

**MAYERS
MEMORIAL
HOSPITAL
DISTRICT**

Quality Committee Meeting
Wednesday, May 17, 2017 (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 – April 17, 2017 (Attachment)	A	Vasquez	Action
Departmental Reports (Pharmacy, Med-Surg/Swing, Cardiac Rehab, ER, HIM, Patient Access, Med Staff, Outpatient) <ul style="list-style-type: none"> Report on quality data Report on quality issues and/or quality projects 		Earnest, Overton, Burns, Beck, T. Lakey, Sweet, Peterson	Report
Quarterly Reports <ul style="list-style-type: none"> Patient Safety First, CMS Core Measures 		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
New Business: Policies for Approval Counting -- Sponges Sharps and Instruments Items Issued from Inventory Annual Program Evaluation Administrator On Call	B		Action
Compliance Plan Review – Follow-up		Hathaway	Discussion/Action
Announcements, Other, Future Agenda Items		Vasquez	Discussion
Closed Session Announcement, Government Code 54962, Medical Staff: <ul style="list-style-type: none"> Chief of Staff Report (Health & Safety Code §32155) MEDICAL STAFF REAPPOINTMENT Scott Bleazard, MD - Radiology Scott Ramus, MD - Radiology Sean Pitman, MD - Pathology AHP APPOINTMENT Sharon Hanson, FNP		Watson, Wilson, Overton	Reports/Action

**MAYERS MEMORIAL HOSPITAL DISTRICT
QUALITY COMMITTEE MEETING
MINUTES – APRIL 17, 2017**

DRAFT Attachment A

QC Attendance

Beatriz Vasquez, PhD, Board
Chair
Laura Dolman-Beyer, BOD
Committee
Jack Hathaway

Other Staff Present

Valerie Lakey
Ryan Harris
Sherry Rodriguez
Alan Northington

Absent

Sherry Wilson
Dr. Tom Watson

(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 12:10 pm by Vasquez in Fall River Mills	
Public Request to Speak	None	
Opening Remarks by Chairman Vasquez		
Minutes	Minutes from the March 8, 2017 quality committee meeting were approved. M/S/C (Ward, Rodriguez). All Approved	Approved
Department Reports	<p>Pharmacy, Keith Earnest: postponed to next month</p> <p>Med-Surg, Theresa Overton: postponed to next month</p> <p>Environmental Services, Sherry Rodriguez: Working on “in-house” laundry. Reviewed the pros and cons. We have had issues with the quality of the linen. We will have more control over the inventory. Replacement will be easier and quicker. Initial cost will be an investment, but we will save \$1.1 mil in 10 years. The in-house service will pay for itself in 3 years. It will also create more jobs (3-4). We will have to purchase new equipment and new linen. We cannot control issues with Aramark. They are doing our linen in Stockton. The service would potentially begin in January 2019 unless we can get out of contract with Aramark sooner.</p> <p>Imaging, Alan Northington: (See attached) Communication with referral base with regard to CT and how to order exams. Relates to interface project. A reference sheet was developed; it is going to be revised to include a CPT code. We are seeing an increase in referrals and</p>	Reports

**MAYERS MEMORIAL HOSPITAL DISTRICT
QUALITY COMMITTEE MEETING
MINUTES – APRIL 17, 2017**

	<p>a better flow of communication. It is helping to get feedback. It will improve quality of exams and communications. Northington is working with MVHC staff and has talked to some of the providers. Northington provided a description of how CT process works.</p> <p>Public Relations, Valerie Lakey: (see attached) Lakey gave a report on Public Relations</p>	
Quarterly Reports	Safety, Valerie Lakey: (see written report)	Reports
Standing Reports	<p>SNF – Sherry Wilson: (Absent on medical) It has been reported to CDPH that Wilson is out on a medical leave. Hathaway reported on survey items.</p> <p>Administrative – Louis Ward:</p> <ul style="list-style-type: none"> • Point Click Care is taking a lot of staff time at this point. Ryan Harris is working as project manager with Theresa Babajan. • We are working with MVHC – establishing an executive committee between the 2 facilities. • Heather Corr and Sharon Hanson have turned in paperwork for privileges. Dr. Smith-Chase has also. • Community Health Needs questionnaire • Plumas Healthcare District visited last week potential collaboration • Ward, Harris and Overton went to Indiana to visit Hillrom (vendor for headwalls, nurse call, gurneys, etc) Looking in-depth at nurse call system. • Hospital week activities • Val Lakey to work on marketing for our Certified Healthcare District <p>Quality – Jack Hathaway: Quafi report is set-up. Hathaway will send it to Vasquez and Beyer. Each department will have on average 3 measures.</p> <p>Infection Control – Shelley Lee: (absent) Will be interviewing for a new Infection Control manager.</p> <p>PRIME – Adam Dendauw/Jack Hathaway: Reported mid-year. We have 14 patients completed. Need to see 16 more at least one time by June. There is an obesity measure we can join if the number 30 becomes an issue.</p>	
New Business	<p>Policies for Approval: (Table – need more information)</p> <ul style="list-style-type: none"> • Sterility Monitoring Log 	

