Chief Executive Officer Christopher R Bjornberg



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

Quality Committee Meeting Agenda July 19, 2023 1:00 PM Microsoft Teams Meeting: LINK Call In Number: 1-279-895-6380 Phone Conference ID: 273 153 473# Meeting ID: 217 364 022 462 Passcode: svsrQi

Attendees

Tom Guyn, M.D., Quality Committee Chair Les Cufaude, Director Chris Bjornberg, CEO Jack Hathaway, Director of Quality

1	CALL	MEETING TO ORDER	Chair Tom Guyn, M	.D.		Approx. Time
2	CALL	FOR REQUEST FROM THE AUDIEN	CE - PUBLIC COMMENTS OR TO	O SPEAK TO AGENDA	ITEMS	Allotted
3	APPF	ROVAL OF MINUTES				_
	3.1	Regular Meeting – June 22, 2023		Attachment A	Action Item	2 min.
4	HOSE	PITAL QUALITY COMMITTEE REPOR	RT		Report	10 min.
5	DIRE	CTOR OF QUALITY	Jack Hathaway		Report	10 min.
6	OTH	ER INFORMATION/ANNOUNCEME	NTS		Information	5 min.
7	CLOS	ED SESSION				
	7.1 Medical Staff Credentials Government Code 54962				Action Item	
		Staff Status Change				
		1. Chen Zhao, MD (UCD)	to Inactive			
	2. Desiree Levyim, MD to Inactive					
	AHP Appointment					
	1. George Winter, FNP – Emergency					
	Medical Staff Appointment					
	1. Zachary Franks, DO – Radiology					
		2. Yelena Usmanova, MD	(T2U) – Neurology			

	Medical Staff Reappointment	
	1. Sheela Toprani, MD (UCD)	
	2. Mustafa Ansari, MD (UCD)	
	3. Sean Pitman, MD – Pathology	
	4. Richard Leach, MD – Emergency	
	5. Mark Ramus, MD – Pathology	
	6. Aaron Babb, MD – (MVHC) Family Medicine	
8	RECONVENE OPEN SESSION	
9	ADJOURNMENT: Next Regular Meeting – August 16, 2023	

Agenda Posted 7/14/2023

Attachment A

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 June 22, 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.

	CALL MEETING TO ORDER: Board Chair Tom Guyn, M.D. called the			
	BOARD MEMBERS PRESENT:	ST	AFF PRESENT:	
	Tom Guyn, MD., Secretary	Chris	Bjornberg, CEO	
	Les Cufaude, Director		way, Director of C	•
	Excused ABSENT:	Jessica DeCoito, Board Clerk		
-			46	
2	CALL FOR REQUEST FROM THE AUDIENCE – PUBLIC COMMENTS None	OR TO SPEAK TO AGENDA TIEN	VIS	
3	APPROVAL OF MINUTES			
3	3.1 A motion/second carried; committee members accepted th		Cufaude, Hathaway	Guyn – Y Cufaude- Y
4	Hospital Quality Committee Report: Draft Minutes attached. Move processes set in place. We are working with each department to con- being made on each departments quality measures and metrics. We	ollect logs, streamline them and	d digitize them. Lo	ots of great work
	processes set in place. We are working with each department to co being made on each departments quality measures and metrics. W rather than competencies.	ollect logs, streamline them and	d digitize them. Lo	ots of great work
56	processes set in place. We are working with each department to co being made on each departments quality measures and metrics. V	Allect logs, streamline them and Ve have been able to identify the Measures/EDTC (emergency dep that needs to go with the patien n. We also get the Patient Expe ith patients after they are discha- e an electronic version will be a onal scores. Partnership will pro- gned to our Rural Health Clinic. g 75% of the funds back from o ill see some feedback within the	digitize them. Lo ne real measures partment transfe nt when they are rience Core Meas arged about thei available soon. Ou ovide funds back The report show our Partnership pa e next few month	ets of great work of quality to track er communication) transferred. Our sures/HCAHPS r stay at the hospita ur scores show that to us depending or vs that out of 100 atients. We ns
5	 processes set in place. We are working with each department to complete on each departments quality measures and metrics. We rather than competencies. Director of Quality Report 5.1 Flex Monitoring Team: Hospital Level Care Transition Core Methods areas of opportunities for our team to work of (Admitting and Acute patients) report. Survey conducted we We don't get 100% of responses but new survey options like our communication with nurses and doctors are above nation how well we meet measures for the patients they have assis points, we have received 75, which means we will be gettin completed the DHCS reporting for two measures and we w OTHER INFORMATION/ANNOUNCEMENTS 	Allect logs, streamline them and Ve have been able to identify the Measures/EDTC (emergency dep that needs to go with the patien n. We also get the Patient Expe ith patients after they are discha- e an electronic version will be a onal scores. Partnership will pro- gned to our Rural Health Clinic. g 75% of the funds back from o ill see some feedback within the	digitize them. Lo ne real measures partment transfe nt when they are rience Core Meas arged about thei available soon. Ou ovide funds back The report show our Partnership pa e next few month	ets of great work of quality to track er communication) transferred. Our sures/HCAHPS r stay at the hospita ur scores show that to us depending or vs that out of 100 atients. We ns
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