

Chief Executive Officer
Louis Ward, MHA



Mayers Memorial Hospital District

Board of Directors
Beatriz Vasquez, PhD, President
Abe Hathaway, Vice President
Laura Beyer, Secretary
Allen Albaugh, Treasurer
Jeanne Utterback, Director

**Quality Committee
Meeting Agenda**

August 11, 2020 1:30 pm
Fully Remote Zoom Meeting: [LINK](#)
Call In Number: 1-669-900-9128
Meeting ID: 971 6995 1848

Attendees

Laura Beyer, Board Secretary
Jeanne Utterback, Director

Louis Ward, CEO
Jack Hathaway, Director of Quality

1	CALL MEETING TO ORDER		Chair Laura Beyer			
2	CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS					Approx. Time Allotted
3	APPROVAL OF MINUTES					
	3.1	Regular Meeting – July 8, 2020		Attachment A	Action Item	2 min.
4	ADMINISTRATIVE REPORT			Louis Ward	Report	10 min.
5	REPORTS: QUALITY FACILITIES					
	5.1	Facilities & Engineering	Alex Johnson	Attachment B	Report	10 min.
6	REPORTS: QUALITY STAFF					
	6.1	Information Technology	Ryan Nicholls	Attachment C	Report	10 min.
	6.2	Safety – Quarterly Report	Val Lakey	Attachment D	Report	10 min.
7	REPORTS: QUALITY PATIENT SERVICES					
	7.1	Environmental Services	Sherry Rodriguez	Attachment E	Report	10 min.
	7.2	Dietary	Susan Garcia	Attachment F	Report	10 min.
	7.3	SNF Events/Survey	Candy Vculek		Report	10 min.
	7.4	Infection Control	Dawn Jacobson		Report	10 min.
8	REPORTS: QUALITY FINANCES					
	8.1	Purchasing	Steve Sweet	Attachment G	Report	10 min.
9	REPORTS: QUALITY EDUCATION: NO REPORT					
10	QUALITY PROGRAM REPORTING AND INITIATIVES: NO REPORT					
11	OLD BUSINESS					

	11.1	Report Template		Discussion	5 min.
12	OTHER INFORMATION/ANNOUNCEMENTS			Information	5 min.
13	ANNOUNCEMENT OF CLOSED SESSION				
	13.1	<p>List of Credentials:</p> <p>STAFF STATUS CHANGE</p> <ol style="list-style-type: none"> 1. Fred Gorin, MD – Move to inactive 2. Richard Carregal, DO – Move to inactive <p>MEDICAL STAFF REAPPOINTMENT</p> <ol style="list-style-type: none"> 1. Tom Watson, MD – Family & Emergency Medicine <p>MEDICAL STAFF APPOINTMENT</p> <ol style="list-style-type: none"> 1. Sander Saidman, MD – Radiology 2. Jonathan Jewkes, MD – Radiology 3. Adam Attoun, DO – Radiology 4. Douglas Hughes, MD – Radiology 5. Gregory Ginsburg, MD – General Surgery 6. Melissa Butts, DO - Rheumatology 		Action Item	5 min.
14	RECONVENE OPEN SESSION – Report closed session action			Information	
15	ADJOURNMENT: Next Regular Meeting – September 9 th , 2020				

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Board of Directors
Quality Committee
Minutes

