

Chief Executive Officer
Chris Bjornberg



Mayers Memorial Hospital District

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Board of Directors
Quality Committee
Minutes

May 11, 2022 @ 12:00 PM
 Fully Remote Teams 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 12:01 pm on the above date.			
BOARD MEMBERS PRESENT:		STAFF PRESENT:		
Jeanne Utterback, President Tom Guyn, MD., Director		Chris Bjornberg, CEO Keith Earnest, CCO Dr. Watson, CMO		
Excused ABSENT: Candy Detchon, CNO		Brigid Doyle, Staff Development Marinda May, Social Services Sondra Camacho, Activities		
COMMUNITY MEMBERS PRESENT:		Jack Hathaway, Director of Quality Jessica DeCoito – Board Clerk		
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 April 13, 2022	Guyn, Hathaway	Approved by All
4	REPORTS: QUALITY STAFF			
	4.1	Staff Development: written report submitted. Nurse Assistant Training Program just finished up with the second round of classes. Our current class will test out tomorrow. Our class has a 100% pass rate – HUGE ACCOMPLISHMENT. 12 students have signed up for our next session starting in June. We will have two locations – 6 in Burney and 6 in Fall River. Conversations about an in house LVN program have begun to provide another opportunity for our CNA's take another step in their careers.		
	4.2	Volunteer Services: written report submitted. Volunteers are at our Thrift Shop, Landscaping, and in our Hospice services. Volunteers in the skilled nursing have begun again with restrictions on COVID being lightened.		
	4.3	Safety Quarterly: Thank you to the team who helped complete the Workplace Violence program with Beta. Meeting all 18 measures was a great accomplishment.		
5	REPORTS: QUALITY PATIENT SERVICES			
	5.1	Marketing & Public Relations: looking forward to getting back into the schools to provide information about our services and provide wellness opportunities for our district. Community Health Needs Assessment is ongoing and receiving feedback. Advertising this need is shared throughout multiple outlets.		
	5.2	Social Services: Medi-cal approval for patients on the Acute floor to be transferred to long term is taking 75-80 days to process where it was 45 days prior to COVID. We need to set up a meeting with Shasta Co. to discuss the issues and find a solution. We need to be more efficient and cost effective for our patients and residents and unfortunately this ties back to the county needing to change their processes. Interested in including some extra pieces into the social services.		
	5.3	Pharmacy: we passed the Barrier Isolator tests entirely. Working on launching the 340B program between our clinic and our retail pharmacy. We are continuing to provide COVID vaccination shots.		

5.4	Activities: We have hired a van driver and multiple activity aides that are keeping busy. We have been planning a sensory herb garden. A High School senior is working on painting a mural at the FR SNF. In Burney we are getting our garden ready for our vegetables and lots of flowers. Hoping to get a koi fishpond installed at the annex for our residents in Burney. Church services have picked back up in the facility as well.
5.5	Hospice: written report submitted. Most current data from March 15 th . Our Hospice department is doing amazing work. CHC = continuous home care which means an 8 hr period in one calendar day (clock resets at 12:00 am). GIP = general inpatient care means needing to bring an at home patient into the hospital for more resources. Bottom line is our Hospice nurses and staff are amazing at what they do.
5.6	SNF Events/Survey: survey season is upon us. Some changes will occur for infection prevention which we are looking at how this will change and occur within our facility and policies.
6	DIRECTOR OF QUALITY
6.1	CMS Core Measures: continue to work on in house measures to help improve processes and efficiencies.
6.2	5 Star Rating: we are sitting at 4 stars currently. We are working on 7 quality metrics to measure in our SNF.
	We will be meeting with Plumas District Hospital to ask questions about the Joint Commission process. We will also meet up with Shasta Regional to ask them questions. We want to get as much information with facilities as we work to get our approval in Joint Commission. For this committee, it will be nice to see the measures listed out and that we are meeting those measures or if we need to do more work. It provides us a better visual aid to our quality metrics, how we are accomplishing them or if we have areas of opportunity to meet those measures.
7	OLD BUSINESS
7.1	Meeting Calendar Discussion: a Quality team will meet up and then provide a summary of the discussions/reports to the Board Quality Committee. The measures and metrics will help us determine the frequency of departments reporting.
8	OTHER INFORMATION/ANNOUNCEMENTS:
9	ADJOURNMENT: at 1:27 pm Next Regular Meeting – June 8th, 2022

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.