

Chief Executive Officer
Louis Ward, MHA



Mayers Memorial Hospital District

Board of Directors
Beatriz Vasquez, PhD, President
Abe Hathaway, Vice President
Laura Beyer, Secretary
Allen Albaugh, Treasurer
Jeanne Utterback, Director

Quality Committee
Meeting Agenda
January 9, 2019 – 12:00pm
Boardroom: Fall River Mills

Attendees

Laura Beyer, Board Secretary
Jeanne Utterback, Director

Dr. Dan Dahle, MD, Chief of Staff
Louis Ward, CEO
Jack Hathaway, Director of Quality

					Approx. Time Allotted
1	CALL MEETING TO ORDER	Chair Laura Beyer			
2	CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS				
3	APPROVAL OF MINUTES				
3.1	Regular Meeting – November 14, 2018		Attachment A	Action Item	2 min.
4	DEPARTMENT REPORTS				
4.1	HIM	Lori Stephenson	Attachment B	Report	10 min.
4.3	Patient Access	Amy Parker	Attachment C	Report	10 min.
4.4	Business Office	Danielle Botorff	Attachment D	Report	10 min.
5	QUARTERLY REPORTS				
5.1	Patient Safety First	Jack Hathaway		Report	10 min.
5.2	Worker's Comp	Libby Mee	Attachment E	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	Coleen Beck		Report	10 min.
7	ADMINISTRATIVE REPORT	Louis Ward		Report	10 min.
8	NEW BUSINESS				
8.1	Frequency of Department Reports (1x or 2x per year)			Action	5 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. Dan Dahle, Chief
of Staff

Report

MEDICAL STAFF REAPPOINTMENT

1. Chuck Colas, MD – Emergency Medicine
2. Paul Davainis, MD – Emergency Medicine
3. Julia Mooney, MD – Pathology
4. David Panossian, MD – Pulmonary Care
5. Jeremy Austin, MD – Emergency Medicine

10.2 **MEDICAL STAFF APPOINTMENT**

6. Javeed Siddiqui, MD – Infectious Disease (Telemedicine)
7. Eric Stirling, MD – Emergency Medicine
8. Stephen McKenzie, MD – Family Medicine

REQUEST FOR SPECIAL PROCEDURES

9. Dale Syverson, MD – General Surgery

11 **RECONVENE OPEN SESSION** – Report closed session action

Information

12 **ADJOURNMENT:** Next Regular Meeting – February 13, 2019 (Fall River Mills)

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
Quality Committee
Minutes

November 14, 2018 - 12:00pm
Boardroom (Fall River Mills)

Attachment A
DRAFT

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 12:02pm on the above date.

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

STAFF PRESENT:
Candy Vculek, CNO
Theresa Overton, DON, Acute

ABSENT:
Louis Ward, CEO
Jack Hathaway, DOQ

Jessica Stadem, Board Clerk

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- 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; committee members accepted the minutes of October 17, 2018. Vasquez/Beyer **Approved All**
-
- 3.2 The agenda has been updated to reflect the correct dates
Remove 4.3 and 8.1 as they were dealt with at the last meeting

4 **DEPARTMENT REPORTS**

- 4.1 **OP Med:** Provided written report.
- Trying to obtain additional staff
 - Michelle received wound care certification; she can now do more procedures on her own
 - Have started offering skin grafts
- 4.3 **Surgery:**
- Biggest obstacle has been the lack of a CRNA. In July, we had no CRNA
 - Currently have 4 CRNA's being credentialed
 - Working on a 6 month CRNA schedule
 - Need to grow our OR
 - Meeting is scheduled to look at a business plan and how the OR can be made more viable

5 **QUARTERLY REPORTS**

5.1 **Patient Safety First:** No Report

5.2 **CMS Core Measures:** No Report

6 **STANDING MONTHLY REPORTS**

6.1 **Quality/Performance Improvement:** No Report

6.2 **PRIME:** No Report

6.3 **SNF Events/Survey:**

- If not for the fire in Paradise, we would have had State here for a SNF Survey this week
 - We have been preparing for a survey and think we are ready
- Results of the Acute Survey are apparently also delayed by the fire. Expect to receive them after Thanksgiving

