

Chief Executive Officer  
Louis Ward, MHA



Mayers Memorial Hospital District

Board of Directors  
Jeanne Utterback, President  
Beatriz Vasquez, Ph.D., Vice President  
Tom Guyn, M.D., Secretary  
Abe Hathaway, Treasurer  
Tami Vestal-Humphry, Director

## Quality Committee Meeting Agenda

May 12, 2021 1:00 PM

Zoom Meeting: [LINK](#)

Call In Number: 1-669-900-9128

Meeting ID: 925 5415 0564

### Attendees

Jeanne Utterback, Board President, Quality Committee Chair  
Tom Guyn, Board Secretary

Louis Ward, CEO  
Jack Hathaway, Director of Quality

Community Members:  
Laura Beyer

1	<b>CALL MEETING TO ORDER</b>		Chair Jeanne Utterback			
2	<b>CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS</b>					<b>Approx. Time Allotted</b>
3	<b>APPROVAL OF MINUTES</b>					
	3.1	Regular Meeting – April 14, 2021	Attachment A	<b>Action Item</b>	2 min.	
4	<b>NO REPORTS FOR: QUALITY FINANCES, FACILITIES</b>					
5	<b>REPORTS: QUALITY</b>					
	5.1	Marketing	Val Lakey	Attachment B	Report	2 min.
	5.2	Safety Quarterly	Val Lakey	Attachment C	Report	2 min.
6	<b>REPORTS: QUALITY STAFF</b>					
	6.2	Employee Health	Libby Mee	Attachment D	Report	2 min.
	6.3	Staff Development	Brigid Doyle		Report	2 min.
7	<b>REPORTS: QUALITY PATIENT SERVICES</b>					
	7.1	Social Services	Marinda May	Attachment E	Report	2 min.
	7.2	Activities	Sondra Camacho		Report	2 min.
	7.3	SNF Events/Survey	Candy Detchon		Report	5 min.
	7.4	Infection Control	Dawn Jacobson		Report	5 min.

8	<b>DIRECTOR OF QUALITY</b>		Jack Hathaway		
	8.1	Director of Quality Update			Report 5 min.
	8.2	CMS Core Measures			Report 2 min.
	8.3	5-Star Rating Monitoring – Quarterly Update			Report 2 min.
9	<b>ADMINISTRATIVE REPORT</b>			Louis Ward	Report 10 min.
10	<b>OTHER INFORMATION/ANNOUNCEMENTS</b>				Information 5 min.
11	<b>ANNOUNCEMENT OF CLOSED SESSION</b>				
	<b>MEDICAL STAFF CREDENTIALS GOVERNMENT CODE 54962</b> <b>STAFF STATUS CHANGE</b> 1. Scott Zittel, MD – Move to Inactive  <b>MEDICAL STAFF REAPPOINTMENT</b> 2. Sean Pitman, MD, Pathology (Shasta Path.) 3. Mark Ramus, MD, Pathology (Shasta Path) 4. Michael Dillon, MD, Emergency Med. (Envision)  <b>MEDICAL STAFF APPOINTMENT</b> 5. Sophie Xu Teng, MD, Neurology (UCD) 6. Robert L. Muller, MD, Radiology (vRad) 7. Anne Marie McLellan, DO, Radiology (vRad) 8. Alap R. Jani, MD, Radiology (vRad) 9. Ronald D. Alexander, DO, Radiology (vRad) 10. Desiree Levym, MD, Neurology (Telemed2U)				Action Item
12	<b>RECONVENE OPEN SESSION</b>				
13	<b>ADJOURNMENT:</b> Next Regular Meeting – June 9, 2021 – Zoom Meeting				

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Board of Directors  
Quality Committee  
Minutes

