

Chief Executive Officer
Louis Ward, MHA



Mayers Memorial Hospital District

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Tom Guyn, MD, Secretary
Abe Hathaway, Treasurer
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Board of Directors
Quality Committee
Minutes

January 13, 2021 @ 1:00 PM
Fully Remote Zoom Meeting

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 Jeanne Utterback called the meeting to order at 1:00 pm on the above date.			
	BOARD MEMBERS PRESENT:		STAFF PRESENT:	
	Jeanne Utterback, President Tom Guyn, MD., Secretary		Louis Ward, CEO Travis Lakey, CFO Candy Detchon, CNO Keith Earnest, CCO Jack Hathaway, Director of Quality JD Phipps, Director of ED & Ancillary Services Neil Coplea, Lab Manager Diana Groendyke, Director of Nursing Lori Stephenson, HIM Danielle Olson, Business Office Alan Northington, Radiology Jessica DeCoito, Board Clerk	
	ABSENT:			
	Community Members Present: Laura Beyer			
2	CALL FOR REQUEST FROM THE AUDIENCE – PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS			
	None			
3	APPROVAL OF MINUTES			
	3.1	A motion/second carried; committee members accepted the minutes of November 11, 2020	Hathaway, Utterback	Hathaway – Y Utterback – Y Ward-Y
4	REPORTS: QUALITY FACILITIES: NO DEPARTMENT REPORTS			
5	REPORTS: QUALITY STAFF			
	5.1	PERSONNEL: Will be presenting to the full board meeting on January 27 th where updates will be provided and more detail will be given. The COVID world has been a challenge but we have an ongoing tracking spreadsheet to keep us up to date and everyone is aware of the isolation and quarantine periods.		
	5.2	WORKER'S COMP QUARTERLY: Dana's program relating to the ergonomics is really exciting and close to roll out for our employees. Annual totals for 2020 were up from 2019. 2020 reportable injuries do include the COVID positive numbers for employees who had a work related exposure. Programs that Dana is working on benefit Mayers not only from a wellness standpoint but also financially with our BETA insurance plan.		
6	REPORTS: QUALITY PATIENT SERVICES			
	6.1	EMERGENCY DEPARTMENT: Our audit process in the last year and half has proved beneficial to our department in making improvements. Two areas of focus are on sepsis and stroke. Protocols will be shared with Board of Directors.		

6.2	LABORATORY: Working on getting policies, procedures, and guidelines up to date or created. Making sure we are meeting all regulatory guidelines with work flows, maintenance and processes is the goal. The end result it to make sure everything is of QUALITY. Updating equipment, especially in microbiology with regards to blood culture sampling. TAT= turnaround time LOS = length of stay. Neil is a new member to the team and we are very grateful to have him and his experience brought to MMHD.		
6.3	RADIOLOGY: Working on lots of projects. Including getting a working platform for the ED Physicians to get into images for patients. vRAD, organization that reads our images past 5:00 pm, worked on completing the digital information link on January 12 th . Lighting in the X-ray and CT suites needs to be adjusted to a lower setting. Automatic door opener on the CT Suite needs to be installed. CD Burner needs to be purchased to download the images onto CD's. Looking at ways to perform the x-rays on patients in isolation rooms.		
6.4	HIM: Discussion taking place regarding allowing the HIM clinic access into our EMR. An example would be allowing access to a primary physician at the clinic for one of their patients who had a visit to the ER and the ER physician recommended a follow up visit with primary physician. Issues of concern that was brought to attention regards when a clinic is accessing data outside of their patients.		
6.5	SNF: In spite of these challenging times with COVID, we still have some great things going on. Vaccination program for the residents has gone very well – 53 out of 71 residents have vaccinated. We will continue to work on consent forms and phone calls. Both facilities are working very diligently to keep COVID-19 out of the SNF's but we have had a couple of positives that are being isolated. Continue to be on top of infection control and surveys have been great. Our star rating has been increased from 2 to 3 stars and will continue to be a focus for the staff to continue to rise.		
6.6	SNF EVENTS/SURVEY: Surveys have been focus surveys surrounding COVID. No tags on any of the surveys. Thanks to Jack for his work with the state on surveys. We are starting to look at plans for visitation when Shasta Co. is pulled out of the purple tier. And we are working on keeping families up to date with vaccination concerns and how it will help the visitation process. Our isolation process has been efficient and helpful in keeping those non-affected COVID patients safe and positive case levels low. Gratitude to the SNF teams in keeping our residents safe.		
6.7	INFECTION CONTROL: We have 136 vaccinations, 86 of those have received their second dose. We have begun employee physicals again. We have two employees on isolation, 7 on quarantine. 30 employees on isolation and 30 employees on quarantine since the beginning of COVID.		
7	REPORTS: QUALITY FINANCES		
7.1	BUSINESS OFFICE: Working on the implementation of Epic for the Clinic. Billing for COVID related hospital stays is very difficult to navigate but we are working through that. AR Days are up due to COVID related patient stays but we have seen that number go down throughout the last few months and anticipate it to go down soon.		
7.2	FINANCE: About to wrap up our district audit which was more difficult this year with CARES Act and how to report it. Audit should be ready for the February Board Meeting. CARES Act reporting opens up on Friday, January 15 th but little is known about how that will go and if they will delay it. Once open, we have a month to file our reporting.		
8	DIRECTOR OF QUALITY		
8.1	Compliance Quarterly: Review of the whole year provided with the survey information. Currently working on a platform to track complaints from the public and intake. 15 surveys this last year and only 3 tags out of all surveys. Able to remedy the tags.		
9	OLD BUSINESS		
9.1	PATIENT SAFETY FIRST REPORT: The belief is that we are encompassing the Patient Safety aspect in almost all of our departments already. We have electronic reporting platform for patient safety errors, and multiple tracking methods are being used to track falls and events. Committees within the medical departments are addressing patient safety issues and solutions already as well. It is believed that we do not need another report.		
10	New Business		
10.1	Policies: Hospice Patient Bill of Rights A Consult came in summer of 2020 and asked that we provide the policy attached.	<i>Hathaway, Guyn</i>	<i>Guyn – Y Utterback – Y Ward-Y Hathaway-Y</i>
10.2	ENV SERVICES REPORT: we passed the Biological Sampling Report.		
10.3	Community Member Appointment to Quality Committee: The Quality Committee recommends to the full board for approval, to include Laura Beyer on the Quality Committee as a community member.	<i>Guyn, Ward</i>	<i>Guyn –Y Utterback-Y Ward-Y</i>

