Mayers Memorial Hospital District

Quality Committee
Meeting Agenda

September 9, 2020 1:00 pm
Fully Remote Zoom Meeting: LINK
Call In Number: 1-669-900-9128
Meeting ID: 970 2976 3004

Attendees

Laura Beyer, Board Secretary
Jeanne Utterback, Director
Louis Ward, CEO
Jack Hathaway, Director of Quality

1	**CALL MEETING TO ORDER**		Chair Laura Beyer			**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 – August 11, 2020		Attachment A	**Action Item**	2 min.
4	**REPORTS: QUALITY FACILITIES: NO DEPARTMENT REPORTS**					
5	**DEPARTMENT REPORTS**					
	5.1	Outpatient Services	Michelle Peterson	Attachment B	Report	5 min.
	5.2	Infection Control	Dawn Jacobson	Attachment C	Report	5 min.
	5.3	Med Staff	Pam Sweet	Attachment D	Report	5 min.
	5.4	Acute Services	Theresa Overton	Attachment E	Report	5 min.
	5.5	Outpatient Surgery	Theresa Overton	Attachment F	Report	5 min.
	5.6	SNF Events/Survey	Candy Vculek		Report	5 min.
6	**REPORTS: QUALITY FINANCES: NO DEPARTMENT REPORTS**					
7	**REPORTS: QUALITY EDUCATION**		Jack Hathaway		Report	5 min.
8	**QUALITY PROGRAM REPORTING AND INITIATIVES:**					
	8.1	Quality/Performance Improvement	Jack Hathaway		Report	5 min.
	8.2	Prime	Jack Hathaway		Report	5 min.
	8.3	Compliance Quarterly Report	Jack Hathaway		Report	5 min.
	8.4	CMS Core Measures Quarterly Report	Jack Hathaway		Report	5 min.
	8.5	5-Star Monitoring Quarterly Report	Jack Hathaway		Report	5 min.

9	**OLD BUSINESS**				
	9	Report Template		Discussion	5 min.
10	**ADMINISTRATIVE REPORT**		Louis Ward	Report	10 min.
11	**OTHER INFORMATION/ANNOUNCEMENTS**			Information	5 min.
12	**ANNOUNCEMENT OF CLOSED SESSION**				
	12.1	**List of Credentials:** **MEDICAL STAFF APPOINTMENT: Telemed Radiologists** 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 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		**Action Item**	5 min.
13	**RECONVENE OPEN SESSION** – Report closed session action			Information	
14	**ADJOURNMENT:** Next Regular Meeting – October 14th, 2020				

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

Board of Directors
Quality Committee
Minutes
Full Remote Teleconference
August 11, 2020 @ 1:30 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 1:32 pm on the above date.			
	BOARD MEMBERS PRESENT:		**STAFF PRESENT:**	
	Laura Beyer, Secretary Jeanne Utterback, Director		Louis Ward, CEO Candy Vculek, CNO Ryan Harris, COO Keith Earnest, CCO Dawn Jacobson, Infection Control Alex Johnson, Facilities & Engineering Ryan Nicholls, IT Jessica DeCoito, Board Clerk	
	ABSENT: Jack Hathaway, Director of Quality			
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 July 8, 2020	***Utterback, Hathaway***	**Beyer – Y** **Utterback – Y**
4	**ADMINISTRATIVE REPORT**: FRJUSD Board Meeting for tomorrow will bring up safety and insurance concerns. Our Housekeeping, Infection Prevention, Safety and Administration teams are meeting with School District leadership to help support their safe environments and provide feedback to their teams. Discussions in place regarding the testing of teachers & staff at a higher tier level. Licensure will be onsite for the NHW on August 18th. Lots of movement going on with NHW for moving equipment in, cleaning the space and preparing for the NHW to open. Hope is for license to be approved on the 18th but additional time for opening may be needed depending on Licensure staff requests. Staff morale is a slinky with ups and downs with COVID restrictions, NHW nearing completion, no in person meetings, no visitors for residents, no fair, etc. We are working on an Employee Appreciation Week for the week of fair. Testing: we are working on procuring the necessary equipment to process tests within 5 minutes. Busy hiring for the Burney Clinic Manager position – offer is out and waiting on response. A Physician Assistant has been hired and will begin in October to begin training in the Hospitalist Program.			
5	**Quality Facilities Reports: Written reports submitted.**			
	5.1	**Facilities & Engineering:** appreciation shared with team for all the hard work they do for MMHD.		
6	**Quality Staff Reports: Written Reports submitted**			
	6.1	**Information Technology:** Staff has a packed workload with a new building and a pandemic in place, let alone their normal IT maintenance calls. Helping fellow MMHD staff understand the circumstances has been helpful. NHW equipment for IT has been moved over and set up. Phone server will stay in the existing building until we can have a better plan in place on a better timeline.		

