

Chief Executive Officer
Louis Ward, MHA



Mayers Memorial Hospital District

Board of Directors
Jeanne Utterback, President
Beatriz Vasquez, Ph.D., Vice President
Tom Guyn, M.D., Secretary
Abe Hathaway, Treasurer
Tami Vestal-Humphry, Director

**Quality Committee
Meeting Agenda**

January 12, 2022 1:00 PM

Zoom Meeting: [LINK](#)

Call In Number: 1-253-215-8782

Meeting ID: 871 3396 4782

Attendees

Jeanne Utterback, Board President, Quality Committee Chair
Tom Guyn, Board Secretary

Louis Ward, 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 – November 10, 2021		Attachment A	Action Item	2 min.
4	REPORTS FOR: QUALITY STAFF					
	4.1	Personnel	Libby Mee	Attachment B	Report	2 min.
	4.2	Worker’s Comp Quarterly & Employee Health	Libby Mee	Attachment C	Report	2 min.
5	REPORTS FOR: QUALITY FINANCES					
	5.1	Business Office	Danielle Olson	Attachment D	Report	2 min.
	5.2	Health Information & Medical Records	Lori Gibbons	Attachment E	Report	2 min.
	5.3	Finance	Travis Lakey	Attachment F	Report	2 min.
6	REPORTS: QUALITY PATIENT SERVICES					
	6.1	Patient Access	Amy Parker	Attachment G	Report	2 min.
	6.2	Skilled Nursing Facility	Shelley Lee	Attachment H	Report	2 min.
	6.3	Emergency Department	Alexis Cureton	Attachment I	Report	2 min.
	6.4	Laboratory	Ulysses Pelew		Report	5 min.

	6.5	Radiology	April Hodge		Report	5 min.
	6.6	Infection Control	Dawn Jacobson		Report	5 min.
	6.7	SNF Events/Survey	Candy Detchon		Report	5 min.
7	DIRECTOR OF QUALITY		Jack Hathaway			
	7.1	Director of Quality Update			Report	5 min.
	7.2	Compliance Quarterly Report			Report	5 min.
8	OTHER INFORMATION/ANNOUNCEMENTS				Information	5 min.
	8.1	Required reporting from departments at Quality Meetings			Info/discussion	5 min.
9	ANNOUNCEMENT OF CLOSED SESSION					
	Medical Staff Credentials Government Code 54962				Action Item	5 min.
	<p>STAFF STATUS CHANGE Kerry Sullivan, MD – to Inactive Miesty Woodburn, MD – to Inactive Jodi Nagelberg, MD – to Inactive Brock McDaniel, MD – to Inactive Shazmin Gangji, PA – to Inactive</p> <p>AHP APPOINTMENT Rozlyn Bauer, NP – Family Medicine</p> <p>MEDICAL STAFF APPOINTMENT Douglas W. Terry, MD – Emergency Medicine Salah Sherif, MD – Emergency Medicine</p> <p>MEDICAL STAFF REAPPOINTMENT William Dykes, MD – Emergency Medicine</p>					
11	RECONVENE OPEN SESSION					
12	ADJOURNMENT: Next Regular Meeting – February 10, 2022					

