

Chief Executive Officer  
Louis Ward, MHA



Mayers Memorial Hospital District

**Board of Directors**  
Michael D. Kerns, President  
Beatriz Vasquez, PhD, Vice President  
Abe Hathaway, Secretary  
Allen Albaugh, Treasurer  
Laura Beyer, Director

**Quality Committee**  
**Meeting Agenda**  
August 15, 2018 – 12:00pm  
Boardroom: Fall River Mills

**Attendees**

Beatriz Vasquez, PhD, Chair, Board Member  
Laura Beyer, Board Member

Dr. Tom Watson, MD, Chief of Staff  
Louis Ward, CEO  
Jack Hathaway, Director of Quality

					Approx. Time Allotted
1	<b>CALL MEETING TO ORDER</b>			Chair Beatriz Vasquez	
2	<b>CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS</b>				
3	<b>APPROVAL OF MINUTES</b>				
3.1	Regular Meeting – July 11, 2018		Attachment A	<b>Action Item</b>	2 min.
4	<b>DEPARTMENT REPORTS</b>				
4.1	Cardiac Rehab	Trudi Burns	Attachment B	Report	10 min.
4.2	Purchasing	Steve Sweet	Attachment C	Report	10 min.
4.3	Med-Surg/Swing	Theresa Overton		Report	10 min.
5	<b>QUARTERLY REPORTS</b>				
5.1	Patient Safety First	Jack Hathaway		Report	10 min.
5.2	CMS Core Measures	Jack Hathaway		Report	10 min.
6	<b>STANDING MONTHLY REPORTS</b>				
6.1	Quality/Performance Improvement	Jack Hathaway		Report	10 min.
6.2	PRIME	Jack Hathaway		Report	10 min.
6.3	SNF Events/Survey	Candy Vculek		Report	10 min.
6.4	Infection Control	Dawn Jacobson		Report	10 min.
7	<b>ADMINISTRATIVE REPORT</b>			Louis Ward	Report 10 min.
8	<b>NEW BUSINESS</b>				
9	<b>OTHER INFORMATION/ANNOUNCEMENTS</b>			Information	5 min.
10	<b>ANNOUNCEMENT OF CLOSED SESSION</b>				
10.1	<b>Government Code Section 54962:</b> Chief of Staff Report (Health & Safety Code §32155)		Dr. Tom Watson, Chief of Staff	Report	
11	<b>RECONVENE OPEN SESSION</b> – Report closed session action			Information	
12	<b>ADJOURNMENT:</b> Next Regular Meeting – September 12, 2018 (Fall River Mills)				

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Board of Directors  
**Quality Committee**  
**Minutes**

July 11, 2018 - 12:00pm  
Boardroom (Fall River Mills)

*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 Beatriz Vasquez called the meeting to order at 12:00pm on the above date.

**BOARD MEMBERS PRESENT:**

Beatriz Vasquez, Vice President  
Laura Beyer, Director via phone

**ABSENT:**

**STAFF PRESENT:**

Louis Ward, CEO  
Jack Hathaway, DOQ  
Diana Groendyck  
Candy Vculek  
Libby Mee  
Alex Johnson  
Theresa Overton  
Val Lakey  
Keith Earnest  
Travis Lakey  
Jessica Stadem, Board Clerk

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- 2 **CALL FOR REQUEST FROM THE AUDIENCE – PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS**

