

Chief Executive Officer
Christ Bjornberg



Mayers Memorial Hospital District

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

**Quality Committee
Meeting Agenda**

April 13, 2022 1:00 PM

Microsoft Teams Meeting: [LINK](#)

Call In Number: 1-279-895-6380

Meeting ID: 326 928 013#

Attendees

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

Chris Bjornberg, CEO
Jack Hathaway, Director of Quality

Community Members:
Laura Beyer

1	CALL MEETING TO ORDER		Chair Jeanne Utterback		Approx. Time Allotted
2	CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS				
3	APPROVAL OF MINUTES				
	3.1	Regular Meeting –March 9, 2022		Attachment A	Action Item 2 min.
4	REPORTS FOR: QUALITY STAFF				
	4.1	Employee Health & Workers Comp	Libby Mee	Attachment B	Report 2 min.
5	REPORTS: QUALITY PATIENT SERVICES				
	5.1	Telemedicine	Amanda Harris	Attachment C	Report 2 min.
	5.2	Cardiac Rehab	Trudi Burns	Attachment D	Report 2 min.
	5.3	Respiratory	David Ferrer	Attachment E	Report 2 min.
	5.4	Pharmacy	Keith Earnest		Report 5 min.
	5.5	Physical Therapy	Daryl Schneider		Report 5 min.
	5.6	SNF Events/Survey	Candy Detchon		Report 5 min.
6	DIRECTOR OF QUALITY		Jack Hathaway		
	6.1	Director of Quality Update		Attachment F	Report 5 min.
7	OLD BUSINESS				
	7.1	Meeting Calendar Discussion			Discussion 5 min.

8	OTHER INFORMATION/ANNOUNCEMENTS		Information	5 min.
9	ANNOUNCEMENT OF CLOSED SESSION			
	9.1	MEDICAL STAFF CREDENTIALS GOVERNMENT CODE 54962	<i>ACTION ITEM</i>	
	<p>STAFF STATUS CHANGE TIMOTHY FISHER, MD – RADIOLOGY FARZIN IMANI, MD – RADIOLOGY DAVID KATZ, MD - RADIOLOGY ROBERT MURRAY, JR. MD. – RADIOLOGY DAVID SARVER, MD – RADIOLOGY</p> <p>STAFF APPOINTMENT NIMEKA PHILLIP, MD – FAMILY MEDICINE NICHOLAS SCHULACK, DO – EMERGENCY MEDICINE SHELLEEN DENNO, MD – HOSPITALIST</p> <p>STAFF REAPPOINTMENT DALE SYVERSON, MD – GENERAL SURGERY TYLER BARR, MD – EMERGENCY & FAMILY MEDICINE</p>			
10	RECONVENE OPEN SESSION			
11	ADJOURNMENT: Next Regular Meeting – May 11, 2022			

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Board of Directors
Quality Committee
Minutes

March 9, 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	CALL MEETING TO ORDER: Board Chair Jeanne Utterback called the meeting to order at 1:01 pm on the above date.			
	BOARD MEMBERS PRESENT:		STAFF PRESENT:	
	Jeanne Utterback, President Tom Guyn, MD., Director		Chris Bjornberg, CEO Keith Earnest, CCO	
	Excused ABSENT: Candy Detchon, CNO		Jack Hathaway, Director of Quality Dawn Jacobson, Infection Control	
	COMMUNITY MEMBERS PRESENT:		Theresa Overton, DNO Acute Pam Sweet, Med Staff	
	Laura Beyer		Michelle Peterson, Outpatient Jennifer Levings, Data Analyst Jessica DeCoito – Board Clerk	
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 February 9, 2022	Guyn, Hathaway	Approved by All
4	REPORTS: QUALITY STAFF			
	4.1	Outpatient Medical: Thank you for the very thorough report. Having the cultures being completed through our lab has been a huge benefit to our patients. Conversations with providers who will potentially step in Dr. Syverson's role are taking place. Space availability for seeing patients is a priority. Thankful for the hospitalists who have joined our team.		
5	REPORTS: QUALITY PATIENT SERVICES			
	5.1	Surgery/Anesthesia: Echoed sentiments on the hospitalists who have joined our team. General Surgeon is retiring, so we are looking for a new surgeon. OR1 is closed right now which has changed our surgery schedule and affected our services provided. But we continue to use OR2 for certain surgeries and scopes. HVAC system and lack of CRNA's has been the biggest issues.		
	5.2	Med-Surg/Swing: Continue to use Registry staff to help fill our schedule. Looking forward to finalizing up the new nurse's station. Dr. Saborido would like to begin education classes for our staff and take part in the outside education courses.		
	5.3	Med Staff: Physician credentialing is a focus. Policies & Procedures are always being worked on and updated.		
	5.4	Infection Control: Covid is still a priority. Both FR and Burney are in yellow status meaning more restrictions in place and more testing. Hopefully we can move into the Green at both locations by next week, pending test results. ABX tracker is in place, and we are utilizing this to track our antibiotics. SNF employees and those employees entering the SNF are testing twice weekly, non-vaccinated employees are testing twice weekly and all other employees (vaccinated) are testing once a week at the beginning of their shift. Overall positivity rate in Shasta Co. is going down.		

5.5	SNF Events/Survey: Completed 16 surveys in the period of middle of 2021 to beginning of 2022 – all internal complaints, with one resulting in a deficiency. A plan of correction has been submitted on the deficiency and awaiting the results from CDPH. Update on plan of correction in meeting; approved by CDPH.
6	DIRECTOR OF QUALITY
6.1	Director of Quality Update – Blood Transfusions is being worked on still. Data is being gathered and prepared into a consumable format. Excellent meeting with Director of Hospital Quality Institute. Hospital Quality Improvement Platform shared with Quality Committee. MMHD information provided into this platform is compared to the nationwide information from other facilities.
6.2	Compliance Quarterly – additional fields will be added into this report going forward. This is the method we use to track this information. RL6 is our reporting platform. Reports include a door skin being torn on Radiology, to an aggressive patient, or malpractice by staff. Anything hospital wide can be reported in the RL6 platform.
7	OLD BUSINESS
7.1	Meeting Calendar Discussion: changes to reporting departments, frequency and information presented will be provided to the Board. Board President, Director of Quality and CEO will meet up and put together a plan to present.
8	OTHER INFORMATION/ANNOUNCEMENTS: Next Quality meeting will be via Microsoft Teams. RMOMS Grant is coming along. Weekly meetings with the partners. An MOU will be presented at the meeting tomorrow. Dr. Camarata will serve on the governance for this group.
9	ADJOURNMENT: at 2:28 pm Next Regular Meeting – April 13, 2022

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.

Mayers Memorial Hospital District Quality Committee Report

Meeting Date:	Wednesday April 13, 2022
Department:	Employee Health & Work Comp
Submitted By:	Libby Mee – Director of Human Resources
List up to three things that are going well in your department.	
We do not have any employees that are away from work due to COVID Continue to have low injury and illness claims	
Do you have any current quality improvement projects/activities underway? Please provide a brief description.	
Is this a LEAN project? NO	
Finalizing full implementation of Workplace Violence Prevention program with BETA partnership. Continuing with COVID precautions, communications, reporting and tracking employees related to COVID exposures and immunization status	
How does this impact on patients? Do you think this is acceptable?	
Work in this area establish policies and procedures that promote a healthcare environment that will reduce exposure to violence and associated injuries and illnesses.	
How does this impact on staff? Do you think this is acceptable?	
These programs promote a healthy and safe working environment for staff.	
What progress has been made on these projects since the last quality committee meeting?	
<p>Employee COVID and Vaccination stats as of 04/05/2022 Total employees - 266</p> <p>Isolation/Quarantine Cumulative total – 233 Total Isolation – 157 Total Quarantine –76 Exposure related to work – 49</p> <p>Immunization Accept – 226 Boosted – 167 Booster Eligible – 7 Not Eligible – 32 Approved Accommodation from Booster – 15 Not Active/Leave of Absence - 5 Decline Approved Accommodation – 40</p> <p>Work Related Injury/Illness 1st Quarter 2022 First Aid Injuries – 4 claims with 0 days away from work Reportable Injures – 1 claim with 1 day away from work</p>	

