

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

Quality Committee Meeting Agenda

March 14, 2018 – 12:00pm
Boardroom (Fall River Mills)

Attendees

Beatriz Vasquez, PhD, Chair, Board Member	Dr. Tom Watson, MD, Chief of Staff
Laura Beyer, Board Member	Sherry Wilson, Quality Designee
Louis Ward, CEO	Jack Hathaway, Director of Quality
	Judy Jacoby, CNO

				Approx. Time Allotted
1	CALL MEETING TO ORDER	Chair Beatriz Vasquez		
2	CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS			
3	APPROVAL OF MINUTES			
3.1	Regular Meeting – February 14, 2017	Attachment A	Action Item	2 min.
4	DEPARTMENT REPORTS			
4.1	Environmental Services	Sherry Rodriguez	Attachment B Report	10 min.
4.2	Finance	Travis Lakey	Attachment C Report	10 min.
4.3	Lab	Chris Hall	Report	10 min.
5	QUARTERLY REPORTS			
5.1	Compliance	Jack Hathaway	Report	10 min.
6	STANDING MONTHLY REPORTS			
6.1	Quality/Performance Improvement	Jack Hathaway	Report	10 min.
6.2	PRIME	Jack Hathaway	Report	10 min.
6.3	SNF Events/Survey	Sherry Wilson	Report	10 min.
6.4	Infection Control	Dawn Jacobson	Report	10 min.
7	ADMINISTRATIVE REPORT	Louis Ward	Report	10 min.
8	NEW BUSINESS			
8.1	Employee Handbook Revisions	Sent as PDF	Discussion	15 min.
8.2	Policies for Approval	Sent as PDF	Action Item	5 min.

8.2 Contd.	<ul style="list-style-type: none"> • Anthem Blue Cross, Intermountain Respiratory Services, Participating Physician Group Agreement • Drug Supply Chain Security Act Compliance Plan • Parenteral Products - Quality Assurance • Patient Responsibility MMH452 • Pharmacy Technician Clean Room Training and Assessment MMH607B • Post Fall Assessment and Documentation • Restraint Log MMH578 • Restraints or Seclusion (Physical Restraints), Use of • Succession Plan • Technician Review of Sterile Compounding MMH607A • Unusual Events 		
9	OTHER INFORMATION/ANNOUNCEMENTS	Information	5 min.
10	ANNOUNCEMENT OF CLOSED SESSION		
10.1	Government Code Section 54962: Chief of Staff Report (Health & Safety Code §32155)	Dr. Tom Watson, Chief of Staff	Report
11	RECONVENE OPEN SESSION – Report closed session action	Information	
12	ADJOURNMENT: Next Regular Meeting – April 11, 2018 (Fall River Mills)		

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Mayers Memorial Hospital District

Board of Directors
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Board of Directors
Quality Committee
Minutes

February 14, 2018 - 12:00pm
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 Beatriz Vasquez called the meeting to order at 12:02 p.m. on the above date.

BOARD MEMBERS PRESENT:

Beatriz Vasquez, Vice President
Laura Beyer, Director

OTHERS PRESENT:

Susan Knoch, MVHC

STAFF PRESENT:

Jessica Stadem, Board Clerk
Sherry Wilson
Travis Lakey
Dawn Jacobson
Jack Hathaway
Ryan Harris
Theresa Overton

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- 2 **CALL FOR REQUEST FROM THE AUDIENCE – PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS**

None

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- 3 **APPROVAL OF MINUTES**

3.1 A motion/second carried; committee members accepted the minutes of January 10, 2018 Beyer/Hathaway **Approved All**

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- 4 **DEPARTMENT REPORTS**

4.1 **Staff Development:** Provided handout. Not a lot of change in the department this year, worked on trouble areas from last year, CNA excitement about trainings was unsuccessful, will try to bring in guest speakers; tried to reduce 8-hour inservices, more 4 hour inservices, attempt at morning and afternoon sessions was unsuccessful, staggering times; teleconference has been unsuccessful as well; quarterly skills training, one per quarter; CNAs and LVNs in LTC; hours are required for license or they must retake CNA test; trainings need to be proctored; low attendance in part due to inservices being on days off, working OT, CNAs don't want to come in; can utilize HealthStream when implemented.

4.2 **Business Office:** Provided handout. Billing clearinghouse has been bought by Experian, no longer support DSG so need to transition by May; working with partnership on payment for hospice patients LTC days; surpassed collections goal by \$200k in January.

4.3 **SNF:** Presented PCC Quality measures dashboard, able to compare to national averages and set goals; can filter by resident, look at trends and triggers; will be able to bring a dashboard report to the meeting from this point forward; will use the data from this quarter as a benchmark for all future quarters; for survey purposes, will have to have explanation for goals being different than national averages;

5 QUARTERLY REPORTS

- 5.1 **Patient Safety First:** 6 or so safety events reported; 1 report resulted in facility lockdown, followed workplace violence policy, everything went smoothly, same patient had been in facility a week prior with knife but nothing had been reported, if it had been, we would have been able to add that to report to Sheriff; vehicle break ins in Burney; capturing incidents more efficiently but need to continue training staff on what needs to be reported to who and when.
- 5.2 **CMS Core Measures:** Added to PCC quality dashboard; working with ER on capturing more accurate times of how long patients are in facility (wait time, triage, time to discharge); able to track everything internally, reporting to CMS, still missing volume requirements.

6 STANDING MONTHLY REPORTS

- 6.1 **SNF Events/Survey:** Annual survey, federal and state at same time, 16 tags, have not received 2567 from POC yet; no tags on psychotropics; most tags were minor, no medication errors; employees did very well with surveys this time.
- 6.2 **Quality/Performance Improvement:** Worked with Quality consultant, helped with QAPI plan, told to be more general with wording in plan.
- 6.3 **Infection Control:** Hand washing app to generate report, can be used by anyone; on lockdown in SNF during survey, did very well with precautions (gowns, masks, handwashing); zero surgical site infections.
- 6.4 **PRIME:** 1.7 project started (obesity); rollout has been fantastic, ahead of program; working with telemedicine nutrition consults; childhood obesity portion more difficult to track, need to find an appropriate case that meets criteria is difficult; on track to receive full payment at end of DY.

7 ADMINISTRATIVE REPORT

Ryan Harris reported for Louis Ward. Operations survey, one tag (build up in ice machine); fire life safety survey, 7 tags (compared to 20 the year before), all minor, all fixed day of survey; phone system failed on Sunday due to both system drives failing at same time, most service has been restored; IT working on list of critical infrastructure that will look at end of life and when to start budgeting for replacements; will run analog lines to front desk, St. 1 and St. 2 to be able to contact facility; replacing boxes in both facilities, 3 year warranty; ability to contact family of residents, will find out what went on and update at regular meeting.

8 NEW BUSINESS

- 8.1 **Employee Handbook Revisions:** Libby will be updating the employee handbook soon and wanted to know if she should bring it to this committee for review and suggestions before taking to full board for approval. Will put on agenda for next month.
- 8.2 **Policies of Approval** – It was noted that the committee has reviewed these policies before. Jack Hathaway will follow-up with Pam Sweet regarding the approval process. **No action taken**
- Annual Employee Influenza Vaccination
 - Drug Supply Chain Security Act Compliance Plan
 - Patient Responsibility MMH452
 - Post Fall Assessment and Documentation
 - Restraint Log MMH578
 - Restraints or Seclusion (Physical Restraints), Use of
 - Succession Plan
 - Unusual Events

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9 **OTHER INFORMATION/ANNOUNCEMENTS**

Will add blood transfusion reports quarterly (Theresa Overton) to the agenda.

10 **ANNOUNCEMENT OF CLOSED SESSION**

No closed session items

11 **RECONVENE OPEN SESSION**

No closed session items

12 **ADJOURNMENT:** 1:20 p.m.

Next Regular Meeting – March 14, 2018 (Fall River Mills)

STAFF DEVELOPMENT 2018

1. **New ways to get CNA's excited about learning.** Unsuccessful CNA's only want the hours and go home. New plan is to invite speakers to share their knowledge.
2. **Going away from 8 hour in-service days to and doing it more 4 hour in-services more often.** Seems to be helpful. 8 hour are well attended.
3. **Same in-service twice in one day.** Unsuccessful only had afternoon attendance twice. New plan is to offer my in-services at random times of day when I can have the board rooms and make sure night shift has time to sleep prior.
4. **Tele-conferencing will help with attendance.** Unsuccessful- hard enough to get one board room let alone both. Plan is to continue with what I am currently doing.
5. **More skills training – one quarterly for each department. Keeping up on skills not used that often.** Better attendance than in the past will continue. But more toward skills that need refreshed.

Business Office Update for Board Quality February 2018

1. DSG was purchased by Experian last year and we are implementing the new Experian billing software as the DSG billing solution in use for the last 8+ years will no longer be updated or supported after a certain date. When we'd gone live with Mckesson we tried to replace DSG with a Mckesson related billing solution which went very poorly and we went back to the DSG product. We have done demos with Experian and will be dealing with the same support folks we have for years with DSG so we are feeling cautiously optimistic about the change.
2. Experian also has some front end products for registration that will check accuracy for insurances and addresses that will help prevent errors on initial bills.
3. AR days have been in an average range for CA Critical Access Hospitals. It is difficult reducing days further as we have a large SNF with patients who come into the facility and will accrue months of charges. Colene is doing a great job in screening applicants to make sure there is a method of payment for services rendered but Medi-Cal can take quite a while to process applications.
4. Also I'm working with Partnership to ensure we get paid for SNF residents that become Hospice patients as we have had issues with this and the hospice billing company hasn't really resolved the issue. Partnership is reviewing the amendment to our services in their credentialing meeting today.
5. January the Business Office surpassed its collection goal by 200K.

BOARD QUALITY FOR MARCH 2018

I'm continuing to collect and record the damaged linens that I receive from Aramark and my numbers are not getting any better; but we only have a 11 months until our own in-house linen will be up and running. We have gone through the building to see what we need to do to get the building working and we will be starting this soon.

When our in-house linen goes into effect I will have quality control measures in place. We will be having more hands on with the linen instead of machines to check the quality of linens. We will have more control over this and our inventory levels as well. I will keep a cost analysis of linens that we replace and how often.

We had no deficiencies from our survey that we just had!!! I am fully staffed to get our daily, weekly and monthly things done in a timely manner. Continuing to do in-services and wanting to do some infection control training to make sure that we are doing our jobs correctly and efficiently.

There are no complaints with personal laundry being done for our LTC residents for Fall River or Burney.

Submitted by: Sherry Rodriguez, Environmental Services Manager

Finance Update March 2018

1. One of our Auditors will Web-Ex in to present our annual audit at our March Finance meeting or Board Meeting. The audit is always focused on after the Cost Reports and any annual Medi-Cal and Medicare Audits that have strict timelines.
2. We will have a large outlay in IGT contribution (approximately 1.69 million) going out towards the end of March. I hope to have the match back by May.
3. My controller is starting a training process for her successor over the next couple of years. She has already cut back to four days a week and will eventually work less as more of her job is transitioned over. Payroll and AP have been successfully transitioned over the past few years but this is a more complex process since this is the step above those functions.
4. Our first payment to USDA went off without a hitch as they auto-transferred money out of our debt service account on March 1st as designed.
5. With the USDA payment disbursement process there's more tracking that has to happen as invoices have to be reviewed internally, sent to USDA for approval, occasional calls with USDA to discuss which part of the budget the invoices are applied to, receiving the funds and finally paying the vendors. Vendors have to be a little flexible as USDA only allows one request a month and if their invoices come in after a request they have to wait until the following month.

Submitted by: Travis Lakey, CFO