MAYERS MEMORIAL HOSPITAL DISTRICT

Quality Committee Meeting
Wednesday, February 8 *(12:00 pm)*

Meeting called by:	Vasquez	**Type of meeting:**	BOD Committee
		Board Clerk:	Valerie Lakey
Attendees:	Beatriz Vasquez, PhD, Committee Chair, Board Member Laura Beyer, Board Member Louis Ward, CEO	Tom Watson, MD, Chief of Staff Sherry Wilson, CNO, Quality Designee Jack Hathaway, Director of Quality	
Please bring:	Agenda & Attachments		

----- Agenda Topics -----

Meeting Called to Order		Vasquez	
Requests from audience to speak to issues/agenda items		Vasquez	
Approval of Minutes – January 11, 2017 (Attachment)	A	Vasquez	Action
Departmental Reports (SNF, Lab, Finance, Volunteer Services) • Report on quality data • Report on quality issues and/or quality projects		Wilson, Hall, T. Lakey, Spalding	Report
Quarterly Reports • Patient Safety First/CMS Core Measures		Hathaway	Reports
Standing Reports: Monthly— • SNF Events/Survey • Quality – Performance Improvement • Infection Control • PRIME • Administrative Report		 Wilson Hathaway Lee Hathaway Ward	 Report Report Report Report Report
Announcements, Other, Future Agenda Items		Vasquez	Discussion
Closed Session Announcement, Government Code 54962, Medical Staff: • Chief of Staff Report (Health & Safety Code §32155) **Physician Reappointment** Michael Dillon, MD - Emcare ER Physician **Physician Appointment** Chuck Colas, DO - Emcare ER Physician		Watson, Wilson, Overton	Reports/Action
Reconvened to Open Session – Report Action(s)		Vasquez	
Announcements: Next meeting: Wednesday, March 8, 2017 – Fall River			
Adjournment		Vasquez	

Posted
01/31/2017

MAYERS MEMORIAL HOSPITAL DISTRICT
QUALITY COMMITTEE MEETING
MINUTES – JANUARY 11, 2017

DRAFT
Attachment A

QC Attendance	Other Staff Present	Absent
Beatriz Vasquez, PhD, Board Chair	Valerie Lakey	
Laura Dolman-Beyer, BOD Committee	Libby Mee	
Sherry Wilson	Adam Dendauw	
Jack Hathaway		
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 12:04 pm by Vasquez in Fall River Mills	
Public Request to Speak	None	
Opening Remarks by Chairman Vasquez	Happy Birthday Travis Lakey!	
Minutes	Minutes from the December 14, 2016 quality committee meeting were approved. **M/S/C (Hathaway, Beyer).** ***All Approved***	**Approved**
Department Reports	**Business Office, Travis Lakey: (Exhibit 1)** A/R days are up a bit due to more medi-cal patients. Doing a lot of staff training lately, as there have been some changes in staff. **Hospice, Mary Ranquist:** Absent – Will move to February **Respiratory, Adam Dendauw: (Exhibit 2)** Went over Mock Survey findings – much better than first time. Provided samples of competencies which employee departments must complete annually. QC of PFT equipment was reviewed. Quality of care to patient. Read a letter from a patient. (Permission to share letter) **SNF Activities, BJ Burks: (Exhibit 3)** **Staff Development, Dawn Johnson:** Making a few changes in the department. • New ways to get CNA's excited about learning. • Going away from 8 hour in-service days to more 4 hour in-services and doing it more often. • Same in-service twice in one day. • Tele-conferencing will help with attendance. • More skills training – one quarterly for each department. • Keeping up on skills not used that often.	**Reports**

	• Mandatory in-services last year were at a 90% attendance.	
Quarterly Reports	**Safety** - Reviewed training & education calendar, and Work Place Violence Regulations **Workers Comp – (Exhibit 4)** Communication is provided to Libby when there is an employee injury.	**Reports**
Standing Reports	**SNF – Sherry Wilson:** We had a fall on station 2 that resulted in a broken bone which was reportable to the state. We are waiting to see if state accepted the POC. There were a few items they wanted a little more detail. Minor things that needed correction. It is all done over the computer now. There has been no word on the waiver for the RN coverage. Burney was on isolation for 3 weeks with a respiratory outbreak. There are now 5 residents with stomach flu in Burney. Have to report anything over 3. **Administrative – Louis Ward:** Showed picture of the drawings for the inside of the new facility. Went over FRM SNF renovations. Budget of $163,446. Donation of $32,000 through anonymous donation was designated to renovation. Some things have to go through OSHPD. Went over your:life, TEAM HUDDLES and Lunch & Learn with MVHC. Smoke Free Campus was also discussed. SEMSA contract has been sent to committees to review. We are going to be using Point Click Care skilled nursing facility software. It is good software with good reviews. We are currently looking at the contract. The cost is $3800/month for Burney and FRM. It will save time and help with Quality. It will also eliminate a lot of errors, system will audit. Hopefully it will be in place July 1st. We have hired Dr. Watson, and we are looking to hire a NP. We will attest for meaningful use before February 28th. Employee meetings will be this month. (Employee benefits, building projects will be on the agenda) **Quality – Jack Hathaway:** EMTALA Presentation **(Exhibit 5)** – Self Assessment. Check on order of EMTALA signs. There are a couple of items Hathaway will confer with Mock Survey staff to see if we need to change or add to policy. **Infection Control – Shelley Lee:** Infection Control Boards at nurses' stations. Will change information quarterly. Hand hygiene monitoring – help from floor nursing staff. Hathaway will check with IT – to see if there can be monitoring alerts. Signs have gone up in patient rooms. Staff education will be provided. Looking at purchasing "stethocaps". Dr. Watson will be the Infection Control Medical Director. **PRIME – Jack Hathaway:** Going well – Yearly goals have been met. Million Hearts.	
New Business	**2017 Quality Projects, Topics**	**Discussion**

