

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 10, 2021 1:00 PM

Zoom Meeting: [LINK](#)

Call In Number: 1-669-900-9128

Meeting ID: 950 6577 6843

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		
2	CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS				Approx. Time Allotted
3	APPROVAL OF MINUTES				
	3.1	Regular Meeting – January 13, 2021	Attachment A	Action Item	2 min.
4	REPORTS: QUALITY FACILITIES: NO REPORTS				
	4.1	Facilities & Engineering	Alex Johnson	Attachment B	Report 5 min.
5	REPORTS: QUALITY STAFF				
	5.1	Safety – Quarterly Report	Val Lakey	Attachment C	Report 5 min.
	5.2	Environmental Services	Sherry Yochum	Attachment D	Report 5 min.
6	REPORTS: QUALITY PATIENT SERVICES				
	6.1	Patient Access	Amy Parker	Attachment E	Report 5 min.
	6.2	Information Technology	Ryan Nicholls	Attachment F	Report 5 min.
	6.3	Food & Nutrition Services	Susan Garcia	Attachment G	Report 5 min.
	6.4	Purchasing	Delaney Harr	Attachment H	Report 5 min.
	6.5	SNF Events/Survey	Candy Detchon		Report 5 min.
	6.6	Infection Control	Dawn Jacobson		Report 5 min.

7	REPORTS: QUALITY FINANCES: NO DEPARTMENT REPORTS				
8	DIRECTOR OF QUALITY	Jack Hathaway		Report	10 min.
9	NEW BUSINESS				
	9.1	POLICIES: NONE			
	9.2	Community Member Invitation to Quality Committee		Discussion	5 min.
10	ADMINISTRATIVE REPORT		Louis Ward	Report	10 min.
11	OTHER INFORMATION/ANNOUNCEMENTS			Information	5 min.
12	ADJOURNMENT: Next Regular Meeting – March 10, 2021 – Zoom Meeting				

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Board of Directors
Quality Committee
Minutes

January 13, 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 1:00 pm on the above date.			
	BOARD MEMBERS PRESENT:		STAFF PRESENT:	
	Jeanne Utterback, President Tom Guyn, MD., Secretary		Louis Ward, CEO Travis Lakey, CFO Candy Detchon, CNO Keith Earnest, CCO Jack Hathaway, Director of Quality JD Phipps, Director of ED & Ancillary Services Neil Coplea, Lab Manager Diana Groendyke, Director of Nursing Lori Stephenson, HIM Danielle Olson, Business Office Alan Northington, Radiology Jessica DeCoito, Board Clerk	
	ABSENT:			
	Community Members Present: Laura Beyer			
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 November 11, 2020	Hathaway, Utterback	Hathaway – Y Utterback – Y Ward-Y
4	REPORTS: QUALITY FACILITIES: NO DEPARTMENT REPORTS			
5	REPORTS: QUALITY STAFF			
	5.1	PERSONNEL: Will be presenting to the full board meeting on January 27 th where updates will be provided and more detail will be given. The COVID world has been a challenge but we have an ongoing tracking spreadsheet to keep us up to date and everyone is aware of the isolation and quarantine periods.		
	5.2	WORKER'S COMP QUARTERLY: Dana's program relating to the ergonomics is really exciting and close to roll out for our employees. Annual totals for 2020 were up from 2019. 2020 reportable injuries do include the COVID positive numbers for employees who had a work related exposure. Programs that Dana is working on benefit Mayers not only from a wellness standpoint but also financially with our BETA insurance plan.		
6	REPORTS: QUALITY PATIENT SERVICES			
	6.1	EMERGENCY DEPARTMENT: Our audit process in the last year and half has proved beneficial to our department in making improvements. Two areas of focus are on sepsis and stroke. Protocols will be shared with Board of Directors.		