None

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- 3 **APPROVAL OF MINUTES**

3.1 A motion/second carried; committee members accepted the minutes of June 6, 2018. Beyer/Harris **Approved All**

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- 4 **DEPARTMENT REPORTS**

- 4.1 **Maintenance:** In addition to written report. Alex Johnson started in January, now Manager since Dave has retired; reviewed projects completed since began working; created Engineering sub-department, they will handle all off-site building projects (laundry, staff housing); currently 2 staff in Engineering, 6 in Maintenance, will hire at least 1 more, also hire groundskeeper for summer; department moves (Outpatient and Telemed to old surgery space, surgery recovery now closer to OR, old nursery is now surgery office), a lot of office moving; will be installing fencing and access control on doors soon in Burney; Maintenance department received new uniforms (hats, shirts).
- 4.2 **Personnel:** In addition to written report. EverCheck tracking service for nursing licenses, DMV, BLS, ACLS, etc., notification system to remind staff and managers of upcoming expirations; Soft Skills training recently, 22 employees attended, reviewed verbal and non-verbal communication, compassion, will do more trainings during the year; HR committee meeting (Modoc, Seneca, Plumas), good platform to discuss HR issues and gain resources, compared benefit packages, evaluation process, staff housing; Code Lavender program for staff to address compassion fatigue, on the job stress or personal issues.

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5 **QUARTERLY REPORTS**

- 5.1 **Safety Committee:** Written report provided. IPG update, having meetings every other month, tabletop drill recently; MCI training, poorly attended but great training; FRAME training, normally held in Alabama, will be in Red Bluff; Val speaking at Disaster Conference in September; Safety Committee is well attended and participation and programs are growing, working on fire safety plan, mental health crisis training for staff; have done some publicity on IPG to community.
- 5.2 **Worker's Comp:** In addition to written report. No patient related first aid injuries, no trends; used BETA care funds to purchase emergency and first aid kits for vehicles, binders to hold important information and policies; special training for maintenance staff regarding security issues, de-escalation training.
- 5.3 **Blood Transfusion:** 6 transfusions in last quarter, all met criteria (proper order placed, consent, documentation by nursing), Acute and ER; discussed process of how transfusions are received from clinic, continue trying to teach clinic proper procedure.

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6 **STANDING MONTHLY REPORTS**

- 6.1 **Quality/Performance Improvement:** Music and Memory program wrapped up in June, able to keep all equipment, not sure how equipment has been kept track of, program has worked great, will continue; ED transfer study, average response time for transfers out of Emergency Department; looking at new QAPI metrics such as imaging, may help improve numbers for star rating; switched HCAHPS to new company, only doing mail surveys now, 38% return is average; new BETA litigation rep, lots of free services available; job posted for Quality RN nurse, assists with data collection, chart review, implementation of Quality processes.
- 6.2 **PRIME:** Will meet with Val and Susan soon, implemented criteria, no more requirements on numbers, only need to implement criteria, program doing well, \$225k received first payment.
- 6.3 **SNF Events/Survey:** Continue working forward on compliance for next survey, doing GAP analysis, education for staff, chart auditing, educating charge nurses on how to help staff minimize errors.
- 6.4 **Infection Control:** Implementing McGeer's criteria, educating staff (in-service training and test), process of documenting and observing patient before contacting doctor.

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- 7 **ADMINISTRATIVE REPORT:** May employee of the month was awarded to SNF, all staff involved in survey were given 8 hours of PTO; provided handout of scorecard goals, will be starting scorecard process for FY19; new boardroom table installed, finishing touches still needed, will be installing smartboard; August 15 & 16 employee meetings (building update, cost of living raise, goals), opportunity for staff to voice ideas; ER committee created, discuss issues in ER, this team will be involved in licensing of new ER building; telemedicine, new pediatric cart received, can be used for other services, will be making presentation at regular board meeting, do have new psychiatrist, will have services again by August; purchased imaging digitizer, will digitize all current radiology films, need to keep records for 10 years; cost of living increase starting FY19 on employee anniversary date, will keep up with minimum wage requirements; Hospital Council conference, presenting "Planting Seeds, Growing Our Own", in September; every other week surgery schedule going for about 7 months now, able to provide for same volumes; looking for registered dietician on interim basis, restructure processes, staffing issues, working with Susan and Lani; had to move entire building plan 4 inches to the west because of small error in plan, cost is one day but will make it up, steel will starting going up mid-September, will be working on article for newspaper explaining difference in building between us and new clinic.