Full Remote Teleconference
July 8, 2020 @ 12:00 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 Laura Beyer called the meeting to order at 12:00 pm on the above date.		
	BOARD MEMBERS PRESENT:		STAFF PRESENT:
	Laura Beyer, Secretary Jeanne Utterback, Director		Louis Ward, CEO Candy Vculek, CNO Travis Lakey, CFO Keith Earnest, CCO Jack Hathaway, DOQ Dawn Jacobson, Infection Control Jessica DeCoito, Board Clerk Amy Parker, Patient Access Danielle Olson, Business Office Chris Hall, Laboratory Lori Stephenson, HIM Sondra Camacho, Activities
	ABSENT:		
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 June 10, 2020	Utterback, Hathaway Beyer – Y Utterback – Y
4	Environmental Sampling of Barrier Isolator Update: consulting with a microbiologist, she recommended a thorough cleaning and retest. Particulates from old filter could have been a factor. As of June 25 th , we have passed after a retesting. Back in business in our sterile compound. And a retest will take place in 6 months.		
5	Quality Facilities Reports: No reports submitted		
6	Quality Staff Reports: Written Reports submitted		
	6.1 Director of Human Resources: written report submitted. Manager training: is there a certificate for this that would be transferrable to another organization? – at this time there is not but will look into this further.		
	6.2 Workers Comp Quarterly: written report submitted.		
	6.3 Lab: written report submitted. Redraws are happening at Burney and we are working on trying to fix this. Meetings will need to take place for staff. Maybe the help of the Hospitalists will help. Meetings to be scheduled and resolutions will be found. Lab to report back in two months to Quality for update on project. CNO to provide short update in August if available.		
7	Quality Patient Reports: Written reports submitted		

7.1	HIM: One Content is a huge success for the department. ROI is super quick turnaround for the offices. Documentation flow is more automated and less hands-on. Minor issues with documentation in ER, but we are addressing those as they come along.		
7.2	Activities: Activity aide's starting an in room plant project for multiple plants. We have been able to work with Maintenance on a garden for those plants. 4 th of July parade of residents went really well. Working on a mock fair set up for residents. Technology has been added to things for residents to utilize – online shopping, games, Facetime calls, etc. Alzheimer Awareness activities being researched. Zoom Meetings have been utilized for residents in addition to window visits. Kudos to Activities for all that they do for our residents.		
7.3	Chief Nursing Officer Report: Discussion on organization for the goals to the Clinical Team. We cascade the goals so everyone is aligned. SNF has had some major updates and we have been successful with these changes and processes are moving efficiently. CNA workflows have been changed to help meet the needs of our residents, and after these two weeks of the new shifts, we will gather feedback to make adjustments as necessary. Assistant Lead on Acute: analyzing labor and delivery. And created educational handouts for the swing patients. LEAN facilitators are being trained so that multiple folks in our team can run these LEAN events facility wide.		
7.4	SNF Events/Survey: CDPH surveyor every 5 to 6 weeks with the focus to review how we are handling all the COVID-19 procedures we have in place. Every survey and visit has been great. And we can expect to see this happening through the COVID-19 timeline.		
7.5	Infection Control: employee and resident testing has been conducted. Residents are completed and results are received. Employee testing is going well and we have started to receive tests and should be completed by the end of the week.		
8	Quality Finances Reports: No Department Reports		
	8.1 Patient Access: written report submitted. No additional questions or comments.		
	8.2 Business Office: written report submitted. Offsite employees come in one day a week but work from home. And process is working well.		
	8.3 Chief Financial Officer – Finance Report: new time clock system was launched this last pay period and the process went smoothly. A much more automated process than previous process. The new controller is working out well thanks to a lot of training she had with the previous controller. But Travis has been able to step in and answer questions when needed. Tracking a lot of CARES Acts Payment.		
9	Quality Education: No information to be reported		
10	Quality Program Reporting and Initiatives		
10.1	Quality/Performance Improvement: tracking LEAN projects. Maintaining plan of correction audits.		
10.2	PRIME: we received on PRIME payment after last meeting. PRIME moving forward is a big question mark. PRIME is focused on primary care so we should see a benefit once our clinic is open.		
11	NEW BUSINESS:		
	11.1 Policies & Procedures: 1. Board Meetings – Location, Time, Date and Quorum 2. Discipline Corrective Action 3. Corrective Action Notice 4. HHS Poverty Guidelines – 75% MMH388	<i>Utterback, Ward</i>	Beyer – Y Utterback - Y
	11.2 New Report Template format: Infection Control, PRIME, Quality/Performance Improvement to have standing report format created. Current template needs some revisions to help managers provide comprehensive reports. Candy to take current template to some Directors for feedback and to share with Director Beyer and Director Utterback. Then we will come together for a template to create.		
12	ADMINISTRATIVE REPORT: COVID-19 cases in Shasta Co. are steadily climbing. And we continue to monitor those numbers. We have changed masking to N95's with staff members who have contact with patients. Some negative feedback but we are taking a very cautious approach to keep our patients and our staff safe. Because we are a small rural hospital in a small community, we have to take extra precautions to make sure we are protected. We continue to test, at this point we have had 3 positive tests resulted through Mayers lab. New Hospital Wing is coming along and we are getting close to completion. Once the Fire Alarm testing has been completed and signed off, we will begin to move equipment over and get ready. Lots of details inside are being set up and finalized right now. Our schedule has been pushed back slightly. Clinic is on schedule and on track. Dr. Saborido and his family have moved up here and ready to begin work on July 11 th .		
13	OTHER INFORMATION/ANNOUNCEMENTS: None		

