Mayers Memorial Hospital District

Quality Committee
Meeting Agenda

May 11, 2022 12:00 PM
Microsoft Teams Meeting: LINK
Call In Number: 1-279-895-6380
Meeting ID: 150 574 483#

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 –April 13, 2022		Attachment A	**Action Item**	2 min.
4	**REPORTS FOR: QUALITY STAFF**					
	4.1	Staff Development	Brigid Doyle	Attachment B	Report	2 min.
	4.2	Volunteer Services	Jeanine Ferguson	Attachment C	Report	2 min.
	4.3	Safety Quarterly	Val Lakey	Attachment D	Report	2 min.
5	**REPORTS: QUALITY PATIENT SERVICES**					
	5.1	Marketing & Public Relations	Val Lakey	Attachment E	Report	2 min.
	5.2	Social Services	Marinda May	Attachment F	Report	2 min.
	5.3	Pharmacy	Keith Earnest	Attachment G	Report	2 min.
	5.4	Activities	Sondra Camacho	Attachment H	Report	5 min.
	5.5	Hospice	Mary Ranquist	Attachment I	Report	5 min.
	5.6	SNF Events/Survey	Candy Detchon		Report	5 min.
6	**DIRECTOR OF QUALITY**		Jack Hathaway			
	6.1	CMS Core Measures Quarterly			Report	5 min.

	6.2	5 Star Rating Quarterly			
7	**OLD BUSINESS**				
	7.1	Meeting Calendar Discussion		Discussion	5 min.
8	**OTHER INFORMATION/ANNOUNCEMENTS**			Information	5 min.
9	**ADJOURNMENT:** Next Regular Meeting – June 8th, 2022				

Board of Directors
Quality Committee
Minutes
April 13, 2022 @ 1:00 PM
Fully Remote Teams 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 Candy Detchon, CNO Keith Earnest, CCO Jack Hathaway, Director of Quality Libby Mee, Director of HR Daryl Schneider, PT Manager Amanda Harris, Telemedicine Jessica DeCoito – Board Clerk	
	Excused ABSENT: Trudi Burns, Cardiac Rehab David Ferrer, Respiratory			
	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 March 9, 2022	***Guyn, Hathaway***	**Approved by All**
4	**REPORTS: QUALITY STAFF**			
	4.1	Employee Health & Workers Comp: No employees out on COVID leave currently. Working on making the booster eligible employee list smaller.		
5	**REPORTS: QUALITY PATIENT SERVICES**			
	5.1	Telemedicine: patients are really enjoying that they can see their primary and specialty providers in the same location. Our school program is ending, with some options to keep the program going with some leftover funds. Current appointments for Neurology and Rheumatology are a week to two weeks out – quick turnaround for specialists. Telemedicine is our key to getting access to specialty providers.		
	5.2	Cardiac Rehab: great to see that our issues can be solved from within our own organization. Departments helping departments.		
	5.3	Respiratory: very helpful to have the pulmonary services available for our community. Growing the program within our Cardiac Rehab, Retail Pharmacy and even in Modoc. Great work – can't wait to see this program grow.		
	5.4	Pharmacy: would like to report out to next month. Will present graphs and charts.		
	5.5	Physical Therapy: Congrats to PT on having a full staff with no registry members for the last 3 years. Equipment maintenance or wear and tear is always something we are looking at. And researching whether pieces are replaceable, or do we need to have a brand-new piece of equipment ordered.		
	5.6	SNF Events/Survey: two surveyors in for self-reported issues. Two tags: one due to timeframe of reporting issue and the other related to a hearsay issue that we are working with the state on getting waved. We are in survey season, so we are on our toes waiting for their arrival. Another survey was done on Acute, related to a charging issue – which our Acute Nursing Leadership is working on. Green status in both facilities! Our team is busy with admitting and getting our numbers back up.		

