

**MAYERS
MEMORIAL
HOSPITAL
DISTRICT**

Quality Committee Meeting
Wednesday, July 12, 2017 (12:00 pm)

Meeting called by:	Vasquez	Type of meeting:	BOD Committee
		Board Clerk:	Valerie Lakey
Attendees:	Beatriz Vasquez, PhD, Committee Chair, Board Member Laura Beyer, Board Member Louis Ward, CEO	Tom Watson, MD, Chief of Staff Sherry Wilson, CNO, Quality Designee Jack Hathaway, Director of Quality	
Please bring:	Agenda & Attachments		

----- Agenda Topics -----

Meeting Called to Order		Vasquez	
Requests from audience to speak to issues/agenda items		Vasquez	
Approval of Minutes – June 14, 2017 (Attachment)	A	Vasquez	Action
Departmental Reports (Business Office, Hospice, Respiratory, SNF Activities, Staff Development, Physical Therapy) <ul style="list-style-type: none"> Report on quality data Report on quality issues and/or quality projects 		T. Lakey, Ranquist, Dendauw, Burks, Jacobson, Schneider	Report
Quarterly Reports <ul style="list-style-type: none"> Safety Workers Comp 		V. Lakey Mee	Reports
Standing Reports: Monthly— <ul style="list-style-type: none"> SNF Events/Survey Quality – Performance Improvement Infection Control PRIME Administrative Report 		Wilson Hathaway Lee Hathaway Ward	Report Report Report Report
Old Business: <ul style="list-style-type: none"> Compliance Plan Code of Ethics New Business: Policies for Approval CEO Performance Evaluation P&P Public Forum During Board Meetings and Request to be Heard Advance Directive Policy MMH494 CEO Job Description BOD Approved 2.24.10 Parenteral Products - Quality Assurance	PDF	Hathaway	Discussion Action
Announcements, Other, Future Agenda Items		Vasquez	Discussion
Closed Session Announcement, Government Code 54962, Medical Staff: <ul style="list-style-type: none"> Chief of Staff Report (Health & Safety Code §32155) 		Watson, Wilson, Overton	Reports/Action
Reconvened to Open Session – Report Action(s)		Vasquez	
Announcements: Next meeting: Wednesday, August 9, 2017 – Fall River			
Adjournment		Vasquez	

Posted
07/05/2017

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DRAFT Attachment A

QC Attendance

Beatriz Vasquez, PhD, Board
Chair
Laura Dolman-Beyer, BOD
Committee
Theresa Overton
Louis Ward
Dr. Tom Watson

Other Staff Present

Valerie Lakey
Barbara Spalding
BJ Burks
Dawn Jacobson
Marinda May

Absent

(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.)

SUBJECT	DISCUSSION	
CALL TO ORDER	The meeting was called to order at 12:04 pm by Vasquez in Fall River Mills	
Public Request to Speak	None	
Opening Remarks by Chairman Vasquez	None – changes to agenda (Volunteer services instead of Physical Therapy)	
Minutes	Minutes from the May 17, 2017 Quality Committee meeting were approved. M/S/C (Beyer, Ward). All Approved	Approved
Department Reports	<p>Volunteer Services, Barb Spalding: Last report Spalding talked about changing policies which is now complete. Reviewed the volunteer recognition process. They had a recognition event on March 24, 2017. Department Grants were provided through Thrift Store funds. There is a volunteer dietary training so volunteers can help with feeding residents. There will be annual refresh training.</p> <p>Surgery, Theresa Overton: (written report – from Stacie Warnock, Surgery Lead) Reported on Quality issues and provided information on surgical “Time Out”. Addressed some of the items that were found on the survey. Referral process is the number one issue at the time. Working on solving some transportation issues for patients on Partnership.</p> <p>Acute Social Services, Marinda May: Marinda started in March. Learning the system on the Acute side. Revamping the process on the Acute side for Swing Intakes. May has training in mental health (5150). Some staff training would be beneficial. Ward and Dr. Watson will be</p>	Reports