	6.2	**Safety – Quarterly Report:** what percentage was on the uptake of the EOP app? Do we have metrics on the use of the app? Val to report to Quality Committee. Val continues to be a part of a weekly team meeting with Shasta Co. Public Health.
7	**Quality Patient Reports: Written reports submitted**	
	7.1	**Environmental Services:** having some difficulties with getting some additional staff to help with the NHW workload.
	7.2	**Dietary:** LEAN process was started pre-COVID but has been put on hold. But we have been able to provide lunches to staff with an online point of sale system. Breakfast hours and options will become available soon. Tracking orders and profits from the kitchen will be easier now with the Point of Sale system.
	7.3	**SNF Events/Survey:** CDPH Survey last week – getting a survey every 2 to 4 weeks – to check in on our SNF mitigation plan. Surveys are going very well for both facilities. New Van Driver has been hired for Activities. CNA program starts shortly with 6 students. And we have a lot of interest
	7.4	**Infection Control:** continue to work on employee COVID testing – just having to wait on results. Working with FRJUSD on infection prevention in the school environment.
8	**Quality Finances Reports: Written reports submitted**	
	8.1	**Purchasing:** staffing posed a challenge with losing two team members within two weeks of each other. But we were able to hire a Stock Clerk to join the team.
9	**Quality Education: No information to be reported in August. Will update in September.**	
10	**Quality Program Reporting and Initiatives: No report for August. Will update in September.**	
11	**Old Business**	
	11.1	**Report Template:** continue to gather input. Provide feedback to Laura & Jeanne and work on template to provide at next month's meeting.
12	**OTHER INFORMATION/ANNOUNCEMENTS**: None	
13	**ANNOUNCEMENT OF CLOSED SESSION:** 2:25 pm	
	APPROVAL OF CREDENTIALS: LIST OF CREDENTIALS: - STAFF STATUS CHANGE 1. Fred Gorin, MD – Move to Inactive 2. Richard Carregal, DO – Move to Inactive - MEDICAL STAFF REAPPOINTMENT 1. Tom Watson, MD – Family & Emergency Medicine - MEDICAL STAFF APPOINTMENT 1. Sander Saidman, MD – Radiology 2. Jonathan Jewkes, MD – Radiology 3. Adam Attoun, DO – Radiology 4. Douglas Huges, MD – Radiology 5. Gregory Ginsburg, MD – General Surgery 6. Melissa Butts, DO – Rheumatology Credentials approved to be reviewed at the next Regular Board Meeting on August 26th. Motion to approve was moved by Director Utterback, seconded by Director Beyer. Votes: Utterback – Yes and Beyer - Yes	
14	**RECONVENE OPEN SESSION** - Report closed session action	
15	**ADJOURNMENT: 2:29 pm** - Next Regular Meeting – September 9th, 2020	

Board Quality Report Template

Name: Michelle Peterson RN CWCN **Department:** Outpatient Medical Department **Last Quality project reported:** Partnership patients needing home dressing supplies is a challenge because our current DME doesn't cover Parntership patients, TWS. **Update on last Quality project reported:** We implemented a new company Prism for Parntership DME dressing supplies.	**Current report date to Board Quality:** 09/09/20 **Last report date to Board Quality:** 03/11/20

What successes have you seen based on the outcome of previous Quality projects?

