

Chief Executive Officer
Louis Ward, MHA



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

Quality Committee
Meeting Agenda
August 14, 2019 12:00pm
Boardroom: Fall River Mills

Attendees

Laura Beyer, Board Secretary
Jeanne Utterback, Director

Louis Ward, CEO
Jack Hathaway, Director of Quality

1	CALL MEETING TO ORDER	Chair Laura Beyer			
2	CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS				Approx. Time Allotted
3	APPROVAL OF MINUTES				
3.1	Regular Meeting – June 12, 2019	Attachment A	Action Item		2 min.
4	DEPARTMENT REPORTS				
4.1	Patient Access	Amy Parker	Attachment B	Report	10 min.
4.2	Business Office	Danielle Bottorff	Attachment C	Report	10 min.
4.3	HIM	Lori Stephenson		Report	10 min.
4.4	SNF	Diana Groendyke	Attachment D	Report	10 min.
4.5	Finance	Travis Lakey		Report	10 min.
4.6	SNF Activities	BJ Burks	Attachment E	Report	10 min.
5	QUARTERLY REPORTS				
5.1	Safety	Val Lakey	Attachment F	Report	10 min.
5.2	Workers Comp	Libby Mee	Attachment G	Report	10 min.
5.3	Patient Safety First	Jack Hathaway		Report	10 min.
5.4	CMS Core Measure	Jack Hathaway		Report	10 min.
5.5	5-Star Rating Monitory	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	Candy Vculek		Report	10 min.
6.4	Infection Control	Candy Vculek		Report	10 min.

7	ADMINISTRATIVE REPORT	Louis Ward	Report	10 min.
8	NEW BUSINESS			
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. Dan Dahle, Chief of Staff	Report	
	STAFF STATUS CHANGE 1. William Randazo, MD – Radiology 2. Gregory Taylor, MD – Emergency Care			
	AHP APPOINTMENT 1. Paula Ann Amacker, NP - Oncology			
	MEDICAL STAFF REAPPOINTMENT 1. Tikoos Blankenber, MD – Pathology 2. Lloyd Pena, MD – Emergency 3. Michael Maloney, MD – Radiology			
10.2	MEDICAL STAFF APPOINTMENT 1. Dyanesh Ravindran, MD – Oncology 2. Alireza Abdolmohammadi, MD – Oncology 3. Arun Kalra, MD – Oncology 4. Ayman Ghraosi, MD – Oncology 5. Kevin Keenan, MD – Neurology – (Telemed) 6. Olivia Tong, MD – Neurology – (Telemed) 7. James Haug, DO – Radiology – (Telemed) 8. Charles Gould, MD – Radiology – (Telemed) 9. Yuming Yin, MD – Radiology – (Telemed) 10. Miriam Hulkower, MD – Radiology – (Telemed) 11. William Rusnak, MD – Radiology – (Telemed) 12. Bao Nguyen, MD – Radiology – (Telemed)			
11	RECONVENE OPEN SESSION		Information	
12	ADJOURNMENT: Next Regular Meeting – September 11, 2019 12:00pm (Fall River Mills)			

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Board of Directors
Quality Committee
Minutes

June 12, 2019 12:00pm
Boardroom (Fall River Mills)

DRAFT
Attachment A

These minutes are not intended to be a verbatim transcription of the proceedings and discussions associated with the business of the board's agenda; rather, what follows is a summary of the order of business and general nature of testimony, deliberations and action taken.

- 1 **CALL MEETING TO ORDER:** Board Chair Laura Beyer called the meeting to order at 12:02pm on the above date.

BOARD MEMBERS PRESENT:

Laura Beyer, Secretary
Jeanne Utterback, Director

ABSENT:

OTHERS PRESENT:

STAFF PRESENT:

Louis Ward, CEO
Candy Vculek, CNO
Jack Hathaway, DOQ
Chris Broadway
Daryl Schneider
BJ Burks
Marinda May
Brigid Doyle
Keith Earnest, CCO
Pam Sweet, Board Clerk

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- 2 **CALL FOR REQUEST FROM THE AUDIENCE – PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS**
None

3 **APPROVAL OF MINUTES**

- 3.1 A motion/second carried; committee members accepted the minutes of DATE Utterback/Ward **Approved**
All

4 **DEPARTMENT REPORTS**

4.1 **Information Technology:** Submitted written report.