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	<p>meeting with Shasta County (Dean True) in July. Discussed 5150 options and potential solutions. Ward will be talking to Dean True about some tele psych.</p> <p>SNF Social Services, BJ Burks: Socials Services split in March with SS in Acute and SNF. This has allowed a lot more needed time. Burks has been working on learning about the Point Click Care. This has made ease of charting and quality of charting better and more timely. We are also using the system for the admission process. This is streamlining the intake process. We have been meeting as a committee to make the process more efficient. Everyone is learning each part of the process. All four Chiefs are involved in this process. Aiming at getting things complete within a few months and will require constant monitoring.</p>	
<p>Quarterly Reports</p>	<p>Quality - no report Hathaway at FLEX Conference</p>	<p>Reports</p>
<p>Standing Reports</p>	<p>SNF – Sherry Wilson: Absent Administrative – Louis Ward: We have been trying to facilitate a meeting with CDPH. Last surveys went well as far as interactions with staffs. Mock surveys have helped. There is a good model in Orange County where CDPH coordinates meetings with healthcare facilities. Chico office has agreed to attend a meeting at Enloe in Chico on July 11. We have worked with CHA and Northern Hospital Council Meeting and were able to organize this meeting.</p> <p>Management staffing goals are in the development process for FY18.</p> <p>Plan of Corrections was completed and submitted.</p> <p>Fire Life Safety Plan of Corrections have been approved. We are still waiting to hear on the Acute Plan of Corrections.</p> <p>June 22 Ryan Harris, Ward and Travis Lakey will meet with OSHPD in Sacramento and with architect on the SNF refresh. They will also be meeting with sign company.</p> <p>Employee meetings will be July 12 and 13th. One topic will be employee evaluations.</p> <p>Meeting with Dean True and Dr. Watson on July 6th to discuss 5150's and the ER.</p> <p>Infection Control – Dawn Jacobson: We recently purchased carts provided through Foundation Grant. Phlebotomy Carts also house the</p>	

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	<p>supplies. Supplies were in the rooms and there was a lot of waste – now the supplies are in the cart and it makes things more efficient and helps with infection control. The board would like to hear regularly on hand washing statistics. We will be reporting UTI’s as required – we only need to report the ones that we treat.</p> <p>PRIME – Adam Dendauw –we have met our numbers within the timeframe</p>	
New Business	<p>Policies for Approval: (Beyer, Ward) – Approved All</p> <ul style="list-style-type: none"> • Sterility Monitoring Log, End Product Testing MMH41 • History and Physical Responsibility on Patients Admitted thru the Emergency Dept Procedure for • Discontinued Medications and Controlled Substance Disposal: SNF • Initial Application Process to the Medical Staff 	
Announcements, Other, Future Agenda Items	<p>Compliance Plan Code of Conduct</p>	Discussion
Closed Session	<p>Chief of Staff Report – Dr. Tom Watson</p>	
Announcements;	<p>Next meeting: Wednesday, July 12, 2017 in Fall River Mills</p>	
Adjournment	<p>Meeting adjourned 1:12 pm</p>	

Minutes By: Valerie Lakey

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Quality issues that have come about in the past Fiscal Year:

- Patients frequently are unable to keep their surgery/procedure dates because of their inability to acquire transportation to/from surgery
- Patients are not wanting to schedule surgery/procedures (after all they are Elective, esp Endoscopy Procedures)
- The Surgery Depts inability to control the Humidity in the OR, was an issue with the Acute Survey in May. As a result of this Louis Ward CEO and Ryan Harris will be taking on this project in a joint effort.
- The referrals from (Mtn Valley Health, Canby Clinic, Hill Country Clinic, and Pit River Clinic) are not increasing and at times have actually decreased. We relate this issue to the high turnover due to "traveling or locum" staff esp. with the Mtn Valley Clinics. Canby Clinic also lost their Primary Provider last Fall.
- The Autoclave and Steris required multiple repairs, all of which we have a Service Contract for, however this did require downtime and the cancelation of some surgeries/procedures.
- With the past Winter drop in temperatures we also had some hot water heater issues that also affected our Steris machine.