All of our Partnership patients are receiving home dressings. We rarely have a case where we can't get someone home dressing supplies now. It does take more work for our staff because the process is paper and faxing and not streamlined on computers. Prism is working on this process.

What issues have come up in your department relating to Quality?

It has been noted through patient care that with our Alzheimer unit, we have an increase amount of skin tears because of the nature of the residents behavior. We want to make sure we are doing best practices on treatments. Also, it has been brought to my attention that a lot of the nursing staff are not comfortable accessing ports, or port maintenance.

PLAN: What plan was implemented to address those issues?

Conducted Skin tear education for LTC staff and Acute staff. Vascular Access (Port) training for MMHD RN's ED and Acute have been conducted online through Relias. Online education through Relias, and in person demonstration/skills training and competencies are being conducted and tracked.

DO: How did the implementation of that plan go? Covid-19 delayed some of the in-person plans, but education is still being provided through Relias. More one on one small trainings instead of large in person classes are happening slowly.
STUDY: What kind of results did the implementation of the plan yield? Relias tracking via online classes. So far, Skin tear online classes have all LTC, and Acute nursing staff completed but 4 of MMHD staff. Port Maintenance class is assigned in Relias, ED RN's first then Acute RN's. Only half of the nursing staff has completed the online course, reminders have been sent out. Competency checklist are being completed with in person one on one teaching and return demonstration.
ACT: What changes were made based on the results of the plan implementation? The goal of education and skills checklist, is to provide training so staff members are competent and skilled at assessment and execution of tasks/procedures.
Is this a LEAN project? Yes ☐ **No** ■ **If YES, please attach the A3.**

Upcoming Quality Items:	**Quality Related Goals for the Department:**
Nursing skills fair conducted, over 30 participants 08/20/20	-Referral process with new ambulatory clinic and OPM -Computer integration process for OPM with ambulatory software in the next year including a wound documentation system

What Strategic Plan Objective does your project BEST align with? Choose only one.

☐ **Outstanding Facilities:** By 2025, we will open two rural health clinics, update the skilled nursing facility living space at the Fall River campus and have a resolution for aging facilities.

■ **Outstanding Staff:** By 2025, we will be seen as an employer of choice in the area by providing and maintaining staff growth opportunities, flexible and safe working arrangements, and reducing the use of registry staff.

☐ **Outstanding Patient Services:** By 2025, we will be a four-star long term care facility and meet all Hospital Consumer Assessment of Healthcare Providers (HCAHP) requirements. By 2025, we will be operating two rural health clinics.

☐ **Outstanding Finances:** By 2025, we will have in place and utilize financial tools to actively develop and forecast long term expenditures.

Data/Graphics supporting project outcomes:

Board Quality Report Template

Name: Dawn Jacobson **Department:** Infection Control **Last Quality project reported:** Covid-19 testing **Update on last Quality project reported:** Testing is starting to become an issue with compliance. People are not refusing but we are having many not show up during their testing week.	**Current report date to Board Quality:** 09/01/2020 **Last report date to Board Quality:**

What successes have you seen based on the outcome of previous Quality projects?

What issues have come up in your department relating to Quality?

Compliance issues with testing

PLAN: What plan was implemented to address those issues?

Addressing managers to utilize the messaging system within the time clock so that we have confirmation of receipt of notification that testing is due that week.

DO: How did the implementation of that plan go? Two managers have used it so far, have not reached out to all managers yet, I am using the two as a trial.
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?
Is this a LEAN project? Yes ☐ **No** ■ **If YES, please attach the A3.**

Upcoming Quality Items:	**Quality Related Goals for the Department:**
Flu shots will start in October	

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Data/Graphics supporting project outcomes:

Board Quality Report Template

Name: Pamela Sweet **Department:** Med. Staff **Last Quality project reported:** Policies and Procedures: 1, 760 with 327 being due or past due. 115 practitioners **Update on last Quality project reported:** Policies and Procedures: 1783 policies with 340 being due or past due. Holding steady at 115 practitioners.	**Current report date to Board Quality:** September 2020 **Last report date to Board Quality:** March 2020

What successes have you seen based on the outcome of previous Quality projects?

