

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**

October 19, 2022 1:00 PM
Microsoft Teams Meeting: [LINK](#)
Call In Number: 1-279-895-6380
Phone Conference ID: 965 189 472#
Meeting ID: 276 955 509 408
Passcode: H6e2CE

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 – September 21, 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	ANNOUNCEMENT INTO CLOSED SESSION				
	7.1	MED STAFF CREDENTIALS – GOVT CODE 54962 MEDICAL STAFF APPOINTMENT Haroon Rehman, MD – Oncology MEDICAL STAFF REAPPOINTMENT David Panossian, MD – Pulmonary Care Julia Mooney, MD – Pathology			
8	OPEN CLOSED SESSION -				
9	ADJOURNMENT: Next Regular Meeting – November 16, 2022				

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Board of Directors
Quality Committee
Minutes

September 21, 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		Jack Hathaway, Director of Quality Jessica DeCoito, Board Clerk	
Excused ABSENT: Chris Bjornberg, CEO			
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 August 24, 2022	Guyn, Hathaway	Approved by All
4	Hospital Quality Committee Report		
4.1	Written report submitted. A committee report will come from Hospital Quality that covers both data and narratives. We will be monitoring quality metrics and measures as it relates to JCHAO and CMS. We will continue to follow the C.Diff measure because it follows our Infection Control program. ER dashboard has been completed and is serving as the foundation dashboard that will be amended to each department. ED Dashboard revied on screen. Timeline of completed dashboards should be completed within the next 2-3 months except for departments currently using paper records.		
5	Director of Quality Report		
5.1	Written report submitted. Transitioning our group from compliance focused to improvement and compliance will be beneficial. Very excited for the spousal support group coming back for our residents and their spouses/families. We continue to work and move things forward. We can't rush this work and it does take a time.		
6	OTHER INFORMATION/ANNOUNCEMENTS: None		
7	ADJOURNMENT: at 2:01 pm Next Regular Meeting – October 19, 2022		

October Board Quality Report – Director of Quality

Quality Committee Report:

Quality Committee was at the beginning of the month, Emergency Preparedness, and Social Services were able to attend – additionally Lab and Rad met with me and we decided on the measure sets that those departments would be looking at. There reports were as follows:

Emergency Preparedness (EP):

EP came to the meeting with ideas about what kind of things the department wanted to look at; with engagement in communication being the idea that we decided to look at. EP wants to know how many people are looking at the communications that come out of their department to see how communication is received and interacted with. Options range from the simplest of asking for a read receipt something that already exists in our email system; to the more complicated of getting analytics from a third party to track open and read time on emails. The range of solutions is not extremely broad so it should be relatively straightforward in terms of discovering what options will work best for the district.

Social Services:

Social Services will be looking at readmissions: 30 All-cause readmissions, and 72 hours bounce back readmissions. Theresa has also identified a good LEAN project in this department that we will launching around the workflow of discharge and our discharge planning process to ensure that we are doing our very best on that Condition of Participation and communicating to families and patients the best we can when it comes to discharge or transferring to a different care setting after an acute or swing stay.

Lab:

Lab has found 3 good measures that the department has started collecting data for: 1) Transfusions (this is a current measure that we will keep), 2) turn around time on ordered tests, and 3) Stock and restock monitoring for all the tests that we are currently offering inhouse to the community. The last measure will be the most involved in that we will have to track orders and come to a “favorites list” for tests then begin to look at the trigger points that are set up for reordering. This measure also has the least degree of control as at times the issues is that the reagents are on back order nationwide, however, outside of the known shortages it should be very helpful in determining if we are being as efficient as possible in our restock processes.

Radiology:

Rad has found 3 good measures as well 1) Time from study completed to study read and returned on stroke patients who come into our ED, 2) Time from admission to study with stroke patients, 3) Number of studies with historical comparisons that are sent to the Radiologist. The department has begun looking at ways to find and report on all these measures. The first measure is a nationally tracked measure that we would use for baseline and improvement, the second measure similarly will assist the hospital in knowing how well we respond to stroke in our ED – and the third is based in best practice – if a historical comparison of a specific study exists that should be send with new studies of the same type to be sure that the Radiologist can make the best reads possible. If an x-ray (say a 2 view of the chest) is

ordered and we have an old 2 view of the chest in our system for the same patient, we should send the old 2 view along to the radiologist with the new study for comparison.

Special Projects:

Family support groups in SNF:

Steve has completed all the beginning leg work and we now have dates and times for the meetings so the process of getting the information out to families and loved ones will now begin.

Cerner Analyst:

Chris has found an opportunity for me to be able to participate in the Cerner build as an analyst – it sounds like a lot of fun, and we believe/want it to lead to a user friendly data rich EHR. I will keep you all up to date as I learn more.

ACHC:

Chris presented the idea of ACHC to me after he got home from a conference where he had had a good discussion with their representative. We had an initial discussion with ACHC and I believe that if they can deliver on everything that they spoke to us about it may be a very good alternative for us. Initially, I have to say that I was skeptical – Joint Commission is well known in the medical community and considered by some to be the top of the heap when it comes to third party accreditation. However, it is true that some of our like CAHs who have gone through the process have warned against it. While Joint Commission does have a specific CAH manual, the size and scope of the implementation is quite the undertaking, and it can be very expensive.

Total transparency – when I really started pushing this Joint Commission idea there were benefits that came along with accreditation through UC Davis that were very attractive. The designation as a UC Davis rural center of excellence, and an opportunity to discuss getting a discount on a Davis instance of EPIC and growing our relationship for being a hospital for their Rural rounds were at the top of my list.

As you know things have changed a lot over the past 4 years. We have decided to go with Cerner for an EHR – something that I think will be a benefit in for the hospital. I have learned that any valid third-party accreditation will work for the Rural center of excellence designation from Davis, so that result is not off the table. Also, in terms of long-term growth having all our local counterparts be in the same system will be an additional benefit if we end up in situations where we may be having staff float between hospitals (like a surgery team or something along those lines).

ACHC has a good initial meeting and will be sending us some materials so that we can make a sound educated decision as to the best fit and outcome for our district.

NATP:

The process for the CNA class and getting everyone through testing and licensure has changed – the college that was our central contract has decided not to participate in the statewide NATP in the same way any longer. So, there will be a new name and process around that for us as well. I am still researching and learning about the impacts of this change, and I will let you know as we move forward if there are things that will impact us. The hope is that it will be easier... we will see if reality meets that hope.