

Chief Executive Officer
Christ Bjornberg



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

Quality Committee Meeting Agenda

September 21, 2022 1:00 PM
Microsoft Teams Meeting: [LINK](#)
Call In Number: 1-279-895-6380
Phone Conference ID: 231 592 268#
Meeting ID: 281 460 078 888
Passcode: JhpJP5

Attendees

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

Chris Bjornberg, CEO
Jack Hathaway, Director of Quality

Community Members:
Laura Beyer

1	CALL MEETING TO ORDER	Chair Jeanne Utterback			Approx. Time Allotted
2	CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS				
3	APPROVAL OF MINUTES				
	3.1	Regular Meeting –August 24, 2022	Attachment A	Action Item	2 min.
4	HOSPITAL QUALITY COMMITTEE REPORT		Attachment B	Report	10 min.
5	DIRECTOR OF QUALITY	Jack Hathaway		Report	5 min.
6	OTHER INFORMATION/ANNOUNCEMENTS			Information	5 min.
7	ADJOURNMENT: Next Regular Meeting – October 19, 2022				

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Board of Directors
Quality Committee
Minutes
August 24, 2022 @ 1:00 PM
Fully Remote Teams 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 Jack Hathaway, Director of Quality Jessica DeCoito, Board Clerk	
	Excused ABSENT:		
	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 June 8, 2022	<i>Bjornberg, Guyn</i> Approved by All
4	Hospital Quality Committee Report		
	4.1	What has been created is a spreadsheet of reports that managers will complete. A risk assessment in their departments will be identified. And we will tie Quality measures to those risks and track that in these reports. Example of the ED has been provided in your packet. These reports will provide us with data that can be analyzed for trends, issues, etc. Then we can apply solutions to those areas that need attention. Request to have written narratives/summaries of the data provided.	
5	Director of Quality Report		
	5.1	Written report submitted. Lots of exciting things coming down the pipe with TJC and Cerner implementation.	
6	New Business		
	6.1	New Dates for Board Quality committee meetings. No December meeting for Board Quality. Motion moved, seconded and carried to approve new dates.	<i>Guyn, Bjornberg</i> Approved by All
7	OTHER INFORMATION/ANNOUNCEMENTS: None		
8	ANNOUNCEMENT OF CLOSED SESSION: 1:41 pm		
	8.1	MEDICAL STAFF CREDENTIALS – GOVERNMENT CODE 54962	ACTION ITEM
	II STAFF STATUS CHANGE		
	1. Jinno Magno, MD- Family Med – Add MRHC to locations and Wound Care to Privileges		
	2. David Nicholson, CRNA to Inactive		
	3. Ben Nuti, CRNA to Inactive		
	4. Lloyd Pena, MD – Emergency – to Inactive		
	5. Jeremy Austin – Emergency - to Inactive		