	Discharge Calls – put HCAPP questions on the tablets. Discussed Qualitick tablets – self report off of Qualitick data Healthstream has not been very effective MVHC board members on committees as community member - put on January 24 agenda	
Closed Session	**Adjourned to Closed Session at 1:55 pm** **(Hathaway, Ward) – To Approve Privileges - *Approved All*** **Physician Reappointment** **New Physician Appointment**	
Announcements;	Next meeting: Wednesday, February 8, 2017 in Fall River Mills	
Adjournment	Meeting adjourned 2:05 pm	

Minutes By: Valerie Lakey

EXHIBIT 1

Business Office Update

1. Patient Payments are up and we have been meeting the majority of our monthly collection goals which are based off the two prior month's revenue divided by two then multiplied by a % that's higher than our historical average. This year I had to increase the percentage as last year the historical percentage collected was higher than prior years.
2. AR Days are up due to an increase in SNF census and patients waiting to be approved for Medi-Cal.
3. Colene, Danielle, Amber and Jeanette have all attended off site training in the last 6 months and we are always on the lookout for training that applies to Critical Access Hospital billing.
4. We currently have our non SNF Medi-Cal/Partnership billing being handled by a part time employee and are monitoring to make sure performance isn't suffering. Prior to this that same employee was doing admitting in Burney and billing with great results.
5. The Commercial biller is currently working some weekend shifts and we are evaluating if this hybrid billing/admit position will work on lower traffic shifts.

EXHIBIT 2

July11th 2017

RESPIRATORY THERAPY QUALITY REPORT

Mock Survey Results

- No infractions of any kind within the respiratory department
  - All competencies up to date
    - ABG, BIPAP, ISTAT, PFT
  - All Policies and Procedures either up to date or in process of review
    - Point of contention last survey
  - No Outdated Medications
    - All Logged and accounted for
  - No expired Equipment, Sharps or Cartridges
    - Over 40 individual items
  - No HIPAA infractions
  - Pulmonary Function Machine QC Binder was “Phenomenal”
    - Cross referenced testing dates with QC dates and data to ensure compliance

RADIAL ARTERY PUNCTURE CHECKLIST

Staff Name: _____

Date of procedure: _____

Signature of Assessor: _____

Critical Performance Elements	Yes	No
1. Identifies the indications for obtaining arterial blood samples.		
2. Verifies patient Identity, selects correct equipment, observes infection control procedures, positions patient correctly.		
3. Selects appropriate site and checks for contraindications.		
4. Performs and interprets Allen test according to procedure.		
5. Uses approved heparinized syringe		
6. Prepares site and uses gloved finger to palpate site.		
7. Obtains arterial blood sample from radial artery: a. Correctly stabilises artery b. Performs puncture smoothly and allows syringe to fill. c. Expels air from the syringe and caps it tightly d. Applies pressure to site for at least 5 minutes. e. Sharps and biohazards disposed of safely		
8. Notes patient's O_2 LPM/FIO2, BIPAP or Vent settings.		
9. Washes hands, reassess patient including puncture site, and completes documentation.		
10. Sample is processed via the blood gas analyser.		
11. States the normal range for ABG results, and correlates the current result to previous or baseline ABG values.		
12. States precautions and measures aimed at reducing risk of complications.		

Outcome: Successful / Corrected & successful / Unsuccessful

Evidence Sheet 1- Record of observed practice- ABG

Staff Name: _____

New Hire Observation	Date & time	Site used & comments about procedure	Observed by: (Sign)
1			
2			
3			
Annual Observation	**Date & time**	**Site used & comments about procedure**	**Observed by: (Sign)**
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Signature of Staff: _____

Date: _____

Signature of Assessor: _____

Date: _____

RESPIRONICS
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BiPAP® Vision™ Ventilatory Support System
Competency Testing Checklist*

Employee: _____

Date: _____

Preceptor: _____

Skill Set	Yes	No	Comments
Principles of Operation			
Describe the intended use of the BiPAP Vision: • Continuous ventilation • Noninvasive or invasive ventilation • Adult patients (>30 kg) • Hospital or alternate care sites • Treatment of acute respiratory failure, acute or chronic respiratory insufficiency and obstructive sleep apnea	❑	❑	
Identify the circuit components of a continuous flow noninvasive circuit: • 6-foot smooth bore tubing • Exhalation port or mask with integrated exhalation port • Proximal pressure tubing	❑	❑	
Identify the circuit components of a continuous flow invasive circuit: • 6-foot smooth bore tubing • Exhalation port or mask with integrated exhalation port • Proximal pressure tubing • Water trap • Temperature probe port • Elbow adaptor	❑	❑	
State the importance of the exhalation port test in a continuous flow circuit: • Analyzes the intentional leak rate across the pressure range • Ensures alarm notification of blocked exhalation port via Exhalation Port Alarm • Ensures accurate display of patient leak, tidal volume and minute volume measurements	❑	❑	
Explain the importance of leak compensation and automatic sensitivity: • Set pressures are maintained in spite of leaks ≤ 60 lpm • Maintain trigger and cycle sensitivity to changing breathing patterns and leaks	❑	❑	

* To be used in conjunction with Departmental Policy and Procedure. This user checklist is an attempt to highlight some of the most important knowledge and skill sets that a user of the BiPAP Vision should possess. Respironics defers to the institution with respect to the actual competency of a specific user.