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.

				Hathaway-Y
11	<p>ADMINISTRATIVE REPORT: Previous meeting, the positive case number was 2740 and as of yesterday, 9315 positive cases. 34 deaths in November and as of yesterday we have 103. Thank you to Val, Candy and Keith for all working so hard on the vaccination program we have going on here at MMHD for both employees and residents. And for getting ready for the community rollout. Shasta Co. COVID-19 Vaccine Rollout graphic was shared. Graphic can be found HERE. Lots of questions at MMHD concerning moving into the next Phase and Tier when we are ready, even if the urban areas in the county are not. The biggest challenge with going into Phase1B will be staffing the vaccination days and keeping those folks informed of their second dose date. We have some measures in place to help already like PDF forms online that can be filled out and returned to MMHD to be put on the list, and then a text/email message reminder for the second dose appointment. We are working with MVHC to plan a vaccination clinic. Community messaging with requirements and recommendations from CDPH and Shasta Co. Public Health with regards to vaccination is going out soon. PPE is being worked on right now with AB2537 and required 90-day stock on hand. Employee Council has been kicked off – 10 members of staff with non-management roles serve on this council. Meetings once a month regarding all this hospital. Clinic construction is on schedule, EMR schedule is on track, and working on 340B contract. We are establishing clinic rates and working to get staff hiring started soon. Physician contracts are being created and we are working with a physician that would like to work in women’s health. Nurse Call Project is back underway and is at 90% completion. And we are ready to open the 20 Bed COVID Ward when or if the time calls.</p>			
12	OTHER INFORMATION/ANNOUNCEMENTS:			
13	CLOSED SESSION			
		<p>Medical Staff Credentials Government Code 54962 List of Credentials:</p> <p>STAFF STATUS CHANGE: Dan Dahle, MD – Move to Inactive</p> <p>AHP REAPPOINTMENT: Erica Haedrich, PA – Family Medicine</p> <p>13.1 MEDICAL STAFF REAPPOINTMENT: Jeremy Austin, MD – Emergency Medicine Paul Davainis, MD – Emergency Medicine Javeed Siddiqui, MD – Infectious Disease Richard Granese, MD – Psychiatry</p> <p>MEDICAL STAFF APPOINTMENT: Danford Bickmore, MD – Radiology Gregory Shaw, MD – Radiology</p>		<p>Guyn – Y Utterback –Y Ward - Y</p>
14	Reconvene CLOSED Session. Credentials have been approved to reviewed at full board.			
15	Adjournment: Next Regular Meeting – February 10, 2021			

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