**MAYERS MEMORIAL HOSPITAL DISTRICT
 QUALITY COMMITTEE MEETING
 MINUTES – APRIL 17, 2017**

	Compliance Plan Review – Include HR in disciplinary instances. There are many questions as to what the plan needs to address. What it needs to accomplish as related to policies. Work in progress	
Announcements, Other, Future Agenda Items	<ul style="list-style-type: none"> • Compliance Plan • Sterility Monitoring Log 	Discussion
Closed Session	No Closed Session	
Announcements;	Next meeting: Wednesday, May 17, 2017 in Fall River Mills	
Adjournment	Meeting adjourned 1:56 pm	

Minutes By: Valerie Lakey

MAYERS MEMORIAL HOSPITAL DISTRICT

POLICY AND PROCEDURE

ADMINISTRATOR-ON-CALL

Page 1 of 2

DEFINITION:

For all intents and purposes, the word “patient(s)” refers to all customers receiving health care services in our facilities, including inpatients, outpatients, residents and clients.

PURPOSE:

The purpose of this policy is to establish the parameters and authority for the individual serving as Administrator-on-Call.

POLICY STATEMENT:

1. Administrative coverage and assistance is provided during off-hours, holidays and weekends, and in the absence of the Chief Executive Officer.
2. Coverage is available through an “on-call” rotation basis.
3. The Administrator-on-Call (AOC) shall have the full authority to handle any administrative issue at Mayers Memorial Hospital during the time period in which the individual serves as AOC, excluding the right to sign contracts and make permanent legal arrangements.
4. The AOC shall have full authority to implement personnel policy including sending an individual home and putting a person on administrative leave. The AOC does not have the authority to hire or fire an employee other than direct reports.
5. The AOC shall have the authority to expend resources during a crisis to assure continued quality of care including calling in extra staff in the case of an emergency.
6. The AOC has the authority to make emergency decisions regarding physical plant and quality of care issues related to patients, residents and medical staff.
7. The AOC has full authority to interpret the operational guidelines for the District at any time during their on-call time.
8. The AOC has full decision-making authority regarding the securing of blood and biological products and the release of courier service of drugs and biologicals to reference labs for a timely turnaround.

PROCEDURE:

1. Call the nursing supervisor to request the Administrator-on-Call be notified.

2. Administrator-on-Call will be notified under the following conditions:
 - a. Disaster, bomb threat, or fire
 - b. Serious in-house accident, injury or threat to patient visitor, family, or staff
 - c. Difficulties involving physician, such as policy infractions.
 - d. Physician's need for temporary privileges.
 - e. Serious threat to hospital property or mechanical failure.
 - f. Situations that might involve major publicity.
 - g. Admission due to critical illness or death of staff physician, board member or immediate family member.
 - h. Any situation that may have legal implications.
 - i. When in doubt about any administrative decision, CALL.
3. An electronic manual shall be kept with support information, keys and other paraphernalia necessary to complete Administrator-on-Call duties. That manual shall be handed off to the next AOC as the person on call changes.
4. Logs shall be maintained in the Administrator-on-Call manual of all calls received and action taken.
5. On-call schedule shall be published monthly.
6. All circumstances in which the AOC has sent an employee home from work and/or placed an employee on administrative leave will subsequently be addressed by the Chief Executive Officer.

