

Chief Executive Officer
Christ Bjornberg



Mayers Memorial Hospital District

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

**Quality Committee
Meeting Agenda**

June 8, 2022 12:00 PM

Microsoft Teams Meeting: [LINK](#)

Call In Number: 1-279-895-6380

Meeting ID: 419 136 673

Attendees

Jeanne Utterback, Board President, Quality Committee Chair
Tom Guyn, Director

Chris Bjornberg, CEO
Jack Hathaway, Director of Quality

Community Members:
Laura Beyer

1	CALL MEETING TO ORDER		Chair Jeanne Utterback		Approx. Time Allotted	
2	CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS					
3	APPROVAL OF MINUTES					
	3.1	Regular Meeting –May 11, 2022		Attachment A	Action Item	2 min.
4	REPORTS FOR: QUALITY STAFF					
	4.1	Skilled Nursing Facility	Shelley Lee	Attachment B	Report	2 min.
5	REPORTS: QUALITY PATIENT SERVICES					
	5.1	Emergency Department	Alexis Cureton	Attachment C	Report	5 min.
	5.2	Blood Transfusion	Ulysses Pelew	Attachment D	Report	5 min.
	5.3	Imaging (included in Attachment E)	Jack Hathaway		Report	5 min.
	5.4	SNF Events/Survey			Report	5 min.
6	DIRECTOR OF QUALITY		Jack Hathaway			
	6.1	Director of Quality		Attachment E	Report	5 min.
	6.2	Compliance Quarterly		Attachment F		
7	OTHER INFORMATION/ANNOUNCEMENTS				Information	5 min.
8	ANNOUNCEMENT OF CLOSED SESSION					
	8.1	MEDICAL STAFF CREDENTIALS – GOVERNMENT CODE 54962				ACTION ITEM

	<p>STAFF STATUS CHANGE MELISSA BUTTS, DO TO INACTIVE</p> <p>MEDICAL STAFF APPOINTMENT MATTHEW MOORE, DO – EMERGENCY MEDICINE</p> <p>MEDICAL STAFF REAPPOINTMENT IVY NGUYEN, MD – NEUROLOGY (UC DAVIS) DAVID BISSIG, MD – NEUROLOGY (UC DAVIS) TOM WATSON, MD – FAMILY AND EMERGENCY MEDICINE</p>	
9	RECONVENE OPEN SESSION	
10	ADJOURNMENT: Next Regular Meeting – July 13 th , 2022	

Board of Directors
Quality Committee
Minutes
 April 13, 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

Mayers Memorial Hospital District Quality Committee Report

Meeting Date:	
Department:	Skilled Nursing
Submitted By:	Shelley Lee RN/DON
List up to three things that are going well in your department.	
CNA Staff # increase. Now have 10 new CNA's with the two classes who have successfully passed the class and state testing. Currently have 11 students enrolled in the next class.	
Do you have any current quality improvement projects/activities underway? Please provide a brief description.	
Is this a LEAN project? Y/N	
Utilization of Unit Assistant prior to enrolling in the CNA course allows for a much smoother transition.	
How does this impact residents? Do you think this is acceptable?	
With the use of UA staff, we are improving continuity and quality of care.	
How does this impact on staff? Do you think this is acceptable?	
Increased # of consistent staff improving quality of care.	
What progress has been made on these projects since the last quality committee meeting?	
Decrease registry with each graduating class.	
Has anyone in particular been instrumental in helping to progress/improve the problem?	
Candy Detchon, Jack Hathaway and Brigid Doyle.	
Which Strategic Goal does your quality issue BEST relate to (choose one)?	
Outstanding Staff	
Have any new quality-related issues arisen? Briefly describe.	
None identified.	
Are there any other issues to be discussed with the Committee?	
None	

Mayers Memorial Hospital District Quality Committee Report

Meeting Date:	06/07/2022
Department:	Emergency
Submitted By:	Alexis Cureton, RN
List up to three things that are going well in your department.	
<ol style="list-style-type: none"> 1. Transferring of patients from the ER is getting easier and faster 2. Cross training of acute staff to the ER is improving environment between the ER and Acute care, the opportunity is rewarding to all staff and will bring the ability to utilize willing staff when census is high to help with the lower acuity patients. 3. There is always fresh coffee 	
Do you have any current quality improvement projects/activities underway? Please provide a brief description.	
Is this a LEAN project? Y/N	
Supply charging: this has been a work in progress, we have instituted a new or you can say old way of entering charges into the system for billing.	
How does this impact on patients? Do you think this is acceptable?	
Accurate billing	
How does this impact on staff? Do you think this is acceptable?	
Accurate billing, helps with reminders when charting : what supplies were used and	
What progress has been made on these projects since the last quality committee meeting?	
The process has been initiated and seems to be going well, In believe acute and other departments are using this process as well	
Has anyone in particular been instrumental in helping to progress/improve the problem?	
Purchasing	
Which Strategic Goal does your quality issue BEST relate to (choose one)?	
Outstanding patient services	
Have any new quality-related issues arisen? Briefly describe.	
Continuity of care, with many RN travelers through the ER, sometimes the patients in our small community may feel a less personal connection.	
Are there any other issues to be discussed with the Committee?	
Staffing as always we are currently still utilizing travelers to fill positions in the ER.	



BLOOD & BLOOD COMPONENT UTILIZATION

YEAR 2022

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Units Type & X-Match	2	4	7									
Patients Type & Screen	2	5	9									
Total RBC Infused	1	4	6									
FFP Infused	0	0	0									
Platelets Infused	0	0	0									
Misc. Component Infused	0	0	0									
X-match/ Trans. Ratio												
Infused Prior to X-Match	0	0	0									
Single Unit Trans	1	0	4									
Trans Rxn Investigated	0	0	0									
Trans Rxn Confirmed	0	0	0									
# of Patients receiving > 4 units	0	0	0									
Total # of units transfuse to patients receiving >4 units	0	0	0									
Temp Rise > 2.0 C	0	0	0									
TEMP RISE >2C , NOT REPORTED	0	0	0									
Emergency Request	0	0	0									
Unit Wasted	0	0	0									
Non-Type Specific Transf.	0	0	0									
Surgery Delayed	0	0	0									
Surgery Cancelled	0	0	0									
Look-Back Initiated	1	2	7									
Consent Signed %	100	100	100									
Vital Signs % (100%)	100	100	83									
Vital Signs % (<100%)	0	0	0									
RN Sign-Off complete	1	4	6									

Note: 1- Overall crossmatch/transfusion ratio is acceptable during the 1st quarter.

2- Total of 0 unreported probable transfusion reaction.

3- 1 form is missing the vital signs data during the 1st quarter.

Name	Med Rec	Acct #	Date of Transfusion	Hgb - pre	# units
Straub, Nancie	74357	000161132	3/14	7.2	1
Straub, Nancie	74357	000161132	3/15	6.5	1
Bartlett, Valerie	33390	000161233	3/17	6.3	1
Straub, Nancie	74357	000161507	3/25	8.1	1
Sanders, Charles	52934	000161715	3/30	5.9	2

Director of Quality Report –

Quality:

Quality is moving along well – preparing for the transition to a more district wide role under the CEO, adjusting Infection Prevention to fit that larger scope as well, and measuring capacity for the current analyst to see what reports will be reinvented, left alone, and reassigned as called for. The department is also excited at looking at the role of HRO coordinator.

As July approaches Quality is working on completing goals: bringing iStat into the ED as a tool for nursing to use; an onboarding for RadTechs; and building the Clinic into the district QAPI Program (Quality Assurance and Performance Improvement). To that end Quality is close to completion on all three and expect to be reporting out on all of them at the July Quality meeting.

Imaging:

The transition away from MDI and V-Rad is complete and Mayers has moved over to the new groups Tahoe Carson Radiology (TCR) and Quality Night Hawk (QNH) – TCR will read for Mayers every day from 7am-11pm and QNH reads from 11pm to 7am. The workflows are not perfect yet – but the Rad staff is functioning so well and covering all of the workflow needs that service has not been interrupted since the first night (There was a misunderstanding with a QNH Radiologist, and he refused a read thinking that he had not been credentialed - when in fact our Med Staff Coordinator had credentialed them already).

HL7 interface for the new group and PACS systems that we are working with (OnePacs) is in the works now, so information can be seamlessly moved from one place to another. The department is also waiting back on a quote from Sectra – to see if we have an option for a new PACS system there for Mayers to replace AMBRA – OnePacs is also an option we have been looking at – we hope to have a decision soon moving us away from AMBRA. This will make our service to the community so much better.