- Looking at a new ticketing system. The current system helps with issue tracking and analysis, but not with reporting and training for IT staff. The new system will allow for customer follow up and support for IT technicians and addressing security issues
- Purchasing a 2nd generation fire wall with we anticipate will improve security
- Looking at a 10 year plan for extensive overhaul of our systems. Will explain more at the full BOD meeting

4.2 **Physical Therapy:** Submitted written report.

- Replaced seating in the department with chairs that can be cleaned
- Three projects for 2020: Receptionist, cleaning and synchronized clocks
- Occupational Therapy: Found out more about opening a department. We have policies and have worked on licensing, but we have to be OSHPD approved and our space is not. We hope when the doctor's sleep room opens up we can use that space
- We have a 3rd therapist signed and also interning 1. Plus, there are others who are finishing their programs who are locals

- 4.3 **Surgery/Anesthesia:** Submitted written report.
 - Working on what relates to tags on Acute Care survey. All is compliant
 - Working on our referral process and authorizations. Meeting with MVHC to work out a process
- 4.4 **Social Services - SNF:** Submitted written report
 - Focused on the admission process for external patients. The new process has been successful and has reduce admission time in most cases
 - Lavender support system is an employee support system to address compassion fatigue in staff
- 4.5 **Social Services - Acute:** Submitted written report
 - Focused on workflow to transitioning patients from Acute to SNF. We've completed three trials using the new workflow. Next is to review and finalize, the publish the process
 - We have utilized the Hand Holding program a few times. It has been declined a few times, then we just put on calming music
- 4.6 **Staff Development:** Submitted written report
 - Implemented Relias. Gave the committee a demonstration. Travelers use Relias to orient. Libby is developing an orientation bundle for regular staff.

5 **QUARTERLY REPORTS**

- 5.1 **Blood Transfusion:** No Report. Move to next meeting
- 5.2 **Compliance:** Submitted written report
 - Compliance quarterly report template reviewed. Welcome input, comments
 - Don't have a BOD approved compliance plan. Will send out the last piece for you to review

6 **STANDING MONTHLY REPORTS**

- 6.1 **Quality/Performance Improvement:**
 - Tracking continually
 - QIP:
 - We are excluded from LTC QIP because we are not meeting the 2-star rating
 - Hospital QIP is moving forward
 - Both are Partnership programs
 - All deadlines have been met
 - Internally, we are still working out the bugs in RL6 alerts. Jack is ready to sit with managers and educate
- 6.2 **PRIME:**
 - Nothing new
 - We really selected a good program because it aligns nicely with things we are doing
- 6.3 **SNF Events/Survey:**
 - Leslie is back to do mock survey. Shelley had concerns that some things were slipping, but it went really well. Things that caused a problem last year were not a problem this year. We did find problems in the kitchen caused by their high turn over. We expect a real survey soon
 - Looking at the list of education for staff that need to be done for November
- 6.4 **Infection Control:**
 - Transitioning. Dawn will be the new IP. We will keep the consultant for a time to meet regulatory needs. The consultant will bring Dawn up to speed and a program should be in place by November

7 **ADMINISTRATIVE REPORT:**

- SEMSA: Working on the final stages of the contract
- Retail Pharmacy: Construction is under way. We have a DEA number and CA Board of Pharmacy license. This allows us to finalize insurance contracts. We hare finalizing contracts with HealthMart who will supply our OTC medications. The parking lot will be repaved on July 8. Cabinetry and shelving will be installed July 15. We have computers and software. Expect to open August 1st.
- Daycare: Still under consideration. Met with the school district to talk about the need. Working out details about where to place the day care. Meet again on the 14th.