Board of Directors
Quality Committee
Minutes
November 10, 2021 @ 1:00 PM
Fully Remote Zoom 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., Secretary		Louis Ward, CEO Jack Hathaway, Director of Quality Candy Detchon, CNO – SNF Events/Survey Marinda May – Social Services Dawn Jacobson – Infection Control Brigid Doyle – Staff Development Jennifer Levings – Quality Jessica DeCoito – Board Clerk Pam Sweet – Board Clerk		
ABSENT: Valerie Lakey – Marketing and Safety Jeanine Fergusson – Volunteer Services				
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 October 13, 2021.	Guyn, Utterback	Guyn – Y Hathaway – Y
4	NO REPORTS: QUALITY FACILITIES, FINANCES			
5	REPORTS: QUALITY PATIENT SERVICES			
	5.1	Activities – Report submitted Switched to 12 hour shifts from 10 hour shifts for employee satisfaction, to simplify scheduling and resident safety. Twelve hour shifts allow enough people on the floor to do activities after supper and to keep nurses and assistants on the floor.		
	5.2	Social Services – Report submitted Confused about costs in LTC. Costs are a lot higher to an individual than to an insurance company. Cost is always a hard conversation with families. We have a packet put together for families that explains everything, including a checklist and Medi-Cal application.		
	5.3	Infection Control – Implemented new glucometer training. With HSAG, had to ramp up hand hygiene. Making great progress. Goal was 90%, but we are achieving 98%. Received commendation from HSAG (a CMS contractor) for vaccination numbers. We are at 100% with flu vaccinations. Normally, we achieve 95% compliance. 23 of 233 employees declined flu vaccination.		

		ABX tracker project will resume soon.
5.4	SNF Events/Survey –	<p>SNF has been on a roller coaster for last month. Several Covid positive encounters caused us to go into yellow status so that we cannot admit new patients. One exposure is of real concern. It will have to be reported to state and could result in a harm tag for us.</p> <p>Work on reducing antipsychotic usage. Still in process of building the program into the weekly IDT meetings. Building processes to use distraction therapy.</p> <p>Census is 71. Numbers are down because of Covid quarantine process. There are a number of admissions waiting over next two to three weeks.</p> <p>We are tracking non-immunized employees and they are required to do twice weekly tests. Those who miss testing will be disciplined.</p>
6	REPORTS: QUALITY STAFF	
6.1	Staff Development –	<p>Report submitted</p> <p>Brigid would like to highlight the BLS certifications are in Relias for people to self enroll for inperson classes and classes are scheduled through June, 2022.</p> <p>Working with Jack to write syllabus for CNA program.</p>
7	REPORTS: QUALITY	
7.1	Marketing –	No report
7.2	Safety – Quarterly –	No report
7.3	Volunteer Services –	Will be emphasis on increasing volunteer efforts. Working with schools and looking at opportunities at the thrift store and working from home.
8	DIRECTOR OF QUALITY	
8.1	Director of Quality Update –	<p>Working on shoring up end of reporting effort to regulatory programs.</p> <p>In terms of service and how we are communicating, seeing failures in communication. Looking for way to shore that up. Improve ownership so everyone feels empowered to speak up.</p>
8.2	CMS Core Measures Quarterly Report -	<p>in Q2 were able to capture people who fit into 9 specific measures. That is the most gotten from 1 quarter.</p> <p>We are finding the ability to report more. Now, need a way to alert physicians that they can do more documentation to keep a patient in a measure. We have plenty of people who fall into the measures, but we are dealing with an antiquated EMR.</p>
8.3	5-Star Rating Monitoring Quarterly Report –	<p>Got data for 2021 up to date. Potential measures: Admit to departure time, use of opioids and venous thromboembolism. Will most likely use Q1 data depending on amount of data captured for Q4.</p> <p>Again, we are working with an antiquated EMR. Epic will show real time data and will alert the doctor that a patient qualifies for specific quality measures. It will give them the opportunity to enter the data for the report that will automatically appear in Jack's reports.</p> <p>Would be nice to see actual data. How or where are we. Need create data infrastructure. Once created, we can start measuring and correcting problems. Infrastructure doesn't exist now.</p>
9	OTHER INFORMATION/ANNOUNCEMENTS:	

10	ANNOUNCEMENT OF CLOSED SESSION			
	<p>Medical Staff Credentials: Government Code 54962</p> <p>STAFF STATUS CHANGE</p> <ol style="list-style-type: none"> 1. Tyler Barr, MD, Consulting to Active 2. Stephen McKenzie, MD, Add Location 3. Robert Filippone, MD, To Inactive 4. Andrew Lin, MD, to Inactive 5. Reed Whittington, CRNA to Inactive 6. Jed Freeman, MD to Inactive 7. Kingsley Orraca-Tetteh, MD to Inactive 8. Tawana Nix, DO to Inactive 9. Jodi Beth Nagelberg, MD to Inactive 10. Larry Givens, MD to Inactive <p>AHP APPOINTMENT</p> <ol style="list-style-type: none"> 1. Alexandria Conner, PA, Family Medicine (MVHC) 2. Kyung Lee, NP, Family Medicine (MVHC) <p>AHP REAPPOINTMENT</p> <ol style="list-style-type: none"> 1. Fred Jones, PHD, Psychology 2. Paula Amacker, NP, Oncology 3. Jody Crabtree, PA-C, Family Medicine 4. Jill Reed, LCSW <p>MEDICAL STAFF APPOINTMENT</p> <ol style="list-style-type: none"> 1. Douglas Bushell, DO, Emergency Med <p>MEDICAL STAFF REAPPOINTMENT</p> <ol style="list-style-type: none"> 1. Arun Kalra, MD, Oncology 2. Dyanesh Ravindran, MD, Oncology 3. Alireza Abdolmohammadi, MD Oncology 4. Mohamad Ghraawi, MD, Oncology 5. Barry Shibuya, MD, Rheumatology 6. Tikoos Blankenberg, MD, Pathology 7. Edward Richert, MD, Family Medicine 8. Lloyd Pena, MD, Emergency Medicine 9. David Gedeon, MD, Radiology 10. Jill Wruble, DO, Radiology 11. William Whetsell, MD, Radiology 12. Jeffrey Hare, MD, Radiology 13. Ernst Hansch, MD, Radiology 14. Dennis Buschman, MD, Radiology 15. Kerry Sullivan, DO, Radiology 16. Rati Patel, MD, Radiology 17. Blake Evernden, MD, Radiology 18. Shahzad Madanipour, MD, Radiology 19. Teresa McQueen, MD, Radiology 20. Rebecca Askea, MD, Radiology 21. William Bacon, MD, Radiology 22. Mazen Ghani, MD, Radiology 23. Taylor Jordan, MD, Radiology 24. Mustafa Ansari, MD, Neurology 25. Tyrell Simpkins, DO, Neurology 26. Amy Brooks-Kayal, MD, Neurology 		<p>Moved to Accept All Med Staff Credentials</p>	<p>Approved by Unanimous Consent</p>

11	RECONVENE OPEN SESSION – REPORT CLOSED SESSION ACTION: Medical Staff Credentials were moved, seconded and carried. Unanimous consent to approve credentials.
12	ADJOURNMENT: at 2:37 pm Next Regular Meeting – December 8, 2021

Mayers Memorial Hospital District Quality Committee Report

Meeting Date:	Wednesday January 12, 2022
Department:	Human Resources
Submitted By:	Libby Mee – Director of Human Resources
List up to three things that are going well in your department.	
<p>Started first cohort of MMHD CNA program with 7 students Hired and on-boarded 98 employees for the calendar year 2021 Continued compliance with COVID/Vaccination regulations, mandates and employee tracking</p>	
Do you have any current quality improvement projects/activities underway? Please provide a brief description.	
Is this a LEAN project? Possibly a LEAN Project	
<p>We are actively wanting to transition to a Human Resource Information System. The HR/Payroll team is currently utilizing 9 different systems for HR and Payroll related functions. These systems do not speak to each other, so the team has to input and work individually in each system.</p>	
How does this impact on patients? Do you think this is acceptable?	
<p>A centralized system would allow for more efficient marketing and onboarding of open positions. This is acceptable, as it would allow us to attract more applicants and provide the ability for newly hired staff to start sooner and be able to provide patient care.</p>	
How does this impact on staff? Do you think this is acceptable?	
<p>A HRIS system would also benefit staff. The system would provide significant timesaving's for the HR and Payroll team, and provided additional resources and ease of use for all MMHD Employees.</p>	
What progress has been made on these projects since the last quality committee meeting?	
<p>As we near the selection of a new EHR system, we can narrow down the HRIS selection process as well, ensuring that there are no integration issues between systems.</p>	
Has anyone in particular been instrumental in helping to progress/improve the problem?	
Travis Lakey	
Which Strategic Goal does your quality issue BEST relate to (choose one)?	
Outstanding Staff	
Have any new quality-related issues arisen? Briefly describe.	
Working on compliance of the new COVID-19 Vaccine Booster regulations.	
Are there any other issues to be discussed with the Committee?	
Not at this time	

Mayers Memorial Hospital District Quality Committee Report

Meeting Date:	Wednesday January 12, 2022																
Department:	Work Comp and Employee Health																
Submitted By:	Libby Mee – Director of Human Resources																
List up to three things that are going well in your department.																	
Roll out of new employee wellness program MMHD has been asked by BETA to pilot a program related to Work Place Violence Prevention																	
Do you have any current quality improvement projects/activities underway? Please provide a brief description.																	
Is this a LEAN project? NO																	
Continue to work with BETA representatives and MMHD committees to update Workplace Violence Prevention Programs and full build and implementation of a Safe Patient Handling Program.																	
How does this impact on patients? Do you think this is acceptable?																	
Both programs will establish policies and procedures that promote a healthcare environment that will reduce exposure to violence and associated injuries and promoting safe patient handling principals all while improving patient care.																	
How does this impact on staff? Do you think this is acceptable?																	
Both programs promotes a healthy and safe working environment for staff.																	
What progress has been made on these projects since the last quality committee meeting?																	
The MMHD Workplace Violence Prevention committee has already met 8 of the 11 metrics to meet validation of the program. We are still waiting on a meeting with the representative for the Sate Patient Handling Program.																	
Has anyone in particular been instrumental in helping to progress/improve the problem?																	
BETA Healthcare Group and Dana Hauge – Employee Wellness Coordinator																	
Which Strategic Goal does your quality issue BEST relate to (choose one)?																	
Outstanding Staff																	
Have any new quality-related issues arisen? Briefly describe.																	
NO																	
Are there any other issues to be discussed with the Committee?																	
4th Quarter 2021 Injury and Illness Data: First Aide Injuries – 8 claims with no loss days from work <i>4 of the 8 claims we slip and falls in the parking lot during recent storms</i> Reportable Injuries – 2 claims resulting in 6 days away from work Year to Date and Previous Year Comparison Data:																	
	<table border="1"> <thead> <tr> <th></th> <th>2021</th> <th>2020</th> <th>2019</th> </tr> </thead> <tbody> <tr> <td>First Aide</td> <td>18</td> <td>14</td> <td>12</td> </tr> <tr> <td>Reportable</td> <td>8</td> <td>8</td> <td>5</td> </tr> <tr> <td>Days Away for Work</td> <td>12</td> <td>70</td> <td>59</td> </tr> </tbody> </table>		2021	2020	2019	First Aide	18	14	12	Reportable	8	8	5	Days Away for Work	12	70	59
	2021	2020	2019														
First Aide	18	14	12														
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Days Away for Work	12	70	59														

Mayers Memorial Hospital District Quality Committee Report

Meeting Date:	January 12, 2022
Department:	Business Office
Submitted By:	Danielle Olson
List up to three things that are going well in your department.	
Clinic billing is going and we are just waiting on CMS approval for Medicare. Charge entry clerk has been hired to replace our employee who quit a few months ago.	
Do you have any current quality improvement projects/activities underway? Please provide a brief description.	
Is this a LEAN project? Y/N	
Learning the charge entry position and training charge entry person. Obtaining a PTAN(billing#) from Medicare for the clinic	
How does this impact on patients? Do you think this is acceptable?	
It does not really have an impact on the patient unless they are receiving incorrect bills.	
How does this impact on staff? Do you think this is acceptable?	
Staff will have a lot of work when Medicare assigns the PTAN but through EPIC everything will go out electronically. We have set up the system so there should not be too many denials when we are able to bill. Charge entry has been a little bit of a struggle... We had someone in that position for a long time and that person trained off the position to an employee that suddenly quit. I took this on personally to learn and train to the next employee so I do not think it should have a big impact on staff.	
What progress has been made on these projects since the last quality committee meeting?	
We are currently 4 th in line to have the PTAN processed by CMS and I have learned most of the charge entry position and have someone hired that will be starting in the next couple of weeks.	
Has anyone in particular been instrumental in helping to progress/improve the problem?	
Travis has been working on the PTAN and our employee that retired has been working with me remotely to learn charge entry.	
Which Strategic Goal does your quality issue BEST relate to (choose one)?	
Outstanding Financing	
Have any new quality-related issues arisen? Briefly describe.	
Are there any other issues to be discussed with the Committee?	

Mayers Memorial Hospital District Quality Committee Report

Meeting Date:	1-12-2022
Department:	HIM
Submitted By:	Lori Gibbons
List up to three things that are going well in your department.	
Coding of charts, both inhouse and out-sourced (ATOS).	
Do you have any current quality improvement projects/activities underway? Please provide a brief description.	
Is this a LEAN project? Y/N	
OSHPD State reporting is now changed from OSHPD to Sierra for reporting. This is done quarterly and semi-annually. The new system is easier to work with. User friendly. I will be training another employee on the steps for reporting so that I have a back-up.	
How does this impact on patients? Do you think this is acceptable?	
It doesn't. it is more for statistics. We report items such as Insurance , age, gender, race, primary language spoken, DNR status, Diagnosis and procedures and charges.	
How does this impact on staff? Do you think this is acceptable?	
No impact	
What progress has been made on these projects since the last quality committee meeting?	
Has anyone in particular been instrumental in helping to progress/improve the problem?	
Which Strategic Goal does your quality issue BEST relate to (choose one)?	
Have any new quality-related issues arisen? Briefly describe.	
Physician chart completion. We have been steadily working with Dr. Watson on getting the ER physicians to communicate with HIM dept before they leave after shift to check for any incomplete charts. This is a work in progress. This is a continuity of care issue as when the physician leaves without documenting an ER record we have nothing to send requesting outside facilities for follow up.	
Are there any other issues to be discussed with the Committee?	

Mayers Memorial Hospital District Quality Committee Report

Meeting Date:	1/12/2022
Department:	Finance
Submitted By:	Travis Lakey CFO
List up to three things that are going well in your department.	
<ol style="list-style-type: none"> 1. Provider Relief Fund Reporting 2. Medicare Cost Report 3. Annual and Medi-Cal Audits 	
Do you have any current quality improvement projects/activities underway? Please provide a brief description.	
Is this a LEAN project? Y/N	
No projects underway	
How does this impact on patients? Do you think this is acceptable?	
N/A	
How does this impact on staff? Do you think this is acceptable?	
N/A	
What progress has been made on these projects since the last quality committee meeting?	
N/A	
Has anyone in particular been instrumental in helping to progress/improve the problem?	
N/A	
Which Strategic Goal does your quality issue BEST relate to (choose one)?	
Financial	
Have any new quality-related issues arisen? Briefly describe.	
No quality related issues to report. Just a lot of additional work due to Provider Relief Funding and Reporting which could be audited years from now.	
Are there any other issues to be discussed with the Committee?	
No.	

Mayers Memorial Hospital District Quality Committee Report

Meeting Date:	1/12/22
Department:	Patient Access
Submitted By:	Amy Parker
List up to three things that are going well in your department.	
No staffing issues Covid protocols (testing and admitting employees/patients) is going really well	
Do you have any current quality improvement projects/activities underway? Please provide a brief description.	
Is this a LEAN project? Y/N no	
We have implemented weekly trainings for things like customer service, cash handling and understanding insurances. I have topics for the weekly trainings scheduled for the next 4 months.	
How does this impact on patients? Do you think this is acceptable?	
This will have a positive impact on patients. The more knowledgeable our employees are, the more comfortable patients will be getting their health care needs met here.	
How does this impact on staff? Do you think this is acceptable?	
I think knowledge creates good self-esteem.	
What progress has been made on these projects since the last quality committee meeting?	
During the last Quality meeting I mentioned that we would be cross training with the clinic. Everyone at the front desk is capable of building new patients and making appointments for the clinic.	
Has anyone in particular been instrumental in helping to progress/improve the problem?	
Angelina Mercado was the first to learn the clinics system and has created a "how to" binder for all of us to utilize when we get stuck. She also volunteered to cover the clinics front desk when they are short staffed.	
Which Strategic Goal does your quality issue BEST relate to (choose one)?	
Outstanding Patient Services	
Have any new quality-related issues arisen? Briefly describe.	
No	
Are there any other issues to be discussed with the Committee?	
Not at this time	

Mayers Memorial Hospital District Quality Committee Report

Meeting Date:	
Department:	SNF
Submitted By:	Shelley Lee RN DON
List up to three things that are going well in your department.	
<ol style="list-style-type: none"> 1. Seven students for the CNA class starting on 1-10-22. 2. Positive attitudes and moral. 	
Do you have any current quality improvement projects/activities underway? Please provide a brief description.	
Is this a LEAN project? Y/N	
<ul style="list-style-type: none"> • Psychotropic Medication Management. (Management of residents with behaviors) 	
How does this impact on patients? Do you think this is acceptable?	
Positive for the SNF environment.	
How does this impact on staff? Do you think this is acceptable?	
Decrease fatigue and anxiety for both residents and staff when able to manage disruptive behaviors.	
What progress has been made on these projects since the last quality committee meeting?	
Obtained educational materials from CMS.	
Has anyone in particular been instrumental in helping to progress/improve the problem?	
Which Strategic Goal does your quality issue BEST relate to (choose one)?	
Outstanding patient services.	
Have any new quality-related issues arisen? Briefly describe.	
Both facilities again on response testing (yellow status) for Covid exposure from infected NPH staff. First testing for residents and staff conducted on 01 04 2022.	
Are there any other issues to be discussed with the Committee?	
None	

Mayers Memorial Hospital District Quality Committee Report

Meeting Date:	01/12/2022
Department:	Emergency
Submitted By:	Alexis Cureton, RN
List up to three things that are going well in your department.	
<ol style="list-style-type: none"> 1. ESI (emergency severity index) audits are done monthly and the staff is at 99%! 2. Mock Survey results were distributed to the ER, and the staff worked quickly to fix them. 3. Corvid operations are becoming much more fluid as we are quickly approaching year 3, the staff seem to be settled in as do most of the patients. 	
Do you have any current quality improvement projects/activities underway? Please provide a brief description.	
Is this a LEAN project? Y/N	
Stroke, Myocardial Infarctions and Sepsis protocols have been established, we are working on a way to audit these protocols for compliance.	
How does this impact on patients? Do you think this is acceptable?	
The impact on the patients will be early recognition and treatment easy to follow algorithm and industry standard of care.	
How does this impact on staff? Do you think this is acceptable?	
The staff appreciate the evidence based practice and standard of care we are giving to our patients.	
What progress has been made on these projects since the last quality committee meeting?	
ESI is at 99% compliant.	
Has anyone in particular been instrumental in helping to progress/improve the problem?	
JD Phipps (implemented the "b3g 3" who is now gone, and the Nursing Supervisors for helping to review and educate the travel nurses.	
Which Strategic Goal does your quality issue BEST relate to (choose one)?	
Outstanding patient services	
Have any new quality-related issues arisen? Briefly describe.	
Continuity of care, with many RN travelers through the ER, sometimes the patients in our small community may feel a less personal connection.	
Are there any other issues to be discussed with the Committee?	

Staffing as we are currently utilizing 3 travelers in FT positions and they are very expensive.