

Chief Executive Officer
Louis Ward, MHA



Mayers Memorial Hospital District

Board of Directors
Beatriz Vasquez, PhD, President
Abe Hathaway, Vice President
Laura Beyer, Secretary
Allen Albaugh, Treasurer
Jeanne Utterback, Director

Quality Committee
Meeting Agenda
October 9, 2019 1200
Boardroom: Fall River Mills

Attendees

Laura Beyer, Board Secretary
Jeanne Utterback, Director

Dr. Dan Dahle, MD, Chief of Staff
Louis Ward, CEO
Jack Hathaway, Director of Quality

					Approx. Time Allotted
1	CALL MEETING TO ORDER	Chair Laura Beyer			
2	CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS				
3	APPROVAL OF MINUTES				
3.1	Regular Meeting – September 11, 2019		Attachment A	Action Item	2 min.
4	DEPARTMENT REPORTS				
4.1	Environmental Services	Sherry Rodriguez	Attachment B	Report	10 min.
4.3	Cardiac Rehab	Trudi Burns	Attachment C	Report	10 min.
4.4	Imaging	Alan Northington		Report	10 min.
4.5	Marketing	Val Lakey	Attachment D		
4.6	HIM	Lori Stephenson	Attachment E	Report	10 min.
5	QUARTERLY REPORTS				
5.1	Workers Comp	Libby Mee	Attachment F	Report	10 min.
5.2	Patient Safety First	Jack Hathaway		Report	10 min.
6	STANDING MONTHLY REPORTS				
6.1	Quality/Performance Improvement	Jack Hathaway		Report	10 min.
6.2	PRIME	Jack Hathaway		Report	10 min.
6.3	SNF Events/Survey	Candy Vculek		Report	10 min.
6.4	Infection Control	Candy Vculek		Report	10 min.
7	ADMINISTRATIVE REPORT	Louis Ward		Report	10 min.
8	NEW BUSINESS				
9	OTHER INFORMATION/ANNOUNCEMENTS			Information	5 min.
10	ANNOUNCEMENT OF CLOSED SESSION				

10.1	Government Code Section 54962: Chief of Staff Report (Health & Safety Code §32155) STAFF STATUS CHANGE 1. Beverly Chang, MD to Inactive AHP APPOINTMENT 1. Jill Reed, MSW – Social Worker 2. Marchita Masters, PsyD MEDICAL STAFF REAPPOINTMENT 1. Aaron Babb, MD – Family Medicine	Dr. Dan Dahle, Chief of Staff	Report	
11	RECONVENE OPEN SESSION		Information	
12	ADJOURNMENT: Next Regular Meeting – November 13, 2019 (Fall River Mills)			

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Board of Directors
Quality Committee
Minutes

Date and Time
Boardroom (Fall River Mills)

Attachment A
DRAFT

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 Laura Beyer called the meeting to order at TIME on the above date.

BOARD MEMBERS PRESENT:

Laura Beyer, Secretary
Jeanne Utterback, Director

ABSENT:

Louis Ward, CEO

STAFF PRESENT:

Candy Vculek, CNO
Jack Hathaway, DOQ
Theresa Overton, DON, Acute
Keith Earnest, CCO
Pam Sweet, Board Clerk

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- 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 August 14, 2019 Vculek/Hathaway **Approved All**

4 **DEPARTMENT REPORTS**

- 4.1 **Facilities & Engineering:** Submitted written report. New organizational system helps in measuring. Goal is to complete the Riverview house and helipad by the end of 2019.
- 4.2 **Purchasing:** Submitted written report. Architects supplied a list of equipment to buy for the new building. Department managers also contribute.
- 4.3 **Personnel:** Submitted written report. Discussed problems getting registry staff to do competencies.
- 4.4 **HIM:** No report. Move to October agenda