6.2	LABORATORY: Working on getting policies, procedures, and guidelines up to date or created. Making sure we are meeting all regulatory guidelines with work flows, maintenance and processes is the goal. The end result it to make sure everything is of QUALITY. Updating equipment, especially in microbiology with regards to blood culture sampling. TAT= turnaround time LOS = length of stay. Neil is a new member to the team and we are very grateful to have him and his experience brought to MMHD.		
6.3	RADIOLOGY: Working on lots of projects. Including getting a working platform for the ED Physicians to get into images for patients. vRAD, organization that reads our images past 5:00 pm, worked on completing the digital information link on January 12 th . Lighting in the X-ray and CT suites needs to be adjusted to a lower setting. Automatic door opener on the CT Suite needs to be installed. CD Burner needs to be purchased to download the images onto CD's. Looking at ways to perform the x-rays on patients in isolation rooms.		
6.4	HIM: Discussion taking place regarding allowing the HIM clinic access into our EMR. An example would be allowing access to a primary physician at the clinic for one of their patients who had a visit to the ER and the ER physician recommended a follow up visit with primary physician. Issues of concern that was brought to attention regards when a clinic is accessing data outside of their patients.		
6.5	SNF: In spite of these challenging times with COVID, we still have some great things going on. Vaccination program for the residents has gone very well – 53 out of 71 residents have vaccinated. We will continue to work on consent forms and phone calls. Both facilities are working very diligently to keep COVID-19 out of the SNF's but we have had a couple of positives that are being isolated. Continue to be on top of infection control and surveys have been great. Our star rating has been increased from 2 to 3 stars and will continue to be a focus for the staff to continue to rise.		
6.6	SNF EVENTS/SURVEY: Surveys have been focus surveys surrounding COVID. No tags on any of the surveys. Thanks to Jack for his work with the state on surveys. We are starting to look at plans for visitation when Shasta Co. is pulled out of the purple tier. And we are working on keeping families up to date with vaccination concerns and how it will help the visitation process. Our isolation process has been efficient and helpful in keeping those non-affected COVID patients safe and positive case levels low. Gratitude to the SNF teams in keeping our residents safe.		
6.7	INFECTION CONTROL: We have 136 vaccinations, 86 of those have received their second dose. We have begun employee physicals again. We have two employees on isolation, 7 on quarantine. 30 employees on isolation and 30 employees on quarantine since the beginning of COVID.		
7	REPORTS: QUALITY FINANCES		
7.1	BUSINESS OFFICE: Working on the implementation of Epic for the Clinic. Billing for COVID related hospital stays is very difficult to navigate but we are working through that. AR Days are up due to COVID related patient stays but we have seen that number go down throughout the last few months and anticipate it to go down soon.		
7.2	FINANCE: About to wrap up our district audit which was more difficult this year with CARES Act and how to report it. Audit should be ready for the February Board Meeting. CARES Act reporting opens up on Friday, January 15 th but little is known about how that will go and if they will delay it. Once open, we have a month to file our reporting.		
8	DIRECTOR OF QUALITY		
8.1	Compliance Quarterly: Review of the whole year provided with the survey information. Currently working on a platform to track complaints from the public and intake. 15 surveys this last year and only 3 tags out of all surveys. Able to remedy the tags.		
9	OLD BUSINESS		
9.1	PATIENT SAFETY FIRST REPORT: The belief is that we are encompassing the Patient Safety aspect in almost all of our departments already. We have electronic reporting platform for patient safety errors, and multiple tracking methods are being used to track falls and events. Committees within the medical departments are addressing patient safety issues and solutions already as well. It is believed that we do not need another report.		
10	New Business		
10.1	Policies: Hospice Patient Bill of Rights A Consult came in summer of 2020 and asked that we provide the policy attached.	<i>Hathaway, Guyn</i>	<i>Guyn – Y Utterback – Y Ward-Y Hathaway-Y</i>
10.2	ENV SERVICES REPORT: we passed the Biological Sampling Report.		
10.3	Community Member Appointment to Quality Committee: The Quality Committee recommends to the full board for approval, to include Laura Beyer on the Quality Committee as a community member.	<i>Guyn, Ward</i>	<i>Guyn –Y Utterback-Y Ward-Y</i>

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.

