

Chief Executive Officer
Christ Bjornberg



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

August 24, 2022 1:00 PM

Microsoft Teams Meeting: [LINK](#)

Call In Number: 1-279-895-6380

Meeting ID: 268 604 698 590

Passcode: SzHDQ5

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 –June 8, 2022	Attachment A	Action Item	2 min.
4	HOSPITAL QUALITY COMMITTEE REPORT		Attachment B	Report	10 min.
5	DIRECTOR OF QUALITY	Jack Hathaway	Attachment C	Report	5 min.
6	NEW BUSINESS				
	6.1	Meeting Date Change for rest of calendar year: September 21 October 19 November 16 December 21		Action Item	2 min.
7	OTHER INFORMATION/ANNOUNCEMENTS			Information	5 min.
8	ANNOUNCEMENT OF CLOSED SESSION				
9	MEDICAL STAFF CREDENTIALS – GOVERNMENT CODE 54962 II STAFF STATUS CHANGE 1. Jinno Magno, MD- Family Med – Add MRHC to locations and Wound Care to Privileges 2. David Nicholson, CRNA to Inactive 3. Ben Nutj, CRNA to Inactive				Action Item

4. Lloyd Pena, MD – Emergency – to Inactive
5. Jeremy Austin – Emergency - to Inactive
6. Salah Sherif, MD – Emergency – to Inactive
7. Robin Rasmussen, MD – Wound Care – to Inactive
8. Paul Davainis, MD – Emergency – to Inactive
9. Dyanesh Ravindran – Radiology – to Inactive
10. David Gedeon, MD – Radiology – to Inactive
11. Shawn Gregory, MD – Radiology – to Inactive
12. Adam Attoun, DO – Radiology – to Inactive
13. Sander Saidman, MD – Radiology – to Inactive
14. Jonathan Jewkes, MD – Radiology – to Inactive
15. Douglas Hughes, MD – Radiology – to Inactive
16. Stephen Hofkin, MD – Radiology – to Inactive
17. Don Chin, MD – Radiology – to Inactive
18. David Sarver, MD – Radiology – to Inactive
19. Robert Murray, Jr., MD – Radiology - to Inactive
20. David Katz, MD – Radiology – to Inactive
21. Farzin Imani, MD – Radiology – to Inactive
22. Timothy Fisher, MD – Radiology – to Inactive
23. Joshua Albrektson, MD – Radiology – to Inactive
24. Ronald Alexander, MD – Radiology – to Inactive
25. Michael Allen, MD – Radiology – to Inactive
26. Rebeccca Askea, MD – Radiology – to Inactive
27. Dennis Atkinson, Jr., MD – Radiology – to Inactive
28. William Bacon, MD – Radiology – to Inactive
29. Dennis Buschman, MD – Radiology – to Inactive
30. Steven Cohen, MD – Radiology – to Inactive
31. Deborah Conway, MD – Radiology – to Inactive
32. Theresa DeMarco, MD – Radiology – to Inactive
33. Andre Duerinckx, MD – Radiology – to Inactive
34. Blake Evernden, MD – Radiology – to Inactive
35. Stephen Fox, MD – Radiology – to Inactive
36. Mazen Ghani, MD – Radiology - to Inactive
37. Paul Guisler, MD – Radiology – to Inactive
38. Ernst Hansch, MD – Radiology – to Inactive
39. Robert Hansen, MD – Radiology – to Inactive
40. Jeffrey Hare, MD – Radiology – to Inactive
41. Megan Hellfeld, MD - Radiology – to Inactive
42. Marwah Helmy, MD – Radiology – to Inactive
43. Nancy Ho-Laumann, MD – Radiology – to Inactive
44. Taylor Jordan, MD – Radiology – to Inactive
45. Scott Kerns, MD – Radiology – to Inactive
46. Jennifer Kim, MD – Radiology – to Inactive
47. Shwan Kim, MD – Radiology – to Inactive
48. Jerome Klein, MD – Radiology – to Inactive
49. Kedar Kulkarni, MD – Radiology – to Inactive
50. Shahzad Madanipour, MD – Radiology – to Inactive
51. Anne Marie McLellan, MD – Radiology – to Inactive
52. Teresa McQueen, MD – Radiology – to Inactive
53. Nanci Merer, MD – Radiology – to Inactive
54. Robert Miller, MD – Radiology – to Inactive