REFERENCES:

42 CFR 483.13-Resident Behavior and Facility Practices - All

MAYERS MEMORIAL HOSPITAL DISTRICT
POLICY AND PROCEDURE
ANNUAL PROGRAM EVALUATION

Page 1 of 2

DEFINITION:

Mayers Memorial Hospital District will conduct an annual evaluation of the total enterprise. The purpose of the evaluation is to determine whether the utilization of services was appropriate, the established policies were followed and whether any changes are needed. In addition to the mandated purpose, the annual program evaluation will be used to review and refine the mission, vision and strategic plan of the organization. The annual program evaluation will be completed within 120 days (NLT 28 October) of the fiscal year end (30 Jun).

POLICY:

On an annual basis the following content will be evaluated and provided to the Governing Board for its review and action.

1. Utilizations of services—volumes and types of patients served for all services provided by the facility.
2. Financial indicators—a report of financial performance including results compared to budget projections.
3. Risk management indicators—a report summarizing risk management activities for the year and a review of any identified risk management issues.
4. Results of the Infection Control program.
5. Results of the medical record reviews—this category includes studies completed as a component of the peer review program and the Quality Improvement program. Additionally, some of the studies completed as a component of this requirement include the outside quality review and peer review program.
6. Review and revisions of healthcare policies and procedures—documentation that all healthcare policies and procedures have been reviewed by a committee of at least one physician, a mid-level provider, and/or an outside professional. The overall results of the Quality Improvement program, including a review of the QI teams commissioned during the review period and the results of those teams.
7. A Human Resource management report including turnover rates, vacancy rates, difficult-to-fill positions, and any needed adjustments in the salary administration program or personnel policies.

PROCEDURE:

1. Administration presents proposed content for the annual program evaluation to the Governing Board for its approval.
2. The dashboard report is refined to collect data related to volume, financial, risk management, and quality indicators as approved in the annual program evaluation content.
3. Administration assigns responsibility for monthly data collection for dashboard report and other indicators required for the annual program evaluation.
4. Administration reports monthly to the Governing Board, Quality Committee and the Medical Staff.
5. The data for the annual evaluation is compiled and reviewed by the Operations Team for interpretation and conclusions to be included in the report to the Governing Board and the Medical Staff.
6. The written annual program evaluation is presented to the Governing Board and Medical Staff by administration at a joint meeting or individual meeting to allow for discussion, conclusions and strategic planning. Conclusions and future strategies are documented as an addendum to the annual program evaluation and maintained by administration.

MAYERS MEMORIAL HOSPITAL DISTRICT

POLICY AND PROCEDURE

COUNTING -- SPONGES, SHARPS AND INSTRUMENTS

Page 1 of 4

DEFINITION:

For all intents and purposes, the word “patient(s)” refers to all customers receiving health care services in our facilities, including inpatients, outpatients, residents and clients.

POLICY:

The Operating Room will have an established practice and procedure for sponge, sharp and instrument counts which will define materials to be counted, the times when counts must be done and the documentation required. A manual counting of sponges, sharps and instruments is a proactive tool to be used to account for items and ensure that a patient is not injured as a result of a retained foreign body. The recommended practices will provide guidelines of accountability for sponges, sharps and instruments used during a surgical procedure according to AORN standard. Safe practice for the surgical patient will include a method for counting sponges, sharps and instruments.

PROCEDURE:

CRITERIA FOR PERFORMING COUNTS -- Sponge, sharp and instrument counts are performed according to the following criteria:

A. Sponge Count

1. An initial sponge count will be performed on all surgical procedures where sponges are opened.
2. Sponges include gauze pads, cottonoids, peanuts, dissectors, and lap sponges.
3. Subsequent counts will be performed on all surgical procedures where it is possible to retain a sponge.
 - a. The possibility of retaining a sponge is dependent on the size of the sponges used and the depth and size of the incision made during a surgery.
 - b. Examples of surgeries that do not have significant risk for retained sponges include, but are not limited to:
 - i. Laparoscopy

- ii. Arthroscopy
 - iii. Minor orthopedic cases
 - iv. Ophthalmic cases
4. Subsequent sponge counts should be taken under these circumstances:
- a. Sponges added to the sterile field
 - b. Before closure of any deep or large incision or body cavity
 - c. At the time of permanent relief of scrub or circulating person
 - d. Immediately before completion of the surgical procedure