- MVHC Clinic Building: is empty and clean. Met with an architect to discuss turning it into office spaces. Have to make it ADA compliant
- Disaster Preparedness: Tasked Val at the end of the last fire season to create “McGuiver” boxes. Purchased 3,000 N95 masks for community. Stocked the disaster trailer. Working with different agencies to anticipate occurrences. Putting backup generators on all ancillary buildings.
- Employee Appreciation Day: is 7/3/19 from 11 to 1pm. Hope you can come. Anna’s Country Kitchen will cater and Rita’s Italian Ice will come up from Redding. Celebration for NOC shift will be the evening of 7/2/19
- New Wing: Progressing

8 **NEW BUSINESS:**

8.1 Five Star Rating System and How it Relates to Quality

- Refer to attachments
- We have a plan. We are doing well on surveys. We don’t expect to see any harm-level tags in the future. The current tags will drop off in 2020 and 2021 and we will see the hospital rating go up. We have made significant staffing changes and increased the staffing numbers, especially for RN’s. The overall rating is weighted heavily with staffing and health inspections. Room rates are set daily rates that are negotiated, but facilities with higher ratings can get more independent residents who are less likely to rouse tags
- Consider the strategic plan. Are our 5-star rating goals achievable? By next meeting, Jack will plan out time frame to update the strategic plan.

9 **OTHER INFORMATION/ANNOUNCEMENTS:** None

10 **ANNOUNCEMENT OF CLOSED SESSION:**

10.1 1. **CREDENTIALS**

2.

AHP REAPPOINTMENT

1. Sara Marchessault, NP

MEDICAL STAFF REAPPOINTMENT

1. Rebecca Dyson, MD – Radiology
2. Latisha Smith-Chase, MD – Family Medicine
3. Scott Zittel, DO – Wound Care
4. Allen Morris, MD – Pathology
5. Peter Halt, MD – Radiology
6. Mark Ramus, MD – Pathology
7. Sean Pitman, MD – Pathology
8. Scott Bleazard, MD - Radiology

AHP APPOINTMENT

1. Adam Gardizi, CRNA

A motion/second carried; committee members approved all credentials

Utterback/Ward

Approved
All
Credentials

11 **RECONVENE OPEN SESSION:** Reported closed session action

12 **ADJOURNMENT:** 3:09 - Next Regular Meeting – August 14, 2019 (Fall River Mills)



Board Quality Report Template

<p>Name: Amy Parker</p> <p>Department: Patient Access</p> <p>Last Quality project reported: Work with the ER department to brainstorm a discharge process for ER patients so we can insure that we receive all the patient's billing information.</p> <p>Update on last Quality project reported: The ER manager, the Chief Nursing Officer and myself have had a few meetings to discuss patient routing. In lieu of being compliant with state we have decided to start at the beginning of our admission process. We are using the LEAN method to pinpoint time frames during patient care to ensure that we are able to obtain all the information that we need.</p>	<p>Current report date to Board Quality: 08/14/19</p> <p>Last report date to Board Quality: 01/03/19</p>
<p>What successes have you seen based on the outcome of previous Quality projects? The MOON form is now being obtained by observation patients 100% of the time.</p>	
<p>What issues have come up in your department relating to Quality?</p> <ol style="list-style-type: none">1. We are assuming the layout of the new wing will eliminate the problems we have had with getting completed information from ER patients so most people are wanting to put any process changes off until we get into the new building.2. We are still experiencing issues with Experian so I have not been able to get accuracy reports for the admitting staff.	
<p>PLAN: What plan was implemented to address those issues?</p> <ol style="list-style-type: none">1. Now that the ER staff is aware of what we need and why we do, we seem to have developed a good relationship with them so they are more mindful of trying to help us find appropriate times to get in there without interrupting patient care.2. I am still e-mailing Experian help techs to try to get this resolved.	



DO: How did the implementation of that plan go?

1. Some ER nurses have started calling while they are in the middle of their own discharge process to see if there is any else we need from the patient before they leave our facility.

STUDY: What kind of results did the implementation of the plan yield?