55. Shaden Mohammad, MD – Radiology – to Inactive
56. Stephen Oljeski, MD – Radiology – to Inactive
57. Rati Patel, MD – Radiology – to Inactive
58. Denis Primakov, MD – Radiology - to Inactive
59. Mohammad Rajebi, MD – Radiology – to Inactive
60. Mark Reckson, MD – Radiology – to Inactive
61. Jesus Reyes Pereyra, MD – Radiology – to Inactive
62. Stephanie Runyan, MD – Radiology – to Inactive
63. Farhad Sani, MD – Radiology – to Inactive
64. Sergy Shkurovich, MD – Radiology – to Inactive
65. Richard Stone, MD – Radiology – to Inactive
66. William Whetsell, MD – Radiology – to Inactive
67. Jill Wruble, MD – Radiology – to Inactive
68. Albert basco, MD – Radiology – to Inactive
69. Khalil Zahra, MD – Radiology – to Inactive

III MEDICAL STAFF APPOINTMENT

1. Allen Mendez, MD - Pathology
2. Ian Tseng, MD - Radiology
3. Carly Harven, MD - Radiology
4. Stephen Loos, MD - Radiology
5. John Erogul, MD - Radiology
6. Erik Maki, MD - Radiology
7. Gary Turner, MD - Radiology
8. Fares Ahmed, MD - Radiology
9. Peter Verhey, MD - Radiology
10. Shawn Marvin, MD - Radiology
11. Amer Farooki, MD - Radiology
12. Rajesh Vaid, MD - Radiology
13. Chris Louisell, MD – Emergency Medicine
14. Ara Kassarjian, MD - Radiology
15. Saif Siddiqi, MD - Radiology
16. Earl Landrito, MD - Radiology
17. Ryan Redelman, MD – Radiology

IV MEDICAL STAFF REAPPOINTMENT

1. Stephen McKenzie, MD – Family Medicine
2. Todd Guthrie, MD – Orthopedic Surgery
3. Richard Granese, MD - Psychiatry
4. Kelly Kynaston, DO – Infectious Disease
5. Greg Ginsburg, MD – General Surgery

10	RECONVENE OPEN SESSION	
11	ADJOURNMENT: Next Regular Meeting – September 21, 2022	

Chief Executive Officer
Chris Bjornberg



Mayers Memorial Hospital District

Board of Directors
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Abe Hathaway, Treasurer
Tom Guyn, MD, Director

Board of Directors
Quality Committee
Minutes

June 8, 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 12:08 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:		Theresa Overton, Interim CNO Jack Hathaway, Director of Quality	
	COMMUNITY MEMBERS PRESENT:		Jessica DeCoito, Board Clerk	
	Laura Beyer		Alexis Cureton, Emergency Department Jennifer Levings, Data Analyst	
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 11, 2022	Hathaway, Guyn	Approved by All
4	REPORTS: QUALITY STAFF			
	4.1	Skilled Nursing Facility: written report submitted. Very exciting for our CNA class numbers and the success the students have been experiencing.		
5	REPORTS: QUALITY PATIENT SERVICES			
	5.1	Emergency Department: written report submitted. Transport of patients has been better – thoughts are COVID numbers have decreased and more resources available to other patients.		
	5.2	Blood Transfusion: written report submitted. Our report has changed. Blood transfusion documents are with the lab supplies so we can make sure our documents are completed. This has made our process more efficient.		
	5.3	Imaging: PACS – picture archiving communication system.		
	5.4	SNF Events/Survey: we have had more than a dozen surveys this year that have brought up tags but mostly minor. We continue to be prepared for additional surveys.		
6	DIRECTOR OF QUALITY			
	6.1	Director of Quality: written report submitted. Will be adding a Patient Safety/High Reliability Coordinator. This person will help us focus our efforts with JCHAO, Cerner implementation, risk, etc.		
	6.2	Compliance Quarterly: written report submitted. Star rating is new as of March – still 4 stars. Trying to understand why our RN star rating is still at 2. Dashboard review – last 90 days of information without May's numbers. The medication errors and blood pressure errors are both educational opportunities to correct, and charting issues are always being corrected and worked on. We are working on our solutions all the time. We continue to improve and continue to find opportunities to work on.		
7	OTHER INFORMATION/ANNOUNCEMENTS: Working with surrounding facilities and their Quality programs. Lots of great networking and information shared. Next month's reporting will have the new format – data summarized, trends, etc. July meeting will be pushed			

