

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

July 14, 2021 1:00 PM

Zoom Meeting: [LINK](#)

Call In Number: 1-669-900-9128

Meeting ID: 939 1284 9202

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 – June 9, 2021		Attachment A	Action Item	2 min.
4	NO REPORTS FOR: QUALITY FACILITIES					
5	REPORTS: QUALITY FINANCES					
	5.1	Finance	Travis Lakey	Attachment B	Report	2 min.
	5.2	Business Office	Danielle Olson	Attachment C	Report	2 min.
6	REPORTS: QUALITY STAFF					
	6.1	Personnel	Libby Mee	Attachment D	Report	2 min.
	6.2	Worker's Comp Quarterly	Libby Mee	Attachment E	Report	2 min.
7	REPORTS: QUALITY PATIENT SERVICES					
	7.1	Patient Access	Amy Parker	Attachment F	Report	2 min.
	7.2	Health Information Management	Lori Stephenson	Attachment G	Report	2 min.
	7.3	SNF Events/Survey	Candy Detchon		Report	5 min.
	7.4	Infection Control: Vaccines have been moved to the clinic. Getting caught up with tracking and reporting.	Dawn Jacobson		Report	5 min.

8	DIRECTOR OF QUALITY	Jack Hathaway			
	8.1	Director of Quality Update	Attachment H	Report	5 min.
9	NEW BUSINESS				
	9.1	Legality of Vaccine Mandate	Jack Hathaway	Discussion	5 min.
10	OTHER INFORMATION/ANNOUNCEMENTS			Information	5 min.
11	ANNOUNCEMENT OF CLOSED SESSION				
	Medical Staff Credentials Government Code 54962 AHP APPOINTMENT 1. Vadim Smirnov, CRNA 2. Sharon Hanson, NP – Family Medicine (Outpatient Only) AHP REAPPOINTMENT 1. Marchita Masters, PsyD – Telemedicine 2. Jill Reed, LCSW – Telemedicine 3. Adam Gardizi, CRNA 4. Marchita Masters, PsyD - Telemedicine MEDICAL STAFF APPOINTMENT 1. Jesus Pereyra, MD – Radiology, Telemedicine 2. Denis Primakov, MD – Radiology, Telemedicine 3. Cierra McNair, MD – Radiology, Telemedicine 4. Larry Givens, MD – Radiology, Telemedicine 5. Barry Shibuya, MD – Rheumatology, Telemedicine 6. Pamela Ikuta, DO – Emergency Med 7. Richard Leach, MD – Emergency Med 8. Chuck Colas, DO – Family Med (Consulting Priv.) 9. Tawana Nix, DO – Family Med (Consulting Priv.) 10. Dan Dahle, MD – Family Med (Consulting Priv.) 11. Sheela C. Toprani, MD – Neurology, Telemedicine 12. Elizabeth Ekpo, MD – Neurology, Telemedicine 13. Jodi Nagelberg, MD – Endocrinology, Telemedicine MEDICAL STAFF REAPPOINTMENT 1. Aaron Babb, MD – Family Med (Consulting Priv.)			Action Item	5 min.
12	RECONVENE OPEN SESSION				
13	ADJOURNMENT: Next Regular Meeting – August 11, 2021				

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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: Jeanne Utterback, President Tom Guyn, MD., Secretary		STAFF PRESENT: 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.

Mayers Memorial Hospital District Quality Committee Report

Meeting Date:	7-14-2021
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. Cash on Hand is up 2. PPP Loan was recently forgiven 3. Metrics put us as in the top 13% of CAHs financially. 	
Do you have any current quality improvement projects/activities underway? Please provide a brief description.	
Is this a LEAN project? Y/N	
We are gathering info on potential replacements for Paragon on the Finance side.	
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?	
Hopefully it will make payroll and benefits easier for employees to access.	
What progress has been made on these projects since the last quality committee meeting?	
Just began the project so I've only had initial conversations with vendors.	
Has anyone in particular been instrumental in helping to progress/improve the problem?	
Ryan Nichols and Libby will be heavily involved.	
Which Strategic Goal does your quality issue BEST relate to (choose one)?	
Outstanding Finances	
Have any new quality-related issues arisen? Briefly describe.	
No	
Are there any other issues to be discussed with the Committee?	
No	