6	**DIRECTOR OF QUALITY**		
	6.1	Director of Quality: written report submitted. Radiology will have night, weekend, and holiday coverage. We will begin testing the new modality for the Radiology vendor that we are transitioning into. Med errors that have occurred have seen a noticeable drop because our Hospitalist has found confusion in provider orders – white papers on parameters have been used as references to help correct these issues going forward. Analyzer challenge in the lab has been a priority to solve.	
7	**OLD BUSINESS**		
	7.1	Meeting Calendar Discussion: Joint Commission will provide specific Quality measures for each department, and specific elements within that measure. An internal committee will be set up to manage all the quality measures and metrics with staff. Then the Director of Quality will report out to this Board Quality Committee meeting, with a dashboard of data and graphs, and follow all HIPPA guidelines for our residents and patients. Introduction for the new pieces will start to occur over the next few months. July is our goal for rolling out the new format. We will have a new time of meeting to have a provider available at the meeting. Staff will make sure this aligns with the bylaws and committee structures.	
8	**OTHER INFORMATION/ANNOUNCEMENTS**: RMOMS grant was submitted two weeks ago. We should hear back on this grant around August. Includes 10 partners in collaboration. Requested just under the grant amount and submitted one page short of the max page limit. Congrats to Laura on this amazing feat and good luck! Great job on the health fair!		
9	**ANNOUCNEMENT OF CLOSED SESSION: 2:11 pm**		
	9.1	**MEDICAL STAFF CREDENTIALS GOVERNMENT CODE 54962**	***ACTION ITEM***
	STAFF STATUS CHANGE ALAP JANI, MD – INACTIVE ROBERT BUSHELL, DO – INACTIVE GARY BELAGA, MD – INACTIVE ANDREW LIN, DO – INACTIVE ERIC KRAEMER, MD – INACTIVE **STAFF APPOINTMENT** NIMEKA PHILLIP, MD – FAMILY MEDICINE, PIT RIVER HEALTH NICHOLAS SCHULACK, DO – EMERGENCY MEDICINE SHELLEEN DENNO, MD – HOSPITALIST TIMOTHY FISHER, MD – RADIOLOGY FARZIN IMANI, MD – RADIOLOGY DAVID KATZ, MD – RADIOLOGY ROBERT MURRAY, JR. MD – RADIOLOGY DAVID SARVER, MD – RADIOLOGY **STAFF REAPPOINTMENT** DALE SYVERSON, MD – GENERAL SURGERY TYLER BARR, MD – EMERGENCY & FAMILY MEDICINE		
	Med staff credentials approved unanimously.		
10	**RECONVENE OPEN SESSION: 2:13 pm**		
11	**ADJOURNMENT: at 2:14 pm** Next Regular Meeting – May 11, 2022		

Mayers Memorial Hospital District Quality Committee Report

Meeting Date:	5/12/2022
Department:	Staff Development/Clinical Education
Submitted By:	Brigid Doyle RN, Clinical Nurse Educator/Director of Staff Development

List up to three things that are going well in your department.

1) The Nurse Assistant Training Program (NATP) has completed two sessions as of 4/25, with 10 students successfully completing the course
2) 5 students have successfully passed the CDPH certification exam a rate of 100%, the next 5 will be tested on 5/12
3) A third session will begin on 6/20/22 with 12 students enrolled

Do you have any current quality improvement projects/activities underway? Please provide a brief description. Is this a LEAN project? NO

Working with CDPH, Mission College Testing center, MMH Nursing Leadership, Quality & HR to improve the overall process of admission, compliance, training and testing for the Nurse Assistant Training Program (NATP) informed by lessons learned, student feedback.

How does this impact on patients? Do you think this is acceptable?

Having 10 new CNA staff to meet scheduling needs has a positive impact on patients, as the unit is managed by optimal staffing levels, fewer overtime shifts, less registry use. The impact is acceptable and welcome.

How does this impact on staff? Do you think this is acceptable?

Staff express their satisfaction with the CNA students, evaluate their performance and give positive feedback, participate in the training process and state that the prospect of increased staffing availability promotes a sense of well-being and engagement which is acceptable and welcome.

What progress has been made on these projects since the last quality committee meeting?

Has anyone in particular been instrumental in helping to progress/improve the problem?

Candy Vculek CNO, Regina Blowers LVN-NATP Instructor, Jack Hathaway, Shelley Lee DON

Which Strategic Goal does your quality issue BEST relate to (choose one)?

Have any new quality-related issues arisen? Briefly describe.

NATP curriculum has illuminated the need to return to live training for Geriatric Nutrition & Hydration with students and CNA having in vivo experience with thickening liquids for our residents who are at risk for ineffective swallowing. This has been assigned to staff in Relias, however the nursing leadership and dietician has identified a need for in-class training. Classes have been held. A Calendar is being developed with dietary.
Relias content created for Van wheelchair lift training for Activities Staff

Are there any other issues to be discussed with the Committee?

Not at this time
Thank you,
Brigid Doyle MSN, RN

Mayers Memorial Hospital District Quality Committee Report

Meeting Date:	May 4, 2023
Department:	MHF
Submitted By:	Jeanine Ferguson

List up to three things that are going well in your department.

1. Volunteer Handbook revised and updated February 2022 and consistent MMHD policies and procedures.
2. Volunteer vetting process online and collaborated with MMHD HR very efficient to streamline process.
3. Increase of volunteers from ten to twenty-four since revised Volunteer Handbook was implemented in February 2022.

Do you have any current quality improvement projects/activities underway? Please provide a brief description.
Is this a LEAN project? Y/N

Revised Volunteer Handbook has proven instrumental to ensure compliance, standardization, and guidance with necessary corrective actions.

How does this impact on patients? Do you think this is acceptable?

Covid 19 restrictions paused our volunteer/patient involvement.

How does this impact on staff? Do you think this is acceptable?

N/A

What progress has been made on these projects since the last quality committee meeting?

The last quality committee report in 2020 provided description of volunteer application and processing volunteers. This was under development.

Has anyone in particular been instrumental in helping to progress/improve the problem?

Libby Mee and Shay Herndon (MMHD HR) have been an invaluable resource.

Which Strategic Goal does your quality issue BEST relate to (choose one)?

