

Chief Executive Officer  
Louis Ward, MHA



Mayers Memorial Hospital District

Board of Directors  
Jeanne Utterback, President  
Beatriz Vasquez, Ph.D., Vice President  
Tom Guyn, M.D., Secretary  
Abe Hathaway, Treasurer  
Tami Vestal-Humphry, Director

**Quality Committee  
Meeting Agenda**

August 11, 2021 1:00 PM

Zoom Meeting: [LINK](#)

Call In Number: 1-253-215-8782

Meeting ID: 999 6798 0460

**Attendees**

Jeanne Utterback, Board President, Quality Committee Chair  
Tom Guyn, Board Secretary

Louis Ward, CEO  
Jack Hathaway, Director of Quality

Community Members:  
Laura Beyer

1	<b>CALL MEETING TO ORDER</b>		Chair Jeanne Utterback			
2	<b>CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS</b>					<b>Approx. Time Allotted</b>
3	<b>APPROVAL OF MINUTES</b>					
	3.1	Regular Meeting – July 14, 2021		Attachment A	<b>Action Item</b>	2 min.
4	<b>REPORTS: QUALITY PATIENT SERVICES</b>					
	4.1	IT	Ryan Nicholls	Attachment B	Report	2 min.
	4.2	Purchasing	Delaney Harr	Attachment C	Report	2 min.
	4.3	Dietary	Susan Garcia	Attachment D	Report	2 min.
	4.4	SNF Events/Survey	Candy Detchon		Report	2 min.
	4.5	Infection Control	Dawn Jacobson	Attachment E	Report	2 min.
5	<b>REPORTS: QUALITY STAFF</b>					
	5.1	Environmental Services	Sherry Yochum	Attachment F	Report	2 min.
	5.2	Safety	Val Lakey	Attachment G	Report	2 min.
6	<b>REPORTS: QUALITY FACILITIES</b>					
	6.1	Maintenance	Alex Johnson	Attachment H	Report	2 min.
7	<b>DIRECTOR OF QUALITY</b>		Jack Hathaway			

	7.1	Director of Quality Update			
	7.2	CMS Core Measures		Report	5 min.
	7.3	5-Star Rating			
8	<b>OTHER INFORMATION/ANNOUNCEMENTS</b>			Information	5 min.
9	<b>ADJOURNMENT:</b> Next Regular Meeting – September 8, 2021				

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Board of Directors  
**Quality Committee**  
**Minutes**

July 14, 2021 @ 1:00 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	<b>CALL MEETING TO ORDER:</b> Board Chair Jeanne Utterback called the meeting to order at 1:00 pm on the above date.			
	<b>BOARD MEMBERS PRESENT:</b>		<b>STAFF PRESENT:</b>	
	Jeanne Utterback, President Tom Guyn, MD., Secretary		Candy Detchon, CNO Jack Hathaway, Director of Quality Lori Stephenson, HIM	
	<b>ABSENT:</b> Louis Ward, CEO Dawn Jacobson, Infection Preventionist		Danielle Olson, Business Office Libby Mee, Director of Human Resources Amy Parker, Patient Access Jessica DeCoito, Board Clerk	
	<b>Community Members Present:</b> Laura Beyer			
2	<b>CALL FOR REQUEST FROM THE AUDIENCE – PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS</b>			
	None			
3	<b>APPROVAL OF MINUTES</b>			
	3.1	A motion/second carried; committee members accepted the minutes of June 9, 2021.	<b>Guyn, Utterback</b>	<b>Guyn – Y Utterback – Y</b>
4	<b>No Reports for: Quality Facilities</b>			
5	<b>REPORTS: QUALITY FINANCES</b>			
	5.1	<b>Finance:</b> Kudos to the Finance team. PPE loan has been forgiven. Looking at the hospital moving into EPIC, which would require us to look at other programs to use for Finance and Purchasing because EPIC doesn't have that capability.		
	5.2	<b>Business Office:</b> waiting on the Rural Health Clinic survey – 60 days to have survey from June 28 <sup>th</sup> . Once we get this certification then we can file for our PTAN, which could take up to 90 days.		
6	<b>REPORTS: QUALITY STAFF</b>			
	6.1	<b>Personnel:</b> Hosting 6 Human Resource (HR) counterparts here at MMHD. Agenda is being set up and created to network with others in the healthcare HR world. Migrating to a new EMR would affect HR, but we are excited to take on the challenge and find something that is more streamlined for all of us. Comparatively to other facilities, we are doing well with our full time employee numbers vs. registry.		
	6.2	<b>Worker's Comp Quarterly:</b> Working with the Clinic is still ongoing for our Worker's Comp program. We had around \$10,000 in savings with the Ergonomics program. We will receive an award for our Ergonomics program at the BETA conference, which we will be in attendance for.		
7	<b>REPORTS: QUALITY PATIENT SERVICES</b>			