6.4 **Infection Control:**

- A consultant gave us a lengthy breakdown of where our gaps are
- We don't have a fully functioning program now
- Consultant will work with the Infection Preventionist (IP) we hire to lay the groundwork
 - We are interviewing for an IP and have a promising candidate

7 **ADMINISTRATIVE REPORT:** No report

8 **NEW BUSINESS:**

8.1 Policies for approval

- BOD Individual Job Description
 - Document is neither a policy nor a procedure. Needs to be reviewed
- Access to Public Records
 - Document is only a description, not a policy and is too long
- CEO Performance Evaluation P&P
 - There is work in progress that will change this policy
- Internal Reporting Of Overpayments, Self Disclosure, And Repayments For Federal Health Programs
 - Document is not a policy

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

AHP Appointment

1. Henry Patterson, OD
2. David Nicholson, CRNA

MEDICAL STAFF REAPPOINTMENT

3. Dan Dahle, MD – Emergency & Family Medicine
4. Tom Watson, MD – Emergency & Family Medicine

MEDICAL STAFF APPOINTMENT

5. Karuna Sharma, MD – Emergency Med.
6. Richard Granese, MD – Psychiatry (Telemedicine)
7. Hannah Bae, MD – Radiology (Telemedicine)
8. Daniel Baker, MD – Radiology (Telemedicine)
9. John Boardman, MD – Radiology (Telemedicine)
10. James Brull, DO – Radiology (Telemedicine)
11. Annemarie Buadu, MD – Radiology (Telemedicine)

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.

12. Joanna Carlson, MD – Radiology (Telemedicine)
13. Richard Carregal, DO – Radiology (Telemedicine)
14. Courtney Carter, MD – Radiology (Telemedicine)
15. Lillian Cavin, MD – Radiology (Telemedicine)
16. Todd Greenberg, MD – Radiology (Telemedicine)
17. Jeffrey Grossman, MD – Radiology (Telemedicine)
18. Kristen Grubb, MD – Radiology (Telemedicine)
19. Morgan Haile, MD – Radiology (Telemedicine)
20. Kyle Henneberry, MD – Radiology (Telemedicine)
21. Perry Kaneiya, MD – Radiology (Telemedicine)
22. Russell Kosik, MD – Radiology (Telemedicine)
23. William Phillips, MD – Radiology (Telemedicine)
24. Asti Pilika, MD – Radiology (Telemedicine)
25. Teppe Popovich, MD – Radiology (Telemedicine)
26. William Randazzo, MD – Radiology (Telemedicine)
27. Charles Westin, MD – Radiology (Telemedicine)
28. Woodard, MD – Radiology (Telemedicine)

11	RECONVENE OPEN SESSION:	Beyer/Vasquez	Approved all credentials
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12	ADJOURNMENT: 1:28pm – Next Regular Meeting – December 19, 2018 (Fall River Mills)
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Attachment B

Mayers Memorial Hospital District Quality Committee Report

Meeting Date:	
Department:	HIM
Submitted By:	Lari Stephenson
What are your quality measures/goals? Are any not being met?	
CCE Edit List as low as we can get it by month end. Worked on daily. All goals have been met monthly. Charts coded daily + entered.	
Do you have any current quality improvement projects/activities underway? Please provide a brief description.	
One Content. ✓ to get rid of Paper vision - currently in process. Moving Paper Charts to New Storage Container Creating more personal space for employees in HIM - ^{at Space for Anita}	
What progress has been made on these projects since the last quality committee meeting?	
Started moving Charts to Container 1-2-19	
Have any new quality-related issues arisen? Briefly describe.	
Ambulatory Clinic orders in Computer do not always match paper order patient presents with.	
Are there any other issues to be discussed with the Committee?	
Working with Mountain Valley for timely documentation completion of hospitalist. Now texting physician when she has charts needing her attention	

→ RAIT Consultant Randomly checks our coding to make sure coding is ^{upto} par

Outside coding Company randomly audits there off shore coders for correct coding and submits reports quarterly.