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8 **NEW BUSINESS**

No new business.

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9 **OTHER INFORMATION/ANNOUNCEMENTS**

No announcements.

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](http://www.mayersmemorial.com).

10 **ANNOUNCEMENT OF CLOSED SESSION** – 1:38pm

10.1 **Government Code Section 54962:**

Chief of Staff Report (Health & Safety Code §32155) Dr. Tom Watson, Chief of Staff Report

**Reappointments:**

Ben Nuti, CRNA

Darla Schmunk, FNP

**New appointment:**

Robert Boldy, MD

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11 **RECONVENE OPEN SESSION** – 1:45pm

Committee approved the reappointments of Ben Nuti, CRNA and Darla Schmunk, FNP.

Committee did not approve the new appointment of Robert Boldy, MD.

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12 **ADJOURNMENT:** 1:49pm

Next Regular Meeting – August 15, 2018 (Fall River Mills)

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**Mayers Memorial Hospital District**  
*Always Caring. Always Here.*

## **Safety/Emergency Preparedness Report – July 11, 2018**

**Presented By: Valerie Lakey**

**Intermountain Preparedness Group (IPG)** – Collaborative of local agencies and facilities. Completed tabletop drill of a Multiple Vehicle Accident. Next meeting August 21

**Shasta/Tehama HCC** – regularly participating as required by new CMS regulations. Planning Statewide Drill

**MCI Training** – Instructed by Kenneth Luke for Mercy in Redding. Great training that we will continue with and train all departments.

**FRAME Training** – next Monday –Thursday in Red Bluff.

*Framework for Healthcare Emergency Management (FRAME) is a four-day course designed for personnel who are responsible for the development, implementation, maintenance, and administration of emergency management programs and plans for healthcare facilities and/or systems (e.g., hospitals, clinics, or community health centers). Functional areas addressed in this course include an overview of relevant standards, regulations, and organizations; integration with agencies and stakeholders; the Incident Command System (ICS) as it applies to healthcare; plans and the planning process; facility and personnel preparedness; exercises and training; and surge and related mass casualty issues (including patient care and/or ethics, evacuation, public affairs, and risk communications), recovery, and finances/reimbursement.*

**CHA Disaster Conference** – September. Val Lakey is speaking. Topic: Rural Readiness: Preparing, Maintaining and Utilizing MOU's

**Safety Committee** – Well attended Meetings. Working on Communication Plan, Utilizing BETA funds (Emergency kits for fleet vehicles), CODE Lavender, Fire Safety Training "Re-Vamp", Mental Health Crisis training for staff.

