

Chief Executive Officer  
Louis Ward, MHA



Mayers Memorial Hospital District

**Board of Directors**  
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Beatriz Vasquez, Ph.D., Vice President  
Tom Guyn, MD, Secretary  
Abe Hathaway, Treasurer  
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Board of Directors  
**Quality Committee**  
**Minutes**

January 12, 2022 @ 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		Jack Hathaway, Director of Quality Candy Detchon, CNO – SNF Events/Survey Lori Gibbons – HIM	
	<b>ABSENT:</b>		Alexis Cureton – Emergency Department Shelley Lee, Director of Nursing, SNF	
	<b>COMMUNITY MEMBERS PRESENT:</b>		Libby Mee – Director of Human Resources Danielle Olson – Business Office Amy Parker – Patient Access Jessica DeCoito – Board Clerk	
	Laura Beyer			
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 November 10, 2021.	<b>Guyn, Utterback</b>	<b>Guyn – Y Hathaway – Y</b>
4	<b>REPORTS: QUALITY STAFF</b>			
	4.1	<b>Personnel</b> – written report submitted. Excited about the prospect of a new system for HR.		
	4.2	<b>Worker's Comp</b> – BETA reached out and wants MMHD to pilot a new program – kudos to our team for that recognition with BETA.		
5	<b>REPORTS: QUALITY FINANCES</b>			
	5.1	<b>Business Office</b> – New employee starts on Monday 1/17. Waiting on PTAN number and hopefully that comes through later this month.		
	5.2	<b>HIM</b> – Physician chart completion has been a struggle – some days are better than others. Dr. Watson has stepped in to help mediate the issues with some of the physicians.		
	5.3	<b>Finances</b> – written report submitted. No further comments or questions.		
6	<b>REPORTS: QUALITY PATIENT SERVICES</b>			
	6.1	<b>Patient Access</b> - our team is very versatile and helps any department out when they need it.		
	6.2	<b>Skilled Nursing Facility</b> – Both facilities are in the yellow right now. We continue to work on alternative means for psychotropic usage. CNA class has 7 students right now with a good list of interested candidates for the March session.		
	6.3	<b>Emergency Department</b> – Working on stroke, sepsis and Myocardial Infarctions. ESI is about 99% complete.		

	6.4	<b>Laboratory</b> – Lab will report on Blood Transfusion now. The new reporting process will be utilizing spreadsheet and graphics. We will be getting a new unit in from Siemens after 5 months of technicians on site diagnosing the issue. Jack will continue to follow up with the Regional Manager and provide updates.			
	6.5	<b>Radiology</b> – Interim Manager has had to leave MMH. A lot of strides were made in the department. We are looking for a replacement manager in the department and utilizing a service to assist in the search. We will be able to provide more metrics via a spreadsheet and graphics. The Interim Manager was able to get the TJC measures shared with us. We will be able to use these measures and process throughout the hospital.			
	6.6	<b>Infection Control</b> – COVID, COVID and more COVID. We are navigating the new requirements for employees and patients. There is a rise in cases in the community and within our employee base. We are ramping up our hand washing procedures.			
	6.7	<b>SNF Events &amp; Survey</b> – We will have to test our SNF employees regardless of vaccination status on a weekly basis. This is not mandated but highly suggested to follow per CDPH. We are in the process of securing tests to make this process happen. Currently going through a survey on specific instances. We have been able to work through all of them so far with minor fixes.			
7	<b>DIRECTOR OF QUALITY</b>				
	7.1	<b>Director of Quality Update</b> – Continue to work through and navigate the CDC and CPDH guidelines related to COVID. Continue to gather and formulate the information for Quality metrics and put them into a consumable format for all departments. We are headed in a great direction that will be useful and accessible to all departments.			
	7.2	<b>Compliance Quarterly</b> – Update is provided in the spreadsheet attached (Exhibit A). Our response to issues have improved and we've been able to track that electronically. This will allow us to have metrics to our work in Quality.			
8	<b>OTHER INFORMATION/ANNOUNCEMENTS:</b>				
	8.1	<b>Meeting requirements:</b> ongoing discussion about requirements. We will keep a monthly meeting for Quality set up. Discussion about what departments are required to report is unknown – most likely we do not have any departmental requirements. Clinical department requirements are being met through Board Quality and Med Staff meetings.			
9	<b>ANNOUNCEMENT OF CLOSED SESSION</b>				
		<b>Medical Staff Credentials Government Code 54962</b> <b>STAFF STATUS CHANGE</b> Kerry Sullivan, MD – to Inactive Miesty Woodburn, MD – to Inactive Jodi Nagelberg, MD – to Inactive Brock McDaniel, MD – to Inactive Shazmin Gangji, PA – to Inactive  <b>AHP APPOINTMENT</b> Rozlyn Bauer, NP – Family Medicine  <b>MEDICAL STAFF APPOINTMENT</b> Douglas W. Terry, MD – Emergency Medicine Salah Sherif, MD – Emergency Medicine  <b>MEDICAL STAFF REAPPOINTMENT</b> William Dykes, MD – Emergency Medicine		<b>Moved to Accept All Med Staff Credentials</b>	<b>Approved by Unanimous Consent</b>
11	<b>RECONVENE OPEN SESSION – REPORT CLOSED SESSION ACTION:</b> Medical Staff Credentials were moved, seconded and carried. Unanimous consent to approve credentials.				
12	<b>ADJOURNMENT: at 2:28 pm</b> Next Regular Meeting – December 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).

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