Chief Executive Officer Chris Bjornberg



Board of Directors

Abe Hathaway, President Jeanne Utterback, Vice President Tom Guyn, M.D., Secretary Tami Humphry, Treasurer Lester Cufaude, Director

Board of Directors Quality Committee Minutes

February 20, 2023 @ 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 Tom Guyn, M.D. called the meeting to order at 1:02 pm on the above date. | | | | |
|---|---|---|--|---|
| BOARD MEMBERS PRESENT: | | STA | STAFF PRESENT: | |
| Tom Guyn, MD., Secretary Jack Hatha | | | way, Director of Quality | |
| Les Cufaude, Director Jessica DeCoito, Board Clerk | | | | erk |
| Excused ABSENT: | | | | |
| Chris Bjornberg, CEO | | | | |
| 2 CALL FOR REQUEST FROM THE AUDIENCE – PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS | | | | |
| None 3 APPROVAL OF MINUTES | | | | |
| APPR | | | | |
| 3.1 | · | | • | Guyn – Y |
| | | | | Hathaway – Y |
| Hospital Quality Committee Report: written report submitted. No additional questions. Very good to see that Director of Quality is also | | | | |
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| 5.1 | | | | |
| | "education" and requires us to create an education plan to make sure traveling nurses and permanent nurses are trained with | | | |
| | proper procedures and processes for inputting medication into PCC. Written plan of correction has been submitted and we are | | | |
| | | | | |
| 5 NEW BUSINESS | | | | |
| 6.1 | QAPI: submitted the Quality Assurance Performance Improvement Plan (QAPI) in tl | he (| Cufaude, | Guyn – Y |
| | packet for review. Falls into the ACHC guidelines. This will be a first reading and mu | st go | Hathaway | Hathaway - Y |
| | to the full Board for approval as well. This plan gives us the process to manage our | | | |
| | measures for ACHC. | | | |
| OTHER INFORMATION/ANNOUNCEMENTS: March 22, 2023 | | | | |
| ADJOURNMENT: at 1:33 pm | | | | |
| | CALL None APPR 3.1 Hosp our R Direc 5.1 NEW 6.1 | BOARD MEMBERS PRESENT: Tom Guyn, MD., Secretary Les Cufaude, Director Excused ABSENT: Chris Bjornberg, CEO CALL FOR REQUEST FROM THE AUDIENCE – PUBLIC COMMENTS OR TO SPEAK TO AGEN None APPROVAL OF MINUTES 3.1 A motion/second carried; committee members accepted the minutes of January 18 2022 Hospital Quality Committee Report: written report submitted. No additional questions. V our Reporting Champion for Cerner Implementation and beyond. Director of Quality Report 5.1 CDPH Complaint Deficiency: CDPH had an onsite visit with a Skilled Nursing and Ho "education" and requires us to create an education plan to make sure traveling nur proper procedures and processes for inputting medication into PCC. Written plan of awaiting the response from CDPH. NEW BUSINESS 6.1 QAPI: submitted the Quality Assurance Performance Improvement Plan (QAPI) in the packet for review. Falls into the ACHC guidelines. This will be a first reading and mut to the full Board for approval as well. This plan gives us the process to manage our measures for ACHC. OTHER INFORMATION/ANNOUNCEMENTS: March 22, 2023 | BOARD MEMBERS PRESENT: Tom Guyn, MD., Secretary Les Cufaude, Director Excussed ABSENT: Chris Bjornberg, CEO CALL FOR REQUEST FROM THE AUDIENCE – PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEM None APPROVAL OF MINUTES 3.1 A motion/second carried; committee members accepted the minutes of January 18, 2022 Hospital Quality Committee Report: written report submitted. No additional questions. Very good our Reporting Champion for Cerner Implementation and beyond. Director of Quality Report 5.1 CDPH Complaint Deficiency: CDPH had an onsite visit with a Skilled Nursing and Hospice pat "education" and requires us to create an education plan to make sure traveling nurses and proper procedures and processes for inputting medication into PCC. Written plan of correct awaiting the response from CDPH. NEW BUSINESS 6.1 QAPI: submitted the Quality Assurance Performance Improvement Plan (QAPI) in the packet for review. Falls into the ACHC guidelines. This will be a first reading and must go to the full Board for approval as well. This plan gives us the process to manage our measures for ACHC. OTHER INFORMATION/ANNOUNCEMENTS: March 22, 2023 | BOARD MEMBERS PRESENT: Tom Guyn, MD., Secretary Les Cufaude, Director Excused ABSENT: Chris Bjornberg, CEO CALL FOR REQUEST FROM THE AUDIENCE – PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS None APPROVAL OF MINUTES 3.1 A motion/second carried; committee members accepted the minutes of January 18, Cufaude, Hathaway Hospital Quality Committee Report: written report submitted. No additional questions. Very good to see that Director of Quality Report 5.1 CDPH Complaint Deficiency: CDPH had an onsite visit with a Skilled Nursing and Hospice patient. Our deficie "education" and requires us to create an education plan to make sure traveling nurses and permanent nurs proper procedures and processes for inputting medication into PCC. Written plan of correction has been su awaiting the response from CDPH. NEW BUSINESS 6.1 QAPI: submitted the Quality Assurance Performance Improvement Plan (QAPI) in the packet for review. Falls into the ACHC guidelines. This will be a first reading and must go to the full Board for approval as well. This plan gives us the process to manage our measures for ACHC. OTHER INFORMATION/ANNOUNCEMENTS: March 22, 2023 |