

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

Quality Committee
Meeting Agenda
September 19, 2018 – 12:00pm
Boardroom: Fall River Mills

Attendees

Beatriz Vasquez, PhD, Chair, Board Member
Laura Beyer, Board Member

Dr. Tom Watson, MD, Chief of Staff
Louis Ward, CEO
Jack Hathaway, Director of Quality

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| 1 | CALL MEETING TO ORDER | Chair Beatriz Vasquez | | | |
| 2 | CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS | | | | Approx. Time Allotted |
| 3 | APPROVAL OF MINUTES | | | | |
| 3.1 | Regular Meeting – August 15, 2018 | | Attachment A | Action Item | 2 min. |
| 4 | DEPARTMENT REPORTS | | | | |
| 4.1 | Emergency Room | Krissy Eades | Attachment B | Report | 10 min. |
| 4.2 | HIM | Lori Stephenson | | Report | 10 min. |
| 5 | QUARTERLY REPORTS | | | | |
| 5.1 | Compliance | Jack Hathaway | | Report | 10 min. |
| 6 | STANDING MONTHLY REPORTS | | | | |
| 6.1 | Quality/Performance Improvement | Jack Hathaway | | Report | 10 min. |
| 6.2 | PRIME | Jack Hathaway | | Report | 10 min. |
| 6.3 | SNF Events/Survey | Candy Vculek | | Report | 10 min. |
| 6.4 | Infection Control | Dawn Jacobson | | Report | 10 min. |
| 7 | ADMINISTRATIVE REPORT | Louis Ward | | Report | 10 min. |
| 8 | NEW BUSINESS | | | | |
| 9 | OTHER INFORMATION/ANNOUNCEMENTS | | | Information | 5 min. |
| 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 | |

Medical Staff New Appointments:

Robin Rasmussen, MD – Wound Care

Medical Staff Reappointments:

Todd Guthrie, MD – Orthopedic Surgery

Thomas Watson – Emergency and Family Medicine

Allied Health Professional Reappointments:

Darla Schmunk, FNP

Ben Nuti, CRNA

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| 11 | RECONVENE OPEN SESSION – Report closed session action | Information |
| 12 | ADJOURNMENT: Next Regular Meeting – October 10, 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
Quality Committee
Minutes

August 15, 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 12:03pm on the above date.

BOARD MEMBERS PRESENT:
Beatriz Vasquez, Vice President
Laura Beyer, Director

ABSENT:

STAFF PRESENT:
Louis Ward, CEO
Jack Hathaway, DOQ
Candy Vculek, CNO
Theresa Overton, DON
Steve Sweet
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 July 11, 2018. Beyer/Ward **Approved All**

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- 4 **DEPARTMENT REPORTS**
4.1 **Cardiac Rehab:** Submitted written report. No questions or comments.
4.2 **Purchasing:** In addition to written report. Have had several new projects that have increased purchases (3-5%) (5th Street House, laundry facility); no major quality issues, good cooperation from managers and departments; would like to increase communication between purchasing and infection prevention in regards to certain supplies and items to ensure we keep our infection rate low, new RTs always want to order supplies that were used at previous employers and have a hard time wanting to use current supplies on hand; managers have \$250 spending limit before needing Chief approval, maybe update policy to include any new inventory item requested needs Chief approval, will defer to managers to figure out new process.

- 4.3 **Med-Surg/Swing:** Acute average census is 4.05, swing census is 2.46, length of stay is 23.9 days; swing patients have been staying longer, partly due to LTC being closed/full for a while, also due to partnership not being started in time; barcoding has improved, IT specialist built report to help identify issues, created logs to document issues, pharmacy able to research, some are just a McKesson glitch; continuing to cross train acute staff to surgery, outpatient, ER; are down 3 FT employees currently, filling gaps with travelers, 2-13 week contracts start in September, if these contractors choose to stay, we don't have to buy out contracts; biggest concern for travelers who want to stay is housing; adopted shower schedule from LTC to be used for acute floor after patients family complained, making sure patients are receiving all hygiene care according to policies, everything must be documented; with counseling, communication has gotten much better; staff did great during recent fire with moving patients, no issues with power outage, if census was higher may have had to transfer to other facilities, everything ran smoothly, interns were very helpful.

5 **QUARTERLY REPORTS**

- 5.1 **Patient Safety First:** Working with CHPSO on reporting requirements, do not have large amount of patient safety reports, learned about Safety Stories program (patient safety near misses that were caught), need to get staff out of mindset that QRRs are negative, they are used for improvement and education.
- 5.2 **CMS Core Measures:** Still working with ER on measures, from time of admission to triage average is 32 minutes; will bring visual graph & info to next meeting.

