

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
October 17, 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

				Approx. Time Allotted
1	CALL MEETING TO ORDER	Chair Beatriz Vasquez		
2	CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS			
3	APPROVAL OF MINUTES			
3.1	Regular Meeting – September 19, 2018	Attachment A	Action Item	2 min.
4	DEPARTMENT REPORTS			
4.1	IT	Chris Broadway	Report	10 min.
4.2	Med Staff	Pam Sweet	Attachment B Report	10 min.
4.3	Patient Access	Amy Parker	Report	10 min.
4.4	PACs Replacement	Alan Northington	Report	10 min.
5	QUARTERLY REPORTS			
5.1	Safety Committee	Val Lakey	Attachment C Report	10 min.
5.2	Worker’s Comp	Libby Mee	Attachment D Report	10 min.
5.3	Blood Transfusion	Theresa Overton	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		Report	10 min.
7	ADMINISTRATIVE REPORT	Louis Ward	Report	10 min.
8	NEW BUSINESS			
8.1	5 th Street House	Louis Ward	Report	10 min.

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	
11	RECONVENE OPEN SESSION – Report closed session action		Information	
12	ADJOURNMENT: Next Regular Meeting – November 14, 2018 (Fall River Mills)			

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Posted 10/11/18

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Board of Directors Quality Committee Minutes

September 19, 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 12:11pm on the above date.

BOARD MEMBERS PRESENT:

Beatriz Vasquez, Vice President
Laura Beyer, Director

ABSENT:

Louis Ward, CEO

STAFF PRESENT:

Jack Hathaway, DOQ
Keith Earnest, COO
Ryan Harris, DOO
Diana Groendyke, DON SNF
Candy Vculek, CNO
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 August 15, 2018. Hathaway/Beyer **Approved All**

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- 4 **DEPARTMENT REPORTS**

- 4.1 **Emergency Room:** Written report provided. The committee appreciated the format of report and content.
- 4.2 **HIM:** Not in attendance, will postpone.
- 4.3 **Sterile Compounding License Inspection:** Presented PowerPoint. Inspection in July, have since updated lighting and flooring, updated policies as requested, still working on compliant ER labels.

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- 5 **QUARTERLY REPORTS**

- 5.1 **Compliance:** Created training calendar for the next year for both employees and board, OIG wants to see that we offer training to staff, whether or not they accept the offer; will use most common compliance questions/issues as basis for training to maintain compliance and education.

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- 6 **STANDING MONTHLY REPORTS**

- 6.1 **Quality/Performance Improvement:** Orchestrated Healthcare (Paragon and EHR experts) hoping to come on site to train on systems, much like PCC consultants did; AllScripts was going to charge \$52k to send 2 nurses to train, \$15-17k is current quote through Orchestrated Healthcare; current paper QRR reporting system not good for tracking, looking into electronic reporting systems; PCC working on nutrition analytics for SNF.

- 6.2 **PRIME:** Have currently reported on every metric we have data for, still working on collecting some data, prime eligible population is 538, larger than last year; 1.7.1 BMI in adults, 1.7.2 healthy choices, Susan and Val completed first 5 metrics, will continue and complete rest in next year, most successful section, 1.7.3 children meet with PCP on nutrition and exercise.
- 6.3 **SNF Events/Survey:** SNF survey consultant on-site recently, worked with her for 2 days, focused on quality issues that affect star rating, doing audits on charts that could potentially be flagged by surveyor, expecting to see CDPH by next month for review on past surveys, full survey expected by January; posted for nurse educator to ensure nursing staff are getting adequate training; 2019 goals are all connected, have cascading effect so all staff must work together to achieve their goals; morale of staff has increased, appreciate new oversight because it shows that management care.
- 6.4 **Infection Control:** Keith Earnest reported. Continue working on McGreer criteria in SNF, working with Antibiotic Stewardship Committee in determining criteria for receiving antibiotics, most common bacterial infection is UTI, starting October 1 will start tracking criteria more thoroughly in a database any time an antibiotic is requested; many people have hand washing apps on phones now so more discreet hand washing audits can be done.