				Hathaway-Y
11	<p>ADMINISTRATIVE REPORT: Previous meeting, the positive case number was 2740 and as of yesterday, 9315 positive cases. 34 deaths in November and as of yesterday we have 103. Thank you to Val, Candy and Keith for all working so hard on the vaccination program we have going on here at MMHD for both employees and residents. And for getting ready for the community rollout. Shasta Co. COVID-19 Vaccine Rollout graphic was shared. Graphic can be found HERE. Lots of questions at MMHD concerning moving into the next Phase and Tier when we are ready, even if the urban areas in the county are not. The biggest challenge with going into Phase1B will be staffing the vaccination days and keeping those folks informed of their second dose date. We have some measures in place to help already like PDF forms online that can be filled out and returned to MMHD to be put on the list, and then a text/email message reminder for the second dose appointment. We are working with MVHC to plan a vaccination clinic. Community messaging with requirements and recommendations from CDPH and Shasta Co. Public Health with regards to vaccination is going out soon. PPE is being worked on right now with AB2537 and required 90-day stock on hand. Employee Council has been kicked off – 10 members of staff with non-management roles serve on this council. Meetings once a month regarding all this hospital. Clinic construction is on schedule, EMR schedule is on track, and working on 340B contract. We are establishing clinic rates and working to get staff hiring started soon. Physician contracts are being created and we are working with a physician that would like to work in women’s health. Nurse Call Project is back underway and is at 90% completion. And we are ready to open the 20 Bed COVID Ward when or if the time calls.</p>			
12	OTHER INFORMATION/ANNOUNCEMENTS:			
13	CLOSED SESSION			
		<p>Medical Staff Credentials Government Code 54962 List of Credentials:</p> <p>STAFF STATUS CHANGE: Dan Dahle, MD – Move to Inactive</p> <p>AHP REAPPOINTMENT: Erica Haedrich, PA – Family Medicine</p> <p>13.1 MEDICAL STAFF REAPPOINTMENT: Jeremy Austin, MD – Emergency Medicine Paul Davainis, MD – Emergency Medicine Javeed Siddiqui, MD – Infectious Disease Richard Granese, MD – Psychiatry</p> <p>MEDICAL STAFF APPOINTMENT: Danford Bickmore, MD – Radiology Gregory Shaw, MD – Radiology</p>	<i>Guyn, Ward</i>	<p>Guyn – Y Utterback –Y Ward - Y</p>
14	Reconvene CLOSED Session. Credentials have been approved to reviewed at full board.			
15	Adjournment: Next Regular Meeting – February 10, 2021			

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Mayers Memorial Hospital District Quality Committee Report

Meeting Date:	2/10/2021
Department:	Facilities and Engineering
Submitted By:	Alex Johnson
List up to three things that are going well in your department.	
<p>My staff is keeping a positive attitude throughout all of the changes going on due to Covid.</p> <p>The Burney crew is constantly making progress on refreshing the rooms and hallways at the annex with new paint and repairs to cabinetry.</p> <p>The engineering crew is continuing to complete on and off site construction projects.</p>	
Do you have any current quality improvement projects/activities underway? Please provide a brief description.	
Is this a LEAN project? Y/N	
<p>Purchasing Remodel.</p> <p>Long Street House Remodel</p> <p>Helipad and Carport</p> <p>Maintenance Ticketing System</p> <p>LEAN-no</p>	
How does this impact on patients? Do you think this is acceptable?	
<p>I think all of these will have positive impacts on the patients. It will be easier to keep track of maintenance requests with the ticketing system so residents and patients will get faster responses for their needs. Patients will no longer have to be wheeled across the parking lot to the old helipad because the new one is right outside the ER. I would say that is acceptable.</p>	
How does this impact on staff? Do you think this is acceptable?	
<p>Almost everything we do in our departments is geared towards having a positive impact on staff and I believe all of these projects fit that description. Acceptable.</p>	
What progress has been made on these projects since the last quality committee meeting?	
<p>Purchasing Remodel is halfway done.</p> <p>Long Street House remodel will be completed by 2/12/2021</p> <p>The Helipad is just waiting for some lights to arrive so we can install them and it will be complete.</p> <p>The carport needs to be sided and painted but we are waiting for a break in the weather to do the work.</p> <p>The maintenance ticketing system should roll out in the next few months. The software has been purchased and IT is working with us to get it up and running.</p>	
Has anyone in particular been instrumental in helping to progress/improve the problem?	
My Staff and Leadership	
Which Strategic Goal does your quality issue BEST relate to (choose one)?	
Outstanding Facilities	
Have any new quality-related issues arisen? Briefly describe.	
Not that I can think of.	
Are there any other issues to be discussed with the Committee?	
Not that I can think of.	