6. Salah Sherif, MD – Emergency – to Inactive
7. Robin Rasmussen, MD – Wound Care – to Inactive
8. Paul Davainis, MD – Emergency – to Inactive
9. Dyanesh Ravindran – Radiology – to Inactive
10. David Gedeon, MD – Radiology – to Inactive
11. Shawn Gregory, MD – Radiology – to Inactive
12. Adam Attoun, DO – Radiology – to Inactive
13. Sander Saidman, MD – Radiology – to Inactive
14. Jonathan Jewkes, MD – Radiology – to Inactive
15. Douglas Hughes, MD – Radiology – to Inactive
16. Stephen Hofkin, MD – Radiology – to Inactive
17. Don Chin, MD – Radiology – to Inactive
18. David Sarver, MD – Radiology – to Inactive
19. Robert Murray, Jr., MD – Radiology - to Inactive
20. David Katz, MD – Radiology – to Inactive
21. Farzin Imani, MD – Radiology – to Inactive
22. Timothy Fisher, MD – Radiology – to Inactive
23. Joshua Albrektsen, MD – Radiology – to Inactive
24. Ronald Alexander, MD – Radiology – to Inactive
25. Michael Allen, MD – Radiology – to Inactive
26. Rebecca Askea, MD – Radiology – to Inactive
27. Dennis Atkinson, Jr., MD – Radiology – to Inactive
28. William Bacon, MD – Radiology – to Inactive
29. Dennis Buschman, MD – Radiology – to Inactive
30. Steven Cohen, MD – Radiology – to Inactive
31. Deborah Conway, MD – Radiology – to Inactive
32. Theresa DeMarco, MD – Radiology – to Inactive
33. Andre Duerinckx, MD – Radiology – to Inactive
34. Blake Evernden, MD – Radiology – to Inactive
35. Stephen Fox, MD – Radiology – to Inactive
36. Mazen Ghani, MD – Radiology - to Inactive
37. Paul Guisler, MD – Radiology – to Inactive
38. Ernst Hansch, MD – Radiology – to Inactive
39. Robert Hansen, MD – Radiology – to Inactive
40. Jeffrey Hare, MD – Radiology – to Inactive
41. Megan Hellfeld, MD - Radiology – to Inactive
42. Marwah Helmy, MD – Radiology – to Inactive
43. Nancy Ho-Laumann, MD – Radiology – to Inactive
44. Taylor Jordan, MD – Radiology – to Inactive
45. Scott Kerns, MD – Radiology – to Inactive
46. Jennifer Kim, MD – Radiology – to Inactive
47. Shwan Kim, MD – Radiology – to Inactive
48. Jerome Klein, MD – Radiology – to Inactive
49. Kedar Kulkarni, MD – Radiology – to Inactive
50. Shahzad Madanipour, MD – Radiology – to Inactive
51. Anne Marie McLellan, MD – Radiology – to Inactive
52. Teresa McQueen, MD – Radiology – to Inactive
53. Nanci Merer, MD – Radiology – to Inactive

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.

54. Robert Miller, MD – Radiology – to Inactive
55. Shaden Mohammad, MD – Radiology – to Inactive
56. Stephen Oljeski, MD – Radiology – to Inactive
57. Rati Patel, MD – Radiology – to Inactive
58. Denis Primakov, MD – Radiology - to Inactive
59. Mohammad Rajebi, MD – Radiology – to Inactive
60. Mark Reckson, MD – Radiology – to Inactive
61. Jesus Reyes Pereyra, MD – Radiology – to Inactive
62. Stephanie Runyan, MD – Radiology – to Inactive
63. Farhad Sani, MD – Radiology – to Inactive
64. Sergy Shkurovich, MD – Radiology – to Inactive
65. Richard Stone, MD – Radiology – to Inactive
66. William Whetsell, MD – Radiology – to Inactive
67. Jill Wruble, MD – Radiology – to Inactive
68. Albert basco, MD – Radiology – to Inactive
69. Khalil Zahra, MD – Radiology – to Inactive

III MEDICAL STAFF APPOINTMENT

1. Allen Mendez, MD - Pathology
2. Ian Tseng, MD - Radiology
3. Carly Harven, MD - Radiology
4. Stephen Loos, MD - Radiology
5. John Erogul, MD - Radiology
6. Erik Maki, MD - Radiology
7. Gary Turner, MD - Radiology
8. Fares Ahmed, MD - Radiology
9. Peter Verhey, MD - Radiology
10. Shawn Marvin, MD - Radiology
11. Amer Farooki, MD - Radiology
12. Rajesh Vaid, MD - Radiology
13. Chris Louisell, MD – Emergency Medicine
14. Ara Kassarian, MD - Radiology
15. Saif Siddiqi, MD - Radiology
16. Earl Landrito, MD - Radiology
17. Ryan Redelman, MD – Radiology

IV MEDICAL STAFF REAPPOINTMENT

1. Stephen McKenzie, MD – Family Medicine
2. Todd Guthrie, MD – Orthopedic Surgery
3. Richard Granese, MD - Psychiatry
4. Kelly Kynaston, DO – Infectious Disease
5. Greg Ginsburg, MD – General Surgery

MED STAFF CREDENTIALS UNANIMOUSLY APPROVED.