Goal #1: Reinforce and enhance alignment between MMHD and MHF; Item #1: Volunteer Compliance Process.

Have any new quality-related issues arisen? Briefly describe.

By implementing the new Volunteer Handbook, volunteers have been made aware of our quality control and volunteer process standardization.

Are there any other issues to be discussed with the Committee?

MHF has identified that we need to seek ways to recruit multi-lingual volunteers for departments and events.

Mayers Memorial Hospital District Quality Committee Report

Meeting Date:	May 11, 2022
Department:	Safety
Submitted By:	Valerie Lakey

List up to three things that are going well in your department.

Safety/Security Training
Staff Education
Workplace Violence Certification

Do you have any current quality improvement projects/activities underway? Please provide a brief description.
Is this a LEAN project? Y/N

We are approaching the end of our Workplace Violence Certification through BETA. We have completed. Employee Safety and Wellness Initiative Workplace Violence Validation Checklist, where Mayers has met 18-18 categories.

How does this impact on patients? Do you think this is acceptable?

How does this impact on staff? Do you think this is acceptable?

What progress has been made on these projects since the last quality committee meeting?

Has anyone in particular been instrumental in helping to progress/improve the problem?

Which Strategic Goal does your quality issue BEST relate to (choose one)?

Have any new quality-related issues arisen? Briefly describe.

Are there any other issues to be discussed with the Committee?

Mayers Memorial Hospital District Quality Committee Report

Meeting Date:	May 11, 2022
Department:	Marketing & Public Relations
Submitted By:	Valerie Lakey

List up to three things that are going well in your department.

1. Re-establishing relationships with school districts. We are starting to get back into the schools with our Planting Seeds, Growing Our Own projects. We will be visiting Fall River Elementary School to do an assembly on May 19th. We haven't done this since 2019.
2. Legislative advocacy work – continue to work with CHA and ACHD on legislation that affects rural healthcare.
3. Audio Marketing/Community Health Needs Assessment

Do you have any current quality improvement projects/activities underway? Please provide a brief description.
Is this a LEAN project? Y/N

The Community Health Needs Assessment (CHNA) has been out for about a month. This is a tool we are using to collect data from our community related to health care needs. We are seeing a good response so far and continue to promote the assessment via our website, social media and an audio go campaign.

How does this impact on patients? Do you think this is acceptable?

This will allow us to gather data to better serve our patients and community.

How does this impact on staff? Do you think this is acceptable?

This will ultimately have a positive impact on staff as we will be able to serve our patients more efficiently based on the input we receive.

What progress has been made on these projects since the last quality committee meeting?

This is a new project since the last report

Has anyone in particular been instrumental in helping to progress/improve the problem?

Which Strategic Goal does your quality issue BEST relate to (choose one)?

Outstanding Patient Services

Have any new quality-related issues arisen? Briefly describe.

Are there any other issues to be discussed with the Committee?

Mayers Memorial Hospital District Quality Committee Report

Meeting Date:	
Department:	Social Services
Submitted By:	Marinda May

List up to three things that are going well in your department.

- Steve Bevier has taken over handling LTC packets and admissions.
- Residents & patients seem happier now that restrictions have been eased.

Do you have any current quality improvement projects/activities underway? Please provide a brief description.
Is this a LEAN project? Y (N)

trying to educate families & patients about planning for end-of-life & have things in order.

How does this impact on patients? Do you think this is acceptable? – No

causes unnessessary stress on patients. causes transition to LTC or home to take longer.

How does this impact on staff? Do you think this is acceptable?

frustration. & no, it is not

What progress has been made on these projects since the last quality committee meeting?

This was my final project when I was completing my undergraduate program @ Humboldt State. Dr. Watson & I went & spoke @ Rotary, Soroptomist & did 2 workshops @ MMH.

Has anyone in particular been instrumental in helping to progress/improve the problem?

Dr. Watson.

Which Strategic Goal does your quality issue BEST relate to (choose one)?

Have any new quality-related issues arisen? Briefly describe.

It has been painfully hard to get Medi-cal applications approved by Shasta County specifically. This causes longer stays on the Acute floor & utilizing unecessary swing days.

Are there any other issues to be discussed with the Committee?

I really would like to expand my role & ability to do home visits. I believe being able to understand a patients' home dynamics & barriers can better assist us when doing discharge planning & would help decrease re-admissions.

