

Chief Executive Officer  
Louis Ward, MHA



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

## Quality Committee Meeting Agenda

May 8, 2019 12:00 p.m.  
Boardroom (Fall River Mills)

### Attendees

Jeanne Utterback, Board Member  
Laura Beyer, Board Member  
Louis Ward, CEO

Dan Dahle MD, Chief of Staff  
Candy Vculek, CNO

1	<b>CALL MEETING TO ORDER</b>		Chair Beatriz Vasquez		
2	<b>CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS</b>				<b>Approx. Time Allotted</b>
3	<b>APPROVAL OF MINUTES</b>				
3.1	Regular Meeting – February 12, 2019			Attachment A <b>Action Item</b>	2 min.
4	<b>DEPARTMENT REPORTS</b>				
4.1	Emergency Department	JD Phipps		Attachment B Report	10 min.
4.2	Hospice	Mary Ranquist		Report	10 min.
4.3	Med Staff	Pam Sweet		Attachment C Report	10 min.
4.4	Outpatient Services	Michelle Peterson		Attachment D Report	10 min.
4.5	Respiratory	Keith Earnest		Report	10 min.
5	<b>QUARTERLY REPORTS</b>				
5.1	Safety	Val Lakey		Attachment E Report	10 min.
5.3	CMS Core Measures	Jack Hathaway		Report	10 min.
6	<b>STANDING MONTHLY REPORTS</b>				
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	Coleen Beck		Report	10 min.
7	<b>ADMINISTRATIVE REPORT</b>	Louis Ward		Report	10 min.
8	<b>NEW BUSINESS</b>				
9	<b>OTHER INFORMATION/ANNOUNCEMENTS</b>			Information	5 min.

10 **ANNOUNCEMENT OF CLOSED SESSION**

10.1	<b>Government Code Section 54962:</b> Chief of Staff Report (Health & Safety Code §32155)	Dr. Dan Dahle, Chief of Staff	Report	
11	<b>RECONVENE OPEN SESSION</b> – report closed session action		Information	
12	<b>ADJOURNMENT:</b> Next Regular Meeting – June 12, 2019 (Fall River Mills)			

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Mayers Memorial Hospital District

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Board of Directors  
Quality Committee  
Minutes

April 17, 2019 11:00am  
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 Beatriz Vasquez called the meeting to order at 12:11pm on the above date.

**BOARD MEMBERS PRESENT:**

Laura Beyer, Secretary  
Jeanne Utterback, Director

**ABSENT:**

**OTHERS PRESENT:**  
Dan Dahle, MD

**STAFF PRESENT:**

Louis Ward, CEO  
Candy Vculek, CNO  
Theresa Overton, DON, Acute  
Coleen Beck, Infection Preventionist  
Sherry Rodriguez, Env. Services  
Jack Hathaway, Dir. Of Quality  
Alan Northington, Imaging  
JD Phipps, Dir. Ancillary Services  
Val Lakey, Marketing  
Keith Earnest, CCO  
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 March 13, 2019 Jeanne/Jack **Approved All**

4 **DEPARTMENT REPORTS**

4.1 **Med Surg/Swing:** Submitted written report. No questions or comments.

4.2 **Environmental Services:** Submitted written report. No questions or comments.

4.3 **Cardiac Rehab:** Submitted written report.

- We haven't offered Treadmill testing since Dr. Wilkins left in 2014. There must be a certified physician to observe the testing
  - If we get a trained doctor or cardiologist, we will buy a treadmill to their specifications
  - Can we find out how many patients we are missing out on. Jack will get the Medicare data.

4.4 **Imaging:** Submitted written report. No questions or comments.

4.5 **Marketing:** Submitted written report.

- 100% of staff have access to the intranet. It is not known how many are not utilizing it

- A standard communication plan is in development to notify staff when something is new on the intranet

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## 5 QUARTERLY REPORTS

- 5.1 **Worker's Comp:** Submitted written report.
- Toured the Burney and new building yesterday with the BETA representative. She was impressed with how clean the Burney facility was
- 5.2 **Patient Safety First:** Submitted written report. No questions or comments.

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## 6 STANDING MONTHLY REPORTS

- 6.1 **Quality/Performance Improvement:** Submitted written report. No questions or comments.
- 6.2 **PRIME:** Submitted written report. No questions or comments.
- 6.3 **SNF Events/Survey:**
- Prepping for the next survey, whenever it comes
    - Have noticed charting slippage
    - Will do a mock survey in the very near future so we can implement interventions
    - Will continue to monitor
  - Have a new provider
    - Thomas Peterson, FNP will be spending time in SNFE
    - Hope is presence will help with admissions and take a load off the doctors with regard to calls
  - Admission Process on SNF
    - The process has been pared down from 30 to 45 days to 4 or 5 days. Still looking for ways to improve the time line
    - Gaps still in getting orders from providers
  - Current census is 78
    - Our license is for 99 residents, but 84 or 85 is our actual maximum.
  - Focusing on wounds
    - We now have very few wounds and we are being very proactive.
- 6.4 **Infection Control:** Submitted written report. No questions or comments.

