Chief Executive Officer
Christ Bjornberg

Mayers Memorial Hospital District

Quality Committee
Meeting Agenda

February 9, 2022 1:00 PM
Zoom Meeting: LINK
Call In Number: 1-253-215-8782
Meeting ID: 839 2600 1524

Attendees

Jeanne Utterback, Board President, Quality Committee Chair
Tom Guyn, Board Secretary

Chris Bjornberg, CEO
Jack Hathaway, Director of Quality

Community Members:
Laura Beyer

1	**CALL MEETING TO ORDER**		Chair Jeanne Utterback			**Approx. Time Allotted**
2	**CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS**					
3	**APPROVAL OF MINUTES**					
	3.1	Regular Meeting – January 10, 2022		Attachment A	**Action Item**	2 min.
4	**REPORTS FOR: QUALITY FACILITIES**					
	4.1	Facilities & Engineering	Alex Johnson	Attachment B	Report	2 min.
5	**REPORTS FOR: QUALITY STAFF**					
	5.1	Safety	Val Lakey	Attachment C	Report	2 min.
	5.2	Environmental Services	Sherry Yochum	Attachment D	Report	2 min.
6	**REPORTS: QUALITY PATIENT SERVICES**					
	6.1	Purchasing	Ryan Harris	Attachment E	Report	2 min.
	6.2	Information Technology	Ryan Nicholls	Attachment F	Report	2 min.
	6.3	Dietary	Susan Garcia	Attachment G	Report	2 min.
	6.6	Infection Control	Dawn Jacobson	Attachment H	Report	5 min.
	6.7	SNF Events/Survey	Candy Detchon		Report	5 min.
7	**DIRECTOR OF QUALITY**		Jack Hathaway			

	7.1	Director of Quality Update		Report	5 min.
	7.2	CMS Core Measures		Report	5 min.
	7.3	5 Star Rating		Report	5 min.
8	**OTHER INFORMATION/ANNOUNCEMENTS**			Information	5 min.
9	**ADJOURNMENT:** Next Regular Meeting – March 9, 2022				

Chief Executive Officer
Louis Ward, MHA

Mayers Memorial Hospital District

Board of Directors
Quality Committee
Minutes
January 12, 2022 @ 1:00 PM
Fully Remote Zoom Meeting

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 Jeanne Utterback called the meeting to order at 1:02 pm on the above date.			
	BOARD MEMBERS PRESENT:		**STAFF PRESENT:**	
	Jeanne Utterback, President Tom Guyn, MD., Secretary		Jack Hathaway, Director of Quality Candy Detchon, CNO – SNF Events/Survey Lori Gibbons – HIM Alexis Cureton – Emergency Department Shelley Lee, Director of Nursing, SNF Libby Mee – Director of Human Resources Danielle Olson – Business Office Amy Parker – Patient Access Jessica DeCoito – Board Clerk	
	ABSENT:			
	COMMUNITY MEMBERS PRESENT:			
	Laura Beyer			
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 November 10, 2021.	***Guyn, Utterback***	**Guyn – Y** **Hathaway – Y**
4	**REPORTS: QUALITY STAFF**			
	4.1	**Personnel –** written report submitted. Excited about the prospect of a new system for HR.		
	4.2	**Worker's Comp –** BETA reached out and wants MMHD to pilot a new program – kudos to our team for that recognition with BETA.		
5	**REPORTS: QUALITY FINANCES**			
	5.1	**Business Office –** New employee starts on Monday 1/17. Waiting on PTAN number and hopefully that comes through later this month.		
	5.2	**HIM –** Physician chart completion has been a struggle – some days are better than others. Dr. Watson has stepped in to help mediate the issues with some of the physicians.		
	5.3	**Finances –** written report submitted. No further comments or questions.		
6	**REPORTS: QUALITY PATIENT SERVICES**			
	6.1	**Patient Access -** our team is very versatile and helps any department out when they need it.		
	6.2	**Skilled Nursing Facility –** Both facilities are in the yellow right now. We continue to work on alternative means for psychotropic usage. CNA class has 7 students right now with a good list of interested candidates for the March session.		
	6.3	**Emergency Department –** Working on stroke, sepsis and Myocardial Infarctions. ESI is about 99% complete.		

