

MAYERS MEMORIAL  
HOSPITAL DISTRICT

# Quality Committee Meeting

## Wednesday, August 17, 2016 (12 noon)

<b>Meeting called by:</b>	Kerns	<b>Type of meeting:</b>	BOD Committee
		<b>Board Clerk:</b>	Valerie Lakey
<b>Attendees:</b>	Mike Kerns, Committee Chair, Board Member Beatriz Vasquez, Board Member Louis Ward, CEO	AJ Weinhold, MD, Chief of Staff Sherry Wilson, CNO, Quality Designee Laura Dolman-Byer, Community Member Jack Hathaway, Director of Quality	
<b>Please bring:</b>	Agenda & Attachments		

### ----- Agenda Topics -----

Meeting Called to Order		Kerns	
Requests from audience to speak to issues/agenda items		Kerns	
Approval of Minutes – July 13, 2016 (Attachment)	<b>A</b>	Kerns	Action
Departmental Reports (SNF, Lab, Finance, Volunteer Services ) <ul style="list-style-type: none"> <li>Report on quality data</li> <li>Report on quality issues and/or quality projects</li> </ul>	<b>B</b>	Wilson, Hall, T. Lakey, Spalding	Report
Quarterly Reports <ul style="list-style-type: none"> <li>Patient Safety</li> <li>CMS Core Measures</li> </ul>		Hathaway	Reports
Standing Reports: Monthly— <ul style="list-style-type: none"> <li>SNF Events/Survey</li> <li>Administrative Report</li> <li>Quality – Performance Improvement</li> <li>Infection Control</li> <li>PRIME</li> </ul>		Wilson Ward Hathaway Lee Staff	Report Report Report Report Report
New Business:  Policies and Procedures for Approval <ol style="list-style-type: none"> <li>Admission Policy, Acute</li> <li>Patient Responsibility MMH452</li> <li>Admissions Forms Checklist MMH459</li> <li>Admission Information MMH460</li> <li>Advance Directive Policy MMH494</li> <li>Conditions of Admissions MMH458</li> <li>Care Plan - Fall With Injury MMH130P</li> <li>Consent, Informed Patient</li> <li>Complaint (Non-Employee)</li> <li>DEPARTMENTAL QI REPORTING FORM MMH56</li> <li>Fall Interventions, Standard and High Risk</li> <li>FALL RISK ASSESSMENT Form MMH186</li> <li>History and Physical Responsibility on Patients Admitted thru the Err Procedure for</li> <li>IC Brochure MMH456</li> <li>Important Message from Medicare CMS-R-193 01-2003</li> <li>Minimal Patient Lift Policy</li> </ol>		<b>PDF File</b>	Action

17. Nursing Home Residents Rights 18. Pathology Tissue Review 19. Proctorship Program - Non-Surgical MMH528 20. Unit Cleaning			
Closed Session Announcement, Government Code 54962, Medical Staff: • Chief of Staff Report (Health & Safety Code §32155)		Weinhold, Wilson, Overton	Reports/Action
Reconvened to Open Session – Report Action(s)		Kerns	
Announcements: Next meeting: Wednesday, September 14, 2016 – Fall River			
Adjournment		Kerns	

Posted  
08/11/16

**MAYERS MEMORIAL HOSPITAL DISTRICT  
QUALITY COMMITTEE MEETING  
MINUTES – JULY 13, 2016**

<b>DRAFT Attachment A</b>
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QC Attendance

Mike Kerns, Board Chair  
Louis Ward  
Sherry Wilson  
Theresa Overton

Other Staff Present

Adam Dendauw  
Dawn Johnson  
Mary Ranquist  
Libby Mee  
Daryl Marzan  
Justin Sears

Absent

Beatriz Vasquez, PhD, Committee  
Laura Dolman-Beyer, Community  
BJ Burks  
Holly Green  
Shelley Lee

*(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.)*

SUBJECT	DISCUSSION	
CALL TO ORDER	The meeting was called to order at 12:00pm by Kerns in Fall River Mills	
Public Request to Speak	None	
Opening Remarks by Chairman Kerns	None	
Minutes	Minutes from the May 11, 2016 quality committee meeting were approved. <b>M/S/C (Ward, Wilson)</b> . All Approved	<b>Approved</b>
Department Reports	<p><b>Hospice:</b> A few years ago during 1<sup>st</sup> state survey for hospice, found mistake in admit packet (incorrect address); were fixing little things at a time; last year decided to go through packet and change everything; did not have a new copy (book) from printers yet, will present when it is available; have streamlined into one book (used ideas from other hospices, will have table of contents, all forms/consents); provided table of contents as example.</p> <p><b>OB:</b> No report.</p> <p><b>PT:</b> no injuries, working on updating facility (painting inside); still working on wait time (37 evals waiting, August 24 earliest date); new PT starting in Sept and one in Jan; updating local facilities every 2 weeks, informing of wait times; purchased back door last year but hasn't been installed yet, will be having an outside company install; after state survey, purchased lockbox for medication; sending birthday and thank you notes to residents/patients; received new step (leg and arm machine) from IHF grant and 2 weeks until leg/arm bike combo machine arrives; as Burney facility is updated (Right Roads), will have enough staff and equipment to cover; conservator of records for intermountain PT; will be 2 times per month in Burney and focus on falls.</p>	<b>Reports</b>

