

Quality Committee Meeting

Wednesday, November 8, 2017 (12:00 p.m.)

Boardroom – Fall River Mills

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 – October 11, 2017 (Attachment)	A	Vasquez	Action
Departmental Reports: (ER, Med-Surg/Swing, Med Staff, Outpatient, Pharmacy, Personnel) <ul style="list-style-type: none"> Report on quality data Report on quality issues and/or quality projects 		Eades Overton Sweet Peterson Earnest Mee	Report
Quarterly Reports: <ul style="list-style-type: none"> Worker’s Compensation Report Stats: Patient Safety First, CMS Core Measures 		Mee Hathaway	Reports
Standing Reports: Monthly: <ul style="list-style-type: none"> SNF Events/Survey Quality – Performance Improvement Infection Control PRIME Administrative Report 		Wilson Hathaway Jacobson Hathaway Ward	Report Report Report Report Report
New Business: Policies for Approval: Board Member Vacancy (Appointment) Process Board of Directors' Job Description - Responsibilities - Duties Physician Orders (policy) - Verbal and or Telephone Public Interface Restraint Log MMH578 Restrains or Seclusion (Physical Restraints), Use of Succession Plan BOD-Approved 12.22.2009 Unit Cleaning Unusual Events	PDF		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) AHP APPOINTMENT Gabe Garton, CRNA MEDICAL STAFF APPOINTMENT Tawana Nix, DO		Watson Wilson Overton	Reports/Action

MEDICAL STAFF REAPPOINTMENT Lloyd Pena, MD Mark Goodwin, MD STAFF STATUS CHANGE Jessica Miller, PA-C move to Inactive			
Reconvened to Open Session – Report Action(s)		Vasquez	
Announcements: Next meeting: Wednesday, December 13, 2017 – Fall River			
Adjournment		Vasquez	

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DRAFT Attachment A

QC Attendance

Beatriz Vasquez, PhD, Board Chair
Laura Dolman-Beyer, BOD Committee
Jack Hathaway

Other Staff Present

Jessica Stadem
Sherry Rodriguez
Steve Sweet
Val Lakey
Ryan Harris
Travis Lakey
Dave Burks
Sammi McClung
Alan Northington

Absent

Sherry Wilson
Louis Ward
Theresa Overton
Dr. Tom Watson

(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 12:05 pm by Vasquez in Fall River Mills	
Public Request to Speak	None	
Opening Remarks		
Minutes	Minutes from the August 9, 2017 Quality Committee meeting were approved. M/S/C (Hathaway, Beyer) All Approved	Approved
Department Reports	<p>Environmental Services: Tracking the quality of linen, gathering numbers for past 8 months, receive approx. 120 fitted sheets per week, 10% average per month are returned (holes, some stains); also hand towels come in w/grease, napkins w/food; have met w/Aramark to discuss issues, saved items and showed them (stains, tape residue), possible to get out of contract? Give them 30 days to improve, if no improvement can get out, not ready to take that step though; replacement of worn linen is not common; work with Jack on tracking and contract details; 1-2 hours per day putting up linen.</p> <p>Imaging: Handout provided; RF room, problem with camera, may have to bring in someone from company who originally installed equipment, required by state, that is why needs to be fixed, not much impact on patient care; monitoring ultrasound program, since opening up program, noticing it’s limitations; mobile unit exceeding expectations in performance and quality, no worries with exposure when doing procedures in LTC rooms; SNF in Burney xrays stopped due to staffing, would like to bring back 2-3 days per week, space issues also,</p>	Reports