	6.4	**Laboratory –** Lab will report on Blood Transfusion now. The new reporting process will be utilizing spreadsheet and graphics. We will be getting a new unit in from Siemens after 5 months of technicians on site diagnosing the issue. Jack will continue to follow up with the Regional Manager and provide updates.
	6.5	**Radiology –** Interim Manager has had to leave MMH. A lot of strides were made in the department. We are looking for a replacement manager in the department and utilizing a service to assist in the search. We will be able to provide more metrics via a spreadsheet and graphics. The Interim Manager was able to get the TJC measures shared with us. We will be able to use these measures and process throughout the hospital.
	6.6	**Infection Control –** COVID, COVID and more COVID. We are navigating the new requirements for employees and patients. There is a rise in cases in the community and within our employee base. We are ramping up our hand washing procedures.
	6.7	**SNF Events &Survey –** We will have to test our SNF employees regardless of vaccination status on a weekly basis. This is not mandated but highly suggested to follow per CDPH. We are in the process of securing tests to make this process happen. Currently going through a survey on specific instances. We have been able to work through all of them so far with minor fixes.
7	**DIRECTOR OF QUALITY**	
	7.1	**Director of Quality Update –** Continue to work through and navigate the CDC and CPDH guidelines related to COVID. Continue to gather and formulate the information for Quality metrics and put them into a consumable format for all departments. We are headed in a great direction that will be useful and accessible to all departments.
	7.2	**Compliance Quarterly –** Update is provided in the spreadsheet attached (Exhibit A). Our response to issues have improved and we've been able to track that electronically. This will allow us to have metrics to our work in Quality.
8	**OTHER INFORMATION/ANNOUNCEMENTS**:	
	8.1	**Meeting requirements:** ongoing discussion about requirements. We will keep a monthly meeting for Quality set up. Discussion about what departments are required to report is unknown – most likely we do not have any departmental requirements. Clinical department requirements are being met through Board Quality and Med Staff meetings.
9	**ANNOUNCEMENT OF CLOSED SESSION**	

	Medical Staff Credentials Government Code 54962 **STAFF STATUS CHANGE** Kerry Sullivan, MD – to Inactive Miesty Woodburn, MD – to Inactive Jodi Nagelberg, MD – to Inactive Brock McDaniel, MD – to Inactive Shazmin Gangji, PA – to Inactive **AHP APPOINTMENT** Rozlyn Bauer, NP – Family Medicine **MEDICAL STAFF APPOINTMENT** Douglas W. Terry, MD – Emergency Medicine Salah Sherif, MD – Emergency Medicine **MEDICAL STAFF REAPPOINTMENT** William Dykes, MD – Emergency Medicine		**Moved to Accept All Med Staff Credentials**	**Approved by Unanimous Consent**

11	**RECONVENE OPEN SESSION – REPORT CLOSED SESSION ACTION:** Medical Staff Credentials were moved, seconded and carried. Unanimous consent to approve credentials.
12	**ADJOURNMENT: at 2:28 pm** Next Regular Meeting – December 8, 2021

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.

