

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

Board of Directors
Quality Committee
Minutes
September 8, 2020 @ 1:00 PM
Fully Remote Zoom 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 Laura Beyer called the meeting to order at 1:03 pm on the above date.		
	BOARD MEMBERS PRESENT:		STAFF PRESENT:
	Laura Beyer, Secretary Jeanne Utterback, Director		Louis Ward, CEO Candy Vculek, CNO Keith Earnest, CCO
	ABSENT:		Jack Hathaway, Director of Quality Dawn Jacobson, Infection Control Jessica DeCoito, 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 August 11, 2020	Utterback, Ward Beyer – Y Utterback – Y
4	REPORTS: QUALITY FACILITIES: NO DEPARTMENT REPORTS		
5	DEPARTMENT REPORTS:		
	5.1	Outpatient Services: Skin tears have been an issue and we are addressing those issues with training and adding in some additional staff. More rounding in patient rooms will occur too.	
	5.2	Infection Control: COVID testing every 4 weeks with employees involved in the SNF facilities. More manager involvement has been required to remind staff to go get their testing done. All nursing staff will continue to be tested for COVID. Reminders are needed for all staff needing the testing and maybe using the time clock system. Would like an update next month on changes made in the communication.	
	5.3	Med Staff: No additional questions.	
	5.4	Acute Services: We need to standardize the weights being entered. Should all be in Kilos.	
	5.5	Outpatient Surgery: Maintenance is ordering necessary parts for the hot water fix and will drop electrical outlets needed. A full fix will require this project to be an OSHPD Project and will require strategic planning.	
	5.6	SNF Events/Survey: Continuing to struggle with a CNA shortage and daily scheduling for the whole nursing staff. Scheduling responsibilities for the 6-week schedule stands with managers, and daily responsibilities stand with the Ward Clerk at station 1. Adding in non-clinical CNA positions to help the CNAs. 5 in the CNA class right now with a lot more interest in the October classes. Shasta College is looking at making the CNA Program a permanent class with MMHD.	

6	REPORTS: QUALITY FINANCES: NO DEPARTMENT REPORTS
7	REPORTS: QUALITY EDUCATION: We should increase education on RL6 and general “How to” programs. Jennifer Levings is working on developing the “How To” programs for departments – focusing on the basics.
8	QUALITY PROGRAM REPORTING AND INITIATIVES
8.1	Quality/Performance Improvement: Leaning our processes out so that everything is standardized for reporting and educational purposes. This will give us an opportunity to be more aware in the MMHD team.
8.2	Prime: Most likely this will be the last iteration of Prime. QIP most likely be the next program. Annually we would get to report on our Best Measures and not locked into certain projects and metrics. The State would make QIP easy for us to fit in with exceptions.
8.3	Compliance Quarterly Report: Currently working with Sheriff’s Office – taking traction after many years after being started. Surveyor came in to prep us for upcoming survey and things looked great. IT is working very hard with an External Contractor to give us a look at what our security measures are and what we can do better.
8.4	CMS Core Measures Quarterly Report: Has been on hold due to COVID which gave us an opportunity to work with Premier to help identify the things on Acute side that would be beneficial for us on STAR rating. Hopeful that our lean process will help us identify those reporting measures. HCAPS – this would be the area of concern, and if we can figure this out and get the work we do recognized, this would be great. But we need to identify the right interface with both groups.
8.5	5-Star Monitoring Quarterly Report: Positions have been fixed in the system so we should see our STAR Rating doing very well. Survey goes out to all those discharged from Press Gainey & MMHD with a letter from CEO. Discussion on survey communication occurred with thoughts on phone calls, sending out a letter with discharge papers, etc.
9	Old Business
9.1	Report Template: some simple changes can be made but waiting on consensus from other department managers before a DRAFT template is created. A written report from Director of Quality is requested.
10	ADMINISTRATIVE REPORT: Cases continue to come in Shasta Co. Acute floor census has been very busy. We have had some PUIs – Patients Under Investigation for COVID on the floor. Testing is occurring for all patients coming into the Acute and SNF floors. Students, teachers and school staff are considered Tier 1 and we can get the test results back in 24 hrs. We continue to work with the School District on helping provide a safe environment for our students, teachers and staff. Power issues but Maintenance and Emergency Preparedness Director worked with PG&E to get a generator at both facilities to provide the full facility with power, in addition to our generator. Employee Meetings will be held on the 23 rd and 28 th in the parking lots with a prize wheel and goodies to give away. SNF van purchase is still in progress with negotiations. New Clinic Manager starts on Monday, September 14 th . Burney Clinic construction is going well.
11	OTHER INFORMATION/ANNOUNCEMENTS: NONE
12	ANNOUNCEMENT OF CLOSED SESSION:
	List of Credentials: MEDICAL STAFF APPOINTMENT: Telemed Radiologists <ol style="list-style-type: none"> 1. Joshua Albrektson, MD 2. Michael Allen, MD 3. Dennis Atkinson, MD 4. Steven Cohen, MD 5. Deborah Conway, MD 6. Theresa DeMarco, MD 7. Andre Duerinckx, MD 8. Scott Kerns, MD 9. Nancy Ho-Laumann, MD 10. Marwah Helmy, MD 11. Megan Hellfeld, MD 12. Robert Hansen, MD 13. Robert Filippone, DO 14. Jerome Klein, MD 15. Ernest Kinchen, MD 16. Jennifer Kim, MD 17. Shwan Kim, MD

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.

	<ul style="list-style-type: none"> 18. Kingsley Orraca-Tetteh, MD 19. Sergey Shkurovich, MD 20. Brock McDaniel, MD 21. Eric Kraemer, MD 22. Kedar Kulkarni, MD 23. Stephanie Runyan, DO 24. Mark Reckson, MD 25. Farhad Sani, MD 26. Albert Ybasco, MD 27. Mohammad Rajebi, MD 28. Shaden Mohammad, MD 29. Stephen Oljeski, MD 30. Nanci Mercer, MD 31. Stephen Fox, MD 32. David Bissig, MD 33. Ivy Ngyuen, MD
13	RECONVENE OPEN SESSION - Approval of credentials were moved, seconded and carried.
14	ADJOURNMENT: 2:29 pm - Next Regular Meeting – October 14 th , 2020