Attachment C

Mayers Memorial Hospital District Quality Committee Report

Meeting Date:	1/9/19
Department:	Patient Access
Submitted By:	Amy Parker
What are your quality measures/goals? Are any not being met?	
Resolve 100% of registration errors detected by OneSource- about 50% of the team members achieve this monthly	
Do you have any current quality improvement projects/activities underway? Please provide a brief description.	
I will be working with the ER department to brainstorm a discharge process for ER patients so we can insure that we receive all the patient's information for billing	
What progress has been made on these projects since the last quality committee meeting?	
Progress has slowed on the accuracy goal because the OneSource program is unreliable- it is not showing eligibility responses for most of our payers and the eligibility response is connected to the quality report	
Have any new quality-related issues arisen? Briefly describe.	
We were unaware that every Observation patient needed to receive a MOON notice but since state informed us of that we are doing it 100% of the time	
Are there any other issues to be discussed with the Committee?	
Not at this time	

Mayers Memorial Hospital District Quality Committee Report

Meeting Date:	
Department:	Business Office
Submitted By:	Danielle Bottorff
What are your quality measures/goals? Are any not being met?	
AR Days, % of collections. AR Days are coming down but not currently met.	
Do you have any current quality improvement projects/activities underway? Please provide a brief description.	
Experian, updating to a new system should help the quality of the claims going out clean so payment will be received in a timelier manner.	
What progress has been made on these projects since the last quality committee meeting?	
Went live with Experian.	
Have any new quality-related issues arisen? Briefly describe.	
Experian has been trying. Working out the issues in a new system with multiple different insurances has taken time. Once we get through one issue another arises. I hope that we have them almost completely fixed.	
Are there any other issues to be discussed with the Committee?	

Quality Committee Meeting

Wednesday January 9, 2019

Work Comp Quarterly Report

Presented by Libby Mee – Director of Human Resources

4th Quarter 2018

2 First Aide Injuries resulting in 0 days away from work

0 Reportable Injuries

2018 in Review

Total of 13 First Aide Injuries resulting in 0 days away from work

Total of 4 Reportable Injuries resulting in 31 days away from work

- o Of the 4 Reportable Claims
 - 1 Closed
 - 2 Denied
 - 1 Open – no loss time

Compared to 2017

Total of 19 First Aide Injuries resulting in 9 days away from work

Total of 7 Reportable Injuries resulting in 200 days away from work

2018 CARE Fund - \$2,000.00 available - Monies need to be used to increase the effectiveness of Mayers Safety Programs. I will work with BETA Loss Prevention Specialist and MMHD Safety/Disaster Committee to see how we would like to utilize funds.

MMHD used \$1,065 of the \$2,200 funds for 2017 to purchase safety equipment for all MMHD vehicles.

Will have full Fiscal report from BETA in July



Year: 2018

Cal/OSHA Form 300 (Rev. 7/2007)

Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health programs. See CCR Title 8 14300.29(b)(6)-(10)

Mayers Memorial Hospital

Fall River Mills, CA 96028

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in CCR Title 8 Section 14300.8 through 14300.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (Cal/OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local Cal/OSHA office for help.

Table with columns (A) through (F) and rows for Case # 1-15. Includes sub-headers 'Identify the person' and 'Describe the case'. Row 1: Scub Tech, 1/4, Surgery Hallway, Slip and Fall, Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill. (e.g. Second degree burns on right forearm from acetylene torch)

Summary page table with columns: Injury, Skin Disorder, Respiratory Condition, Poisoning, Hearing loss, All other illnesses. Row 1: 4, 0, 0, 0, 0, 0. Page 1 of 1

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.



1443 Danville Boulevard, Alamo, CA 94507-1911
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October 15, 2018

Travis Lakey
Director of Finance
Mayers Memorial Hospital District
43563 State Highway 299
P.O. Box 459
Fall River Mills, CA, 96028-0123

Dear Mr. Lakey:

Every year, BETA Risk Management Authority allocates an annual contribution to a "CARE Fund" (Commitment, Accountability, Responsibility and Engagement) that can be used for your team's risk management and employee safety efforts. Last year, *Mayers Memorial Hospital District* tapped 48% of the funds available, or \$1,065 of the \$2,200.

I am pleased to inform you that *Mayers Memorial Hospital District* renewed fund balance for the 2018 contract year is \$2,000. Funds may be used between the period of July 1, 2018 – June 30, 2019.