I would guess that there has been a 50% improvement in the patients that have unfinished accounts and in those left needlessly in private pay status.

ACT: What changes were made based on the results of the plan implementation?

Better communication between ER staff and Admitting Clerks.

Upcoming Quality Items:

Wing Transitioning

Quality Related Goals for the Department:

100% improvement on missing patient demos, private pay and missing co-pays in the ER.

Data/Graphics supporting project outcomes:



Board Quality Report Template

<p>Name: Danielle Bottorff</p> <p>Department: Business Office</p> <p>Last Quality project reported: System related errors</p> <p>Update on last Quality project reported: Meetings with Experian have been conducted bi-weekly and errors are few and far between.</p>	<p>Current report date to Board Quality: 08/14/19</p> <p>Last report date to Board Quality:</p>
<p>What successes have you seen based on the outcome of previous Quality projects? AR days are coming down not at target but getting there.</p>	
<p>What issues have come up in your department relating to Quality? Denial and a lot of follow up for auth not being obtained on Acute patients with commercial insurance.</p>	
<p>PLAN: What plan was implemented to address those issues? More than one person was taught how to follow up with insurance companies and the items that were being request to obtain auths.</p>	



DO: How did the implementation of that plan go?

It is going great so far retro auths are not needing to be obtained.

STUDY: What kind of results did the implementation of the plan yield?

Less work and faster payment collection.

ACT: What changes were made based on the results of the plan implementation?

No changes were needed it is going great.

Upcoming Quality Items:

Quality Related Goals for the Department:

Data/Graphics supporting project outcomes:



Board Quality Report Template

<p>Name: DIANA GROENDYKE</p> <p>Department: SKILLED NURSING</p> <p>Last Quality project reported: 'THE STOPLIGHT REPORT' WAS BEING IMPLEMENTED IN BOTH SNF UNITS (STATION 2 & BURNEY ANNEX) AT THE TIME OF MY LAST BOARD QUALITY REPORT. WE WERE LOOKING FOR A WAY TO ADDRESS AND FOLLOW THROUGH ON CONCERNS, PROBLEMS, IDEAS IDENTIFIED BY EMPLOYEES AND TO KEEP THEM INFORMED.</p> <p>Update on last Quality project reported: STAFF WERE TRAINED ON HOW TO UTILIZE THE STOPLIGHT REPORT THAT IS POSTED IN THEIR EMPLOYEE BREAKROOM. THEY IMMEDIATELY STARTED USING IT TO MAKE SNF LEADERSHIP AWARE OF THEIR CONCERNS, ISSUES, SUGGESTIONS AS WELL AS CREATIVE IDEAS. THESE ARE ADDRESSED IN A TIMELY MANNER AND STAFF ARE AWARE OF THE PROGRESSION OF THE FOLLOW-UP ON THEIR ISSUES. IT IS PROVING TO BE A USEFUL TOOL.</p>	<p>Current report date to Board Quality: 8/14/19</p> <p>Last report date to Board Quality: 2/4/19</p>
<p>What successes have you seen based on the outcome of previous Quality projects? 1) ALL NSG POLICIES & PROCEDURES ARE COMPLETELY CAUGHT UP - QUALITY PROJECT MANAGED BY STACIE</p>	
<p>What issues have come up in your department relating to Quality? WE HAD A LOW NUMBER OF RN's WORKING IN SNF. IT HAS BEEN PROVEN THAT THE NUMBER OF RN HOURS GREATLY ENHANCES THE QUALITY OF CARE GIVEN. OUR LOW NUMBER OF RN HOURS NEGATIVELY IMPACTS OUR QUALITY RATING. WE HAVE BEEN STRIVING TO INCREASE THE NUMBER OF RN HOURS THEREFORE ENHANCING THE CARE WE PROVIDE AND CAUSING OUR STAR RATING TO INCREASE (AT LEAST 2 TO 3 STARS).</p>	
<p>PLAN: What plan was implemented to address those issues? WE HAVE A CONTRACT RN WHO WORKS 4 NOCS EVERY WEEK AT THE BURNEY ANNEX TO BE OUR RN SUPERVISOR ON HER SCHEDULED NOC SHIFTS THAT INCLUDE WEEKENDS THUS PROVIDING US WITH 7 DAYS/ WEEK RN COVERAGE AS WELL AS GREATLY ENHANCING OUR NUMBER OF RN HOURS. THE QUALITY OF OUR CARE AT THE ANNEX REFLECTS HER STRONG ASSESSMENT SKILLS AND ACUTE CARE EXPERIENCE.</p>	



DO: How did the implementation of that plan go?