B. Sharps and Tapes Count

- 1. Sharps and tapes will be counted on all procedures.
- 2. Sharps include suture needles, scalpel blades, hypodermic needles, electrocautery needles and blade, and safety pins.
- 3. Tapes include umbilical tape and mersilene tape.
- 4. Initial counts provide a baseline for subsequent count.
- 5. Subsequent counts will be taken under these circumstances:
 - a. Sharps and tapes added to the sterile field
 - b. Before closure of any deep or large incision or body cavity
 - c. At the time of permanent relief of scrub or circulating person
 - d. Immediately before completion of the surgical procedure

C. Instrument Count

- 1. Instruments will be counted on all procedures.
- 2. Instruments include all types of scissors, forceps, knife handles, needle holders, clamps, clips, suction and retractors.
- 3. Initial counts provide a baseline for subsequent count.
- 4. A subsequent count will be taken prior to the patient leaving the operating room.

COUNT PROCEDURE:

A. Sponge, Sharps and Tapes Count

- 1. Sponges, sharps and tapes will be counted audibly with the scrub person and circulator concurrently viewing each sponge, sharp and tape.
- 2. All sponges, sharps and tapes verified in the initial count will be noted and tallied on the count board.
- 3. Suture needles will be counted according to the number on the package and will be verified when the package is opened.
- 4. All sponges, sharps and tapes will contain a standard amount as listed on the packaging. If the actual number of items is inconsistent with the amount indicated on the packaging, the entire package must be removed from the operating room.
- 5. Broken needles must be accounted for in their entirety.

6. Sponges, sharps and tapes added to the surgical field after the initial count must be counted, verified and added to the tally on the count board.
7. The Circulator is responsible for documenting the count in the patient record.

B. Instrument Count

1. All instrument sets will contain a paper listing the number of each type of instrument in the set.
2. Upon setting up the surgical field, the surgical technician will verify the existence of each instrument as documented on the instrument list.
3. Once verified, the surgical technician will pass this list off to the circulating nurse.
4. Within the first 15 minutes of the case, the circulator will verify, on her/his own, the existence of each instrument on the instrument list.
5. The results of the circulator's count will be announced to the surgical technician.
6. At the end of the case, the surgical technician will perform a subsequent count to verify the existence of all instruments.
7. Instruments broken or disassembled during a procedure must be accounted for in their entirety.

DISCREPANCIES IN COUNTS:

1. When there is a discrepancy, the surgeon will be notified immediately.
2. A thorough search will be made of the operative site, sterile field, entire room (including under all furniture), garbage and linen bags.
3. The Imaging department will be contacted and an X-ray requested.
4. If a needle, or a portion of a needle, is the missing item, the floor will be swept with a magnetic roller or damp towel.
5. X-ray will be cancelled if the discrepancy is reconciled.
6. If the discrepancy cannot be reconciled, an x-ray of the patient will be performed.
7. The patient will not leave the surgical suite until an x-ray shows that the missing item is not inside of the patient.
8. Documentation of the count will be made by the circulating nurse. A Quality Review Report will be completed.

SPECIAL CONSIDERATIONS:

1. Counted items are not to leave the surgical suite until after the patient has left the room and all counts are completed. The only allowable exception to this rule will be when an instrument needs to be flash sterilized, in which case it is immediately returned to the operative suite when sterilization is complete.
2. All patient dressings and packs are to be non-radioopaque indicator sponges.

3. Linen or waste containers should neither be emptied nor their contents removed from the vicinity of the room and are easily identified, until the procedure is completed and the patient has been taken from the room.

REFERENCES:

AORN: Perioperative Standards and Recommended Practices, 2011 Edition, pgs 263-282

COMMITTEE APPROVALS:

SURG: 3/14/2017

QI:

ER:

MAYERS MEMORIAL HOSPITAL DISTRICT
POLICY AND PROCEDURE
ITEMS ISSUED FROM INVENTORY

Page 1 of 1

DEFINITION:

An "Issued Item" is a stock item that is received directly into the general inventory of the supply room to later be issued to the various departments as needed.

POLICY:

It is the policy of Mayers Memorial Hospital to process all inventory using the Paragon Computer Inventory System (PCIS). This will enable the Material Management Department to track quantity of items more accurately. Each item that is taken from inventory must be logged out using PCIS.