	out to the 20 th of July at 1:00 pm. Tomorrow we will be partnering with Shasta Co. to vaccinate Driscoll's employees at Driscolls. Congratulations to Theresa Overton on the Interim Chief Nursing Officer role.	
8	ANNOUNCEMENT OF CLOSED SESSION: 12:59 pm	
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>	
	MED STAFF CREDENTIALS UNANIMOUSLY APPROVED.	
9	RECONVENE OPEN SESSION: 1:00 pm	
10	ADJOURNMENT: at 1:01 pm Next Regular Meeting – July 13 th , 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.

Mayers Memorial Healthcare Distirct

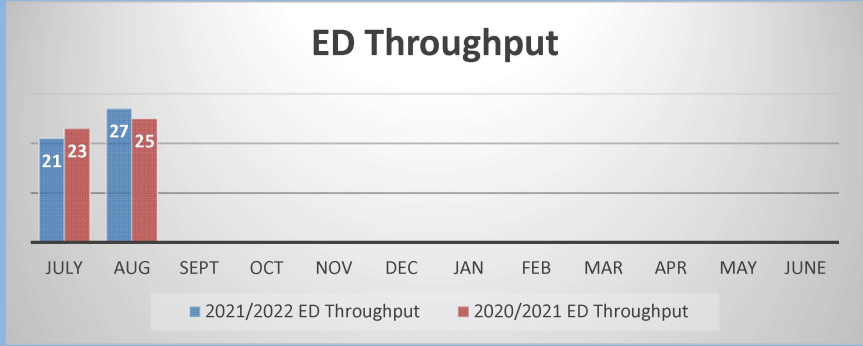
Quality and Patient Safety Report - 2021/2022
Emergency Department
Alexis Cureton, RN

Department Specific Stats
ED Visits



		JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE
2021/2022	# ED Visits	400	350										
2020/2021	# ED Visits	350	400										

Department Specific Stats
ED Throughput: Median Time From ED Arrival to ED Departure for Discharged ED Patients (Trending in Minutes/Sampling)



		JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE
2021/2022	ED Throughput	21	27										
2020/2021	ED Throughput	23	25										

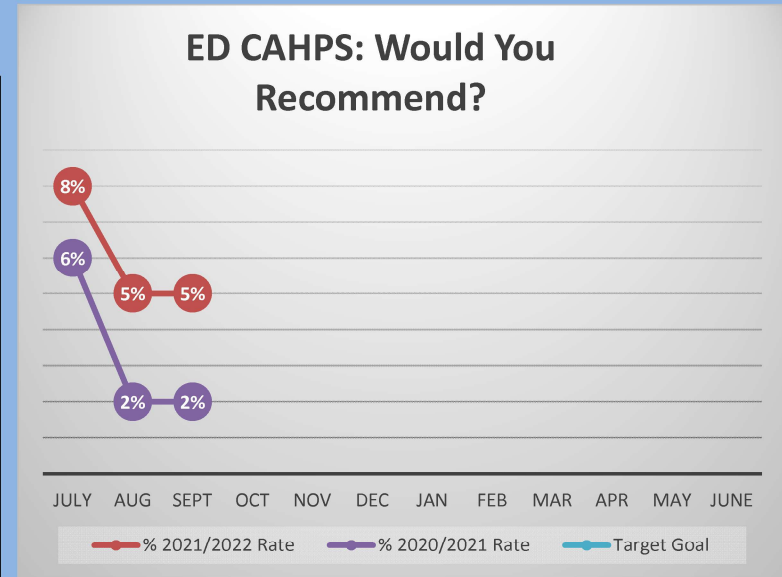
Mayers Memorial Healthcare District

Quality and Patient Safety Report - 2021/2022
Emergency Department
Alexis Cureton, RN
 CA Average 68.4%
 NCR 90th Percentile 80.4%

ED CHAPS: Would recommend this ED (Higher % is Better)
Patient Perception of Care. The Strategic Plan goal is to obtain a 5% increase in our scores.