Skill Set	Yes	No	Comments
Explain the purpose of each control in managing ventilatory support: • IPAP – Establishes the pressure support level to improve ventilation (i.e., increase tidal volume and decrease PCO_2) • EPAP – Increases FRC to improve oxygenation – Reduce WOB associated with Auto-PEEP • Rate – Guarantees a minimum respiratory rate • Timed Inspiration – Guarantees inspiratory time on machine triggered breaths • Rise Time – Improves patient synchrony and comfort by adjusting the rate of rise to the IPAP level • % O_2 – Adjust the delivered F_IO_2 in 5% increments between 21% and 100%	❑	❑	
Set-Up and Operation			
Assemble and attach patient circuit: • Bacteria filter to machine outlet • Smooth inner lumen large bore tubing • Proximal pressure line • Exhalation port • Interface	❑	❑	
Perform the Exhalation Port Test and state the reason for completing the test with initial patient set-up: • Learns the leak rate of the exhalation port • Improves accuracy of reported respiratory parameters • Establishes threshold for the exhalation port alarm	❑	❑	
Demonstrate the steps to adjust controls within a mode of operation; S/T or CPAP: • Press soft key and turn adjustment knob	❑	❑	
Demonstrate the steps to change modes of operation: • Press the operational hard key 'Modes' • Press soft key corresponding to the new mode to be initiated • Adjust controls to appropriate settings • Press 'Activate New Mode'	❑	❑	
Demonstrate the steps to adjust alarm settings: • Press the operational hard key 'Alarms' • Press soft key to highlight alarm setting to be changed and turn adjustment knob	❑	❑	

* To be used in conjunction with Departmental Policy and Procedure. This user checklist is an attempt to highlight some of the most important knowledge and skill sets that a user of the BiPAP Vision should possess. Respironics defers to the institution with respect to the actual competency of a specific user.

Skill Set	Yes	No	Comments
Alarm Conditions and Troubleshooting			
State the purpose of the 'Learn' function and the conditions under which it should be manually activated: • Learns the baseline flow through the circuit • Activates 'Learn' when circuit conditions have changed (i.e., additional flow added to the circuit with nebulizer treatment)	❑	❑	
Identify the area of the LCD screen where alarm conditions are indicated: • Mode/Message area at the top of the LCD screen	❑	❑	
Describe the policy for setting the adjustable patient alarms: • Hi P: _____cmH_20 > IPAP • Lo P: _____cmH_20 < IPAP • Lo P Delay: # seconds allowing patient to miss _____ breaths (Ex.: RR 10 bpm; Lo P Delay > 6 sec) • Apnea: ____sec; specific to the absence of spontaneous trigger • Lo MinVent: _____% < Actual MinVent • Hi Rate: _____ bpm > Total Respiratory Rate • Lo Rate:_____ bpm < Total Respiratory Rate	❑	❑	
State the indicator, possible cause(s) for the following alarm conditions: • Ventilator Inoperative – Audible tone and Wrench icon on front panel – Power failure or other catastrophic condition • Check Ventilator – Audible tone and eye icon on front panel – System error such as low internal battery to power alarms • Exhalation Port – Audible tone and message "Exh Port" displayed in Mode/Message Area – Occluded exhalation port – Failure to "Learn Base Flow" when supplemental flow is added to the circuit • O_2 Flow – Audible tone and message "O_2 Flow" in Mode/Message area – 50 psi source disconnect • Pressure Regulation – Audible tone and message "P Reg" in Mode/Message area – Patient leak in excess of 60 LPM – Excessive circuit resistance • Proximal Pressure Line Disconnect – Audible tone and "ProxLine Disc" in Mode/Message area – Disconnect or kinking of proximal pressure tubing	❑	❑	
Monitoring Respiratory Parameters and Graphics			
State the difference between Patient Leak and Total Leak • Patient Leak quantifies the leak around the interface or out the patient's mouth • Total leak quantifies the patient leak and the leak out the exhalation port	❑	❑	

* To be used in conjunction with Departmental Policy and Procedure. This user checklist is an attempt to highlight some of the most important knowledge and skill sets that a user of the BiPAP Vision should possess. Respironics defers to the institution with respect to the actual competency of a specific user.

Skill Set	Yes	No	Comments
Identify the area of the LCD screen where respiratory parameters are displayed • Data Display area at the bottom of the screen	❑	❑	
Describe the use of the following respiratory parameters during noninvasive ventilation: • Tidal volume – Guide titration of IPAP to improve ventilation – Changes in VT indicate change in patient status • Minute ventilation – Guide titration of IPAP to improve ventilation – Changes in VT indicate change in patient status • Patient Leak – Quantifies the leak around the interface or out of the patient's mouth • PIP • Ti/Ttot – Measures patient endurance – Upward trend indicates impending fatigue • % patient triggered breaths – Percentage of breaths triggered by the patient – Assesses • Rate – Increased rate may indicate impending fatigue	❑	❑	
Identify the three waveforms available on the BiPAP® Vision™ screen: • Pressure • Volume • Flow	❑	❑	
Explain how waveforms can be used to optimize noninvasive ventilation: • Troubleshooting changes in VT • Identifying airtrapping and Auto-PEEP • Determining appropriate settings; IPAP, EPAP, Timed Inspiration and Rise Time • Evaluate response to therapy and ventilator setting changes	❑	❑	

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LTV VENTILATOR COMPETENCY CHECKLIST

This checklist is for use in training personnel on the Pulmonetic Systems LTV® Series Ventilators. A trained operator should be able to perform all the tasks listed on this checklist except:

- Optional features that are not available on the LTV® model they will be using.
- Methods or modes not used in the intended environment or facility. (e.g. It is not necessary to demonstrate setting up NPPV if that mode is not used at their facility.)

The trainer should mark any topics that were not required training for this facility as N/A and mark all topics that the trainee successfully completed. The tester, trainee, and if appropriate, the trainee's supervisor should sign this sheet. Keep these sheets as a training record.

