

Chief Executive Officer  
Chris Bjornberg



Mayers Memorial Hospital District

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

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

February 9, 2022 @ 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 1:02 pm on the above date.			
	<b>BOARD MEMBERS PRESENT:</b>		<b>STAFF PRESENT:</b>	
	Jeanne Utterback, President Tom Guyn, MD., Secretary		Chris Bjornberg, CEO Jack Hathaway, Director of Quality Candy Detchon, CNO – SNF Events/Survey Ryan Harris, COO Alex Johnson, Facilities & Engineering Ryan Nicholls, IT Dawn Jacobson, Infection Control Jessica DeCoito – Board Clerk	
	<b>Excused ABSENT:</b> Sherry Yochum Susan Garcia Val Lakey			
	<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 January 12, 2022	<i>Guyn, Bjornberg</i>	<b>Approved by All</b>
4	<b>REPORTS: QUALITY FACILITIES</b>			
	4.1	Facilities & Engineering: written report submitted. Always working on updating the hospital like door skins from Acute all the way through St. 3, so that the facility is cohesive with finishes. Fully staffed!		
5	<b>REPORTS: QUALITY STAFF</b>			
	5.1	Safety: written report submitted. Very creative and competitive opportunities for the staff to learn and keep up to date.		
	5.2	Environmental Services: written report submitted. Ryan Harris reported and answered questions on behalf of Sherry. Also contract will be primarily for the linens at the Burney Annex, with the opening of the Laundry facility expected very soon. We will continue to track the issues with delivery times, number of linens being delivered, etc. Staffing levels are increasing.		
6	<b>REPORTS: QUALITY PATIENT SERVICES</b>			
	6.1	Purchasing: written report submitted. Excited about our collaborative effort with surrounding CAH facilities to help with procuring patient care supplies, when needed. PPE counts are good, and we are complying with the AB2537 90-day stockpile of PPE.		
	6.2	Information Technology: written report submitted. Thank you to Ryan and the IT staff for the help with the Board members iPads. Priority with IT Security and have formed a committee to keep up on the security measures. Grant opportunities for infrastructure like internet and other information technology processes/needs – Laura to keep an eye out especially with funds being allocated to rural areas.		
	6.3	Dietary: written report submitted. Closer to fully staffed at both FR and Burney Annex. No further questions.		

6.4	Infection Control: written report submitted. Weekly Employee testing has been going well. Antibiotic Tracker: tracking antibiotic use within the hospital. The Lab and Pharmacy have more robust programs to track antibiotics.
6.5	SNF Events/Survey: CDPH Surveyor has been here a lot the last 3 weeks. Investigation has been on 20 different instances including self-reported issues. A final report has not been submitted yet, but we are anticipating some minor tags and very little findings. Survey season has begun, and we anticipate a visit. FR is now in GREEN status, which means staff are no longer wearing N95s and we can admit. Burney Annex is remaining in the Yellow status with hopes to be out of yellow by end of next week. Morale for the residents is great with the option to bring in visitors. And we have also seen a morale boost with staff because of the visitors. AFL went out regarding the visitors and their vaccination status: those who are fully vaccinated and can show proof, may enter the facility without a test.
7	<b>DIRECTOR OF QUALITY</b>
7.1	Director of Quality Update – In the middle of our reporting timeframe. Reporting platforms have been updated which makes the reporting much easier. Will go through our records and apply the information. Some measures we don't meet and won't have to report on.
7.2	CMS Core Measures: Looking forward to the new EHR to help get more options for tracking the measures.
7.3	5 Star Rating: A new EHR system will be very beneficial in gathering data to meet the measures for 5 Star Rating on hospital side.
8	<p><b>OTHER INFORMATION/ANNOUNCEMENTS:</b> EHR (electronical health record) – work is in process. Working with both OCHIN on Epic and CERNER. A field visit of CERNER is being set up for next week.</p> <p>Grant Opportunity: RMOMS specifically aimed at creating a network for maternity care in rural areas. First meeting is set up for tomorrow for the network. Includes local clinics and surrounding hospitals. Very exciting opportunity.</p> <p>Monoclonal is now available for Tier 1,2 and 3. Allocations at the county level have increased and we are able to offer more.</p>
9	<p><b>ADJOURNMENT: at 2:17 pm</b></p> <p>Next Regular Meeting – March 9, 2022</p>