



Mayers Memorial Hospital

Chief Executive Officer
Louis Ward, MHA

Board of Directors

Michael D. Kerns, President
Beatriz Vasquez, PhD, Vice President
Abe Hathaway, Secretary
Allen Albaugh, Treasurer
Laura Beyer, Director

BOARD of DIRECTORS
MEETING AGENDA
October 25, 2017 5:00 pm
Board Room (Burney)

Mission Statement

Mayers Memorial Hospital District serves the Intermountain area providing outstanding patient-centered healthcare to improve quality of life through dedicated, compassionate staff and innovative technology.

1	CALL MEETING TO ORDER – Mike Kerns, President	
2	CALL FOR REQUEST FROM THE AUDIENCE: PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS: Persons wishing to address the Board are requested to fill out a "Request Form" prior to the beginning of the meeting (forms are available from the Clerk of the Board (M-W), 43563 Highway 299 East, Fall River Mills, or in the Board Room). If you have documents to present for the members of the Board of Directors to review, please provide a minimum of nine copies. When the President announces the public comment period, requestors will be called upon one-at-a time, please stand and give your name and comments. Each speaker is allocated five minutes to speak. Comments should be limited to matters within the jurisdiction of the Board. Pursuant to the Brown Act (Govt. Code section 54950 et seq.) action or Board discussion cannot be taken on open time matters other than to receive the comments and, if deemed necessary, to refer the subject matter to the appropriate department for follow-up and/or to schedule the matter on a subsequent Board Agenda.	
3	APPROVAL OF MINUTES: 3.1 Regular Meeting – September 25, 2017 (Attachment A)	ACTION ITEM
4	Department/Operations Reports/Recognitions: 4.1 Resolution 2017-16 – September Employee of the Month (Attachment B) <i>*Please Note:</i> Chief reports will now be at the end of the agenda in order to expand on discussion or answer questions regarding items that were addressed on the full agenda. 4.2 Hospice Quarterly Report 4.3 Director of Operations Report – Ryan Harris (Attachment C) 4.4 Telemed Written Report – (Attachment D)	ACTION ITEM Presentation Report Report
5	BOARD COMMITTEES: 5.1 Finance Committee –Chair Allen Albaugh 5.1.1 Committee Meeting Report – 401KReport from Finance Committee 5.1.2 September 2017 Financial review, AP, AR and acceptance of financials (Dispersed Separately) 5.2 Strategic Planning Committee –Chair Mike Kerns 5.2.1 Committee Meeting Report 5.2.2 Update on MVHC Merger Committee <i>*phone call with Craig Cannizzo and Steve Russo</i> <i>*will take the call at 5:30 pm and adjust agenda.</i>	Information ACTION ITEM Discussion Report Discussion

Date: September 25, 2017
Time: 1:00 P.M.
Location: Mayers Memorial Hospital
Fall River Mills, California

(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.)

CALL MEETING TO ORDER: President Kerns called the regular meeting to order at 1:00 p.m. on the above date with the following present:

Mike Kerns, President
Beatriz Vasquez, Vice President
Abe Hathaway, Secretary
Allen Albaugh, Treasurer
Laura Beyer

Board Members Absent: none

Staff Present: Louis Ward, CEO; Travis Lakey, CFO; Ryan Harris, Director of Operations; Valerie Lakey, DOPR/Clerk of the Board; Keith Earnest, CCO; Marlene McArthur, Libby Mee, Michele King

CALL FOR REQUEST FROM AUDIENCE TO SPEAK TO ISSUES OR AGENDA ITEMS:

2.1 Public Comment – none

APPROVAL OF MINUTES – A motion/second and carried, the Board of Directors accepted the minutes of the August 23, 2017 Regular Board Meeting. (*Vasquez, Albaugh*) – **Approved All**

Department/Operations Reports/Recognitions:

4.1 Resolution 2017-15–August Employee of the Month: Michele King was recognized, as August 2017 TEAM MAYERS MVP. Presented by Mike Kerns (*Hathaway, Albaugh*) **Approved All**

***Please Note:** Chief reports will now be at the end of the agenda in order to expand on discussion or answer questions regarding items that were addressed on the full agenda.

4.2 Telemedicine Report – written report was distributed in packet

4.3 Scheduled Director Report – Libby Mee, Director of Human Resources Mee reported that the main area of focus is eliminating registry from skilled nursing. There will be some permanent staff returning from leaves. The department has been working on CNA recruiting for the class – there are 13 on the list at this time. Students will be paid while going to school and will be employed by Mayers when done. One of our interns will be participating in the program. There is also a "Refer a Friend" program for our employees. Career fairs are coming up. OIT, Shasta College and Redding IOT. We have a long-term registry in lab (CLS). Ultra sound tech has joined staff as well as the respiratory therapist. With Medifis there is no "buy-out". Dietary staffing continues to be a challenge. CNO position is being advertised. We have established a Partnership with Grand Canyon University. Mee would like to do more with management training.

4.4 Director of Operations report – Ryan Harris (Written report provided in packet)

In addition to written report. Two milestones on expansion – financing is completed. GMP contract has been completed. Filed for 6 month extension with OSHPD – instead of a June 2019 we have a December 2019 deadline. Project came in over budget – concrete, drywall. \$1.5 mil will come from capital campaign (equipment). Subs will be signed by October 20th – some numbers could come in lower. Some other fees may come in lower. We locked in GMP now to lock in the interest rate.

Harris also noted the following:

Expansion of Outpatient Services – on hold
Windows are in SNF – there has been good feedback
Door skins almost complete
Fire doors almost complete
Discussion of building paint colors
Timeline for in-house laundry was provided in written report
Dietary – staffing is a large concern. A lot of turnover. Working on more established roles
ES and Maintenance will do repairs, painting, etc. on SNF rooms. Complex process with the renovation.

4.5 Disaster Conference Report – Val Lakey

Lahey discussed the California Hospital Association Disaster Conference, which was attended by Jeanette Rodriguez and Lakey. A lot of focus was on the new CMS Preparedness Rule that will be effective November 15, 2017. Lakey was a speaker at the conference and presented on the topic "Rural Challenges in Disaster Management".

5. COMMITTEE MEETINGS

5.1 Finance Committee

5.1.1 Committee Meeting Report – See minutes. Travis Lahey, Albaugh, Hathaway attended Cost Report Conference. There was a lot of discussion regarding changes in rural healthcare. Value-based, quality driven reimbursement rates.

5.1.2 August 2017 Financials (*Hathaway, Vasquez*) – Approved All

5.2 Strategic Planning Committee

5.2.1 Committee Report – Chair Kerns – Talked about dialysis. Earnest spoke about it at Med Staff to get input on the service. There were concerns about specialty-trained nurse. There is also a need to have a Physician to oversee it. Earnest has made contact with a resource to get information on Critical Access Hospitals providing dialysis.

5.2.2 Update on Merger Committee- Hathaway reported on the merger meeting with MVHC. Next meeting October 2nd at 12 noon at the Burney Clinic. The committee is looking at merger structure, legalities, benefits. MVHC Med staff will be invited to our Med Staff meetings.

5.3 Quality Committee

5.3.1 Committee Meeting – No September meeting

6. New Business (*Hathaway, Kerns*) – Approved All

6.1 Policies for Approval (*Vasquez, Beyer*)

- *Email Signature Administration*
- *Payroll Direct Deposit*
- *Public Forum During Board Meetings and Request to be Heard*

6.2 Annual By-Law Review – 1st Reading – will bring back to next meeting for further review.

6.3 Annual Board Assessment Process - The board would like to look into a different board assessment process than has been used over the past few years. (Val Lakey will research)

7. ADMINISTRATION REPORTS:

In addition to the written operations report included in the board packet, the following verbal reports and discussions are summarized below:

Louis Ward, CEO – *In addition to the written report–*

- Ward commented on the Capital Campaign Community event on Friday, September 22. Ward thanked Marlene McArthur and the Foundation.
- Ward also recognized our ACHD District of the Year Award.
- The surgery schedule will be going to every other week beginning in the middle of October. Telemedicine is going well. We will be looking at emergency pediatric cases.

- JPIA met recently.
- Reviewing health insurance.
- Reviewed Sac Valley Med Share.
- October 9th – 5150 training by the county and organized by Dr. Watson.

Marlene McArthur, IHF Exec. Director – Thanks to everyone who helped on the event. A lot of support from the businesses. There was \$12,000 in donations that night. \$12,000 from mailers.

Travis Lakey, CFO - Reviewed finance notes. Medi-cal auditors will be here next week. Regular auditors will be here next week. Inpatient census has been down along with revenue. IGT and QUAF money is out – so our days are down. Should receive money in November.

Keith Earnest, CCO – *In addition to the written* – Earnest reported on Opioid use. Dispensing on level controlled substances has gone down in the ER. Burney Safeway and Rite Aid highest north of Sacramento. New respiratory therapist, working on employee education. New floor in the lab.

Sherry Wilson, CNO – *In addition to the written report:* none

8. Information/board education/announcements

Board comments, upcoming events, etc. –Future agenda items:

Vasquez reported on the ACHD Conference

Tri-Counties Bank investment report will be in October

9. Announcement of CLOSED SESSION – 3:25 pm – Approved All

9.1 Government Code Section 54957: (Albaugh, Hathaway) - Approved

Quality Assurance: Quality Improvement Issues, Medical Staff Report (Dr. Tom Watson, Chief of Staff)

AHP RE-APPOINTMENT

Rhett Wigger – CRNA

Medical Staff Appointment

Aaron Babb, MD

9.3 Personnel Government Code 54957 – CEO Evaluation

Ward presented the board with his goals and answered questions as pertaining to the evaluation form.

10. Reconvene Open Session - (Albaugh, Hathaway) All Privileges Approved

- 4:58 pm

12. ADJOURNMENT: There being no further business, at the hour of 5:00 pm p.m., President Kerns declared the meeting adjourned. Next meeting Wednesday, October 25, 2017 – 5:00 pm– Burney



Mayers Memorial Hospital District
Always Caring. Always Here.

RESOLUTION NO. 2017-16

**A RESOLUTION OF THE BOARD OF TRUSTEES
OF MAYERS MEMORIAL HOSPITAL DISTRICT RECOGNIZING**

Tonya Seefloth

As September 2017 EMPLOYEE OF THE MONTH

WHEREAS, the Board of Trustees has adopted the MMHD Employee Recognition Program to identify exceptional employees who deserve to be recognized and honored for their contribution to MMHD; and

WHEREAS, such recognition is given to the employee meeting the criteria of the program, namely exceptional customer service, professionalism, high ethical standards, initiative, innovation, teamwork, productivity, and service as a role model for other employees; and

WHEREAS, the MMHD Employee Recognition Committee has considered all nominations for the MMHD Employee Recognition Program;

NOW, THEREFORE, BE IT RESOLVED that, Tonya Seefloth is hereby named Mayers Memorial Hospital District Employee of the Month for September 2017; and

DULY PASSED AND ADOPTED this 25th day of October 2017 by the Board of Trustees of Mayers Memorial Hospital District by the following vote:

AYES:
NOES:
ABSENT:
ABSTAIN:

Mike Kerns, CHAIRMAN
Board of Trustees, Mayers Memorial Hospital District

ATTEST:

Valerie L. Lakey
Clerk of the Board of Directors

Mayers Memorial Hospital District Operations Board Report

Respectfully Submitted by Ryan Harris, Director of Operations

October 2017

Hospital Expansion Project

1. With both the GMP established and loan closing last month, the work on the building has moved into a waiting period while OSHPD reviews the plans. During this time, Greenbough Design is working with OSHPD on the plans, alternate means of compliance, and their back checks. Layton Construction is working on sub-contractor contracts. The Mayers Team and Porter Consulting are working on a solution to our fire flow issues with a meeting happening on October 23rd with FRVSCD and the McArthur fire department. The purpose of this meeting is to further discuss solutions and the support the district needs from them for the rural exemption. We are also working on a lot line adjustment for the multiple parcels on our Fall River Campus, school fees, grading and site work permits with the county, ensuring our encroachment permit stays active with Cal Trans, as well as a air quality permit for our new generator.

Plant Operations, Maintenance, Other Construction Projects

1. Due to recent events at the Burney Annex we have decided to replace all of the exterior lights with new LED bulbs. This will make for a safer work environment for the residents and staff of the Burney Annex while saving the district money through energy efficiency.
2. Phase 1 of the SNF refresh project is in full swing and we are already seeing some of the benefits to the facility, staff and residents. This phase includes, new windows, door skins, interior doors, fire doors, entry doors, patching and painting all resident rooms. We are coordinating our efforts between environmental services, maintenance, nursing and activities staff to ensure that no more than two residents are displaced from their room for more than 8 hours. We will be completing this project in 4 phases to minimize the disruption to our residents. We are also upgrading the technology in our SNF with a larger smart TV, surround sound, Senior TV, and an iPad so residents can FaceTime with their family.
3. Maintenance staff is also working on winterizing our facility.
4. We have also contracted with Spaulding Construction to reroof our Thrift Store that had several leaks last winter.

Dietary

1. We are expecting several new dietary staff to start over the next month and I am very excited to get our staffing levels back up in this department.

2. Susan Garcia, Libby Mee, and I are working on some wage scale and title adjustments for staff that will better define roles in the department and will give a better understanding of advancement within the department.
3. Over the next couple of months we will be implementing changes to our workflow on diet orders. Due to our last survey, some requirements are causing nursing staff to do double the work by doing both a written slip and inputting the information in our EMR. This has caused some frustration on both nursing and dietary staff and we are hoping to streamline the process while staying within the title 22 requirements.

Environmental Services

1. During the SNF Refresh project EVS staff will be doing a deep clean of the rooms after each phase in addition to their monthly deep clean. Once the project is complete Dave Burks and his staff will be working with Sherry Rodriguez and her staff to do monthly routine maintenance on our SNF rooms in conjunction with the monthly deep clean. This will ensure a well maintained Skilled Nursing facility for our SNF residents.

Information Technology

1. Our phone system was down several days at the Burney Annex due to some Digium cards failing. Chris Broadway and Ryan Nichols did a great job and troubleshooting the issue as quickly as possible as well as coming up with a solution to get continued phone service to the Annex.

Telemedicine Update as of October 17, 2017

Respectfully submitted by Amanda Harris for MMHD Board

Endocrinology:

- We had clinic on September 25. It went very well, seeing two new patients and one follow-up. Our next clinic is scheduled for October 23 and I have three new patients and one follow-up lined up.
- One of our CTRC site assessment obligations was to come back with a patient story about their use of Telemed. I have one of Dr. Babb's patients in mind, she's been to see me twice now and she seems to have a positive experience. I'll be keeping in touch with her and if it continues well I'll be asking her to participate.

Nutrition:

- I spoke to Telemed2You and we will start this service in November. I now have three referrals waiting.

Psychiatry:

- We had Psych clinic on September 21 seeing two new patients and one follow-up. Sharon was there and everything went smoothly.
- We cancelled Psych clinic on October 5 due to lack of patients lined up. This is not for lack of need, but for the first clinic of the month we often have issue with share of cost clearing in time so that the patient shows eligible on the Partnership site. Telemed2You will not see the patient if they do not show current on the Partnership site, even if they are eligible according to the Medi-Cal site. This is an ongoing issue, especially if the first of the month falls on the weekend. I'm working with finance to create a better workflow to get the share of cost cleared more quickly. I'm also considering asking Telemed2You to switch Thursdays to the 2nd and 4th rather than 1st and 3rd to hopefully circumvent this issue.
- Our next clinic is scheduled for October 19 at the Annex with two new patients and two follow-up patients.

Hep C block:

- I'd like to do another Hep C block in November. I would have one follow-up patient, one new referral and a list of people to call before that to get more appointments.

Peds ER:

- Krissy Eades received the scholarship for registration for the UCD Peds Telehealth Colloquium in October in Davis, CA. She will be attending.
- UCD Peds and I have been going back and forth about our new cart. There is some debate between UCD and Dan Kurywchak (CTN, CTRC) about what kind of cart we should receive. I told them our main point is that it be free because we have no funds for this. So whatever they decide, whether it be Zoom or carts like we have in our clinic, it makes no difference. It just has to be wireless and function properly.

Billing:

- I've begun to track ancillary services billing after Telemed consults. So far, all services (primarily labs) suggested by our specialist have been ordered by the PCP except for one patient (he didn't like the Endocrinologist). All orders based on suggestions from the Telemed specialists were sent to MMHD. The ones that have been completed at time of this report show a total billed at \$4,878 for August and September.
- The single payer issue is still an ongoing problem. It's troubling to have to turn away referrals. I will continue to push for this to change.

Mayers Memorial Hospital District Medication Error Reduction Plan

August 2017

Introduction

The following represents Mayers Memorial Hospital's (MMHD) Plan for Medication Error Reduction. A previous version of this document was submitted to the Department of Public Health Center for Healthcare Quality Licensing and Certification Program in compliance with California Senate Bill 1875 in 2001.

Purpose

The purpose of this document is to describe the processes through which the organization assures the safe delivery and administration of medications to patients. The Plan for Medication Error Reduction will be referred to herein as the "Plan." The Plan is based on patient needs and rights, the mission and vision of the hospital, and standards of professional practice, with a goal to eliminate or substantially reduce medication related errors.

This document also contains a description of the scope of services, oversight and management, delivery methodology including technology, interdisciplinary collaboration, patient assessment and reassessment, patient and family or significant other involvement, patient and family or significant other education, and plan for orientation, training and education of staff.

The Plan will be reviewed annually and updated when appropriate on an ongoing basis in consideration of the changing needs of patients, staff, physicians, and the facility. Therapeutic outcomes, performance improvement, and risk management processes will also be considered. The review of the Plan's progress and revision will be accomplished on a continuous basis as part of a multidisciplinary team. The goal of the Plan is to reduce, modify, eliminate, and control conditions or practices that may cause medication errors.

Scope

The Plan applies to all patients receiving care within the facility or under the licensure of the facility, including both inpatients and outpatients. The elements include prescribing, prescription order communications, product labeling, packaging and nomenclature, compounding, dispensing, distribution, administration, education, monitoring and use.

Leadership Function

At Mayers Memorial Hospital safety is our number one value for our patients, employees, physicians, and visitors. We demonstrate integrity by doing the right thing ethically, legally, and morally. We hold ourselves to the highest standards of quality. We treat everyone with dignity and respect. We are accountable for our results and actions.

The leaders of the organization are committed to maintaining an environment that emphasizes patient safety and supports ongoing error reduction activities. Leaders actively encourage error identification and reporting by all staff. When identified, errors are given high priority. All errors are analyzed, and processes, functions and services are established or changed when appropriate to prevent recurrence and reduce risk to patients.

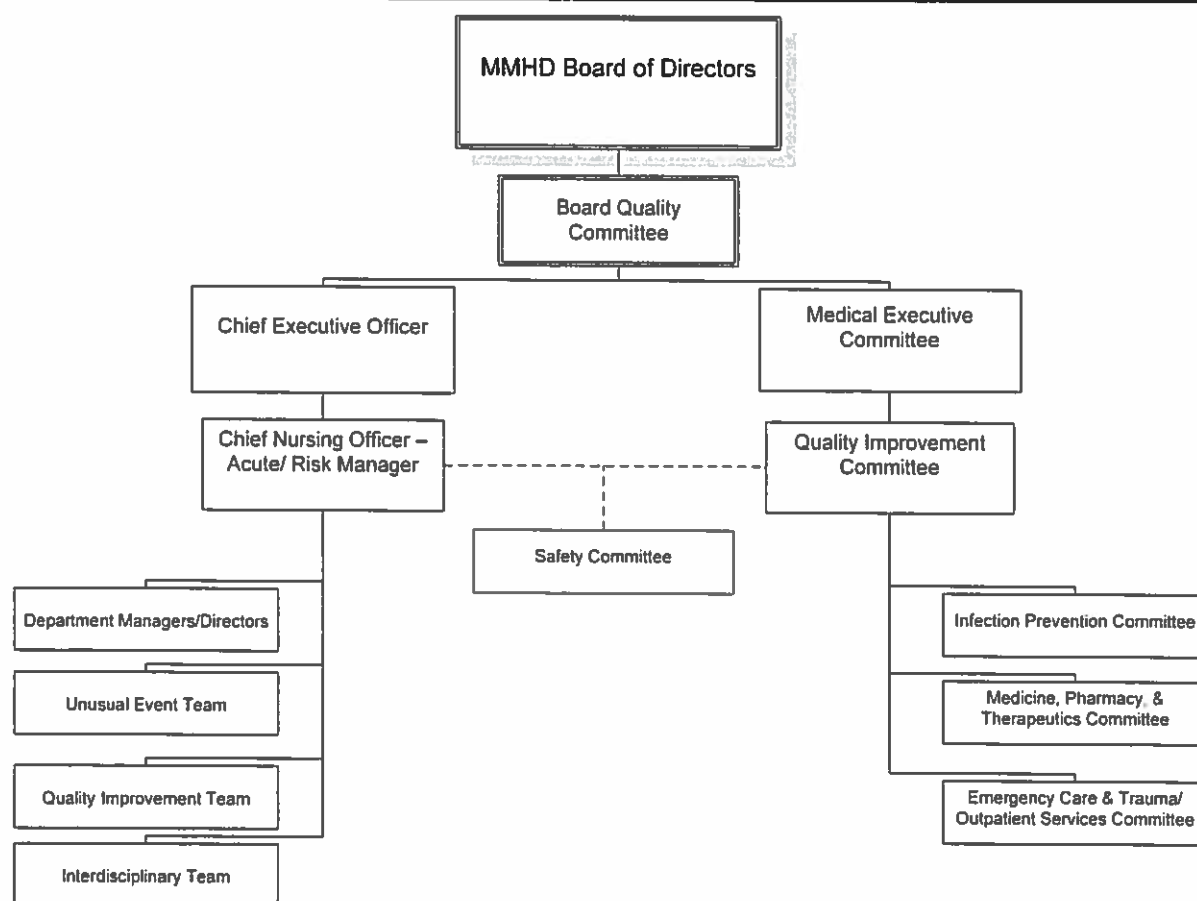
Oversight of the Plan is the responsibility of the Medicine, Pharmacy and Therapeutics Committee. This committee derives its authority from the Medical Executive Committee and the Board of Directors.

Assessment

Hospital Administration, with the support of the Medication Management Team, assembled a multi-disciplinary Minimization of Medication Related Errors Task Force in 2000. Current literature, industry, available technology, and various organizations were used as resources in order to perform a hospital-wide assessment. The Institute for Safe Medication Practice (ISMP) and The California Institute for Health Systems Performance guidelines were used to establish a baseline for this assessment. The Plan will be reviewed on a continuous basis as part of the hospital's Quality Assurance (QA) Program as new information and analysis of ongoing data collection is indicated.

Reassessments are made using information provided by the Institute for Healthcare Improvement (IHI), the Joint Commission (JC), the Food and Drug Administration (FDA), American Society of Health-System Pharmacists (ASHP) and other organizations as appropriate.

QUALITY IMPROVEMENT AND PATIENT SAFETY ORGANIZATIONAL STRUCTURE



MEDICINE, PHARMACY, THERAPEUTICS AND PAIN MANAGEMENT COMMITTEE

Composition

The Medicine, Pharmacy, Therapeutics and Pain Management Committee shall be comprised of one member of the medical staff who shall be the Chairperson and the Director of Pharmacy Services, all of whom shall be voting members of the Committee. Other attendees may include as needed for consultation the Director of Quality/Risk, the Infection Preventionist, Director of Acute Care, Surgical Services Lead, Outpatient Medical Lead, the Laboratory Services Manager, all of whom shall be non-voting members of the Committee.

Purpose

The purpose of the Medicine, Pharmacy, Therapeutics and Pain Management Committee is to develop, implement and monitor professional policies regarding evaluation, selection, and procurement of drugs comprising the Hospital formulary, distribution, administration, safety, and effect (including reactions and interactions) of drug usage, patient education and other matters pertinent to drug use in the Hospital. The Medicine, Pharmacy, Therapeutics and Pain Management Committee has overall responsibility for the Mayers Memorial Hospital District Pain Management Program. The Committee develops and implements policies and procedures relative to the care of medical patients.

- Defining and evaluating all significant untoward drug reactions and medication errors
- Making recommendations and approval of the drugs to be stocked throughout the hospital
- Evaluation and approval of all standardized drug procedures and preprinted drug orders
- Coordinating and conducting medication usage evaluation (MUE) activities and ongoing review of data related to medication MUE studies
- Reviewing instances where drug product defects have been identified or where medications have been recalled by their manufacturer or FDA
- Review of the ISMP alerts and Quarterly Action Agenda to determine potential applicability to the hospital

Accountability and Relationships

- The Medicine, Pharmacy, Therapeutics and Pain Management Committee shall be accountable to its Chairperson.
- The Chairperson of the Medicine, Pharmacy, Therapeutics and Pain Management Committee shall be accountable to the Medical Executive Committee and the Chief of Staff.
- The Chairperson of the Medicine, Pharmacy, Therapeutics and Pain Management Committee shall regularly report the business of the Committee to the Medical Executive Committee.
- The Medicine, Pharmacy, Therapeutics and Pain Management Committee will meet a minimum of four times in a calendar year.

Quality

Medication Error Reduction Plan

This is a multidisciplinary committee including pharmacy, administration, nursing, quality management, risk management, and ancillary departments and services. The team coordinates and provides information and recommendations on medication safety issues within the organization reporting directly to the MP&T Committee.

- Provides medication safety assessments, reviews current literature and recommends actions to improve the safety of the medication use system.
- Monitors alerts and recommendations from various organizations that offer valuable resources related to medication safety. (ISMP, ASHP, JC, NCCMERP etc.)
- Develops strategies to minimize the possibility of errors with drug products that have similar or confusing manufacturer labeling or packaging and/or drug names that look and sound alike.
- Limits the amount of floor stock on various units.
- Assures the safe storage of hazardous chemicals and materials in cooperation with the hospital's Safety Committee.
- Standardizes medication delivery devices whenever possible
- Standardizes prescription writing and prescribing rules.
- Standardizes IV solutions, drug concentrations, doses and administration times where appropriate.
- Provides staff education on medications and medication safety.
- Functions as a facilitator for Medical Staff, nursing and other departments to discuss issues related to medication usage.
- Reviews adverse drug reactions.
- Reviews medication administration error data. This data is tracked and trended for subsequent focus study.

Medication Error Reporting System

The Medication Error Reporting System is a non-punitive, system-based approach to error reduction supported by management, senior administration, and the Board of Directors. Practitioners are encouraged to detect and report errors. MERP teams analyze errors that have occurred within the organization and in other organizations for the purpose of redesigning systems to best support safe practitioner performance.

When a medication error or near miss occurs, a Quality Review Report (QRR) is completed. Information from this report is used to track and trend errors.

The National Coordinating Council for Medication Error Reporting and Prevention (NCC MERP) classification, indexing and severity ratings for medication error reporting may be used in assessing errors. The goal is to improve the recognition of trends and relationships between medication errors, adverse drug reactions (ADR) and adverse drug events (ADE). Continuous improvement is provided through monitoring of all types of medication errors by type, severity, location, and personnel.

Quality Management Plan

The plan encompasses planning, designing, measuring, assessing and improving the organization's systems and processes.

Risk Management Program

Goal

The goal of the Risk Management Program is to reduce, modify, eliminate, and control conditions and practices that may cause loss. The safety and well being of patients, personnel, and the public shall have the highest priority.

Integration of Quality Management and Risk Management

An effective and integrated Quality Management and Risk Management Program that integrates and coordinates all quality improvement, patient safety and risk reduction activities to focus on the identification and correction of problems to the degree of adverse impact on patient care is essential.

Incident Reporting System

The Medical Staff of Mayers Memorial Hospital's internal Risk Management Program will include the following:

- An incident-reporting system, which is based upon the duty of all health care providers, employees, and medical staff members to report adverse incidents.
- The investigation and analysis of the frequency and cause of specific types of adverse incidents causing injury to patients.
- The development of appropriate measures to minimize the risks of injuries and adverse incidents to patients.

Unusual Event Policy

The purpose of the Unusual Event Policy is to:

- Ensure compliance with the mandated reporting requirements of Health and Safety Code 1339.63, which require reporting of any death or serious disability associated with a medication error.
- Support the improvement of patient safety and quality improvement initiatives, including those involving medication safety.

- Describe the process for disclosure of an adverse medication related event to the patient or the patient's representative.
- Assign responsibility for reporting to CDPH.
- Describe the process for conducting an investigation into the cause of the event, using root cause analysis, intensified review or other approved investigative process.

Medical Device Safety Act and Program

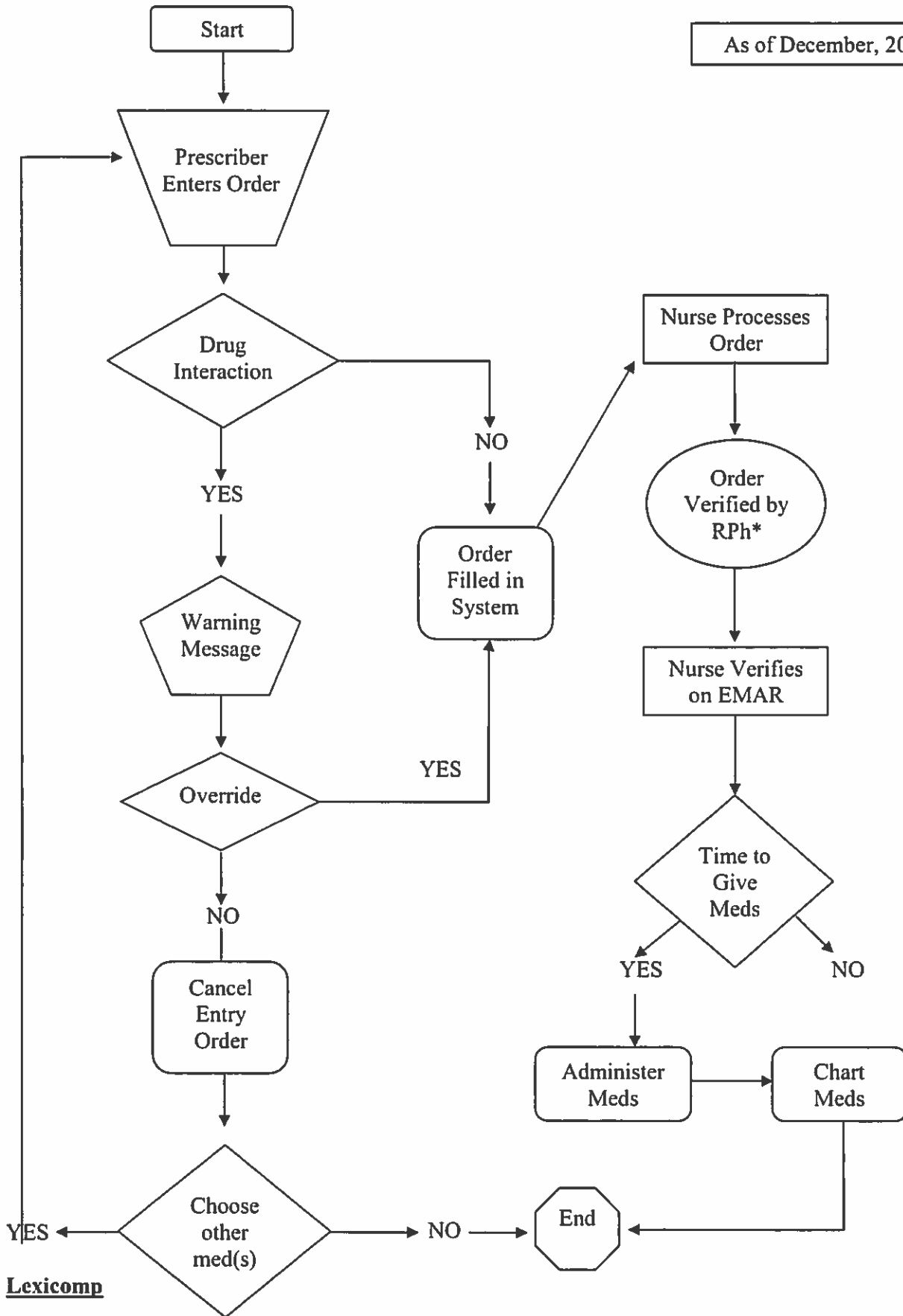
Mayers Memorial Hospital District has an Environment Patient Safety Committee that ensures that the hospital's environment is safe and that equipment operates safely, accurately, and reliably.

Biomedical inspects all new medical equipment entering the hospital for both electrical safety and functional operation before the equipment is placed into service. All medical equipment that is essential, directly or indirectly, for life support or is associated with higher than normal risk incidents during routine operation or requires, by reason of its complexity, a more intensive maintenance schedule is entered into the medical equipment database for preventive maintenance scheduling. All medical equipment requiring corrective maintenance is repaired and the service performed is documented.

All non-hospital owned equipment (rentals, doctor-owned, demonstration, leased, consignment, and patient-owned) is inspected for electrical safety and function prior to its initial use. Outside vendors must comply with all hospital equipment management policies and procedures. The Engineering Department shall ensure compliance.

All medical equipment related incidents are reported and processed in accordance with hospital policy and the Safe Medical Device Act of 1990. All medical devices recalls and hazard alerts are reviewed and if it is determined that corrective action is required, appropriate steps to ensure patient and staff safety will be taken.

As of December, 2012



Lexicomp is the leading provider of clinical decision-support tools designed to address the information needs of healthcare facilities and their professional staff. From the basics of drug identification to the impact of alternative medicine therapies, Lexicomp drug information is authoritative, accurate, and updated regularly. The information available on Lexicomp undergoes extensive review by an international editorial board of practicing professionals to ensure it is relevant, up-to-date, and reflects the most current clinical practices and research.

Drug Information

The drug information databases contain:

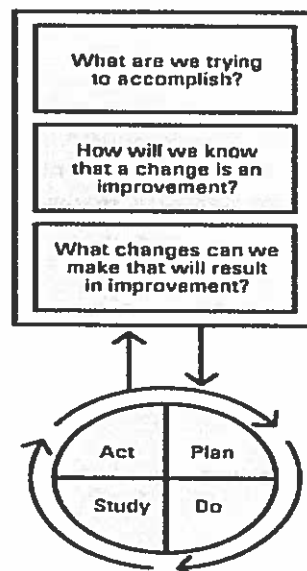
- Domestic and international data on drug ingredients, identification, dosing, cautions and effects.
- Information regarding pharmacokinetics, clinical applications, comparative efficacy, and place in therapy.
- Special emphasis on drug interactions and minimizing adverse drug events.

Patient Education

Easy-to-understand customizable documents, available in both English and Spanish, written for a sixth-grade reading level covering all aspects of medication usage.

Aim - PDSA

The goal of performance improvement programs is to measure, assess, and improve processes that relate to the outcomes of patient care. Performance improvement efforts are multidisciplinary or cross organizational in nature and may affect outcomes such as clinical status, satisfaction of patients or other customers, safety or risk reduction, cost containment, etc. The Quality Improvement/Patient Safety Program has selected Plan, Do, Change and Act as the model for improving performance.



Medication Safety Program

Abbreviations

A defined list of abbreviations, which are authorized for use in the Medical Record, is maintained by the facility.

Adverse Drug Reactions

Adverse consequences to medication therapy can result in morbidity, mortality and increased cost of care. Some adverse events due to medications are predictable and sometimes preventable. It is the goal of the Quality Improvement Patient Safety Plan to identify, analyze, trend, and reduce the number of adverse events to medications that occur in this institution, thereby improving patient outcomes.

Clarifying Medication Orders

It is the responsibility of the prescriber to assure medication orders are written in a way that results in the safe and rational use of the drug. Occasional pharmacist intervention may be necessary to document the intent of the prescriber and/or assist with adjusting the proposed therapy to obtain the intended results.

Competency Assessment

Competency assessment activities are performed for each staff member. These assessments determine the individual's ability to achieve job expectations as stated in their job description. The employee must also perform their duties while considering the special needs and behavior of specific age groups with respect to clinical interventions. Practitioners are provided with ongoing education about the safe use of drugs and error prevention.

Drug Information

The Pharmacy Department serves as the central point for information regarding drugs, their safe administration, side effects, and storage requirements. The pharmacy maintains current materials sufficient to meet the reference needs of the hospital and State and Federal regulations.

Drug Storage Areas

The Pharmacy Department is responsible for assuring medications are properly stored and accounted for throughout the hospital. Proper storage and accountability are intended to assure the availability of medications for patients that are within the manufacturer's intended potency and safety standards.

Floor Stock

The Department of Pharmacy is responsible for maintaining medication stock supplies in patient care areas throughout the hospital, as well as certain ancillary departments. Unit-based floor stock is to provide a means of obtaining medications quickly for the immediate needs of a patient.

Food/Drug Interactions

Some food and drugs interact to alter the intended actions of medications or produce undesirable adverse effects. The impact of food/drug interactions may vary from "mild and annoying" to "life threatening" in nature. A goal of the MERP is to identify potential food/drug interactions, modify the patient's diet or

medication regimen, and when appropriate, to educate the patient about their diet and medication regimens before discharge from the hospital. This is a collaborative effort between Clinical Pharmacy, Physician, Clinical Dietician and Nursing.

Infection Control

Infection control practices are followed when storing, preparing and administering medications. This process is a collaborative effort with the Epidemiologist, Medical Staff, Nursing, and Infection Prevention Committee.

Medication Administration

For a medication regimen to be most effective, medications must be administered appropriately. Medications are administered pursuant to a physician's order; the right medication, at the appropriate dose, to the patient for whom they were ordered, by the route ordered, and at times appropriate to the dosage frequency. All medication administration is documented in the patient's medical record.

Patients are identified by using two separate identifiers. Medications are administered exactly as ordered by the physician. The nurse giving the medication is responsible to visualize that the medication has been taken.

Medication Security

All medication storage areas shall be either locked or otherwise secured in such a way to prevent access to medications by unauthorized persons or diversion of medications to unintended persons; and to assure that they will be available to the patient when needed. Only licensed pharmacists or pharmacy personnel under the direct supervision of a pharmacist will have access to the pharmacy.

Medication Stop Orders

In accordance with regulatory agencies and in the interest of the welfare of the patient, automatic stop orders are necessary for individual and selected classes of medications.

Metric System

A standard weight and measurement system is used throughout the hospital to provide consistency with dosing and measuring practices while enhancing patient safety.

Patient and Family Education

The goal of patient/family education is to improve patient outcomes by promoting recovery, quick return to function, healthy behavior, and to involve patients in their care. Teaching the patient and/or their family members or caregivers about the medications being prescribed, while hospitalized and at discharge, is a multidisciplinary process. Medication teaching is intended to improve compliance with prescribed therapy, reduce adverse effects of medications, and assess the understanding of the prescribed therapy.

Physical Environment

Medications are prescribed, transcribed, prepared, dispensed, and administered in a physical environment that allows practitioners to remain focused on medication use without distractions.

Unit Dose System

A unit dose system is provided where appropriate and available.

Product Labeling

Labeling of medications is standardized according to MMHD policy, applicable to law and regulations and standards of practice. Unit Dose medications will include name, strength, lot number and expiration date. Compounded sterile products will include patient name, date of manufacture, name and amount of additive, and beyond use date.

Verbal Orders

At times, it may not be possible for the physician to physically write or enter a medication order for a patient when it is needed. The verbal order process allows medication therapy to begin through a mechanism meant to give the physician a method of caring for the patient, although they may not be physically present. Healthcare practitioners utilize Verbal Order Read Back when confirming orders. All verbal orders for medications are to be authenticated by the prescribing physician.

Clinical Pharmacy Program

Centralized Intravenous Admixture Service

The Department of Pharmacy is responsible for the preparation of intravenous admixtures intended for patient administration. The provision of this service is according to all standards relating to aseptic technique and is under the direct supervision of a pharmacist at all times. The preparation of sterile intravenous admixtures requires a comprehensive knowledge of aseptic technique, including attention to detail and uniformity of technique. Procedures for the safe handling and distribution of chemotherapeutic agents are necessary to assure the safety of the patient, as well as the health care worker. It is imperative that all personnel involved in the use of these agents understand the danger of these products and the policy and procedures required in their handling. Commercially prepared, premixed IV solutions in standard concentrations are utilized whenever available. All other IV admixtures are prepared in the pharmacy and distributed in individual patient specific doses, except in emergent situations.

Clinical Guidelines

The Clinical Pharmacy will develop medication utilization guidelines to provide for consistent intervention, maximization of drug therapy, improved outcomes, and efficient use of resources. The Medical Staff will approve all clinical guidelines that involve dosing of medications to patients.

Clinical Pharmacy Dose Monitoring System

To utilize the clinical pharmacy services in a consultative capacity, the medical staff member shall indicate such intent by using the Pharmacy to dose/monitor order either verbally or in writing. A clinical pharmacist shall act as a consultant under Medical Staff approved guidelines on the physician's behalf for the specific therapy indicated and make adjustments to the dosage, dosage interval, and/or order laboratory tests as deemed appropriate to ensure optimum therapy and patient safety. A clinical pharmacist shall

make entries into the Physician Progress Notes of each monitored patient's chart in such a fashion that all physicians and other care providers associated with the case will be clearly aware of the therapeutic goals and the dosing or monitoring currently being utilized to attain them. Open communication will be maintained at all times with the physicians and nurses associated with the case.

Clinical Pharmacy Operations

Pharmacists operate under the Interdisciplinary Plan of Care and a set of Clinical Guidelines approved by the Medical Staff.

Drug/Drug Interactions

McKesson's Paragon System includes an automated software program for drug/drug interactions. This system monitors both inpatient and outpatient drug therapy. The system provides information/warnings on all potential drug/drug interactions and severity levels.

Drug Product Defects

Drug product defects must be identified and reported by the Pharmacy Department to the appropriate regulatory agency such as U.S.P., F.D.A., and/or N.R.C. These defects must be identified to eliminate the potential for compromising patient safety.

Drug Recalls

The Pharmacy Department has designed a mechanism to ensure the retrieval and safe disposition of recalled medications.

Dual Check

Medications undergo a series of double-check mechanisms before administration to the patient. These orders are also checked by the RN caring for the patient. Non-emergent medications are checked by a pharmacist prior to dispensing, and these medications are checked by the RN prior to administration.

Expired Medication and Other Unusable Medications

Expired medications and other unusable medications are stored in a manner that prevents their use and distribution and ensures that they are disposed of safely.

Medical and Hospital Committees

Pharmacists will serve as members and consultants on interdepartmental and Medical Staff committees where appropriate.

Pharmacist Participation

Participation on a regular basis ensures the availability of pharmaceutical decision support in patient therapeutic assessments, the goal being to make relevant patient information available at the point of patient care.

Elements of Medication Management Appendix 1

Prescribing

- Physician's Orders P&P
- "Thou Shall Not Use List"
- Approved abbreviations list
- "Write out Morphine"
- Reporting critical & non-critical test results

Prescription Order Communications

- Physicians Orders-Verbal and/or Telephone P&P
- SBAR communication program

Product Labeling

- ISMP Recommended Tall Man Letters
- Use of Multidose Vials P&P
- Unit dose packaging P&P
- Performance Improvement-saline flushes
- PharmTrak-Patient Risk Warning Label
- Concentration changed label
- Surgery/Anesthesia syringe/basin labels
- Medication Added Label
- Hand written label
- PCA label (PharMEDium)

Packaging and Nomenclature

- Look-Alike or Sound-Alike Medications/ Confused Drug Names P&P
- Vitamin K Performance Improvement
- Epidural Label (PharMEDium)

Compounding

- Sterile Admixture End Product Testing P&P
- Sterile Admixture Performed by Nursing Staff P&P
- Sterile Compounding License
- Admixture Guidelines and Expiration Dates
- Admixture Guidelines and Expiration Dates for Antibiotics
- Compounding Self Assessment
- Premixed Magnesium-Performance Improvement

Dispensing

- Patient Controlled Analgesia (PCA) P&P
- Use of Oral Syringes P&P
- Look-Alike or Sound-Alike Medications and Confused Drug Names P&P
- Potassium Pre-mixed IV solutions list
- Potassium Parenteral P&P
- Heparin Pump Warning
- Admixture Guidelines

Distribution

- Floor Stock Lists
- Pyxis Stock List

Administration

- High Alert Medications P&P and Flowsheet
- Medication Administration Times
- Sample Medication Worksheet
- Epidural tubing with stripe
- PCA Flow Sheet
- Medications Flow Sheet
- Continuous Narcotic Drip Record

Education

- Med-Surge (Acute Care) Orientation
- Medication Reconciliation
- Medication Error Non-Punitive Environment Survey

Monitoring

- Unusual Events P&P
- Adverse Drug Reaction P&P
- Adverse Drug Reaction Report

Use

- Unusual Events
- Opioid Tolerant-Fentanyl Patches
- Handbook on injectable drugs
- Demerol® Use
- Promethazine Action Plan
- Promethazine Performance Improvement
- Formulary Policy-Droperidol

MAYERS MEMORIAL HOSPITAL DISTRICT POLICY AND PROCEDURE

VASOACTIVE DRIPS—INOTROPIC NURSING ADMINISTRATION

Page 1 of 4

DEFINITION:

For all intents and purposes, the word “patient(s)” refers to all customers receiving health care services in our facilities, including inpatients, outpatients, residents and clients.

POLICY:

To provide safe intravenous administration of vasoactive medication. This policy serves as a brief overview of important points of vasoactive medications and is not intended to be exhaustive. Vasoactive medications included are Dopamine, Dobutamine, Epinephrine, Norepinephrine, and Phenylephrine.

- Dopamine in renal doses (i.e. <5mcg/kg/min) is covered in a separate policy.
- This policy does not cover pediatric uses.

PROCEDURE:

1. Nursing will obtain an order for the vasoactive medication. Validate with the physician the parameters to be used when titrating intravenous vasoactive agents.
2. Infusions of vasoactive medications must be initiated on monitored patients.
3. Use standard concentration of vasoactive medication unless directed otherwise by the physician.
4. Prior to initiation of intravenous vasoactives, the nurse will:
 - Assess the patient for factors requiring correction prior to administration such as hypovolemia, unstable dysrhythmias, and acidosis.
 - Ensure adequate intravenous access by verifying blood return from the peripheral or central venous access device.
 - Assess the patient's neurological status upon initiation of intravenous vasoactive agents and then every four hours.
 - Ensure the patient is on cardiac monitoring.
5. Notify the physician of factors requiring correction prior to initiating intravenous vasoactive agents, e.g., hypovolemia, acidosis, and unstable dysrhythmia.
 - Alert the physician if any intravenous vasoactive medications (with the exception of phenylephrine) are ordered for a patient with a history of hypertrophic cardiomyopathy.
6. When possible, all intravenous vasoactive agents will be administered through a central line (**norepinephrine, epinephrine, and phenylephrine must be infused via central line unless used in a code situation**).

- A portacath infusion device may be used temporarily until a more secure central access has been established (a portacath may not be used for medication infusion during CPR).
7. Check compatibilities of vasoactive infusion before administering another drug at a Y-site.
 8. The rate of the intravenous vasoactive infusion will be documented hourly.
 9. A rhythm strip will be documented upon initiation of the vasoactive agent and every four hours and with any changes.
 10. Nurse monitoring
 - Vital signs will be documented, prior to and every fifteen minutes during initiation of therapy and during titration of vasoactive agent until the desired clinical response has been maintained for one hour, then vital signs every hour.
 - Strict intake and output hourly.
 11. If an intravenous vasoactive agent is infused via peripheral access, the site will be assessed and documented every hour for signs of extravasation.
 - Patients with history of occlusive vascular disease will be assessed every four hours for any changes in skin color, sensation, and temperature of their extremities.
 12. If extravasation occurs:
 - Stop the infusion and immediately notify the physician.
 - Attempt to withdraw any excess fluid back through the catheter from the tissue prior to removal of the catheter.
 - Per physician order, inject the affected subcutaneous areas with the prescribed dose of phentolamine (Regitine®) if indicated for the specific drug (Dobutamine/Dopamine).
 - Apply warm moist heat to affected area.
 13. Alert the physician if the patient develops adverse effects such as
 - CNS: headache, mild tremors, anxiety, apprehension, blurred vision, vertigo, or restlessness. GI: abdominal cramps, nausea, or vomiting.
 - RESP: dyspnea, respiratory distress
 - CV: dysrhythmia, hypotension, hypertension, angina, palpitations, tachycardia, flushing, retrosternal discomfort, bradycardia, diaphoresis, or peripheral ischemia.
 - GU: decreased urine output.
 - Other: nephrogenic diabetes insipidus, and thrombocytopenia with amrinone, and hyperglycemia with all vasopressors.

SPECIAL CONSIDERATIONS:

The following is a brief summation of the various medications covered by this policy. The summations do not include all indications, contraindications, or compatibility information. Please consult the Department of Pharmacy or a medication reference.

Dobutamine (Dobutrex®)

Dobutamine is a positive inotropic drug that stimulates both b- and a-adrenoceptors, which in congestive heart failure tends to improve cardiac performance and reduce

peripheral vascular resistance. It is particularly useful in patients with severe, decompensated CHF who are not responsive to other therapies. It can only be administered intravenously. The dosage range is 2.5 to 15 $\mu\text{g}/\text{kg}/\text{min}$.

Dopamine (Intropin®)

Dopamine is an endogenous catecholamine that is the immediate precursor of norepinephrine. Renal doses of dopamine are covered in a separate policy. Intermediate doses lead to increased contractility and increased cardiac output. Dopamine receptor responses are dose related:

- 1-5 mcg/kg/minute-----Dopaminergic (renal response expected)
- 5-10 mcg/kg/minute----- β -adrenergic (cardiac stimulation/vasodilation)
- >15 mcg/kg/minute----- α -adrenergic (vasoconstriction)

Epinephrine (Adrenalin®)

Stimulates α and β adrenergic receptors resulting in cardiac stimulation, relaxation of smooth muscle of the bronchial tree and dilation of skeletal muscle vasculature. Used for hypotension refractory to dopamine and dobutamine. Initial rate of 0.1-1 mcg/kg/min and titrated to desired effect.

Norepinephrine (Levophed®)

Norepinephrine stimulates β_1 adrenergic receptors and alpha-adrenergic receptors causing increased contractility and increased heart rate as well as vasoconstriction, thereby increasing systemic blood pressure and coronary blood flow. Clinically the vasoconstriction effects are greater than the inotropic and chronotropic effects. Initial rate 4mcg/min and titrate—usual range 8-12 mcg/min.

Phenylephrine (Neo-Synephrine®)

Potent direct acting α adrenergic stimulator (with some weak β adrenergic effects) that produces systemic arterial vasoconstriction. Initial dose of 100-180 mcg/minute until blood pressure stabilized, then maintenance rate of 40-60 mcg/min.

Drug	Standard Single Strength Concentration
Dobutamine (Dobutrex®)	250mg in 250ml of D5W
Dopamine (Intropin®)	400mg in 250ml of D5W
Epinephrine (Adrenalin®)	1mg in 250ml of D5W or NS
Norepinephrine (Levophed®)	4mg in 500ml D5W
Phenylephrine (Neo-Synephrine®)	10mg in 250ml D5W or NS (40mcg/ml)

REFERENCES:

Vasopressors and Inotropes. Global RPh <http://www.globalrph.com/icu-agents.htm>
accessed 3/16/2017
National Institutes of Health, U.S. National Library of Medicine, **DailyMed Database.**

COMMITTEE APPROVALS:

P&P: 5/11/2017
MEC: 9/13/2017
BOD

The following are the new and revised Policies and Procedures that have been approved by the Policy and Procedure Process. These policies and procedures have been put in the appropriate hospital manuals.

Date: October 1, 2017

For Quarter Ending September 30, 2017

Manual Name	Document Name/Policy	New/Revised
Activities	Activity, Resident	Revised
Acute - Med Surg	Record of Death Permit to Release Body MMH3	Revised
Acute - Med Surg	Compresses, Warm	Revised
Acute - Med Surg	Quality of Care, Swing Bed	Revised
Acute - Med Surg	Blood Glucose Monitoring - Roche AccuData GT	Revised
Acute - Med Surg	HEPA-Care Portable Unit-Negative Pressure and	Revised
Acute - Med Surg	Injection, Intramuscular	Revised
Acute - Med Surg	Sling Application	Revised
Anesthesia	Anesthesia Administration - Informed Consent	Revised
Anesthesia	Anesthesia Administration, Location of	Revised
Anesthesia	Anesthesia Procedure - Block Record MMH521	Revised
Anesthesia	Anesthesia Record, Completion of	Revised
Anesthesia	General Principles of Anesthesia Care	Revised
Anesthesia	Medication Audit Record, Anesthesia MMH424	Revised
Anesthesia	Outdated Medications, Anesthesia	Revised
Board of Directors	Chief Executive Officer Compensation	New
Board of Directors	Disbursement of Funds	New
CAH	Surgical Services	Revised
CAH	Comprehensive Care Plans - Swing Bed	Revised
Disaster	Communication Processes	Revised
Disaster	Emergency Operations Plan Activation Evaluatic	Revised
Disaster	Emergency Operations Plan-Exercises and Imprc	Revised
Disaster	Power Failure Contingency	Revised
Emergency Department	Broselow Monthly Check List MMH540	Revised
Emergency Department	Codes Paging	Revised
Emergency Department	Electrocardiogram	Revised
Emergency Department	Midazolam Intranasal (Versed)	Revised
Environmental Services	Absentee Replacement - Environmental Service:	Revised
Environmental Services	Unit Daily Cleaning Occupied Room	Revised
HIM	Birth Certificate Registration / Paternity	Revised
HIPAA	Administrative Safeguards Testing and Revision	Revised
HIPAA	Authorization and-or Supervision - Access Estab	Revised
HIPAA	Implementation Specification-Automatic Logoff	Revised
HIPAA	Protection from Malicious Software	Revised
Hospice	Gratuities, Hospice	Revised
Hospice	Pain and Symptom Management - Hospice	Revised
Hospice	Anti-Kickback Statute	Revised
Hospice	Core Services - Hospice	Revised
Hospice	Diversity	Revised

Manual Name	Document Name/Policy	New/Revised
Hospice	Home Visit Procedure for Non-Hospice Employee	Revised
Hospice	Hospice IDT-Definition of Roles	Revised
Hospice	Infection Control - Bag Technique	Revised
Imaging	Imaging Competency Assessment	New
Imaging	Ultrasound Transducer (Probe) Cleaning	New
Imaging	Clavicle	Revised
Imaging	Chest X-Ray	Revised
Imaging	Facial Bones X-Ray	Revised
Imaging	Purging of Radiology Films	Revised
Imaging	Ribs-Above Diaphragm	Revised
Imaging	Scapula X-Ray	Revised
Imaging	Shoulder X-Ray	Revised
Imaging	Sinus X-Ray	Revised
Imaging	Skull X-Ray	Revised
Imaging	Sternum X-Ray	Revised
Imaging	Temperomandibular Joints X-Ray	Revised
Imaging	Cervicle Vertebra (C-Spine)	Revised
Imaging	Elbow X-Ray	Revised
Imaging	Hand/Fingers X-Ray	Revised
Imaging	Hip Injection, Materials (Dr. Bleazard)	Revised
Imaging	Hip X-Ray	Revised
imaging	Knee and/or Patella X-Ray	Revised
Imaging	Leg Length Study	Revised
Imaging	Lumbosacral Spine X-Ray	Revised
Imaging	Maternal Abdomen - For Fetal Position	Revised
Imaging	CTA Lower Extremity w contrast	Revised
Imaging	CTA Upper Extremity w Contrast	Revised
Imaging	Nuclear Commission Guide, Number 8.13 Instru	Revised
Infection Control	Annual Tuberculosis Assessment MMH298	Revised
Infection Control	Health Care Associated Infections (HAI) Surveill	Revised
Infection Control	IV Catheter Maintenance Guidelines MMH162	Revised
Infection Control	List of Communicable Diseases MMH474	Revised
Infection Control	Physician Orders Influenza-Pneumococcal-MRS/	Revised
Infection Control	Surgical Site Infection Worksheet MMH504	Revised
Infection Control	Varicella Vaccination Consent Form MMH381	Revised
Infection Control	Varicella Vaccination Declination Form MMH371	Revised
IV-Med	Controlled Drug Distribution	Revised
IV-Med	Discharge Prescriptions - Discharge Teaching	Revised
IV-Med	Saline Lock and Flush	Revised
IV-Med	Saline, Hypertonic	Revised
Medical Staff	Physician-to-Physician Consultation Procedure	Revised
Medical Staff	Risk Management Occurrence Screen Form - Ar	Revised
Obstetrics	Labor Progress Record MMH909	Revised
Obstetrics	Transcutaneous Bilichek Monitor, Use of	Revised
Outpatient Medical	Alginate Dressings-Wound Care	Revised
Outpatient Medical	Circumcision, Newborn	Revised
Outpatient Medical	Injectafer (carboxymaltose) Preprinted Order St	Revised

Manual Name	Document Name/Policy	New/Revised
Outpatient Medical	IV Therapy Flow Sheet MMH64	Revised
Outpatient Medical	OPS Treatment Progress Note MMH292	Revised
Outpatient Medical	Photographic Wound Documentation MMH78	Revised
Outpatient Medical	Physician Referral Letter MMH588	Revised
Outpatient Medical	Physicians Order - IVIG Therapy/Central Line Ca	Revised
Outpatient Medical	Rabies Vaccination Consent Form MMH430	Revised
Patient Access	Discount and Charity Care Application MMH457	Revised
Patient Access	Advance Directive Policy MMH494	Revised
Pharmacy	Emergency Pharmacy Service and Emergency Ki	Revised
Pharmacy	Fentanyl Transdermal System (Duragesic) Presc	Revised
Pharmacy	Medications Not Covered by Third Party Payers	Revised
Pharmacy	Pharmacy Access When the Pharmacy is Closed	Revised
Pharmacy	PHARMACY AFTER HOURS ENTRY LOG MMH597	Revised
Pharmacy	Residents with Dementia Antipsychotic Medical	Revised
Pharmacy	Syringe Pump	Revised
Pharmacy	Vaccine Storage, Refrigerator Monitoring	Revised
Pharmacy - Sterile Compounding - Pharmacy ONLY	Hand Sanitizing and Garbing Sequence - Clean R	New
Pharmacy - Sterile Compounding - Pharmacy ONLY	Parenteral Products - Quality Assurance	Revised
Physical Therapy	Specialized Rehabilitative Services	Revised
Physical Therapy	Gait Training	Revised
Preprinted Orders	Radiology Request - Spanish MMH469S	Revised
Preprinted Orders	Acetaminophen Overdose Protocol MMH507	Revised
Preprinted Orders	Physician Orders - Acute Coronary Syndrome/A	Revised
Preprinted Orders	Physician Orders - Cardiac Rehab Referral MMH	Revised
Preprinted Orders	Physician Orders - Preoperative and Postoperati	Revised
Preprinted Orders	Physician Orders - Unscheduled Cesarean Sectic	Revised
Preprinted Orders	Physician Orders - Zoledronic Acid Reclast Refer	Revised
Purchasing	Disposition of Assets/Equipment	Revised
Purchasing	Inventory Transaction Corrections	Revised
Purchasing	Product Substitutions	Revised
Purchasing	Review of Open Purchase Orders	Revised
Purchasing	Stock Back Orders	Revised
Purchasing	Stock Item Purchasing	Revised
Purchasing	Stock Rotation	Revised
Purchasing	Storeroom layout	Revised
Purchasing	Transfer of Surplus Equipment/Property	Revised
Purchasing	Vendor Evaluation	Revised
Purchasing	Vendor Shipping Errors	Revised
Respiratory Therapy	Oxygen Hoods, Infant	Revised
Skilled Nursing	Controlled Substance Disposal Record Form MM	New
Skilled Nursing	Discontinued Medication Log MMH574	New
Skilled Nursing	Discontinued Medications and Controlled Subst	New
Skilled Nursing	Narcotic Control Sheet for 1/2 Tablets MMH582	New
Skilled Nursing	Narcotic Control Sheet for Fentanyl MMH582D	New
Skilled Nursing	Narcotic Control Sheet for Liquids MMH582C	New
Skilled Nursing	Narcotic Control Sheet for Whole Pills and Table	New
Skilled Nursing	Communication, Aphasia Dysphasia	Revised

Manual Name	Document Name/Policy	New/Revised
Skilled Nursing	Delivery of Personal Property of Deceased Patie	Revised
Skilled Nursing	Diabetic Foot Care	Revised
Skilled Nursing	Mail	Revised
Skilled Nursing	Pre-Surgical Procedure, LTC Form MMH117	Revised
Social Services	Geriatric Depression Scale MMH337	Revised
Surgery	Assistants for Surgery	Revised
Surgery	Autoclave Function Monitoring	Revised
Surgery	Colonoscopy Bowel Prep Instructions MMH440	Revised
Surgery	EGD Prep Instructions MMH520	Revised
Surgery	Event Related Guidelines and Responsibilities fo	Revised
Surgery	History and Physical Short Form for Surgery MV	Revised
Surgery	Request to Be Cleared for Scheduling MMH493	Revised
Surgery	Warming of Parenteral and Irrigation Solutions	Revised



Mayers Memorial Hospital

Operations Report October 2017

Statistics	September YTD FY18 <i>(current)</i>	September YTD FY17 <i>(prior)</i>	September Budget YTD FY18
Surgeries <i>(including C-sections)</i> ➤ Inpatient ➤ Outpatient			
Procedures <i>(surgery suite)</i>			
Inpatient	489	503	542
Emergency Room	1087	1053	1012
Skilled Nursing Days	6979	7358	7200
OP Visits (OP/Lab/X-ray)	3950	3932	4110
Hospice Patient Days	203	363	390
PT	1005	646	820

Operations District-wide

Prepared by: Louis Ward, MHA, Chief Executive Officer

MMHD/MVHC Merger Committee

This month the MMHD – MVHC Merger Committee met again to discuss the legalities of a possible merger of the hospital district and Mountain Valley’s Health Centers. The meeting was well attended by hospital and clinic staff as well as members of the board of both organizations. The group was joined on the phone by the hospital lawyer, Craig Canizzo and a clinic expert, Steve Russo. The two experts greatly assisted with our conversation while we discussed options, particularly a merger model entitled the “Public Entity Model.” The public entity model is a model that has been used many times in the state of California allowing Public Hospitals an avenue to work more closely with private federally qualified health centers such as Mountain Valley’s Health Centers. This topic will be discussed further at this month’s Board meeting and once again, Mr. Canizzo and Mr. Russo will join us by phone to assist in continuing the conversation.

CDPH Meeting

This month I met with many administrators throughout the north state and the leadership of the California Department of Public Health Chico office. The purpose of the meeting was to explore areas where the hospitals and the CDPH office can begin to work together in our shared mission of ensuring access to high quality care to the patients we serve.

Employee Health Benefits

During late September and early October, Administration worked with hospital staff to renew health benefits for all hospital employees and their families that elect to participate in the hospital coverage. This year the hospital rolled out a new electronic health benefits portal allowing employees to renew their coverage online as well as save all pertinent coverage documents in an electronic profile. This process was largely a paper process in years past, lengthening the process and creating opportunities for errors. The portal has received great feedback from the staff throughout the past month. Thanks to Kelly Babajan, Benefits Coordinator for her hard work on this project.

SNF Intake Process

Throughout this month, Administration met individually with all of the leadership of the Skilled Nursing Facility regarding the SNF intake process. We gained valuable information about how the process is currently working as well as areas staff feel we can improve on. Over the next month we plan to meet with the leadership of the SNF multiple times to ensure we work through the SNF admit process through the lens of a resident family. It is imperative we refine our process in an effort to ensure residents and their families have a great experience while transitioning into skilled nursing care. More information to be reported verbally on this item at the October BOD meeting as well as can be found in the Oct BOD minutes.

Hospital Council Summit

In late September, I attended the California Hospital Association Hospital Council Conference in Tahoe. The conference agenda was full of great learning opportunities as well as provided a great opportunity to collaborate with other hospital administrators on the challenges we all face. We spoke at length about potential legislature changes at both the state and federal levels that could affect rural healthcare. Collectively, the group is closely watching all of the healthcare legislation proposals at the national level as many of the proposed changes have the potential of affecting rural health. More information on the Summit and current legislation to be reported verbally at the October BOD meeting.

Respectfully Submitted by:
Louis Ward, MHA
Chief Executive Officer

Chief Clinical Officer Report

Prepared by: Keith Earnest, Pharm.D., Chief Clinical Officer

Laboratory

- A joint policy between MVHC and Mayers addressing cancelling and reordering labs has been developed. The goal of the policy is to reduce provider frustration when not all labs are collected at the same encounter.
- Mayers lab will be precepting phlebotomy interns from Lassen College starting in November.
- Lab and IT staff continue to working closely with MVHC to improve the reporting process and eliminate duplicate faxes. Several successful interventions have been made.

Physical Therapy

- The department is recruiting a physical therapist.
- Daryl Schneider, PT manager, is exploring how we can make the process to obtain DME as smooth as possible when a patient is discharged from Med-Surg/Swing.

Pharmacy

- IT and pharmacy staff are working to resolve some issues in the Pyxis® interface, particularly in the areas of discharges and first doses.
- The Pyxis® anesthesia machine is yet to arrive but should ship this month.
- The pharmacy department is awaiting on-site sterile compounding inspection.

Imaging

- Alan Northington, Imaging Manager, visited Renown in Reno, to preview the C-arm that Mayers will be acquiring.
- The CT table in the trailer was replaced as the old one failed.
- The mobile x-ray unit is in use. It has superior portability and quality. The resolution allows it to be used for images that are not traditionally portable.

Respiratory Therapy

- Mayers has purchased two MetaNeb machines. They are hospital grade small volume nebulizers that will bring Mayers up to current standards. Department training is complete and nurse training will be added to the next skills lab.
- Gina Lobo, RT, respiratory manager, is updating and re-launching the pulmonary rehab program.
- Gina is also updating disposables to align with current standards.

Acute Hospital/Outpatient Services

Emergency Department

- We treated 354 patients in the Emergency Department in the month of September.
- We have received all the equipment that was purchased with the donation funds received from a community member and are happily putting it to good use in the department.
- I participated in the Campaign Kick-off event in September by assisting with tours of the “new ER.” It was fun to interact with community members and share in the excitement of the coming facility.
- We implemented additional updates to the Crash Carts throughout the facility and are working closely with each department to ensure we are upholding a standardized process in preparation for a revisit from the State surveyors.
- I was able to send 2 RN’s from the ER to a Pediatric Continuing Education course, as well as send 2 RN’s for certification in the Trauma Nurse Core Course (TNCC) in Redding in early October.
- I continue to meet bi-weekly with management staff from SEMSA to build relationship and work on optimizing our partnership.
- I am working with the Telemedicine Program to get a Pediatric Telemedicine cart back in use in the ER. I’ll be attending a Telemedicine Conference at UC Davis in late October to receive additional training that will be helpful in getting the program re-instated.

Submitted by Krissy Eades, RN, Emergency Department Lead

Acute Report

- Average Daily Census – 2.42
- Swing Average Daily Census – 2.81 with Length of Stay – 12.43
- Working with staff development to schedule competencies for staff as a skills fair
- Continue cross-training staff to share all acute services
- Learning by doing” the Trakstar evaluation system.

Submitted by Theresa Overton, RN, Acute Manager

Outpatient Services

Updates:

- Position posted for Part time RN for OPM- Currently we have 3 days of coverage in OPM besides Lead (M, Th, F) No applicants at this time. As Surgery hours change in the next few weeks this may free up some help for OPM.
- August-147 patients seen, 178 procedures. OPM census was up for August. Pt scheduled for Dr Zittel wound clinic were up this month with 21 patients scheduled.
- September-120 patients seen 130 procedures.

Continuing Work:

- IT/OPM working toward a custom build for EMR charting for OPM. Currently for Dr Zittel visits we still do paper charting. IT & OPM will meet with the contractor this week to see what he has created. Dr Zittel and other departments will join in after this has been done.
- Referrals- Continuing to send out email reminders and stop by MVHC with packets of order sets and goodies to encourage referrals. Working toward streamlining Mayers referral process. Newest privileged physician is Dr. Nix from MVHC.
- Wound care room in Burney- OPM has ordered a new crash cart that is still pending. Tables and stools are in Burney now to relieve maintenance from transporting equipment back and forth. IT has now placed a computer in the room instead of using a laptop.
- OPM conducted a Flu/Prevnar clinic for those residents in Burney LTC that had signed orders and consents. The next clinic is scheduled in FRM LTC for next week.
- OPM working with Val Lakey on OPM marketing plans.

Issues/Needs:

- None at this time. Expediting the custom computer build would be ideal if possible.

Submitted by Michelle Peterson, RN, Outpatient Department Lead