Mayers Memorial Hospital District Quality Committee Report

Meeting Date:	February 10, 2021
Department:	Safety
Submitted By:	Valerie Lakey
List up to three things that are going well in your department.	
<p>The Safety and Emergency Preparedness Department has seen great improvements over the last few years. In highlighting the most significant things that are going well:</p> <ul style="list-style-type: none"> • Participation from all departments in Safety Meetings and a general knowledge amongst staff about safety and EP procedures. Communication has improved greatly. • Additional staff to develop and implement Injury and Illness Prevention Plan (IIPP) and Ergonomics program • A well-developed Workplace Violence Prevention Program that meets CalOsha standards. 	
Do you have any current quality improvement projects/activities underway? Please provide a brief description.	
Is this a LEAN project? Y/N	
<p>The IIPP and Ergonomics Programs are in process and should be completed and fully implemented by April 2021. These programs will ensure staff and patient safety ad outline processes, education and training. The Quality Committee will see these documents soon.</p>	
How does this impact on patients? Do you think this is acceptable?	
<p>The IIPP and Ergonomics programs will impact patients in a positive way. Training for safe patient handling and proper work place safety is essential to maintain a capable and safe workforce.</p>	
How does this impact on staff? Do you think this is acceptable?	
<p>Through these programs staff will have more access to resources, education and training. The programs maintain a goal of providing safe work environments. Routine evaluations of workstations, processes and equipment will help identify any issues before they become a challenge.</p>	
What progress has been made on these projects since the last quality committee meeting?	
<p>These projects were initiated since the last Quality meeting. Another project since the last meeting that has been finalized includes the Panic Button system installation</p>	
Has anyone in particular been instrumental in helping to progress/improve the problem?	
<p>Wellness Coordinator, Dana Hauge has been instrumental in these programs. Dana is completing Ergonomic training and is working with BETA on safety programs.</p>	
Which Strategic Goal does your quality issue BEST relate to (choose one)?	
Outstanding staff	
Have any new quality-related issues arisen? Briefly describe.	

COVID continues to present challenges as we work through new regulations, reporting requirements and ever changing processes from the state and county.

Are there any other issues to be discussed with the Committee?

None at this time.

Mayers Memorial Hospital District Quality Committee Report

Meeting Date:	
Department:	Environmental Services
Submitted By:	Sherry Rodriguez
List up to three things that are going well in your department.	
Staffing is up, getting people hired and trained. Resident laundry has been a challenge getting it back to residents in a timely manner(since laundry facility is closed) but we are managing to get it done turn around time is a little longer than normal but we are getting it done. The challenges that we have faced with the covid-19 are slowing down a little and we are into a routine on what needs to be done and we know what needs to be done now.	
Do you have any current quality improvement projects/activities underway? Please provide a brief description.	
Is this a LEAN project? Y/N	
Covid-19 is an ongoing thing right now and Louis has purchased a UV light that will aide us in the cleaning/disinfecting process that does help cut down on some time but also ensures that all surfaces are disinfected without missing any flat surfaces.	
How does this impact on patients? Do you think this is acceptable?	
I think it does impact patients and yes I think its acceptable knowing that we are doing everything we can to make sure our hospital is as germ free as we can make it.	
How does this impact on staff? Do you think this is acceptable?	
Yes I think this does impact all staff on turn around time to get things properly cleaned it helps my staff greatly and also it makes a safer environment knowing that all surfaces have been disinfected.	
What progress has been made on these projects since the last quality committee meeting?	
So with all the challenges that we as a department have faced in the last year with covid-19, expanding and having 10 outbuilding to take care of moving people around and the new wing I have hired 5 new people so we can cover all these areas and still not done getting people trained but we are doing much better getting into a routine with all the many different changes that we have on a day-to-day basis.	
Has anyone in particular been instrumental in helping to progress/improve the problem?	
Yes Louis and ryan for researching and finding this uv light and thinking of us to purchase it. We can always use this anywhere not just for the covid unit.	
Which Strategic Goal does your quality issue BEST relate to (choose one)?	
I think that having staff growth and training people to be flexible with all the changes that we have to deal with and getting into a routine with all of this is probably my biggest goal	
Have any new quality-related issues arisen? Briefly describe.	

I don't have anything else at this time.

Are there any other issues to be discussed with the Committee?

Mayers Memorial Hospital District Quality Committee Report

Meeting Date:	02/10/21
Department:	Patient Access
Submitted By:	Amy Parker
List up to three things that are going well in your department.	
<p>We are maintaining a good patient flow even though we have been greatly impacted by Covid No staffing issues We are cross training with Lab and HIM to support staffing issues that they have experienced</p>	
Do you have any current quality improvement projects/activities underway? Please provide a brief description.	
Is this a LEAN project? Y/N- NO	
<p>The Patient Access department will be cross training to learn the new registration and medical records systems for the clinic.</p>	
How does this impact on patients? Do you think this is acceptable?	
<p>I think it will be great for patients- they will be able to interact with someone familiar at the new clinic even if they are leery about trying a new facility.</p>	
How does this impact on staff? Do you think this is acceptable?	
<p>From the feedback I am getting the staff in the Patient Access department is excited. They all seem to enjoy learning new things and are almost always eager to help out when needed.</p>	
What progress has been made on these projects since the last quality committee meeting?	
<p>I last reported on transitioning to the new hospital wing and it went really well for us. There wasn't anything that we didn't consider and patient flow was not impacted by our department.</p>	
Has anyone in particular been instrumental in helping to progress/improve the problem?	
<p>Everyone has been a team player and supportive of one another.</p>	
Which Strategic Goal does your quality issue BEST relate to (choose one)?	
<p>Outstanding Patient Services</p>	
Have any new quality-related issues arisen? Briefly describe.	
<p>No</p>	
Are there any other issues to be discussed with the Committee?	
<p>Not at this time.</p>	

Mayers Memorial Hospital District Quality Committee Report

Meeting Date:	2/10/21
Department:	IT
Submitted By:	Ryan Nicholls
List up to three things that are going well in your department.	
Cybersecurity initiatives Teamwork	
Do you have any current quality improvement projects/activities underway? Please provide a brief description.	
Is this a LEAN project? Y/N	
Annual Security Assessment We have voluntarily opted into annual security audits through BancSec. BancSec specializes in banking security, both physical and cyber, however we have found their methods to be applicable to healthcare as well. I believe that as regulatory bodies figure out where tech really fits into everyday healthcare we will start seeing more guidelines during our surveys and I would like to be ahead of that curve.	
How does this impact on patients? Do you think this is acceptable?	
No visible impact, but the privacy of our patients is second only to the care they receive.	
How does this impact on staff? Do you think this is acceptable?	
Staff has and will continue to experience workflow interruptions as we continue to tighten security. This is acceptable to a point, and that point can only be determined through risk management.	
What progress has been made on these projects since the last quality committee meeting?	
We have remediated 6 of the 12 findings from the attached BCAR that we determined were realistic to complete, meaning they had an optimal combination of risk reduction and time investment required. We plan to complete the remaining 7, and begin work on an additional 2 due to urgencies related to other projects before the next audit in May.	
Has anyone in particular been instrumental in helping to progress/improve the problem?	
Jeff Miles, who is a CISSP, has many years of experience doing these audits and we would not be knocking out findings as effectively without him.	
Which Strategic Goal does your quality issue BEST relate to (choose one)?	
Patient Services	
Have any new quality-related issues arisen? Briefly describe.	
Only items from the Audit.	
Are there any other issues to be discussed with the Committee?	
Finding #1/#4, in the attached BITCA. Attached Metrics and Surveys if there are questions about them.	

Helpdesk At A Glance

Aug 12, 2020 - Jan 12, 2021

Filtered by: Time Period: **Aug 12, 2020 - Jan 12, 2021**

Summary

2355

▲ 2.97%

RECEIVED TICKETS

2331

▲ 1.97%

RESOLVED TICKETS

56

▲ 833.33%

BACKLOG TICKETS

02:43

▲ 72.44%

AVERAGE RESPONSE TIME
(IN HRS)

09:08

▲ 46.71%

AVERAGE FIRST RESPONSE
TIME (IN HRS)

05:29

▲ 88.01%

AVERAGE RESOLUTION TIME
(IN HRS)

1.3

▲ 0.89%

AVERAGE CUSTOMER
INTERACTIONS

0.6

AVERAGE AGENT
INTERACTIONS

275

▲ 12.24%

NUM. OF REOPENS

358

▲ 8.81%

NUM. OF REASSIGNS

96.0%

▼ 2.19%

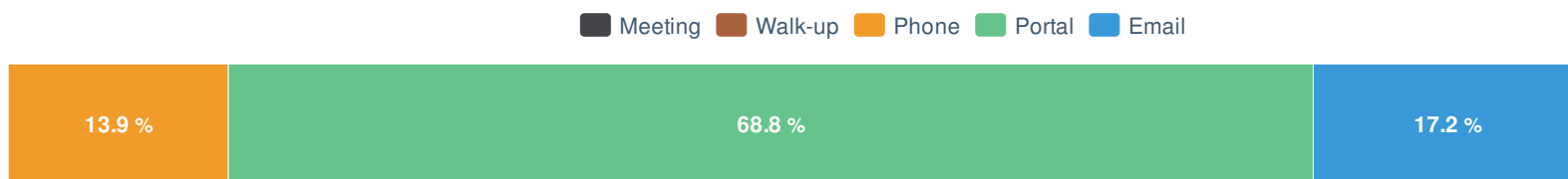
SLA %

83.7%

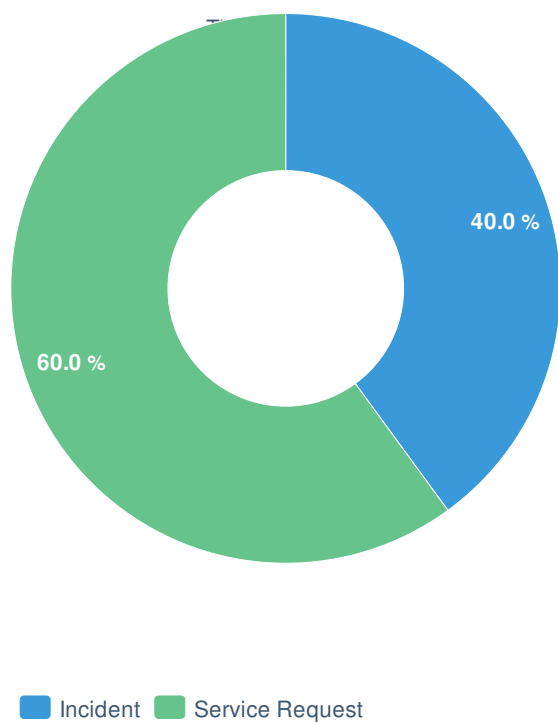
▼ 2.78%

FCR %

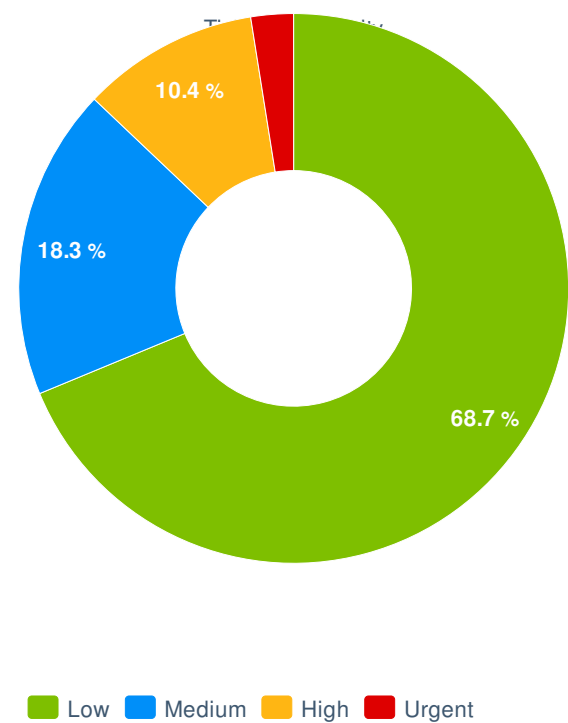
Ticket by source



Tickets By Type



Tickets By Priority



Satisfaction Report

Dec 19 2020 - Jan 12 2021

IT



88.1% | 37 Responses
Very Good



7.14% | 3 Responses
Neutral



4.76% | 2 Responses
Good



0% | 0 Responses
Very Bad



0% | 0 Responses
Bad

Mayers Memorial Hospital District Quality Committee Report

Meeting Date:	2/10/21
Department:	Food and Nutrition Services
Submitted By:	Susan Garcia
List up to three things that are going well in your department.	
<ul style="list-style-type: none"> • Staff levels have been improving • Square (online meal service) is going well • Moral is pretty positive for everything happening in life during these difficult times 	
Do you have any current quality improvement projects/activities underway? Please provide a brief description.	
Is this a LEAN project? Y/N	
Currently working on completing the employee information binder. It will provide information for new employees, procedures, reorientation, charts, signs, etc. Will also have visuals for meal production, presentation, comfort care carts, employee lunches and other services that the department provides.	
How does this impact on patients? Do you think this is acceptable?	
Allows us to provide quality service in meal production, presentation and standardization to our residents and patients.	
How does this impact on staff? Do you think this is acceptable?	
Provides the staff a guide, accessible at all times, to aide in the production of great quality food.	
What progress has been made on these projects since the last quality committee meeting?	
The staff has more of an understanding in the importance of consistency in meal preparation.	
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.	
Are there any other issues to be discussed with the Committee?	
COVID issues this past year. Communicating with staff closely regarding concerns/issues work related or personal to ensure we are safe and will work together to get through this event as a team.	

Mayers Memorial Hospital District Quality Committee Report

Meeting Date:	
Department:	Purchasing
Submitted By:	Delaney Harr
List up to three things that are going well in your department.	
<ol style="list-style-type: none"> 1. New staff training 2. Remodel 	
Do you have any current quality improvement projects/activities underway? Please provide a brief description.	
Is this a LEAN project? No	
The purchasing department has three employees out of four total that have been in the department less than a year. We are focusing heavily on training on stocking and receiving to ensure that clinical departments are being sufficiently supported.	
How does this impact patients? Do you think this is acceptable?	
Patients receive better care when staff providing care has ready access to supplies that they need.	
How does this impact staff? Do you think this is acceptable?	
Staff is able to focus more on patients rather than locating supplies when purchasing is able to properly stock.	
What progress has been made on these projects since the last quality committee meeting?	
As mentioned, the department is very new so we are focusing on the basics to prepare for other long-term improvement goals.	
Has anyone in particular been instrumental in helping to progress/improve the problem?	
Nursing staff has been helpful in determining par levels and informing the department of their needs, particularly relating to personal protective equipment (hereinafter, PPE) such as surgical masks, N-95s, isolation gowns, bouffant caps, and shoe covers.	
Which Strategic Goal does your quality issue BEST relate to (choose one)?	
The purchasing department supports quality patient services by ensuring timely and adequate supply of all medical supplies to various departments.	
Have any new quality-related issues arisen? Briefly describe.	
A large number of overstocked and expiring items have caught my attention lately and I see potential to set future goals to improve these issues to adhere to financial quality.	
Are there any other issues to be discussed with the Committee?	
Not at this time.	

CMS Core Measures:

Our Core measures (Core measures are those that are required to be able to participate in the CA FLEX program and to receive monies available through grants – they are also CoPs (Conditions of Participation) requirements with CMS) are still being reported as required to CMS through the appropriate subsidiaries – our EDTC (Emergency Department Transfer Communications) is being completed and reported through DHCS (Department of Health Care Services) Office of Rural Health; and the other infection prevention metrics are being reported through NHSN (National Healthcare Safety Network). We have not had the capacity to dive in and reassess our reporting and submissions yet – however, as soon as we begin to return to a normal working capacity we will do just that. One annual portion of the CORE measure work has come with the Promoting Interoperability reporting due at the end of this month.

Promoting Interoperability (PI) is a program that has replaced an old program called Meaningful Use. Both of these programs were meant to show that the hospital is using its Electronic Health Record (EHR) to the best of its ability – or at least in a compliant way. This program is based on reporting measures that are generated through the EHR and submitted to CMS through the Hospital Quality Reporting (HQR) platform online.

A portion of the PI program is known as eCQM or electronic Clinical Quality Measures. Our reported eCQM measures are for Q3 of 2020 and are as follows:

- Median Admit Decision Time to ED Departure Time for Admitted Patients (ED-2) - Median time (in minutes) from admit decision time to time of departure from the emergency department for emergency department patients admitted to inpatient status.

The initial population observed here is inpatient hospitalizations ending during the measurement period with length of stay less than or equal to 120 days, where the patient received services during the preceding emergency department (ED) visit at the facility when a decision to admit inpatient was made prior to departing the ED

- Venous Thromboembolism Prophylaxis (VTE-1) – This measure assesses the number of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after hospital admission or surgery end date for surgeries that start the day of or the day after hospital admission

The initial population observed is Inpatient hospitalizations for patients age 18 and older, discharged from hospital inpatient acute care without a diagnosis of venous thromboembolism (VTE) or obstetrics with a length of stay less than or equal to 120 days that ends during the measurement period

- Intensive Care Unit Venous Thromboembolism Prophylaxis (VTE-2) – This measure assesses the number of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after the initial admission (or transfer) to the

Intensive Care Unit (ICU) or surgery end date for surgeries that start the day of or the day after ICU admission (or transfer).

The initial population observed is inpatient hospitalizations for patients age 18 and older, discharged from hospital inpatient acute care without a diagnosis of venous thromboembolism (VTE) or obstetrics with a length of stay less than or equal to 120 days that ends during the measurement period

- * Exclusive Breast Milk Feeding (PC-05) - PC-05 Exclusive breast milk feeding during the newborn's entire hospitalization. The measure is reported as an overall rate which includes all newborns that were exclusively fed breast milk during the entire hospitalization.

The initial population observed is Inpatient hospitalizations for single newborns who were born in the hospital that ends during the measurement period, and with either of the following conditions: - An estimated gestational age at birth of ≥ 37 weeks - Birth weight ≥ 3000 grams without an estimated gestational age at birth

* This measure is our “zero denominator declaration” (meaning that we do not have an Inpatient Population (IPP)). We use this measure to fill out our reporting requirement. We are required to report 4 measures for our eCQM submission annually – we can usually only get a good report for 3 or a 4th measure has to be attested to as a zero denominator – and this is always a 0 denominator here so it is a safe measure to attest to.

2020 Submission:

Metric	IPP	Denom	Denom Exclusions	Denom Exceptions	Performance Denom	Num	Performance Rate	Measure Population	Observed Value (Min)
VTE-1	40	40	9	0	31	15	48.39%	N/A	N/A
VTE-2	40	0	0	0	0	0	00.00%	N/A	N/A
ED-2 (Overall)	38	N/A	N/A	N/A	N/A	N/A	N/A	N/A	255.50
Non-Psych	37	N/A	N/A	N/A	N/A	N/A	N/A	N/A	242.00
Psych	1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	317.00
PC-05	0	0	0	0	0	0	0	0	0

This reporting also satisfies our In-patient Quality Reporting (IQR) for 2020 as well. So we get 2 birds with one stone so to speak. All of this data is reported through a third party PREMIER. This is a group that came to us along with the sale of Paragon to AllScripts – they have been a good partner over the years and extremely helpful in the reporting aspects of the PI and IQR measures.

2019 Submission: (for comparison – of like metrics)

Metric	IPP	Denom	Denom Exclusions	Denom Exceptions	Performance Denom	Num	Performance Rate	Measure Population	Observed Value (Min)
VTE-1	64	64	10	0	54	9	16.67%	N/A	N/A
VTE-2	64	0	0	0	0	0	00.00%	N/A	N/A

We reported on different ED measures in 2019 so the comparison would not be meaningful.

5- Star Rating

You have all seen the newest 5-Star report – if you have any additional questions please let me know. We are still working for that 5th star – but we recognizing the good work that has been done to get us to this place.

We still will be working on improvement on the following measures:

Falls with major injury – working on moving the mark down by 2.3% to 1.7%.

Residents whose need for help with daily activities has increased – working on moving that mark down by 1.1% to 9.4%.

Residents who received antipsychotic medications – working on moving that mark down by 12.3% to 10.3%.

Resident whose ability to move independently worsened – working on moving that mark down by 9.3% to 13.7%

With those changes we should see another bump possibly to move us into the 5 star category. The work will continue around those measures to see what kinds of improvements we can make.

If you have any questions please feel free to reach out jhathaway@mayersmemorial.com
(530)336-7506

Thank you,

JH