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## 7 ADMINISTRATIVE REPORT:

- Congratulations to Dr. Dahle on his Doctor of the Year award
- One Content will replace PaperVision, a medical record repository
  - Expect significantly fewer errors
  - One Content will index billing and medical record information into one system
- Made a presentation to FRM Lions last night about hospital activities
  - Received questions about MMHD's involvement in the school district. Will reach out to Superintendent Hawkings
- Recliners in Burney are under discussion regarding falls and skin tears. All the recliners need to be replaced
- Orienting a new FNP for SNF
- We have been awarded a \$3.6 million dollar grant by Sac Valley Med Share
  - Will make all hospital data available through the HIE
- New building is progressing. We are watching the details now, such as the placement of electrical outlets
- Retail Pharmacy is moving steadily forward
  - We have purchased a point of sale system
  - Yesterday, we turned in a permit to begin construction
  - Building is already permitted as a retail pharmacy, but we need a permit for the drive-up window
  - McKesson will be our supplier
  - The Board of Pharmacy says we will have our license by 4/22/19, then we will have 120 days to open

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- We must have the Pharmacy license before we can get a DEA
- Stroke program with UCD is going well.
  - Amanda showed the cart to the Medical staff
  - We can also get a neuro consult on outpatients and inpatients
- Had an EMTALA survey
  - There was a violation a few months back that was brought to our attention by the CEO at SRMC
  - The Surveyors also found another incident of violation
  - We haven't heard back from the Surveyors, yet, but we know what the violations are and are well on our way to correcting them.
- Mental health services are intermittent. Sometimes Dr. Jones doesn't answer his phone or return a call. Then, we initiate Shasta County Mental Health

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**8 NEW BUSINESS:**

**8.1 Policies and Procedures Submitted for Review & Approval**

1. Access to Public Records
  - Approved
2. BOD Individual Job Description
  - Rejected. This is not a policy. It needs to be housed with other job descriptions
3. CEO Performance Evaluation
  - Rejected. This is not a policy and there is a new process being implemented

A motion/second carried; committee members approved policy #1 and rejected policies 2&3 Jeanne/Louis

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**9 OTHER INFORMATION/ANNOUNCEMENTS:**

- Congratulations to Louis on his recent award
- Legislation we are watching:
  - SB758 would change the year 2030 requirements. We are already meeting the proposed requirements, so we are in favor of this bill
  - We are in favor of a bill that would advance the scope of NP's
  - We oppose a bill that would provide penalties that fall out of staffing ratios

**10 ANNOUNCEMENT OF CLOSED SESSION:**

**10.1 STAFF STATUS CHANGE**

1. Jesse Livingston, MD to Inactive
2. Paul Johnson, MD to Inactive

**AHP REAPPOINTMENT**

1. Heather Corr PA-C
2. Steven Brown, CRNA

**MEDICAL STAFF APPOINTMENT**

1. Lara Zimmermann, MD – Neurology, Telemedicine
2. Ajay Sampat, MD – Neurology, Telemedicine
3. Ryan Martin, MD – Neurology, Telemedicine
4. Charles DeCarli, MD – Neurology, Telemedicine
5. Ashok Davanathan, MD – Neurology, Telemedicine
6. Alexandra Duffy, DO – Neurology, Telemedicine
7. Alan Yee, DO – Neurology, Telemedicine
8. Fredric Gorin, MD – Neurology, Telemedicine
9. Ge Xiong, MD – Neurology, Telemedicine
10. David Richman, MD – Neurology, Telemedicine
11. Kwan Ng, MD – Neurology, Telemedicine

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12. Katherine Park, MD – Neurology, Telemedicine
13. John Olichney, MD – Neurology, Telemedicine
14. Jeffrey Kennedy, MD – Neurology, Telemedicine
15. Matthew Chow, MD – Neurology, Telemedicine
16. Masud Seyal, MD – Neurology, Telemedicine
17. Marc Lenaerts, MD – Neurology, Telemedicine
18. Lin Zhang, MD – Neurology, Telemedicine
19. Ricardo Maselli, MD – Neurology, Telemedicine
20. Norika Malhado-Chang, MD – Neurology, Telemedicine
21. Michelle Apperson, MD – Neurology, Telemedicine
22. Vicki Wheelock, MD – Neurology, Telemedicine