April 14, 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	<b>CALL MEETING TO ORDER:</b> Board Chair Jeanne Utterback called the meeting to order at 1:02 pm on the above date.			
	<b>BOARD MEMBERS PRESENT:</b>		<b>STAFF PRESENT:</b>	
	Jeanne Utterback, President Tom Guyn, MD., Secretary		Louis Ward, CEO Keith Earnest, CCO	
	<b>Community Members Present:</b> Laura Beyer		Jack Hathaway, Director of Quality Libby Mee, Director of Human Resources Amanda Harris, Telemedicine Jessica DeCoito, Board Clerk Jennifer Levings, Data Analyst	
	<b>ABSENT:</b> Daryl Schneider, Physical Therapy (with patient) Trudi Burns, Cardiac Rehab (with patient) Mary Ranquist, Hospice (with patient)			
2	<b>CALL FOR REQUEST FROM THE AUDIENCE – PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS</b>			
	None			
3	<b>APPROVAL OF MINUTES</b>			
	3.1	A motion/second carried; committee members accepted the minutes of March 10,2021.	<b>Guyn, Hathaway</b>	<b>Guyn – Y Utterback – Y Ward – Y Hathaway – Y Beyer – Y</b>
4	<b>No Reports for: Quality Facilities or Finances</b>			
5	<b>REPORTS: QUALITY STAFF</b>			
	5.1	<b>Workers Comp:</b> Got the ok to have Worker's Comp injury visits in our own Clinic with one of our own providers. Working with Amanda Ponti, Clinic Manager, to establish that provider and process. Employees do have the option to request their own provider after MMHD process has been followed – and would be a request with BETA. Working with Dana Hauge on innovative programs and things we can do with our employees.		
6	<b>REPORTS: QUALITY PATIENT SERVICES</b>			
	6.1	<b>Physical Therapy:</b> No registry staff being used in Physical Therapy. Treadmill was due to arrive Monday, April 12 <sup>th</sup> .		
	6.2	<b>Cardiac Rehab:</b> Routine maintenance on equipment is needed. Working on that equipment maintenance plan with our maintenance team. Some new equipment has been purchased specific for Cardiac Rehab patients like the dumbbells with adjustable weight dials.		

6.3	<b>Hospice:</b> Currently sitting at 9 patients and staff is quite busy. End of Life Visits had a bad quality rating – not due to actual patient care but due to tracking and recording of the data itself. Issue of reporting has been fixed and we will see better quality ratings for End of Life Visits. Hospice worked really well with the families for the patients in the “End of Life Care” stage during the COVID restrictions.
6.4	<b>Pharmacy:</b> RPH Reviews (drug regimen review) required to do monthly for the SNF Residents. Mock survey found some issues with the eye drops given, so a process was created to spell out “these drops first, wait five minutes, then provide these eye drops next.”
6.5	<b>Respiratory:</b> Pulmonary Rehab Clinic – we’re hopeful to get an arrangement with Shasta Regional to learn about pulmonary rehab training.
6.6	<b>Retail Pharmacy:</b> We’ve seen some fraudulent activity at retail pharmacies throughout the north state with narcotics. Luckily we caught it before any issues arose.
6.7	<b>Telemedicine:</b> Exceeded appointment total compared to last year’s appointment numbers. And anticipate it will only get better with the clinic opening. Alternative Education schools are not utilizing the services right now but busy with the other four schools. Burney Elementary has been experiencing staff issues and hope to see a resolution to this issue. Will be onboarding our first pediatric specialty doctor in GI services. Telemedicine will be located in the Burney Clinic as well.
6.8	<b>SNF Events/Survey:</b> SNF Mock Survey was conducted and everything went really well. Some minor things have been adjusted already. Lots of praise from Mock Surveyor on the work we’ve been doing and keeping up on. Mock Survey for the Acute Care side of the hospital will be scheduled for the near future so we can be prepared.
6.9	<b>Infection Control:</b> Plugging along with COVID testing and vaccinations. Employee testing has been improving with compliance. We are still testing those employees who have been fully vaccinated. Employee Physicals have picked up again every week.
7	<b>DIRECTOR OF QUALITY</b>
7.2	<b>Director of Quality Update:</b> Not many updates have occurred in the last month. Hospital QIP is normally around \$6700 and this year we were bumped up to \$25,000. Very much looking forward to that return. Prime is still working with a June 1 <sup>st</sup> deadline. We have some options and we should be able to find 2 options that will work for us, like an A1C program. Auditing has been going on in departments.
8	<b>ADMINISTRATIVE REPORT:</b> COVID numbers are lower than previous months. Established relationship and plan with Shasta Regional Medical Center for transfer of COVID patients and the plan is still working. We have administered 1193 vaccines to individuals within in Shasta County, and we are seeing anyone 16 years and older. Johnson and Johnson vaccine program has been suspended until further notice from CDC. Employee vaccinations are at 57% right now but we continue to have discussions on how to educate our employees about being vaccinated. Congratulations to the SNF staff and all support staff departments with the Mock Survey. Building Demo will be taking place soon. A fence will be placed up around the building and equipment will start to show up. Employee Meetings will occur on April 21 <sup>st</sup> in Burney and April 28 <sup>th</sup> in Fall River. A plethora of subjects will be discussed at these meetings. Employee Council meeting will take place April 15 <sup>th</sup> – non management employees who meet up once a month to discuss a plethora of subjects. Mayers Rural Health Center is set to open on April 19 <sup>th</sup> . Ribbon Cutting Ceremony is planned for the 16 <sup>th</sup> . Conducting a team building activity with the Clinic Staff tomorrow.
9	<b>OTHER INFORMATION/ANNOUNCEMENTS:</b>
10	<b>ADJOURNMENT: 2:16 PM</b> -- Next Regular Meeting – May 12, 2021

