Prepared by: Theresa Overton, DON

1. 398 patients seen in the month of May.
2. ER Lead Krissy Eades out on maternity leave. Delegated some duties to ER Supervisors and DON.
3. Mandatory training to ER staff for Emtala training.

Outpatient

Prepared by: Michelle Peterson

Updates:

- Part time RN for OPM- Ellie Haydock RN is now working in OPM and then Surgery 2 days every other week. Alexis continues to help 1 day a month for Dr. Zittel wound clinic days.
- The Outpatient Census has an average monthly patient visits at (100 approx. a month). April had 121 procedures, 110 patients. May 135 procedures, 116 patients seen.

Continuing Work:

- Ellie Haydock will be going to training for wound care this summer. The certification will be: WTA Wound care Treatment Associate Program. She will also do a preceptorship at Enloe Wound and Ostomy Center.

- OPM was awarded a grant from the Intermountain Healthcare Foundation for an IV cart and a bariatric wheelchair.
- IT/OPM working toward a custom build for EMR charting for OPM. Currently for Dr. Zittel visits we still do paper charting. We are working with our consultant to customize the physician document. We recently hired a new consultant that can finish the work that is needed.
- Referrals- We continue to send out email reminders and stop by MVHC with packets of order sets. We have placed OPM order sets and referral forms on our website and send out a password/link for: Provider Resources on the MMHD website <http://www.mayersmemorial.com/getpage.php?name=providerresources> password:MMHD.
- OPM working with Val Lakey on OPM marketing plans and website update. We have plans to meet with Redding discharge planners this summer.
- M. Peterson has been doing education and seeing residents in LTC in Burney and FR. Residents are no longer being seen as OPM but in the resident's rooms, except when Dr. Zittel wound care specialist comes. She conducted a class on pressure ulcers and wound care basics. The next class will be on wound dressings and ostomies.
- Ellie and Michele K. will be going to the soft skills training offered next week.
- Dr. Boldy from MVHC now has privileges in OPM and Dr. Peterson is working on being privileged for OPM.
- Dr. Zittel has asked his Physician Wound Center partner Dr. Rasmussen to get privileged at Mayers. He may be coming to MMHD and helping with OPM wound clinic days in addition to the days Dr. Zittel comes.

Issues/Needs:

- Expediting the custom computer build would be ideal if possible.