Mayers Memorial Hospital District Quality Committee Report

Meeting Date:	07/14/2021
Department:	Business Office
Submitted By:	Danielle Olson
List up to three things that are going well in your department.	
<p>CLIA License obtained so we can obtain our RHC to get our PTAN to bill Medicare. Fully Staffed with a great group of Billers AR Days are not where I want them but are not going up.</p>	
Do you have any current quality improvement projects/activities underway? Please provide a brief description.	
Is this a LEAN project? Y/N	
<p>Waiting on CLIA survey so we can obtain our RHC certification to be able to contract with Medicare to bill out clinic Medicare patient's accounts.</p>	
How does this impact on patients? Do you think this is acceptable?	
<p>There is not too much impact on patients</p>	
How does this impact on staff? Do you think this is acceptable?	
<p>We are holding clinic accounts so there is a lot sitting out in our Clinic AR as a lot of our population are Medicare patients. When we are able to those accounts will automatically be sent out of EPIC but there may be a lot of follow up when Medicare does start to process/pay.</p>	
What progress has been made on these projects since the last quality committee meeting?	
<p>We got our CLIA License now we are just waiting on the survey. Survey was requested at the end of June and they have 60 days to complete it.</p>	
Has anyone in particular been instrumental in helping to progress/improve the problem?	
<p>Amanda and Travis</p>	
Which Strategic Goal does your quality issue BEST relate to (choose one)?	
<p>Outstanding Finances</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>No</p>	

Mayers Memorial Hospital District Quality Committee Report

Meeting Date:	Wednesday July 14, 2021
Department:	Human Resources
Submitted By:	Libby Mee – Director of Quality
List up to three things that are going well in your department.	
MMHD has hired 5 local High School graduates as interns for the summer Recently filled vacant positions in the Foundation and SNF leadership Received complements from Mock Surveyor about HR Compliance process	
Do you have any current quality improvement projects/activities underway? Please provide a brief description.	
Is this a LEAN project? NO	
Working with multiple department managers to fill vacant positions.	
How does this impact on patients? Do you think this is acceptable?	
Without adequate staffing, it makes providing quality patient care difficult, which is not acceptable.	
How does this impact on staff? Do you think this is acceptable?	
Low staffing levels also causes a strain on current staff, as they often have to work additional shifts, which is not ideal for long periods of time.	
What progress has been made on these projects since the last quality committee meeting?	
We have become very creative with our recruiting, working with multiple recruitment agencies and working employees in multiple statuses. We are collaborating with the Community Center in Burney to do a local job fair to support entry-level positions. We also are in the process of standardizing our shift bonus program for employees that work additional shifts.	
Has anyone in particular been instrumental in helping to progress/improve the problem?	
All department leadership	
Which Strategic Goal does your quality issue BEST relate to (choose one)?	
Outstanding Staff	
Have any new quality-related issues arisen? Briefly describe.	
The HR/Finance departments are exploring Human Resource Information Systems. We currently use more than 6 programs for employee support functions and would like to centralize with one system.	
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 July 14, 2021
Department:	Work Comp
Submitted By:	Libby Mee – Director of Human Resources
List up to three things that are going well in your department.	
MMHD continues to have low claim volume Streamlining new referral process with the Rural Health Clinic Obtained Beta Ergonomic Domain validation resulting in 2% discount on annual premiums	
Do you have any current quality improvement projects/activities underway? Please provide a brief description.	
Is this a LEAN project? NO	
Working with BETA representatives and MMHD RHC to add the clinic to our Work Comp follow-up and referral process.	
How does this impact on patients? Do you think this is acceptable?	
Adding the clinic to the Work Comp process will allow employee to be seen quicker so employees can hopefully be treated sooner and return to work.	
How does this impact on staff? Do you think this is acceptable?	
These changes will provide better support for injured employees.	
What progress has been made on these projects since the last quality committee meeting?	
Have meeting scheduled with BETA representatives and appropriate clinic staff to establish process.	
Has anyone in particular been instrumental in helping to progress/improve the problem?	
NA	
Which Strategic Goal does your quality issue BEST relate to (choose one)?	
Outstanding Staff	
Have any new quality-related issues arisen? Briefly describe.	
With new fiscal year, MMHD plans to complete the Work Place Violence BETA module and then enroll and implement a Safe Patient Handling program.	
Are there any other issues to be discussed with the Committee?	
2 nd Quarter 2021 Injury and Illness Data: First Aide Injuries – 1 claim with no loss days from work Reportable Injuries – 4 claims with no loss days from work	

