

Chief Executive Officer  
Louis Ward, MHA



Mayers Memorial Hospital District

**Board of Directors**  
Michael D. Kerns, President  
Beatriz Vasquez, PhD, Vice President  
Abe Hathaway, Secretary  
Allen Albaugh, Treasurer  
Laura Beyer, Director

Quality Committee  
**Meeting Agenda**

July 11, 2018 – 12:00pm

Boardroom: Fall River Mills

Teleconference: 2916 Payson St, Houston, TX 77021

**Attendees**

Beatriz Vasquez, PhD, Chair, Board Member  
Laura Beyer, Board Member

Dr. Tom Watson, MD, Chief of Staff  
Louis Ward, CEO  
Jack Hathaway, Director of Quality

					<b>Approx. Time Allotted</b>
1	<b>CALL MEETING TO ORDER</b>	Chair Beatriz Vasquez			
2	<b>CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS</b>				
3	<b>APPROVAL OF MINUTES</b>				
3.1	Regular Meeting – June 6, 2018	Attachment A	<b>Action Item</b>		2 min.
4	<b>DEPARTMENT REPORTS</b>				
4.1	Maintenance	Alex Johnson	Attachment B	Report	10 min.
4.2	Personnel	Libby Mee	Attachment C	Report	10 min.
5	<b>QUARTERLY REPORTS</b>				
5.1	Safety Committee	Val Lakey		Report	10 min.
5.2	Worker’s Comp	Libby Mee	Attachment D	Report	10 min.
5.3	Blood Transfusion	Theresa Overton		Report	10 min.
6	<b>STANDING MONTHLY REPORTS</b>				
6.1	Quality/Performance Improvement	Jack Hathaway		Report	10 min.
6.2	PRIME	Jack Hathaway		Report	10 min.
6.3	SNF Events/Survey	Candy Vculek		Report	10 min.
6.4	Infection Control	Dawn Jacobson		Report	10 min.
7	<b>ADMINISTRATIVE REPORT</b>	Louis Ward		Report	10 min.
8	<b>NEW BUSINESS</b>				
9	<b>OTHER INFORMATION/ANNOUNCEMENTS</b>			Information	5 min.

10	<b>ANNOUNCEMENT OF CLOSED SESSION</b>		
10.1	<b>Government Code Section 54962:</b> Chief of Staff Report (Health & Safety Code §32155)	Dr. Tom Watson, Chief of Staff	Report
	<b>Reappointments:</b> Ben Nuti, CRNA Darla Schmunk, FNP		
	<b>New appointment:</b> Robert Boldy, MD		
11	<b>RECONVENE OPEN SESSION</b> – Report closed session action		Information
12	<b>ADJOURNMENT:</b> Next Regular Meeting – August 15, 2018 (Fall River Mills)		

Public records which relate to any of the matters on this agenda (except Closed Session items), and which have been distributed to the members of the Board, are available for public inspection at the office of the Clerk to the Board of Directors, 43563 Highway 299 East, Fall River Mills CA 96028. This document and other Board of Directors documents are available online at [www.mayersmemorial.com](http://www.mayersmemorial.com).

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Board of Directors  
**Quality Committee**  
**Minutes**

June 6, 2018 - 12:00pm  
Boardroom (Fall River Mills)

*These minutes are not intended to be a verbatim transcription of the proceedings and discussions associated with the business of the board's agenda; rather, what follows is a summary of the order of business and general nature of testimony, deliberations and action taken.*

- 1 **CALL MEETING TO ORDER:** Board Chair Beatriz Vasquez called the meeting to order at 12:04pm on the above date.

**BOARD MEMBERS PRESENT:**  
Beatriz Vasquez, Vice President  
Laura Beyer, Director via phone

**ABSENT:**

**STAFF PRESENT:**  
Louis Ward, CEO  
Jack Hathaway, DOQ  
Dawn Jacobson  
Keith Earnest, CCO  
Mary Ranquist  
Pam Sweet  
Diana Groendyck, Interim DON SNF  
Candy Vculek, Interim CNO  
Jessica Stadem, Board Clerk

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- 2 **CALL FOR REQUEST FROM THE AUDIENCE – PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS**  
None

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3 **APPROVAL OF MINUTES**

- 3.1 A motion/second carried; committee members accepted the minutes of April 11, 2018, with Beyer/Jacobson **Approved All**  
correction: change “meeting called to order by” name to Laura Beyer.

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4 **DEPARTMENT REPORTS**

- 4.1 **Pharmacy:** Presented PowerPoint. Implemented medication barcoding in SNF last week, explained process of how scanning and pharmacy quality process works; looking into adding PCC module to allow nursing staff to order refills via system; 75% on acute barcoding, down from 84% in March, no nurse is under 50% compliance.
- 4.2 **Hospice:** 100% compliance monitoring quality measures; would like to streamline hospice admit process from SNF, will include process for properly updating care plans, working in different programs but still need to include same assessments, will do in-service training for staff once plan is in place; PCC is creating a hospice module, would like to be a beta site.

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5 **QUARTERLY REPORTS**

- 5.1 **Compliance:** Nothing of importance to report, compliance is good.
- 5.2 **Patient Safety First:** One WPV report, incident not patient related, there have probably been several reportable items but staff still not reporting, reportable incidents include combative patients/residents.

- 5.3 **CMS Core Measures:** Numbers still aren't meeting requirements but will continue to submit reports. Will see how ER patient reporting goes now that Krissy is on maternity leave (measure indicators include stroke, heart attack); 3<sup>rd</sup> parties interested in helping us implement a stroke program, we are not currently a thrombolytic facility.