A motion/second carried; committee members approved all credentials

Louis/Jeanne

Approved All  
Credentials

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

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12 **ADJOURNMENT:** 2:07pm- Next Regular Meeting – May 8, 2019 (Fall River Mills)

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## Board Quality Departmental Report Template

<b>Last Quality project reported:</b>  <b>Update on last Quality project reported:</b> Weights in Kg's	<b>Current report date to Board Quality:</b> 05/01/19  <b>Last report date to Board Quality:</b>
<b>What successes have you seen based on the outcome of previous Quality projects?</b> We are regularly obtaining 100% weights in Kg. This is helpful as most drugs are given on wt based ratios.	
<b>What issues have come up in your department relating to Quality?</b> Either missing documentation or failure to complete EMTALA paperwork Lack of documented pain reassessment following administration of medication Lack of documented vitals reassessment within 60min of discharge and Q2 hours while in ED	
<b>PLAN: What plan was implemented to address those issues?</b> Monthly audits are underway with results to the staff. Increased communication (read & sign) with ED staff on policy and regulation. Relias education module assigned and completed for EMTALA.	
<b>DO: How did the implementation of that plan go?</b> The audits cannot be automated. The manual nature of the audit makes it time expensive. Looking to train Pam for performing audits. This was one of the very first courses assigned in Relias so it was a good learning opportunity for the Relias system as well as assuring compliance with education. Relias as a solution to assure delivery of information is very good.	
<b>STUDY: What kind of results did the implementation of the plan yield?</b> We only have three months of data at the time of this report. Data showed initial improvement but not sustained. This is resulted in additional steps including conveyance of disciplinary pathway if practice does not change.	
<b>ACT: What changes were made based on the results of the plan implementation?</b> Still underway and too soon to say. First steps included communication, policy review, and goal setting. Currently at continued audit down to the individual level rather than departmental so that individual action can be taken if indicated.	

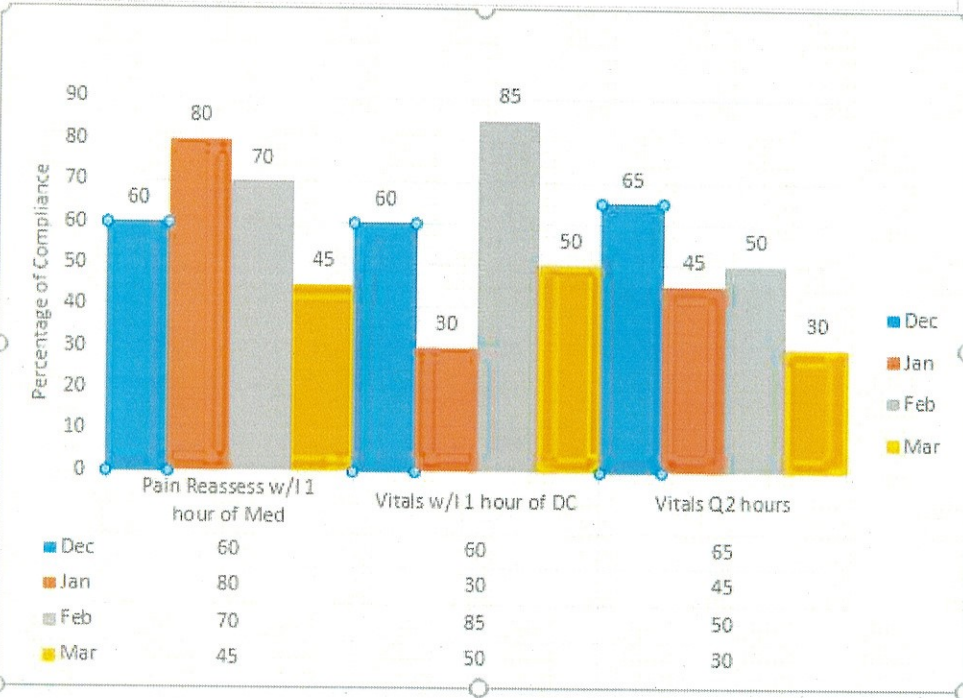
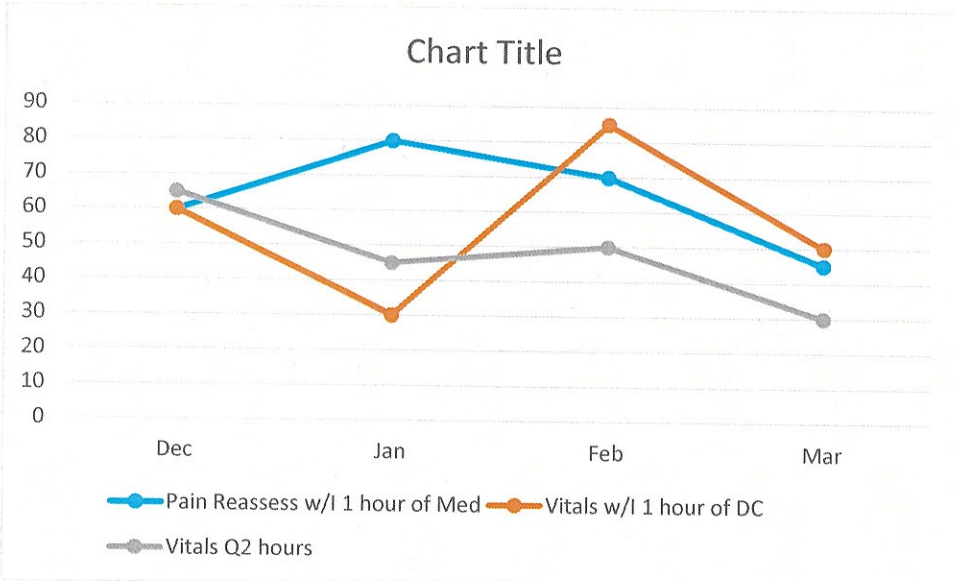