Mayers Memorial Hospital District Quality Committee Report

Meeting Date:	July 14, 2021
Department:	Patient Access
Submitted By:	Amy Parker
List up to three things that are going well in your department.	
Staffing- we are fully staffed Definite slow in Covid related services Morale seems to be great	
Do you have any current quality improvement projects/activities underway? Please provide a brief description.	
Is this a LEAN project? Y/N	
<p>We are restructuring patient flow. The Covid screener at the main entry will direct scheduled patients and ERs to the front desk.</p> <p>Walk-ins will be asked to sit in the lobby while the registration clerk at the second desk researches the orders, demographics, and coverage/costs. The patient will then be called into the second desk to verify demos, sign any papers and discuss financial obligations.</p> <p>The most important reason for this change is to slow down so that we are being thorough in every account. I will perform weekly account audits and base any necessary training around errors that I find.</p>	
How does this impact on patients? Do you think this is acceptable?	
Patient's check-in time will be a little longer. I think it's acceptable because at any other facility the admission takes much longer than we do here. This small change will add less than five minutes on a person's wait time.	
How does this impact on staff? Do you think this is acceptable?	
I think it will be better for everyone. The registration clerk won't feel rushed and will be able to focus on being thorough. Accurate accounts will make for a smoother and much quicker process for HIM and Billing.	
What progress has been made on these projects since the last quality committee meeting?	
The last quality meeting I reported on was about training the front desk so that we can assist the clinic staff. We now all have access to create follow up appointments for our new clinic once an ER patient is discharged. That project will be improved by our newest project, because by diverting incoming patients, the front desk person will be more available to give attention to ER discharges.	
Has anyone in particular been instrumental in helping to progress/improve the problem?	
The whole Patient Access department is really great at working as a team.	
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:	July 14, 2021
Department:	HIM
Submitted By:	Lori Stephenson
List up to three things that are going well in your department.	
The outsourced coding company is now able to VPN to our system and code directly into Paragon for coding of In patient charts and some ER's (transfers) ROI's has picked up but Sherry has it under control and gets them emailed securely quickly.	
Do you have any current quality improvement projects/activities underway? Please provide a brief description.	
Is this a LEAN project? Y/N	
No	
How does this impact on patients? Do you think this is acceptable?	
How does this impact on staff? Do you think this is acceptable?	
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)?	
Continuity of patient care.	
Have any new quality-related issues arisen? Briefly describe.	
Still having some issues with retrieval of patient records from local health care facility. they dont want to share patient records with us. Has been an issue with ER patients that they send over without communicating to ER Doc ahead of patient arrival.	
Are there any other issues to be discussed with the Committee?	

CMS Core Measures:

I have started to look at options for expanding capacity for reporting with third party vendors who have worked successfully with CMS and TJC. I have had some very attractive demos – so there will be more to come on all of this in the future.

5- Star Rating

I would like to take this opportunity to highlight the work that the SNF has done with the actual data markers on the CMS 5 star report:

In February of 2019 our numbers were as follows:

1 star overall

1 star health inspection rating – score of 186.4 higher is not better on this measure, and we have been as high as 220 in the past.