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	<p>would like to have another mobile unit in Burney (\$180k), don't need leaded walls for mobile units; likely that if SNF xrays started again CT referrals would increase, would it be worth putting together a proposal and cost analysis?</p> <p>Public Relations: Handout provided; added to management scorecard to meet with marketing, opportunity to increase exposure to all departments, increase info to community; marketing plan will tie into strategic plan; continuing with employee wellness, received BETA award for your:life program, new program ideas upcoming, working to get more people involved; new legislation upcoming, in really good shape with transparency, working with Jack on webpage.</p> <p>Dietary: Updated the menu cycle (will be seasonal, regulations say we need 4 cycles), nutritional analysis was not complete so received tag during survey, has since been completed, everyone seems to be enjoying new recipes, cafeteria use has gone up, trying to add new PRIME project regarding obesity, Dietary will be participating.</p> <p>Maintenance: Handout provided; Changed Burney parking lot lights, LED lights will save money, make parking lots safer, going around entire building; vacuum system failed (suction), it is state mandated to have vacuum system, hard time finding pumps, found company who put in rental pumps while other pumps were being fixed and replaced; in general, facility and equipment is aging, expensive to replace; replaced fire doors (\$21k); residents complimenting new windows, very pleased;</p> <p>Purchasing: Handout provided; general store is patient chargeable items; major moveable items, plant ops for building improvements; use to have 1 manager, 2 buyers, 4 clerks and not doing this much work (now 1 manager, 1 buyer, 1 clerk); costs compared to previous years? Pretty close to average.</p> <p>Cardiac: No additional falls, staff member injury moving weights, on restriction, working on exercises for back strength; electrical cord hazard, installed new outlet to prevent cords stretching across the room; fax machine location was HIPAA violation, finally moved into the office; still safety issue with chairs (old metal chairs, welds wearing and cutting), need 12 but not in the budget; EKG monitors were starting to malfunction, didn't cost anything to replace (3) from manufacturer; 3 monitor patients, maintenance patent numbers down a little; survey on patients, everyone happy with facility and equipment, temperature and parking were issues.</p>	
<p>Quarterly Reports</p>	<p>Safety Committee: Meeting attendance has increased, was able to send memo regarding topics that came up at meeting; Val attended disaster conference, CMS requirements in place Nov. 16th, started department trainings, information will</p>	<p>Reports</p>

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	<p>be included in surveys, all employees need to be accessing email because that is how info is spread throughout the facility; joint commission standards require 2 fully functional exercises per year, we would have a hard time meeting that requirement, currently can use tabletops, functional or actual incidents (need 2 per year); send reminder about workplace violence reporting</p> <p>Worker’s Compensation: Move to November.</p>	
Standing Reports	<p>SNF Events/Survey: It is survey season, working on issues, not 100% confident we’re ready, making sure processes between the two facilities are more alike, less discrepancies, working on staff attitudes; Jack bought guide book to surveys, working with staff at SNF quality meetings, includes all info on tags and explanations; also got joint commission book for acute.</p> <p>Infection Control: Dawn Jacobson attending training in December, more cooperation with hand hygiene, flu vaccines are available, (100% last year), almost 200 shots given already; no trending illnesses, Shelley Lee still doing infection reporting, haven’t coordinated transfer of information; trainings before different illness seasons hit, education on difference between influenza and gastroenteritis.</p> <p>PRIME: Sent supporting docs to state, waiting to hear (on DY 11 and 12), software gap analysis was sent, incorrectly sent them technology analysis when first started switching over staff; Pit River on board with partnering on PRIME, will take MOU to them this week; haven’t confirmed new project but excited to get it started, would start DY 13 (obesity program, work with dietary and new menu system, work with Val on your:life), need 5 of 8 requirements, need to plan; doesn’t have the requirement of finding 30 new patients.</p> <p>Administrative Report: No report.</p>	Reports
Old Business		Discussion
New Business	<p>Policies for Approval: Beyer/Hathaway, all approved (with changes noted)</p> <ul style="list-style-type: none"> • Application for Medical Staff Appointment • CEO Job Description – customer service values attachment, remove • CEO Performance Evaluation P&P – update info regarding Trakstar • Physician Orders (policy)-Verbal and or Telephone • Restraint Log MMH578 • Restraints or Seclusion (Physical Restraints), Use of • Unit Cleaning • Unusual Events 	