Improvement Opportunity: The focus is on:

Data Collection Methodology:



		JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE
Denominator	2021/2022 # of Surveys Returned	20	18	13									
%	2021/2022 Rate	8%	5%	5%									
Denominator	2020/2021 # of Surveys Returned	18	12	6									
%	2020/2021 Rate	6%	2%	2%									
Target Goal													
Current Quarter Summary		% Qtr 1			% Qtr 2			% Qtr 3			% Qtr 4		

	Summary of Findings - Analysis of Data	What's Being Done - Action to Improve Performance By Whom and By When
Quarter 1:		
Quarter 2:		
Quarter 3:		
Quarter 4:		

Performance Summary: (Describe the PI indicator you were monitoring, a summary analysis of how well you performed in meeting your goals, activities you implemented to make improvements, follow up activities you will continue to implement and the PI indicators you will be working on next year)

Mayers Memorial Healthcare District

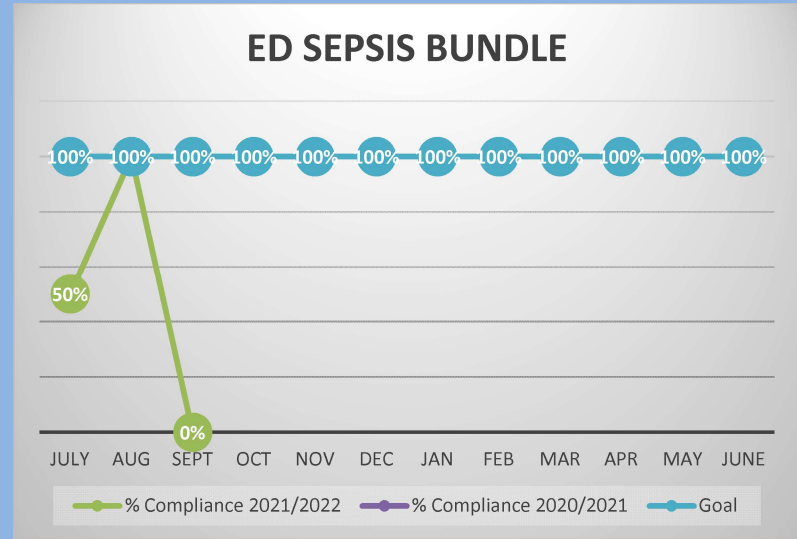
Quality and Patient Safety Report - 2021/2022
 Emergency Department
 Alexis Cureton, RN

Performance Improvement Goal

SEPSIS 3 Hour Bundle (Best Practice): Lactic > 4.0 or Hypertension 30ml/kg Fluids, Blood Cultures before Antibiotics, all within 3 Hours.

Improvement Opportunity: The focus is on: *Quality and Patient Safety*

Data Collection Methodology: DA2 Report and Chart Abstraction



	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE
Denominator	Number of Sepsis Patients Total											
	# Pts Receiving 100% of Bundle											
%	Compliance 2021/2022											
%	Compliance 2020/2021											
Goal	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Quarter Summary	0% Qtr 1			Qtr 2			Qtr 3			Qtr 4		

	Summary of Findings - Analysis of Data	What's Being Done - Action to Improve Performance By Whom and By When
Quarter 1:		
Quarter 2:		
Quarter 3:		
Quarter 4:		

Director's Annual Performance Summary: (Describe the PI indicator you were monitoring, a summary analysis of how well you performed in meeting your goals, activities you implemented to make improvements, follow up activities you will continue to implement and the PI indicators you will be working on next year)