3 star quality rating – score of 930 – not bad

1 star staffing overall with 13 minutes of RN time per resident day

1 star RN staffing with 19 days in the quarter where there was no RN in the building.

In our most recent 5 star report June 21 our numbers are as follows:

3 star overall

2 star health inspection rating (due to a single event in April of 2020 where we received a deficiency) – actual score of 53.3 – at the 4 star range mathematically – a 133.1 point improvement for this measure.

3 star quality rating – scored differently now but weighted the same – still not bad.

4 star staffing overall with 24 minutes or RN time per resident day – an improvement of 11 min/resident day

3 star RN staffing with 0 days in the quarter where there was no RN in the building.

I know we talk about the SNF improvement a lot – I bring it up for 2 reasons.

First, mathematically we have made dramatic improvement that I think should be celebrated, but for that single event with deficiency we would be nearing the 5 star facility goal.

Second, measured tracking is vital for improvement – and the potential of a third part assist with reporting as we transition out of Paragon will be a huge help moving us toward both goals of a hospital star rating and a baseline understanding of where we need to be with TJC accreditation in the future.

If we measure we can achieve and maintain a very high standard. That we can show without a doubt.

Other projects:

Lab PCC interface is moving along very nicely – we have completed 12 of our required tests for certification we are more than half way complete with testing and should be moving for certification over the next few weeks bring to close a project that has haunted us for years.

PRIME – now QIP measure attestation has been completed (we told the state how many measures we were going to complete – that number is 2) now we get to focus on building and maintaining those measures into our everyday lives.

Zendesk – a new way to submit complaints to the district is almost complete. I am working out the final issues with our launch now and then will be working with Val to launch this on our website and social media pages so people can choose to register complaints in a system that has tracking and data capture. Moving away from another paper system that has failed us in the past.

Compliance Investigations - I have 2 active compliance investigations on going with the state one with the BRN (board of registered nursing – not our employee and discoverable public record) and another that is still confidential – however, both seem to be of no risk to the hospital at this point.

Acute Mock Survey – the project plan for the acute mock survey is moving right along, we have been successful in addressing many of the findings – others will require more work – however, we are on track to have the majority of the findings addressed very soon in anticipation of survey coming in the near future.

SNF Mock Survey – the project plan here is also moving along very nicely – there were fewer findings (we have had a few more SNF mock surveys so we expect there to be fewer) and we seem to have them addressed and maintained awaiting survey any day.

Hospice Mock Survey – again project plan is moving along – this is the one that I have the most work on personally with a waiver and contracts that have to be addressed and ready. By the time you get this I hope to have the waiver done and submitted with the contracts and other needs being addressed as quickly as I can. However, we are on the right track here as well.

LEAN work for glucose monitors is going to be in process as well as I work with Moriah to be sure that our new glucose monitors are ready to deploy and all parties know their role and the duties that accompany that role.

Radiology PCC interface is on the horizon and we are looking forward to getting that worked in after we complete lab – more work was completed initially on this so hopefully it will be easier to pick back up.

There are more things that I am involved in, however, I do not have as large a role so I don't need to talk about it.

Future projects:

Micro should be back in house soon – just waiting on the final steps for the hood to be placed and we will be back in business.

Lab LEAN work for roles and scopes in daily work

SNF time study for dining

LEAN work for dietary orders – starting with Jennifer very soon

Infection Prevention:

COVID-19 vaccinations have moved to the clinic and we have our full time IP back and working on SNF as required and in the Acute side of the hospital as well – we do have a another nurse helping with IP as is allowed under the statute that made them required. So we should have capacity to address all of the issues that could arise.

ABX tracker is a program that we have purchased to assist with IP tracking and documentation and training for that has started on a small initial scale and will grow as need requires.

With micro back in house we plan on having a monthly anti-biogram (a list of germs and the antibiotics that they are sensitive to) available to assist with treatment – this will be helpful all over – but I look forward to the positive impact on SNF.

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

Thank you,

JH