9 **RECONVENE OPEN SESSION: 1:44 pm**

10 **ADJOURNMENT: at 1:45 pm**
Next Regular Meeting – September 21st, 2022

Quality Update September 2022:

QIP:

This month the Quality department has been working on QIP audits (QIP stands for Quality Improvement Program – and this has replaced PRIME – which is a CMS sponsored quality incentive program that offers the hospital IGT funds based on reporting and performance on selected quality measures in the district). The department has had a comprehensive program audit that was at the request of DHCS (Department of Health Care Services) the California agency who is in charge of administering the QIP program in California, and a readiness review and virtual site audit with HSAG (Health Services Advisory Group) the NGO that is contracted to work on Quality with health systems across the US on behalf of CMS.

Mayers participated with 2 measures for QIP that are currently under review. The first measure was dealing with C.Diff (clostridium difficile colitis – a bacteria that causes inflammation of the colon and an interruption of the healthy bacteria that exist there – usually caused by antibiotics). The second measure dealing with CVC (Central Venous Catheters – also called a Central Line) and the infection prevention measures that are required for safe insertion of those catheters into the heart through the subclavian vein). Both measures were audited, and all information requested was submitted for our comprehensive review – after this review is completed, we will be moved forward for another clinical review – after the clinical review we should be placed on the completed list and should be looking forward to payment / or delivery of the IGT. I believe we will receive between 50% and 70% of our full IGT funding back for our 2021 participation (called PY4 in QIP language - Performance Year 4).

District QAPI:

I have had the opportunity to meet with some of the managers of our various departments lay out the groupwork for the risk assessment and quality metrics that we will be building for the district. So far we have met with Emergency Preparedness, Social Services, PT, Outpatient Medical, Telemedicine, Surgery/Swing, Emergency Department, and Cardiac Rehab. In general, there will be quite a lift with the departments that I have met with, some of the data is available and can be found in either a report, or a combination of reports. Other departments have completely paper charting, and the work will be quite extensive transitioning them to excel for tracking.

All of the conversations have been productive, and plans have been put in place, in some cases I will have to discover how to find the data that we need, and in other cases the departments have been tracking data well and it should be a more streamlined transition.

Risk Assessment:

The Risk Assessment work has been going on hand in hand with the QAPI work. We discuss potential risk in the department from a compliance standpoint and build quality measures to respond to the risks that we discover where that is appropriate. I will submit the Risk Assessment for review in closed session when it is completed.

Spousal Support Group in SNF:

Over the past few months, I have been working with Social Services to reintroduce our spousal support group in skilled nursing. Steve Bevier was able to attend a community meeting this last week that was focusing on just this topic and see what services are available now and see where our SNF can add to those services to ensure that our resident's families and spouses can benefit from added support from our district. Steve is excited about the opportunity, as am I. While fielding a number of complaints over the beginning of this year (from family and spouses of some of our residents) it became apparent to me that more was needed in the way of communication and support from our district. Some of our residents are fortunate enough to have been married for 50 years, and while the resident is safe and well cared for in our facility; their spouse is struggling with change – sleeping at home alone for the first time in 5 decades – or eating alone – or any number of things. This new environment contributed to stress for the spouse and in turn brings a heightened individual into the SNF and with that a sensitivity that at times can be directed at staff and the facility in ways that are less productive, at times even affecting the wellness of the resident.

As we begin this support group, we are cautious to keep its purpose focused on assisting the family, and not having the group meetings turn to a complaint session about the facility. All complaints and issues will be dealt with through me as usual in a separate manner – these groups will be only for the support and benefit of the family.

SNF Newsletter:

Along with that the method of communication with family has been examined and will be revamped. I will be working with Val (have been working with Val) on building a newsletter much like the one that we send out to staff on Fridays. This newsletter will be highlighting the regulatory changes that are taking place (like the most recent change in visitation for SNF) and the quality measures that are used for our star rating – with information about our scores and how they are calculated so that the families can have a more constant reminder of how well our facility is doing in terms of caring for their loved ones.

Survey:

We have had 2 survey visits in the past month – one virtual, one in person. Both went well, the virtual visit was a follow-up for the convenience of the surveyor who unfortunately has a home fire and lost everything concerning the cases that he came and completed the previous month. The other was a in person visit based on 3 self-reports we did, one fall, one alleged abuse, one resident to resident kerfuffle. Both surveys went well – I do not expect that we will see any deficiencies, however, there is an outside chance that the fall could have a tag – however, I do not believe that it will survive supervisor review at the Chico Office – if it is even written in the initial report.