The number of policies has increased in part due to COVID 19 regulation. The number past due remains steady

What issues have come up in your department relating to Quality?

Nothing new since March

PLAN: What plan was implemented to address those issues?

DO: How did the implementation of that plan go?
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?
Is this a LEAN project? Yes ☐ No ■ If YES, please attach the A3.

Upcoming Quality Items:	**Quality Related Goals for the Department:**

What Strategic Plan Objective does your project BEST align with? Choose only one.

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Data/Graphics supporting project outcomes:

Board Quality Report Template

Name: Theresa Overton DON of Acute Services Moriah Padilla, Acute Asst. Mgr **Department:** Acute **Last Quality project reported:** Inconsistent charting of I's/O's. **Update on last Quality project reported:** Soon after this report, COVID-19 became priority with notable low census. Education was provided in staff meeting for accurate charting of I's and O's.	**Current report date to Board Quality:** 9/1/2020 **Last report date to Board Quality:** 3/2020

What successes have you seen based on the outcome of previous Quality projects?

Improved documentation of I's and O's by staff. Accurate weights do continue to be an issue with the Dietitian. Plan for standard work of weights.

What issues have come up in your department relating to Quality?

1. Physician request for licensed nursing to give shift status summary of patient in progress notes using the "significant" box.
2. Inaccurate documentation of Vital Signs ie: weights; using same unit of measurement every time.

PLAN: What plan was implemented to address those issues?

1. Standard work with education and examples of documenting patient status with "shift summary" in the progress note using the "significant" box. This means that anytime this box is marked the provider can open this flag in their CPOE without having to open every progress note. (see attached standardized work sheet).
2. Standard work with education for importance of accurate vitals including vital signs and weights. (see attached standardized work sheet).

DO: How did the implementation of that plan go? For both 1 & 2 it was received well by staff. They had great input and we even identified a champion in charting this shift summary to use as an example. 2. Discussed in staff meeting with good feedback.
STUDY: What kind of results did the implementation of the plan yield? 1. Staff has requested a checklist to use as a guide for documenting a shift summary as requested by the providers. 2. Using a standard approach, the results have been adapted to include using the same unit of measurement when taking vitals signs and obtaining weights.
ACT: What changes were made based on the results of the plan implementation? 1. Developing a checklist for staff to use as a guideline is in progress by the Acute Asst. Mgr. 2. Weights are to be done in kg as is standard protocol throughout our Acute services. There is still a few inaccuracies noted particularly with our dietitian. Audits showed that weights were not being done the same way every time meaning removing extra bedding, etc. This will be discussed at the next staff meeting.
Is this a LEAN project? Yes ☐ **No** ■ **If YES, please attach the A3.**

Upcoming Quality Items:	**Quality Related Goals for the Department:**
Standardizing order sets for providers in CPOE	Creating standardized process for charging patient care items into charge supply.

What Strategic Plan Objective does your project BEST align with? Choose only one.

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Data/Graphics supporting project outcomes:

Standardized Work Sheet

Process: Use of "significance" box in Progress Note for Mandatory Summary of Patient for Provider