5 **QUARTERLY REPORTS**

- 5.1 **Blood Transfusion:** The main issue is that the Pathologist is seeing multiple units transfused without an assessment in between. Need to bring to the doctor's attention. Doing well on documentation and informed consents
- 5.2 **Compliance:** Discussed the 2nd quarter report. Discussed RN staffing. We've made significant adjustments to RN staffing, so the next report (in 3 months) will show we covered those gaps. We are at least a year from seeing the health and safety reports improve. At next meeting, please compare our 5-star rating to 1 or 2 other facilities

<p>6 STANDING MONTHLY REPORTS</p> <p>6.1 Quality/Performance Improvement: Working on various programs. Chris & Jack are working on system-wide risk analysis for HIPAA</p> <p>6.2 PRIME: Reporting is due the end of September. We have the preliminary numbers in. We are excited to have numerators in our adult population</p> <p>6.3 SNF Events/Survey: Working on implementing Lean as our operating system. Starting with Value Stream Mapping. The goal is to look at how we are providing care and improving quality. We will take at least 4 managers and teach them to be Lean facilitators. We are in the window for a full SNF survey. Hope to do some mock surveys before State comes Working on Phase 3 (of regulatory changes) preparation. We must be compliant by the end of November. Good news: Our CNA program can resume after February 1st.</p> <p>6.4 Infection Control: Working to get Dawn up to speed</p>	
<p>7 ADMINISTRATIVE REPORT: No Report</p>	
<p>8 NEW BUSINESS:</p> <p>8.1 Policies and Procedures for Review</p> <p>1. Internal Reporting of Overpayments, Self Disclosure, and Repayments for Federal Health Programs A motion/second carried; committee members approved all policies</p>	<p>Utterback/ Hathaway</p> <p>Approved all policies</p>
<p>9 OTHER INFORMATION/ANNOUNCEMENTS: None</p>	
<p>10 ANNOUNCEMENT OF CLOSED SESSION:</p> <p>10.1 Pharmacy reported on sterile compounding certification and clean room abatement project. Sterile Compounding expert will be on site to review our processes</p>	
<p>11 RECONVENE OPEN SESSION: Reported closed session action</p>	
<p>12 ADJOURNMENT: 12:47 - Next Regular Meeting – October 9, 2019 (Fall River Mills)</p>	



Board Quality Report Template

<p>Name: Sherry Rodriguez</p> <p>Department: Environmental Services</p> <p>Last Quality project reported: On the laundry Facility that Opened on March 7, 2019</p> <p>Update on last Quality project reported: So after 7 months of the Laundry Facility being opened, the process to get the linens delivered back to both facilities is working in a timely manner.</p>	<p>Current report date to Board Quality: 10/09/19</p> <p>Last report date to Board Quality: 04/17/19</p>
<p>What successes have you seen based on the outcome of previous Quality projects?</p> <p>The linen is better quality and it is soft and smells clean it is nice and we don't have to worry about rips, stains and tears, the laundry techs are really good about catching damaged linen.</p>	
<p>What issues have come up in your department relating to Quality?</p> <p>The amount of stained linen coming through and not being able to get stains out then this causes inventory levels to go down. Im working with the staff to try to eliminate this from happening in the future.</p>	
<p>PLAN: What plan was implemented to address those issues?</p> <p>So working with staff and getting the appropriate people involved to address these issues, with new staff all the time it is hard to communicate and keeping everyone on the same page, trying to come up with a process that will eliminate the use of linen's for things other than patient care.</p>	



DO: How did the implementation of that plan go? It's a work in progress trying to find the best solution	
STUDY: What kind of results did the implementation of the plan yield? Did some education on what to use linen for and I see some results, but not completely there yet we just need to see what works for staff, resident/patients.	
ACT: What changes were made based on the results of the plan implementation? Making staff aware that when there are spills on the floor not to use the linen to clean it up with there are other things to use that are made available to them and knowing where to get these items.	
Upcoming Quality Items: To get this education and a process that is going to work to eliminate so much stained and damaged linen	Quality Related Goals for the Department: The main goal is to keep up the quality of linen and inventory of linens to meet hospital needs