Blood Transfusion Report

Donor Blood Use	
2018	160 Units
2019	110 Units
2020	93 Units
2021	68 Units

Blood Quality Metrics		
	2020	**2021**
C:T Ratio (<2)		
RBC Expiration (<1.0%)		
RBC Waste (<.05%)		

Blood Events		
	2020	**2021**
Acute Hemolytic Transfusion Reaction		
Febrile Nonhemolytic Transfusion Reaction		
Urticarial		
Anaphylactic		
Transfusion Related Acute Lung Injury		
Transfusion Related Sepsis		
Non Immune Hemolysis		
Transfusion Associated Circulatory Overload		
Air Embolism		
Delayed Hemolytic Transfusion Reaction		
HLA		
Transfusion Associated Immunomodulation		
Transfusion Associated Graft vs Host Disease		
Post-Transfusion Purpura		
Iron Overload		

Quality & Complaince Report

RL6 Totals	2020	2021
Reports	147	436

Reports by Departmet	2020	2021
Admitting	3	3
Clinic	0	6
Emergency	32	27
Hospice	2	1
Imagining	1	5
Lab	2	7
Med/Surge	41	61
Out Patient	3	9
Physical Therapy	1	0
Repertory	1	0
Skilled Nursing	54	313
Surgery	7	4
Total	**147**	**436**

Survey Overview	2020	2021
Number of Surveys	15	10
Number of Deficiencies	3	0
Severity of D or Above	0	0
Open Surveys	0	0
Pending Surveys (2022)	4 open - 12 on docket	

Reports by Severity	2020	2021
A. Unsafe Condition (Non Event)	42	38
B1. Near miss - No Harm Didn't Reach Patient Caught by Chance	4	11
B2. Near miss - No Harm Didn't Reach -Patient b/c of Active Recovery by Caregivers	2	5
C. No Harm - Reached Patient No Monitoring Required	67	308
D. No Harm - Reached Patient Monitoring Required	13	50
E. Harm - Temporary, Intervention Needed	17	16
F. Harm - Temporary, Hospitalization Needed	1	8
I. Death	1	0
Total	**147**	**436**

Reports by Event Type	2020	2021
Adverse Drug Reaction	4	12
Airway Management	1	0
Blood Product	0	0
Diagnosis/Treatment	1	6
Diagnostic Imagining	2	3
Employee Event	5	7
Equipment/Medical Device	4	3
Facilities	2	0
Fall	7	15
Good Catch	10	1
Healthcare IT	0	1
Infection	0	11
IV/Vasclaur Access Divice	2	1
Lab Specimen	2	7
Abuse/ Suspected Abuse	0	2
Maternal/ Childbirth	0	0
Medication/ Fluid	81	325
Patient ID/ Documentation/ Consent	0	2
Professional Conduct	6	9
Provision of Care	5	11
Restraints	0	0
Safety/Security	11	10
Skin Tissue	3	1
Surgery/ Procedure	1	0
Aggression	0	9
Self-Injurious Behavior	0	0
Risk Event (General)	0	0
Total	**147**	**436**

TJC Rad Measures	2022	2023
NSPG.01.01.01 EP1 - At least 2 patient identifiers		
RC.01.04.01 EP1 - Ongoing medical record review		
RI.01.03.01 EP1 - Written policy for informed consent		
PC.02.02.01 EP1 & EP2 - Process for hand-off communication		
PC.01.02.08 EP1 - Assessment of patient fall risk		
NPSG.03.06.01 EP3 - Medication Reconciliation		
NPSG.03.06.01 EP4 - Medication education on discharge		
PC.020201 EP3 - Coordination time		
MM.03.01.01 EP3 - Medications in a secured location		
MM.03.01.01 EP2 - Medication Storage		
MM.03.01.01 EP7 - Medication Labels		
MM.04.01.01 EP1 - Medication Orders (Policy)		
MM.04.01.01 EP15 - Standing Orders (Process)		
IC.02.02.01 EP1 - IP disinfection		
NPSG.02.03.01 EP2 & EP3 - Reporting critical results		
PI.03.01.01 EP2 & EP4 - QAPI		
EC.03.01.01 EP2 - Environment of care incident		
EC.02.01.01 EP7 - Identifying individuals entering hospital		
EC.02.02.01 EP7 - Hazardous energy mitigation		
EC.02.06.01 EP1 - Interior space meets needs of patient population		
LS.02.01.30 EP11 - Sprinkler System		
LS.03.01.20 EP6 - Exits clear & illuminated		
LS.02.01.20 EP38 - Egress illuminated		
LS.02.01.10 EP15 - LS requirements in NFPA 101-2021		
EC.02.04.03 EP3 - Inspect/Test/Maintain non-high-risk equipment		
IC.02.02.01 EP4 - IP activities for storage of medical supplies		
EC.02.02.01 EP5 - Risk management for haz-mat		
LS.02.01.35 EP6 - 18" clearance		
IC.02.01.01 EP1 - IP program		
EC.02.01.01 EP3 - Risk management for physical environment		
LS.02.01.10 EP9 - Fire protection barriers		