Mayers Memorial Healthcare District

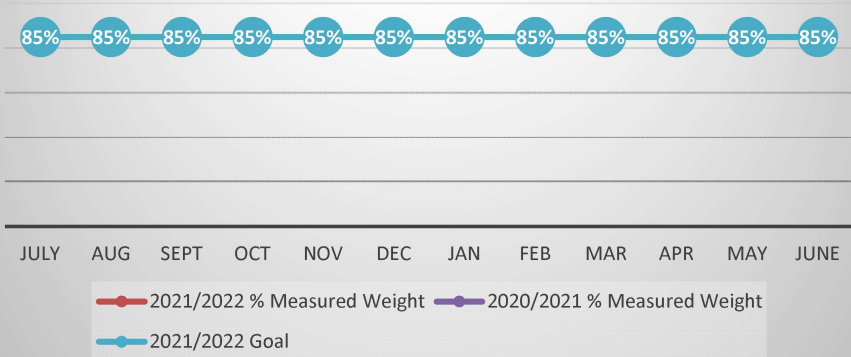
Quality and Patient Safety Report - 2020/2021

Emergency Department
Alexis Cureton, RN

Department Specific Stats

Documentation of Height, Weight, Pregnancy, Lactation (in EHR before medications are ordered) is preferred in healthcare. California has a requirement that we implement a Medication Error Reduction Program (MERP) they define area/items where they would like to see Improvement and want us to self identify additional items too.

ED MBQIP Measured Weight



		JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE
2021/2022	# Chart Reviewed												
2021/2022	% Measured Weight												
2020/2021	# Chart Reviewed												
2020/2021	% Measured Weight												
2021/2022	Goal	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

	Summary of Findings - Analysis of Data	What's Being Done - Action to Improve Performance
QUICK PDSA:		

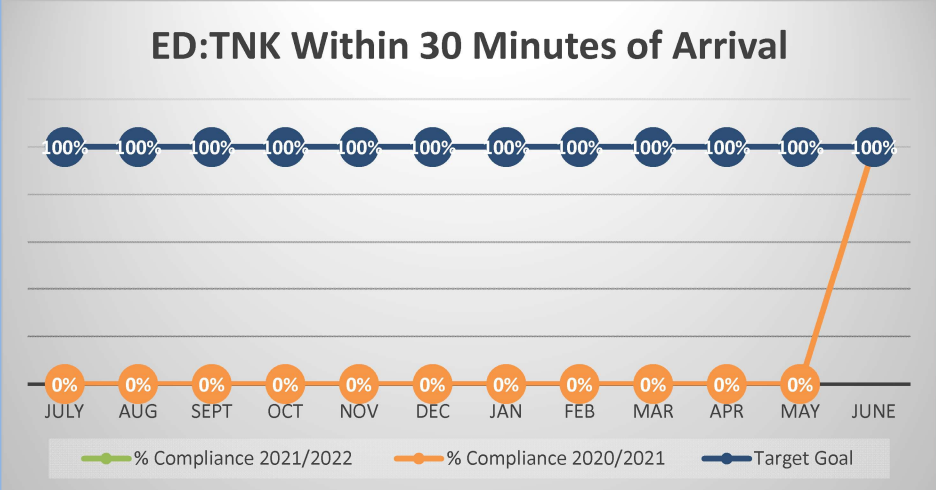
Mayers Memorial Healthcare District

Quality and Patient Safety Report - 2021/2022
Emergency Department
 Alexis Cureton, RN

Performance Improvement Goal
Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival

Improvement Opportunity: The focus is on: Quality Pillar

Data Collection Methodology: DA2 AMI Report and Manual Chart Abstraction



	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE
Denominator 2021/2022 # STEMI Pts	2	0	1									
Numerator 2021/2022 # Pt With Recommend Care												
% Compliance 2021/2022												
Denominator 2020/2021 # STEMI Pts	0	0	0	0	0	0	0	0	0	0	0	1
Numerator 2020/2021 # Pt With Recommend Care	0											1
% Compliance 2020/2021												100%
Target Goal	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Quarter Summary	Qtr 1			Qtr 2			Qtr 3			Qtr 4		

