

MAYERS MEMORIAL
HOSPITAL DISTRICT

Quality Committee Meeting
Wednesday, November 9, 2016 (1:00 pm)

Meeting called by:	Kerns	Type of meeting:	BOD Committee
		Board Clerk:	Valerie Lakey
Attendees:	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	
Please bring:	Agenda & Attachments		

----- **Agenda Topics** -----

Meeting Called to Order		Kerns	
Requests from audience to speak to issues/agenda items		Kerns	
Approval of Minutes – October 24, 2016 (Attachment)	A	Kerns	Action
Departmental Reports (Med/Surg/Swing, ER, Cardiac, HIM, Patient Access, Med Staff, Outpatient) <ul style="list-style-type: none"> Report on quality data Report on quality issues and/or quality projects 		Overton, Overton, Burns, Lakey, Lakey, Sweet, Shannon	Report
Quarterly Reports <ul style="list-style-type: none"> CMS Core Measures/Patient Safety 		Hathaway	Reports
Standing Reports: Monthly— <ul style="list-style-type: none"> SNF Events/Survey Quality – Performance Improvement Infection Control PRIME Administrative Report 		Wilson Hathaway Lee Hathaway Ward	Report Report Report Report
Closed Session Announcement, Government Code 54962, Medical Staff; <ul style="list-style-type: none"> Chief of Staff Report (Health & Safety Code §32155) Physician Reappointment Julia Mooney, MD - Pathology New Physician Appointment Paul Davainis, MD, Emergency Care		Weinhold, Wilson, Overton	Reports/Action
Reconvened to Open Session – Report Action(s)		Kerns	
Announcements: Next meeting: Wednesday, December 14, 2016 – Fall River			
Adjournment		Kerns	

Posted
11/02/2016

**MAYERS MEMORIAL HOSPITAL DISTRICT
QUALITY COMMITTEE MEETING
MINUTES – OCTOBER 24, 2016**

DRAFT Attachment A

OC Attendance

Mike Kerns, Board Chair
Beatriz Vasquez, PhD, Committee
Louis Ward
Laura Dolman-Beyer
Sherry Wilson
Jack Hathaway
Shelley Lee

Other Staff Present

Valerie Lakey
Ryan Harris
Adam Dendauw
Libby Mee
Sherry Rodriguez

Absent

(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 12:08 pm by Kerns in Fall River Mills.	
Public Request to Speak	None	
Opening Remarks by Chairman Kerns	None	
Minutes	Minutes from the September 14, 2016 quality committee meeting were approved. M/S/C (Ward, Vasquez) . All Approved	Approved
Department Reports	<p>Environmental Services, Sherry Rodriguez: Rodriguez has continued to do walk-throughs to track linen quality. She is tracking unacceptable linen to be replaced or replaced. Kerns asked about the possibility of MMHD doing our own laundry services. Ryan Harris met with Aramark regarding pricing and quality. We should see improvement on quality and we negotiated a price reduction. Aramark contract goes through 2019 – would need a solid reason to get out of a contract. There would be opportunity to save money by doing laundry in-house. We will also be reducing our inventory.</p> <p>Imaging, Adam Dendauw: Dendauw announced Alan Northington as the new department manager. He also presented a Power Point. <i>(Exhibit A)</i> An overview of equipment research including a Mobile x-ray unit was included. Dendauw also discussed Intra-hospital relationships and the department's new staffing. Kerns asked about physician feedback. Dr. Halt has been pleased with images.</p> <p>Marketing, Val Lakey: (Exhibit B) Lakey gave an overview of marketing projects and various ways marketing works to promote the quality of the facility. Beyer noted maybe we need to review the OB situation communications and do an After Action Review.</p>	Reports

**MAYERS MEMORIAL HOSPITAL DISTRICT
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Quarterly Reports	<p>Safety, Val Lakey: (Exhibit C) – Lakey updated the committee on the upcoming Statewide Disaster Drill. Ryan Harris added comments about the building security and Libby Mee commented on the Workplace Violence regulations that will soon be in place.</p> <p>Workers Compensation, Libby Mee: (Exhibit D) Mee gave an overview of stats and other information. Kerns asked Mee to bring information on training.</p>	Reports
Standing Reports	<p>SNF – Sherry Wilson: There has been no survey yet. We had a reportable flu outbreak that lasted about 2 ½ weeks. We will be providing education to staff, etc. to help prevent spreading. There is a lot to look at.</p> <p>Administrative – Louis Ward: Ward gave a report on website, etc. Building project update.</p> <p>Quality – Jack Hathaway: Hathaway met with Tahoe Forest. He also discussed accreditation. Hathaway went over the quality board and the measures he wants to track. Triple Aim, Hand washing, Hospital Associated Infections, and more potential ideas.</p> <p>Infection Control – Shelley Lee: (Exhibit E) Discussion on hand washing – Ward spoke about Stanford’s hand washing survey. Do a hand washing video at next employee meeting. Have been doing hand washing monitoring. Been tracking illness reports. Monitoring compliance with precautions – patients with contact, droplet precautions. Is staff following monitoring procedures? Competencies on all of these things should be quarterly.</p> <p>PRIME – Jack Hathaway: We have dropped antimicrobial stewardship program – after data certification we could not meet the required number. Moving forward with Million Hearts. CDPH has been changing measures of the metric. Hathaway attended a statewide PRIME meeting last week.</p>	
New Business	<p>Grounds Maintenance: Ryan Harris - Kerns had questions about grounds maintenance. Harris reported that we had posted a job position. There were no applicants. Harris presented a Planned Maintenance schedule that will be used in the Maintenance department. Looking at hiring another position. Kerns asked if Harris interacts with volunteers – he does with Rose Schneider. Maybe work on a process to get feedback from volunteers. Should go through manager of volunteer services.</p> <p>Policies & Procedures (Vasquez, Beyer) Approved All with corrections – schedule a time with Pam Sweet to review MCN. We need to look at all of the formats and make sure they are consistent.</p> <p>P & P Quarterly Summary: (Wilson, Hathaway) – Approved All</p>	Action Action
Closed Session	<p>(Vasquez, Kerns) – Privileges - Approved All (1:55)</p>	
Announcements:	<p>Next meeting: Wednesday, November 9, 2016 in Fall River Mills</p>	
Adjournment	<p>Meeting adjourned 2:00 pm</p>	