Note: These are built off of the last TJC survey that our last interim manager was able to participate in. I have the tracers that go with these standards and I will be able to do observations and begin to gather baseline data for this. Many of these measures will be applicable across the hospital.

Mayers Memorial Hospital District Quality Committee Report

Meeting Date:	February 9th 2022
Department:	Facilities and Engineering
Submitted By:	Alex Johnson
List up to three things that are going well in your department.	
We are working on remodeling the other side of Purchasing. This will help with organization and the overall appearance of the department. Exterior painting of the Fall River Campus is going well and we will resume in the spring when we have the right temperatures. We continue to paint resident rooms at the Annex. It is going a long way to improve the quality of environment for the residents.	
Do you have any current quality improvement projects/activities underway? Please provide a brief description. **Is this a LEAN project? Y/N**	
All of the above.	
How does this impact on patients? Do you think this is acceptable?	
They all have a positive impact on the patients. Having supplies that are easily accessible is important for patient care and a clean and welcoming environment improves the patient's perception of the facility.	
How does this impact on staff? Do you think this is acceptable?	
I think it has the same impact on the staff.	
What progress has been made on these projects since the last quality committee meeting?	
We have completed all of the projects I reported on at the last quality meeting. The only thing that might pop up is the need to move departments again if the Covid unit goes away. I would welcome this move if it were to happen.	
Has anyone in particular been instrumental in helping to progress/improve the problem?	
Steve Holt has begun to step up and fill his lead role. I welcome the progress he has made.	
Which Strategic Goal does your quality issue BEST relate to (choose one)?	
Quality of the environment we provide for patient care.	
Have any new quality-related issues arisen? Briefly describe.	
I am still looking forward the strategic plan that has been approved for the facility. Especially the HVAC and water heater system upgrades.	
Are there any other issues to be discussed with the Committee?	
Not at this time.	

Mayers Memorial Hospital District Quality Committee Report

Meeting Date:	February 9, 2022
Department:	Safety
Submitted By:	Valerie Lakey

List up to three things that are going well in your department.

Education and Drills
Committee Participation
Ergo Program

Do you have any current quality improvement projects/activities underway? Please provide a brief description.
Is this a LEAN project? Y/N

The monthly focus on a new EMERGENCY CODE is a direct result of a Plan of Corrections. This is on-going work. We have coordinated with the Director of Quality to meet the requirements as outlined in our POC. We have worked through all codes and have completed After Action Reviews. (Which you can find on the employee INTRANET)

The ERGO program continues to develop and expand. This is vital in promoting employee safety and wellness. All staff has the opportunity to request a workspace review to ensure the have an ergonomically safe work environment.

How does this impact on patients? Do you think this is acceptable?

Both projects have a positive impact on patients. By creating safer work environments and enhancing staff education related to emergencies and safety, we promote a safe environment for patients.

How does this impact on staff? Do you think this is acceptable?

Creating a safe workspace for staff is vital in allowing staff to do their job effectively. Education and training for staff in not only important but required.

What progress has been made on these projects since the last quality committee meeting?

We have completed working our way through all of the Codes and have reviewed what education and training we need to implement based on the AAR's.

Has anyone in particular been instrumental in helping to progress/improve the problem?

Dana Hauge has been a very big part of all of this. She has been instrumental in making these projects happen.

Which Strategic Goal does your quality issue BEST relate to (choose one)?

