

Chief Executive Officer
Louis Ward, MHA



Board of Directors
Michael D. Kerns, President
Beatriz Vasquez, PhD, Vice President
Abe Hathaway, Secretary
Allen Albaugh, Treasurer
Laura Beyer, Director

Quality Committee Meeting Agenda

April 11, 2018 – 12:00pm
Boardroom (Fall River Mills)

Attendees

Beatriz Vasquez, PhD, Chair, Board Member
Laura Beyer, Board Member
Dr. Tom Watson, MD, Chief of Staff
Louis Ward, CEO
Jack Hathaway, Director of Quality

				Approx. Time Allotted
1	CALL MEETING TO ORDER	Chair Beatriz Vasquez		
2	CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS			
3	APPROVAL OF MINUTES			
3.1	Regular Meeting – March 14, 2018	Attachment A	Action Item	2 min.
4	DEPARTMENT REPORTS			
4.1	Imaging	Alan Northington	Report	10 min.
4.2	Public Relations/Marketing	Val Lakey	Report	10 min.
5	QUARTERLY REPORTS			
5.1	Safety Committee	Val Lakey	Report	10 min.
5.2	Worker's Comp	Libby Mee	Attachment B Report	10 min.
5.3	Blood Transfusions	Theresa Overton	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		Report	10 min.
6.4	Infection Control	Dawn Jacobson	Report	10 min.
7	ADMINISTRATIVE REPORT	Louis Ward	Report	10 min.
8	NEW BUSINESS			
8.1	Policies for Approval	Sent as PDF	Action Item	5 min.
	<ul style="list-style-type: none"> Visitors, Patient 			
9	OTHER INFORMATION/ANNOUNCEMENTS			5 min.

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
	STAFF STATUS CHANGE 1. Henry Patterson, O. D.		
	MEDICAL STAFF REAPPOINTMENT 1. Tikoes Blankenberg, MD 2. William Dykes, MD 3. Gregory Taylor, MD		
	MEDICAL STAFF APPOINTMENT 1. Beverly Chang, MD		
11	RECONVENE OPEN SESSION – Report closed session action		Information
12	ADJOURNMENT: Next Regular Meeting – May 9, 2018 (Fall River Mills)		

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.

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Mayers Memorial Hospital District

Board of Directors

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Board of Directors
Quality Committee
Minutes

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

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 12:04pm on the above date.

BOARD MEMBERS PRESENT:

Beatriz Vasquez, Vice President
Laura Beyer, Director

OTHERS PRESENT:

STAFF PRESENT:

Travis Lakey, CFO
Louis Ward, CEO
Libby Mee
Sherry Rodriguez
Jack Hathaway, DOQ
Ryan Harris, DOO
Chris Hall
Judy Jacoby, CNO
Dawn Jacobson
Jessica Stadem, Board Clerk

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- 2 **CALL FOR REQUEST FROM THE AUDIENCE – PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS**

None

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- 3 **APPROVAL OF MINUTES**

3.1 A motion/second carried; committee members accepted the minutes of February 14, 2018. Beyer/Harris **Approved All**

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- 4 **DEPARTMENT REPORTS**

4.1 **Environmental Services:** In addition to written report. Handout provided. Tracking damaged linens since January, numbers are only what is caught by Sherry, not necessarily by other staff; fitted sheets and napkins are the worst; currently getting price quotes on different linens for when in-house laundry starts (January of next year start).

4.2 **Finance:** In addition to written report. Audit details will be available by next meeting, will discuss during Finance, possibly at regular meeting; Danielle B. training with Linda E. to take over position when Linda retires.

4.3 **Lab:** Handout provided. Focusing on quality measures put together by Jack; still dealing with timeliness of lab orders sent by MVHC, patients sometimes have to come back and be drawn again; working on satisfaction survey to track wait time, possibly add to Qualitik to call patients; data will show on quarterly QAPI report; short staffed for a short amount of time in between travelers.

5 QUARTERLY REPORTS

- 5.1 **Compliance:** Jack was invited to write an article for a compliance publication; red flag rules training almost complete (program The Guard), test group going through process; compliance hotline is up and running, no calls yet, add to orientation process, website; staying on track with manager trainings and board trainings.

