Mayers Memorial Hospital District

Board of Directors
Quality Committee
Minutes

January 9, 2019 - 12:00pm
Boardroom (Fall River Mills)

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 Beatriz Vasquez called the meeting to order at 12:11pm on the above date.

BOARD MEMBERS PRESENT:	**STAFF PRESENT:**
Laura Beyer, Secretary	Louis Ward, CEO
Jeanne Utterback, Director	Ryan Harris, DOO
	Diana Groendyke, DON SNF
	Candy Vculek, CNO
ABSENT:	Theressa Overton, DON, Acute
Jack Hathaway, DOQ	Amy Parker, Patient Access
	Travis Lakey, CFO
	Danielle Botorff, Business Office
OTHERS PRESENT:	Sherry Rodriguez, Environmental Services
Susan Knoch, MVHC	Coleen Beck, Infection Preventionist
	Pam Sweet, Board Clerk

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 November 14, 2018.   Ward/Beyer   **Approved All**

4   **DEPARTMENT REPORTS**
   4.1   **HIM**: Submitted written report. No questions or comments.

   4.2   **Patient Access:** Submitted written report. Errors are due to new staff and system errors.   Most of experienced staff are achieving 100%.

   4.3   **Business Office:** Submitted written report. Most errors are system related.

5   **QUARTERLY REPORTS**
   5.1   **Patient Safety First:** No Report. Move to next meeting

   5.2   **Workers Comp:** Submitted written report. No questions or comments.

6   **STANDING MONTHLY REPORTS**
   6.1   **Quality/Performance Improvement**: Candy Vculek reported. Looking at how we track incident reports. Now is a paper process in Acute and through PCC in SNF. The ability to track metrics is suboptimal. Currently implementing an electronic solution that will improve management tracking. Will be able to assign responsibility and follow up.

6.2 **PRIME**: Travis Lakey reported. Reports pulled at the end of 2018 are due for submission the end of March. In the mean time, we have submitted a question to the state regarding water metrics. If they answer as we expect, we will have met every metric.

6.3 **SNF Events/Survey**: Submitted our response to the survey before Christmas. We are now waiting for acceptance of our Plan of Correction. There were 10 low level tags and we had fixed most of them within a few days. Now, we are tracking data to make sure the issues stay fixed. Expect acceptance any day.

6.4 **Infection Control**: Have plans and forms and now working on setting up a process. Consultant will be back 1/21/19 to help. Been tracking the virus outbreak in SNF

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7 ADMINISTRATIVE REPORT:

- Retail Pharmacy: Opening April 1st. The new pharmacist has already started and is helping to coordinate opening. Still need to get DEA number; Medi-Cal provider number. Now designing the interior of the building with the help of a design firm. Talking with an architect about submitting to county for a permit. Is not OSHPD jurisdiction.
- Setting up Employee meetings in the next months
- ICS100 and ICS 200: all staff is required to complete ICS100. Val Lakey is setting up training for both in FR and Burney.
- Burney Fire: Met with the Burney Fire Chief to discuss fire readiness at the Burney campus. He said the property is in good shape. We don't see FR as a particular fire risk.
- Working with IPG to look at needs of the community in case of a large fire event. Will know more later in January.
- New Building will open late Summer or Fall of 2019.
- Implementing 1-Content to store medical data. Will affect every medical care department.
- SEMSA: SEMSA has given us 180-day termination notice. They will stop providing ground transportation on 6/25/19 and air support 6/14/19. Met with SEMSA Leadership this morning to work on a plan. No concrete plan has been developed, but ideas are being kicked around. In the next month, we will know if we can work with SEMSA going forward, if not, then we will determine who we can work with. By the full BOD meeting, will have a better picture
- Laundry: Ryan Harris and Sherry Rodriguez submitted written report. We have a history of problems with the linens vendor. We currently pay them $4,500 weekly for linens. Doing our own will save about $170,000 per year and bring more jobs to the community. Will be fully functional February 2.

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8 NEW BUSINESS:

8.1 Frequency of Department Reports: Committee agreed they want reports from each department 2 times per year.

9 OTHER INFORMATION/ANNOUNCEMENTS: None

10 ANNOUNCEMENT OF CLOSED SESSION:

10.1 **Government Code Section 54962:**
Chief of Staff Report (Health & Safety Code §32155) Dr. Dan Dahle, Chief of Staff Report

MEDICAL STAFF REAPPOINTMENT
1. Chuck Colas, MD – Emergency Medicine
2. Paul Davainis, MD – Emergency Medicine
3. Julia Mooney, MD – Pathology
4. David Panossian, MD – Pulmonary Care
5. Jeremy Austin, MD – Emergency Medicine

MEDICAL STAFF APPOINTMENT
6. Javeed Siddiqui, MD – Infectious Disease (Telemedicine)
7. Eric Stirling, MD – Emergency Medicine
8. Stephen McKenzie, MD – Family Medicine

REQUEST FOR SPECIAL PROCEDURES
9. Dale Syverson, MD – General Surgery

A motion/second carried; committee members approved all credentials	Utterback/Ward	Approved All Credentials

11	**RECONVENE OPEN SESSION**: Reported closed session action

12	**ADJOURNMENT:** 1:34pm - Next Regular Meeting – February 12, 2019 (Fall River Mills)