## FY 18 Scorecard Goals

\*Indicates idea only, not complete

Val Lakey	1	Develop marketing plan and market research plan that aligns with Strategic Plan
	2	CDPH Legislation
	3	Integrate your:life into the community; explore potential grant opportunities
	4	Emergency management notification system implementation
Libby Mee	1	Develop & implement a training/communication calendar utilizing technology by FYE 18
	2	Revamping orientation & re-orientation process; develop new manager orientation by FYE 18
Marlene McArthur	1	Capital campaign at minimum of \$3M by FYE 18
	2	Plan, organize, and launch capital campaign to the community for public profile
Barbara Spalding	1	Improve time management and efficiency in launching events
	2	Improve data management for all events and volunteer records (ie TB, hours tracking). Ease in producing lables, reports, etc.
	3	Increase store revenues by 10% compared to prior fiscal year using volunteers (tasks: process store items more efficiently, pricing strategies implemented, optimize signage at store front)
Ryan Harris	1	Hospital Expansion Project will have moved to the construction phase and be under visible construction by FYE 2018
	2	By FYE 2018 completion of one of 5 projects. 5 projects include SNF renovation, Burney outpatient (PT), HAVAC replacement (if phased completion of the first phase), pharmacy compliant space project, FR clinic.
Jack Hathaway	1	Bring HCAHPS in-house. Implement quality assurance program for transitional care nurse (Q1 FY 2017). Bring transitional care nurse program within CMS requirements for in-house HCAPHS by mid-year (Jan 1, 2018). Beta test HCAHPS in-house as it would be (full program) Q3 Jan 1-Mar 31, 2018; begin training and tracking requirements for CMS requirements, troubleshoot, refine-navigate ending relationship with HealthStream. Officially continue full pprogram with first submission to CMS of in-house HCAHPS in July for our IQ 1 2018 (Jan 1-Mar 31, 2018)
	2	Work up to 100% of our Partnership QIP Programs
Susan Garcia	1	Two dietary employees will complete the CDM program & obtain certification by FYE 18
	2	All four cycles completed for electronic dietary menu system by FYE 18
Sherry Rodriguez	1	In-house laundry business development plan completed by FYE 18
	2	Participate in development of training videos for ES staff by FYE 18
Steve Sweet	1	Verify contracts are linked to premier discounts and develop a plan to ensure continued current enrollment by FYE 18
	2	Decrease item costs for surgery/lab by 10% over FY 17 by FYE 18
Dave Burks	1	Paint PT building by FYE 18
	2	Complete the lawn irrigation project using well water by FYE 18
Chris Broadway	1	Build Outpatient EMR process using Paragon, working with Outpatient department
	2	Implement Meaningful Use 3 by FYE 18
Keith Earnest	1	Implement Health Services Advisory Group Hospital Improvement Innovation Networks (HSAGHIIN) Adverse Drug Event Reduction protocols for anticoagulants, diabetic agents and opioids.
	2	Complete Point Click Care and Pharmacy Integration
Mary Ranquist	1	To create and implement a strategy to increase patient census Q1-2 and maintain an average patient census of 3.4 Q3-4
	2	To implement a learning module for Skilled Nursing on Hospice Care
Daryl Schneider	1	Research opportunities for Occupational Therapist (# of patients going to Redding, # of swing patients turned away, etc.)
	2	Recruit and retain an additional modality either full time or part time Occupational Therapist or Speech Therapist
Alan Northington	1	Hire ultrasound tech, maintain employment by FYE 18
	2	50 procedures performed for interventional radiology by FYE 18
Chris Hall	1	Increase Outpatient referrals by 10% over FY 17 by FYE 18
	2	Complete PCC interface w/lab and implement training, author, & approve policies by FYE 18

## FY 18 Scorecard Goals

\*Indicates idea only, not complete

Trudi Burns	1	Complete cardiac stress test program implementation; 15 procedures by FYE 18
	2	Increase average utilization on MWF to average 18 or greater for Q4
Travis Lakey	1	AP at \$550k or below, excluding balance sheet projects (CIP) by FYE 18
	2	Gross AR days at 53 by FYE 18
HIM	1	CRC list below \$140k at the end of each month
	2	OSHPD timely filing quarterly
Business Office	1	Collect 58.5% of patient revenue for FY18 (monthly goal)
	2	Gross AR Days at 52 by the end of FY18
	3	Credit Balance below \$150k by the end of FY18
Admitting	1	Healthcare specific customer service vendor selected, training provided to admitting, scheduling, by FYE 18
Sherry Wilson	1	Meet 80% of the requirements (points) for PHP hospital QIP & meet 80% of the PHP LTC QIP for CY 17
	2	Average daily census will be above 80 in the SNF for FY 18
Dawn Jacobson	1	Hand hygiene to be 100% compliance; will be tracked monthly
	2	Work with DON to create a competency program to provide new materials and better opportunities for staff to obtain CEUs
Jack Hathaway	1	See attached
	2	
BJ Burks	1	Keep bed census at average 80 for Fy 18, at least 6 months
	2	Be part of the development and implementation of the intake process/admissions. Develop a tracking system to monitor effectiveness of new intake process (Example: # of lost admits, # of outlying admits)
Sonya Fitzhugh Sharon Lyons Suzanne Mason Jennie Robb	1	Keep SNF registry under 20k
	2	Meet 80% of the requirements (points) for PHP hospital QIP & meet 80% of the PHP LTC QIP for CY 17
Theresa Overton	1	Procure nursing CE training software or program and develop monitor/tracking tool, implement and go-live by FYE 18
	2	Implement AIDET program to improve quality of care to patients.
Stacie Warnock	1	32 surgeries per month
Krissy Eades	1	See attached
	2	
Michelle Peterson	1	Continue cost capture between OPM and Business Office to provide patients with a clean bill and continue to capture correct charges for supplies, visits, and medications. Reduce missing supply and missing visit charges by 50% over 6 months. Identify missing charges and report to pharmacy or ED to fix errors and process. Present to Board Finance by FYE 18.
	2	Build Outpatient EMR process using Paragon, working with IT department and present to Operations by FYE 18
Amanda Harris	1	Continue to develop MMHD Telemedicine Program; telemedicine program will have 75 patient visits between Jan 1 2018 –June 30 <sup>th</sup> 2018
Jessica Stadem	1	Create event calendar and "play book" for all hospital activities