<b>Upcoming Quality Items:</b> ED Log Accuracy ESI Triage Level	<b>Quality Related Goals for the Department:</b> 100% Compliance EMTALA transfers 100% Compliance Pain/Vital reassessments
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**Data/Graphics supporting project outcomes:**



# ED Quality Data 5/19



	Dec	Jan	Feb	Mar
Pain Reassess w/1 hour of Med	60	80	70	45
Vitals w/1 hour of DC	60	30	85	50
Vitals Q2 hours	65	45	50	30



## Board Quality Report Template

<p><b>Name:</b> Pam Sweet</p> <p><b>Department:</b> Med Staff</p> <p><b>Last Quality project reported:</b> Reduction in the number of P&amp;P's</p> <p><b>Update on last Quality project reported:</b> Last reported 1,943 policies</p>	<p><b>Current report date to Board Quality:</b> 05/08/19</p> <p><b>Last report date to Board Quality:</b> 10/27/19</p>
<p><b>What successes have you seen based on the outcome of previous Quality projects?</b> Currently have 1, 805 policies</p>	
<p><b>What issues have come up in your department relating to Quality?</b> none</p>	
<p><b>PLAN: What plan was implemented to address those issues?</b> n/a</p>	



**DO: How did the implementation of that plan go?**

n/a

**STUDY: What kind of results did the implementation of the plan yield?**

n/a

**ACT: What changes were made based on the results of the plan implementation?**

n/a

**Upcoming Quality Items:**

n/a

**Quality Related Goals for the Department:**

**Data/Graphics supporting project outcomes:**



<b>Upcoming Quality Items:</b>	<b>Quality Related Goals for the Department:</b>
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**Data/Graphics supporting project outcomes:**



## Board Quality Report Template

<p><b>Name:</b> Michelle Peterson</p> <p><b>Department:</b> Outpatient Medical OPM</p> <p><b>Last Quality project reported:</b> See Last report attached: No room for typing in this form? Several bullet items to address?</p> <p><b>Update on last Quality project reported:</b> OPM census has dropped, cont. wound care rounding and trainings in LTC. OPM has increased services, products &amp; physician offered ie. skin grafts, &amp; snap VACs. No new marketing plan to get more privileged outside providers. What will we change or continue: OPM EMR system has not been completed, working toward new competencies in Relias, will cont. to look for wound imaging.</p>	<p><b>Current report date to Board Quality:</b> 05/08/19</p> <p><b>Last report date to Board Quality:</b> 11/14/18</p>
<p><b>What successes have you seen based on the outcome of previous Quality projects?</b></p> <p>LTC: Wt Wound meeting proves to be helpful on bringing decision makers together to coordinate care. Cost capture with billing proves to be useful on clean billing and missed charges, increased healing rates with new skin grafts and vacs. Relias is a great resource for education for MMHD employees on wound and infusion information.</p>	
<p><b>What issues have come up in your department relating to Quality?</b></p> <p>ER: Have an increase in pt being seen as OPM over weekends. OPM needs to work with Director of ER and physicians to execute a plan that follows regulations, and documentation is easy for staff to conduct. Computer OPM: Still paper charting on wound clinic days, computer build not finished for OPM. It has been over 1 year.</p>	
<p><b>PLAN: What plan was implemented to address those issues?</b></p> <p>Working on new plan for ER/OPM to make it easier and clear of rules of OPM and how to conduct proper documentation. Computer build: In the testing phase. Consultant to make updates. Marketing plan: (Need a plan) for privileged providers from outside facilities to increase OPM census.</p>	



**DO: How did the implementation of that plan go?**

Cost capture, wt wound meetings, new products and new wound care physician, pt surveys, relias competencies are in process and going well.