Outstanding Staff

Have any new quality-related issues arisen? Briefly describe.

Campus security

Are there any other issues to be discussed with the Committee?
None at this time

Mayers Memorial Hospital District Quality Committee Report

Meeting Date:	
Department:	Environmental Services
Submitted By:	Sherry Yochum

List up to three things that are going well in your department.

With all the changes that have happened in the last year and people finally applying for jobs, I am able to get staff hired and getting the training process completed. Laundry facility will be up and running within the month. We will get that staffed and processes into place as well.

Do you have any current quality improvement projects/activities underway? Please provide a brief description.
Is this a LEAN project? Y/N

I do want to get some training within the department up and running and I want to make it an annual in-service that we can all use as a refresher. It will include infection control and chemical handling. I'm wanting to do some class and hands-on things.

How does this impact on patients? Do you think this is acceptable?

In a world where there is a wide variety of infection related cases, I think that knowing and understanding the infection control aspect of things will go a long away. It will better serve patients and co-workers.

How does this impact on staff? Do you think this is acceptable?

I think that if everyone gets on board and knows they're a part in the process it would be beneficial to everyone and run smoothly throughout the facility.

What progress has been made on these projects since the last quality committee meeting?

I haven't started any of these projects yet with all the challenges that we as a department have faced in the last year with Covid-19 and expanding to 10 outbuildings to manage.

Has anyone in particular been instrumental in helping to progress/improve the problem?

The starting wage did go up which helped with getting people to apply and hired so this improved the staffing shortage that I have been dealing with for the last 3 months.

Which Strategic Goal does your quality issue BEST relate to (choose one)?

I think that having staff growth and training people to be flexible with all the changes that we must deal with and getting into a routine with all of this is probably my biggest goal. I think that this still applies probably more than ever.

Have any new quality-related issues arisen? Briefly describe.

I don't have anything else currently.

Are there any other issues to be discussed with the Committee?

Mayers Memorial Hospital District Quality Committee Report

Meeting Date:	2/9/22
Department:	Purchasing
Submitted By:	Ryan Harris

List up to three things that are going well in your department.

1. Fully staffed Department
2. Staff Moral
3. Inventory Improvements

Do you have any current quality improvement projects/activities underway? Please provide a brief description.
Is this a LEAN project? No

The Purchasing department is currently undergoing renovations and reorganization of its supply rooms. Process improvements were identified by doing a semi-annual inventory to identify gaps. By doing this it was discovered that there were several projects started in the department with none being completed causing stock out issues and inventory loss. Stock out of critical items greatly impacts the quality of care our clinical staff can provide to our patients. We have standardized our inventory process, bin locations, supply locations as well as worked with Premier, our group purchasing organization on alternative supply's to prevent inventory loss and stock out issues. We have also established a materials management group with Modoc Medical Center and Plumas Healthcare District to share critical items between the organizations in the time of need when one has a surplus of items.

How does this impact patients? Do you think this is acceptable?

Patients receive better care when they have the right supplies needed to provide that care.

How does this impact staff? Do you think this is acceptable?

With Purchasing staff having a more organized work environment they can perform their jobs more efficiently and effectively. Clinical Staff is able to focus more on patients rather than locating supplies when purchasing is able to properly stock and have a more organized environment. This also prevents staff frustration during annual inventory.

What progress has been made on these projects since the last quality committee meeting?

This project is 50% complete with one of the two supply rooms remaining.

Has anyone in particular been instrumental in helping to progress/improve the problem?

Rachel Morris and Jessica DeCoito have been instrumental in the progress that has been made. They have provided valuable input in the process improvements as well as implementing those improvements.

Which Strategic Goal does your quality issue BEST relate to (choose one)?

Outstanding Patient Services

Have any new quality-related issues arisen? Briefly describe.

