

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

Quality Committee
Meeting Agenda

June 6, 2018 – 12:00pm

Boardroom: Fall River Mills

Teleconference: 2916 Payson St, Houston, TX 77021

Attendees

Beatriz Vasquez, PhD, Chair, Board Member
Laura Beyer, Board Member

Dr. Tom Watson, MD, Chief of Staff
Louis Ward, CEO
Jack Hathaway, Director of Quality

				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 – April 11, 2018	Attachment A	Action Item	2 min.
4	DEPARTMENT REPORTS			
4.1	Pharmacy	Keith Earnest	Report	10 min.
4.2	Hospice	Mary Ranquist	Report	10 min.
5	QUARTERLY REPORTS			
5.1	Compliance	Jack Hathaway	Report	10 min.
5.2	Patient Safety First	Jack Hathaway	Report	10 min.
5.3	CMS Core Measures	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		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	Policy Process	Pam Sweet	Discussion	15 min.
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 – July 11, 2018 (Fall River Mills)			

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Board of Directors
Quality Committee
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)

Mayers Memorial Hospital District

Quality Committee

Imaging Report 4.10.2018

General Radiography:

Over the past year we have experience equipment failures with our Radiographic and Fluoroscopy (R/F) Room. Neither Fluoroscopy nor Automatic Exposure for general radiography are in working order. After realizing the costs of repairs, with no guarantee of a "fix" a recommendation and decision to move forward with the purchase of the new Siemens Mobile Radiographic unit was made. This allows us to do over 95% of the general radiographic work with the new unit. The remainder of the imaging can still be done in the old Radiographic room, using manual techniques. Without automatic exposure capability, there can be a risk of additional radiation or over exposure however, this is minimal.

Even though, hospitals are required to have the availability of Fluoroscopy, we still meet this requirement with our Philips C-Arm, which is housed and used in Surgery. The new Siemens Mobile unit is also a "Fluoro Spot" device, which we can and have used in Surgery for Orthopedic cases with a very high level of quality and Surgeon satisfaction.

With the new Radiographic and Fluoroscopy Room on the horizon, to open in June or July of 2019, I'm confident we can maintain a very high level of image quality and at the same time, adhere to the ALARA (As low as reasonably achievable) principals of radiation exposure with our current program as described. It can and will be challenging at times but will ultimately save many thousands of dollars in trying to repair obsolete R/F room equipment that will be removed once the new room is operational. I estimate the cost savings to be upwards of 20 to 50 thousand dollars.

Ultrasound:

We have replaced the Mindray ultrasound with a new Siemens Acuson S2000. The Mindray is still used as a backup however, it does not have the necessary latitude for some studies and the ability to penetrate large body habitus patients and maintain the necessary level of imaging quality, which is deserved by every patient.

During the implementation phase of the new unit, we did experience a lengthy, frustrating process of establishing the necessary settings to produce the highest level of optimal images for our Radiologists. This took time because of multiple factors. Our Radiologists read from different remote locations and view these images via the Opal-Rad viewer, which is our PACS (Picture Archiving Communication System). Through this process I realized, first hand, how difficult Opal-Rad is to deal with. Their technical support was not supportive at all, which contributed significantly to the length of time it took to rectify and obtain image optimality for our Radiologists.

Computerized Tomography (CT):

Our CT program continues to be an area of focus to increase business. The quality of our CT imaging program remains high as compared to 16 Slice imaging. Our new facility will have a new Siemens 32 Slice CT, which will expand our capabilities and raise the level of quality.

Image and Data Files:

We are currently examining processes to digitize the remaining film and paper files to reduce the need to store these files in a safe, secure and climatized environment. Some files are being stored at the Burney Annex, which may not be optimal. We are required to keep images and records for a minimum of seven years and longer if those records are for minors.

Respectfully Submitted,

Alan Northington, MBA/MHA, Imaging Manager

Quality Report

Overview of Major Projects by Director of Public Relations – Valerie Lakey

Please note that all of these projects relate to the overall Quality of our facility so I wanted you to be aware of them. Our IMAGE is an important part of Quality.