Date Trained	_____
Training Site	_____
LTV Model	_____
Tester Name	_____
Signature	_____
Trainee Name	_____
Signature	_____
Supervisor Name	_____
Signature	_____

Pulmonetic Systems
17400 Medina Road, Suite #100
Minneapolis, Minnesota 55447-1341
(763) 398-8300
(800) 754-1914
Fax (763) 398-8400
www.pulmonetic.com
info@pulmonetic.com

LTV VENTILATOR COMPETENCY CHECKLIST

Assembly

- Connect external power
  - AC power
  - External battery (if being used)
  - Car adapter (if being used)
  - Understand display blanking while on battery power
- Set up vent on stand
  - AC adapter
  - O_2 (if being used)
- Disassemble / assemble exhalation valve
  - Spring and diaphragm correctly installed
- Attach circuit
  - Twist sense lines before connecting
  - Sense ports up on exhalation valve
- Connect O_2 source
  - High pressure (if being used)
  - Low pressure (if being used)
- Connect humidifier or HME (if being used)
- Attach test lung (if being used)
- Turn vent on & off

Checkout Tests

- Run Vent Check tests
  - Alarm
  - Display
  - Control
  - Leak
  - Exit to begin ventilation
- Run other tests as required by hospital / facility protocol

Controls

- Set Variable Controls
  - Breath Rate, Tidal Volume, Pressure Control, Inspiratory Time, Pressure Support, Sensitivity
  - High Pressure Limit, Low Pressure, Low Min Vol
- O_2 setting
  - $\%O_2$ if high pressure
  - Low O_2 Source if low pressure
- Change Modes
  - Select A/C or SIMV/CPAP
  - Select Volume or Pressure

LTV VENTILATOR COMPETENCY CHECKLIST

- Use single press buttons
  - Manual Breath, Select, Silence/Reset
- Set PEEP
- Silence alarms
- Clear active alarms
- Clear INOP alarm after power off
- Lock and unlock (easy and hard)
- Change displayed Monitor reading
- Understand flashing Pressure Control (flow terminated breath) and Pressure Support (time terminated breath) displays

Alarms

- Understand meaning of each alarm
  - Low Min Vol, LMV Off, High Pres, Low Pres, Sense/Disc, Apnea, High O_2 Pres, Low O_2 Pres, HW Fault, XDCR Fault, Reset, Defaults
- Understand flashing alarm display indicates alarm occurred
- Silence an alarm
- Clear an alarm
- Set HP Delay and understand why HIGH PRES flashes but no audible alarm

Monitors

- Describe each of the monitors meanings
- Identify a patient effort

Extended Features

- Enter and navigate Extended Features menus
  - Press and hold Select to enter Extended Features
  - Can't enter with alarm displayed
  - Use Select to enter a menu and to choose an option
  - Select EXIT or use Control Lock to exit a menu or abandon a displayed setting
- Understand and set each extended features item
  - Alarm Op: Apnea Interval, Alarm Volume, HP Delay
  - Vent Op: Rise Time, Time Termination, Flow Termination, PC Flow Termination, NPPV Mode, Unlock, Language, Date Format, PIP LED
  - Set the Date and Time
  - Request an Autozero

LTV VENTILATOR COMPETENCY CHECKLIST

Clinical Operation

- Control Mode (A/C mode, Sens = "-")
  - Set up Control Mode ventilation in Volume
  - Set up Control Mode ventilation in Pressure
- Assist/Control Mode (A/C mode, Sens on)
  - Set up Assist/Control Mode ventilation in Volume
  - Set up Assist/Control Mode ventilation in Pressure
- SIMV Mode (SIMV/CPAP mode, BR>0)
  - Set up SIMV mode ventilation in Volume & Pressure Support
  - Set up SIMV mode ventilation in Volume & Spontaneous
  - Set up SIMV mode ventilation in Pressure & Pressure Support
  - Set up SIMV mode ventilation in Pressure & Spontaneous
- CPAP Mode (SIMV/CPAP mode, BR = 0)
  - Set up CPAP mode ventilation in Pressure Support
  - Set up CPAP mode ventilation in Spontaneous
- Apnea Ventilation
  - Set up Apnea Backup Ventilation
- Special Conditions
  - Set up NPPV Mode
  - Set up bi-level ventilation in SIMV using PC with flow termination on, PS at same level as PC, and PEEP, if method used
  - Adjust Sensitivity in a leak environment to eliminate autocycling
- Volume ventilation setting methods
  - Choose Volume ventilation mode
  - Set Volume ventilation based on TV and Insp Time, if method used
  - Set Volume ventilation based on TV and Peak Flow, if method used
- Pressure ventilation setting methods
  - Choose Pressure ventilation mode
  - Set Pressure ventilation based on PC and Insp Time
- Setting based on I:E Ratio
  - Set Insp Time and Breath Rate to meet a specified I:E ratio, if method used
- Usage Cautions
  - Not for use in MRI area
  - Minimum patient size 10kg
  - Average 1.0 hr battery

Cleaning

- Reusable circuits
  - Sterilization by liquid agent, autoclave
  - Disassemble & assemble exhalation valve
- Wipe the vent down

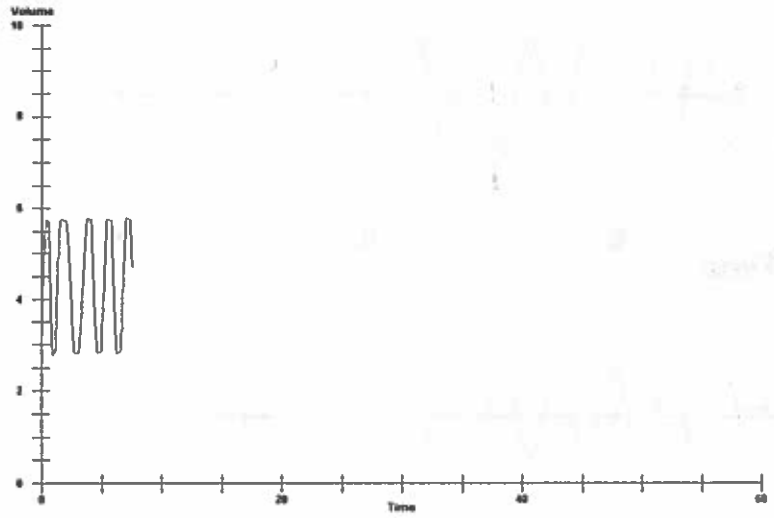
MAYERS MEMORIAL HOSPITAL
FALL RIVER MILLS, CA

