

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

August 16, 2023 1:00 PM

Microsoft Teams Meeting: [LINK](#)

Call In Number: 1-279-895-6380

Phone Conference ID: 640 998 152#

Meeting ID: 276 250 956 014

Passcode: rFgyto

Attendees

Tom Guyn, M.D., Quality Committee Chair
Les Cufaude, Director

Chris Bjornberg, CEO
Jack Hathaway, Director of Quality

| | | | | Approx. Time Allotted |
|---|--|---------------------------------|--------------|-----------------------|
| 1 | CALL MEETING TO ORDER | Chair Tom Guyn, M.D. | | |
| 2 | CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS | | | |
| 3 | APPROVAL OF MINUTES | | | |
| | 3.1 | Regular Meeting – July 19, 2023 | Attachment A | Action Item 2 min. |
| 4 | HOSPITAL QUALITY COMMITTEE REPORT | | Attachment B | Report 10 min. |
| 5 | DIRECTOR OF QUALITY | Jack Hathaway | | Report 10 min. |
| 6 | OTHER INFORMATION/ANNOUNCEMENTS | | | Information 5 min. |
| 7 | ADJOURNMENT: Next Regular Meeting – August 16, 2023 | | | |

Agenda Posted 8/11/2023

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Board of Directors
Quality Committee
Minutes
July 19, 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 1:03 pm on the above date. | | |
| | BOARD MEMBERS PRESENT: | | STAFF PRESENT: |
| | Tom Guyn, MD., Secretary | | Chris Bjornberg, CEO Jack Hathaway, Director of Quality Jessica DeCoito, Board Clerk |
| | Excused ABSENT: Les Cufaude, Director | | |
| 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 22, 2023. | <i>Hathaway, Bjornberg</i> Approved by All |
| 4 | Hospital Quality Committee Report: A lot of data has been received and a dashboard has been created. We will work with managers and departments on how to understand and work with the data. Data and Graphs shown for the following measures: Home Medication List Accessed for both ER & Acute, Order Verification Pharmacist Turn Around Time, Facesheet Information Collection & Correction, Total Changes & Payments Received, Tracking Turnover for Year over Year, Reason for Separation, Turnover by Department, Linen Rinsing Project, Clinic Metrics, and Nursing Metrics. This is just the beginning, but we have now is some really good data and work. | | |
| 5 | Director of Quality Report | | |
| | 5.1 | CDIF review is underway for both the technical and clinical aspects. We expect to receive our summary soon. An audit will be conducted with HSAG on September 11 th . UR Nurse is working on capturing all the different processes by the many UR Committee members to create a more streamlined UR process for MMHD. She has joined the weekly Case Management calls for Cerner. And is working on Interqual as a new software for case management. CDPH – outstanding surveys will be completed soon and no expected issues. MMHD had 7 self reported evented and no deficiencies came out of those. | |
| 6 | OTHER INFORMATION/ANNOUNCEMENTS | | |
| 7 | MOVE INTO CLOSED SESSION | | |
| | 7.1 | Medical Staff Credentials Government Code 54962 Staff Status Change 1. Chen Zhao, MD (UCD) to Inactive 2. Desiree Levym, MD to Inactive AHP Appointment 1. George Winter, FNP – Emergency | Approved by All |

| | | |
|---|--|--|
| | <p>Medical Staff Appointment</p> <ol style="list-style-type: none"> 1. Zachary Franks, DO – Radiology 2. Yelena Usmanova, MD (T2U) – Neurology <p>Medical Staff Reappointment</p> <ol style="list-style-type: none"> 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 <p>Aaron Babb, MD – (MVHC) Family Medicine</p> | |
| 8 | RECONVENE OPEN SESSION | |
| 7 | ADJOURNMENT: at 1:40 pm Next Meeting is August 16, 2023 at 1:00 pm | |

DRAFT

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.

**MAYERS MEMORIAL HOSPITAL DISTRICT
MEDICAL STAFF QUALITY COMMITTEE
MEETING**

August 8, 2023 - 1000 - FRM Board Room & Teams

MINUTES

In Attendance

Alex Johnson
Britany Hammons
David Ferrer
Jennifer Taylor
Kristi Shultz
Marinda May
Ryan Harris
Sophia Rosal
Theresa Overton

Amy Parker
Cassandra LaFave
Daryl Schneider
Joey Marchy
Libby Mee
Moriah Padilla
Sherry Yochum
Susan Garcia
Valerie Lakey