PROCEDURE:

The Material Management Supplies Sign Out sheets will be updated throughout the day by the Purchasing Clerks. The subsequent procedure will be followed:

- In PCIS, click on "Issuing" icon
- Click on "Walk Up" button located on the bottom, left hand side of screen
- Enter the department name in the "Issue To" box that bought the item, noting rather the item is a PAR item or a CON item
- Enter Purchasing Clerk's name in the "Reference" box
- Enter Item ID, and press tab button on keyboard, curser will proceed to "Qty" box
- Enter quantity noted on sign out sheet
- Check to verify the "UOM" is accurate (ie. box, case, each, pk: 1 case of paper is 10 rms)
- Check to verify there is a location listed in the "Bin" box
 - If no Bin location, check to make sure you are using the correct department name (i.e Par or Con)
 - If correct department name is used, complete issuing process, then exit and click on "Item" icon, enter the "Item ID", click "Retrieve" button, double click correct item line, click on "Locations" tab, enter the department in the correct location but clicking in the box of either Par or Consumable, click the "New" button, enter department from drop down menu, if it is a Par item: click "Charge" box, click ok
- If needed fill in the "GL Account" box with the appropriate GL code (refer to Department Charge Code sheet)
- Click "Issue/Transfer" button located on the bottom, right hand side of screen
- Follow directions in pop up windows as needed
- Click NO to skip printing "Picklist", click OK, OK, close, close

Once Issuing item is complete:

- Go into Inventory Management
- At the top, click the "Stock Issues" tab
- Click "Retrieve"
- Record the "Req ID" into the "Leave Blank" column on the Purchasing Supplies Sign Out Sheet" in red ink. Be sure the "req. id" you are recording is the correct number
- Click "Close"



Mayers Memorial Hospital District
CT/MRI Ordering Guide

Body Part	Signs/Symptoms	Exam to Order
Brain	Trauma, CVA, Bleeding, Shunt Check, Alzheimer's, Memory Loss, TIA, Mental Status Change, Confusion	CT Head Without Contrast or MRI Brain Without Contrast (MRI for more severe symptoms or persistent symptoms after a CT Head without contrast was performed)
	Hearing Loss, Tumor, Elevated Prolactin Levels, Cranial Nerve Lesions, Dizziness, Vertigo, Multiple Sclerosis, AVM, Pituitary Lesions, Seizures, Infection	MRI Brain Without & With Contrast
	Stroke, CVA, TIA, Aneurysm, Headache	MRI Brain Without Contrast
Sinuses	Pain, Congestion, Sinusitis	CT Sinus Without Contrast
Orbits	Trauma, Fracture, Foreign Body	CT Orbits Without Contrast
	Infection, Mass	CT Orbits With IV Contrast
	Grave's Disease, Exophthalmos, Proptosis, Pseudotumor, Vascular Lesions	MRI Orbits Without & With Contrast
Facial Bones	Trauma, Pain	CT Facial Bones Without Contrast
Temporal Bones	Tinnitus, Cholesteatoma, Pain, Trauma	CT Temporal Bones Without Contrast
Neck	Mass, Adenopathy	CT Neck With Contrast
	Infection, Pain, Vocal Cord Paralysis	MRI Neck Without & With Contrast
Chest	Hilar or Mediastinal Mass, Lung Cancer, Lymphoma, Sarcoid, Staging, Mesothelioma, Metastatic Work-Up	CT Chest With Contrast
	Nodule, Cough, Pain	CT Chest Without Contrast
	Interstitial Lung Disease, IPF, UIP, Sarcoid	CT Chest, High Resolution No Contrast
	Neural Tumor	MRI Chest Without & With Contrast
	Brachial Plexus Pathology	MRI Brachial Plexus Without & With Contrast
Abdomen & Pelvis	Liver, Pancreatic, Kidney, Adrenal Gland, Abdominal Pain, Pancreatitis	MRI Abdomen With Contrast (Prefer CT First)
	Hilar or Mediastinal Mass, Lung Cancer, Lymphoma, Sarcoid, Staging, Mesothelioma, Metastatic Work-Up	CT Chest With Contrast
	Pain, Colitis, IBD, Crohns, Appendicitis, Abscess, Tumor, Cancer	CT ABD & Pelvis With Oral & IV Contrast
	Hematuria With Pain, Stone Survey	CT ABD & Pelvis Without Oral & IV Contrast
	Biliary Obstruction, Gallstones	MRI Abdomen Without Contrast (MRCP)
	IBD, Occult GI Bleeding, Diffuse SBD (Gluten Enteropathy), Crohn's, Ulcerative Colitis	CT Enterography With Contrast
	Fibroid, Pre-Post Fibroid Embolization, Ovarian Mass, Endometrioma	MRI Pelvis Without & With Contrast
	Incomplete Colonoscopy or Screening	CT Colongraphy
	R/O or F/U Hepatoma, Liver Lesions	Quadriphasic Liver CT Without & With Contrast

This is for reference only. This does not imply protocol standards for all radiology facilities. Information subject to change.