7 **ADMINISTRATIVE REPORT:** Ryan Harris presented on behalf of Louis Ward. Crews have been on-site every day working, Ryan sending daily updates on status, first concrete pour today, tour of site during board meeting on Monday, working to make up the 44 days we lost; laundry facility roof is being put on, opening date should be February 1, will order equipment and linens next month; no security incidents since the fence has gone up, access control installation has begun, started handing out key cards, front doors will be open during business hours unless security issues arise; painting ceiling at annex in an effort to brighten up the facility, will paint walls as well; hired interim Director of Dietary Services, she is a registered dietician, will help with staffing and flow in the department, still struggling with staff; still negotiating price on building for retail pharmacy, working on permits and license applications, ADA requirements and parking lot are biggest concerns; working on finding architect to keep on retainer for three years for all future projects; \$12 increase seen by employees for employee benefits, looking into different dental options; SEMSA contact us about possibly wanting to move airbase to hospital.

8 **NEW BUSINESS:** None.

9 **OTHER INFORMATION/ANNOUNCEMENTS:** Beatriz attended ACHD annual meeting with Louis Ward and Theresa Overton, good meeting to network, a lot of useful information provided, will share information with appropriate staff (Ouchless ED, Sober Circle), ideas on better community outreach and programs; met with Robert David, Executive Director of OSHPD; reading materials will be available on ACHD website.

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

11 **RECONVENE OPEN SESSION:** Approved all credentials.

12 **ADJOURNMENT:** 1:48pm - Next Regular Meeting – October 17, 2018 (Fall River Mills)

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Med Staff Report to Quality Committee
October 17, 2018

Policies and Procedures –

- 1943 policies total
 - Down from 2050 at my last report in May of 2017
- 412 are due or past due – Waiting on the manager to review and approve
- 363 are currently in process – Waiting on committees

Practitioners –

- 63 practitioners including:
 - 10 of those are mid levels (i.e., CRNA, NP)
 - 22 of those are new Direct Radiology (nighthawk) physicians
 - 34, including the 22 nighthawk physicians, are currently in the reappointment process

Prepared by: Pam Sweet

**Board Quality Report
Safety & Emergency Preparedness
Submitted by Valerie Lakey, Emergency Preparedness Coordinator**

Safety Projects:

- **Committee Meetings**

Attendance has been great and we have a very interactive group. We continue discussion about safety around the facility, communications and issues and challenges as they arise.

- **Education/Training**

We are teaming up with colleagues at Mercy and Modoc to do trainings that are more effective. We will be doing a training calendar for 2019 along with a quarterly Emergency Preparedness/Safety newsletter.

We are focusing on training some non-clinical staff in areas of HazMat and DeCon.

We attended the Disaster Planning for California Hospitals. Great Conference with a large focus on wildfires, CMS regulations, and a good variety of sessions for rural facilities.

- **Workplace Violence**

We continue to follow the regulations of the Workplace Violence Prevention program. We will be reviewing our plan at the end of the year as required by Cal OSHA.

- **Statewide Drill**

The statewide drill is November 15th. It will be based on a medical surge scenario (Infectious disease)

MMHD Board Quality Meeting

Wednesday October 17, 2018

Quarterly Work Comp Report

Libby Mee – Director of Human Resources

Injuries

- 3rd Quarter 2018
 - 4 first aide injuries resulting in zero days away from work
 - 1 Reportable claim

- BETA CARE Fund– Have not received notification of funds available for current fiscal year

Trainings

- Communicating with BETA Loss Prevention Specialist for a site visit and training session. Possible training topics include:
 - Introduction to Just Culture
 - Office ergonomics overview
 - Ergonomics and Wellness for Employees
 - Sit to Stand Desk Controversy – Best Practices
 - Slip, Trips and Falls – Overview, Toolkits and Strategies

She is also available to go over any Safe Patient Handling and Employee Safety topics or trainings as needed.