Chief Executive Officer
Louis Ward, MHA

Mayers Memorial Hospital District

Board of Directors
Beatriz Vasquez, PhD, President
Abe Hathaway, Vice President
Laura Beyer, Secretary
Allen Albaugh, Treasurer
Jeanne Utterback, Director

Board of Directors
Quality Committee
Minutes

Attachment A
DRAFT

February 12, 2020
Boardroom (Fall River Mills)

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 Laura Beyer called the meeting to order at 12:01 PM on the above date.

BOARD MEMBERS PRESENT:
Laura Beyer, Secretary
Jeanne Utterback, Director

ABSENT:

OTHERS PRESENT:

STAFF PRESENT:
Louis Ward, CEO
Candy Vculek, CNO
Keith Earnest, CCO
Jack Hathaway, DOQ
Jennifer Levings
Ryan Harris, COO
Jessica DeCoito, Board Clerk
Ryan Nicholls, IT Manager
Val Lakey, ED CR & Business Development
Susan Garcia, Dietary
Steve Sweet, Purchasing
Alex Johnson, Maintenance
Sherry Rodriguez, Housekeeping

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 DATE ***Utterback/Harris*** **Approved All**

4 **DEPARTMENT REPORTS**
4.1 **Dietary: submitted written report.** Adding – handwashing survey only completed for 2 months – not sufficient information to report. Positions have been posted for department. Cafeteria closure to help the staff prepare with adequate time for our residents and patients but keeping hours for public and staff. No changes on closure hours have been planned thus far. Resident Satisfaction surveys will be going out to get their input on dietary quality. Surveys will be done quarterly – working to get all surveys on a base month of March.
4.2 **Environmental Services: submitted written report.** Adding – stained linen is always an issue and identifying what that stain is and how to properly treated. Findings show that linen has been used for things other than patient care. Spill kits are being researched to clean messes outside of patient care. Turnover in laundry facility has allowed us to reevaluate processes and work on efficiency in delivery and cleaning of the linen. Focus is on the first 3 objectives of the strategic plan is met.
4.3 **IT: submitted written report:** Adding - ticketing system has been helpful in capturing the IT needs facility wide. But have noticed improvements in the system and researching into new tools for each individual issue. New ticketing system is looking to launch around April 1st. New system is very easy on end user. SRA – successfully completed it, but inaccurate from the standpoint where all the PHI is and where are all the assets are. Working on fine tuning this with geo tagging, etc. Remediation's occurred on the

SRA to improve it. External and internal assessments for security will be researched. New firewall from hospital expansion and understanding those security needs. Revamping our servers to better serve our hospital's needs. Focus for strategic plan is adding members to the team to help.

4.4 **Maintenance: submitted written report:** Adding – Riverview House is 95% complete, sewer line will have to go in which won't be able to complete until expansion is finished. Training two guys for the same work so if one doesn't show up, we have a backup. Working on finishing the skin update on cabinets in SNF. Project management sheet is kept up to date with all the projects going on hospital wide. Focus for strategic plan is on developing outstanding staff and facility work.

4.5 **Purchasing: submitted written report:** Adding – main focus is on inventory and capturing patient charges. Inventory committee has been established to help figure out what the issues are and then develop a plan to solve that issue. Madison Kelly will be working with each department with chargeable items to help correct some inventory issues, including defining chargeable items.

Lean Process Meetings can be reported out to Board Quality.

5 **QUARTERLY REPORTS**

5.1 **Safety: submitted written report:** Adding – completed ICS training and will continue with every 6-month training to catch up all employees. Training has been pushed out through Relias but still seeing some stragglers on completion from some staff and departments. A game was created with incentives – asked employees through texting questions that required the staff to research the answers to the questions asked, which provided the staff with an opportunity to find the answers by using the Intranet, fellow colleagues, etc. New flip charts that will be posted up around the hospital facility. Safety Committee needs to regrouped – looking for just one representative to come. Madison Kelly has been appointed as Assistant Emergency Preparedness Coordinator. An Evacuation and Active Shooter Drill is being planned. Focus for strategic planning is on each objective. Security training set up for Maintenance Staff.

5.2 **CMS Core Measures: No written submitted report**: 3rd quarter 2019 was just reported. Preliminary numbers – 88 minutes for ED (avg. 129 min). Met minimum for inpatient quality reporting – hopeful to see recognition in star rating for that achievement. Trying to work with the public and get their input – it is vital. Working on getting an active member to the Board Quality Committee to represent patients and families.

5.3 **5-Star Rating: No written submitted report**: Jack sits on the Star Rating committee. Currently the criteria are not meaningful to us and we reevaluated what it should be – the work was done with Yale. A report was published and looking forward to seeing the results. SNF side went up one star and a huge improvement.

5.4 Introduction to Jennifer Levings – new member to Jack's team. Background in clinic work, analytics and has so far been a huge help to the team.

6 **STANDING MONTHLY REPORTS**

6.1 **Quality/Performance Improvement**: we have submitted 59 patient safety events and 2 CHPSO(?) this year. This also allows for networking opportunities through other facilities going through the same program/process and provides our department with lots of good insight.

6.2 **PRIME**: June 30 will come to an end. From June 30 to December 31 we will be in a test program. Ongoing meetings with DHLF and ideas have been submitted with a lot of feedback. Some changes will hopefully be seen with the QIP3.

6.3 **SNF Events/Survey**: still pending our state survey. BJ Burks retired which provided an opportunity to revamp our social care services. Acute Social Service Marinda May will take over FR SNF Social Services and we have another team member joining SNF in Burney. Full week coverage for both facilities. LEAN SNF process is ongoing – finished the first two segments – working with other facilities. Activities: recognized that some team members were driving the van and that took time away from activities with residents, so we have opened a van driver position. We have also noticed that Activities was helping with dining time for residents – changing that workflow to give activities more time but have since recognized that CNA's might have some extra duties. Goal is to streamline the workflow for ALL SNF members and help the whole department. Hiring more members to the team will help out.

6.4 **Infection Control**: actively working on preparing for a potential coronavirus event hits this hospital.

7 **ADMINISTRATIVE REPORT**:

- UCSF – sat with Rural Physician tract director – major gap between rural and urban facilities and physicians. Physician recruitment, rural rotation, partnership with UC Davis. Potential for a Nurse Practitioner rotation as part of schooling.
- Preparing for a potential coronavirus hit. Just absorbing as much information as possible to be prepared in case.

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.

- Looking at staffing and reduce the need for Registry staff.
- OneContent – our final medical record repository. HIM can create a report for the patients they know are clinic patients with details if those specific patients are ED or Acute admissions. New system has created some issues with other medical facilities.
- DHLF meetings on February 11, 2020 went really well.
- Helicopter Meeting on Feb. 11th showed more flights and inquiries.
- Employee meetings will be set up March 18 and 19
- Regional CEO Meeting in FR with surrounding facility CEOs for March 6th
- Northern Section CEO Meeting in March in Redding
- Congrats on the CEO Award.

8 **OTHER INFORMATION/ANNOUNCEMENTS**: None

9 **ADJOURNMENT:** 1:17 PM - Next Regular Meeting – March 11 , 2020 (Fall River Mills)

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