7.1	<b>Patient Access:</b> Some bad habits were developed during COVID restrictions and we have now moved back into a process that checks off all boxes for the patients account and records, which can take a bit longer but at the end of the visit, the patient and MMHD are all set.												
7.2	<b>Health Information Management:</b> ER visits have picked up a lot in the last few months. ROI: release of information – average about 55 to 60 requests a week – could be patients or other medical facilities requesting these records. Continue to have some difficulty with medical facilities on the release of their information to our providers. Jessica to report to Louis this concern and to have an update/report at the next Board Meeting on July 28 <sup>th</sup> .												
7.3	<p><b>SNF Events/Survey:</b> Transition in leadership on SNF and Shelley Lee has assumed the role of the Director of Nursing and Britany Hamons has assumed the role of Assistant Director of Nursing. LVNs and RNs are stepping up to new roles during the transition and staff morale is great. Survey window is now and we are anticipating a visit from state any day.</p> <p>Scorecard Goals Report: COVID hit our goals hard in the previous fiscal year. 22 goals outlined and we have fully accomplished 10 of these goals with all the trials thrown at our Nursing team with COVID and staff concerns.</p> <ul style="list-style-type: none"> <li>- Ready to implement a formal complaint process and management procedure for patients. This will allow us to track the issues and make improvements.</li> <li>- Radiology has provided plans to enhance our imaging services with MRI.</li> <li>- Activities was able to keep our residents engaged and active, especially during COVID with 4 or more large events.</li> <li>- Staff Development was able to improve the CNA training through Relias to help keep our CNA's certified during COVID.</li> <li>- Director of Nursing developed a reference binder for the new employees as well as competency checklists and an orientation process.</li> <li>- Director of Nursing and Activities Director have been able to get Boards up in the SNF's that include artwork from both residents, family members, kids, etc. and other fun visual pieces.</li> <li>- Acute Nursing: Mock Survey was conducted and most of the opportunities to improve have already been solved.</li> <li>- Acute Nursing: Identified gaps in education for the nurses and was able to close those gaps with internal teaching methods with the nursing staff themselves. Boot Camp learning opportunities were also created to help get nurses fully educated.</li> </ul>												
7.4	<b>Infection Control:</b> Vaccines have been moved to the clinic. Getting caught up with tracking and reporting. Working on the Antibiotics Tracker within the facility.												
8	<b>DIRECTOR OF QUALITY</b>												
8.1	<b>Director of Quality Update:</b> Excited to work on the Time Study in the Skilled Nursing Facility and the opportunities to improve our resident's care. Planning to work on an A1C measure in the QIP Program – one of two measures we committed to but could meet 6 to 8 measures easily. Looking into TJC (The Joint Commission) – will discuss in Strategic Planning session.												
9	<b>NEW BUSINESS</b>												
9.1	<p><b>Legality of Vaccine Mandate:</b> it is legal and has been tested through courts throughout the country and world. An area that can be attacked is that the vaccines are under Emergency Use and not FDA Approved yet. But we also consider the operational aspect of placing a mandate on this vaccine and whether a facility of our size would be able to handle the adverse effects. Speculation is that we could lose a lot of our employees. There is potential to create a policy that looks at declining the vaccine and what your options are; like wearing an N95 while you work. The discussion would be legally vs operationally. Discussion can continue on this with the full Board and the staff. To be included as a discussion item on Board agenda and HR to provide some statistics.</p>												
10	<b>OTHER INFORMATION/ANNOUNCEMENTS:</b> Quality Committee Meetings: continue with virtual meetings.												
11	<b>ANNOUNCEMENT OF CLOSED SESSION:</b> 2:34 PM went into Closed Session												
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"><b>Medical Staff Credentials Government Code 54962</b></td> <td style="width: 15%;"><b>Moved to</b></td> <td style="width: 15%;"><b>Approved by</b></td> </tr> <tr> <td><b>AHP APPOINTMENT</b></td> <td><b>Accept All</b></td> <td><b>Unanimous</b></td> </tr> <tr> <td>1. Vadim Smirnov, CRNA</td> <td><b>Med Staff</b></td> <td><b>Consent</b></td> </tr> <tr> <td></td> <td><b>Credentials</b></td> <td></td> </tr> </table>	<b>Medical Staff Credentials Government Code 54962</b>	<b>Moved to</b>	<b>Approved by</b>	<b>AHP APPOINTMENT</b>	<b>Accept All</b>	<b>Unanimous</b>	1. Vadim Smirnov, CRNA	<b>Med Staff</b>	<b>Consent</b>		<b>Credentials</b>	
<b>Medical Staff Credentials Government Code 54962</b>	<b>Moved to</b>	<b>Approved by</b>											
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1. Vadim Smirnov, CRNA	<b>Med Staff</b>	<b>Consent</b>											
	<b>Credentials</b>												

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](http://www.mayersmemorial.com).

	<p>2. Sharon Hanson, NP – Family Medicine (Outpatient Only)</p> <p><b>AHP REAPPOINTMENT</b></p> <ol style="list-style-type: none"> <li>1. Marchita Masters, PsyD – Telemedicine</li> <li>2. Jill Reed, LCSW – Telemedicine</li> <li>3. Adam Gardizi, CRNA</li> </ol> <p><b>MEDICAL STAFF APPOINTMENT</b></p> <ol style="list-style-type: none"> <li>1. Jesus Pereyra, MD – Radiology, Telemedicine</li> <li>2. Denis Primakov, MD – Radiology, Telemedicine</li> <li>3. Cierra McNair, MD – Radiology, Telemedicine</li> <li>4. Larry Givens, MD – Radiology, Telemedicine</li> <li>5. Barry Shibuya, MD – Rheumatology, Telemedicine</li> <li>6. Pamela Ikuta, DO – Emergency Med</li> <li>7. Richard Leach, MD – Emergency Med</li> <li>8. Chuck Colas, DO – Family Medicine (Consulting Priv.)</li> <li>9. Tawana Nix, DO – Family Medicine (Consulting Priv.)</li> <li>10. Dan Dahle, MD – Family Medicine (Consulting Priv.)</li> <li>11. Sheela C. Toprani, MD – Neurology, Telemedicine</li> <li>12. Elizabeth Ekpo, MD – Neurology, Telemedicine</li> <li>13. Jodi Nagelberg, MD – Endocrinology, Telemedicine</li> </ol> <p><b>MEDICAL STAFF REAPPOINTMENT</b></p> <ol style="list-style-type: none"> <li>1. Aaron Babb, MD – Family Med (Consulting Priv.)</li> </ol>		
12	<b>RECONVENE OPEN SESSION:</b> 2:36 pm moved back to Open Session		
13	<p><b>ADJOURNMENT: at 2:37 pm</b></p> <p>Next Regular Meeting – August 11, 2021</p>		

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## Mayers Memorial Hospital District Quality Committee Report


<b>Meeting Date:</b>	
<b>Department:</b>	IT
<b>Submitted By:</b>	Ryan Nicholls
<b>List up to three things that are going well in your department.</b>	
Security Helpdesk	
<b>Do you have any current quality improvement projects/activities underway? Please provide a brief description.</b>	
<b>Is this a LEAN project? Y/N</b>	
We are establishing a Security and Risk Committee to help guide our security initiatives. We intend for this group to meet monthly.	
In the coming months we will also begin performing monthly password audits for all staff in an effort to discontinue use of breached or weak passwords.	
<b>How does this impact on patients? Do you think this is acceptable?</b>	
The measures we are taking will improve security of PHI.	
<b>How does this impact on staff? Do you think this is acceptable?</b>	
Some of the findings that we identified during the audit will impact staff directly, particularly around working remotely but in some cases on-prem as well. 2-Factor/Multi-Factor Authentication needs to be configured on all of our Cloud based software such as PCC/Ambra and external logons hosted locally, such as Citrix. This will result in longer login times for staff depending on their location, application usage, and chosen authentication method.	
Our password auditing will be very frustrating to staff but over time will improve with the use of stronger password. This is acceptable in my opinion as we have an obligation to protect patient data.	
<b>What progress has been made on these projects since the last quality committee meeting?</b>	
We are awaiting BancSec's 2021 audit, which should be delivered early August.	
We are also gathering proposals for a Managed Security Service Provider/Security Operation Center as that was a recommendation due to findings from the audit.	
<b>Has anyone in particular been instrumental in helping to progress/improve the problem?</b>	
Jeff Miles continues to be an excellent source of security related ideas. Support from Ryan Harris has also been crucial in moving these initiatives forward.	
<b>Which Strategic Goal does your quality issue BEST relate to (choose one)?</b>	
Patient Services	
<b>Have any new quality-related issues arisen? Briefly describe.</b>	
With the expectation of staff to follow more stringent security requirements, we identified a need to improve IT's security knowledge as well. We will be providing training for all IT staff and have them take the SY0-601 exam to receive CompTIA's Security+ certification to ensure they are able to answer staffs questions and concerns around security more appropriately. All future staff will be expected to have this before hire or within a defined period upon hire.	
<b>Are there any other issues to be discussed with the Committee?</b>	
Helpdesk Metrics since 2/10/21 Attached. Response and Resolution Time has doubled but similar ticket ingest.	

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 **91.19%** | 238 Responses  
Very Good

 **6.51%** | 17 Responses  
Good

 **1.15%** | 3 Responses  
Bad

 **1.15%** | 3 Responses  
Neutral

 **0%** | 0 Responses  
Very Bad

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## Group At A Glance

Feb 10, 2021 - Jul 14, 2021

Filtered by: Group : IT Time Period: Feb 10, 2021 - Jul 14, 2021

### Summary

2331

▲ 2.19%

RECEIVED TICKETS

2341

▼ 1.89%

RESOLVED TICKETS

50

▲ 900.00%

BACKLOG TICKETS

04:28

▲ 48.75%

AVERAGE RESPONSE TIME  
(IN HRS)

13:35

▲ 46.36%

AVERAGE FIRST RESPONSE  
TIME (IN HRS)

10:40

▲ 69.78%

AVERAGE RESOLUTION TIME  
(IN HRS)

1.2

▼ 5.80%

AVERAGE CUSTOMER  
INTERACTIONS

0.5

▼ 45.80%

AVERAGE AGENT  
INTERACTIONS

142

▼ 45.80%

NUM. OF REOPENS

841

▲ 119.58%

NUM. OF REASSIGNS

93.5%

▼ 2.23%

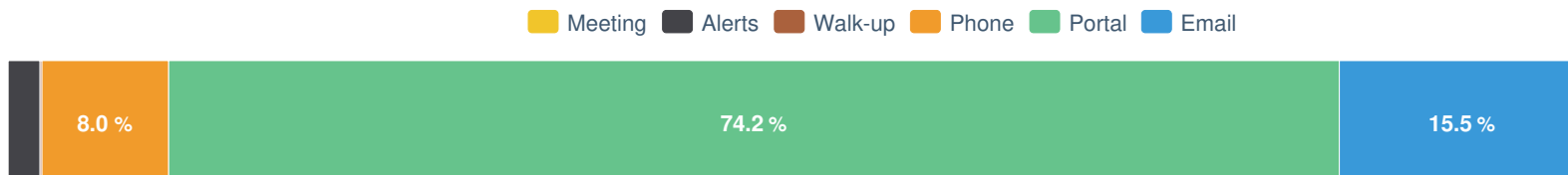
SLA %

88.1%

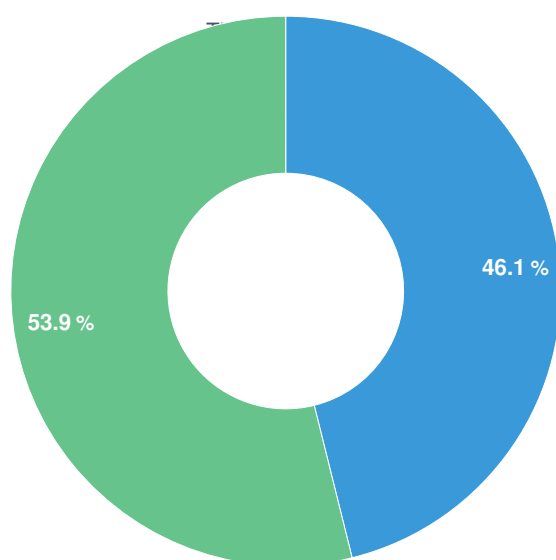
▲ 4.45%

FCR %

### Ticket by source

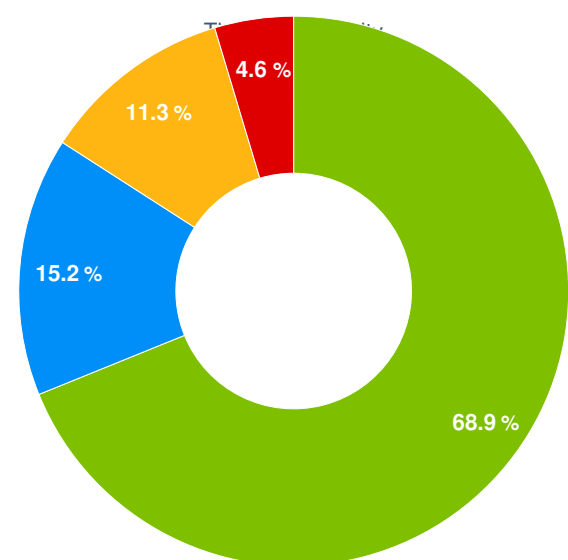


### Tickets By Type



■ Incident ■ Service Request

### Tickets By Priority



■ Low ■ Medium ■ High ■ Urgent



## Mayers Memorial Hospital District Quality Committee Report

<b>Meeting Date:</b>	August 11, 2021
<b>Department:</b>	Purchasing
<b>Submitted By:</b>	Delaney Harr
<b>List up to three things that are going well in your department.</b>	
<ol style="list-style-type: none"> <li>1. Improving software issues</li> <li>2. Less inventory discrepancies</li> <li>3. Items generating to be ordered when stock is low</li> </ol>	
<b>Do you have any current quality improvement projects/activities underway? Please provide a brief description. Is this a LEAN project? No</b>	
<p>We have had a strong focus on improving the stock locations, organization, and par levels in clinical departments to eliminate waste and ensure clinical departments are being sufficiently supported. I am in the process of scheduling a committee meeting to review stock items and ensure that we are supplying them with the supplies that they want and need in the supply room. This committee will meet monthly and review a set number of items to determine whether items are obsolete, reasonably priced, and meet quality standards for our clinical departments.</p>	
<b>How does this impact patients? Do you think this is acceptable?</b>	
<p>Patients receive better care when staff providing care has ready access to supplies that they need. By including other clinical department staff on stock item decisions, we will be in a better position to support them.</p>	
<b>How does this impact staff? Do you think this is acceptable?</b>	
<p>Staff is able to focus more on patients rather than locating supplies when purchasing is able to properly stock. Input from other departments will increase satisfaction.</p>	
<b>What progress has been made on these projects since the last quality committee meeting?</b>	
<p>Staff training was my main focus at the last quality committee meeting and we have made great strides since then. I have worked to update stock rooms since our last meeting to improve and streamline stocking for my staff</p>	
<b>Has anyone in particular been instrumental in helping to progress/improve the problem?</b>	
<p>I have worked closely with Moriah Padilla to establish new par levels and stock room organization for Acute and Surgery.</p>	
<b>Which Strategic Goal does your quality issue BEST relate to (choose one)?</b>	
<p>The purchasing department supports quality patient services by ensuring timely and adequate supply of all medical supplies to various departments.</p>	
<b>Have any new quality-related issues arisen? Briefly describe.</b>	
<p>A large number of overstocked and expiring items have caught my attention lately and I see potential to set future goals to improve these issues to adhere to financial quality.</p>	
<b>Are there any other issues to be discussed with the Committee?</b>	
<p>Not at this time.</p>	

## Mayers Memorial Hospital District Quality Committee Report

<b>Meeting Date:</b>	August 11, 2021
<b>Department:</b>	Food & Nutritional Services
<b>Submitted By:</b>	Susan Garcia
<b>List up to three things that are going well in your department.</b>	
<ol style="list-style-type: none"> <li>1. Temporary closure of MMHD Online Café due to staffing shortage has relieved the current staff workloads so they can focus on resident and patient food preparation</li> <li>2. Increase in wages have occurred</li> <li>3. New initiatives have been put into place to help with staff recruitment and retention</li> <li>4. New kitchens!</li> </ol>	
<b>Do you have any current quality improvement projects/activities underway? Please provide a brief description.</b>	
<b>Is this a LEAN project? Y/N</b>	
Our biggest concern right now is the staffing shortage. We have less than half of the staff we need to fully function. We are working through our shortage and individuals have been helpful in grabbing extra shifts. The Board approved a new kitchen project and we cannot wait. One issue we always have on the forefront is the Diet Order Process for our patients and residents. There are opportunities to follow proper procedures on both the Nursing and Dietary side.	
<b>How does this impact on patients? Do you think this is acceptable?</b>	
With staffing short, we are striving to keep our patients and residents the priority, thus turning the online café off temporarily. We are doing what is necessary for our patients and residents, which effects our employee café, but it is something we have to do while we are short in staff.	
<b>How does this impact on staff? Do you think this is acceptable?</b>	
Staff are working extremely hard to keep up with all the work required to keep our patients and residents fed, fed properly and happy with their meals and service. We certainly hope our staffing levels increase so we can have more hands on deck. We hope that the increase in wages and incentives for staff recruitment and retention help keep our staff in good spirits.	
<b>What progress has been made on these projects since the last quality committee meeting?</b>	
We began assembling the staff manual with helpful resources, but that has been put on hold due to staffing shortages. It will always be a goal to pick back up on where we left off and finish this for our staff.	
<b>Has anyone in particular been instrumental in helping to progress/improve the problem?</b>	
My team deserves a big thank you for their extra work in keeping our residents and patients taken care of.	
<b>Which Strategic Goal does your quality issue BEST relate to (choose one)?</b>	
Outstanding Patient Services and Outstanding Staff	
<b>Have any new quality-related issues arisen? Briefly describe.</b>	
Our staffing levels are nowhere near where they need to be. Our staff are overworked and overwhelmed but continue to provide the necessary services for our patients and residents. We are thankful that MMHD Online Café has shut down temporarily to help provide more time to our patients and residents, which is ultimately the number one priority.	
<b>Are there any other issues to be discussed with the Committee?</b>	

## Jessica DeCoito

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**From:** Dawn Jacobson  
**Sent:** Wednesday, August 4, 2021 8:56 AM  
**To:** Jessica DeCoito  
**Subject:** Quality report

1. Working hard getting caught up on tracking and trending now that vaccines have moved to the clinic.
2. Lindsey will be starting her RN program but will still put in her 20 hours evenings and weekends.
3. We have seen some breakthrough covid positives of vaccinated individuals. New question added to history and physical to track more effectively

*Dawn Jacobson*, RN | Employee Health Nurse/Infection Control

**Mayers Memorial Hospital District**

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## Mayers Memorial Hospital District Quality Committee Report

<b>Meeting Date:</b>	August 11 <sup>th</sup>
<b>Department:</b>	Environmental Services
<b>Submitted By:</b>	Sherry Rodriguez
<b>List up to three things that are going well in your department.</b>	
Routine cleaning is back to normal after all the changes that we have had in the last year.	
<b>Do you have any current quality improvement projects/activities underway? Please provide a brief description.</b>	
<b>Is this a LEAN project? Y/N</b>	
Some projects that I have worked on was a work plan to add new/delete Material Safety Data Sheets (MSDS) for each department. Since we have 10 outbuildings now, I have two people cleaning them. We came up with a schedule for each employee and the best times to get the outbuildings done.	
<b>How does this impact on patients? Do you think this is acceptable?</b>	
Hopefully the MSDS will be more efficient and up to date for staff to use. I think the information from an MSDS about the chemical impacts on not only the person using it but the people that are around, it including patient/residents, will help to keep everyone safe. We do have patients/residents using some of the outbuildings as well as visitors, so they are kept cleaned and they are cleaned in a timely manner.	
<b>How does this impact on staff? Do you think this is acceptable?</b>	
Understanding the MSDS on each chemical used will help keep our staff, patients and residents all safe from the potential harms. Keeping an up to date schedule of the outbuilding cleaning will keep all staff and patients using those spaces happy with a clean environment.	
<b>What progress has been made on these projects since the last quality committee meeting?</b>	
The outbuildings have been the most challenging with trying to keep them staffed. I have had one employee who likes doing them because she is by herself and not in the hospital. The other staff member liked that also but was too worried about it and went on unemployment for a while and then came back. Trying to get the times to work for everyone was also a challenge.	
<b>Has anyone in particular been instrumental in helping to progress/improve the problem?</b>	
Yes, Jessica did help me with these projects and gave me advice on them.	
<b>Which Strategic Goal does your quality issue BEST relate to (choose one)?</b>	
Outstanding Staff. Most of my staff knows how to do different jobs within the department and I think that this is important because our duties change, sometimes daily with what is most important, so I think that we all have to be flexible in our daily routines. Also, in our daily tasks we are always thinking of the safety of our residents/patients and staff. Outstanding Patient Services. We always provide our patients and residents with clean and presentable rooms, that are free of germs and also offer the residents clean clothes, etc.	
<b>Have any new quality-related issues arisen? Briefly describe.</b>	
Staffing is always a challenge within the department and trying to keep track of everyone and the many different schedules everyone has. Making sure that the quality of ones work is acceptable.	
<b>Are there any other issues to be discussed with the Committee?</b>	
None at this time.	