Minutes By: Valerie Lakey

Board Quality Meeting

October 24, 2016

Marketing Report – Valerie Lakey, Director of Public Relations

Marketing/Public Relations Projects related to Quality

- Working to maintain and grow MMHD in the community
 - Participation in 3 local high school THINK PINK volleyball games
 - Weekly column featuring MMHD departments, quality patient care and topics related to healthcare in rural communities
 - Developing an Annual Report which will be sent out at the end of this calendar year.
- Working with Director of Quality on surveys and Quality page on the website
- Advertising focusing on quality care. Moving toward education and prevention. We may be able to receive greater reimbursement.
- District Transparency Program through ACHO – almost complete. All information is on the website.
- Focus on Health Observance days, weeks, months in order to provide community awareness and education
- Working closely with surgery department – developing materials for colonoscopy, etc.
- Employee, community newsletters
- Imaging – Meetings with MVHC. Will begin Lunch and Learns in January.

Board Quality Meeting

October 24, 2016

Safety Report – Valerie Lakey, Safety/Disaster Co-Chair, Public Information Officer

Safety/ Disaster items related to Quality

- Val Lakey and Jeanette Rodriguez attended CHA Disaster Planning for California Hospitals
- Statewide Disaster Drill is November 17 – focusing on employee level
- Information on Employee tabs on website
- Working on approval of EOP and Crisis Communications plan
- Working with Libby Mee on Workplace Violence
- Facility safety – visitor login, door locking, etc.

Quality Committee Meeting

Monday October 24, 2016

Work Comp Quarterly Report

Presented by Libby Mee – Director of Human Resources

For 3rd Quarter 2016:

4 First Aide injuries resulting in 0 days away from work

1 Reportable Injuries but 0 days away from work

Currently working with ALPHA Fund on 2 alleged injuries.

Both claims have been initially denied to be investigated due to late reporting and other suspicious issues.

ALPHA Fund CARE Program (formerly the ASAP) - will work with our Loss Prevention Specialist from ALPHA do develop a service plan that will grant MMHD \$2,200. Please see attached for details.

I will be working with Val Lakey to nominate MMHD for ALPHA Fund's Participant of the Year. The winner will win an additional \$10,000 in CARE Funds.



PO Box 619084
Roseville CA 95661-9084
Telephone 916.266.6100
Main Fax 916.266.0314

August 8, 2016

Libby Mee, Payroll/Personnel Assistant
Mayers Memorial Hospital District
P.O. Box 459
Fall River Mills, CA 96028-0000

Re: CARE Program Launch

Dear Ms. Mee:

ALPHA Fund is pleased to announce the launch of the CARE Program effective July 1, 2016. CARE, which replaces the ALPHA Safety in Action Program (ASAP), is designed to increase the effectiveness of Mayers Memorial Hospital District's Safety Program by linking this financial benefit to the goals of a Service Plan designed specifically for Mayers Memorial Hospital District.

Should Mayers Memorial Hospital District elect to participate in CARE for the fiscal 2017 policy year, a Service Plan is required to be in place prior to March 31, 2017 in order to qualify for the below funds. This deadline will allow ample time for the plan to take effect prior to the close of CARE for fiscal 2017 policy year on June 30, 2017.

Your ALPHA Fund Loss Prevention Specialist will contact you shortly to begin the process of developing your Service Plan and identifying how the \$2,200,000 in CARE funds Mayers Memorial Hospital District has available may be accessed.

The word "care" is written in a bold, lowercase, sans-serif font. The letters are black with a slight shadow effect, giving them a three-dimensional appearance.

Commitment to sustaining a culture of safety within the organization
Accountability for the results of the organization's safety program
Responsibility for prioritizing the spending of CARE dollars
Engagement of the organization's leadership

A detailed description of the CARE program process and frequently asked questions (FAQ's) is posted online at www.alphafund.org

If you have any questions or would like assistance in further developing your existing safety program, please feel free to contact me directly at 1-800-655-2667.