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Announcements, Other, Future Agenda Items	<p>Update on Acute quality stats, board updated in boardroom; looking to translate CMS requirements using our volumes so we have an accurate representation, discuss with other small facilities; HCAHPS surveys big portion of star rating, have been successful in getting some; Jack Hathaway attending compliance conference next week, will become a Certified Compliance and Ethics Professional, will bring back education materials for board; mock surveyor will return soon.</p> <p>Need a patient and a family representative to attend board meetings, CMS requirement, Susan Knoch from MVHC will be volunteer for one, still need the other; will give insight from point of view of patient or family when issues come up, Jack will send job descriptions of positions, required to start 2019/2020; look at ways to set program up to benefit our facility best, rotate patient reps annually to get a better representation.</p>	Discussion
Closed Session	None	
Announcements	Next meeting November 8, 2017 in Fall River Mills	
Adjournment	Meeting adjourned 2:06 pm	

Minutes By: Jessica Stadem

Imaging Quality Report

October 11, 2017

Radiographic/Fluoroscopic R/F Room:

The R/F room is currently undergoing repairs to fix the Fluoroscopy unit as well as the Automatic exposure.

Annual Physicist Report:

In August the physicist inspection was completed, with the exception of the Radiographic/Fluoroscopy room, which could not be completed due to faulty equipment under repair. We were aware of the problems and were actively seeking a solution through repairs. Those efforts continue and the problem is expected to be rectified within the next 60 days.

Ultrasound:

In an effort to elevate quality and expand the scope of ultrasound procedures offered, we are currently evaluating moving forward, the purchase of the new ultrasound unit. Our current unit lacks the technological latitude to adequately demonstrate and image many vascular procedures, echo cardiograms, and general studies on patients with larger body habitus.

Mobilett Digital Mobile X-Ray:

The end of September, we completed the second Applications process on the new Mobile X-Ray Unit. We have been customizing the exposure settings and protocols as well as learning the use of enhanced features of the unit. There are many new features that will, without question, raise the quality of care.

1. Speed
 - a. Mobile speed is over 10 times faster than the old unit.
 - b. Digital image transfer for physician viewing is instantaneous on the unit and a few seconds to PACS.
2. Image Quality
 - a. Image quality is far superior to the old CR processing.
 - b. Most body parts can be done with the mobile unit with an increase in image quality and, at a reduced exposure rate with the exception of larger body habitus. Higher image quality at a higher viewing rate will raise the level of quality and speed in which patients are diagnosed.
3. Image Enhancements
 - a. There are many image enhancements that will increase the quality of care for example;
 - i. Line placement, in a chest, can sometimes be difficult to see without precise techniques making image repeats common using CR however; new digital features can enhance a Region of Interest (ROI) or Line without the need for a second exposure. This allows the Physician instantaneous viewing post line placement or intubation. A copy of the image can be manipulated and or enhanced substantially to cause the line or tube to stand out. Our Physicians can now see line placement within 60 seconds post exposure as compared to the CR process of 15-30 minutes.

Respectfully submitted by; Alan Northington, MHA/MBA, R.T., Imaging Manager

**Marketing Department Quality Report – Val Lakey, Director of Public Relations
October 11, 2017**


Quality Data, Projects or Issues

Department Marketing Meetings

In an effort to develop a consistent message and promote the quality care and services we offer at MMHD, we have added “Marketing Meetings” to management scorecards. Meetings are being scheduled with every department (clinical and non-clinical) to discuss services, ideas for PR and marketing, education, trainings, etc. These meeting will provide the information needed to present MMHD’s message in the coming year. We will focus on our image and quality care.

Employee Wellness

Providing quality care starts with our employees being their best. We continue to expand and develop

the **your:life**  program and have some exciting projects in the coming months. Plans are to get creative in order to motivate all employee groups and eventually expand into the community.

Transparency

Transparency is a part of Quality. New legislation, the Little Hoover report, etc. will ensure we are meeting those expectations.

Mayers Memorial Hospital District/ Quality Committee October, 2017

(Maintenance Department)

The maintenance department for Mayers Memorial Hospital consists of (6) experienced employees that are able to assist in most situations presented to them. Working within Federal, State, and Life & Safety regulations we strive to provide a safe, clean, and comfortable environment for our residents, patients, visitors and staff. During working hours the maintenance department is available by phone and e-mail, after hours we provide a standby, call back employee for emergencies. We transport equipment, mail, and pharmaceuticals between our Fall River Mills and Burney facilities twice a day. The maintenance department manages the refuse disposal for our facilities. We maintain our grounds and provide snow removal for the safety of all visitors. It has been a busy summer for the maintenance department at Mayers Memorial Hospital. Increased efforts have been directed towards improving the quality of the infrastructure in our facilities, thus providing a safer and more professional experience for all that visit.