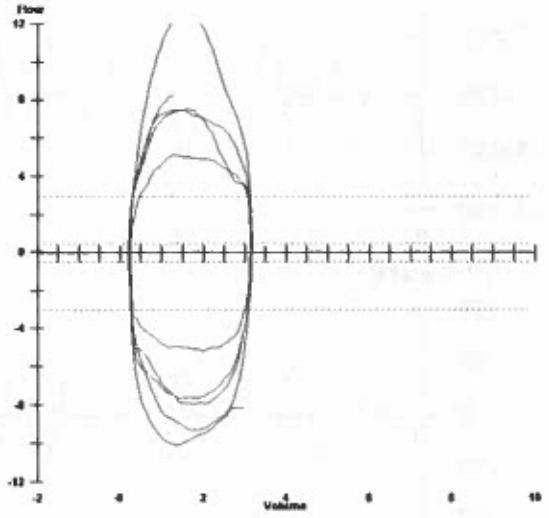
Vmax Flow Volume Calibration

Date: 01/02/17 Pbar: 670 mmHg Relative Humidity: 58 % V62J

Calibration Time: 07:37 Temp: 19.5 C

	Target	Avg Corr Fact	— Stroke Volume — 1	2	3	4	Mean	%Target
Inspire	3.00	1.102	3.02	3.00	2.99	3.01	3.00	100
Expire	3.00	1.264	3.00	2.99	3.00	2.99	3.00	100



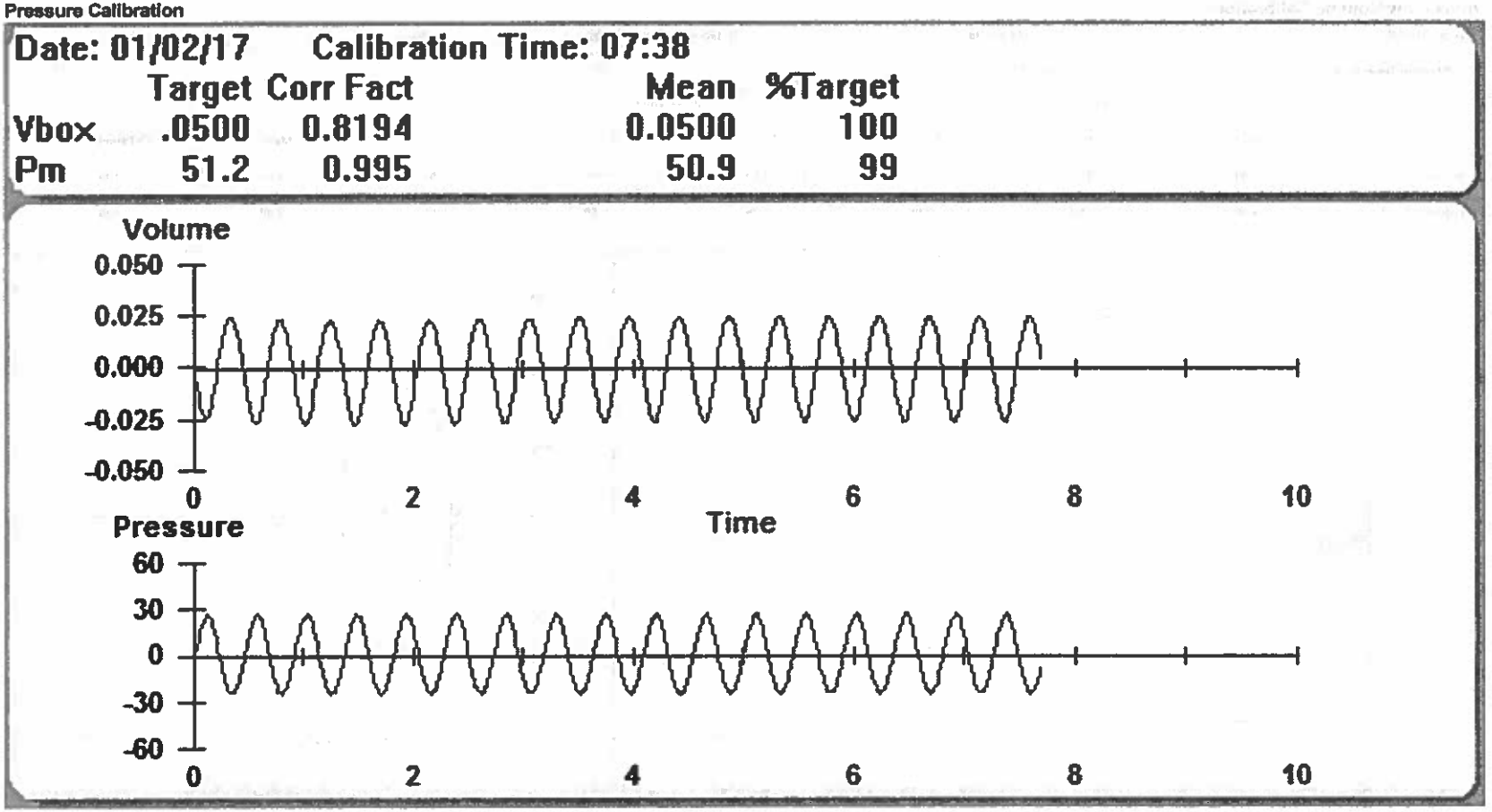


MAYERS MEMORIAL HOSPITAL
FALL RIVER MILLS, CA

Pressure Calibration

Date: 01/02/17 Calibration Time: 07:38

	Target	Corr Fact	Mean	%Target
Vbox	.0500	0.8194	0.0500	100
Pm	51.2	0.995	50.9	99



Adam Dendauw

From: Diane Lahey [cmyyuki04@yahoo.com]
Sent: Thursday, December 29, 2016 2:28 PM
To: Adam Dendauw
Subject: Thank You

Adam (and Trudy and Ed):

Thank you and your group for the help you have given me the last few months. When I started therapy I was having trouble breathing doing the simplest tasks (like talking and walking). I would cough and become very short of breath--including choking and fighting for breath.