Mayers Memorial Hospital District
CT/MRI Ordering Guide

Body Part	Signs/Symptoms	Exam to Order
Cervical, Thoracic & Lumbar Spine	Pain, Trauma, Fracture	CT Without Contrast of Specific Area
	Radiculopathy, Disc Herniation, Degenerative Disease	MRI Without Contrast of Specific Area
	Syrinx, Post-Op Fusion, MS, Tumor, Cancer, Mets, Osteomyelitis, Myelopathy, Discitis, Compression Fracture w/Hx of Malignancy, Epidural Abscess	MRI Without & With Contrast of Specific Area
Upper & Lower Extremities – Non Joints	Fracture, Fusion, Malunion	CT Without Contrast of Body Part
	Pain, Muscle/Tendon Tear	MRI Without Contrast of Body Part
	Abscess, Cellulitis, Fascitis, Osteomyelitis, Morton's Neuroma, Soft Tissue Tumor	MRI Without & With Contrast of Body Part
Upper & Lower Extremities – Joints	AVN, Internal Derangement, Labral, Meniscal, Ligament & Cartilage Tears, OCD	MRI Without Contrast of Body Part
	Abscess, Cellulitis, Fascitis, Osteomyelitis, Myositis, Tumor, Mass	MRI Without & With of Body Part
Pelvis (Bony)	Pain, Fracture	CT Pelvis Without Contrast
	Muscle/Tendon Tear, AVN	MRI Pelvis Without Contrast
	Tumor, Mass, Osteomyelitis, Septic Arthritis	MRI Pelvis Without & With Contrast
CT/MR Angio		
Abdominal Area	Aneurysm, Dissection, Post Stent Grafting, Renal Artery Stenosis, Mesenteric Stenosis	CTA Abdomen With IV Contrast
Pulmonary Arteries	Pulmonary Embolism, Aneurysm, Dissection, Chest Pain, Dyspnea	CTA Chest With IV Contrast
Thoracic Aorta	Tachypnea, Hemoptysis, SOB, Pulmonary Hypertension, Pulmonary Venous Mapping	CTA Chest With IV Contrast
	DVT	CTA Chest, CTA Abdomen & Runoff With Contrast
	Screening Cardiac Calcium Scoring	CT Screening Cardiac Calcium Scoring
Lower Extremities	Peripheral Artery Disease	CTA Abdomen and Runoff With Contrast
Carotid	Stenosis, Bruit, TIA, CVA, Vascular Tumor	CTA Neck With Contrast
Brain	Aneurysm, AVM, TIA, CVA, Intracranial Hemorrhage	CTA Head With Contrast
	Aneurysm, Intracranial Hemorrhage	MRA Circle of Willis Without Contrast

Additional Ordering Notes

CT Abdomen will only include from the top of the diaphragm to the top of the iliac crest. If the patient is experiencing any lower quadrant pain, if appendicitis is suspected or if you have concerns about the colon, small bowel or any pelvic organs then you must order a CT Pelvis as well.

Premedication is required for some patients receiving intravenous contrast, including patients with a known contrast allergy, patients with a history of severe allergic reaction and patients with asthma who use inhalers daily. MMHD will provide the prescription for the premedication at the time of scheduling.

Patients over 59 years of age, patients with renal disease and diabetics need to have a DOCUMENTED normal BUN and creatinine within the last 3 months.

Pacemakers, ocular metallic foreign bodies, mechanical ear implants, non-removable TENS units, any wire loop devices are all example of devices that are incompatible with MRI.

This form is only a guide to ordering CT & MRI exams. If you have any questions regarding which exam may be appropriate for your needs, please call and ask to speak to a Radiologist.