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.

DRAFT



Board Quality Report Template

<p>Name: Alex Johnson</p> <p>Department: Facilities & Engineering</p> <p>Last Quality project reported: New Administration Building Remodel Burney Annex Reconfiguration Riverview House</p> <p>Update on last Quality project reported: The administration building is nearing completion. The interior is 99% done and the exterior is 95% complete. The Burney Annex Reconfiguration is complete. We are doing some work to the old wound care space to get it ready for CNA classes. Riverview is still waiting on a septic system. A system will be in place in the next 2 weeks.</p>	<p>Current report date to Board Quality: 8/11/2020</p> <p>Last report date to Board Quality: 2/5/2020</p>
<p>What successes have you seen based on the outcome of previous Quality projects? My department has been a key part to the way space is used at the hospital. We have remodeled buildings and moved so many offices I have lost track. All of this amid the Covid-19 outbreak. We are flexible and are able to change our priorities from day to day due to demands.</p>	
<p>What issues have come up in your department relating to Quality? The flexibility comes with a price. Team moral can be an issue at times. My team can feel like they are being pulled in every direction with out any clear plan. I know this is due to the pandemic right now and the ever changing requirements.</p>	
<p>PLAN: What plan was implemented to address those issues? I addressed these concerns by listening. Once I was able to understand why one of the crew members was having a bad day I was able to find a solution. It wasn't always work related. I think everyone is a little more stressed than usual right now and being able to vent helps.</p>	



DO: How did the implementation of that plan go?

I feel like the plan is working well.

STUDY: What kind of results did the implementation of the plan yield?

We have a great team and they always do their best to accommodate the needs of the facility with a smile on their faces. The entire staff has been very supportive of my guys and that helps immensely.

ACT: What changes were made based on the results of the plan implementation?

Haven't made any changes.

Is this a LEAN project? Yes No If YES, please attach the A3.

Upcoming Quality Items:

NFPA 70E Training

Quality Related Goals for the Department:

What Strategic Plan Objective does your project BEST align with? Choose only one.

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- Outstanding Finances:** By 2025, we will have in place and utilize financial tools to actively develop and forecast long term expenditures.

Data/Graphics supporting project outcomes:



Board Quality Report Template

<p>Name: Ryan Nicholls</p> <p>Department: Information Technology</p> <p>Last Quality project reported: SysAid, SRA</p> <p>Update on last Quality project reported:</p> <p>We have fully migrated away from SysAid in favor of a combination of FreshService, NinjaRMM, GoverLAN, and Confluence.</p> <p>We resolved three critical items in the SRA, and contracted a third party to assist us in future assessments.</p>	<p>Current report date to Board Quality:</p> <p style="text-align: center;">8/12/20</p> <p>Last report date to Board Quality:</p> <p style="text-align: center;">2/12/20</p>
<p>What successes have you seen based on the outcome of previous Quality projects?</p> <p>Dividing our tools into multiple silo's has proved highly effective. Attached are some reports from the new ticketing system since our Go-Live. This type of data would have never been possible with SysAid, furthermore it is significantly easier for admins to complete their tickets and for me to review them. Staff also seems highly receptive to the new system, as shown by the trend in the Submission Sources and Satisfaction reports attached.</p>	
<p>What issues have come up in your department relating to Quality?</p> <p>Lack of qualified staff. Thanks to our most recent hire, we are well staffed for months with low project volume, but during months like June/July we really feel the pressure and the effect on the rest of the staff is obvious as ticket resolution times slow down.</p>	
<p>PLAN: What plan was implemented to address those issues?</p> <p>Alot of effort was put into staffing. Through restructuring titles, responsibilities, and wages our staffing situation has improved but there are still additions to be made to achieve a healthier work/life balance for the team. After dozens of interviews we were able to hire somebody in an entry-level role. We are still pursuing a higher level role to round out the team.</p> <p>Up until the completion of the new admin building we did not have enough office space to add to the team again so that is likely something we can focus on again once our projects calm down.</p>	



DO: How did the implementation of that plan go?