Has anyone in particular been instrumental in helping to progress/improve the problem?
Infection Control Team – Dawn Jacobson, Lindsey Crum and Mayers RHC Team
Which Strategic Goal does your quality issue BEST relate to (choose one)?
Outstanding Staff
Have any new quality-related issues arisen? Briefly describe.
Continue to rework policies and procedures related to Employee Annual Physicals and TB testing programs
Are there any other issues to be discussed with the Committee?
Not at this time

Mayers Memorial Hospital District Quality Committee Report

Meeting Date:	April 13, 2022
Department:	Telemedicine
Submitted By:	Amanda Harris
List up to three things that are going well in your department.	
<ol style="list-style-type: none"> 1) Patients continue to enjoy being able to come to the same office as their primary care provider to receive specialty services. 2) The Take 4 Counseling program is wrapping up its final year and the school district has applied for a grant to continue services. 3) Neurology outpatient service had its busiest month ever in March 2022 with 18 completed appointments. 	
Do you have any current quality improvement projects/activities underway? Please provide a brief description.	
Is this a LEAN project? Y/N	
Not currently.	
How does this impact on patients? Do you think this is acceptable?	
Telemedicine provides specialty services to our patients and community that otherwise wouldn't be available locally. Patients may have a longer wait time for an in-person appointment than they would a Telemedicine appointment. Patients may not be able to make the trip to Redding to see a specialist for the care that they need.	
How does this impact on staff? Do you think this is acceptable?	
We have used Telemedicine to better serve our SNF residents which helps make our staff's working environment more enjoyable. Some staff have used our Telemedicine services and I believe they were happy to connect with quality specialists in a way that was convenient for them. Now that the primary care clinic is open we are able to easily refer patients to a specialist to be seen in the same location.	
What progress has been made on these projects since the last quality committee meeting?	
N/A	
Has anyone in particular been instrumental in helping to progress/improve the problem?	
N/A	
Which Strategic Goal does your quality issue BEST relate to (choose one)?	
Telemedicine supports multiple goals but I think it relates most strongly to Outstanding Patient Services. Telemedicine helps provide our patients with high quality care locally so that they can be provided with services they would otherwise not have access to.	
Have any new quality-related issues arisen? Briefly describe.	
No, not to my knowledge.	
Are there any other issues to be discussed with the Committee?	
No, not to my knowledge.	

Mayers Memorial Hospital District Quality Committee Report

Meeting Date:	4/5/2022
Department:	Cardiac Rehab
Submitted By:	Trudi Burns RN BSN
List up to three things that are going well in your department.	
<ol style="list-style-type: none"> 1. Seeing maintenance play a more active role in equipment maintenance. 2. Increased attendance as the COVID situation becomes more relaxed/accepted. 3. Staffing is more appropriate for this department. 	
Do you have any current quality improvement projects/activities underway? Please provide a brief description.	
Is this a LEAN project? Y/N	
<p>There has been some aggressive weight lifting on our weight machine and some of the pulleys have broken. It has been misused and we are trying to educate those that are using it. This has to do with staff and not CR patients so no one is in the room to teach at the times this is occurring. We are in process of placing signs, buying new pulleys, and will be sending out a memo to staff.</p>	
How does this impact on patients? Do you think this is acceptable?	
<p>Yes. We are taking extra care with the weight machine while waiting for replacement parts. Those that lift are aware and compliant with the restrictions.</p>	
How does this impact on staff? Do you think this is acceptable?	
<p>Yes. As education increases, we will see positive results. This is not a malicious misuse.</p>	
What progress has been made on these projects since the last quality committee meeting?	
<p>Last quality meeting we were concerned with the maintenance of the equipment. We have seen progress in this area with the maintenance workers working on our treadmill, weight machine and arm ergo. They are also responding quicker to assisting us with our needs which is seriously appreciated. We would still like to be added on to their monthly schedule for equipment maintenance. We are hoping this will happen soon.</p>	
Has anyone in particular been instrumental in helping to progress/improve the problem?	
<p>Steve Holt is very thorough and quickly responds to requests.</p>	
Which Strategic Goal does your quality issue BEST relate to (choose one)?	
<p> </p>	
Have any new quality-related issues arisen? Briefly describe.	
<p>Just the ones mentioned above.</p>	
Are there any other issues to be discussed with the Committee?	
<p>Yes. We now have a patient that needs the ramp to enter the building. The ramp entrance has been closed off to patients and our only other entrance has stairs which he cannot accomplish with his walker. We are having him call us when he gets here and someone goes out to open the door. Can this door be unlocked during Cardiac Rehab hours?</p>	

Mayers Memorial Hospital District Quality Committee Report

Meeting Date:	March 29, 2022
Department:	Respiratory
Submitted By:	David Ferrer
List up to three things that are going well in your department.	
<ol style="list-style-type: none"> 1. We are performing PFT screenings at clinics and pharmacies. 2. We are upgrading our metaneb systems to the Valera systems. 	
Do you have any current quality improvement projects/activities underway? Please provide a brief description.	
Is this a LEAN project? Y/N	
<ol style="list-style-type: none"> 1. We were able to purchase and trade in our old metaneb systems to the Valeras. 	
How does this impact on patients? Do you think this is acceptable?	
We are wanting the individuals in our community to know they can come to MMHD for their Medical needs. With this new equipment, we are able to expand and improve our services to patients	
How does this impact on staff? Do you think this is acceptable?	
We want to continue to serve our community and provide the necessary Respiratory needs our community requires and deserve. Getting the necessary equipment will enable us to do that	
What progress has been made on these projects since the last quality committee meeting?	
We were able to purchase much needed equipment to service our community.	
Has anyone in particular been instrumental in helping to progress/improve the problem?	
Yes. K. Earnest is always very helpful in these matters. Is a very caring individual	
Which Strategic Goal does your quality issue BEST relate to (choose one)?	
Outstanding Patient Services	
Have any new quality-related issues arisen? Briefly describe.	
N/A	
Are there any other issues to be discussed with the Committee?	
Not at this time	

Board Report for Quality and Ancillary Services

Quality:

Quality has been moving forward – the Promoting Interoperability submissions have been completed – it passed with a score of 57. Volumes continue to be low for submissions, however, because of the CAH status it is expected and allowed. 4 patients would have met the AMI (Acute Myocardial Infarction/Heart Attacks) and 5 patients would have met the Chest Pain measures respectively. This is not a surprise because CAHs deal with this issue all the time, low volume for specifically met measures – for instance there were 0 in the maternity measures – knowing Mayers does not do OB. As the transition to Cerner continues, it will be interesting to see how the new EHR will help up potentially capture more of the initial populations who would potentially qualify for PI measures. There are 16 measures now in the PI group that can be worked toward, so there is time as Mayers transitions to see what is available and where focus should be for improvement.

SNF Blood Pressures – This process has been improving, trending down in the number of errors this month – that is moving the right direction.

Radiology:

Rad is currently working to have the new Radiology group on boarded – IT is working hand in hand with the groups implementation team to get everything in line for the May 29 transition date. Rad is moving away from MDI and into a new partnership with Tahoe Carson Radiology (TCR). We believe it will be an advantageous move.

Pocket Health is a patient access and image sharing solution that Rad has been working on as well – it has hit a snag unfortunately. Ambra the PACs system (the place where Rad is currently keeping and sharing image studies taken in the facility) has been extremely difficult to work with as they will not return calls or email.

Tahoe Carson's team actually ran into this issue as well and it prompted Rad to create a work around that will leave Ambra out of the sharing loop with them so Rad can work with TCR directly if issues arise and need to be addressed.

Generally, Ambra has been showing Leadership that it is time to look for other options – and after the TCR setup complete Leadership will begin looking at the better solutions that are out there for serving the patient population.

Lab:

Lab is still waiting to find an appropriate place for the new analyzer – Lab thought that there was a good place across from the old machine in the lab space, however, the engineer who came out to do PM raised some issues that showed it would not work. Currently, Maintenance is looking to find a place where the new machine could be placed meeting all of the requirements.

Please reach out with any questions.

JH