HR ADVERTISED ON-LINE EXACTLY WHAT WE NEEDED. A VERY QUALIFIED RN CONTACTED US AND WAS SUCCESSFULLY HIRED. SHE WAS ORIENTED AND BEGAN WORKING NOCS 5 WEEKS AGO. THE TRANSITION HAS BEEN SMOOTH FOR THE MOST PART. I HAVE IMPLEMENTED A MONTHLY TEAM MEETING (AND AS NEEDED) TO ADDRESS ANY QUESTIONS OR CONCERNS.

STUDY: What kind of results did the implementation of the plan yield?

4 NOCS/WEEK WE HAVE AN RN ON DUTY. SHE IS VERY CONSISTENT, EXPERIENCED AND HAS TAKEN OVER A SET SCHEDULE THAT REPLACES REGISTRY LVN's EVERY WEEK. ALSO OUR NUMBER OF RN HOURS EACH WEEK HAS INCREASED-- OUR STAR RATING WILL SOON BEGIN TO REFLECT THIS INCREASE IN THE QUALITY OF OUR CARE.

ACT: What changes were made based on the results of the plan implementation?

OUR NOC SHIFT SCHEDULE NOW HAS OUR RN ON A REGULAR ROTATION: FRIDAY THROUGH MONDAY. SHE WORKS 12 HOUR SHIFTS AND HAS GREATLY ENHANCED OUR RN HOURS AS WELL AS STRENGTHENED OUR CARE. WE HAVE RECOGNIZED THAT HAVING THIS RN HAS BEEN SUCCESSFUL AND WE'RE ACTIVELY SEEKING RECRUITMENT OF A PERMANENT STAFF RN ON NOC's.

Upcoming Quality Items:

Quality Related Goals for the Department:

VALUE STREAM MAPPING

Data/Graphics supporting project outcomes:



Board Quality Report Template

<p>Name: BJ Burks</p> <p>Department: Activities</p> <p>Last Quality project reported: Generational contacts New electronic based programs.</p> <p>Update on last Quality project reported: The programs developed involving children have continued such as special events, dance recitals and holiday special events. Resident satisfaction has been very high relating to these programs. Three new electronic based programs, Face time, SR. TV and Music Memory are currently being offered at both facilities.</p>	<p>Current report date to Board Quality: 08/14/19</p> <p>Last report date to Board Quality:</p>
<p>What successes have you seen based on the outcome of previous Quality projects?</p> <p>Resident satisfaction has increased through the use of SR. TV and music memory program. Families are very pleased at being offered face time with their loved one. Music Memory program has shown great results in the decrease in negative behavior with in the memory care unit.</p>	
<p>What issues have come up in your department relating to Quality?</p> <p>Implementation of the SR. TV was a challenge. There were several unexpected issues that came up such as updating our existing equipment to integrate with the needs of the new program equipment. The success of the music memory program is such that we are ordering more equipment to offer the program for more res.</p>	
<p>PLAN: What plan was implemented to address those issues?</p> <p>A contact person is now designated to assist the Activities staff with issues. Maintenance and IT work very close with Act. on our side and with the contact person at SR. TV as needed for a successful outcome to issues as they may arise. More equipment is being purchased on a periodic basis along with an account that was set up to download the music. This will continue as the resident population changes and grows.</p>	



DO: How did the implementation of that plan go?

The SR. TV issues have been resolved to date and the residents are enjoying the programing offered. The previous steps described will hopefully quickly resolve any future issues that may arise.