**STUDY: What kind of results did the implementation of the plan yield?**

**ACT: What changes were made based on the results of the plan implementation?**

**Upcoming Quality Items:**

Relias competencies OPM, New pt surveys, wound protocol  
New orientation skills for OPM

**Quality Related Goals for the Department:**

Ongoing staff training for wound care, piccs, ports. Through Relias and hands on education.

**Data/Graphics supporting project outcomes:**



<b>Upcoming Quality Items:</b>	<b>Quality Related Goals for the Department:</b>
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**Data/Graphics supporting project outcomes:**

## **Board Quality Report** **November 14<sup>th</sup>**

### **Last report conducted May 2017:**

**Mock Survey:** completed have now moved areas

**Pt satisfaction surveys available to OPM patients:**

**Cost capture collaborative effort between Outpatient and Billing:** continued efforts, proves to be helpful in finding missed, or incorrect charges for clean bills to patients.

**Outpatients that are seen in the ED as OPM:** Working with ER Lead when this happens to solve billing issues.

**Collaborative effort of Administration/IT and Outpatient regarding a custom build of our current EMR system to meet the needs in OPM charting:** Continued efforts, have hired consultants to help with custom build in Paragon system.

### **Board Quality Report November 14<sup>th</sup>**

#### **Increase in OPM census:**

- Outpatient Census has an average monthly patient visits at (110 approx. a month). August patients seen 147 with 217 procedure, September 143 patients seen, 193 procedures, October 182 patients seen with 234 procedures with only two nurses. Need for increased staffing
  - Part time position posted currently
  - Approval for Travel Nurse November through May, to cover current RN Ellie's maternity leave. Not getting applicants.
  - Suggested solutions: Hiring part time RN or LVN, having LTC or Acute staff help 1X a month with Dr Zittel wound clinic days would help with cross training wound education for LTC/Acute and OPM can use additional help for high census

#### **Wound care rounding and trainings in LTC:**

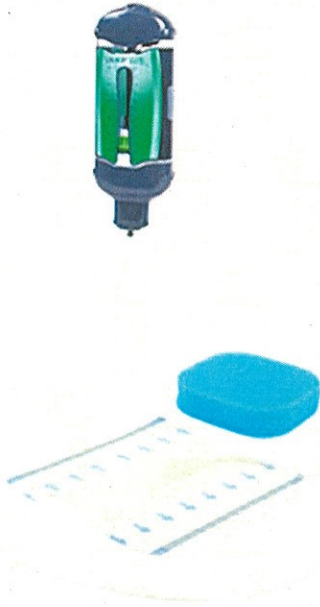
- Conducted PCC wound care trainings in both FR and Burney on wound care basics and pressure injury prevention



- Created wound care treatment carts and educated staff on advance wound care dressings
- Conducted ostomy one-on-one demonstrations at nurse's stations in LTC
- When DON, LTC makes a list of LTC residents with wound OPM wound care nurse rounds on residents
- Working with LTC staff as a resource via phone to help trouble shoot wound care treatment questions
- Apart of weekly weights and wound meeting to collaborate with LTC, dietary, and wound care
  - LTC weekly meetings proves to be a benefit on group planning and input
  - When OPM census is high makes it harder to round on LTC for OPM staff Increase staffing will help solve this challenge
  - If LTC staff works in OPM monthly they will feel more confident trouble shooting wound treatment challenges and executing treatment orders
  - Continued wound and ostomy education is necessary for new and travel staff

### **Increased OPM services and products**

- OPM started offering skin grafts for patients. Graftix is a cryopreserved placental membrane comprised of an extracellular matrix (ECM) rich in collagen, growth factors, fibroblasts, mesenchymal stem cells (MSCs), and epithelial cells native to the tissue. Designed for application directly to acute and chronic wounds . Flexible, conforming cover that adheres to complex anatomies. AND Stravix® cryopreserved placental tissue, composed of the umbilical amnion and Wharton's Jelly, retains the extracellular matrix, growth factors, and endogenous neonatal mesenchymal stem cells, fibroblasts and epithelial cells of the native tissue.
- New wound VAC called Snap VAC, easier for some wounds and canister can attach to pt arm or leg via strap holder.