Implementation Plan MMHD SNF CDPH Project plan

Solution	Task Name	Assigned to:	Est. Start	Actual Start	Est. Finish	Actual Finish	% Complete	NOTES
B895	Establish Standard Processes that enforces compliance with completing physicians orders as written.						87%	
B895.1	Develop education that reviews facility p & p for pain medication administration and the nurse practice act.	Candy Vculek	5/5	5/6	5/9	5/9	100%	schedule staff meetings. Educate to process improvement and what is standard work and how we will be using it.
B895.2	Deliver education to all licensed staff	Candy Vculek	5/10	5/10	5/10	5/10	100%	Staff meetings conducted
B895.3	Discuss repercussions of failure to follow nurse practice act and need for 100% compliance.	Candy Vculek	5/10	5/10	5/10	5/10	100%	
B895.4	Have nurses sign verification of understanding and complete post test.	Diana Groendyke	5/10	5/10	5/21	6/10	80%	Diana will follow up with Dawn.. Two pieces. Who has completed and who has passed
B895.5	Develop and have staff conduct return demonstrations that demonstrates competence.	Diana Shelly/ CN's	5/16		6/10		100%	Return Demonstrations in progress
B895.6	Diana and Shelly will validate competency in CN's	Diana Groendyke	5/20	5/20	5/23	5/23	100%	
	Diana, Shelly and CN's will validate competency in all LN first then C.N. A.'s	Diana Groendyke	5/21		5/30		90%	
B895.7	Develop a check off list that everyone can access	Jack	5/18		6/6	6/10	100%	Jack will complete 6/6
B895.8	Create a shared drive to house the work	Jack	5/18	5/18	5/22	5/22	100%	jack will reemail
B895.9	Develop an excel sheet for Theresa to use to track gaps daily	Jac	5/16		6/15		90%	
B895.11	Audit pain medication dosages daily for compliance with physician orders. Goal is 100%	Teresa Babajan	5/16	5/16	5/16	5/16	100%	
B895.12	Institute process where any gaps in compliance found in the weekly audit are sent to the ADON/DON/CNO	Diana Groendyke	5/16		6/10		100%	Diana will bring to candy by the 10th
B895.13	Develop standard work with the management staff that defines the process where employees are coached appropriately if they are not meeting standards	Candy Vculek	5/12	5/13	5/16	5/17	100%	Discuss disciplinary process with the snf mgt team at the mgt meeting scheduled for 5/16 and educate them on expectations and how the process should work
B895.15	Educate staff to align medication administration per pain scale as written in policy to ascertain when medication will need to be given.	Candy Vculek	5/10	5/10	5/10	5/10	100%	
B895.16	Develop standard work for the subsequent resident centered pain management interview to develop individual pain management guideline based upon patients desires and needs.	Candy Vculek	5/10	5/10	5/10	5/10	100%	
B895.17	Develop standard work for the IDT meeting where the resident pain interview and other patient pain needs will be discussed and a pain management protocol specific to the resident's needs will be defined.	Candy Vculek	5/10	5/10	5/10	5/10	100%	
A029	Develop and implement a process that ensures compliance with re-assessment of patient pain level post medication administration						88%	
A029.1	Develop Standard work that defines the process for pain medication administration follow up	Candy Vculek	5/10	5/10	5/10	5/10	100%	
A029.2	Educate standard work and conduct return demonstrations.	Diana and Shely	5/10	5/10		6/1	90%	standard work educated. Return demonstrations underway
A029.3	Implement standard work test of change- use of timers for meds	Diana	5/11	5/11	5/25	5/24	100%	Diana will drive use of timers
A029.4	Evaluate effectiveness of new process	Candy Vculek	5/25		5/30	5/30	100%	
A029.5	Standardize new process once test of change is validated	Candy Vculek	6/1		5/30	5/31	100%	
A029.7	Any gaps in documentation are sent to the ADON/DON/CNO	Teresa Babajan	5/24	5/24	5/25	5/25	100%	
A029.8	Employees are coached appropriately	Shelly/ Diana	5/24		5/24	5/25	100%	
A029.9	Audit results are sent to quality and nursing management every day	Teresa Babajan	5/24		5/25	5/25	100%	
F686	Develop standard work and educate staff in regards to assessment, communication, management and auditing of skin issues						91%	
F686.1	Develop standard work for identification, care, management and documentation of pressure ulcers	Candy Vculek	5/3	5/3	5/10	5/10	100%	Pull policy and match standard work to policy
F686.2	Review standard work with staff and implement test of change	Candy Vculek	5/3	5/3	5/10	5/10	100%	point click care documentation how to do it.
F686.3	Develop plan for WCN to educate staff regarding wound care.	Michelle	5/10	5/10	5/17	5/17	100%	
F686.4	DON informs CNAs of ongoing need to report to LN any issues	Diana	5/18		5/21	5/21	100%	
F686.5	WCN conducts training.	Michelle	5/10	5/10	5/17	5/17	100%	
F686.6	WCN rounding and completing wound care in SNF weekly and educating staff to wound care process during the wound evalutaions	Michelle	5/15	5/15	5/20	5/24	100%	
F686.7	Develop post education competency validation using return demonstrations	Candy	5/21	5/21	5/22	5/22	100%	
F686.8	Set up treatment cart for each facility/unit	Diana	5/23	5/24	5/24	5/25	100%	Velcro to secure computer. Develop list of supplies House camera in cart.
F686.9	Develop the weekly skin and weight committee meeting	Diana	5/21	5/22	5/20	5/24	100%	
F686.10	Develop and initiate a standard consent for wound care photography when resident is admitted.	Jack	5/22		6/30		100%	standard consent is in place- no need to change process
F689	Free of Accident Hazards/Superfision/ Devices -Fall management						100%	
F689.1	Review and revise policy	Diana	5/14	5/22	5/20	5/20	100%	
F689.2	Develop Standard work	Candy	5/15	5/15	5/18	5/17	100%	
F689.3	Educate staff to new policy and standard work	Candy/Diana	5/22	5/23	5/23	5/24	100%	
F689.4	Add post fall assessment into policy	Diana	5/20	5/20	5/22	5/24	100%	
F689.5	add med review (keiths) back into policy	Diana	5/20	5/20	5/22	5/24	100%	
F689.6	Validate with PCC neuro assessment availability	Jack	5/24		24-May	5/24	100%	
F689.7	Educate staff on new PCC documents once they are active	Jack	5/24		26-May	5/24	100%	
F689.8	Share information with Theresa and ask her to communicate need to document ALL falls on the report sheet. Ask Theresa to communicate to the staff	Candy	5/22	22-May	24-May	23-May	100%	
B5010/756	Content of Health Records						100%	
B5010/756.1	Ask PCC if we can pull electronic signatures for the recaps	Jack	5/20		5/24	6/4	100%	Diana Will double check
B5010/756.2	Educate Charge RN's regarding process for printing hard copy and obtaining signatures from providers	Diana	5/20		5/24	6/4	100%	
B5010/756.3	Educate providers on content of health record in MEC	Keith/Jack	5/3	5/3	5/10	5/10	100%	
B5010/756.4	Educate providers on drug regime review in MEC	Keith/Jack	5/3	5/3	5/10	5/10	100%	
B5010/756.5	Develop a process to track new notes that need to be made on monthly regime review	Keith	5/3	5/3	5/10	5/10	100%	
B5010/756.6	Develop a process for the CN's to report and gaps in documentation to the ADON/DON	Diana	5/20		5/24	6/4	100%	
B5010/756.7	Build a process where Teresa B's audit gaps are reported to DON/CNO/DOQ immediately	Diana	5/20		5/24	6/4	100%	