Public Relations Board Quality Report
Submitted by Valerie Lakey, Director of Public Relations

Quality Projects:



- **your:life**
Employee wellness=Improved Patient Care!
 - 90-Day Challenge
 - Walk Across America
 - Educational Topics

- **Physician Communication/MVHC Collaboration**
Communication with providers and MVHC will ultimately improve quality of patient care
 - Clinic Visits (working with Dr. Watson on what info providers would want on a regular basis)
 - Provider Information Binder
 - Information for Locums
 - Working with Jennifer Caravantes (my counterpart at MVHC)
 - Lunch & Learns – developing staff relationships and contacts
 - Pam Sweet – regular contact with MVHC for privileging

- **Legislative Efforts**
Healthcare issues can have a large impact on the care we provide to our patients.
 - Following legislation, advocating
 - Networking and developing contacts
 - Met with Assemblyman Wood – personally thank him for work on AB2024; which allows us to improve quality through the employment of physicians
 - Bills of interest – (see attached)

- **Surveys/Hwy 299 Collaborative Marketing Efforts**
 - Worked with Hwy299 Collaborative to distribute Community Needs Assessment Survey
 - Serving on the Hwy 299 Marketing Committee

- **School Collaboration**
 - High school Health Career Days
 - Hand Sanitizer Stations
 - Elementary School assemblies

- **Marketing**
 - Colonoscopy Campaign
 - Welcome Booklet
 - Patient Welcome Packs
 - New Brochures

PATIENT SURVEY

Mayers Memorial Hospital District is a part of the CA-299 Health Collaborative, a partnership of health care providers in our community. This survey is an opportunity for you to share with us about your health care needs and experiences. We want to hear from you!

You can also complete the survey online at: <https://www.surveymonkey.com/r/CA2992017>

Return Survey by April 19, 2017 to:

MMHD, Attn: Val Lakey, PO Box 459, Fall River Mills, CA 96028

Or email to vlakey@mayersmemorial.com

1. Where do you usually go for your medical care?

- I have ONE doctor or clinic I go to (Name: _____)
- I have MULTIPLE doctors or clinics I go to
- Emergency Room
- I don't have anywhere I regularly go
- Other: _____

2. What are the 3 biggest problems you and your family have in getting health care?

Please check three.

- Cost is too high
- Transportation is not available
- Services are too far away
- Can't find a doctor/clinic that accepts my insurance
- The wait is too long for an appointment
- Can't find the right type of doctor or specialist
- Services in the area are not good quality
- Other: _____

3. What are the 3 most important services you would like to see added or expanded in our community? Please check three.

- Access to a regular doctor
- Dental care
- Pregnancy and birth services
- Alternative care (i.e. acupuncture)
- Drug and alcohol services
- Mental health services
- Pediatric or specialty children's care
- Medical services for seniors
- Specialty services: _____
- Services for people with chronic issues like diabetes or heart disease
- Other: _____

4. What do you think are the most pressing concerns or issues in our community?

Check all that apply

- Teen pregnancy
- Domestic violence
- Child abuse or neglect
- Drug or alcohol abuse
- Unemployment/Lack of employment
- Access to health care
- Cancer
- Lack of Affordable Housing
- Crime
- Tobacco use
- Depression/Mental Health
- Parenting
- Inactive lifestyles and poor nutrition
- Child obesity
- Dental health
- Children's health issues (immunizations, asthma)
- Other: _____

5. Which of the following are issues that affect you and your household (if any)?

Check all that apply.

- Lack of Affordable Housing
- Unemployment/Lack of employment opportunities
- Chronic health issues
- Inactive lifestyle and poor nutrition
- Depression/Mental health
- Access to health care
- Domestic violence
- Making ends meet financially
- Drug or alcohol abuse
- Other: _____

6. Which services do you or your family travel out of the area to receive?

Please check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Regular doctor or clinic | <input type="checkbox"/> Mental health services |
| <input type="checkbox"/> Dental care | <input type="checkbox"/> Pediatric or specialty children's care |
| <input type="checkbox"/> Pregnancy and birth services | <input type="checkbox"/> Medical services for seniors |
| <input type="checkbox"/> Complementary/alternative care | <input type="checkbox"/> Chronic disease services |
| <input type="checkbox"/> Drug and alcohol support services | <input type="checkbox"/> Specialty services: _____ |
| <input type="checkbox"/> Hospital services | <input type="checkbox"/> Lab services |
| <input type="checkbox"/> Physical/Speech/Occupational Therapy | <input type="checkbox"/> Radiology services |
| | <input type="checkbox"/> Other: _____ |

7. Over the last few years has it gotten easier, about the same or more difficult for you and your family to access the below services.

