

Chief Executive Officer  
Louis Ward, MHA



Mayers Memorial Hospital District

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

Board of Directors  
**Quality Committee**  
**Minutes**  
May 12, 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	<b>CALL MEETING TO ORDER:</b> Board Chair Jeanne Utterback called the meeting to order at 1:01 pm on the above date.			
	<b>BOARD MEMBERS PRESENT:</b>		<b>STAFF PRESENT:</b>	
	Jeanne Utterback, President Tom Guyn, MD., Secretary		Louis Ward, CEO Candy Detchon, CNO Jack Hathaway, Director of Quality Libby Mee, Director of Human Resources Val Lakey, ED of CR and BD Marinda May, Social Services Sondra Camacho, Activities Brigid Doyle, Staff Development Jennifer Levings, Data Analyst Jessica DeCoito, Board Clerk	
	<b>ABSENT:</b> Dawn Jacobson, Infection Control			
	<b>Community Members Present:</b> Laura Beyer			
2	<b>CALL FOR REQUEST FROM THE AUDIENCE – PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS</b>			
	None			
3	<b>APPROVAL OF MINUTES</b>			
	3.1	A motion/second carried; committee members accepted the minutes of April 14,2021.	<b>Guyn, Hathaway</b>	<b>Guyn – Y Utterback – Y Hathaway – Y Beyer – Y</b>
4	<b>No Reports for: Quality Facilities or Finances</b>			
5	<b>REPORTS: QUALITY</b>			
	5.1	<b>Marketing:</b> Intern Interviews are taking place this afternoon which is a part of our Growing Our Own program. More clinic marketing went out today and the heat maps show lots of traffic on our website.		
	5.2	<b>Safety Quarterly:</b> Met with Mock Surveyor on Emergency Preparedness and Safety program. Small changes to make. Will have Hazard Vulnerability Assessment brought forward to Quality and then full Board for approval.		
6	<b>REPORTS: QUALITY STAFF</b>			
	6.1	<b>Employee Health:</b> Will start to combine employee health and worker's comp quarterly reports into the same month. Update: HR met with Mock Surveyor and very impressed with our current programs and tracking. As of Tuesday, May 11 <sup>th</sup> , our employee vaccination rate is at 60%. Continue to track the employees who have yet to get the vaccination and breaking them into categories. Employee Physicals are back up and running and conversations are taking place about moving them down to the Clinic.		
	6.2	<b>Staff Development: (Written report provided during meeting – copy included in minutes):</b> Working on the curriculum and lesson plans for the application for the CDPH Training Program Review Unit. This is a 25- day class that is in house and will help		

		with staffing shortages and provide opportunities to the community members who can't make it down to Redding or elsewhere for classes. Relias is no longer informing us of the folks who are not in compliance, so we are making adjustments to our process to keep everyone in compliance.
7	<b>REPORTS: QUALITY PATIENT SERVICES</b>	
	7.1	<b>Social Services:</b> Most of the report is focused on Long Term Care residents due to COVID presenting challenges to us. With some normalcy coming back, we've seen an uplift in the resident's spirits. Focus is to get our numbers back up into the 80s for LTC. A lot of extra activities have been helpful with moral and social interaction to help boost the wellbeing of our residents. Visitations opening back up has been very nice for residents and their families. Admissions process takes a while and we've been able to use the LEAN process to help streamline.
	7.2	<b>Activities:</b> Slowly opening up more opportunities for our residents. Residents took a field trip to Valley Hardware Nursey and purchased items to get gardens ready, took a trip to the Thrift Store and purchased some goods, and picked back up on the Resident Council meetings. We keep moving forward and coming up with activities for the residents to do. Hoping for a trip to the lake can happen soon, and give the residents a chance to throw in a fishing pole. We have also begun a recycling program that the residents are excited about.
	7.3	<b>SNF Events/Survey:</b> SNF Mock Survey went well. Currently going through a Mock Survey for the Acute side. So far, very minor issues that have already been solved. Really excited about the CNA program. Kudos to Social Services for their streamlined processes in admission. And thank you to Activities for their creative ideas for the residents.
	7.4	<b>Infection Control:</b> Vaccination numbers are decreasing.
8	<b>DIRECTOR OF QUALITY</b>	
	8.1	<b>Director of Quality Update:</b> Contracting Issue: review of patient service contracts need to be addressed – there is a process in place and most contracts are reviewed and handled but some are slipping through the cracks. A team has met up to discuss process solutions. Quality seems to be going very well hospital wide.
	8.2	<b>CMS Core Measures:</b> Patient Experience Measure: always the area we struggle because of volume of patients. 3M is going to be helping us with our coding in our DOG and surveys that will also increase our volume of patient surveys received to help boost our patient experience measure. Mortality Rate: death of heart attack patients and death of heart failure patients – we need to add two more into this measure with some options available, like death from stroke. Safety of Care: NHSN (CDC portal we report infection control through to CMS) is used to report to CMS but not all reporting goes through NHSN. Now that that is identified, we can make adjustments and start reporting out correctly. Discussion took place regarding the difference between JCO accreditation vs. Star Rating. More discussion to take place at the Strategic Planning Session on June 23 <sup>rd</sup> .
	8.3	<b>5-Star Rating Monitoring – Quarterly Update:</b> We are at 4 Stars with SNF. CMS has gone back to the Red Hand note on your facility when there is case of abuse. Seamlessly worked with CDPH on all issues in the last 18 months with no deficiencies and solved all issues.
9	<b>ADMINISTRATIVE REPORT:</b> COVID Vaccine: 12 to 15 year olds are now able to get vaccine. Working with FRJUSD Superintendent to plan a vaccine clinic at the schools. Working with county on a consent form and how the processes will work, along with picking out dates and times. Siskiyou County is a concern with numbers of COVID positive cases – a recent outbreak of 20 residents coming back positive even after getting the vaccine – turns out it is the South African strain. Watching this closely since Siskiyou neighbors our area. HIPPA retraining will be taking place. Maintenance ticketing system has been set up to help track all the work orders coming through – IT currently uses this program and has been a huge help with tracking all the issues as well as setting up schedules for the Maintenance team. Internet issues have been going on for both campuses – when the line was cut over during the Demo project, Frontier incorrectly connected us to a smaller line than what we need. Huge priority and working on getting this issue resolved ASAP. Outdoor improvements for residents and employees like a gazebo and new seating areas are being implemented. Hospital Week this week – lots of fun activities have already taken place and more to come. Spent time on a radio call in Redding with Shasta Regional CEO – focus was on the vaccinations and opportunities out there. Setting up new Patients for the clinic has been streamlined – online registration, hard copy packet, or call and start the process over the phone to get an appt. set up and during appt. you can finish your registration packet.	
10	<b>OTHER INFORMATION/ANNOUNCEMENTS:</b> None	
11	<b>ANNOUNCEMENT OF CLOSED SESSION</b>	
	<b>Medical Staff Credentials: Government Code 54962</b> <b>STAFF STATUS CHANGE</b> 1. Scott Zittel, MD – Move to Inactive <b>Medical Staff REAPPOINTMENT</b>	

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).

	<ol style="list-style-type: none"> <li>1. Sean Pitman, MD, Pathology (Shasta Path)</li> <li>2. Mark Ramus, MD, Pathology (Shasta Path)</li> <li>3. Michael Dillon, MD, Emergency Med. (Envision)</li> </ol> <p><b>MEDICAL STAFF APPOINTMENT</b></p> <ol style="list-style-type: none"> <li>1. Sophie Xu Teng, MD, Neurology (UCD)</li> <li>2. Robert L. Muller, MD, Radiology (vRad)</li> <li>3. Anne Marie McLellan, DO, Radiology (vRad)</li> <li>4. Alap R. Jani, MD, Radiology (vRad)</li> <li>5. Ronald D. Alexander, DO, Radiology (vRad)</li> <li>6. Desiree Levyim, MD, Neurology (Telemed2U)</li> </ol>
10	<b>RECONVENE OPEN SESSION – REPORT CLOSED SESSION ACTION:</b> Medical Staff Credentials were moved, seconded and carried. Unanimous consent to approve credentials.
11	<b>ADJOURNMENT:</b> Next Regular Meeting – June 9, 2021