Data/Graphics supporting project outcomes:



Board Quality Report Template

<p>Name: Trudi Burns</p> <p>Department: Cardiac Rehabilitation</p> <p>Last Quality project reported: Mats under weight machine are disintegrating and can be a tripping hazard. Weight machine and weights are being removed/relocated by owner. Need to replace those items</p> <p>Update on last Quality project reported: Applied for a grant to replace items. Received grant but have not been able to purchase equipment at this time. Meanwhile I check on the existing mat frequently to keep it together and decrease the tripping hazard.</p>	<p>Current report date to Board Quality: 10/02/19</p> <p>Last report date to Board Quality:</p>
<p>What successes have you seen based on the outcome of previous Quality projects?</p> <p>No success at this time but will order our weight equipment November 1. Until then we continue to deal with mats/weights. They will be moved to the garage at the Riverview House as soon as it is empty. At this time we are waiting for the new building project to be completed so the existing contents of the garage will be moved to the new wing.</p>	
<p>What issues have come up in your department relating to Quality?</p> <p>Elliptical broke while staff was using it. The axle sheered off but no-one was injured.</p>	
<p>PLAN: What plan was implemented to address those issues?</p> <p>I have had the Purchasing Department order a new axle and I am waiting for it to come in. Some of the additional parts that we might need were unable to be purchased due to age. Maintenance will see if they can manufacture the necessary parts or if we only need the axle. I have a machinist that is willing to manufacture any parts we need.</p>	



DO: How did the implementation of that plan go? We are waiting for the parts. While we are waiting, there have been signs placed to ensure that no-one gets on the machine or gets hurt.	
STUDY: What kind of results did the implementation of the plan yield? No one is using that machine.	
ACT: What changes were made based on the results of the plan implementation? I purchased another lightly used Elliptical from a store in Burney. We will bring that over, have it checked out, and (when maintenance clears it) our staff and patients can begin utilizing this valuable machine.	
Upcoming Quality Items: Order weights, mats, and weight machine. Get the old set out and the new set safely installed.	Quality Related Goals for the Department: Work with Maintenance Dept. for a regularly scheduled plan to maintain all our equipment.

Data/Graphics supporting project outcomes:



Board Quality Report Template

<p>Name: Valerie Lakey</p> <p>Department: Marketing/Public Relations</p> <p>Last Quality project reported: Communication and messaging internally and externally. Working to have consistent messaging and a positive image in the community.</p> <p>Update on last Quality project reported: All marketing projects and materials have been coming through the marketing department. This has worked well and we have been able to ensure that everything that comes out of our facility is clearly identified as MMHD. We remain active in the community and schools doing a variety of projects to promote our image. The "Planting Seeds, Growing Our Own" project has expanded.</p>	<p>Current report date to Board Quality: 10/09/19</p> <p>Last report date to Board Quality: 04/17/19</p>
<p>What successes have you seen based on the outcome of previous Quality projects?</p> <p>MMHD has become much more visible and I believe gained credibility due to positive messaging and interaction within the community. We have identified areas of need for marketing and are currently working on Outpatient, Cardiac and Respiratory. Additionally, we continue to be visible in promoting other services and MMHD employment opportunities.</p>	
<p>What issues have come up in your department relating to Quality?</p> <p>This is hard to pin point. Overall, staying proactive with marketing and PR instead of reactive is the continual challenge. We try to stay our ahead of things. A piece of communication and PR is essential in every area of MMHD's operation. The challenge would be to keep that communication flowing to the department and then keep the message consistent.</p>	
<p>PLAN: What plan was implemented to address those issues?</p> <p>Currently working on a communications and messaging plan to share with staff. Components of the plan will include: Summarize the situation/event/etc.; Determine desired outcome; Define audience; Develop messaging; Determine channels/methods of communication; Measure progress; Tracking/Timelines</p>	



