Chief Executive Officer
Louis Ward, MHA

Mayers Memorial Hospital District

Quality Committee
Meeting Agenda

March 10, 2021 1:00 PM
Zoom Meeting: LINK
Call In Number: 1-669-900-9128
Meeting ID: 950 8444 9212

Attendees

Jeanne Utterback, Board President, Quality Committee Chair
Tom Guyn, Board Secretary

Louis Ward, CEO
Jack Hathaway, Director of Quality

Community Members:
Laura Beyer

1	**CALL MEETING TO ORDER**		Chair Jeanne Utterback			**Approx. Time Allotted**
2	**CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS**					
3	**APPROVAL OF MINUTES**					
	3.1	Regular Meeting – February 10, 2021		Attachment A	**Action Item**	2 min.
4	**NO REPORTS FOR: QUALITY FACILITIES, STAFF OR FINANCES**					
5	**REPORTS: QUALITY PATIENT SERVICES**					
	5.1	Outpatient Medical	Michelle Peterson	Attachment B	Report	5 min.
	5.2	Med Staff	Pam Sweet	Attachment C	Report	5 min.
	5.3	Acute/Swing	Theresa Overton	Attachment D	Report	5 min.
	5.4	Outpatient Surgery	Theresa Overton	Attachment E	Report	5 min.
	5.5	Blood Transfusion Quarterly	Theresa Overton	Attachment F	Report	5 min.
	5.6	SNF Events/Survey	Candy Detchon		Report	5 min.
	5.7	Infection Control	Dawn Jacobson	Attachment G	Report	5 min.
6	**DIRECTOR OF QUALITY**		Jack Hathaway			
	6.1	Compliance Quarterly		Attachment H	Report	5 min.
	6.2	Director of Quality Update		Attachment I	Report	5 min.

7	**ADMINISTRATIVE REPORT**	Louis Ward	Report	10 min.
8	**OTHER INFORMATION/ANNOUNCEMENTS**		Information	5 min.
9	**ANNOUNCEMENT OF CLOSED SESSION**			
	MEDICAL STAFF CREDENTIALS GOVERNMENT CODE 54962 **STAFF STATUS CHANGE** 1. Robert Adams, DO to Inactive 2. Latisha Smith-Chase, MD to Inactive 3. Henry Patterson, OD to Inactive 4. Steven McKenzie – Add a Service Location **AHP (Allied Health Professional) APPOINTMENT** 1. Serena Ackerman, CRNA 2. Andrew Ewell, CRNA 3. Craig Griffiths, CRNA 4. Shazmin Gangji, PA **AHP (Allied Health Professional) REAPPOINTMENT** 1. David Nicholson, CRNA 2. Heather Corr, PA **MEDICAL STAFF REAPPOINTMENT** 1. Lara Zimmerman, MD 2. Lin Zhang, MD 3. Alan Yee, DO 4. Ge Xiong, MD 5. Vicki Wheelock, MD 6. Massuc Seyal, MD 7. Ajay Sampat, MD 8. David Richman, MD 9. Katherine Park, MD 10. John Olichney, MD 11. Kwan Ng, MD 12. Ricardo Maselli, MD 13. Ryan Martin, MD 14. Norika Mallhado-Chang, MD 15. Marc Lenaerts, MD 16. Jeffre Kennedy, MD 17. Alexandra Duffy, DO 18. Charles DeCarli, MD 19. Ashok Dayananthan, MD 20. Matthew Chow, MD 21. Michelle Apperson, MD 22. Kevin Keenan, MD 23. Olivia Tong, MD 24. Tommy Saborido, MD 25. Aditi Bhaduri, MD 26. Allen Morris, MD **MEDICAL STAFF APPOINTMENT** 1. Khalil Zahra, MD 2. Paul Guisler, MD 3. Sindhura Batchu, MD 4. Orwa Aboud, MD		**Action Item**	
10	**RECONVENE OPEN SESSION – REPORT CLOSED SESSION ACTION**		Information	
11	**ADJOURNMENT:** Next Regular Meeting – April 14, 2021 – Zoom Meeting			

Chief Executive Officer
Louis Ward, MHA

Mayers Memorial Hospital District

Board of Directors
Quality Committee
Minutes
February 10, 2021 @ 1:00 PM
Fully Remote Zoom Meeting

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 Jeanne Utterback called the meeting to order at 1:07 pm on the above date.			
	BOARD MEMBERS PRESENT:		**STAFF PRESENT:**	
	Jeanne Utterback, President Tom Guyn, MD., Secretary		Louis Ward, CEO Ryan Harris, COO Jack Hathaway, Director of Quality Val Lakey, Exec Director of Community Relations and Business Development Alex Johnson, Facilities & Engineering Sherry Yochum, Environmental Services Amy Parker, Patient Access Ryan Nicholls, Information Technology Susan Garcia, Food & Nutrition Services Delaney Harr, Purchasing Dawn Jacobson, Infection Control Lisa Zaech	
	ABSENT:			
	Community Members Present:			
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 January 13, 2021.	***Guyn, Hathaway***	**Guyn – Y Utterback – Y Ward – Y Hathaway – Y**
4	**REPORTS: QUALITY FACILITIES: NO DEPARTMENT REPORTS**			
	5.1	**Facilities & Engineering:** Staff is maintaining a positive attitude throughout all of the changes due to COVID. There are several projects in flight. Reference written report for full details.		
5	**REPORTS: QUALITY STAFF**			
	5.1	**Safety – Quarterly Report:** Highlighted the most significant programs that are in place and going well: department participation in Safety meetings with an improvement in communication, Injury and Illness Prevention Plan and Ergonomics Program, and a well-developed Workplace Violence Prevention Program that meets Cal Osha standards. Reference written report for full details.		
	5.2	**Environmental Services:** Laundry Facility plans are at the County and once approved it will take approximately 3 months for completion once construction begins. Targeting June/July to be up and operational. A 2-year contract with an outside vendor had to be put in place for laundry services which will be reviewed for what can be brought back in house until the contract can be		

		termed. There are 3 new employees trained and 2 more were hired today for cleaning the outbuildings. Reference written report for full details.		
6	**REPORTS: QUALITY PATIENT SERVICES**			
	6.1	**Patient Access:** The department was commended on utilizing a staff member that worked at the Burney Annex lab, until it was closed, to support Admitting and cross train with the hospital lab and HIM to fill staffing gaps. Reference written report for full details.		
	6.2	**Information Technology:** Discussed the annual security assessment and the assessment recommendation for a steering committee. Louis, Ryan H and Ryan N will discuss further and bring back to this committee when there is concrete information to share. Reference written report for full details.		
	6.3	**Food & Nutrition Services**: Staff levels are improving and moral is positive during this challenging time. Communicating with staff closely regarding concerns/issues work-related or personal to ensure we are safe and will work together to get through this event as a team. Work in progress to complete an employee information binder for new employees as well as a refresher for existing employees. Goal is to provide staff a guide, accessible at all times, and aide in the production of great quality food. Reference written report for full details.		
	6.4	**Purchasing:** The team is comprised of three out of four total that have been in the department for less than a year and are very focused on training and supporting clinical departments. The department remodel is exciting and provides a much more efficient use of space. Ryan Harris shared that during this pandemic Purchasing did a great job of ensuring MMHD did not run out of PPE by finding additional vendor sourcing options. Reference written report for full details.		
	6.5	**SNF EVENTS/SURVEY:** Overall, it is much better, including moral. There was an extensive federal survey last week with a minor policy deficiency that was corrected same day. When the surveyors left, they said no deficiencies will be sited for the survey. It was noted that 2016-2018 was a heavy citation period and from 2019 to now, there have been three citations reported. This speaks directly to the quality improvement work by our staff. There is one Burney Annex COVID + resident in the COVID unit. All residents have been retested earlier this week and no positive results; vaccination appears to be working. Majority of the residents have received the vaccination and there are 4 direct declinations. Visitation discussions are starting again and plans will be in place when the State lifts restrictions and the County downgrades from the purple tier to red. Masking and distancing will likely have to remain in place during visitations.		
	6.6	**INFECTION CONTROL:** Currently there is only one COVID+ Burney Annex resident and no positive cases at the FRM SNF or any employees. FRM SNF is green with no exposures since Jan 26 and negative test results for the last two weeks. Burney Annex residents are testing again tomorrow and once more on Feb 18. If there are no positive results, that facility will return to green. Potential to admit new residents if the facilities can remain in green status with no new employee or resident positive cases. COVID vaccinations administered through the hospital for community members aged 65+ and staff is going well. Next week opening eligibility to K-12 educators. Reaching out to the Burney principals to determine if there is enough interest to have a clinic in Burney for their educators. There was a discussion about the potential to service our homebound population. Keith and Dawn have looked into it and found that the Pfizer vaccine is not supposed to be taken from the facility due to stability issues. Currently Pfizer is the only vaccination being allocated to the hospital. Will revisit this again if the opportunity arises to receive a more stable vaccine that could be transported well. It was noted that the County Public Health Dept should be the driver of this need. Lindsey Crum is working part-time with Dawn providing significant assistance and to meet the criteria of 40 hours in LTC; she also works part-time in Hospice. Weekly employee testing is still in place and working with department managers for compliancy.		
7	**REPORTS: QUALITY FINANCES: No Department Reports**			
8	**DIRECTOR OF QUALITY**			
	8.1	Discussed eCQM (electronic Clinical Quality Measures) that are part of the PI (Promoting Interoperability) program. The program is based on reporting measures generated through the EHR and submitted to CMS through the Hospital Quality Reporting (HQR) platform online. The hospital can select measures of most success/most meaningful each quarter. These measures are used to assist with building the hospital's star rating. A recent development is that hospitals will be grouped with others reporting on the same number of measurements. MMHD's goal is to report on 9 measures. Currently successfully reporting on 6 measures and the other 3 measures have been identified. Report included in minutes.		
9	**New Business**			
	9.1	**Policies:** None		
	9.2	**Community Member Invitation to Quality Committee**		

		Discussion on creating a job description for community member involvement. There is a CMS quality measure that MMHD could be eligible to receive credit.
10	**ADMINISTRATIVE REPORT:** Louis is proud of this staff for achieving a 4 star SNF rating. Jack has done an outstanding job. He believes the right staff is in place and once we move past COVID the focus can move back to Patient & Family Engagement Best Practices. One year ago this month MMHD had its first COVID meeting with a large discussion around supplies to get out in front successfully. March 6, 2020 the decision was made to close down SNF visitation. There is a lot of optimism around the state. Louis has had multiple discussions with other administrations and the general feeling is that we are reaching the other side. The hospital vaccination clinic has administered 504 shots to community members as of Feb 8. The state has a website, myturn, for centralized sign ups. MMHD is having success with our own localized website sign up which Val pulls a daily time-stamped report that is the used for scheduling appointments. There is rural hospital pushback to the TPA (Blue Shield) and state model that seems to be tailored to larger systems. Stay tuned as more information becomes available. There is legislative movement with the passing of AB685 around COVID+ exposures notification to workers. MMHD is sending emails to the department who has an isolated employee. Legislation for Cal Osha PPE supplies goes into effect April 1. There will be continued conversation at the regular board meeting on seismic legislation. Burney Clinic is on target for an April 19 opening. Construction completion within the next two weeks and movement to licensing, certificate of occupancy and fire line certification. For licensure, CDPH will schedule an onsite visit. Work on provider contracts, scheduling, EMR (EPIC) and building job descriptions and wage scales. Job opportunities will be posted by the end of Feb/early Mar.	
11	**OTHER INFORMATION/ANNOUNCEMENTS**: The Board Chair recognized SNF 4 Star Rating…this is a great accomplishment of work by the staff!	
15	Adjournment: Next Regular Meeting – March 10, 2021	

Mayers Memorial Hospital District Quality Committee Report

Meeting Date:	3/10/2021
Department:	Outpatient Medical Department
Submitted By:	Michelle Peterson RN CWCN

List up to three things that are going well in your department.