Not at this 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:	IT
Submitted By:	Ryan Nicholls
List up to three things that are going well in your department.	
Documentation Helpdesk Security	
Do you have any current quality improvement projects/activities underway? Please provide a brief description. **Is this a LEAN project? Y/N**	
We have been reviewing our documentation repository and have developed new policy and procedure to ensure documentation is of high quality and accurate to assist in new user onboarding.	
How does this impact on patients? Do you think this is acceptable?	
From the patient perspective, this should be an invisible change. As always, security is critical to protect patient information.	
How does this impact on staff? Do you think this is acceptable?	
Improving the quality of our documentation will allow new IT staff to orient quicker, and existing staff to resolve issues faster. This will result in less frustration for staff, which means they have more time/energy to focus on quality care. This documentation update has also allowed us to work with HR to streamline some things such as setting up passwords during orientation and standardizing user access, ensuring staff is ready to work from the moment they arrive for their first day.	
What progress has been made on these projects since the last quality committee meeting?	
We have completed our SOC implementation in December and have seen good results from that. Full summary is attached, but in our first full production month (January) the SOC reviewed 546 possible security incidents on our behalf and escalated 11 of those to our internal team for review. None of them results in a confirmed incident.	
Has anyone in particular been instrumental in helping to progress/improve the problem?	
Shelby Steffen has been a huge help in getting our documentation in order and helping me identify gaps in our processes.	
Which Strategic Goal does your quality issue BEST relate to (choose one)?	
Patient Services	
Have any new quality-related issues arisen? Briefly describe.	
Our documentation quality issue is relatively new, but we have recovered from it quickly.	
Are there any other issues to be discussed with the Committee?	
Helpdesk Metrics since 8/11/21 are attached. SOC PowerPoint attached	

Summary

2710	2699	78	02:27	04:28	06:04
▲ 3.32%	▲ 2.70%	▲ 73.33%	▼ 45.20%	▼ 64.00%	▼ 40.26%
RECEIVED TICKETS	RESOLVED TICKETS	BACKLOG TICKETS	AVERAGE RESPONSE TIME (IN HRS)	AVERAGE FIRST RESPONSE TIME (IN HRS)	AVERAGE RESOLUTION TIME (IN HRS)
1.3	0.7	132	1660	95.6%	84.2%
▲ 3.83%		▼ 18.52%	▲ 48.48%	▲ 1.96%	▼ 3.94%
AVERAGE CUSTOMER INTERACTIONS	AVERAGE AGENT INTERACTIONS	NUM. OF REOPENS	NUM. OF REASSIGNS	SLA %	FCR %

ISRC Monthly Report

1

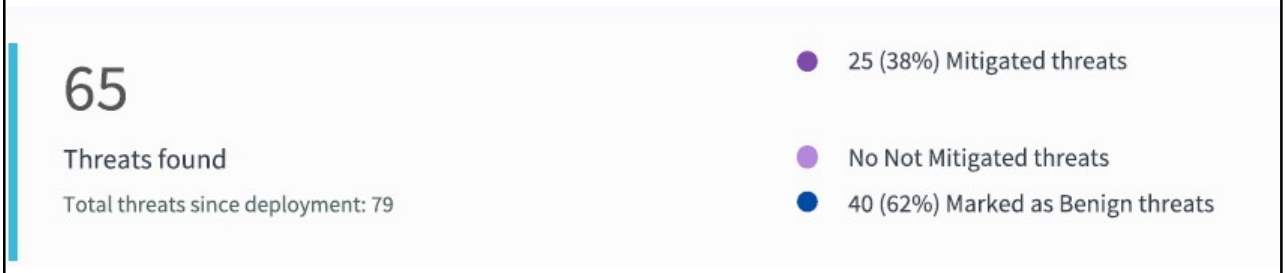
SOC Summary 12/14-1/13

Incident & Ticket Summary

Incidents Reviewed by SOC Analysts 546	**Incidents Raised to Customer** 11
Support Tickets Raised 10	**Total Tickets Resolved** 20