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).

## Mayers Memorial Hospital District Quality Committee Report

<b>Meeting Date:</b>	May 12, 2021
<b>Department:</b>	Marketing & Public Relations
<b>Submitted By:</b>	Valerie Lakey
<b>List up to three things that are going well in your department.</b>	
<ol style="list-style-type: none"> <li>1. BUSY! This is good because it reflects that we have a lot going on and there is a need to communicate.</li> <li>2. Relationships. We are establishing solid relationships with media, organization and in the community. This helps tremendously with Public Relations and Advocacy.</li> <li>3. Website Re-design is complete. We are now fine-tuning the pages. The site is clear, crisp and easy to use.</li> </ol>	
<b>Do you have any current quality improvement projects/activities underway? Please provide a brief description.</b>	
<b>Is this a LEAN project? Y/N</b>	
Public Relations for Clinic, Projects and Advocacy. There has been a focus on our clinic to establish a patient base. Our clinic will be a large component in providing Quality care in our community. There is a plan to market the continuity of care now that we have the clinic open.	
<b>How does this impact on patients? Do you think this is acceptable?</b>	
Educating patients to the resources in our community will have a positive impact.	
<b>How does this impact on staff? Do you think this is acceptable?</b>	
Positive messaging and Public Relations is a good way to support our staff and allow them to focus on their job responsibilities.	
<b>What progress has been made on these projects since the last quality committee meeting?</b>	
<p>The website is complete.</p> <p>We have been successful in the launch of our PR campaign for the clinic.</p> <p>We have published the History document and provided messaging on the old building removal</p> <p>We have been VERY active in legislative advocacy for some key bills.</p>	
<b>Has anyone in particular been instrumental in helping to progress/improve the problem?</b>	
Employees have been great advocates and have helped to share our messaging.	
<b>Which Strategic Goal does your quality issue BEST relate to (choose one)?</b>	
<b>Have any new quality-related issues arisen? Briefly describe.</b>	
Reaching certain demographics has been challenging. Specifically those that do not use technology. We are planning to do a little more via mail and have been utilizing the newspaper weekly.	
<b>Are there any other issues to be discussed with the Committee?</b>	

## Mayers Memorial Hospital District Quality Committee Report

<b>Meeting Date:</b>	May 12, 2021
<b>Department:</b>	Safety & Emergency Preparedness
<b>Submitted By:</b>	Valerie Lakey
<b>List up to three things that are going well in your department.</b>	
<ol style="list-style-type: none"> <li>1. We are near completion with the certification of our Workplace Violence Program through Beta</li> <li>2. We are near completion with the certification of our Injury, Illness Prevention Plan through Beta</li> <li>3. Developing more resources on the INTRANET</li> </ol>	
<b>Do you have any current quality improvement projects/activities underway? Please provide a brief description.</b>	
<b>Is this a LEAN project? Y/N</b>	
<p>Establishing and implementing a calendar for CODE Training. There will a CODE focused on each month in which we have staff education, Relias training, Drills and other activities to help staff know the various codes and what needs to be done for each one.</p> <p>It is essential that ALL STAFF understands CODES and how to react. This is a large part of surveys. We are going to do extensive training in this area.</p>	
<b>How does this impact on patients? Do you think this is acceptable?</b>	
This has a large impact and will ensure patient safety.	
<b>How does this impact on staff? Do you think this is acceptable?</b>	
This will allow staff to be confident and know what the process is during each code. This will promote staff and patient safety.	
<b>What progress has been made on these projects since the last quality committee meeting?</b>	
We are nearly completed with the EP survey binder and are working on expanding the digital resources on the Employee INTRANET	
<b>Has anyone in particular been instrumental in helping to progress/improve the problem?</b>	
<b>Which Strategic Goal does your quality issue BEST relate to (choose one)?</b>	
<b>Have any new quality-related issues arisen? Briefly describe.</b>	
The ability to do in-person trainings has presented a challenge. It is very important that staff understands the importance of safety and emergency preparedness. It is much more effective to do in-person trainings and meetings.	
<b>Are there any other issues to be discussed with the Committee?</b>	