You took me on and have worked with me, steadily increasing first my breathing, then my stamina.

The physical benefits have been wonderful for me. I can talk without gasping for breath because you re-taught me how to breathe correctly while doing activities. As you know, I had been breathing through an open skin lined trach for over 10 years and my lungs and nose just didn't want to do their job. The retraining was daunting but well worth it.

The benefits to my daily life are: Increased stamina/ability to work more with less fatigue/less depression (a huge reward in itself)/lower blood pressure and an overall healthier outlook.

What I want to thank you for, in addition to the gifts above, are the kindness, understanding and dedication to helping me that you showed me. Your encouragement kept me going when I was absolutely sure I wasn't going to finish the exercise.

It has been a pleasure (and sometimes pain) to work with you all. I will miss the greetings and genuine feeling of warmth I get when walking into the room. Your patience with me was awesome. Your kindness-a true gift.

I almost forgot to mention the teaching while working out. The input on diet changes, healthier techniques to get through the day--options and choices and tools I was unaware of are an essential part of my being able to keep this up at home.

I thank you. I am thankful to have this program locally, and not have to drive to Redding for it. I will be seeing you still as I plan on signing up for the optional exercise plan. So this isn't goodbye, just a note from a grateful heart.

--Dee (Diane Lahey)

Diane Lahey
12-29-2016

EXHIBIT 3

Activities Department Quality Report January 2017

Pursuant to the State and Federal regulations, Mayers Memorial Hospital offers activity programs both group and singular programs to their residents and patients. These programs are designed to be patient/resident specific. They are structured to meet the social, sensory and personal choice needs of the individual for quality content and care. These residents/patients are charted on daily as a tracking system to follow the effectiveness of the programs. A formal quarterly review is written in the Long Term Care resident's chart.

During the last six months the department has been very busy. The presentation and incorporation of several new programs have been warmly received and successful for our residents and patients.

It was a difficult time this year at the Burney Annex during the holiday season. Usually the activity department is able to offer many special programs often community based presentations for the pleasure of our residents. This year due to illness some programs were canceled. One of the most enduring programs during this season was still held, the resident family Christmas party. Again this year it was a great success thanks to the activity department and team work from many areas along with a very caring nursing staff.

The New Year presents many new challenges as well as opportunities. The staff in activities will again be challenged to develop three new programs from each sight for a total of nine new activity programs to be presented to our residents and patients. One very exciting new program we will participate in is the Memory and Music program targeted for dementia patients but all will enjoy. Training has already begun with some staff and some equipment has been received. This is a program to help work with dementia patient by using their recognizable music and songs to aide in behavioral changes communication, sensory and care.

The outstanding efforts of the Activities department last year and team effort from other departments the Activities Department receive a perfect survey from our last review.

Respectfully Submitted

BJ Burks Activities Director

EXHIBIT 4

Quality Committee Meeting
Wednesday January 11, 2017

Work Comp Quarterly Report
Presented by Libby Mee – Director of Human Resources

4th Quarter 2016

9 First Aide injuries resulting in 1 day away from work
1 Reportable Injury – Casual Employee (unknown days away from work)

2016 in Review

Total of 23 first aide injuries resulting in 6 days away from work
4 Reportable claims
1 closed
2 Denied
1 open – employee is currently set to be released on 01/16/17

2016 vs. 2015

2015 - Total of 24 first aide injures resulting in 12 days away from work
2015 – Total of 3 reportable injuries

2017 Initiatives

ALPHA Fund CARE Program - will work with our Loss Prevention Specialist from ALPHA to develop a service plan that will grant MMHD $2,200.

Review the comp process with all parties involved to ensure ease of use
Employee/Sup→Admit→ER RN→ER Doctor→HIM→Billing→ALPHA→Emp Health

EMTALA Self Assessment

Jan 2017

Emergency Medical Treatment & Labor Act

- Under the provisions of 42 CFR Sec.489.24 hospitals, with an Emergency department that participates in Medicare, are required under EMTALA to:
  - Provide an appropriate medical screening examination to any individual who comes to the ED.
  - Provide necessary stabilizing treatment to an individual with an emergency medical condition or an individual in labor.
  - Provide for an appropriate transfer of the individual if either the individual requests or the hospital does not have the capability or capacity to provide the treatment necessary to stabilize or admit the individual.

- Not delay examination and/or treatment in order to inquire about the individual's insurance or payment status.

- Obtain or attempt to obtain written and informed refusal of examination, treatment or transfer; and

- Not take adverse action against a physician or qualified medical personnel who refuse to transfer an individual with an emergency medical condition, or against an employee who reports a violation of these requirements.

EMTALA Self Assessment

How are we doing? 🤔

Policies

- Do EMTALA Policies include all the requirements in 42 CFR Sec. 489.24? **YES**
- Is someone identified to ensure that policy and procedure are current? **YES**
- For CAH's have EMTALA Policies been reviewed by a physician and a mid-level and approved by the governing board within the last 12 months? **YES**

Signage

- Is there EMTALA signage in the ED, waiting areas, treatment rooms, entrances, etc.? **YES… but…**
- Are the signs easy to find and see? **YES… but…**
- Are the signs in the language used by our population? **YES**

It's the Law

If you have a medical emergency or are in labor

You have the right to receive, within the capabilities of this hospital's staff and facilities:

- An appropriate medical screening examination;
- Necessary stabilizing treatment (including treatment for an unborn child);
- And, if necessary, an appropriate transfer to another facility even if you cannot pay, you do not have medical insurance or you are not entitled to Medicare or Medi-Cal.