2880 Bergey Road, Ste. K
Hatfield, PA 19440
www.envservices.com
800 - 345 - 6094

Presents:

Biological Sampling Report

Control ID #: 6008-266130-38844V

Prepared for:

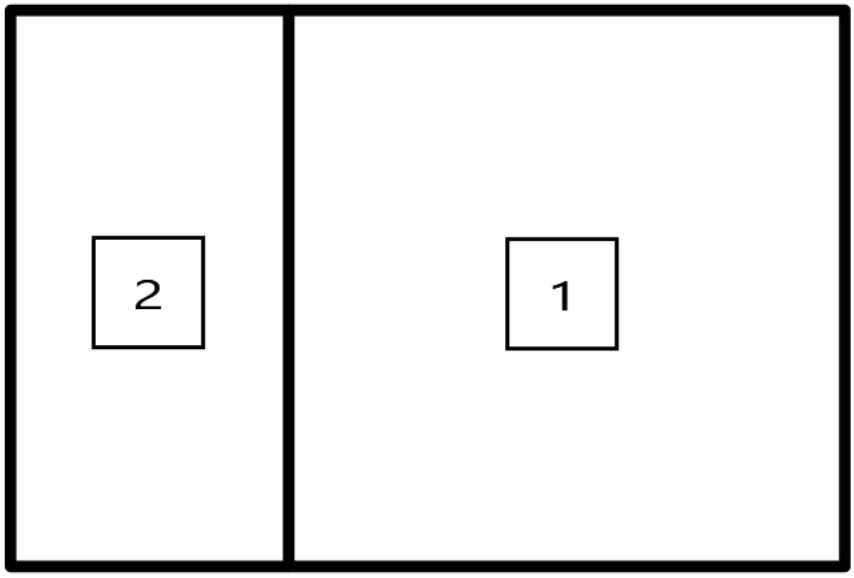
MAYERS MEMORIAL HOSPITAL
43563 HWY 299 EAST
FALL RIVER MILLS, CA 96028

Location Tested:
PHARMACY

Date(s) Tested:
05 APR 2022
Field Service Technician(s):
SERGIO AGUILERA

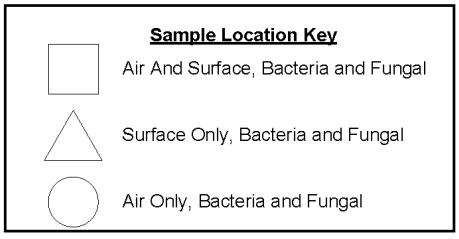
BIOLOGICAL SAMPLING LOCATIONS

PHARMACY
OPERATIONAL / DYNAMIC



CENTER OF PHARMACY ROOM

TOP OF TABLE



TEST EQUIPMENT

PHARMACY
MAYERS MEMORIAL HOSPITAL
FALL RIVER MILLS, CA 96028

Equipment Name	Manufacturer	Model	Serial	Calibration Due Date
AIR SAMPLER	PBI	SAS DUO 360	147-D-11661	01 JUL 22

All testing is performed by qualified personnel using instrumentation, procedures and methods which ensure measurements observed are reliable. When specified, testing is performed in accordance with current ISO-17025, ISO-14644, USP-<797> and ENV's Quality Manual. Specifications comply with One or More of the following; applicable IEST recommended practices, CETA CAG-009-2011v3, Manufacturer Recommendations, and/or customer determined specifications. Measurement instruments used are traceable to The National Institute of Standards and Technology (NIST). Results obtained apply to the specific room or equipment and are reflective of conditions at the time of this test.

Test equipment calibration certificates available upon request.
All viable sampling media plates and swabs supplied by ENV Services, Inc. contain neutralizing additives lecithin and polysorbate 80 per USP<797 > and USP < 825 > requirements.
Company ID: CA0434-001 Unique ID: 587201

RP22041206

M-BioLabs

ISO/IEC 17025:2017 Accredited
PJLA Accreditation # 94315
Testing

12815 Wetmore Rd., San Antonio, TX 78247 | Toll: (877) 659-4353 | Fax: (844) 849-5313 | www.mbiolabs.com

USP <797>Viable Sample Report

Client Project ID:

6008-266130 CA0434-001 MAYERS MEMORIAL HOSPITAL

Reported To:

Client Name: ENV Services, Inc
Client Address: 2880 Bergey Road, Suite K
City, State, Zip: Hatfield, PA 19940
Attn: Reports Dept
Sample(s) Condition: Acceptable.

Job ID: 22040606
Sampling Date: 04/05/2022
Date Received: 04/06/2022
Bacterial Read: 04/08/2022
Fungal Read: 04/11/2022
Report Generation: 04/12/2022

Overall Comments: Growth Present.

Above Action Level Sample Summary

COC No.	Room	Description	Test Method	ISO Class	Result (Total CFUs)	Comments

* Samples with microorganisms above the recommended action levels per USP <797> or deemed highly pathogenic. Refer to sample page below for detailed results.

USP <797> Recommended Action Levels for Microbial Contamination

ISO Class	Particulate Size ($0.5m/m^3$)	Air (400-1000L) (CFU/m^3/plate)	Surface (CFU/plate)	Post Media-Fill Gloved Fingertip (CFU/plate, combined hands, all risk levels)	Gloved Fingertip (CFU/plate, combined hands, all risk levels)	Media-Fill Test
5	3,520	>1	>3	>3	0	+ or -
7	352,000	>10	>5	N/A	N/A	N/A
8 or worse	3,520,000	>100	>100	N/A	N/A	N/A

Authorized By:

Luis Gutierrez, B.S.
Laboratory Analyst

M-BioLabs
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Client Name: ENV Services, Inc

Client Project ID: 6008-266130 CA0434-001 MAYERS MEMORIAL HOSPITAL

Job ID: 22040606
Bacterial Read: 04/08/2022
Fungal Read: 04/11/2022
Report Generation: 04/12/2022

Pass (<1 CFU): No visible growth present, less than the limit of detection.

Under Action Levels (UAL): Microorganisms under the recommended action levels per USP <797>.

Above Action Levels (AAL): Microorganisms above the recommended action levels per USP <797> or deemed highly Pathogenic.

Unclassified (N/A): non-HEPA filtered area.

COC No.	Status	Result (Total CFUs)	ISO Class	Room	Description	Test Method	Sampling	Lab Sample ID	MRL
1	Pass	<1 (CFU/m³)	5	PHARMACY	GERMFREE LFGI-3USP S/N: 3S-15-LGU-12218 MAIN CHAMBER	BACTERIA - AIR USP	1000(L)	22040606.01	1

Comments :

1	Pass	<1 (CFU/m³)	5	PHARMACY	GERMFREE LFGI-3USP S/N: 3S-15-LGU-12218 MAIN CHAMBER	FUNGAL - AIR USP	1000(L)	22040606.02	1

Comments :

1	Pass	<1 (CFU/25cm²)	5	PHARMACY	GERMFREE LFGI-3USP S/N: 3S-15-LGU-12218 MAIN CHAMBER	BACTERIA - SURFACE USP	25cm²	22040606.03	1

Comments :

1	Pass	<1 (CFU/25cm²)	5	PHARMACY	GERMFREE LFGI-3USP S/N: 3S-15-LGU-12218 MAIN CHAMBER	FUNGAL - SURFACE USP	25cm²	22040606.04	1

Comments :

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Client Name: ENV Services, Inc

Client Project ID: 6008-266130 CA0434-001 MAYERS MEMORIAL HOSPITAL

Job ID: 22040606
Bacterial Read: 04/08/2022
Fungal Read: 04/11/2022
Report Generation: 04/12/2022

COC No.	Status	Result (Total CFUs)	ISO Class	Room	Description	Test Method	Sampling	Lab Sample ID	MRL
2	Pass	<1 (CFU/m³)	5	PHARMACY	GERMFREE LFGI-3USP S/N: 3S-15-LGU-12218 PASS THRU	BACTERIA - AIR USP	1000(L)	22040606.05	1

Comments :

2	Pass	<1 (CFU/m³)	5	PHARMACY	GERMFREE LFGI-3USP S/N: 3S-15-LGU-12218 PASS THRU	FUNGAL - AIR USP	1000(L)	22040606.06	1

Comments :

2	Pass	<1 (CFU/25cm²)	5	PHARMACY	GERMFREE LFGI-3USP S/N: 3S-15-LGU-12218 PASS THRU	BACTERIA - SURFACE USP	25cm²	22040606.07	1

Comments :

2	Pass	<1 (CFU/25cm²)	5	PHARMACY	GERMFREE LFGI-3USP S/N: 3S-15-LGU-12218 PASS THRU	FUNGAL - SURFACE USP	25cm²	22040606.08	1

Comments :

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Client Name: ENV Services, Inc

Client Project ID: 6008-266130 CA0434-001 MAYERS MEMORIAL HOSPITAL

Job ID: 22040606
Bacterial Read: 04/08/2022
Fungal Read: 04/11/2022
Report Generation: 04/12/2022

COC No.	Status	Result (Total CFUs)	ISO Class	Room	Description	Test Method	Sampling	Lab Sample ID	MRL
3	N/A	<1 (CFU/m³)	N/A	PHARMACY	CENTER OF PHARMACY ROOM	BACTERIA - AIR USP	1000(L)	22040606.09	1

Comments :

3	N/A	3 (CFU/m³)	N/A	PHARMACY	CENTER OF PHARMACY ROOM	FUNGAL - AIR USP	1000(L)	22040606.10	1

	Raw CFU	CFU/m³	Organism Id Date
Non-Sporulating Colony (mold)	1	1	04/12/2022
Ulocladium (mold)	2	2	04/12/2022

Comments :

4	N/A	1 (CFU/25cm²)	N/A	PHARMACY	TOP OF TABLE	BACTERIA - SURFACE USP	25cm²	22040606.11	1

	Raw CFU	CFU/25cm²	Organism Id Date
Streptomyces (bact)	1	1	04/08/2022

Comments :

4	N/A	<1 (CFU/25cm²)	N/A	PHARMACY	TOP OF TABLE	FUNGAL - SURFACE USP	25cm²	22040606.12	1

Comments :

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Client Name: ENV Services, Inc

Client Project ID: 6008-266130 CA0434-001 MAYERS MEMORIAL HOSPITAL

Job ID: 22040606
Bacterial Read: 04/08/2022
Fungal Read: 04/11/2022
Report Generation: 04/12/2022

COC No.	Status	Result (Total CFUs)	ISO Class	Room	Description	Test Method	Sampling	Lab Sample ID	MRL
N/A	N/A	<1	N/A	N/A	(-) Controls	(-) BACTERIA CONTROL USP	0 (L)	22040606.13	1