Follow My Health Patient Portal

We successfully trained, marketed and implemented our new patient portal. We completed 8 weeks of training and are comfortable with the result. I have overseen Pam on this process and have her set up to manage any incoming questions, etc. I will be meeting with the Admitting staff to go over the portal with them as soon as Amy confirms times. This is a great portal. Very interactive and user-friendly. www.followmyhealth.com

Intranet

I have been working on this for about 8 weeks and am pleased with the way it has come together. Fasthealth has done a good job capturing the vision. We can build on it and make changes as needed; but we are at a good starting point. You can log in on the regular web page by clicking the "For Employees" tab at the bottom of the home page.

Work Place Violence.

We met our April 1 deadline. I did a narrated Power Point to catch the remaining staff that had not been trained. Libby held a few more group trainings. This is now a part of orientation. I completed the WPV Plan and Policy. This is a fluid document and will need annual review or changes any other time throughout the year we deem necessary. We will be doing some specific trainings as identified in our plan. Jack, Libby and I have been working together on this. We will also be implementing the ORANGE DOT program as a part of our WPV Plan.

Go365/your:life/ Well for Life

We are seeing great results and participation in the Go365 program. There has been excellent employee feedback. We have a "Champion" team that meets 2 times a month on conference call with HUMANA to keep our program strong. I have been working to tie all of this together with **your:life** and the Stanford WELL for Life program. The focus for many of our upcoming booths will be the wellness and working on getting **your:life** recognized in the community. This will tie right into PRIME and help us with the education aspect of that program. Our school assemblies will focus on wellness.

1

PRIME

We completed mid-year reporting and I worked closely with Susan to document all of the items in 1.7.2. We completed 5 of the 8 and will have the remaining 3 done within the next 6 months. Jack and I presented to the MVHC providers and spoke with them about PRIME. That prompted an email from Dr. Smith Chase saying she will help us in any way she can. Also, Carol asked for information to be sent over to the clinics, which I did. We have been discussion many ways to enhance and develop our 1.7 project. We will build on the education aspect and continue to be in contact with the MVHC providers to get nutrition counseling referrals. I have met with Lani on this and she is on board.

School activities

We are all set with Intern applications, the schools are promoting this. We will do interviews this year. We are prepared for Elementary School Assemblies and High School Health Career Days. We are doing a few new things to keep it fresh and encourage more interaction

Legislation

I have been following all health care related legislation and sending letters, etc. as needed. Lots of networking at Leg Day events.

Acute/Swing Binders

I am working with Theresa and Marinda on printed Acute and Swing patient packets. We will be using the grant to pay for the printing of these. The money needs to be spent by May 30. We will have these done. They will be done in a manner that they will last (no specific manager names, etc.)

Marketing

New commercial completed! Focus on recruiting for better reimbursement. Continue to work with collaborative. Nursing ads. Will be working on a general hospital brochure. Have met with most all managers and have been trying to get started on many projects.

IMAGE

Developing budget for sponsorships, etc. Will focus on community event and work with you on involvement in the fair.

Color Run

We are again sponsoring the Color Run at the Mountain Jubilee for the Intermountain Heritage Foundation. Everything is ready - need to order supplies and recruit help.

SAFETY

Call Notification

I was able to set up the Call Notification system - which has been tested several times and works well! We are also using it for the emergency contact lists for our long term care residents, nursing staff (to fill shifts, etc) and other events or items that come up. The system is very reasonable at \$75/month. Many other options that bigger facilities use are about \$10,000 - \$15,000 per year. We are not at the point we need to spend that kind of money and the system we are using will meet our needs. I also set up the CONSTAN CONTACT program which is a useful email management system that syncs with our social media. It was very effective with the new portal announcements and I have plans to use it in many other ways.

Intermountain Preparedness Group

I am active in this group and have been working with Jean and Monte to prepare our group tabletop. This is a very beneficial group. It meets an important criteria of the CMS guidelines "Community Collaboration and training"

Emergency Preparedness/Safety

I am working on restructuring this. Since I no longer have a "co" coordinator, I would like to assign specific tasks to different people. Currently I am utilizing Marinda, Krissy and Alexis. I am excited about a new plan and making this a very effective program. I am signed up to complete the additional training in Susanville at the end of May and in Red Bluff in July. (It is free).

- Phone stickers
- Modoc Active Shooter Drill

CMS Guidelines

We have met requirements in this area. I am working on the SNF part of the requirements to have it a part of the intake paperwork. (Resident/family will see what our process is when they are admitted and will sign to say they were informed.) For current residents we will send notifications to emergency contacts and I am talking at next resident council meeting about the process.