DO: How did the implementation of that plan go? In progress	
STUDY: What kind of results did the implementation of the plan yield? In progress	
ACT: What changes were made based on the results of the plan implementation? In progress	
Upcoming Quality Items: Communication Plan Department specific marketing and Clinic visits	Quality Related Goals for the Department: Quarterly Clinic Visits

Data/Graphics supporting project outcomes:



Board Quality Report Template

<p>Name: Lori Stephenson</p> <p>Department: HIM</p> <p>Last Quality project reported: One Content was purchased and implementation build had been started. Still in process. Paper charts were being moved to new cargo container to make office space for Lori and Anita. Completed Timely documentation from physicians for chart completion with Mt Valleys. Still a work in progress</p> <p>Update on last Quality project reported: One Content Go live is October 11 for phase one . Looking forward to what One Content will provide and ease for physicians to review their charts. The ability to charge for record requests and the ability to send out directly from One Content ROI program.</p>	<p>Current report date to Board Quality:</p> <p>Last report date to Board Quality: 09/11/19</p>
<p>What successes have you seen based on the outcome of previous Quality projects?</p>	
<p>What issues have come up in your department relating to Quality?</p> <p>Still having some issues with Chart completion with ER physicians and timeliness of in-patient charting. Seeing a few issues with nurse documentation as well. We feel once the ER moves to new location that the physicians will be more apt to stop in the HIM department and check for chart completeness and queries.</p>	
<p>PLAN: What plan was implemented to address those issues?</p> <p>We have requested that physicians check with the HIM department before they leave at the end of their shift for any outstanding chart completion or queries.</p> <p>Nurse issues with missing documentations are printed out and taken to department for nurse to fix as well as letting the department supervisor know.</p>	



DO: How did the implementation of that plan go? It has been better but still a work in progress. We feel it will get better when ER moves and will be at the same end of the facility as the HIM department.	
STUDY: What kind of results did the implementation of the plan yield? We have seen very little progress but see improvement in the future with the new ER opening.	
ACT: What changes were made based on the results of the plan implementation? We are no longer texting physicians that they have incomplete charts to address. We are still personally letting physicians know they have outstanding charting to do by leaving notes in the ER department as well as catching them at station 1 and the ER.	
Upcoming Quality Items: Release of Information	Quality Related Goals for the Department:

Data/Graphics supporting project outcomes:



Board Quality Report Template

<p>Name: Libby Mee - Director of Human Resources</p> <p>Department: Human Resources/Work Comp</p> <p>Last Quality project reported: 2nd Quarter 2019 Injury/Reportable Stats (1) Reportable Claim - Employee has returned to work on modified duty (5) First Aide Claims - zero days away from work MMHD Work Comp process audit still in progress</p> <p>Update on last Quality project reported: 3rd Quarter 2019 Injury/Reportable Stats (1) Reportable Claim - Employee has returned to work on modified duty (0) First Aide Claims</p>	<p>Current report date to Board Quality: 08/14/19</p> <p>Last report date to Board Quality: 04/17/19</p>
<p>What successes have you seen based on the outcome of previous Quality projects?</p> <p>Very low claims. Trending lower than average for the year Identified and educated staff at SNF Annex and have seen no further injuries.</p>	
<p>What issues have come up in your department relating to Quality?</p> <p>Nothing to report</p>	
<p>PLAN: What plan was implemented to address those issues?</p> <p>NA</p>	



DO: How did the implementation of that plan go? NA	
STUDY: What kind of results did the implementation of the plan yield? NA	
ACT: What changes were made based on the results of the plan implementation? NA	
Upcoming Quality Items: Implementation of Just Culture program Update Work Comp Policy Procedure and Process.	Quality Related Goals for the Department: Continued manager and employee education to maintain safe work environment

Data/Graphics supporting project outcomes: