

Chief Executive Officer  
Louis Ward, MHA



Mayers Memorial Hospital District

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

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

August 11, 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 1:01 pm on the above date.			
	<b>BOARD MEMBERS PRESENT:</b>		<b>STAFF PRESENT:</b>	
	Jeanne Utterback, President Tom Guyn, MD., Secretary		Ryan Harris, COO Candy Detchon, CNO (in ER) Jack Hathaway, Director of Quality Dawn Jacobson, Infection Preventionist Alex Johnson, Facilities Manager Ryan Nicholls, IT Manager Jennifer Levings, Data Analyst Jessica DeCoito, Board Clerk	
	<b>ABSENT:</b> Louis Ward, CEO Laura Beyer Sherry Yochum, Housekeeping Manager Susan Garcia, Dietary Manager Delaney Harr, Purchasing Manager			
	<b>Community Members Present:</b>			
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 July 14, 2021.	<b>Guyn, Hathaway</b>	<b>Guyn – Y Utterback – Y</b>
4	<b>REPORTS: QUALITY PATIENT SERVICES</b>			
	4.1	<b>IT:</b> Received our security report from Bansec. We have improved from below average security rating to average ratings. And have already made adjustments to be more secure.		
	4.2	<b>Purchasing:</b> Obvious how the departments are going to be integrated into the Purchasing department to meet everyone's needs. Great Team Work!		
	4.3	<b>Dietary:</b> Worry some that we are short staffed. But thankful we have a great environment that allows others in the		
	4.4	<b>SNF Events/Survey:</b> still within the survey window. Keeping up on making sure all of the areas of concern in both mock surveys for SNF and Acute, are being addressed. Working on three different orders – one that does not have an AFL (all facilities letter attached). Today we released patient and resident visitor restrictions. Information is being communicated with patients, residents and families.		
	4.5	<b>Infection Control:</b> vaccine rate has gone up to 71%. Lindsey has started school to finish her path to becoming an RN. We have had a few COVID cases both of vaccinated and non-vaccinated individuals. We have added vaccination status onto the triage screening to help us identify quicker.		

5	<b>REPORTS: QUALITY STAFF</b>	
	5.1	<b>Environmental Services:</b> working on some options to help recruit and retain staff.
	5.2	<b>Safety:</b> Great job on the trainings.
6	<b>REPORTS: QUALITY FACILITIES</b>	
	6.1	<b>Maintenance:</b> trying to fill for some open positions. Completing the install of the microbiology hood today. Then testing will begin and certification needs to be completed before we can put it into use. Hot water heaters and HVAC units will be in the same project but are different scopes of work. All three major projects just added to the Strategic Plan can be going on at the same time. This makes the project bigger which could attract a lot more contractors to bid and will be easier for permitting and OSHPD approvals if it's under one project versus three. Great job on the exterior work being done on the facilities and especially the gazebos out back for employees and residents.
7	<b>DIRECTOR OF QUALITY</b>	
	7.1	<b>Director of Quality Update:</b> finishing up the electronic reporting platform – Zendesk. Once this process is complete, then we can launch it on our website and start receiving the complaints from patients. And then begin to track the issues, create solutions. Nursing Training Program feedback was received and we are working on a plan of corrections and responses to get back by Friday, August 13 <sup>th</sup> . LEAN projects picking back up. One project includes a time study for breakfast and dinner staffing and getting the meals out to residents in an appropriate time. Diet Order Process has also been a project identified that deserves a LEAN method applied to it. Prime project reports due on August 24 <sup>th</sup> with tracking of Obesity.
	7.2	<b>CMS Core Measures:</b> received quotes from outside companies for data analysis and they were much larger than what is desired. Finding a program that helps navigate all the data and what is valid vs not, but not every program provides the same.
	7.3	<b>5-Star Rating:</b> still working on getting that 5 <sup>th</sup> star.
8	<b>OTHER INFORMATION/ANNOUNCEMENTS:</b> CEO to provide vaccination percentage update in his weekly update to BOD. Pam to manage the Quality Committee Meetings while Jessica is out on maternity leave.	
9	<b>ADJOURNMENT: at 1:54 pm</b> Next Regular Meeting – September 8, 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).