6 **STANDING MONTHLY REPORTS**

- 6.1 **Quality/Performance Improvement:** Quality improvement project vs. quality measures, differentiating measures.
- 6.2 **PRIME:** End of September end of DY, no big changes foreseeable with program or numbers, 1.7.2 is paid portion, 5 of 8 criteria implemented.
- 6.3 **SNF Events/Survey:** Continuing to make sure all changes made are staying in place, looking closely at phase 2 requirements, progress is going well; Leslie consultant August 5 & 6 conducted surprise mock survey, outcome was good, reviewing specific patient charts that may be flagged by state during survey, educated staff on McGreer's criteria, major concern was infection control process, looking for interim infection preventionist, phase 3 has intense requirements for IP, atmosphere with staff has improved as well.
- 6.4 **Infection Control:** Not in attendance.

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- 7 **ADMINISTRATIVE REPORT:** Shortly after Hat Fire incident started, all communication was down and C Team all came to hospital to check in, started collecting bed info from other facilities, staffing plan, communication plan in place, ran into power issues on Friday, reviewed "hot wash" (after incident report), discussed areas of improvement; cold wash within 2 weeks to discuss progress, will look at total business continuity plan, IPG meeting coming up soon, will present more info at full board, ask Val to bring info; Hill Rom nurse call quotes presented, will need to decide on a vendor for new wing, if update all current plus new wing, \$310k, will bring to full board for approval; went through employee meeting presentation; have pricing for potential retail pharmacy building; staff housing available September 15 or so; visiting Eastern Plumas.

Dr. Watson discussed ER docs contemplating leaving EmCare and signing on directly with hospital, would need 4-5 doctors on board with plan, EmCare takes approximately 25% of what hospital pays them, will need to figure out rates and plan.

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- 8 **NEW BUSINESS** – None.

9 **OTHER INFORMATION/ANNOUNCEMENTS**

No announcements.

- 10 **ANNOUNCEMENT OF CLOSED SESSION** –

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10.1 **Government Code Section 54962:**

Chief of Staff Report (Health & Safety Code §32155) Dr. Tom Watson, Chief of Staff Report

11 **RECONVENE OPEN SESSION** – No closed session, nothing to report.

12 **ADJOURNMENT:** 2:12pm

Next Regular Meeting – September 19, 2018 (Fall River Mills)

Emergency Department Quality Report

September 2018

Quality Measures Implemented:

- Chart audits:
 - 1) Nursing documentation check list-helps ensure completeness of documentation and charge capture. This has continued to be of benefit. Staff from HIM provides us feedback as issues arise, so corrections can be made in a timely fashion when needed.
 - 2) High risk, low volume events such as ED deliveries, moderate sedation and use of restraints- these charts should be reviewed every time.
- Adjusted registration process to more accurately capture throughput, wait times, length of stay, door to MD times, etc. This information is also passed on to Envision for tracking.
- Participating as affiliate site in the national Pediatric Readiness Quality Collaborative. Focusing on improving care of pediatric patients in ED.
 - Initial measures focusing on obtaining weight in kilograms only and identifying/reassessing abnormal VS
- Upgraded Nursing Supervisor Phone to assist with preventing alarm fatigue. We're now able to assign different tones to incoming messages to help staff prioritize/differentiate various alerts. Example: Refrigerator temp alert vs. ambulance call or MCI alert
- Education Promotion efforts: TNCC, MICN, ESI triage, Nursing Documentation, MCI training, Pediatric Simulation Training at UC Davis, Burney Ride Along, Run Reviews, clinical shadowing experience at SRMC ED.
- Crash Cart Improvements- New crash carts purchased, continue to standardize, reconfiguring at this time, to be implemented as soon as accessories arrive.
- SEMSA partnership-continue close communication with SEMSA leadership to address dispatching, transport, and personnel issues as needed.

What has worked and what hasn't?

- Further definition and development are needed of benchmarking/tracking of high risk, low volume occurrences.
- Still some issues with capturing accurate times through ED process. Working with IT and Paragon representatives to determine what information pieces are missing, so accurate data is reflected.
- Difficulty freeing up staff to attend additional training due to staffing coverage needs. Opportunities are set up for Burney Ride Along and SRMC shadowing, so these will continue to be avenues to gain additional experience for our staff in the future.
- New UC Davis Pediatric Telemedicine cart is here and in use (follow-up from last year's report).

Emergency Department Quality Report September 2018

What will change or continue over the next year?

- Implement more specific time parameters and deadlines for projects.
- Identify tasks and projects that can be delegated to team members and supervisors to increase team involvement, utilize strengths, and improve efficiency.
- Continue to seek out education opportunities for staff members and encourage participation/attendance. Mock codes to be included routinely.
- Continue participation with Pediatric Readiness Quality Collaborative through 2019.
- Develop and implement Stroke Program/Protocol for ED to improve outcomes for patients presenting with CVA symptoms.
- Develop and implement standardized orientation process for ED staff.
- Continue to standardize and streamline processes where insufficiencies are identified by collaborating with respective departments to create solutions and increase consistency/standards in quality of care. Example: Outpatient services provided in ED.
- Update Policies and Procedures to ensure the care we are providing is guided by current, evidence-based practice.
- Begin making staff and process adjustments in preparation for transitioning to the new building. Anticipating need for 2 RN's on duty in ED 24/7 with Ward Clerk/ER tech during highest volume hours.

Respectfully Submitted by:

Krissy Eades, RN/ED Lead