### **Efforts to market OPM for more privileged providers for MMHD**

- In the last quarter we have an increase for VAD maintenance or chemo disconnect we have 7 new patients for several weeks duration.
  - Currently privilege packets going to Mercy Oncology and RA associates in Redding.
  - Currently having to go through PCP for co-signed orders. Presents lower quality of care for patients to get delayed care due to problems with the order process. OPM census would increase with direct privileged providers
  - Added Dr Zittel's partner Dr Russmussen to privilege provider list
  - Dr McKenzie MVHC has temporary privileges

### **What will you change or continue over the next year?**

With increased staffing means needed project dedication, continuing educational trainings for OPM and MMHD staff education can be accomplished

- Hospital wide wound, ostomy and PICC trainings
- Creating better competencies for OPM
- Conducting a wound team pressure prevalence study quarterly at MMHD

- Continue to work toward streamlining OPM EMR system so we can properly chart and gain better reimbursement capturing. Streamlining will mean we can see more patients in a day which means increase revenue
- Working toward a product like... OPM and IT had a webinar/demo from Tissue Analytics, a patient-interfacing wound imaging and documentation platform integrated with Allscripts. Nurses and clinicians can take 3D wound images on a smartphone, and tissue types are automatically measured. This encourages compliance through documentation. We are working at beginning stages of the process to see if pricing and computer integration is in line with the mission of MMHD. More details to come to help with patient centered care.



**Mayers Memorial Hospital District**  
 Outpatient Medical Department  
 Patient Education Survey for Quality Management

Date: \_\_\_\_\_ Name: \_\_\_\_\_  
 email address: \_\_\_\_\_

*Please mark the response that most closely reflects your experience*

Please rate the following regarding your understand of your care at MMHD Outpatient Department	<b>EXCELLENT</b> Understanding and knowledgeable	<b>GOOD</b> Understanding and knowledge	Needs further education and <b>POOR</b> understanding
	<b>EXCELLENT</b>	<b>GOOD</b>	<b>POOR</b>
Understanding for reason for treatment			
Understanding of laboratory tests results			
Education of effects of disease processes ex: diabetes			
Tools and education on prevention measures			
Knowledge of signs and symptoms to report			
Basic understanding of nutrition and how it effects wound healing			
Knowledge of risk factors			
Understanding of pain management			
Understanding of dressing changes or the procedure			
Your ability to be involved or conduct your own self care			
	<b>YES</b>	<b>NO</b>	
Staff washed their hands or used hand sanitizer before caring for me			
I would recommend MMHD Outpatient Medical Services to others			
I would return to MMHD Outpatient Medical if outpatient treatment was needed			
General Comments:			

*Thank you for your help, so that we may better serve the Intermountain Community.*

**Mayers Memorial Hospital District**  
Outpatient Medical Department  
Patient Education Survey for Quality Management

Date: \_\_\_\_\_ Name: \_\_\_\_\_  
email address: \_\_\_\_\_

*Please mark the response that most closely reflects your experience*

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*Thank you for your help, so that we may better serve the Intermountain Community.*

**Title:** Orientation Skills Checklist Outpatient Medical

**Applies to:** Outpatient Nurses

**Issuing Dept:** Outpatient

**Created** 05/2019

**Last Revised:** 05/2019

**Instruction Key:** D=Demo, E=Electronic Media, L=Lecture-Workshop/Discussion, PP=Policy & Procedure, S=Self Study, M=Movie, WM=Written Material

**Standard Key:** LO=Locates, O=Observed, PR=Policy Read, PT=Post Test, V=Verbalizes, NA= Non-applicable

Employee Name:	Start Date:									
	Skill	Self Assess			Instruction Methods	Standard Measures	Performance Measure			
		Never Done	Need Review	Able to Do			RN			
							Standard Met Independent Skill	Acceptable Developing Skill	Standard Not Met **Needs Improvement	Activity Not Available Verbalizes Understanding
Date & Initials	Date & Initials	Date & Initials	Date & Initials	Date & Initials	Date & Initials	Date & Initials	Date & Initials			
<b>Advance Directives</b>										
Obtains and reads Policy & Procedure				PP	PR, V					
<b>Consents</b>										
Obtains and reads Policy & Procedure				PP	PR, V					
Consent for wound debridement				W, V	W, V					
Consent for blood products				W, V	W, V					
Consent for injection ie. Rabies, Rhogam				W, V	W, V					
Photographic Release on admission				D, L	O, V					
<b>Computer Program: Demonstrates access and use of</b>										
Paragon McKesson				D	O					
PCC				D	O					
Referral/Consult process				D	O					
Relias				D	O					
Trakstar				D	O					
OPM Ordering: KCI, TWS, DME, specialty dressings				D	O					
RLS Solutions QRR reports				D	O					
MCN Policies and Procedures				D	O					
<b>Consultation Procedures</b>										
Verbalizes role of Case Management/Consult				L	V					
Verbalizes role of Charge Nurse/House Supervisor				L	V					
Referral process for OPM				L	D, V					
Demonstrates use of wound recommendations and orders for LTC/PCC, and Acute Paragon				L, D	D, V					
Completes Dietitian consult				L	V					
<b>Code status and Related Conditions</b>										
Obtains and reads policy and procedure				PP	PR, V					
Identifies code status				D, L	O, V					
Verbalizes what do do in code situations				L	V					
Verbalizes criteria for activation of codes				L	V					
Demonstrates crash cart checklist				D, V	D, V					
Demonstrates use of Cardiac Monitor				L	V					
<b>Emergency Equipment in OPM</b>										
Demonstrates where to locate emergency equipment ie. Fire extinguisher, Evacuation Plan, Crash Cart				L, P	V					