BOARD QUALITY COMMITTEE MEETING 06-14-2017

The Outpatient Surgery Department Quality Focus for this meeting is the importance of the surgical "Time Out". I will be using information acquired from the AORN Journal and the MCN P&P. MMH can proudly state that there were no documented incidents of "Wrong Procedure/Wrong Patient" within the last year (I did not search beyond that time, so it very well could be longer).

The definition of "Time Out": The pause in patient care activity conducted by the surgical team immediately before starting the procedure to conduct a final assessment that the correct patient, correct site, and correct procedure has been identified.

"Time Out" is one strategy to improve communication amongst the surgical team members and to help prevent wrong site, wrong procedure, and wrong patient surgery. The Joint Commission classifies wrong site, wrong procedure, and wrong patient surgeries as sentinel events that should be prevented to reduce risk to patients and to improve safety practices during invasive procedures. Sentinel events are patient safety incidents that result in "death, permanent harm, or severe temporary harm and intervention required to sustain life.

Sentinel events require immediate investigation and response by health care organizations.....

Poor communication is a major contributing factor in wrong site, wrong procedure, and wrong patient surgery. It was concluded that additional factors, such as production pressure and rushed time outs, can also contribute to these errors. Distractions and interruptions during critical phases of a procedure can also contribute to errors in the OR. To address this issue OR's have initiated the "no interruption zone", this is a quiet time when the surgical team is required to stop all conversations and unnecessary activities, and this may be done during or in conjunction with the "time out" .

In 2009, the centers of Medicare and Medicaid Services began refusing to reimburse hospitals for any cost associated with a preventable event such as a wrong-site, wrong-procedure, or wrong-patient surgery. This refusal forced health care institutions to address these safety concerns..... (1) <http://dx.doi.org/10.1016/j.aorn.2017.03.014>

Here at Mayers Memorial Hospital, our verification process of the right-site, right-procedure, and the right-patient begins with the Admitting Nurse in the preoperative period. The patient/family must be asked by the nurse to verbally state (**not confirm**):

- Patients name (verifying using at least two identifiers: eg, full name, date of birth)
- Medication allergies and reactions to said medications
- Name of procedure being performed
- Location on the patient's body where the patient understands the surgery will take place

The Admitting Nurse then verifies that the following documents all agree with the patient/family identification of the correct surgery and site:

- Patient ID band
- Surgery Schedule
- History and Physical
- Surgical Consent
- Physicians orders

Any discrepancies in the data will be clarified with the physician/surgeon. The surgeon will then confirm verification of surgery site with the patient. The surgeon is then responsible for marking the surgical site with his/her initials. Prior to transporting the patient back to the OR Suite, the Circulating Nurse will verify all of the above information as described above. At this time if the patient will mark the site of surgery, if the patient is unable to do so it is the responsibility of the Circulating Nurse to mark the site of surgery. Only after these steps shall the patient be brought back into the OR Suite.

Prior to the start of the procedure if there are any Images being used, two members of the OR Team must verify any imaging data that is used to confirm that:

- The site is correct
- The data is properly labeled with the patient name
- The image is of the correct side of the anatomy
- The image is properly presented or oriented (left, right and up and down)

Immediately prior to surgery, within the OR, after the patient has been transferred to the OR table, anesthetized, prepped, and draped, all surgical staff involved shall confirm through "Time Out"