6 STANDING MONTHLY REPORTS

- 6.1 **Quality/Performance Improvement:** Proofread QAPI plan, send comments, content is set, created for ease of reading; 1st quarter by mid-April, use as baseline.
- 6.2 **PRIME:** Working on reporting, technology glitch that causes delay in running reports; eligible population has been found within hospital population, not full community, working with MVHC to cross reference population; on schedule with reporting deadlines.
- 6.3 **SNF Events/Survey:** CNA, LVN, RN trainings since surveys, fun and interactive, good participation and communication, empowering nurses; 16 tags during survey, 2 G tags (flu shots, fall resulting in wound), did root cause analysis to determine how wound got missed; no nursing supervisor available to oversee flu shots, some residents not immunized, reports submitted, education will take place;; developed fall committee, to meet monthly in both locations, looking at falls weekly; Falling Star only used for first 72 hours on high risk, started lime green blanket program, no falls since implementation, starting program in Burney today, suggestion for sign "XX days without falls", a lot of changes/ideas in regards to alarms for fall risks; immunization starting in October, will be done in 3-4 days with 100% compliance, reminder cards send in July, need signature refusing; all minor issues from survey have been addressed, sent back to CDPH, education done
- 6.4 **Infection Control:** Paper tracking for hand washing is not working, Jack found app with reports, allows for more accurate reading because staff don't necessarily know you're watching; installed new hand sanitizer stations, new foam instead of sticky gel, there will be more stations throughout facility.

7 ADMINISTRATIVE REPORT

- Strategic planning retreat, April 20.
- Meeting with Dr. Watson every Thursday, discuss schedule to make sure he is able to make some of the meetings he needs to be at.
- Changing AOC process, move away from paper and move to electronic Google drive system, paired with new notification system.
- Station 3 moving offices and outpatient spaces (surgery, outpatient medical, telemed); temporary moves with staff, getting construction/cosmetic work done first to minimize inconvenience.
- SNF furniture inventory, updating and getting rid of broken pieces; for both patients and employees.
- Administrative rounds in both facilities twice a month as a team, will take the opportunity to look for issues.
- Meeting with Ortho surgeon on Tuesday, coming from Chico.
- Met with Don Smith, toured Masonic Hall, able to use meeting room at no fee, will research equipping room with TV and WiFi as donation.
- Able to recover all info from phone board that crashed, all call rules transferred; working with Frontier on solution in case of major crash, will go down again while new system is installed.

8 NEW BUSINESS

- 8.1 **Employee Handbook Revisions:** Last revised in 2009, would like to update history section to include info on Burney; would like to send to all employees for a read and sign; committee agrees Libby is free to move it around and update as appropriate (update first page, add visuals); when ready bring to full board for approval.

8.2 **Policies of Approval** – Judy J. will follow-up with Pam S. on approval process. Current process/procedure needs to be revised.

No action taken

- Anthem Blue Cross, Intermountain Respiratory Services, Participating Physician Group Agreement
- Drug Supply Chain Security Act Compliance Plan
- Parenteral Products - Quality Assurance
- Patient Responsibility MMH452
- Pharmacy Technician Clean Room Training and Assessment MMH607B
- Post Fall Assessment and Documentation
- Restraint Log MMH578
- Restraints or Seclusion (Physical Restraints), Use of
- Succession Plan
- Technician Review of Sterile Compounding MMH607A
- Unusual Events

9 **OTHER INFORMATION/ANNOUNCEMENTS**

Next agenda - Intranet presentation

10 **ANNOUNCEMENT OF CLOSED SESSION**

No closed session items

11 **RECONVENE OPEN SESSION**

No closed session items

12 **ADJOURNMENT: 1:51pm**

Next Regular Meeting – April 11, 2018 (Fall River Mills)

MMHD Board Quality Meeting

Wednesday April 11, 2018

Quarterly Work Comp Report

Libby Mee – Director of Human Resources

1st Quarter 2018

4 first aide injuries resulting in zero days away from work

- No Skilled Nursing or patient handling related claims

1 Reportable claim, but no days away from work

CARE Program \$2,200.00 - 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.