Owner: Theresa Overton **Revision #:** 1 **Trigger:** **Takt Time:**

Revised by: to **Last Update:** 4/27/2020 **Done:**

Sequence	Major Process Steps (Include main steps that advance the process)	Responsibility (Role)	Key Points (Provides the "How to")	Reasons (Describe why the job is done in the particular way described in the Key Point)
1	Assess patient at start of shift.	RN/LVN	Assess patient condition, any new changes? What do you "see" in patient room such as foley, IV etc.	Provides overall and effective picture of patient
2	Make a mandatory summary progress note for Provider including assessment of patient and plan of care for the patient in that shift. Mark Significant	RN/LVN	Include a progress summary regarding what patient is admitted for and plan of care for the day (including blood draws, tests, scans). Example: "Patient is Acute day 4, Abx day 3. Report received, pt laying in bed with IVF infusing NS at 125 ml/hr. 02 in place at 2L via NC with Sp02 of 95%. Pt on cardiac monitor with HR of 98 in NSR. Pt afebrile, VSS. FC draining to gravity with clear yellow urine. Pt denies cough or sputum production. Lungs clear to all bases with even, unlabored respirations. Alert & Oriented x 4. Pt is to be up for meals and ambulate TID. Repeat AM labs ordered for 6am and repeat chest xray ordered and scheduled for 9am".	To give an accurate progress note to the provider that gives visual of patient condition and understanding of the plan of care for patient.
3	Make a mandatory end of shift progress note for Provider including accurate depiction of patient (improvement, decline, no changes) and what was accomplished with patient. Mark Significant	RN/LVN	IVF remains infusing at 125 ml/hr. 02 has successfully weaned to 1L via NC with Sp02 maintaining above 92%. Cardiac monitor discontinued this shift per MD orders. Urine output from foley catheter clear and yellow and totalling 675cc. No changes to respiratory, neuro or cardiac assessment. Pt successfully OOB for both meals with 1 person standby assist and use of FWW. Appropriate oral intake at meals. Medications taken whole without swallowing difficulties.	Gives the provider a shift summary of the patient for a 12 hr period
4	Mark the box "significant" in the upper left hand corner of Progress Note.	RN/LVN	Use this box for mandatory summary and any time there is a change in condition.	Provides pertinent information to the Provider's on rounds. Allows the provider to have a clear picture of the patient progress or decline.

5	Special Considerations: Make a mandatory progress note for Provider upon admission of a patient that includes assessment of patient and what information was obtained from report. Mark Significant.	RN/LVN	"Report received and patient care assumed. Pt assisted from gurney to bed 104b with 2 person moderate assist. Pt is weak and displays SOB with transfer. Skin assessment completed with non blanchable area noted to coccyx. Respirations, even and unlabored after a few minutes of rest in bed with coarse breath sounds noted to LLL. Pt still unable to provide sputum sample per MD orders and RT continues to assist with this. Cardiac monitor placed per MD ordres, NSR with HR maintaining in 80's. Pleth placed per MD order and sp02 94% with patient on 4L 02 via NC. Foley in place to dependent drainage from ER as ordered. VSS. Weight discrepency noted on admit of 20.3lbs. Discussed this with ER staff that state initial charted weight is stated from patient. Accurate weight for patient is as charted 185.7kg. Admission assessment completed as documented. Per MRSA questionaire, patient would like pneumonia vaccine- will enter into CPOE per protocol and administer when processed. Per ER, blood cultures obtained with IV start and sent to lab. Results pending. Notified from lab of CH lactic of 2.21 and MD notified".	Gives Provider overall picture of patient condition and any additional information they may need to be aware of during stay. Notifies them of any protocol orders that were followed through with. Notifies provider of status of any pending orders. Increases qualify of care. Improves communication.
7				
8				
9				