	Summary of Findings - Analysis of Data	What's Being Done - Action to Improve Performance By Whom and By When
Quarter 1:		
Quarter 2:		
Quarter 3:		
Quarter 4:		

Director's Annual Performance Summary: (Describe the PI indicator you were monitoring, a summary analysis of how well you performed in meeting your goals, activities you implemented to make improvements, follow up activities you will continue to implement and the PI indicators you will be working on next year)

Mayers Memorial Healthcare District

Quality and Patient Safety Report - 2021/2022
 Emergency Department
 Alexis Cureton, RN

Performance Improvement Goal
ED Transfer Communication Reorted to

Improvement Opportunity: The focus is on: *Quality and Patient Safety*

Data Collection Methodology: DA2 Report and Chart Abstraction



	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE
Denominator # Transfers Reported												
Numerator # Pts. Met All Elements												
% Compliance 2020/2021												
% Compliance 2190/2020												
Target Goal <small>(Change target goal if needed)</small>	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Quarter Summary	Qtr 1			Qtr 2			Qtr 3			Qtr 4		

	Summary of Findings - Analysis of Data	What's Being Done - Action to Improve Performance By Whom and By When
Quarter 1:		
Quarter 2:		
Quarter 3:		
Quarter 4:		
<p>Director's Annual Performance Summary: <i>(Describe the PI indicator you were monitoring, a summary analysis of how well you performed in meeting your goals, activities you implemented to make improvements, follow up activities you will continue to implement and the PI indicators you will be working on next year)</i></p>		

Mayers Memorial Healthcare District

Quality and Patient Safety Report - 2021/2022
 Emergency Department
 Alexis Cureton, RN

Performance Improvement Goal
Agency Nurse Utilization

Improvement Opportunity: The focus is on: *Quality and Patient Safety (Strategic Plan)*

Data Collection Methodology: Manager Report

	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE
% Compliance 2020/2021												
Target Goal	0	0	0	0	0	0	0	0	0	0	0	0

Mayers Memorial Healthcare District: Quality Summary Report

Summary:

[Empty text box for Summary]

Wins:

[Empty text box for Wins]

Challenges:

[Empty text box for Challenges]

Quality Report August 2022

The Quality meetings have transitioned to our new format for Quality reporting in the hospital. Currently, the department is working with all of the managers to meet and compile and review all of our various departmental risk assessments. After the risk assessment is completed, the quality department will be able to pull relevant quality/performance improvement metrics for each department. The department looking for a group of 5 to 8 measures that are prioritized by risk that we can begin work on, from that group we will be selecting 3 to add to our tracking and monitor until we have met our established improvement goal for the metrics selected.

This will bring us much closer to the vision that the Joint Commission has laid out for QAPI in their various manuals and guidance. Finding relevant metrics that can be shown to actually improve care and patient experience is the top priority for the Joint Commission it is a part of their ONYX methodology that our District will have to start learning and moving towards. More to come on that as the quality department continues to learn about what that actually means for us.

Overall, the meeting was received well, all of the managers that were able to attend seemed like they were ready and willing to make the change. Quality before this had been based in story telling and was very abstract (I believe that this made it much harder for the managers to participate in the program with real purpose) however, after our meeting on Wednesday, and the conversations that I have had since then – I know that everyone is on the same page as we move forward.

As we build metrics and data that are relevant to our district to comply with the ONYX methodology, they will be the same metrics as our mandated reporting metrics where possible – to avoid double duty – however, in some cases they will be in addition to depending on what our risk assessment finds.

I have attached the reporting spreadsheet I have created for the ED as a sample. The plan is to make a reporting spreadsheet like this one for every manager with the identified measures/metrics we have created or aligned. After all the spreadsheets are out and working, I will be able to compile a living dashboard for our quality meetings in the future that will give us a clean overview of the working data in our district and the trends that we can look forward to reviewing.

Outside of the above creation and implementation the quality department has been adjusting to the change in the org-chart and working with our own internal department changes. We had an analyst move to part time and we have a larger and more inclusive view of Infection Prevention for the district, that our new IP is excited about and working on.

Respectfully Submitted,

Jack Hathaway | Director of Quality