Brigid Doyle
Christopher Bjornberg
Jeff Miles
Keith Earnest
Lori Gibbons
Rachel Morris
Sondra Camacho
Travis Lakey
Jennifer Taylor (Teams)

| SUBJECT | DISCUSSION | ACTION |
|----------------------------|---|--------|
| I CALL TO ORDER | The meeting was called to order at 1000 | |
| II NEW BUSINESS | <p>FINANCE Admitting – Amy</p> <ul style="list-style-type: none"> • Amy presented the number of face sheets printed vs. how many corrections were followed up on. <ul style="list-style-type: none"> ○ Trending better. ○ Want to see data put into a graph to compare month to month. Amy will work with Travis to create graphs from data. • Need all Patient Access staff to follow the same procedure. Update the pt record, then print the face sheet. <p>HIM – Lori</p> <ul style="list-style-type: none"> • Lori is not present to review the report. • Reviewed delinquency report. <ul style="list-style-type: none"> ○ Needs more work. Want to see what the errors are and where the hold-up is. | |

Purchasing - Rachel

- Expired supplies reviewed.
- We don't know how many of each item we have in stock. Departments have their own supply. May need to change the supply source for the report.
- Need to be able to track the supplies as they are taken from purchasing.

Business Office – Danielle

- No report.

OPERATIONS

Telemedicine – Amanda

- No report.

Housing – Joey

- No surveys were taking, so there are no changes from last month. Working on improving deficiencies people had commented on.
- Doing property inspections.
- Kitchen/bar inspected.
- Quarterly water sample to be done next week.
- Is the survey response rate measured? No.

Environmental Services - Sherry

- Soiled linen – want to record on bag what shift is responsible for each bag of linens. Sherry will look into different colored bags for each department.
- Kim did regular tracking. Still trying to quantify.
- No longer getting red bags. Still getting blood and iodine from the ER.
- Talking about melt—away bags for laundry.

Dietary –Susan

- Working with Cassandra on hand washing. IT will down-load Speedy Audit app.
- Jack is building temperature logs and meal tray accuracy. Still building, no data yet.

Maintenance - Alex

- Alex discussed logs. They are all on the ticketing system as inspections become due.
 - Failures are noted in the log and replacement parts are ordered as necessary.

IT - Jeff

- Password auditing – is quarterly, so no change from last month.
- Phishing campaign – did diff approach. E-mail sent to management team. 50% reported it. Better than expected.
- Reports go to security committee.
- Ticketing report discussed. Need to be able to compare to previous months. Tickets only counted if customer takes the survey.

Clinic - Kimberly

- No report.

NURSING

Acute - Moriah

- Tracking medication errors in ER.
 - Must manually go into files and copy the information.
 - None reported in July
- Zero falls in July.
- Medication error near misses reviewed.
 - Still doing education.

OP Med - Michelle

- No report

SNF - Brittany

- Risk management reviewed. Data from PCC includes falls and skin issues.
- Cannot pull reports from RL6. Considering another method to keep track of data.
- Errors are mostly by registry staff. This last month, only one error was by regular staff.
- Need to graph skin issues and falls to show monthly number comparison.

Staff Dev - Brigid

- Report reviewed. Need to track and graph.

Activities – Sondra

- Enhanced resident attendance tracking being implemented.

Social Services - Marinda and Steven

- No complaints for July 2023.
- Only tracking complaints that come through Social Services. Need all grievances that come through and department the grievances were coming from.
 - Need a work flow.

CLINICAL

Lab - Sophia

- Transfusion Report reviewed. Seven units transfused, but only 5 consents issue discussed. Shows 100% consents obtained.
- No longer release blood if no consent obtained.

Physical Rehab - Daryl

- Patient satisfaction, functional improvement and goals met data reviewed.
- Need to set up to track month to month to look at trends and be able to identify why the data changes.

Radiology

- Reviewed radiation exposure report. Shows one staff member overexposed and another totally unexposed. Looking for the reasons for these anomalies.
- Reviewed night pharmacist turn around times. Will continue to track. Primary delay is demographics on ER patients. Working to change the work flow.

Hospice - Lindsey

- No report

Retail Pharmacy - Kristi

- Medication error data reviewed.
- Auto refill program data discussed. Want to see the number of consents for auto refill increase.

Respiratory - David

- I-stat needs to be replaced. All are over five years old and no longer pass inspection.

Pharmacy - Keith

- Process for how Dr. Morris reviews blood transfusions has been changed.

PUBLIC RELATIONS, HR & QUALITY

PR – Val

- New followers on Social Media has increased.
- Number of users trending up, but cannot tell from the data if the number includes staff or just community.

Libby

- Seventeen people hired in July. Five terminated. Turnover rate is 14%.
- Work comp: 2 reportables with no lost time.

Cassandra

- Info from the water outage in Burney graph displays strains of e coli and number of infections from 7/12 to 7/19. Then saw more cases through 8/2. All were from Burney, except 2 from FRM. Demographics discussed. All cases of e-coli had antibiotic resistance. E-coli was not the only thing in the water.

**III
ADJOURNMENT**

The meeting was adjourned at 12:30