**MAYERS MEMORIAL HOSPITAL DISTRICT  
QUALITY COMMITTEE MEETING  
MINUTES – JULY 13, 2016**

	<p><b>Activities:</b> Provided handout.</p> <p><b>Business Office:</b> Patient refund issue, sent copies of checks to incorrect patients, have contacted patients, getting some back; offered to pay for cost of opening new bank account; patient payments \$1.4 mil ahead of last year (2011 \$16 mil, \$20.8 mil in 2016); 2016 is 56 days in AR, 2014 was 90; 2016 57% of revenue collected, 2015 was 56%, may bump up goal of 2017 to 59%; Business Office in best shape in past 10 years; in house billing more economical than outsourcing.</p> <p><b>Respiratory:</b> PowerPoint presentation; PFT testing environment and procedure has improved; used to take 1.5-2 hours, now is 45 minutes, getting results in 3 tests, instead of 8 in the past; test results much easier to read; better patient interaction (focus on patient, not machine now); pulmonary rehab (18 week program, 2, 1-hour appointments per week); quality of life improvement for patients (showed example of one particular patient that improved 300%); plan on offering rehab in Burney at Right Roads when open; 6 patients in program, 4 have recently graduated.</p> <p><b>Staff Development:</b> On track with all mandatory trainings, staff keeping up with it for licenses; looking for more exciting ways to present same info each year (utilizing TV and PowerPoint, will be able to mirror presentation to Burney board room); outside trainings are valuable for all staff; providing wider variety brings in more participation (rotate non-mandatory trainings yearly); assisting with yearly/quarterly competencies, acute policies.</p>	
<p>Quarterly Reports</p>	<p><b>Worker's Comp:</b> Provided handout; 4 first aid injuries; only 3 days lost from work (lower back x2, right shoulder not pt related, hand injury); received notice from ALPHA about employee that has been off work, will not be able to return; violence in the workplace conference, continued education will help continue good stats.</p> <p><b>CMS Core Measures:</b> Jack working/learning on how to collect them; goal is to have everything in current and do it monthly; will work on quality scorecard.</p> <p><b>Compliance:</b> Purchased updated 2016 compliance binders; charge master increase, did differently than in past years, looked at each item instead of overall increase; more info next quarter; didn't increase lab; hard to decrease services; how to make quality and compliance info easy to understand and find for community.</p>	<p>Reports</p>

**MAYERS MEMORIAL HOSPITAL DISTRICT  
QUALITY COMMITTEE MEETING  
MINUTES – JULY 13, 2016**

<b>Standing Reports</b>	<p><b>SNF</b> – Will implement Falling Star program soon (golden star on wall next to fall risk patients, any staff that see a patient with a star up they need to go into room and press call light; will be training all staff); one fall with injury, reportable; verbal abuse by staff to resident; starting 26<sup>th</sup> separate Quality meeting for just LTC, Dr. Watson, Jack in Quality, Infection Control, board member (3<sup>rd</sup> Tuesday), will discuss falls; visit to Valley West LTC on 21<sup>st</sup>; census is above 77; hired new ward clerk for Station 2, offered charge nurse to Jennie Robb, have been short so this will help; survey due anytime, still working with mock survey people; will start reporting non-employee complaints;</p> <p><b>Admin:</b> Building project update, have 3 RFPs, recommendation to board on 27<sup>th</sup>; will look at Marysville, Healdsburg and one other place (possible Hanford) next week; Thursday at 4pm committee to meet to talk about RFPs, interviews on Friday starting at 8am; capital campaign cabinet meeting on Monday; CCAHN and Medi-Cal management task force meeting on Tuesday; quality transition Holly to Jack has been smooth (changing users, email, etc. is time consuming but working); Ryan in Operations working well on projects so far (shed cleanout).</p> <p><b>Outpatient Surgery:</b> Provided handout; OR infant warmer is broken, not in compliance, needed in OR, grant request has been turned in, need to find grant; approx \$20k; no other quality issues in surgery.</p> <p><b>Infection Control:</b> 257 pt days with no reported infections</p> <p><b>Other:</b> PRIME projects were approved (Million Hearts and antimicrobial stewardship); will run sample reports to make sure we can get what we need (will report to quality to make sure we are on schedule, <b>add recurring report to Quality agenda</b>); will do semi-annual public meetings; Adam and Shelley will report to Jack, who will report to Quality.</p>	<b>Reports</b>
<b>Policies and Procedures</b>	<b>(Hathaway, Wilson) – Approved All</b>	<b>Action</b>
<b>Closed Session</b>	<b>No actions taken</b>	
<b>Announcements;</b>	Next meeting: Wednesday, August 10, 2016 in Fall River Mills	
<b>Adjournment</b>	Meeting adjourned 2:03pm	

Minutes By: Jessica Stadem