## Mayers Memorial Hospital District Quality Committee Report

<b>Meeting Date:</b>	August 11, 2021
<b>Department:</b>	Safety
<b>Submitted By:</b>	Valerie Lakey
<b>List up to three things that are going well in your department.</b>	
<p>The Safety and Emergency Preparedness Department has been focused on preparing staff for emergency situations. In highlighting the most significant things that are going well:</p> <ul style="list-style-type: none"> <li>• Monthly Code Training, Education and Drills</li> <li>• Updated Employee Resources on the Intranet and MyEOP App</li> <li>• In-person department trainings</li> </ul>	
<b>Do you have any current quality improvement projects/activities underway? Please provide a brief description.</b>	
<b>Is this a LEAN project? Y/N</b>	
<p>The monthly focus on a new EMERGENCY CODE is a direct result of a Plan of Corrections. Working with the Director of Quality, we established a calendar for CODE training and education. Each month we focus on a new code. There is education provided to staff, quizzes and a drill. An After Action Review (AAR) is completed for each month's code to determine what capabilities we need to work on.</p>	
<b>How does this impact on patients? Do you think this is acceptable?</b>	
<p>This has a positive impact on patients, as all staff should be capable of reacting to the Emergency Codes correctly and follow our established processes.</p>	
<b>How does this impact on staff? Do you think this is acceptable?</b>	
<p>There are times that staff acts a bit "bothered" by being asked to complete training and drills. We have been working to remedy that and stress the importance of "knowing what you need to know, before you need to know it." There is progress being made and we see a positive impact on staff.</p>	
<b>What progress has been made on these projects since the last quality committee meeting?</b>	
<p>There has been significant progress made. We have completed three CODES with AAR's.</p>	
<b>Has anyone in particular been instrumental in helping to progress/improve the problem?</b>	
<p>We have been working with management to schedule in-person trainings at department meetings. Managers have been very helpful.</p>	
<b>Which Strategic Goal does your quality issue BEST relate to (choose one)?</b>	
<p>Outstanding staff</p>	
<b>Have any new quality-related issues arisen? Briefly describe.</b>	
<p>None at this time</p>	
<b>Are there any other issues to be discussed with the Committee?</b>	
<p>None at this time</p>	

## Mayers Memorial Hospital District Quality Committee Report

<b>Meeting Date:</b>	August 11 <sup>th</sup> 2021
<b>Department:</b>	Facilities and Engineering
<b>Submitted By:</b>	Alex Johnson
<b>List up to three things that are going well in your department.</b>	
<p>We have become well versed in moving offices and departments.</p> <p>The gazebos on the bluff are done and being used daily. We will need to do a little tuning on the irrigation system this fall to keep the sprinklers from hitting the tables.</p> <p>The new ticketing system is working great in Burney and Fall River.</p>	
<b>Do you have any current quality improvement projects/activities underway? Please provide a brief description.</b>	
<b>Is this a LEAN project? Y/N</b>	
<p>We are constantly trying to upgrade the landscaping and overall appearance of the facilities. At the annex we are painting resident rooms as they become available and have added some new lawn outside of the entrance to the annex. I think this looks nice with the landscaping in front of the clinic. In Fall River we are prepping to paint the maintenance shop and after that we will start painting the rest of the facility to match the new wing.</p>	
<b>How does this impact on patients? Do you think this is acceptable?</b>	
I think all of these projects impact the patients and their families in a good way.	
<b>How does this impact on staff? Do you think this is acceptable?</b>	
I think the appearance of the facility has a huge impact on the staff. I see staff eating lunch under the gazebos every day.	
<b>What progress has been made on these projects since the last quality committee meeting?</b>	
The only project that has been stalled is the SNF refresh in Fall River. We have plans to get that going again soon. We won't be able to get the cardiac rehab space until we have a new home for them, but we will continue to improve the current space while we wait.	
<b>Has anyone in particular been instrumental in helping to progress/improve the problem?</b>	
Jessica Decoito has been an enormous help. She goes above and beyond daily.	
<b>Which Strategic Goal does your quality issue BEST relate to (choose one)?</b>	
Quality of the environment we provide for patient care.	
<b>Have any new quality-related issues arisen? Briefly describe.</b>	
We will be moving forward with a large project over the next three years with the new kitchen, HVAC units and hot water systems. I think this will have an awesome impact on our facility and our ability to provide great service for our community.	
<b>Are there any other issues to be discussed with the Committee?</b>	
No.	