Adding different levels to the team and adjusting the wages to correspond with the new responsibilities paved the way for a lot interviews which allowed us to be selective.

STUDY: What kind of results did the implementation of the plan yield?

The numbers from the new ticketing system show myself and Jeff putting in significantly less time to tickets, and we are redirecting that time toward projects.

ACT: What changes were made based on the results of the plan implementation?

Jeff was able to switch to a 4 day workweek, which fits his schedule much better. We have also been able to add Shelby into the On-Call rotation which is great for everyone's work/life balance.

Is this a LEAN project? Yes No If YES, please attach the A3.

Upcoming Quality Items:

3rd Party Security Assessment

Quality Related Goals for the Department:

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Data/Graphics supporting project outcomes:



86.75% | 262 Responses
Very Good



11.26% | 34 Responses
Good



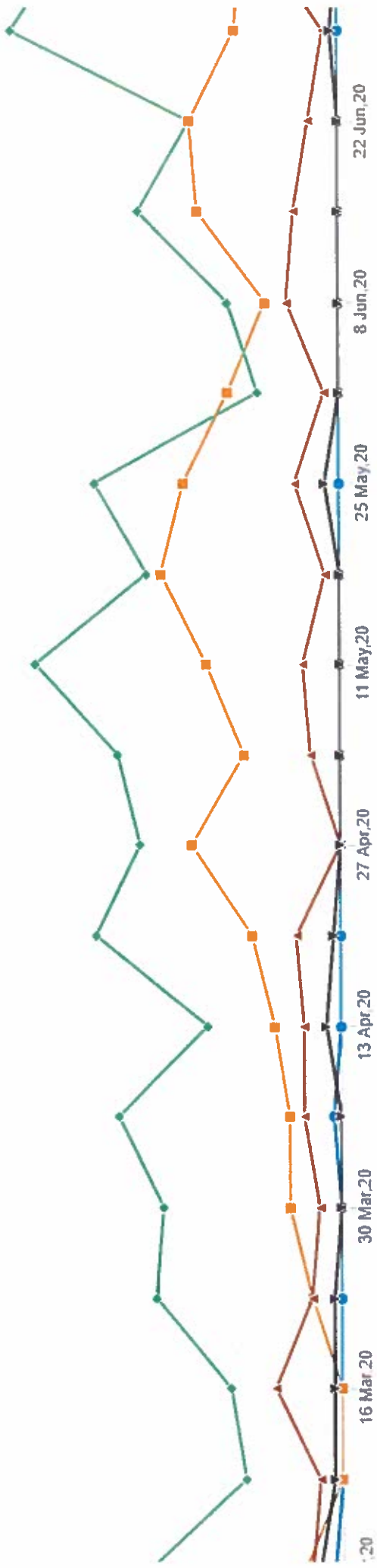
0.99% | 3 Responses
Bad



0.66% | 2 Responses
Neutral



0.33% | 1 Responses
Very Bad



Created Date

Helpdesk At A Glance

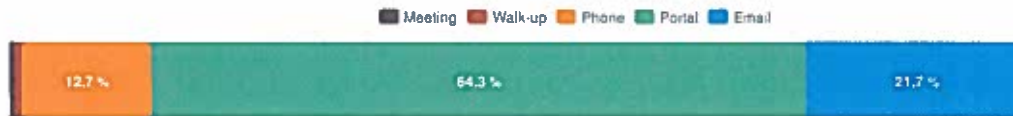
Jan 1, 2020 - Jul 30, 2020

Filtered by: Time Period Jan 1, 2020 - Jul 30, 2020

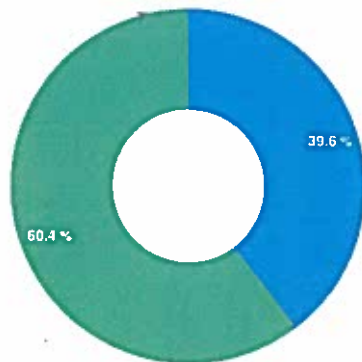
Summary

2355	2302	39	01:34	05:42	02:41
RECEIVED TICKETS	RESOLVED TICKETS	BACKLOG TICKETS	AVERAGE RESPONSE TIME (IN HRS)	AVERAGE FIRST RESPONSE TIME (IN HRS)	AVERAGE RESOLUTION TIME (IN HRS)
1.3	0.6	245	332	98.5%	86.9%
AVERAGE CUSTOMER INTERACTIONS	AVERAGE AGENT INTERACTIONS	NUM. OF REOPENS	NUM. OF REASSIGNS	SLA %	FCR %

Ticket by source

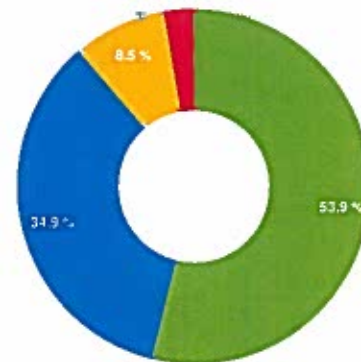


Tickets By Type



Incident Service Request

Tickets By Priority



Low Medium High Urgent



Board Quality Report Template

<p>Name: Valerie Lakey</p> <p>Department: Safety Department</p> <p>Last Quality project reported: Code Binder training for all staff. Overall staff Safety and Emergency Preparedness training.</p> <p>Update on last Quality project reported: Training was completed and resources are on the Intranet. With the focus on COVID-19 since March 2020, most training has been put on hold. We have been using real application of our training.</p>	<p>Current report date to Board Quality: 08/12/20</p> <p>Last report date to Board Quality: 02/12/20</p>
<p>What successes have you seen based on the outcome of previous Quality projects? Staff is prepared and informed and all have a general knowledge of safety and emergency practices.</p>	
<p>What issues have come up in your department relating to Quality? We still have challenges in getting staff to utilize the provided resources.</p>	
<p>PLAN: What plan was implemented to address those issues? We launched the "MyEOP" App that includes most all resources for Safety and Emergency Preparedness. Additionally, the App includes information for Survey readiness and Infection Control. This App provides information that is easily accessible on a smartphone or tablet.</p>	



DO: How did the implementation of that plan go?

It is going well and we are seeing good feedback from staff. We are still in the process of encouraging staff to use the App.

STUDY: What kind of results did the implementation of the plan yield?

More informed staff.

ACT: What changes were made based on the results of the plan implementation?

We have been identifying alternate methods of getting staff to utilize App. We will be reviewing it during orientations and helping staff load the App. We are also planning some interactive drills and activities that would use the App to encourage the use.

Is this a LEAN project? Yes No If YES, please attach the A3.

Upcoming Quality Items:

FastCommand Safety Resource on the Website

Quality Related Goals for the Department:

Revision of the Emergency Operations Plan with education .

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Data/Graphics supporting project outcomes:



Board Quality Report Template

<p>Name: Sherry Rodriguez</p> <p>Department: Environmental Services</p> <p>Last Quality project reported:</p> <p>The biggest challenge that I reported last time was the amount of stained linen that was coming through the hospital laundry and trying to figure out the best possible treatment plans that would work to take the stains out.</p> <p>Update on last Quality project reported:</p> <p>Well since we are now outsourcing our linen I have noticed not to much linen is coming back stained, so whatever chemicals they are using is working, I have a call in to my rep to ask about their chemicals that they use and the process.</p>	<p>Current report date to Board Quality:</p> <p>8-12-20</p> <p>Last report date to Board Quality:</p> <p>2-12-20</p>
<p>What successes have you seen based on the outcome of previous Quality projects?</p> <p>So I have had a lot of changes going on within my department, with the laundry facility fire, change in staff, all these moves going on the new wing and getting ready for the move in, I have had to change routines around and with less staff I am trying to change things to make it more productive.</p>	
<p>What issues have come up in your department relating to Quality?</p> <p>So with all the changes going on and the new wing and adding outbuildings, I am trying to stay on top of everything to get things done, but being short of staff this has become a challenge.</p>	
<p>PLAN: What plan was implemented to address those issues?</p> <p>So my plan was to hire 2 additional staff, but no one is really applying for a job at this time, so just trying to get creative on how to staff with the extra stuff that we are going to have.</p>	