Demonstrates proper use of patient care room equipment ie. Beds, chairs, gurneys, call lights				PP	PR, V				
<b>Falls Prevention</b>									
Obtains and reads Policy & Procedure				PP	PR, V				
Verbalizes at risk situations				PP	V				
<b>Infection Control and Isolation Procedures</b>									
Reads IP Policies and Procedures				PP	PR, V				
Verbalizes standards for isolation				L, PP	V, PR				
Locates isolation supplies				L	LO				
Demonstrates Airborne Precautions				L, PP	V, PR				
Demonstrates Contact Precautions				D,L,P	V,O,P				
Demonstrates Droplet Precautions				L, PP	V, PR				
Demonstrates disinfecting patient care areas between patients per P&P				D, V, PP	D, PR				
Cleans equipment and disposes of trash, blood products & linen in appropriate designations per SOP and P&P				L, D	V, O				
<b>Language Barriers/Interpreter</b>									
Obtains and reads Policy & Procedure				PP	PR, V				
Assesses need for interpreter				L	V				
Demonstrates understanding of use of phone interpreting system				L	V				
<b>Privacy</b>									
Pulls curtains and/or closes door				L	V, O				
Knocks on closed doors before entering				D, L	O				
Verbalizes understanding of release of information forms				L, T	LO, V				
Protects patient information at all times				D, L	O				
<b>Bedside Surgical Procedures</b>									
Obtains and reads Policy & Procedure for specific procedure				PP	PR, V				
Conducts universal time out per protocol				D,L,P	V				
<b>Professionalism and Customer Satisfaction</b>									
Greets patient and introduces self				D, L	O				
Recognizes and assists visitors promptly				D, L	O				
Demonstrates respect for self and others				D, L	O				
Wears ID badge at all times				D, L	O				
<b>Seizure Precautions</b>									
Obtains and reads policy and procedure				PP	PR				
Removes sharp and hard objects from vicinity				D, L	O,V				
Removes partial plate or dentures				D, L	O,V				
Verbalizes need to notify Pt Care RN				D, L	O,V				
<b>Suicide Precautions</b>									
Obtains and reads Policy & Procedure				PP	PR, V				
Verbalizes at risk populations				D, L, PP	O, PR, V				
<b>Infusion, Phlebotomy, CVAD, VAD, PICC, PORTS</b>									
Obtains and reads policy and procedure				E,	PR, V				
Demonstrates ability to access port				PP, V, D	PR, D				
Demonstrates ability to de-access port				PP, V, D	PR, D				
Demonstrates ability to draw blood from port				PP, V, D	PR, D				
Demonstrates ability to provide port maintenance per P&P				PP, V, D	PR, D				
Demonstrates ability per P&P PICC dressing change				PP, V, D	PR, D				