	<i>Easier</i>	<i>About the Same</i>	<i>More Difficult</i>	<i>Not Applicable</i>
Access to a regular doctor/clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specialty care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical services for seniors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug/Alcohol dependency services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pregnancy/Birth services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Education and Nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Please indicate whether you strongly agree, agree, disagree or strongly disagree with the statements below.

	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
Residents know about and value local medical providers/clinics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The quality of care provided by local medical providers/clinics is high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having local medical providers is important to the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having a local hospital is important to the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. What is your age?

- 18 – 24 25 – 40 41 – 64 65 – 80 Over 80

10. What type of health insurance do you have?

- | | |
|---|---|
| <input type="checkbox"/> Insurance from my employer | <input type="checkbox"/> Medi-Cal (includes Partnership HealthPlan) |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> I don't have health insurance |
| <input type="checkbox"/> Insurance that I purchase myself (includes Covered California) | <input type="checkbox"/> I don't know |

11. What is your ethnicity?

- | | | |
|--|---|---|
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> African-American |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Asian / Pacific Islander | <input type="checkbox"/> Other: _____ |

12. Additional Comments: _____

HIGH PRIORITY BILLS

DESCRIPTION	POSITION
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HOSPITAL

AB 893 (Garcia, Eduardo D) **Healing acts: employment.** Authorizes specific rural hospitals to directly employ physicians. **Support**

DESCRIPTION	POSITION
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LOCAL GOVERNMENT

AB 645 (Quirk D) **Local government: organization: dissolution.** Lowers the voter threshold for protest of the dissolution of a local agency, through the LAFCO process, from 25% to 10% of either the number of landowners within the affected territory who own at least 25 percent of the assessed value of land within the territory or the voters entitled to vote as a result of residing within, or owning land within, the affected territory. **Oppose**

AB 979 (Lackey R) **Local government.** Allows special districts to vote on LAFCO representation in a meeting of the county's independent special districts selection committee. Every independent special district would have the opportunity to participate in the election process, either in-person or by mail, casting one vote for or against the question. **Support**

AB 994 (Muratsuchi D) **Health care districts: design-build.** Authorizes Beach Cities Health District to utilize the design-build process for a construction project on a pilot basis. **Support**



AB 1728 (Committee on Local Government) **Health care districts: board of directors.** Requires Healthcare Districts to: 1. create and maintain a website, which must include contact information for the district 2. annually adopt a budget 3. annually adopt policies for providing assistance or grant funding to ensure funding is spent on health care services consistent with the mission and purpose of the District. **Pending Support**

SB 448 (Wieckowski D) **Local government: organization: districts.** Spot bill intended to identify and dissolve "inactive" special districts. **Oppose**

SB 793 (Hill D) **Design-build: special districts.** Authorizes Beach Cities Health District and Peninsula Healthcare District to utilize the design-build process on a pilot basis. **Support**

DESCRIPTION	POSITION
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WORKFORCE



AB 387 (Thurmond D) **Minimum wage: health professionals: interns.** Requires health care entities to pay allied health students minimum wage for time spent in clinical or experiential training that is required for state licensure. **Oppose**

AB 1612 (Burke D) **Nursing: nurse-midwives.** Will be amended to expand the scope of practice for nurse midwives **Support**

SB 554 (Stone R) **Nurse practitioners: independent practice.** Authorizes nurse practitioners who hold a certification from a national certifying body, who are recognized by the board, to be certified by the board as an independent nurse practitioner and to perform certain nursing functions without the supervision of a physician and surgeon, if the independent nurse practitioner meets specified requirements and practices in underserved geographic areas. **Support**

Safety Board Quality Report
Submitted by Valerie Lakey, Safety/Disaster Co-Coordinator

Safety Projects:

- **Committee Meetings**
 - Attendance – reestablishing representatives due to low attendance

- **Education**
 - Monthly focus
 - Education topic every other month
 - Posting information on website
 - Working on notification system
 - This month – **Prepare-Athon Month**

- **Workplace Violence**
 - Extended initial dates
 - Department Training
 - Visitor sign-ins