Comments :

N/A	N/A	Growth	N/A	N/A	(+) Controls	(+) BACTERIA CONTROL USP	0 (L)	22040606.14	1

Comments :

N/A	N/A	<1	N/A	N/A	(-) Controls	(-) FUNGAL CONTROL USP	0 (L)	22040606.15	1

Comments :

N/A	N/A	Growth	N/A	N/A	(+) Controls	(+) FUNGAL CONTROL USP	0 (L)	22040606.16	1

Comments :

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Client Name: ENV Services, Inc

Client Project ID: 6008-266130 CA0434-001 MAYERS MEMORIAL HOSPITAL

Job ID: 22040606
Bacterial Read: 04/08/2022
Fungal Read: 04/11/2022
Report Generation: 04/12/2022

Media Information

Test Parameter	Media	Manufacturer	Lot#	Exp. Date
BACTERIA - MEDIA	TSA	Remel	445429	06/06/2022
FUNGAL - MEDIA	SabDex	Remel	436399	04/21/2022

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Client Name: ENV Services, Inc

Client Project ID: 6008-266130 CA0434-001 MAYERS MEMORIAL HOSPITAL

Job ID: 22040606
Bacterial Read: 04/08/2022
Fungal Read: 04/11/2022
Report Generation: 04/12/2022

USP <797>Supplemental Information

1. Growth Media
   - 1.1. Single-Plate Method
     - 1.1.1. The sample undergoes two incubations periods at times and temperatures to promote growth of bacteria and fungi.
       - 1.1.1.1. The sample is incubated inverted at 30°-35° for no less than 48 hours.
       - 1.1.1.2. The sample is examined for growth and results are recorded.
       - 1.1.1.3. Then the sample is incubated inverted at 26°-30° for no less than 5 additional days.
       - 1.1.1.4. The sample is again examined for growth and results are recorded.
   - 1.2. Dual-Plate Method
     - 1.2.1. Bacteria media device is incubated inverted at 30°-35° for no less than 48 hours.
     - 1.2.2. Fungal media device is incubated inverted at 26°-30° for no less than 5 days

2. Viable Sampling Testing
   - 2.1. Air:
     - 2.1.1. Results are reported as CFU/m^3 of air.
   - 2.2. Surface:
     - 2.2.1. Results are reported as CFU per device.

3. Media-Filled Testing
   - 3.1. Media-filled vial or IV bag is incubated for 7 days at 20°-25° followed by 7 days at 30°-35°.

4. Gloved Fingertip and Thumb Testing
   - 4.1. The sampling device is incubated inverted at a temperature range of 30°-35°C for no less than 48 hours and then at 26°-30°C for no less than 5 additional days.
   - 4.2. Are reported separately as number of CFU per employee per hand (left hand, right hand).

5. Reporting Information
   - 5.1. Positive controls are unopened samples submitted for growth promotion testing (inoculation) which eliminates false negatives. Negative controls are unopened samples submitted for incubation solely which eliminates false positives.
   - 5.2. MRL is the minimum reporting limit for a sample.
   - 5.3. Results found in this report are solely tied to the project above and the samples therein.
   - 5.4. A positive-hole correction factor has been applied to all applicable air samples. The positive-hole correction factor accounts for the statistical possibility that multiple viable particles can pass through the same hole of an air sampler head. The positive hole correction factor is applied to the total plate colony count, therefore the sum of individual organism calculated counts may be reported as less that the total plate corrected count.

6. References

- Jorgensen H., James, et al. Manual of Clinical Microbiology: 11th Edition. ASM Press, 2015.
- Holt G., John, et al. Bergey's Manual of Determinative Bacteriology: 9th Edition. Williams & Wilkins, 1994.
- St-Germain, Guy, and Richard Summerbell. Identifying Fungi: A Clinical Laboratory Handbook 2nd Edition. Star Publishing Company, 2011.
- Sciortino, Jr. V., Carmen. Atlas of Clinically Important Fungi. Wiley Blackwell, 2017.
- de Hoog S., G., et al. Atlas of Clinical Fungi: The ultimate benchtool for diagnostics, USB Version 4.1. Centraalbureau voor Schimmelcultures, Utrecht, The Netherlands.

Note: All incubation times and temperatures listed above are not applicable to samples that have been "client incubated" prior to delivery to M-BioLabs.

Mayers Memorial Hospital District Quality Committee Report

Meeting Date:	5/4/2022
Department:	Activities
Submitted By:	Sondra Camacho

List up to three things that are going well in your department.

1) Activities Hired 2 new activity aides and a part time van driver.
2) Activities plan on planting sensory/Herb garden along with flowers in fall river. Working with local senior to paint a mural for the Residents Back patio by the fish pond in Fall River.
3) Activities planning to plant Corn, watermelon and pumpkins along with flowers at the Annex this Spring. (Working on fish pond plan for Burney Annex)

Do you have any current quality improvement projects/activities underway? Please provide a brief description.
Is this a LEAN project? Y/N

N

How does this impact on patients? Do you think this is acceptable?