Demonstrates ability per P&P PICC draw blood from				PP, V, D	PR, D				
Demonstrates ability to start IV per SOP				PP, V, D	PR, D				
Demonstrates administration of Blood Products per P&P				PP, V, D	PR, D				
Demonstrates ability to infuse IV medication per SOP				PP, V, D	PR, D				
Demonstrates injections IM/SQ per SOP				PP, V, D	PR, D				
Demonstrates use of Infusion Pump (Braun)				PP, V, D	PR, D				
Demonstrates Phlebotomy per SOP				PP, V, D	PR, D				
<b>Wound Care</b>									
Demonstrates ability to perform assessment				D, L	O, V				
Demonstrates ability to establish Tx Plan									
Demonstrates ability to identify PU risk factors				D, L	O, V				
Demonstrates ability to develop PU action plan				D, L	O, V				
Demonstrates clean dressing change				D, L	O, V				
Demonstrates sterile dressing change				D, L	O, V				
Demonstrates MD follow-up needs/referrals				D, L	O, V				
Demonstrates NPUAP staging assessment				E, L, D	O,PT,V				
Demonstrates ability to document wound care and treatment plan				D, L	O, V				
Demonstrates stuture removal per SOP				D, L	O,V				
Demonstrates compression wrap application				PP, V, D	PR, D				
Demonstrates wound debridment within scope and P&P				PP, V, D	PR, D				
Utilizes and teaches wound algorithm protocol				D, L	O, V				
<b>Specimen Collection</b>									
Completes label at the point of collection including: Patient identification Date and time of collection Initials of collector				D, L	O, V				
Obtains wound culture specimen				D, L	O, V				
<b>Catherization, urinary: stright, indwelling Foley, Supra-pubic</b>									
Performs Assessment				D, L	O, V				
Demonstrates appliance change				D, L	O, V				
Verbalizes/Demonstrates Outpt SOP				D, L	O, V				
<b>Ostomy Care</b>									
Performs Assessment				D, L	O, V				
Demonstrates appliance change				D, L	O, V				
Assesses skin and provides skin care				D, L	O, V				
Empties appliance				D, L	O, V				
Provides Patient/family education for ostomy				D, L	O, V				
Demonstrates ability to evaluate current ostomy care needs and skin complications				D, L	O, V				
Verbalizes/Demonstrates Outpt Ostomy SOP				D, L	O, V				
<b>Negative Pressure Wound Treatment</b>									
Demonstrates ability to perform negative pressure dressing change				D, L	O, V				
Demonstrates ability to perform negative pressure Veraflo procedure				D, L	O, V				
Verbalizes understanding of negative pressure therapy SOP				D, L	O, V				



Demonstrates ability to trouble shoot negative pressure dressing and equipment problems				D, L	O, V				
Verbalizes understanding of negative pressure charge requirements Inpatient and Outpatient				D, L	O, V				
Demonstrates ability to document NP therapy				D, L	O, V				
<b>Equipment and Supplies: Demonstrates use of</b>									
Verbalizes pupose and use of available products				D, L	O, V				
<b>Camera</b>									
Demonstrates ability to photo and document wound on admission, weekly, with significant changes and on discharge.				D, L	O, V				

**Orientation Successfully Completed:** \_\_\_\_\_

\*Needs Improvement \_\_\_\_\_

Employee Signature \_\_\_\_\_

Manager Signature \_\_\_\_\_

**Comments and/or follow-up plan for areas needing improvement.**



## Board Quality Report Template

<p><b>Name:</b> Valerie Lakey</p> <p><b>Department:</b> Safety/Emergency Preparedness</p> <p><b>Last Quality project reported:</b> Training of staff in HazMat, ICS100/200, General Emergency Preparedness Training</p> <p><b>Update on last Quality project reported:</b> We continue to provide training. As EP Coordinator, I am continuing my education with a variety of trainings including Pediatric Readiness, Foreign and Domestic Terrorism, Active Shooter, Emergency Operation Centers and Emergency Communications. We participated in the Intermountain Preparedness Group (IPG) Functional Drill in March.</p>	<p><b>Current report date to Board Quality:</b> 05/08/19</p> <p><b>Last report date to Board Quality:</b> 02/12/19</p>
<p><b>What successes have you seen based on the outcome of previous Quality projects?</b></p> <p>More preparedness and confidence in what to do in the case of an emergency or disaster. Most importantly, more awareness.</p>	
<p><b>What issues have come up in your department relating to Quality?</b></p> <p>Time. Simply, having enough time to complete all projects, implement all of the desired training and stay up to date on policies. Preparedness supplies, etc.</p>	
<p><b>PLAN: What plan was implemented to address those issues?</b></p> <p>Time management.  Worked with other EP Coordinators to establish needs and list of resources.</p>	



**DO: How did the implementation of that plan go?**

We were successful in developing a list and ordering supplies. We were also able to work with Mercy in Redding to develop Department specific binders that will be used in the case of an emergency. Everything should be in place by the end of the month.

**STUDY: What kind of results did the implementation of the plan yield?**

Pending

**ACT: What changes were made based on the results of the plan implementation?**

Some of the initial plans changed, such as resource lists and components of our EOP once there was collaboration with other facilities

**Upcoming Quality Items:**

**Quality Related Goals for the Department:**

100% employee training and a functional drill in the fall

**Data/Graphics supporting project outcomes:**



<b>Upcoming Quality Items:</b>	<b>Quality Related Goals for the Department:</b>
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**Data/Graphics supporting project outcomes:**