

Chief Executive Officer
Christ Bjornberg



Board of Directors
Abe Hathaway, President
Jeanne Utterback, Vice President
Tom Guyn, M.D., Secretary
Tami Humphry, Treasurer
Lester Cufaude, Director

**Quality Committee
Meeting Agenda**

March 22, 2023 1:00 PM
Microsoft Teams Meeting: [LINK](#)
Call In Number: 1-279-895-6380
Phone Conference ID: 866 636 302#
Meeting ID: 281 501 456 592
Passcode: Mruujp

Attendees

Tom Guyn, M.D., Quality Committee Chair
Les Cufaude, Director

Chris Bjornberg, CEO
Jack Hathaway, Director of Quality

1	CALL MEETING TO ORDER	Chair Tom Guyn, M.D.		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 – February 20, 2023	Attachment A	Action Item	2 min.
4	HOSPITAL QUALITY COMMITTEE REPORT			Report 10 min.
5	DIRECTOR OF QUALITY	Jack Hathaway		
5.1	ACHC Gap Analysis	Attachment B	Report	10 min.
6	OTHER INFORMATION/ANNOUNCEMENTS			Information 5 min.
7	MOVE INTO CLOSED SESSION			
7.1	Med Staff Credentials Government Code 54962 AHP APPOINTMENT 1. Shannon Davidson, CRNA 2. Ryan McNeely, LCSW – Telemed2U 3. Thelma Wadsworth, PA - MVHC AHP REAPPOINTMENT 4. Brenna Oakes, NP – UC Davis 5. Erica Bauer, PA - MMHD		Action Item	5 min.

	<p>MEDICAL STAFF APPOINTMENT</p> <ol style="list-style-type: none"> 6. Palak Parikh, MD – UC Davis 7. Nigel Pedersen, MD – UC Davis 8. Mona Rezael Mirghaed, MD – UC Davis 9. Doris Chen, MD – UC Davis 10. Shubhi Agrawal, MD – UC Davis 11. Kiranm Kanth, MD – UC Davis 12. Jack Lin, MD – UC Davis 13. Reena Nanjireddy, MD – UC Davis 14. Jonathan Snider, MD – UC Davis 15. Chen Zhao, MD – UC Davis 16. Kelsey Sloat, MD – MVHC 17. Daniel Kirkham, MD – TCR 18. Jean Claude Bassila, MD – Telemed2U <p>MEDICAL STAFF REAPPOINTMENT</p> <ol style="list-style-type: none"> 19. Charles DeCarli, MD – UC Davis 20. Sunpreet Kaur, MD – UC Davis 21. Trinh Thi Nhat Truong, MD – UC Davis 22. Arthur De Lorimer, MD – UC Davis 23. Kelly Beth Haas, MD – UC Davis 24. Daphne Say, MD – UC Davis 25. Maheen Hassan, MD – UC Davis 26. Beatrice Akers, DO – UC Davis 27. Sindhura Batchu, MD – UC Davis 28. Orwa Aboud, MD – UC Davis 29. Marc Lenaerts, MD – UC Davis 30. Ryan Martin, MD – UC Davis 31. Lara Zimmerman, MD – UC Davis 32. Michelle Apperson, MD – UC Davis 33. Norika Malhado-Chang, MD – UC Davis 34. Jeffrey Kennedy, MD – UC Davis 35. Ricardo Maselli, MD – UC Davis 36. Kwan Ng, MD – UC Davis 37. John Olichney, MD – UC Davis 38. David Richman, MD – UC Davis 39. Ajay Sampat, MD – UC Davis 40. Masud Seyan, MD – UC Davis 41. Vicki Wheelock, MD – UC Davis 42. Ge Xiong, MD – UC Davis 43. Lin Zhang, MD – UC Davis 44. Alan Yee, DO – UC Davis 45. Alexandra Duffy, DO – UC Davis 46. Javeed Siddiqui, MD – Telemed2U 47. Allen Morris, MD – Redding Path 48. Tommy Saborido, MD – MMHD 49. Aditi Bhaduri, MD – Telemed2U 		
8	RECONVENE OPEN SESSION		
9	ADJOURNMENT: Next Regular Meeting – April 19, 2023		

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Board of Directors
Quality Committee
Minutes

February 20, 2023 @ 1:00 PM
Fully Remote Teams 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 Tom Guyn, M.D. called the meeting to order at 1:02 pm on the above date.		
	BOARD MEMBERS PRESENT:	STAFF PRESENT:	
	Tom Guyn, MD., Secretary Les Cufaude, Director	Jack Hathaway, Director of Quality Jessica DeCoito, Board Clerk	
	Excused ABSENT: Chris Bjornberg, CEO		
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 January 18, 2022	Cufaude, Hathaway
			Guyn – Y Hathaway – Y
4	Hospital Quality Committee Report: written report submitted. No additional questions. Very good to see that Director of Quality is also our Reporting Champion for Cerner Implementation and beyond.		
5	Director of Quality Report		
	5.1	CDPH Complaint Deficiency: CDPH had an onsite visit with a Skilled Nursing and Hospice patient. Our deficiency was flagged as “education” and requires us to create an education plan to make sure traveling nurses and permanent nurses are trained with proper procedures and processes for inputting medication into PCC. Written plan of correction has been submitted and we are awaiting the response from CDPH.	
6	NEW BUSINESS		
	6.1	QAPI: submitted the Quality Assurance Performance Improvement Plan (QAPI) in the packet for review. Falls into the ACHC guidelines. This will be a first reading and must go to the full Board for approval as well. This plan gives us the process to manage our measures for ACHC.	Cufaude, Hathaway
			Guyn – Y Hathaway - Y
7	OTHER INFORMATION/ANNOUNCEMENTS: March 22, 2023		
8	ADJOURNMENT: at 1:33 pm		

March – Board Quality Report

Upon completion of our ACHCU gap analysis survey we were able to have exit meetings where the team outlined some of the opportunities for hospital to come into compliance with ACHC standards. There were plenty of opportunities found, something that we expected after almost 7 years without a survey for the CAH.