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6 **STANDING MONTHLY REPORTS**

- 6.1 **Quality/Performance Improvement:** Working on auditing procedures based on SNF survey tags and acute survey tags, focusing on these items only to be prepared for resurvey.
- 6.2 **PRIME:** Everything has been completed and reported, next deadline is after fiscal year, August or September; no reports have been run since last submission, don't foresee any changes; patient reporting numbers are low but that was expected.
- 6.3 **SNF Events/Survey:** Have completed root cause analysis on each tag, reviewing policies pertaining to each tag, revising policies to be easier process for staff to follow; have provided trainings, post-tests, working on return demonstrations now, chart auditing process now looks at all charts daily, correcting issues as they arise; COMS helping staff chart and record events properly, based on notes, June 25 implementation; wound and weights program, wound care nurse rounds on Thursday in SNF, able to do full assessments and working with nursing staff, PCC created wound and weight document to be completed weekly by wound care nurse and dietician; committee would like demonstration of how system works.
- 6.4 **Infection Control:** Attended training in Chico, was provided tracking forms for hand hygiene, glucose meters, etc., will not recreate forms since they are directly from CDPH, will send all tracking forms to committee for review via email; Dawn going back to school, someone else will be taking over Infection Control.

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- 7 **ADMINISTRATIVE REPORT:** Escrow on new house closes tomorrow; briefly discussed upcoming SNF revisit survey, could come anytime between now and end of July, working daily on accountability, charting audits, changing behaviors, staff are all onboard with new processes, will continue watching changes closely for 4-6 months, have met with CDPH contacts to review processes; meeting with NPH on 14<sup>th</sup> to review new registry staff orientation process, will include expectations of registry staff; hospital council northern section meeting tomorrow, items to be discussed CNA shortage and lack of programs, education opportunities; have started moving dirt, all permits have been signed and received, met with PGE yesterday, will start moving poles on June 18, will go through end of month, there will be no delays in project.

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8 **NEW BUSINESS**

- 8.1 **Policy Process:** Provided policy procedure flow chart; "service line" means adding or removal of a service; only certain policies go to board sub committees; Pam gets her information from board clerk, will work on communication; would like to bring education to board in June.

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9 **OTHER INFORMATION/ANNOUNCEMENTS**

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10 **ANNOUNCEMENT OF CLOSED SESSION**

- 10.1 **Government Code Section 54962:**  
Chief of Staff Report (Health & Safety Code §32155) Dr. Tom Watson, Chief of Staff Report

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- 11 **RECONVENE OPEN SESSION** - No closed session items.

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12 **ADJOURNMENT:** 1:31pm

Next Regular Meeting – July 11, 2018 (Fall River Mills)

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# Mayers Memorial Hospital District

## Board Quality Report 2018

### Facilities and Engineering

Below is a list of projects that the Facilities and Engineering department has completed or are in the process of completing since February of this year. I was hired at the end of January so I am unable to report on any of the projects prior to that, but if there are any questions about that time period I would be happy to find the answers.

#### **Skilled Nursing Facility Fall River Campus**

- Completion of wainscoting, chair rail and cove base in all resident rooms.
- Finished painting resident rooms and did a mock up of the hallway paint scheme.
- In the process of completing bathroom door skins.

#### **Engineering Department**

- Creation of an Engineering Department within the Facilities Department to tackle projects on and off site that are beyond the normal scope of maintenance.
- These projects include a new laundry facility to be completed by February 1<sup>st</sup> 2019, a sleeper house for traveling nurses that is currently underway, restriping of the parking lot and the remodeling of resident rooms in the skilled nursing facility.

#### **Departmental Relocations**

- Relocation of wound care to the space where surgery recovery was previously.
- Remodel of the nursery into a nurses work station for OR.
- Multiple office relocations to better facilitate staff.

#### **Burney Annex**

- Installation of new fire door in memory care nurse's station
- Sanding and refinishing of all the handrails in the facility is underway
- Cove base has been purchased for the entire facility and will be installed soon.
- Restriping of the parking lot is complete
- A security fence and access control will be in place in the coming weeks to address the safety issues faced by staff

**Board Quality Committee Meeting**  
**Wednesday July 11, 2018**

**Personnel Department**

**Libby Mee – Director of Human Resources**

- Recently implemented EverCheck software. System houses, tracks and runs verifications on all licensed/certified staff and will send notifications to employees and managers when license/certification is nearing expiration date. We are also using system to run DMV records monthly for any employee that drives a MMHD vehicle.
  
- Partnered with Economic and Workforce development team out of Chico to offer Soft Skills Training. Training was attended by 22 MMHD department “champions”. Training topics included:
  - Communication -Verbal, nonverbal, body language
  - Teamwork
  - Compassion
  
- MMH hosted a meeting with HR representatives from Modoc Medical, Seneca, Plumas District and Eastern Plumas. Topics discussed:
  - Benefit/Insurance packages
  - Evaluation process – gave presentation on newly implemented Trakstar system
  - Housing
  - Education Assistance
  
- Working with MMHD team members to implement CODE Lavender. Program will provide resources to staff dealing with compassion fatigue, stress or support for emotional, spiritual and physical wellbeing.

## **MMHD Board Quality Meeting**

Wednesday July 11, 2018

### **Quarterly Work Comp Report**

**Libby Mee – Director of Human Resources**

#### Injuries

- 2nd Quarter 2018
  - 3 first aide injuries resulting in zero days away from work
  - 1 Reportable claim, but no days away from work
- BETA CARE Fund– Purchased safety kits for all MMHD vehicles. Kits include jumper cables, flares, safety vest, first aide kits, blankets and flashlights. Also assembled binders with all insurance information and policies.

#### Trainings

- Would like to provide Maintenance staff with security and safety training. Researching and communicating with other HR professionals about training available. This aligns with current Workplace Violence Prevention regulations.