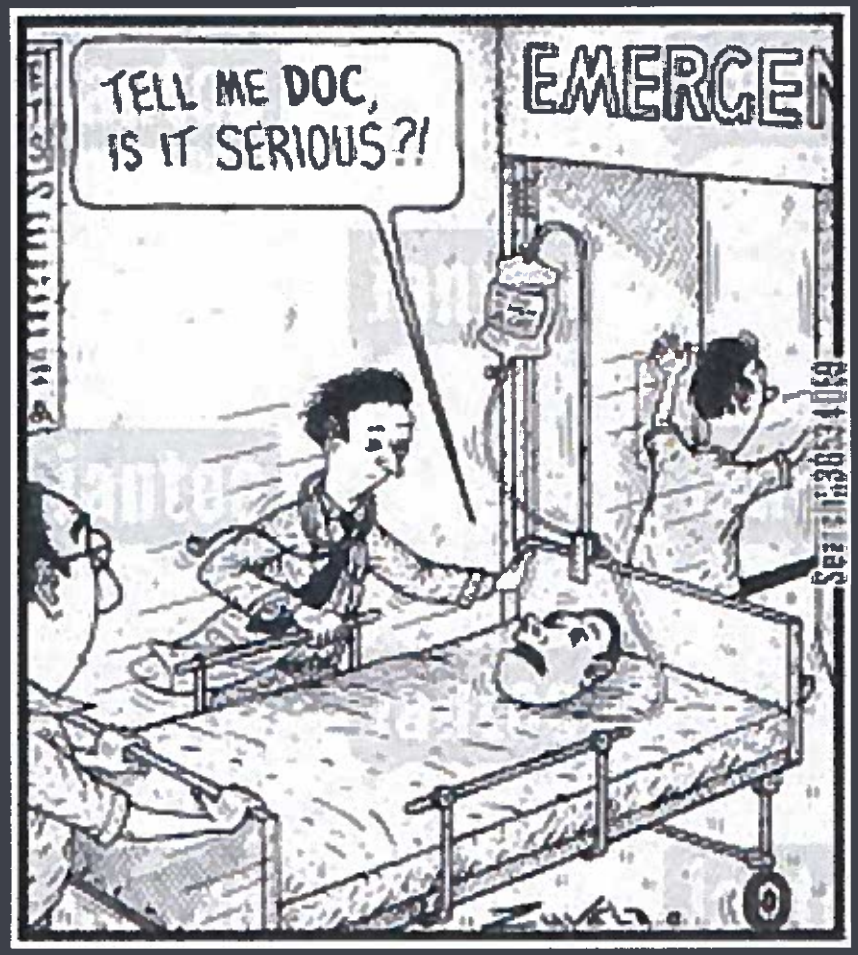
This hospital [does/does not] participate in the Medi-Cal program.

Medical Records

- Is there a written policy requiring retention of records related to transfer to and from the hospital for a period of five (5) years?
  YES

On-Call Physicians

- Is our On-Call list current with individual physician names?
  YES
- Does our On-Call list current with contact information?
  YES
- Does our On-Call list include privileges of each on-call physician?
  No… but…



- Is the On-Call list consistent with the services provided at the hospital and the resources the hospital have available? **DISCUSS …**

- Is there a specific individual identified to maintain the On-Call list? **YES**

- Are we participating in a community call plan? **NO**

- If you allow elective surgery when a physician has agreed to be on call, does the hospital and the physician have planned back-up in the event the physician is called while preforming elective surgery and is unable to respond to an on-call event? **NO … but…. reasonably yes… DISCUSS..**

- Do you have written on-call P & P that clearly define the responsibilities of the on-call physician to respond, examine and treat the patients with an emergency medical condition?
  YES

- Do the P & P address the steps to be taken if a particular speciality is not available or the on-call physician cannot respond due to circumstances beyond his/her control?
  YES

- Do we have a written policy that prohibits a physician on-call to refer emergency cases to his or her office for examination and treatment of an emergency medical condition?
  NO… but…

- Do we have written policy allowing treating physician to consult with another physician, who may or may not be on the hospital's On-Call list?
  I cannot find one… but…

Central Log

- Is a central log in place? **YES**
- Is there clear responsibility for who is responsible for maintaining the central log? **YES**
- Do we have an audit or system in place to ensure that all the patients are entered in the central log? **YES**

- Does the central log include, directly or by reference, patient logs from other areas of the hospital that may be considered dedicated emergency departments, such as pediatrics and L & D where a patient might present for emergency services or receive a medical screening examination instead of in the "traditional" ED?
  NO… because…

Dedicated Emergency Department

- The "One-Third Rule"
- In some cases departments other than the ED can fall under the reach of EMTALA. If in the preceding year, at least ⅓ of all its visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment (this includes individuals that may present as unscheduled ambulatory patients to units where patients are routinely admitted for evaluation and treatment) then the department falls under the "one-third rule".

- Are there departments outside the ED that meet the "one-third rule"? **NO… there couldn't be… I am in the process of ruling that out defiantly.**

- If we do - are their signs and P & P relating to EMTALA? **If on the outside chance there is/are {a} department(s) that fall under the "one-third rule" and they do not already have EMTALA addressed it will be done post haste.**

- Lastly, do we have a policy for walk-ins to the ED? **YES**

Take Away

- We (Val and I) should work on signage and make sure that it is plain language, clear and noticeable
- While we have a list with privileges and an On-Call list that can be used to reference that list - they are technically two separate lists. We can work on a way to get those joined up and not cumbersome
- Talk to Med Staff about the need for back-up plans regrading the on-call / preforming elective surgery question.
- Confirm the “one-third rule” suspicion


NOTHING TO BE ALARMED ABOUT, MS. HARVEY. KIDS DO THIS SORT OF THING ALL THE TIME. I'M SURE WHATEVER YOUR JIMMY'S GOTTEN LODGED UP THERE, WE CAN GET IT OUT.
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F


CRASH!
ACH CHOO
"I guess that's one way to get the ER renovated."

2017 Safety/Disaster Training Calendar

Val Lakey Ext #1136

Jeanette Rodriquez Ext#1128

Emergency Management Coordinators

DATE	THEME	TRAINING
JANUARY	Earthquake Safety	Weekly Educational Materials
FEBRUARY	Flood Safety	**February 16 11:30 am—12:30 pm**
MARCH	Spring Safety	Weekly Educational Materials
APRIL	Preparathon	**April 20 11:30 am—12:30 pm** **TBD Jeanette**
MAY	Wildfire Safety	Weekly Educational Materials
JUNE	Summer/Outdoor Safety	**June 15 11:30 am—12:30 pm** **TBD Val**
JULY	Extreme Heat	Weekly Educational Materials
AUGUST	Infectious Disease	**August 17 11:30 am—12:30 pm** **TBD Jeanette**
SEPTEMBER	National Preparedness Month	Weekly Education Materials
OCTOBER	Cybersecurity	**October 19 11:30 am—2:30 pm** **TBD Val**
NOVEMBER	Severe Weather	Weekly Educational Materials Statewide Drill
DECEMBER	Holiday & Food Safety	**December 21 11:30 am—12:30 pm** **TBD Jeanette**

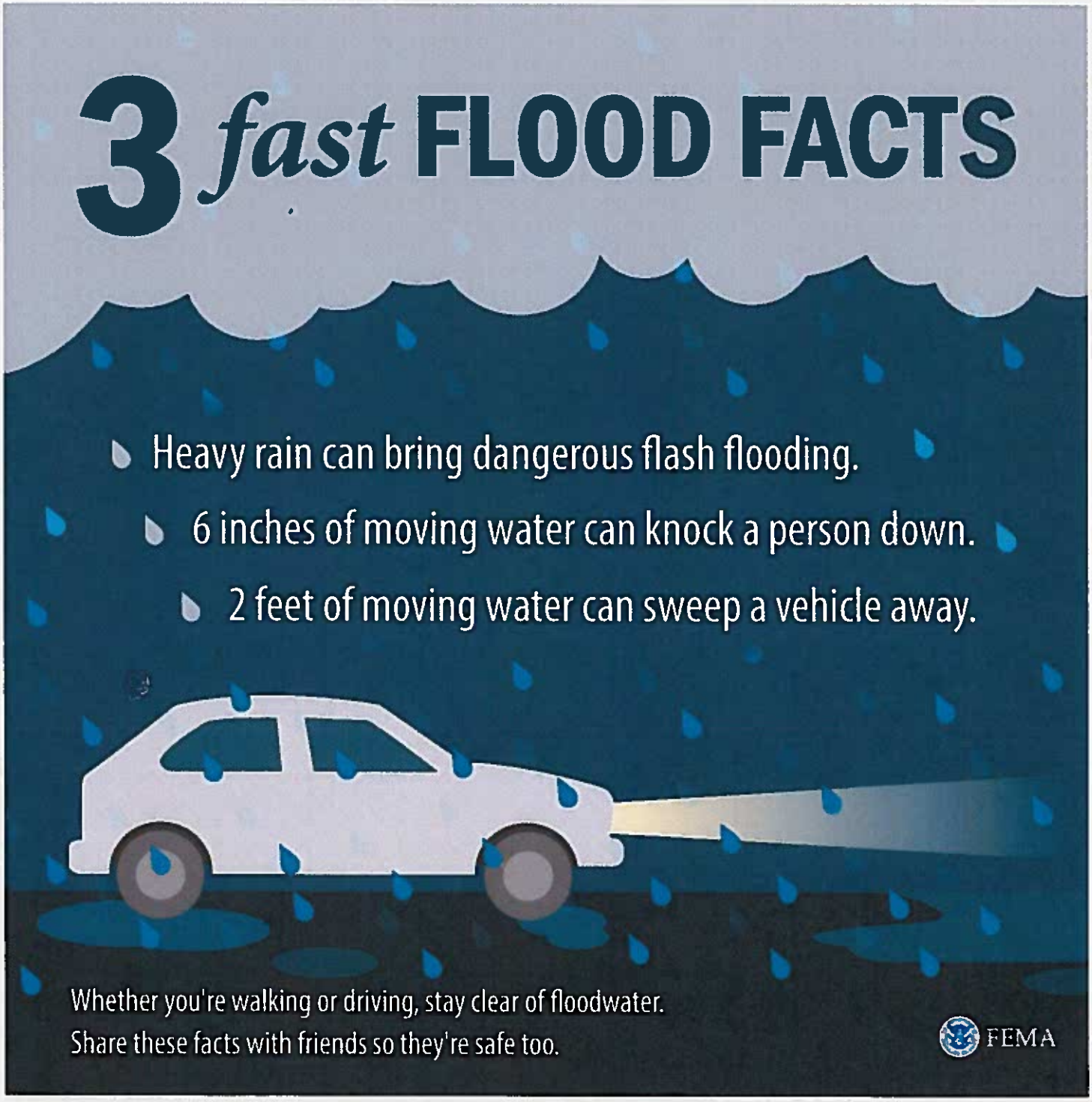
Mayers Memorial Hospital District

Always Caring. Always Here.

SAFETY CORNER

January 2017

SAFETY TIP



MMH

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