N/A

How does this impact on staff? Do you think this is acceptable?

N/A

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)?

N/A

Have any new quality-related issues arisen? Briefly describe.

N/A

Are there any other issues to be discussed with the Committee?

N/A

CASPER Report
Hospice-Level Quality Measure Report

Provider ID: 158954
CCN: 051738
Hospice Name: INTERMOUNTAIN HOSPICE
City/State: FALL RIVER MILLS, CA

Report Period - HIS: 10/01/2021 - 12/31/2021
Data was calculated on: 03/15/2022
Report Run Date: 04/11/2022
Report Version Number: 5.00

Please visit the Hospice Quality Reporting Program's Public Reporting: Key Dates for Providers page for details about provider reports in light of the COVID-19 Public Health Emergency.

Source: Hospice Item Set

Table 1 Legend
N/A = Not Available
Dash (-) = A dash represents a value that could not be computed
* = Quarter 4 2020 is the last quarter end date available for this measure on this report

Table 1. Hospice Item Set Quality Measures

Measure Name (NQF ID)	CMS Measure ID	Numerator	Denominator	Hospice Observed Percent	National Average	Percentile Rank Among Hospices Nationally
Treatment Preferences (NQF #1641)	H001.01	4	4	100.0%	99.5%	100
Beliefs/Values (NQF #1647)	H002.01	4	4	100.0%	98.2%	100
Pain Screening (NQF #1634)	H003.01	4	4	100.0%	97.9%	100
Pain Assessment (NQF #1637)	H004.01	2	2	100.0%	94.0%	100
Dyspnea Screening (NQF #1639)	H005.01	4	4	100.0%	98.9%	100
Dyspnea Treatment (NQF #1638)	H006.01	1	1	100.0%	97.3%	100
Bowel Regimen (NQF #1617)	H007.01	0	0	-	94.9%	-
Hospice Comprehensive Assessment (NQF #3235)	H008.01	4	4	100.0%	90.7%	100
Hospice Visits when Death is Imminent, Measure 1*	H009.01	-	-	-	-	-

CASPER Report
Hospice-Level Quality Measure Report

Provider ID: 158954
CCN: 051738
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Report Period - HIS: 10/01/2021 - 12/31/2021
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Please visit the Hospice Quality Reporting Program's Public Reporting: Key Dates for Providers page for details about provider reports in light of the COVID-19 Public Health Emergency.

Source: Hospice Item Set

Table 1 Legend
N/A = Not Available
Dash (-) = A dash represents a value that could not be computed
* = Quarter 4 2020 is the last quarter end date available for this measure on this report

Table 1. Hospice Item Set Quality Measures

Measure Name (NQF ID)	CMS Measure ID	Numerator	Denominator	Hospice Observed Percent	National Average	Percentile Rank Among Hospices Nationally
Hospice Visits when Death is Imminent, Measure 2*	H010.01	-	-	-	-	-

CASPER Report
Hospice-Level Quality Measure Report

Provider ID: 158954
CCN: 051738
Hospice Name: INTERMOUNTAIN HOSPICE
City/State: FALL RIVER MILLS, CA

Report Period - Claims (HVLDL): 10/01/2017 - 09/30/2019
Data was calculated on: 08/30/2021
Report Run Date: 04/11/2022
Report Version Number: 5.00

Source: Medicare Fee-For-Service Hospice Claims

Table 2 Legend
N/A = Not Available
Dash (-) = A dash represents a value that could not be computed

Table 2. Claims-based Quality Measure-Hospice Visits in the Last Days of Life (HVLDL)

Measure Name (NQF ID)	CMS Measure ID	Numerator	Denominator	Hospice Observed Percent	National Average	Percentile Rank Among Hospices Nationally
Hospice Visits in the Last Days of Life	H011.01	21	43	48.8%	62.1%	23

CASPER Report
Hospice-Level Quality Measure Report

Provider ID: 158954
CCN: 051738
Hospice Name: INTERMOUNTAIN HOSPICE
City/State: FALL RIVER MILLS, CA

Report Period - Claims (HCI): 10/01/2017 - 09/30/2019
Data was calculated on: 08/30/2021
Report Run Date: 04/11/2022
Report Version Number: 5.00

Table 3. Claims-based Quality Measure-Hospice Care Index

Hospice Care Index-Measure Overview

Hospice Observed Score (higher is better)	**9 out of 10**
National Average	8.7 out of 10

The Hospice Care Index (HCI) Measure observed score is the number of times a hospice earns a point across 10 indicators. The highest possible score is 10. Please see Table 3B which presents the hospice score on each of the 10 indicators that make up the HCI observed score. When a hospice receives an HCI score below 10, the hospice can identify which indicator(s) did not achieve a positive result. The HCI is Measure H012.01.

Table 3A Legend
N/A = Not Available
Dash (-) = A dash represents a value that could not be computed

Table 3A. Hospice Care Index-Provider's Points Earned on Each Indicator and Total HCI Score

Care Indicator Used To Calculate HCI	Provider Points Earned
CHC/GIP Provided (% days)	0
Gaps in nursing visits (% elections)	+1
Early live discharges (% live discharges)	+1
Late live discharges (% live discharges)	+1
Burdensome transitions, Type 1 (% live discharges)	+1
Burdensome transitions, Type 2 (% live discharges)	+1
Per-beneficiary spending (U.S. dollars $)	+1
Nurse care minutes per routine home care days (minutes)	+1
Skilled nursing minutes on weekends (% minutes)	+1
Visits near death (% decedents)	+1
Hospice Care Index Observed Score (out of 10)	**9**

CASPER Report
Hospice-Level Quality Measure Report

Technical Details on the Hospice Care Index's Observed Score

Table 3B Legend
N/A = Not Available
Dash (-) = A dash represents a value that could not be computed

Table 3B. Hospice Care Index-Hospice Score for Each of the 10 Indicators that Comprise the HCI Observed Score

#	Name (Hospice Score Units)	Numerator	Denominator	Hospice Observed Score(N/D)	National Score*	Percentile Rank Among Hospices Nationally	Index Point Criteria	Meet the Indicator's Criteria?	Provider Points Earned (Yes=1; N=0)
1	CHC/GIP Provided (% days)	1	2,205	0.0%	0.9%	36	Hospice Score Above 0%	No	0
2	Gaps in nursing visits (% elections)	6	15	40.0%	44.5%	44	Below 90 Percentile Rank	Yes	+1
3	Early live discharges (% live discharges)	0	5	0.0%	7.5%	16	Below 90 Percentile Rank	Yes	+1
4	Late live discharges (% live discharges)	1	5	20.0%	37.7%	10	Below 90 Percentile Rank	Yes	+1
5	Burdensome transitions, Type 1 (% live discharges)	0	5	0.0%	3.6%	33	Below 90 Percentile Rank	Yes	+1
6	Burdensome transitions, Type 2 (% live discharges)	0	5	0.0%	1.2%	55	Below 90 Percentile Rank	Yes	+1
7	Per-beneficiary spending (U.S. dollars $)	$486,381	60	$8,106	$14,818	11	Below 90 Percentile Rank	Yes	+1
8	Nurse care minutes per routine home care days (minutes)	43,980	2,190	20.1	15.7	89	Above 10 Percentile Rank	Yes	+1
9	Skilled nursing minutes on weekends (% minutes)	4,905	43,980	11.2%	9.1%	80	Above 10 Percentile Rank	Yes	+1
10	Visits near death (% decedents)	48	51	94.1%	91.3%	51	Above 10 Percentile Rank	Yes	+1
	Hospice Care Index Total Observed Score (out of 10)								**9**

**The National Score is calculated as the average Hospice Observed Score for all hospices, nationwide.*

CASPER Report
Hospice-Level Quality Measure Report

Table 3C. Hospice Care Index-Individual Indicators' Definitions*

#	Individual Indicators	Definition	Index Earned Point Criteria
1	CHC/GIP Provided	The percentage of hospice service days that were provided at the Continuous Home Care (CHC) or General Inpatient (GIP) level of care.	Hospice Score Above 0%
2	Gaps in nursing visits	The percentage of hospice elections, of at least 30 days, where the patient experienced at least one gap between nursing visits exceeding 7 days.	Below 90 Percentile Rank
3	Early live discharges	The percentage of all live discharges from hospice occurring within the first 7 days after hospice admission.	Below 90 Percentile Rank
4	Late live discharges	The percentage of all live discharges from hospice occurring on or after 180 days after hospice admission.	Below 90 Percentile Rank
5	Burdensome Transitions (Type 1)	The percentage of all live discharges from hospice that were followed by hospitalization within two days, and followed by hospital readmission within two days of hospital discharge.	Below 90 Percentile Rank
6	Burdensome Transitions (Type 2)	The percentage of all live discharges from hospice that were followed by hospitalization within two days, and where the patient also died during the inpatient hospitalization stay.	Below 90 Percentile Rank
7	Per-beneficiary Medicare spending	Average per-beneficiary Medicare payments (in U.S. dollars): the total number of payments Medicare paid to hospice providers divided by the total number of hospice beneficiaries served.	Below 90 Percentile Rank
8	Nurse care minutes per routine home care days	Average total skilled nurse minutes provided by hospices on all Routine Home Care (RHC) service days: the total number of skilled nurse minutes provided by the hospice on all RHC service days divided by the total number of RHC days the hospice serviced.	Above 10 Percentile Rank
9	Skilled nursing minutes on weekends	The percentage of skilled nurse visits minutes that occurred on Saturdays or Sundays out of all skilled nurse visits provided by the hospice during RHC service days.	Above 10 Percentile Rank
10	Visits near death	The percentage of beneficiaries receiving at least one visit by a skilled nurse or social worker during the last three days of the patient's life (a visit on the date of death, the date prior to the date of death, or two days prior to the date of death).	Above 10 Percentile Rank

*All indicators are defined within the reporting period for the HCI measure, as listed in the header on page 4.