

Chief Executive Officer
Chris Bjornberg



Mayers Memorial Hospital District

Board of Directors
Jeanne Utterback, President
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Beatriz Vasquez, Ph.D., Secretary
Abe Hathaway, Treasurer
Tom Guyn, MD, Director

Board of Directors
Quality Committee
Minutes

March 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	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., Director		Chris Bjornberg, CEO Keith Earnest, CCO Jack Hathaway, Director of Quality Dawn Jacobson, Infection Control Theresa Overton, DNO Acute Pam Sweet, Med Staff Michelle Peterson, Outpatient Jennifer Levings, Data Analyst Jessica DeCoito – Board Clerk		
Excused ABSENT: Candy Detchon, CNO				
COMMUNITY MEMBERS PRESENT:				
Laura Beyer				
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 February 9, 2022	Guyn, Hathaway	Approved by All
4	REPORTS: QUALITY STAFF			
	4.1	Outpatient Medical: Thank you for the very thorough report. Having the cultures being completed through our lab has been a huge benefit to our patients. Conversations with providers who will potentially step in Dr. Syverson's role are taking place. Space availability for seeing patients is a priority. Thankful for the hospitalists who have joined our team.		
5	REPORTS: QUALITY PATIENT SERVICES			
	5.1	Surgery/Anesthesia: Echoed sentiments on the hospitalists who have joined our team. General Surgeon is retiring, so we are looking for a new surgeon. OR1 is closed right now which has changed our surgery schedule and affected our services provided. But we continue to use OR2 for certain surgeries and scopes. HVAC system and lack of CRNA's has been the biggest issues.		
	5.2	Med-Surg/Swing: Continue to use Registry staff to help fill our schedule. Looking forward to finalizing up the new nurse's station. Dr. Saborido would like to begin education classes for our staff and take part in the outside education courses.		
	5.3	Med Staff: Physician credentialing is a focus. Policies & Procedures are always being worked on and updated.		
	5.4	Infection Control: Covid is still a priority. Both FR and Burney are in yellow status meaning more restrictions in place and more testing. Hopefully we can move into the Green at both locations by next week, pending test results. ABX tracker is in place, and we are utilizing this to track our antibiotics. SNF employees and those employees entering the SNF are testing twice weekly, non-vaccinated employees are testing twice weekly and all other employees (vaccinated) are testing once a week at the beginning of their shift. Overall positivity rate in Shasta Co. is going down.		

5.5	SNF Events/Survey: Completed 16 surveys in the period of middle of 2021 to beginning of 2022 – all internal complaints, with one resulting in a deficiency. A plan of correction has been submitted on the deficiency and awaiting the results from CDPH. Update on plan of correction in meeting; approved by CDPH.
6	DIRECTOR OF QUALITY
6.1	Director of Quality Update – Blood Transfusions is being worked on still. Data is being gathered and prepared into a consumable format. Excellent meeting with Director of Hospital Quality Institute. Hospital Quality Improvement Platform shared with Quality Committee. MMHD information provided into this platform is compared to the nationwide information from other facilities.
6.2	Compliance Quarterly – additional fields will be added into this report going forward. This is the method we use to track this information. RL6 is our reporting platform. Reports include a door skin being torn on Radiology, to an aggressive patient, or malpractice by staff. Anything hospital wide can be reported in the RL6 platform.
7	OLD BUSINESS
7.1	Meeting Calendar Discussion: changes to reporting departments, frequency and information presented will be provided to the Board. Board President, Director of Quality and CEO will meet up and put together a plan to present.
8	OTHER INFORMATION/ANNOUNCEMENTS: Next Quality meeting will be via Microsoft Teams. RMOMS Grant is coming along. Weekly meetings with the partners. An MOU will be presented at the meeting tomorrow. Dr. Camarata will serve on the governance for this group.
9	ADJOURNMENT: at 2:28 pm Next Regular Meeting – April 13, 2022

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.