MAYERS MEMORIAL HOSPITAL DISTRICT COMPLIANCE REPORT

06/03/2022

FOR Q1 - 2022

TRAINING AND EDUCATION

Type	Completion Target	Actual
New Hire Compliance	100%	100%
POC Education	100%	100%

EXCLUDED PROVIDERS

Type	Number
Employees	0
Physicians/Providers	0
Vendors	0

EXPIRED LICENSES

Expired licenses
0

PAYROLL-BASED JOURNAL (PBJ) FOR MOST RECENT AVAILABLE QUARTER

PBJ Issue	Number
Total Nurse Staffing	5 hours 17 minutes – last 5 Star report (March 2022)
Total RN	19 minutes – last 5 Star report
Total CNA	3 hours 11 minutes – last 5 star report
Days No RN Coverage	0 – last PBJ report
Staffing Domain Star Rating	3 star
Quality Domain Star Rating	3 star
RN Staffing	2 star
Health Inspection Domain Star Rating	4 star
Overall Star Rating	4 star

INVESTIGATIONS BY INTAKE

Type	Number
Hotline	0
Direct to Compliance	3
RL6	Attached herein

REPORTS AND INVESTIGATIONS BY TYPE

Issue	New	Open	Closed	Deficiencies	Substantiated	POC Accepted
Facility Reported	18	0	18	2	2	2
Individual Reported	3	0	3	0	0	0
Documentation	0	0	0	0	0	0
Elder Justice	0	0	0	0	0	0
False Claims	0	0	0	0	0	0
Gifts	0	0	0	0	0	0
HIPAA	0	0	0	0	0	0
Licensure	0	0	0	0	0	0
OIG Investigations	0	0	0	0	0	0
COVID	0	0	0	0	0	0
STARK	0	0	0	0	0	0
Total	21	0	21	2	2	2

COMPLAINTS & INVESTIGATIONS

Type	New	Open	Closed	Unsubstantiated	Substantiated	Terminations
Professional Liability	0	0	0	0	0	0
Loss of Property	0	0	0	0	0	0
Billing	5	1	4	5	0	0
Doc Professionalism	4	0	4	N/A	N/A	N/A
Total	9	1	8	5	0	0

Dashboard

Risk, 90-Day Organization-Wide Events

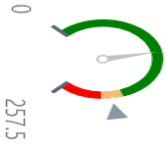
as of Friday, June 3, 2022 10:43

From: 03-05-2022 to: 06-03-2022

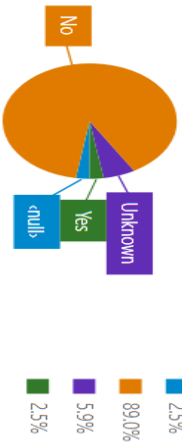
Count of Files

The count of files for the current period compared to the previous, adjacent period.

118
-74.58 %
▼ -88



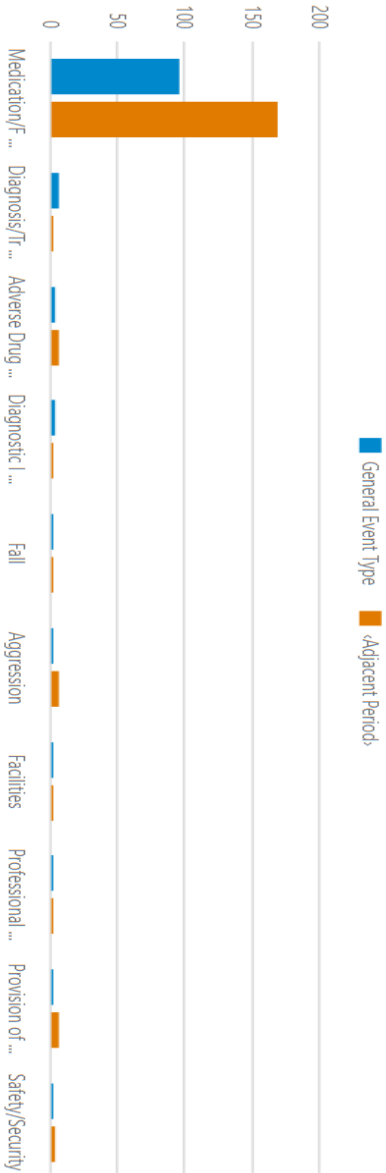
Injury Incurred?



Top 5 Contributing Factors



Top 10 Event Types



Top 5 Actual Severities



Top 5 Specific Event Types