(Burney Annex)

- (1.) The parking lot lighting in Burney was in a state of disarray. 3 out of 7 pole lights were not working. The 25yr. old fixtures used large ballast with sodium vapor bulbs. They were not energy efficient. We retrofitted the existing lighting to LED bulbs (light emitting diodes). This eliminated the need of ballast to power the light bulbs. The LED's put out brighter light, and consumes far less energy. There is increased safety and securities for all that use our Burney parking lot.
- (2.) The vacuum system in Burney was a victim of catastrophic failure; both the suction pumps froze up and quit working. This system is required to function properly per State and Life and Safety regulations. This vacuum system was hard to find replacement parts for because of its age. We contacted FS Medical (our in house oxygen repair and inspectors). They installed a rental pump on our system, and found a company to rebuild our old pumps. The vacuum system in Burney is now working great.
- (3.) The aging call bell system in the Burney Annex was plagued with many problems. We recently were able to locate a new call bell control panel and did the installation. This is a mandatory requirement of State and Federal law in Skilled Nursing facilities. This brought added comfort and safety to our residents using the call bell system.

(Fall River Mills)

- (1.) The corridor fire doors in our Fall River Mills facility have been replaced. Fire doors are required to close and latch when our alarm panel is activated, also no excessive gaps are to be evident when the doors are shut. These doors require an annual inspection from a certified door inspector with a logged report per Life & Safety. All corridor fire doors are required to have rate of burn documentation on them.

- (2.) The exterior P.T. and H.R. building was repainted this summer. This enhanced the beauty and professionalism of our Fall River Mills facility.
- (3.) With the beginning of our Station 2 SNF refresh (renovation), new high efficient windows were installed. The new windows replaced the 35 year old windows that were drafty and stained. The new windows will not only increase the comfort for the residents but will also save on utility cost. New door skins are currently being installed in the SNF unit. The attractive door skins are an economic solution over the high price of replacing the doors.

Respectfully submitted by David Burks, Maintenance Manager

RECEIVING DISTRIBUTION REPORT
07/01/2017 THRU 10/10/2017
593 purchase orders

1081	GENERAL STORE INVENTORY	\$	96,853.09
1241	MAJOR MOVEABLE EQUIP	\$	251,026.00
1251	CIP EQUIP SNF PROJECT	\$	34,913.87
6170	MEDICAL/SURGICAL	\$	12,755.14
6580	SKILLED NURSING	\$	44,859.74
7010	ED	\$	14,120.07
7012	OUTPATIENT SERVICES	\$	3,235.33
7310	HOSPICE	\$	368.74
7410	CARDIO	\$	275.16
7421	SURGERY SUPPLIES	\$	7,089.86
7500	LAB	\$	72,030.95
7630	RADIOLOGY	\$	36,410.94
7720	RESP THERAPY	\$	252.53
7770	PHYS THERAPY	\$	2,931.02
7843	TELEMEDICINE	\$	6,015.17
8340	DIETARY	\$	2,594.81
8390	PHARMACY	\$	8,340.04
8400	PURCHASING	\$	4,790.43
8440	HOUSEKEEPING	\$	11,955.39
8450	PLANT OPS	\$	70,091.96
8460	MAINTENANCE	\$	531.01
8485	COMPUTER IT	\$	6,752.76
8510	GEN ACCTING	\$	820.20
8530	PATIENT ACCTING	\$	2,141.40
8560	ADMITTING	\$	249.52
8610	ADMINISTRATION	\$	11,430.84
8650	PERSONNEL	\$	854.99
8700	MED RECORDS	\$	112.54
8750	QUALITY ASSURANCE	\$	991.00
8753	INFECTION CONTROL	\$	253.54
	TOTAL	\$	705,048.04

STEVE SWEET 10/11/2017

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