The team that came in from ACHCU was comprised of three, a physician Dr. John Kosanovich, a nurse Tiffany Thompson and a facilities and life safety expert Richard Parker. They are quite the team as they are all on their standards interpretation team for ACHC and participate in survey across the ACHC footprint.

We will receive a formal report from the ACHCU team in the next few days and we will share it with you at that time so you can see the formal report in its entirety. Some of the highlights from what was captured in the exit meetings are as follows:

Policy work – we have a lot of opportunities in policy work – I believe that this could be our largest area of work in terms of volume. None of the policies we submitted to the team were actually considered by the team to be policies, the team considered them to be mostly procedure lacking the overall “why” that a policy would have. This finding was in literally every department.

Roles and Responsibilities: There were 2 specific roles that were highlighted in the gap analysis – Infection Preventionist and Safety Officer – that had specific requirements including a letter of recommendation from the CEO and approval from the governing board that were a topic of discussion. All of the surveyors highlighted that those roles needed to be more involved in rounding and other aspects of policy and procedure creation throughout the hospital. They also highlighted that the individuals in these roles would have to have sufficient capacity to be able to participate in everything that is required of the role. Capacity was a large part of the discussion that Dr. John, Richard, Tiffany, and I had over lunch while they were here. In these specific roles because of the requirements that they hold there is room for building capacity in those roles in our district – we may need to add staff to ensure that the role is filled as it needs to be for accreditation.

Medical Records – lots of opportunity here that may be fulfilled by the Cerner conversion, we do have a list of specific things like, treatment attempted prior to arrival documented in the ED log, blood transfusion documentation that we can check with our Cerner team specifically to be sure that we have a working solution as we work towards our go live date in September.

For the physical environment we were learning a lot about what we did not know – these highlights some of the real differences between state and third-party standards for accreditation. Our fire life safety surveys in our current process have been for the large part very successful – our last FLS survey on the skilled side has a single deficiency. However, moving to ACHC has shown us that there is plenty of opportunity for growth there in order to reach the higher standard that they have. Here Richard pointed out opportunities in documentation, exiting, and clearing obstructions (a serious tag in his mind) – he did note though that we have excellent individuals filling roles in our facilities team and that with education and planning we should have no issues internally bringing things around. Richard also

highlighted the opportunity for the district to engage in regular risk assessments and provided some real time education around that idea while on site.

Tiffany found opportunities as well – around compliance with regulations around contract review and quality indicators, nutrition services, infection control lab and radiology services, and QAPI. A lot of the work that we have self-identified as well, however, through the lens of ACHC there are added parts of course. There were also some culture issues identified through employee interviews that highlighted some of the bottlenecks or roadblocks that could present themselves (or have in the past) as we work to shift to a higher standard here at Mayers.

There were also multiple opportunities for improvement found in Patient's Rights, use of restraints and documentation around the use (a low volume/high risk area in our hospital and every hospital really), QAPI, RCA (Root Cause Analysis), swing beds and discharge planning, and disclosures of unanticipated outcomes.

All and all – there is a lot of work that can and needs to be done. To be completely transparent – the team pulled Chris aside before the first exit and kind of gave him a one on one before they came in to present to the team. We had all been so open and excited about the gap analysis that the ACHCU team thought that we may not be aware of all the real work that was ahead of us. Chris assured them that none of us were living in denial, and we all knew and understood that there was a big lift here, and not to mistake our eager and willing attitudes for ignorance. While there were a number of things that we learned – I am not sure anyone thought that we would sail through this gap analysis and move to accreditation without work.

Again, in total transparency, my hope was that we would be able to achieve this goal before we went live with Cerner. I thought that we may be able to get the formal report back and work all of this out before May... after our gap analysis I know that will not be the case. In my conservative estimate, I would think that between all of the learning and other opportunities found we are looking at 9 months to a year of real work before we are ready again for accreditation. I would also recommend another gap analysis before we move to accreditation – to ensure that we have completely identified and remedied anything that could be considered a condition level or immediate jeopardy finding – while there were no specific in saying that we had found this level of concern – I tend to believe that there are a few that are close to or reach that level. Of course, all of that will be clear in the formal report.

Lastly, I would like to thank everyone for this gap analysis – the time and effort that was put in was obvious – we have a fantastic team to build all of this around. We may have to grow that team a bit to be sure that we can deal with all of the requirements that we have elected to take on, but our core team in place is in a good position to start the work.

Please expect the formal report to be coming to you before the meeting next month.

Thank you,

Jack Hathaway | Director of Quality