## Mayers Memorial Hospital District Quality Committee Report

<b>Meeting Date:</b>	Wednesday May 12, 2021
<b>Department:</b>	Employee Health
<b>Submitted By:</b>	Libby Mee – Director of Human Resources
<b>List up to three things that are going well in your department.</b>	
Low employee COVID exposure volume	
<b>Do you have any current quality improvement projects/activities underway? Please provide a brief description.</b>	
<b>Is this a LEAN project? NO</b>	
Continuing with COVID precautions and immunization programs Working with the MMHD Rural Health Clinic to move annual employee physicals into the clinic	
<b>How does this impact on patients? Do you think this is acceptable?</b>	
Both of these projects promote safe and healthy work environments for staff, creating an atmosphere that can provide the best patient care.	
<b>How does this impact on staff? Do you think this is acceptable?</b>	
Both projects ensure a safe and healthy work environment, and ultimately reduce days away from work.	
<b>What progress has been made on these projects since the last quality committee meeting?</b>	
Since our first employee COVID exposure in August 2020, we have had 52 employees off work for Isolation and 54 employees out due to Quarantine. Of the 106 exposures, 31 were work related. MMHD currently has a 59% employee COVID Immunization rate.	
<b>Has anyone in particular been instrumental in helping to progress/improve the problem?</b>	
Infection Control Team – Dawn Jacobson, Lindsey Crum, Immunization Clinic Team – Keith Earnest and Pam Sweet	
<b>Which Strategic Goal does your quality issue BEST relate to (choose one)?</b>	
Outstanding Staff	
<b>Have any new quality-related issues arisen? Briefly describe.</b>	
No new issues, but HR is in the process of catching up on annual employee physicals and TB Skin Test. The annual physical process was paused last year due to COVID in an effort to limit exposure.	
<b>Are there any other issues to be discussed with the Committee?</b>	
Not at this time	

## Mayers Memorial Hospital District Quality Committee Report

<b>Meeting Date:</b>	
<b>Department:</b>	Acute / LTC
<b>Submitted By:</b>	Steve Bevier & Marinda May
<b>List up to three things that are going well in your department.</b>	
Getting our resident numbers back up in both facilities. Re-opening for in-person family visits. Continuing to build solid relationships with outside facilities when taking SWING or LTC admissions.	
<b>Do you have any current quality improvement projects/activities underway? Please provide a brief description.</b>	
<b>Is this a LEAN project? Y/N</b>	
We have been able to re-start admissions to LTC (COVID). We continue to look at ways in which the resident and their families can stay engaged while still keeping every one safe. We are now open 7 days a week for visitation.	
<b>How does this impact on patients? Do you think this is acceptable?</b>	
Residents being able to see their loved ones again has been HUGE. We have seen significant improvements in regards to the residents overall well-being and a decrease in their depression.	
<b>How does this impact on staff? Do you think this is acceptable?</b>	
It has impacted staff in a positive way. It has given a more “normal” approach to providing care to the residents as well as being able to engage with families about the residents and their specific needs.	
<b>What progress has been made on these projects since the last quality committee meeting?</b>	
<b>Has anyone in particular been instrumental in helping to progress/improve the problem?</b>	
Many individuals have played a big role in helping with plans for in-person visits and providing activities that everyone can participate in.	
<b>Which Strategic Goal does your quality issue BEST relate to (choose one)?</b>	
Outstanding Patient Services	
<b>Have any new quality-related issues arisen? Briefly describe.</b>	
COVID is still at the forefront of our minds as we have re-opened for in person visits. We continue to offer ZOOM calls and window visits if families would like.	
<b>Are there any other issues to be discussed with the Committee?</b>	
Not at this time.	