DO: How did the implementation of that plan go?

So by everyone taking on a little more is working for the time being and no one seems to mind but i do need to get some extra help.

STUDY: What kind of results did the implementation of the plan yield?

its going fine for now, but still in progress

ACT: What changes were made based on the results of the plan implementation?

Just changing routines on when daily tasks are done to make things more productive

Is this a LEAN project? Yes No If YES, please attach the A3.

Upcoming Quality Items:

outbuildings

Quality Related Goals for the Department:

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Data/Graphics supporting project outcomes:



Board Quality Report Template

<p>Name: Susan Garcia</p> <p>Department: Food and Nutrition Services</p> <p>Last Quality project reported: Altered open cafeteria hours so staff can focus on tray line productions to better serve residents and patients.</p> <p>Update on last Quality project reported: No updates as COVID as forced the closure of the cafeteria.</p>	<p>Current report date to Board Quality: 08/11/2020</p> <p>Last report date to Board Quality: 02/12/2020</p>
<p>What successes have you seen based on the outcome of previous Quality projects? Patient and resident meal production and presentation is going well.</p>	
<p>What issues have come up in your department relating to Quality? Staff were missing time frames to pull meat products for next day production, not completing prep work putting the daily schedule behind and were not appropriately fortifying patient and resident meals.</p>	
<p>PLAN: What plan was implemented to address those issues? Food and Nutrition Services leadership met with Candy, Jack and Ryan, and did a process mapping. After the mapping process, F&NS leadership developed weekly schedules of appropriate processes (Meat Check/Pull, the Prep and the Fortify process) to help retrain staff and act as a resource going forward.</p>	



DO: How did the implementation of that plan go? Really well. Leadership implemented weekly schedules and did additional staff training.	
STUDY: What kind of results did the implementation of the plan yield? Since implementation of new processes we have seen less productions waste and improved metrics based on our temperature regulations. Also, in streamlining the processes, we have seen an improvement in moral and work quality in staff.	
ACT: What changes were made based on the results of the plan implementation? No changes made as all results were positive.	
Is this a LEAN project? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If YES, please attach the A3.	
Upcoming Quality Items: Implement Dietary Hand Washing Quality Assurance Report	Quality Related Goals for the Department: To continue to provide outstanding patient services in the form of nutritional meals.

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Data/Graphics supporting project outcomes:



Board Quality Report Template

<p>Name: Steve Sweet</p> <p>Department: Purchasing</p> <p>Last Quality project reported: Inaccurate department inventories of chargeable items.</p> <p>Update on last Quality project reported: Cycle Counts (pre-inventories) conducted in the third and fourth quarters corrected anomalies. Hoping to have bar code scanner functional by the end of the year.</p>	<p>Current report date to Board Quality: 08/12/2020</p> <p>Last report date to Board Quality: 02/12/2020</p>
<p>What successes have you seen based on the outcome of previous Quality projects? End of year inventories for all departments was much improved with lower lost stock.</p>	
<p>What issues have come up in your department relating to Quality? Lost assistant manager and one stock clerk last month. Hired new stock clerk with potential to becoming an assist buyer/stock clerk.</p>	
<p>PLAN: What plan was implemented to address those issues? Training.</p>	



DO: How did the implementation of that plan go?
On going.

STUDY: What kind of results did the implementation of the plan yield?

ACT: What changes were made based on the results of the plan implementation?

Is this a LEAN project? Yes No If YES, please attach the A3.

Upcoming Quality Items:

Quality Related Goals for the Department:

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Data/Graphics supporting project outcomes: