

Chief Executive Officer
Louis Ward, MHA



Mayers Memorial Hospital District

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Jeanne Utterback, President
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Board of Directors
Quality Committee
Minutes
June 9, 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 1:04 pm on the above date.			
BOARD MEMBERS PRESENT:		STAFF PRESENT:		
Jeanne Utterback, President Tom Guyn, MD., Secretary		Louis Ward, CEO Candy Detchon, CNO Jack Hathaway, Director of Quality Theresa Overton, DON Acute Shelley Lee, DON SNF Alexis Cureton, Director of Emergency Department Jessica DeCoito, Board Clerk		
ABSENT: Dawn Jacobson Alan Northington				
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 May 12,2021.	Guyn, Hathaway	Guyn – Y Utterback – Y Hathaway – Y Ward -Y
4	No Reports for: Quality Facilities, Finances, Staff			
5	REPORTS: QUALITY PATIENT SERVICES			
	5.1	Skilled Nursing Facility: Will provide a more thorough report at the next required Quality Meeting. Facility wide internet issue has caused some delays and issues, but we are working through them until Frontier can provide us with the correct line of internet speed. Working through the new role as Interim Director of Nursing for SNF in both facilities. We are 7 short of full capacity in our SNF. Working on referrals and keeping in contact with surrounding hospitals.		
	5.2	Emergency Department: ESI – (emergency severity index) Acuity level that we assign a patient when they come in through the door) Example: 1 – came in through the ambulance and 5 – a patient that walked in that required small resources/services. Working hard on educating and re-educating – testing competencies on acuity levels.		
	5.3	Laboratory: Ulysses unavailable for verbal report. Jack stepped in to assist. CLIA Survey with minor deficiencies that are being worked on. Plan of Correction has been submitted and we are moving forward. The hood is being installed in our Microbiology room finally and looking forward to that room being fully utilized. New AFL has brought on new changes for COVID testing on employees. Trying to navigate that new AFL to start making adjustments.		

5.4	Radiology: unavailable for verbal report but written report was submitted. Would like to research how we can include some imaging services not currently provided. IE: mammography, dexoscan, etc. We will be discussing more options at the June 23 rd Strategic Planning Workshop. Staffing has been an issue with Rad Tech's but we are looking at a 13 week contract while we search for a new tech.		
5.5	Blood Transfusion Quarterly: changes in Lab staffing caused issues with our blood transfusion reporting. We also noticed some parameters were not being checked off. We are working on the plan of corrections for these issues like updating the hard copy form to an electronic order form.		
5.6	SNF Events/Survey: We've worked through all the issues brought on by our Mock Survey. We are ready for when the real survey happens. Working through our transition of leadership with a new DON SNF. Assistant DON of SNF has been posted and can be filled with either LVN or RN. Residents and staff are much happier with restrictions in COVID being lessened.		
5.7	Infection Control: written report submitted. Not available for verbal report. Moving the COVID vaccination clinic down to the Mayer Rural Health Clinic.		
6	DIRECTOR OF QUALITY		
6.1	Director of Quality Update: Mock Survey for Acute was wonderful and provided a whole new perspective for the Quality department in our hospital. A change of how reports are submitted and what is in detail in those reports, will change per the Mock Surveyor's suggestion. It would be best to show data and graphs that would help show us trends, etc. to watch from month to month. By August, we should have an example of what this new report will look like. Would be helpful if we decided to transition into JCO, which will be discussed more at the June 23 rd Strategic Planning Workshop.		
6.2	Compliance Quarterly: written report submitted. Baseline information provided.		
7	NEW BUSINESS		
7.1	Hazard Vulnerability Analysis 2021: Safety committee formulates this analysis, using a nationwide-standard form. The information is compiled to show us what our Safety concerns are and what we need to focus on. After Safety compiles the data, the report is provided to Quality and then to the full Board for approval.	<i>Guyn, Hathaway</i>	<i>Guyn – Y Utterback – Y Hathaway – Y Beyer-Y Ward -Y</i>
8	ADMINISTRATIVE REPORT: On boarding a new Pharmacist. 340B discussions have been taking place. Meeting with Modoc Medical Center tomorrow to talk about district wide voucher program to help with both the clinic, outpatient services and the hospital. AB 650 – required hospitals to pay \$10,000 to every healthcare professional if they had worked during the COVID time. Actively worked on by MMHD, CHA, ACHD – poorly written bill and only covered certain classes of healthcare workers – not all nor the support staff. Bill has been killed. MMHD has provided hazard pay checks to each employee twice in the past year. Kudos and thanks to VAL for all her work on getting this bill killed. Seismic Bill is being worked on actively to get it pushed from 2030 to 2037. On boarding the Studer Group – will begin in August. Will review and audit the communication, strategic plan, etc. and tell us where we have opportunities to improve. We are bringing on a new Emergency Physician – Dr. Pamela Ikuta from Redding who works with the Mercy Medical group. And she did her residency here with Dr. Dahle. She will have shift coverage on June 13 th and June 19 th to begin with. Very happy with the response from staff when the fire broke out in Burney on Saturday, June 5 th . Luckily, we didn't have to put our plans into action but our team was ready! Demolition project: on schedule with the project progressing each day.		
9	OTHER INFORMATION/ANNOUNCEMENTS: August 21 st is the Mayers Healthcare Foundation Golf Tournament.		
10	ADJOURNMENT: Next Regular Meeting – July 14, 2021		

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.