Sincerely,

A handwritten signature in black ink, appearing to read "Philip Westphal".

Philip Westphal, CEES
Loss Prevention Manager

Libby Mee

From: Philip Westphal [Philip.Westphal@alphafund.org]
Sent: Wednesday, September 28, 2016 1:44 PM
Subject: ALPHA Fund 2017 Participant of the Year



Seeking Nominations!!!

Fiscal Year 2016 is on track to be one of the most successful years in ALPHA Fund's history! This success is driven primarily by the continued commitment of ALPHA Fund Participants to reduce the frequency and severity of employee injuries. In an effort to continue to improve the performance of all ALPHA Fund Participants, we want to hear your story!

As a means of sharing and celebrating this success, ALPHA Fund is seeking nominations for the 2017 Participant of the Year. [Click here](#) to view the online application where you can complete and submit your organization's self-nomination form. Submitted nominations will be evaluated on merit, impact on the organization's culture of safety and loss data during Fiscal Year 2016. The deadline for submitting your nomination is November 18, 2016.

The recipient of the award will receive an additional \$10,000 of CARE funds for use during Fiscal Year 2017 and will be publicly recognized at the Annual Participants' Meeting February 23-24, 2017

If you have questions or need additional information please contact me
by telephone at (916) 266-5245 or via email at
philip.westphal@alphafund.org

Philip Westphal
Director of Loss Prevention

ALPHA Fund, PO Box 619084, Roseville, CA 95661



Philip Westphal, CEE5 | Director of Loss Prevention
ALPHA Fund · PO BOX 619084 · Roseville, CA 95661
916-266-5245 direct
760-685-3045 mobile
www.alphafund.org

3rd QUARTER INFECTION REPORT FOR 2016 (Includes Acute, ED and SNF)

ACUTE	July		August		September		TOTAL
	CA	HAI	CA	HAI	CA	HAI	
Urinary Tract	3		14	0	7	0	24
*Symptomatic Urinary Tract Inf. (SUTI)	0	1	0	0	0	0	1
*Catheter Associated (CAUTI)	0	0	0	0	0	0	0
Skin & Soft Tissue	0	0	12	0	1	0	13
Respiratory Tract	0	0	0	0	0	0	0
Gastrointestinal Tract	0	0	0	0	0	0	0
Eye, Ear, Nose & Throat	0	0	0	0	0	0	0
Blood	0	0	2	0	1	0	3
Number of Foley Catheter Days	21		26		2		49
Number of PICC days	0		0		11		11
Station 1 Hand Hygiene Compliance	98%		INA		INA		
Totals	3	1	28	0	9	0	41
Inpatient Days	170		220		131		521
Employee Illness Trends							
ER	July		August		September		TOTAL
Urinary Tract	7		14		9		30
Skin & Soft Tissue	6		12		5		23
Respiratory Tract	3		1		0		4
Gastrointestinal Tract	0		0		0		0
Eye, Ear, Nose & Throat	0		1		0		1
Blood	0		0		1		1
Totals	16		28		15		59
ER Patients	287		319		316		922
Employee Illness Trends							
SNF-FRM	July		August		September		TOTAL
Hand Hygiene Compliance	88%		100%		*INA		
Urinary Tract	2		2		2		6
Respiratory Tract	1		0		0		1
Skin and Soft Tissue	0		1		INA		1
GI/ non CDIFF	0		0		1		1
* Only 8 episodes observed, August	0		0		INA		0

Gastroenteritis outbreak with initial # of Residents #6	NA		NA		*6		
Totals	3	1	3	0	3	0	10
Patient Days SNF	1044		1008		957		3009
Employee Illness Trends							
SNF-Burney Annex	July		August		September		TOTAL
Hand Hygiene Compliance	INA		INA		INA		
Urinary Tract	0		3		1		4
Respiratory Tract	0		1		0		1
Skin and Soft Tissue	1		0		1		2
Totals	1		4				5
Patient Days SNF	818		827		818		2463
Employee Illness Trends							
SNF-Burney Unit	July		August		September		TOTAL
Hand Hygiene Compliance	*INA		*INA		*INA		
Urinary Tract	0		0		1		1
Respiratory Tract	0		0		0		0
Skin and Soft Tissue	0		0		0		0
Other	0		0		0		0
Totals	0	1044		1008		957	3009
Patient Days SNF	651		648		587		1886
	July		August		September		
Shasta County Public Health Department Reporting	0		0		*1		
NHSN Monthly Report							
CAUTI	0		0		0		0
Non-catheter associated UTI	1		0		0		1
CLABSI	0		0		0		0
C-DIFF	0		0		0		0
MRSA BSI	0		0		0		0
VRE BSI	0		0		0		0
Number Cases Performed	cases	# SSI	Cases	# SSI	Cases	# SSI	
SSI C-SECTION	0	0	1	0	1	0	
SSI HIP/KNEE	0	0	1	0	1	*INA	
SSI Hernia/Small Bowel Resection	0	0	3	1	1	1	
*Information Not Available at Time of Report (INA)							