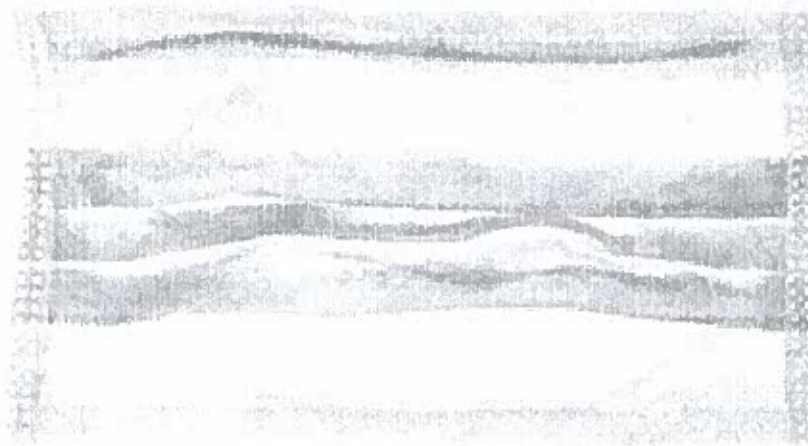
- Presence of correct patient
- Procedure being performed
- Surgical site is marked
- State patient allergies
- Pre-op antibiotics ordered and that it was administered

This "Time Out" will be directed by the circulating nurse and involve all OR staff that are to be involved with the surgery. This will suspend all other activity and conversation (unless pt safety is threatened). OR Staff must include the surgeon(s), circulating nurse, OR tech(s), and the anesthesia provider. For the complete Policy and Procedure in MCN see "Correct Surgery Site Verification"

BE A SUPER HERO ✓

TAKE TIME OUT FOR EVERY PATIENT, EVERY TIME

Time Out Day, June 14, 2017



Not every hero wears
a mask, or do they...

S Support a safety culture
U Use The Joint Commission's Universal Protocol and AORN's Surgical Checklist
P Proactively reduce risk in the OR
E Effect change in your organization
R Reduce harm to patients

H Have frank discussions about hazardous situations
E Empower others to speak up when a patient is at risk
R Respect others on the surgical team
O Openly seek opportunities for improving patient safety

www.aorn.org/TimeOut2017

 **AORN**

Quality Committee Board Report 6-14-17

This has been a very busy and intense time for this department. The Social Service Department subdivided in March. Marinda May was trained and took over the Acute admission and discharges along with the Social Service needs of the acute/swing patients while I assumed the responsibilities of the Long Term Care area.

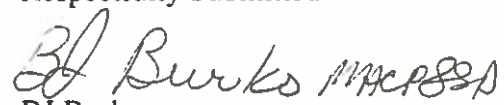
The benefits have been many since Marinda has come on board. It has opened up the availability for this area of Social Service to focus completely on the non-medical needs of the Residents both in Burney and Fall River. The Residents and families have responded positively to the new time schedule.

The Social Service Department is now working in the new electronic Point Click Care (PCC) charting system. This has been a challenge in many respects. An example is the transferring of paper documentation and required information per regulations to the electronic format and process. The system has brought a huge learning opportunity which has been met successfully by this department. The Social Service and Activities Department went live in May. A benefit of the new system has brought the availability to complete charting in both facilities to one computer at one site ending the need to be present at a specific facility to chart. This step has greatly decreased the charting time needed to meet state and federal guidelines of charting. The PCC system also has eliminated the need to copy and file many individual pieces of documentation per resident decreasing usage of the copier, time, and paper.

The admission process for Long Term Care is also utilizing the PCC system. Now the intake is uploaded into the system and the admission team members are able to read the intake and make decisions quickly or ask for further information easily. The system has again eliminated 5 intake packets, the paper required for the process and decreased the numerous phone calls involved.

There is a meeting of review for the Long Term Care admission process that the Social Service Department is actively involved in. This process of admission to Long Term Care is being reviewed with the departments of the admission team. The goal of review is to bring the process to a more efficient updated method by understand each role, and their effect on the admission process along with the implementation of the PCC format. When complete the admission process will be more streamline and increase the amount of admissions improve floor census.

Respectfully Submitted


BJ Burks

MACPSSD