The CARE Fund supports your organization's employee safety program efforts which directly impact your workers' compensation. The CARE program is designed to help BETA members improve their overall employee safety exposures, create the necessary controls and enhance performance through a reimbursement process aimed specifically at the most frequent causes of employee injuries within your organization. An Annual Service Plan is developed in partnership with the organization and BETA's Employee Safety Manager which then directs priority focus on the use of the funds.

This year we are expanding the use of CARE Funds to include:

- Growth and development of key leaders and staff in employee safety concepts
- Promote and/or achieve specialty certification in ergonomics and/or human resources practice
- Cover the cost of additional staff to participate in our BETA hosted education events
- Attendance at professional meetings and membership in professional organizations
- Publications or periodicals to include in your resource library that are employee safety focused.
- Invite guest speakers to deliver topics to address employee injury trends at your organization.
- Conduct proactive individual ergonomic assessments

As a convenience, I have attached a copy of the updated CARE Program Guidelines and [click here](#) for the Reimbursement Form which must be submitted with all necessary supporting documentation by BETA's deadline of June 30 2019. It is important to remember that these funds will expire on June 30, 2019 and do not carry over.

Finally, to ensure proper distribution of our Risk and Safety communications, kindly complete and return the attached Contacts Update Request form to Malinda Sigl at Malinda.sigl@betahg.com

If you have any questions, please call me at (818) 545-3351.

Sincerely,

A handwritten signature in black ink that reads 'Heather Gocke'.

Heather Gocke, M.S., RNC-OB, CPHRM, C-EFM
Vice President, Risk Management and Safety

CC:

Terry King, R.N., Employee Health Nurse, Mayers Memorial Hospital District



CARE Program Guidelines – 2018 Contract Year

BETA Risk Management Authority (BETA_{RMA}) will continue its CARE Program; Commitment – Accountability – Responsibility – Engagement during the 2018 Contract Year. The CARE program is designed to help BETA members improve their overall employee safety exposures, create the necessary controls and enhance performance through a reimbursement process aimed specifically at the most frequent causes of employee injuries within your organization.



Commitment to sustaining a culture of safety within the organization
Accountability for the results of the organization's safety program
Responsibility for prioritizing the spending of CARE dollars
Engagement of the organization's leadership

The CARE Fund Process:

Step One | Developing the Service Strategy - Qualification for Program: On an annual basis, your BETA_{RMA} Employee Safety Manager will work with your organization to identify key risk exposures based on your loss history, existing data sets and an evaluation of safety hazards in or your organization. In collaboration with the organization's leaders, a Service Plan will be developed. This will assist your organization in monitoring the progress and performance of your employee safety efforts in your organization. **This Service Plan must be developed and in effect prior to March 31, 2019 to qualify for CARE funds for the 2018 Contract Year.**

Step Two | Consultation: The Service Plan will serve as a guiding document which will help direct the use of your allotted CARE funds that are intended to support risk reduction and injury prevention thereby reducing both frequency and severity of workers' compensation claims. The CARE funds are intended to support achieving the goals identified within the Service Plan and will be focused on top causes of loss within your organization. They may also be used to grow professionals in employee safety in your organization through education, training and certification. *Attached is a helpful resource list for your reference.*

Step Three | Reimbursement: Following the completion of Steps One and Two, BETA's Employee Safety Manager will provide you with a prepopulated Reimbursement Request Form that also contains the details of your Service Plan, an outline of how the CARE Funds are being spent, and the desired goals of the plan.

Step Four | Submission – Two signatures are required: Please have the form signed by the CEO, CFO or administrator responsible for employee safety at your organization, the primary contact for the safety program at which point the executed form will be signed by the BETA Employee Safety Manager. Receipts for purchases or certificates of completion for education or certification must be attached to the form when submitting for reimbursement. Upon receipt of the signed and completed form and necessary back-up documents, BETA will issue a check for the purchases up to your maximum allotted funds. **Forms must be received by BETA with all signatures completed prior to June 30, 2019. Reimbursement request forms received after June 30, 2019 will not be honored.**

Should you have questions about the CARE Fund process or would like to schedule a visit to create and/or update your current Service Plan, please reach out to your assigned Employee Safety Manager. You may also contact Malinda Sigl, Executive Administrative Assistant at Malinda.sigl@betahq.com or (916) 905.4694 if you need assistance.