Standardized Work Sheet

Process: Documenting Vital Signs

Owner: Theresa Overton **Revision #:** 1 **Trigger:** **Takt Time:**

Revised by: to **Last Update:** 4/30/2020 **Done:**

Sequence	Major Process Steps (Include main steps that advance the process)	Responsibility (Role)	Key Points (Provides the "How to")	Reasons (Describe why the job is done in the particular way described in the Key Point)
1	Review Orders for Vital Signs at Bedside Report	RN/LVN/CNA	Open Order Management within Clincial Carestation	Have an understanding of frequency required for VS per MD order
2	Obtain vital signs per order	RN/LVN/CNA		Provides patient focused care and staff must follow providers orders.
3	Document Vital Signs in Clinical Carestation - Flowsheet	RN/LVN/CNA		Real time documentaion is best practice, assures documentation occurs and allows all medical team members to view trends.
3A	Document Temperature and Temperature Site	RN/LVN/CNA		Temperatures fluctuate depending on sites. This is useful information for Providers. Improves quality of care.
3B	Document Pulse	RN/LVN/CNA		Improves quality of care.
3C	Document Respirations	RN/LVN/CNA		Improves quality of care.
3D	Document B/P	RN/LVN/CNA		Improves quality of care.
3E	Document 02 Sat % and 02 Delivery Method	RN/LVN/CNA	If 02 delivery method is anything other than room air, include 02 flow rate and delivery method	Allows Provider to have visual of oxygen needs and consumption. Also allows for quick views of changing needs. Improves quality of care.
3F	Document weight on admission and every morning with first set of vitals.	RN/LVN/CNA	Documention must be in kg.	Documentation in kg is a use of standardized protocol and assures systematic approaches in care and increased compliance. Accurate initial weights establish a baseline for care.
3FF	Prior to admission weights, bed must be zeroed out.	RN/LVN/CNA	Turn scale on, hold (0.0) and follow prompts	Increases accuracy of weights.
3FFF	If there is a weight discrepency on admission, clarify with ER staff.	RN/LVN/CNA	Need to find out if ER weight is "pt stated". Document in progress note reason for discrepency and mark significant.	Accurate initial weights establish a baseline for care.
3FFFF	If other discrepencies occur within hospitalization stay, reweigh and ensure the standardized approach to weights is being used.	RN/LVN/CNA	Nofify MD of true weight changes and include in mandatory end of shift summary.	Changes in weight can indicate negative patient outcomes.
3FFFFF	Weights are to be taken using bed scale with 1 pillow, 1 blanket, 1 fitted sheet,1 top sheet,1 turn sheet and 1 chux.	RN/LVN/CNA	All extra linens, pillows and personal items should be removed. If items such as seizure pads are a part of weight, make sticky note in patient chart and continue to report to each shift.	Accurate weights establish a baseline for care. Using a standardized approach increases accuracy.

Board Quality Report Template

Name: Theresa Overton, DON **Department:** Outpatient Surgery (OPS) **Last Quality project reported:** Hot water issues with current system in the Central Sterile Dept causing several disruptions with the flow/progress of the scheduled days. **Update on last Quality project reported:** This continues to be a problem and is on docket to be fixed by maintenance. With the completion of the NHW, this issue can be looked at more efficiently. There was concern about starting a project that would require any changes due to OSHPD.	**Current report date to Board Quality:** 9/1/2020 **Last report date to Board Quality:** 3/2020

What successes have you seen based on the outcome of previous Quality projects?

No successes as it continues to be a problem.

What issues have come up in your department relating to Quality?

1. The lack of hot water affects the scope/camera disinfecting system (Steris). The machine must have a certain water temperature going into the machine in order for it to process the equipment. There is no other way to dininfect these scopes so if the Steris system fails we have to cancel cases. (This is an issue we are curently looking at for surgery week 9/8-9/9).
2. CRNA coverage. Unfortunately, two of our contract CRNA's have taken full-time positions elsewhere.

PLAN: What plan was implemented to address those issues?

1. Per Maintenance Manager, a plan has been formed to run two new electrical circuits to the Steris Machine. One for an inline water pressure booster and one for an inline water heater that should fix the issues.
2. In joining with HR, we reached out to locum CRNA's companies.

DO: How did the implementation of that plan go? 1. Still in progress. 2. We obtained one temporarily and continue to search.
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
Is this a LEAN project? Yes ☐ **No** ■ **If YES, please attach the A3.**

Upcoming Quality Items:	**Quality Related Goals for the Department:**

What Strategic Plan Objective does your project BEST align with? Choose only one.

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Data/Graphics supporting project outcomes: