

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

September 8, 2021 1:00 PM

Zoom Meeting: [LINK](#)

Call In Number: 1-253-215-8782

Meeting ID: 828 9912 3188

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	CALL MEETING TO ORDER	Chair Jeanne Utterback			
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 – August 11, 2021	Attachment A	Action Item	2 min.
4	NO REPORTS FOR: QUALITY FACILITIES, FINANCES, STAFF				
5	REPORTS: QUALITY PATIENT SERVICES				
	5.1	Surgery/Anesthesia	Theresa Overton	Attachment B	Report 2 min.
	5.2	Med-Surg/Swing	Theresa Overton	Attachment C	Report 2 min.
	5.3	Outpatient Services	Michelle Peterson	Attachment D	Report 2 min.
	5.4	Blood Transfusion Quarterly	Theresa Overton		Report 2 min.
	5.5	Infection Control	Dawn Jacobson	Attachment F	Report 2 min.
	5.6	SNF Events/Survey	Candy Detchon		Report 2 min.
	5.7	Med Staff	Pam Sweet	Attachment E	Report 2 min.
6	DIRECTOR OF QUALITY		Jack Hathaway		
	6.1	Director of Quality Update			Report 5 min.
	6.2	Compliance Quarterly			Report 5 min.

7	NEW BUSINESS					
	7.1	COVID Patient/Caregiver Communication	Louis Ward		Discussion	5 min.
8	OTHER INFORMATION/ANNOUNCEMENTS				Information	5 min.
9	ADJOURNMENT: Next Regular Meeting – October 13, 2021					

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Board of Directors
Quality Committee
Minutes

August 11, 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	CALL MEETING TO ORDER: Board Chair Jeanne Utterback called the meeting to order at 1:01 pm on the above date.		
	BOARD MEMBERS PRESENT:		STAFF PRESENT:
	Jeanne Utterback, President Tom Guyn, MD., Secretary		Ryan Harris, COO Candy Detchon, CNO (in ER) Jack Hathaway, Director of Quality Dawn Jacobson, Infection Preventionist Alex Johnson, Facilities Manager Ryan Nicholls, IT Manager Jennifer Levings, Data Analyst Jessica DeCoito, Board Clerk
	ABSENT: Louis Ward, CEO Laura Beyer Sherry Yochum, Housekeeping Manager Susan Garcia, Dietary Manager Delaney Harr, Purchasing Manager		
	Community Members Present:		
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 July 14, 2021.	Guyn, Hathaway Guyn – Y Utterback – Y
4	REPORTS: QUALITY PATIENT SERVICES		
	4.1	IT: Received our security report from Bansec. We have improved from below average security rating to average ratings. And have already made adjustments to be more secure.	
	4.2	Purchasing: Obvious how the departments are going to be integrated into the Purchasing department to meet everyone's needs. Great Team Work!	
	4.3	Dietary: Worry some that we are short staffed. But thankful we have a great environment that allows others in the	
	4.4	SNF Events/Survey: still within the survey window. Keeping up on making sure all of the areas of concern in both mock surveys for SNF and Acute, are being addressed. Working on three different orders – one that does not have an AFL (all facilities letter attached). Today we released patient and resident visitor restrictions. Information is being communicated with patients, residents and families.	
	4.5	Infection Control: vaccine rate has gone up to 71%. Lindsey has started school to finish her path to becoming an RN. We have had a few COVID cases both of vaccinated and non-vaccinated individuals. We have added vaccination status onto the triage screening to help us identify quicker.	

5	REPORTS: QUALITY STAFF	
	5.1	Environmental Services: working on some options to help recruit and retain staff.
	5.2	Safety: Great job on the trainings.
6	REPORTS: QUALITY FACILITIES	
	6.1	Maintenance: trying to fill for some open positions. Completing the install of the microbiology hood today. Then testing will begin and certification needs to be completed before we can put it into use. Hot water heaters and HVAC units will be in the same project but are different scopes of work. All three major projects just added to the Strategic Plan can be going on at the same time. This makes the project bigger which could attract a lot more contractors to bid and will be easier for permitting and OSHPD approvals if it's under one project versus three. Great job on the exterior work being done on the facilities and especially the gazebos out back for employees and residents.
7	DIRECTOR OF QUALITY	
	7.1	Director of Quality Update: finishing up the electronic reporting platform – Zendesk. Once this process is complete, then we can launch it on our website and start receiving the complaints from patients. And then begin to track the issues, create solutions. Nursing Training Program feedback was received and we are working on a plan of corrections and responses to get back by Friday, August 13 th . LEAN projects picking back up. One project includes a time study for breakfast and dinner staffing and getting the meals out to residents in an appropriate time. Diet Order Process has also been a project identified that deserves a LEAN method applied to it. Prime project reports due on August 24 th with tracking of Obesity.
	7.2	CMS Core Measures: received quotes from outside companies for data analysis and they were much larger than what is desired. Finding a program that helps navigate all the data and what is valid vs not, but not every program provides the same.
	7.3	5-Star Rating: still working on getting that 5 th star.
8	OTHER INFORMATION/ANNOUNCEMENTS: CEO to provide vaccination percentage update in his weekly update to BOD. Pam to manage the Quality Committee Meetings while Jessica is out on maternity leave.	
9	ADJOURNMENT: at 1:54 pm Next Regular Meeting – September 8, 2021	

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.

Mayers Memorial Hospital District Quality Committee Report

Meeting Date:	Sept 8, 2021
Department:	Outpatient Surgery (OPS)
Submitted By:	Theresa Overton, DON-Acute Services
List up to three things that are going well in your department.	
Adaptability! We have had some changes with staffing with this department. I have stepped in as OR circulator and we are down to one scrub tech. The staff has done a great job stepping in to work together.	
Do you have any current quality improvement projects/activities underway? Please provide a brief description.	
Is this a LEAN project? Y/N	
This department has taken a hit with staffing of late. With the CNO and HR, we are working on building a plan to restructure this department for staffing. It is our goal to grow this department for further services in the future but first we have to build our staffing and competence level.	
How does this impact on patients? Do you think this is acceptable?	
Thus far, this has not affected patient care. As far as the OR circulator position, we have an agreement with Modoc Medical Center for assistance related to OR circulator.	
How does this impact on staff? Do you think this is acceptable?	
The staff has been receptive to the change and actually has been positive. We are working towards building a preceptorship with the OR circulator from Modoc Medical Center.	
What progress has been made on these projects since the last quality committee meeting?	
We plan to start an orientation program for one of our RN's currently working the pre/post-op surgery. The intent is to have her travel to Modoc Medical Center every other week and then have that OR circulator orient her here on our surgery weeks.	
Has anyone in particular been instrumental in helping to progress/improve the problem?	
The entire OR team.	
Which Strategic Goal does your quality issue BEST relate to (choose one)?	
Outstanding patient services.	
Have any new quality-related issues arisen? Briefly describe.	
Staffing is the biggest pressing issue at this time.	
Are there any other issues to be discussed with the Committee?	
Not at this time.	

Mayers Memorial Hospital District Quality Committee Report

Meeting Date:	Mar. 10, 2021
Department:	Acute/Swing
Submitted By:	Theresa Overton, DON-Acute Services
List up to three things that are going well in your department.	
<ol style="list-style-type: none"> 1. The Covid surge has become such a significant part of this department over the course of the last 18 months. We have reopened the Covid unit in the OPM wing and made significant efforts to take what we learned last year and apply it to ensure that this opening went much smoother. I believe we accomplished that. 2. The adaptation to change over the course of these several months has been wonderful. There have been many changes effecting this department and the staff within it. As the demolition of the old building and remodeling of Acute Care have continued, along with the continued stress of the Covid unit; staff has been faced with many obstacles. Everyone has taken accountability to work together or through changes and ensure an easier transition and process. 3. Our staff's team work throughout the Acute Department continues to amaze us. The staff has done a great job of working together. They are working tirelessly to help cover shifts and respond to the increased demands without complaint. 	
Do you have any current quality improvement projects/activities underway? Please provide a brief description.	
Is this a LEAN project? Y/N	
<ol style="list-style-type: none"> 1. One of the biggest focuses on the department in the past several months was education. June's staff meeting was dedicated to this. Each member of the team was assigned a topic in which was chosen from areas of weakness established by nursing management. They each presented a 3-5 min brief on the topic during this staff meeting. Additionally, a 2 day extensive occurred in July. All full time staff were able to attend where wound care, respiratory, Candy, Jack, Theresa, Val, Moriah and others all presented. It was a wonderful turn out with lots of good information shared. 	
How does this impact on patients? Do you think this is acceptable?	
<ol style="list-style-type: none"> 1. This does not impact the patient directly but it does have an impact on them indirectly as to ensure standards and quality of care. Upon completion, all staff was on same page regarding certain issues we had seen within the last year and areas of weakness. 	
How does this impact on staff? Do you think this is acceptable?	
<ol style="list-style-type: none"> 1. This had a positive impact on staff. They verbalized an appreciation of being able to come together to discuss areas in which conflicting information was present and to be able to talk in a safe group setting about issues they have faced. They also discussed appreciation of the educational standpoints and encouraged another a class in the future. 	
What progress has been made on these projects since the last quality committee meeting?	
<ol style="list-style-type: none"> 1. This is a newly discussed project within the quality committee meeting. We had planned to work towards having a form of education quarterly to remain up to date on standards and at the request of staff. We had a 2 day extensive planned with the Center of Excellence Education at the end of September but had to cancel it due to the recent Covid Surge. It has been rescheduled for December 13 & 14. 	

Has anyone in particular been instrumental in helping to progress/improve the problem?

1. Acute Assistant Manager-Moriah Padilla
2. Jed Roca, RN has taken initiative on Noc shift to improve process and encourage staff to partake in process improvement.

Which Strategic Goal does your quality issue BEST relate to (choose one)?

Outstanding Patient Services

Have any new quality-related issues arisen? Briefly describe.

With countless department moves this past year; opening, closing and reopening of the Covid unit; and the remodel on Acute Care we have had many quality issues.

1. The call bell system has been down for several months and we have adapted through the use of door bells. With the Covid surge and construction, we have been unable to obtain our final inspection for the new unit.
2. Due to construction, we are down room 102, which is one of our cardiac monitor rooms and room 103. At times, we have been down 101 as well. Additionally, due to construction timeline issues our new cardiac monitors have yet to be upgraded and therefore we have lost our ability for monitoring in room 106 (mindray has been unable to resolve connection issue and recommends our pending upgrade). We are utilizing 2 cardiac rooms at this time (instead of our original 4) and adapting with the loss through telemetry boxes.
 - The loss of room 102 is also our high visibility room for acutely ill patients or fall risks. The loss of this room has been difficult as it increases our risk for falls.
3. Through the covid surge, there are have been significant delays on supplies or parts, therefore; with any issue on the unit comes a delay in solving or fixing the problems.

Are there any other issues to be discussed with the Committee?

Mayers Memorial Hospital District Quality Committee Report

Meeting Date:	9/01/2021
Department:	Outpatient Medical Department
Submitted By:	Michelle Peterson RN CWCN
List up to three things that are going well in your department.	
<ul style="list-style-type: none"> • COVID-OPM has moved 6 times in the last year and a half and has managed to be up and running and seeing patients during the moving process not closing a day. No interruption of patient care, and continuing to serve our communities needs during this pandemic. • OPM is currently up by 9% in census with patients so far. • MVHC has recently signed on several privilege providers to OPM. • We have Dr Syverson for wound care clinics and overseeing OPM. We appreciate him taking on our patients and keeping the quality of care for wound care patients going. This services is much needed in our area and we appreciate not having a break in physician coverage. He will be taking education courses this September which will help the quality of up to date care provided to our patients. • Our skilled OPM team continues to provide valuable services in our facility that treats the increasing need of chronic wounds and outpatient treatments. 	
Do you have any current quality improvement projects/activities underway? Please provide a brief description.	
Is this a LEAN project? Y/N	
<ul style="list-style-type: none"> • No projects underway at this time. We are currently trying to stay above water and just operate, see our patients and give the best quality of care with 6 moves. Relocation to each location, means reorganizing each space, processes, and workflow that doesn't always work in our favor. This means providing quality care with a lot more unnecessary work flow. In each space we are constantly trying to work through the bugs and create the best workflow with the options we are given. With Covid we are always changing and adapting. 	
How does this impact on patients? Do you think this is acceptable?	
<ul style="list-style-type: none"> • Our patients have become very adaptable to the changes we have provided. Patients are thankful to get quality care here and not have to drive to Redding. OPM is really good about providing education for our patients and informing them of the constant changes with covid in order to be seen and stay in business. • We currently have less patient rooms which will impact our wound clinic days only having two patient care rooms. We will probably borrow a surgery room on clinic days or increase our clinic days. • We are working on making our work flow better, but for now it is impacting the quality of care. Patients arrive on time, it takes more time to check in and get down the hall to start care. This impacts patient care by having less appointment time. We are working to streamline this newer process by having patient arrive earlier. 	
How does this impact on staff? Do you think this is acceptable?	