The first set of new IPODS have just been received, targeted resident's will use them soon. The process is effective.

STUDY: What kind of results did the implementation of the plan yield?

The resident's and families have been very please at the new programs available. It has been a great learning experience for staff and set a new development process for the activities department.

ACT: What changes were made based on the results of the plan implementation?

Addressing the possible extensive support needs of new programs and the extended department involvement it may need. These considerations will help the Activities department to continue to develop programs that enhance the quality experience of the residents and families at Mayers.

Upcoming Quality Items:

Quality Related Goals for the Department:

To continue to improve the variety of programs offered to residents and families through new and innovative resources

Data/Graphics supporting project outcomes:



Board Quality Report Template

<p>Name: Valerie Lakey</p> <p>Department: Safety/Emergency Preparedness</p> <p>Last Quality project reported: Emergency Preparedness and Safety Training for Orientation and Re-Orientation</p> <p>Update on last Quality project reported: Materials for both orientation and re-orientation were reviewed and modified. Resources were placed on the INTRANET and employees are now trained on where to find needed resources and where to find EP/Safety policies, procedures, documents, training resources, personal preparedness resources. All employees are re-quizzed and signed off annually as required by CMS Guidelines.</p>	<p>Current report date to Board Quality: 08/14/19</p> <p>Last report date to Board Quality: 02/12/19</p>
<p>What successes have you seen based on the outcome of previous Quality projects? More involvement in Safety and EP as well as an increased general knowledge amongst all staff.</p>	
<p>What issues have come up in your department relating to Quality? Lack of time and staff availability for training.</p>	
<p>PLAN: What plan was implemented to address those issues? Incorporate more available training on the INTRANET and have a thorough review at reorientation. Information is distributed via email, newsletters and in department meetings.</p>	



DO: How did the implementation of that plan go?

It is working well and we continue to find ways to train and educate necessary and key staff.

STUDY: What kind of results did the implementation of the plan yield?

More awareness of Safety?EP program and more interest involvement

ACT: What changes were made based on the results of the plan implementation?

In progress

Upcoming Quality Items:

EOP Phone App, EOP Flip Charts, CODE Binder

Quality Related Goals for the Department:

Review and update all documents and educate staff as changes are made.

Data/Graphics supporting project outcomes:



Board Quality Report Template

<p>Name: Libby Mee - Director of Human Resources</p> <p>Department: Human Resources/Work Comp</p> <p>Last Quality project reported: 1st Quarter 2019 Injury/Reportable Stats MMHD Work Comp process audit Employee Safety and Wellness Initiative</p> <p>Update on last Quality project reported: 2nd Quarter 2019 Injury/Reportable Stats (1) Reportable Claim - Employee has returned to work on modified duty (5) First Aide Claims - zero days away from work MMHD Work Comp process audit still in progress</p>	<p>Current report date to Board Quality: 08/14/19</p> <p>Last report date to Board Quality: 04/17/19</p>
<p>What successes have you seen based on the outcome of previous Quality projects? No successes to report yet as the Work Comp process audit is still in progress.</p>	
<p>What issues have come up in your department relating to Quality? Of the (4) Reportable Claims this year, (3) are Certified Nurse Assistants from the Burney Annex Skilled Nursing Facility. All injuries were a result of moving a resident in some way.</p>	
<p>PLAN: What plan was implemented to address those issues? I have been in touch with the nurse leadership at the Annex to point out the trend. The trend has been mentioned to all staff at the Annex at the most recent monthly department meetings. We will also be including the MMH Physical Therapy team to provide training and coaching on proper body mechanics.</p>	



DO: How did the implementation of that plan go?

In progress

STUDY: What kind of results did the implementation of the plan yield?

To be determined

ACT: What changes were made based on the results of the plan implementation?

NA

Upcoming Quality Items:

Implementation of Just Culture program

Quality Related Goals for the Department:

Training and Education of SNF staff
No future mobility related injuries

Data/Graphics supporting project outcomes: