

Chief Executive Officer
Louis Ward, MHA



Mayers Memorial Hospital District

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

Board of Directors
Quality Committee
FINAL Minutes

April 11, 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 12:03pm on the above date.

BOARD MEMBERS PRESENT:

Laura Beyer, Director

ABSENT:

Beatriz Vasquez, Vice President

STAFF PRESENT:

Louis Ward, CEO
Jack Hathaway, DOQ
Libby Mee
Val Lakey
Dawn Jacobson
Theresa Overton
Jessica Stadem, Board Clerk

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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 March 14, 2018. Hathaway/Ward **Approved All**

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- 4 **DEPARTMENT REPORTS**

4.1 **Imaging:** Alan Northington not in attendance, provided written report for review.

4.2 **Public Relations/Marketing:** Provided handout for review. Presented staff intranet, launched yesterday, explained the features of each tab, work in progress but great starting point; contact form for employees to submit suggestions, appointment requests, etc.; should improve the quality of work and accessibility to all necessary information.

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- 5 **QUARTERLY REPORTS**

5.1 **Safety Committee:** Restructuring committee, no longer a co-chair committee; call notification system meeting our current needs; participated in Modoc Medical Center's active shooter drill; continuing contact with Intermountain Preparedness Group, tabletop drill at end of month; attendance is still good.

5.2 **Worker's Comp:** In addition to written report. Small, general injuries, no SNF or patient handling issues. \$2,200 to spend for safety of employees, working with safety committee, use by end of June.

- 5.3 **Blood Transfusions:** January & February, 14 units of red (generally 2-3 units per patient), 4 units of frozen plasma administered, all appropriate per pathologist reviewing reports.

6 STANDING MONTHLY REPORTS

- 6.1 **Quality/Performance Improvement:** Showed QAPI dashboard, info is based on survey data; will use first quarter numbers to determine benchmark; specify on spreadsheet which ones go towards star rating (use asterisk); still working out best way to get Dr. Watson to be available for meetings, important factor during surveys; will be able to show charts.
- 6.2 **PRIME:** Still working on finding the adolescent patients for the nutritional portion, working with MVHC on finding the population; wellness meals portion of program is going well, getting paid totally through this part of the program.
- 6.3 **SNF Events/Survey:** March 29 POC was accepted, have started working on plan, some issues were taken care of the day of the survey (activities aids no longer help feed resident); working on making sure everything is documented because technically if it is not charted, it is not done; pressure ulcer reporting process needs work; all fixes have been implemented, double checking for oversights.
- 6.4 **Infection Control:** Working with consultant regarding infection control program, would like to streamline process and make sure reporting is accurate (April 20-22); still working on use of hand washing app, Jack will work on finding reports, no one particular app is required, anyone can use, still in the testing phase, could possibly use tablet instead of phone, assign task to different staff for tracking compliance.

7 ADMINISTRATIVE REPORT

- Supervisor is on site for construction project; may have small groundbreaking ceremony in May.
- Education center above McArthur Square, will hold all day trainings, will talk with store to provide lunch; will look into insurance liability requirements; will be set up with TV, all supplies provided on site; will be losing Riverview soon; project complete by end of month.
- IT consultant for 6-8 weeks; was director of IT for Northern Inyo hospital; will help pull data out of system to create quality reports, care plans, order sets.
- Met new doctor today, working at MVHC in Burney and Fall River, was told he could have inpatient work at hospital but unsure about status as we just found out about him.
- CNO search is ongoing, interim interviews today; would like interim to become permanent and use interim as trial period, will meet with all managers, ask where help is needed, work on playbook for when permanent CNO starts.
- Sent PowerPoint templates to managers for April 20 SP session.

8 NEW BUSINESS

8.1 Policies of Approval

- Visitors, Patients

No action taken

Not approved; Needs to include current visitor sign in process, new title.

Add pam to next agenda to discuss process

9 OTHER INFORMATION/ANNOUNCEMENTS

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.

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

STAFF STATUS CHANGE

1. Henry Patterson, O. D.

MEDICAL STAFF REAPPOINTMENT

1. Tikoos Blankenberg, MD

2. William Dykes, MD

3. Gregory Taylor, MD

MEDICAL STAFF APPOINTMENT

1. Beverly Chang, MD

11 **RECONVENE OPEN SESSION**

Credentials were not ready for approval, no action taken.

12 **ADJOURNMENT:** 1:22pm

Next Regular Meeting – May 9, 2018 (Fall River Mills)