## FY19 SMART GOAL SETTING

Instructions: Complete template for Goal #1 and Goal #2 to review with Louis in your Goal Meeting that Lisa will schedule.

SMART goals help improve achievement and success. A SMART goal clarifies exactly what is expected and the measures used to determine if the goal is achieved and successfully completed.

### Example

Goal	<b>Specific</b> Linked to departmental goals/mission and overall MMHD goals and strategic plan  <i>Answers: who? what? when? where? why?</i>	<b>Measurable</b> The success toward meeting the goal can be measured  <i>How will I know when it is accomplished?</i>	<b>Attainable/Achievable</b> Goals are realistic and can be achieved in a specific amount of time and are reasonable  <i>Can objectives pertaining to the goal be carried out? How?</i>	<b>Relevant/Realistic</b> The goals are aligned with current tasks and projects and focus in one defined area; include the expected result  <i>How does this goal help you to meet your overall objective?</i>	<b>Time-bound</b> Goals have a clearly defined time frame including a target or deadline date  <i>Completed/milestones achieved by end of Performance period</i>
<b>e.g. I want to build better relationships with my team</b>	Encourage two-way communication with employees  Decrease conflicts  Learn coaching skills	Less attrition in my department  Staff come to me when they have a problem  Issues and conflicts are resolved	Prioritize weekly employee one on ones  Take a coaching course  Schedule team building activities	Better relationships will help our department reach our overall department goal of increased student satisfaction and quality programming	All training and team building activities will be completed within the next 6 months
<b>SMART Goal: Through increasing communication and team building, I will build better relationships my team. I will take training to gain the needed coaching skills and prioritize weekly one on one meetings. I will also schedule 2 team building sessions. All these initiatives are to be completed by December 2014. Based on these efforts employees will be proactive in discussing issues with me and problems will be resolved efficiently which will ultimately lead to less attrition in my department.</b>					





## FY19 SMART GOAL SETTING

<b>Goal #1</b>	<b>Specific</b> <i>Answers: who? what? when? where? why?</i>	<b>Measurable</b> <i>How will I know when it is accomplished?</i>	<b>Attainable/Achievable</b> <i>Can objectives pertaining to the goal be carried out? How?</i>	<b>Relevant/Realistic</b> <i>How does this goal help you to meet your overall objective?</i>	<b>Time-bound</b> <i>Completed/milestones achieved by end of Performance period</i>
<b>SMART Goal:</b>					

<b>Goal #2</b>	<b>Specific</b> <i>Answers: who? what? when? where? why?</i>	<b>Measurable</b> <i>How will I know when it is accomplished?</i>	<b>Attainable/Achievable</b> <i>Can objectives pertaining to the goal be carried out? How?</i>	<b>Relevant/Realistic</b> <i>How does this goal help you to meet your overall objective?</i>	<b>Time-bound</b> <i>Completed/milestones achieved by end of Performance period</i>
<b>SMART Goal:</b>					

## QUALITY REPORT—AUGUST 2018

### Challenges and Successes in Cardiac Services

#### Safety

- No falls in Cardiac Rehab. YAY!!!! Our patients are very safety conscious and are utilizing the equipment properly.
- Grant received from the Thrift Store profits purchased a new machine (NuStep). This has an added feature to allow extra safety while a patient is getting on or off.
- New chairs were purchased for CR!!! 4 were donated by Val and Jessica and the rest were purchased. The patients are enjoying the new comfort but most of all it is much safer for those that have a difficult time sitting and getting out of a chair without assistance.

#### NUMBERS

- ECGs – Monitored patients. At present we have 4. One just graduated from our normal 36 visit program and then returned because the doctor wanted 15 more visits so he was sure that the patient could return to work. He did well and graduated with honor 😊.
- Our regular maintenance patient numbers have been down. This has been primarily because of summer vacations, heat, smoke from the fires, gardening and other outings. We encourage patients to travel and do extracurricular activities since this helps them stay healthy mentally and physically.

## **Survey Results**

(See additional page)

## **Stress Treadmill Testing**

I am sorry to report that the Stress Treadmill Testing has not begun. We had everything in place to start it (billing, time, staff, doctor and repair to the treadmill computer), when it fell apart. At this time we are on hold and evaluating our next plan.

## SURVEY RESULTS 2018

Our survey was conducted in July 2018. There were mostly “excellent” and “good” on the responses. The concern about parking in the past has been rectified by the new lines painted in our parking lot.

☺ Thank you maintenance crew!

The comments are as follows:

- In spite of the disparity of the participants in age and condition, the program is able to accommodate all seamlessly due to the experience of the staff.
- Excellent! I lost 10 pounds so far and it is better for my heart. Trudy and Kelly are just wonderful to us.
- It is the best program in the world!
- New mats needed under the weight machine
- Pay increase and benefits to Trudi and Kelly (I didn't ask anyone to write that ☺)
- CR has lowered my blood pressure, increased my energy, and is building muscle and losing fat.
- It is an excellent program. It helps me stay focused on my weight loss plan while becoming better physically fit. The staff (Trudi and Kelly) are wonderful.
- More energy – lower blood pressure, much more stamina. It's excellent. We are fortunate to have a program like this available at a very reasonable price.
- Benefits = building strength lost in surgery/recovery, socializing with other patients who are working on

improvement, receiving a daily hug from the staff (hugs are very healing)

- Glad to be able to utilize it so close to home. Everyone is motivated to work on improvement – arms, legs, breathing, improving vitals
- Getting my heart in good condition, it starts my day off early.
- Trudi and Kelly run an excellent program. I like the fact that they monitor my work-out and take special care to advise me on which equipment to use.
- Improvements needed-wheels on chairs, steam room, could use a potluck now and then.
- Wonderful, fantastic and overall has improved my health and attitude
- Great program! Trudi is wonderful, Kelly is also great. A happy place to go in the morning.

Mayers Memorial Hospital District

Quality Board Meeting

Aug. 15, 2018

Purchasing Manager: Steve Sweet

Since my last board meeting on May 23, 2018, the Purchasing Department has:

- Issued 466 purchase orders (po)
- 2202 lines of product
- Total po value \$580,433
- 51 Work days, avg. \$11,381/day
- Total invoiced \$271,402

These purchase orders include weekly restocking, capital equipment, standing purchase orders and construction projects\*. Some of our larger vendors for this period include:

- Staples Advantage \$10k
- Siemens Healthcare \$22k
- Medline Industries \$40k
- Grainger \$12k
- Fisher Healthcare \$11k
- CDW Govt. \$93k (capital equipment)
- Cardinal \$48k
- Hue & Cry \$30k

*\*Projects include Pharmacy, SNF retro, Burney Laundry and 5<sup>th</sup> St house.*