2

AV Summary 12/14-1/13



3

Vulnerability Summary

- 1,871 Resolved In The Last 30 Days
- 7,197 Open Vulnerabilities
- 355 Are Not Patchable

4

Password Audit

- December
  - Breached Passwords – 72 Total
    - 46 Staff, 13 Travelers, 13 Vendor
- January
  - Breached Passwords – 63 Total
    - 38 Staff, 15 Travelers, 10 Vendors

18 people notified of breached passwords

5

Mayers Memorial Hospital District Quality Committee Report

Meeting Date:	February 9, 2022
Department:	Food & Nutritional Services
Submitted By:	Susan Garcia
List up to three things that are going well in your department.	
1. Increased wages have occurred, and people are happy 2. We are closer to being fully staffed 3. New kitchens in the future are very exciting	
Do you have any current quality improvement projects/activities underway? Please provide a brief description. **Is this a LEAN project? Y/N**	
Always working on the Diet Order Process with Nursing. Continue to maintain staff levels and encourage new hires. COVID restrictions continue to provide a challenge for us.	
How does this impact on patients? Do you think this is acceptable?	
We are doing what is necessary for our patients and residents. We have opened our Café back up to help with employee breakfast, lunch, and dinner options.	
How does this impact on staff? Do you think this is acceptable?	
Staff are working extremely hard to keep up with all the work required to keep our patients and residents fed, fed properly and happy with their meals and service. We certainly hope our staffing levels increase so we can have more hands on deck. We hope that the increase in wages and incentives for staff recruitment and retention help keep our staff in good spirits.	
What progress has been made on these projects since the last quality committee meeting?	
We began assembling the staff manual with helpful resources, but that has been put on hold due to new staff onboarding training. It will always be a goal to pick back up on where we left off and finish this for our staff.	
Has anyone in particular been instrumental in helping to progress/improve the problem?	
Everyone has been instrumental in helping keep Dietary open and functioning to meet the needs of our patients and residents. Thank you to TEAM Mayers.	
Which Strategic Goal does your quality issue BEST relate to (choose one)?	
Outstanding Patient Services and Outstanding Staff	
Have any new quality-related issues arisen? Briefly describe.	
None at this time.	
Are there any other issues to be discussed with the Committee?	
None at this time.	

Mayers Memorial Hospital District Quality Committee Report

Meeting Date:	02/09/2022
Department:	Infection Control
Submitted By:	Dawn Jacobson, RN

List up to three things that are going well in your department.

Employee testing has started smoothly, the process is going well and no issues this first week. We did identify a positive on day one.

Do you have any current quality improvement projects/activities underway? Please provide a brief description.
Is this a LEAN project? Y/N

1. ABX tracker is going well for the ED, SNF is still working on the process, for now, infection control is entering the data.
2. Hand hygiene monitoring has improved substantially.

How does this impact on patients? Do you think this is acceptable?

1. ABX tracker will help with infection prevention and acceptable use of antibiotics by making up to the minute changes as opposed to only being monitored monthly, after the fact.
2. Hand Hygiene monitoring is important for use in teaching and coaching.

How does this impact on staff? Do you think this is acceptable?

1. ABX tracker seems to be making staff anxious just because it is a process change but once they are familiar with the process, it should streamline the day to day use.
2. Staff are aware that they are being monitored more closely and will be more compliant with hand hygiene.

What progress has been made on these projects since the last quality committee meeting?

1. ABX tracker is being used regularly in the ED with one nurse entering the data each week. SNF is needing additional training and help with implementation.
2. Hand hygiene compliance is being reported at 100% as opposed to the 66.7% in late October.

Has anyone in particular been instrumental in helping to progress/improve the problem?

1. Bridget Evans has been great at getting this started in the ED. She was actually working on a system herself before the implementation of ABX tracker.

Which Strategic Goal does your quality issue BEST relate to (choose one)?

Have any new quality-related issues arisen? Briefly describe.

Are there any other issues to be discussed with the Committee?