- Covid has impacted each department in different ways. For OPM we have lost a part time employee that was trained. We have higher acuity of patient load currently, and with less help. OPM is now on the covid call schedule for shifts in another department. We only have two people to work here so filling in on sick and vacation is really rough. This leads to burn out and poor employee moral over the long period of time. We are all doing our best to stay positive and get through this transition.

What progress has been made on these projects since the last quality committee meeting?

- OPM assistant manager gave a wound care presentation to the Acute nursing staff in July. Per the feedback in the survey it was well received. Some of the comments noted were to come do this presentation a couple of times a year. We went over a wide variety of material including but not limited to standards of wound care, resources available for help, wound VAC trouble shooting, hands on activities and more.
- Mayers Interns were a great asset to our department this summer. From feedback given the interns learned a lot in our department. We enjoy sharing pros and cons of our trade. We hope to have encouraged them and provided a good baseline for their future into the healthcare system. Hopefully one day they will be back working at MMHD in some capacity.

Has anyone in particular been instrumental in helping to progress/improve the problem?

- Maintenance has done a great job refreshing each area we move into. They are the heavy lifters and bring our treatment chairs and large items to each location.
- Pharmacy through our moves have set up a “make shift” pixis to help us have access to the medications we need to do our job. Some of the updates are harder than others, but they are doing a great job communicating and being team players.
- Acute moved some of their stuff from closets and were great team players to be able to store some of our supplies in efforts to move faster.
- OPM department for all their moves and working hard to take down and set up fast to provide continued services.

Which Strategic Goal does your quality issue BEST relate to (choose one)?

Outstanding Staff:

- By 2025, we will be seen as an employer of choice in the area by providing and maintaining staff growth opportunities, flexible and safe working arrangements, and reducing the use of registry staff. (This is the box that applies the best with strategic goals supplied)

Have any new quality-related issues arisen? Briefly describe.

- Patient safety-We are grateful to be able to continue to provide services to our wound care and infusion patients during this global pandemic. Our work flow is very dis-jointed at this time. We are constantly trying to improve the workflow to be able to streamline our process flow.

Are there any other issues to be discussed with the Committee?

- To avoid communication lost in translation it would be great to be a part of meetings having to do with plans for Outpatient. I think input from clinical staff that know the department inner workings is important for continuity of care and process flow. This in turn helps with quality of care and services.

Mayers Memorial Hospital District Quality Committee Report

Meeting Date:	September, 2021
Department:	Med Staff
Submitted By:	Pamela Sweet
List up to three things that are going well in your department.	
Practitioner record keeping	
Do you have any current quality improvement projects/activities underway? Please provide a brief description.	
Is this a LEAN project? Y/N	
No	
How does this impact on patients? Do you think this is acceptable?	
How does this impact on staff? Do you think this is acceptable?	
What progress has been made on these projects since the last quality committee meeting?	
Has anyone in particular been instrumental in helping to progress/improve the problem?	
Which Strategic Goal does your quality issue BEST relate to (choose one)?	
Have any new quality-related issues arisen? Briefly describe.	
Are there any other issues to be discussed with the Committee?	

Infection Control September Quality

- Covid cases among staff in long term care, one resident in Fall River. Both facilities are in response testing. Both can come off of response testing with the next set of negative tests.
- Vaccination rates are up. I should be done administering vaccines finally.
- Cases in the community are higher than ever.