- COVID-OPM has moved 4 times in the last year and has managed to be up and running and seeing patients during the moving process.
- COVID-OPM has only dropped 17% in census with COVID, while some clinics are seeing census decline by up to 40%.
- New Hire-Have a new RN permanent employee that works part time and is now trained on most of OPM job duties. We now have Dr Syverson taking on wound care clinics and overseeing OPM. We appreciate him taking on our patients and keeping the quality of care for wound care patients going. This services is much needed in our area and we appreciate not having a break in physician coverage.

Do you have any current quality improvement projects/activities underway? Please provide a brief description.
Is this a LEAN project? Y/N

- OPM was awarded MHF grant monies for approx. 16,000. We have purchased pressure relieving devices such as cushions, glide sheets, cradles, posey boots, and more for LTC Burney, LTC FR and Acute. We are trying to keep needed pressure injury supplies readily available to produce favorable outcomes for patients acquiring pressure injuries.

How does this impact on patients? Do you think this is acceptable?

- This makes pressure relieving devices readily available for staff. It is on the forefront of their mind when they can do simple nursing interventions to help relieve pressure and prevent poor outcomes. I think this is money well spent for prevention. We have MHF to thank and our grateful for community donors that are willing to provide support for this cause.

How does this impact on staff? Do you think this is acceptable?

- This reminds staff that they have tools at their fingertips. Everyone needs to be involved in pressure injury prevention. With more tools the idea is to catch pressure injuries at the beginning stages or ultimately prevent them from happening.

What progress has been made on these projects since the last quality committee meeting?

- Last quality meeting skin tear and VAD maintenance education was discussed. Due to Covid, these classes were placed in Relias and are available and assigned to nursing staff.

Has anyone in particular been instrumental in helping to progress/improve the problem?

- Maintenance has been great with moving OPM many times and has been instrumental in doing their best to provide the moves in a quick manager with patient safety in mind. Recently, we almost had a fall in our OPM bathroom. Maintenance was made aware and within hours were here to place multiple handrails for patient safety.
- Next is MHF, providing financial help to OPM from generous donors so we are able to purchase resources and tools to those caring for patients. We work in patient care areas and hear what staff have to say about resources and needs for their departments. It is nice to be able to supply staff with what they need to do their job well in efforts to prevent pressure injuries.
- Pharmacy through our moves have set up a "make shift" pixis to help us have access to the medications we need to do our job. Impressive how fast they got it done on our move to PT area.

Which Strategic Goal does your quality issue BEST relate to (choose one)?

Outstanding Staff:

- By 2025, we will be seen as an employer of choice in the area by providing and maintaining staff growth opportunities, flexible and safe working arrangements, and reducing the use of registry staff. (This is the box that applies the best with strategic goals supplied)

Have any new quality-related issues arisen? Briefly describe.

- Patient safety-We are grateful to be able to continue to provide services to our wound care and infusion patients during this global pandemic. As soon as we are able to move back to our space please do so for patient safety. We give medications/infusions that patients can have allergic or adverse reactions to. It is safer to be closer to other medical staff if there was an emergency. Also, more than half of our patients are obese and take extreme efforts to maneuver in the space provided. This puts both patients and employees at risk for injury.

Are there any other issues to be discussed with the Committee?

- Next steps working with new clinic on streamlining the referral process for Outpatients.

Mayers Memorial Hospital District Quality Committee Report

Meeting Date:	March 10, 2021
Department:	Med Staff
Submitted By:	Pamela Sweet
List up to three things that are going well in your department.	
Covid vaccination scheduling Practitioner record keeping	
Do you have any current quality improvement projects/activities underway? Please provide a brief description. **Is this a LEAN project? Y/N**	
No	
How does this impact on patients? Do you think this is acceptable?	
How does this impact on staff? Do you think this is acceptable?	
What progress has been made on these projects since the last quality committee meeting?	
Has anyone in particular been instrumental in helping to progress/improve the problem?	
Which Strategic Goal does your quality issue BEST relate to (choose one)?	
Have any new quality-related issues arisen? Briefly describe.	
Are there any other issues to be discussed with the Committee?	

Mayers Memorial Hospital District Quality Committee Report

Meeting Date:	Mar. 10, 2021
Department:	Acute/Swing
Submitted By:	Theresa Overton, DON-Acute Services

List up to three things that are going well in your department.

1. The Covid surge has become such a significant part of this department over the last year and in particular since December. The number one thing that has been a challenge and an accomplishment at the same time is the adaptation to change. There have been many changes effecting this department and the staff within it.
2. Team work throughout the Acute Department. The staff has done a great job of working together and helping to adjust to the changes with the new Covid unit.
3. We have been met with many challenges of patient type and with the implementation of the Covid unit, staff from Acute and LTC have come together to provide excellent patient care to our residents as well as community members.

Do you have any current quality improvement projects/activities underway? Please provide a brief description.
Is this a LEAN project? Y/N

1. Physician request for licensed nursing to give shift status summary of patient in progress notes using the "significant" box has been very helpful to the providers. It is a work in progress as we get a lot of travelers. Along with our own staff, education is provided with standard work.

How does this impact on patients? Do you think this is acceptable?

1. This does not impact the patient directly but it does have an impact on them indirectly as to complete the communication loop between the patient, nurse and then provider.

How does this impact on staff? Do you think this is acceptable?

1. The nursing staff has a responsibility of relaying to the provider the patient's condition on a shift by shift basis. As with the patient, the communication loop is important for patient care.

What progress has been made on these projects since the last quality committee meeting?

1. We have champions in this and then we still have those staff members who are not consistent with it. This includes travelers as well.

Has anyone in particular been instrumental in helping to progress/improve the problem?

1. Acute Assistant Manager-Moriah Padilla
2. Staff

Which Strategic Goal does your quality issue BEST relate to (choose one)?

Outstanding Patient Services

Have any new quality-related issues arisen? Briefly describe.

1. With the change to different station (St. 1 moved to St. 3 and St. 1 became the larger Covid unit >4 patients in the ISO unit), we have had quality issues regarding call lights and privacy screens in particular. We adapted though using door bells and partitions made by maintenance. We will be moving Acute back to St. 1 Mar 16-18 and this will help alleviate this quality issue.

Are there any other issues to be discussed with the Committee?

Mayers Memorial Hospital District Quality Committee Report

Meeting Date:	Mar. 10, 2021
Department:	Outpatient Surgery (OPS)
Submitted By:	Theresa Overton, DON-Acute Services

List up to three things that are going well in your department.

1. OPS had been closed from Nov. 15-Feb. 23 due to the Covid surge. Due to this closure, it took a lot of team work to get the department back up and running. This included many departments helping to come together for the goal of preparing the OR as well as the pre/post rooms for patient care.

Do you have any current quality improvement projects/activities underway? Please provide a brief description.
Is this a LEAN project? Y/N

1. The Steris hot water had continued to be an issue as the lack of hot water affects the scope/camera disinfecting system which then effects the workflow of surgery.
2. CRNA coverage. This continues to be a problem that HR and I are constantly working on. We are currently using locums and a couple of contract CRNA's for coverage.

How does this impact on patients? Do you think this is acceptable?

1. This issue impacts patients significantly because they have done their preparation for procedures and if the Steris system fails, we have to cancel surgeries. This is not acceptable because we are not providing the best care to the patient as a result of this.
2. We work hard to not let this affect patient care. However, if we do not have a CRNA scheduled then we have to cancel surgery.

How does this impact on staff? Do you think this is acceptable?

1. The staff can be affected by the constant issue of this problem as they may have to cancel a patient while they are here ready for their procedure or surgery.
2. The use of multiple CRNA providers can have an impact on staff due to inconsistency of staff as it may be a new person to orient to our processes every time.

What progress has been made on these projects since the last quality committee meeting?

1. The Covid surge put this issue on a back burner but currently there is work being done. As of this report, a new hot water heater has been placed and is working at this time. Our next surgery week is Mar. 8-10 and we will see at that time if it is able to handle the increased use.
2. I am in constant communication with our CRNA's and HR to commit coverage at least 3-6 months in advance.

Has anyone in particular been instrumental in helping to progress/improve the problem?

1. The OR Scrub Tech and Maintenance.
2. Myself and HR

Which Strategic Goal does your quality issue BEST relate to (choose one)?

1. Outstanding Patient Services

Have any new quality-related issues arisen? Briefly describe.

1. The Covid surge really effected this department and we are now working on the workflow of getting this department back up and running efficiently.
Are there any other issues to be discussed with the Committee?
No.

BLOOD TRANSFUSION CHART
DATE: April 2020

TRANSFUSION DATE	MR#	DR	NUMBER OF UNITS	INDICATIONS DOCUMENTED Y N	INFORMED CONSENT SIGNED	BLOOD BANK ARMBAND	VITALS DOCUMENTED Y N	BLOOD PRODUCT APPROP.
None reported								
TOTAL								

BLOOD TRANSFUSION CHART
DATE: May 2020

TRANSFUSION DATE	MR#	DR	NUMBER OF UNITS	INDICATIONS DOCUMENTED Y N	INFORMED CONSENT SIGNED	BLOOD BANK ARMBAND	VITALS DOCUMENTED Y N	BLOOD PRODUCT APPROP.
5/3/2020	26729	Dahle	1	Y	Y	Y	Y	Y
5/6/2020	26729	Dahle	1	Y	Y	Y	Y	Y
5/20/2020	26729	Dahle	2	Y	Y	Y	Y	Y
TOTAL			**4**					

BLOOD TRANSFUSION CHART
DATE: June 2020

TRANSFUSION DATE	MR#	DR	NUMBER OF UNITS	INDICATIONS DOCUMENTED Y N	INFORMED CONSENT SIGNED	BLOOD BANK ARMBAND	VITALS DOCUMENTED Y N	BLOOD PRODUCT APPROP.
6/17/2020	26729	Dahle	2	Y	Y	Y	Y	Y
TOTAL			**2**					

BLOOD TRANSFUSION REPORT
Quarterly Report/4th quarter 2020

MD	CHARTS REVIEWED	NUMBER OF UNITS
Dahle	1	6
TOTAL	**1**	**6**

BLOOD TRANSFUSION CHART
DATE: July 2021

TRANSFUSION DATE	MR#	DR	NUMBER OF UNITS	INDICATIONS DOCUMENTED Y N	INFORMED CONSENT SIGNED	BLOOD BANK ARMBAND	VITALS DOCUMENTED Y N	BLOOD PRODUCT APPROP.
7/15/20	26729	Dahle	1	Y	Y	Y	Y	Y
7/15/20	59021	Watson	2	Y	Y	Y	Y	Y
7/24/20	60725	Saborido	2	Y	Y	Y	Y	Y
7/29/20	26729	Dahle	2	Y	Y	Y	Y	Y
7/30/20	58762	Haedrich	2	Y	Y	Y	Y	Y
TOTAL			**9**					

BLOOD TRANSFUSION CHART
DATE: Aug 2021

TRANSFUSION DATE	MR#	DR	NUMBER OF UNITS	INDICATIONS DOCUMENTED Y N	INFORMED CONSENT SIGNED	BLOOD BANK ARMBAND	VITALS DOCUMENTED Y N	BLOOD PRODUCT APPROP.
None reported								
TOTAL								

BLOOD TRANSFUSION CHART
DATE: Sept 2021

TRANSFUSION DATE	MR#	DR	NUMBER OF UNITS	INDICATIONS DOCUMENTED Y N	INFORMED CONSENT SIGNED	BLOOD BANK ARMBAND	VITALS DOCUMENTED Y N	BLOOD PRODUCT APPROP.
None reported								
TOTAL								

BLOOD TRANSFUSION REPORT
Quarterly Report/1st quarter 2021

MD	CHARTS REVIEWED	NUMBER OF UNITS
Dahle	1	3
Haedrich	1	2
Saborido	1	2
Watson	1	2
TOTAL	**4**	**9**

Mayers Memorial Hospital District Quality Committee Report

Meeting Date:	10 March 2021
Department:	Infection Prevention
Submitted By:	Dawn Jacobson, RN

List up to three things that are going well in your department.

Both SNF's are back to green status, no new cases or exposures. Last staff positive was 2/10. Vaccines are moving along and we have had a lot of compliments on our process.

Do you have any current quality improvement projects/activities underway? Please provide a brief description.
Is this a LEAN project? Y/N

N/A

How does this impact on patients? Do you think this is acceptable?

How does this impact on staff? Do you think this is acceptable?

What progress has been made on these projects since the last quality committee meeting?

Has anyone in particular been instrumental in helping to progress/improve the problem?

Which Strategic Goal does your quality issue BEST relate to (choose one)?

Have any new quality-related issues arisen? Briefly describe.

No

Are there any other issues to be discussed with the Committee?

None

MAYERS MEMORIAL HOSPITAL DISTRICT COMPLIANCE REPORT

03/04/2021 FOR Q121

TRAINING AND EDUCATION

Type	Completion Target	Actual
New Hire Compliance	100%	100%
POC Education	100%	100%

EXCLUDED PROVIDERS

Type	Number
Employees	0
Physicians/Providers	0
Vendors	0

EXPIRED LICENSES

Expired licenses
0

PAYROLL-BASED JOURNAL (PBJ) FOR MOST RECENT AVAILABLE QUARTER

PBJ Issue	Number
Total Nurse Staffing	4 hours 8 minutes – last 5 Star report
Total RN	26 minutes – last 5 Star report
Total CNA	2 hours 29 minutes – last 5 star report
Days No RN Coverage	0 – last PBJ report
Staffing Domain Star Rating	4 star
Overall Star Rating	4 star

INVESTIGATIONS BY INTAKE

Type	Number
Hotline	0
Direct to Compliance	5
RL6	12

REPORTS AND INVESTIGATIONS BY TYPE

Issue	New	Open	Closed	Unsubstantiated	Substantiated	Terminations
Abuse/Neglect	1	1	0	0	0	0
Code of Ethics/ Policy	0	0	0	0	0	0
Documentation	0	0	0	0	0	0
Elder Justice	0	0	0	0	0	0
False Claims	0	0	0	0	0	0
Gifts	0	0	0	0	0	0
HIPAA	0	0	0	0	0	0
Licensure	0	0	0	0	0	0
OIG Investigations	0	0	0	0	0	0
COVID	1	0	1	0	0	0
Resident Rights	0	0	0	0	0	0
Resident Charges	0	0	0	0	0	0
Non-Monetary	0	0	0	0	0	0
STARK	0	0	0	0	0	0
Total	2	1	0	0	0	0

COMPLAINTS & INVESTIGATIONS

Type	New	Open	Closed	Unsubstantiated	Substantiated	Terminations
Professional Liability	0	1	0	0	0	0
Loss of Property	0	0	0	0	0	0
Total	0	1	0	0	0	0

One important note: currently I am working on finding and implementing an electronic system for intake and tracking of complaints from the public. As that goal continues I will keep you updated on how it goes.

Thank you,

JH

Director of Quality Report

Current Projects:

- Complaint Intake
- Risk Education
- Compliance Plan and Education
- PRIME 3.5
- New QIP4 (replacing PRIME)
- Playing my role in the clinic opening as needed
- Looking at metrics for Hospital Star Rating
- HSAG HQIP program initiation
- HQIP Dashboard

Quality is moving on all of the listed projects – things are progressing smoothly. Most of them you have heard about in other reports, however, if you have any specific questions I would be more than happy to answer them.

Of note:

New QIP (Quality Improvement Program) looks to be in line with multiple other QIP programs so the tracking could potentially be easier than we have seen in the past EPIC looks to be very robust in tracking all of the associated metrics (that we know of) for the QIP program.

HSAG HQIP (Health Services Advisory Group Hospital Quality Improvement Program) is a new program that will assist us in looking at measures reported by all hospitals – and should help us with our benchmarking for star ratings for the hospital.

HQIP Dashboard: This dashboard was created by HQIP and will be able to process all of our MIRCal data (submitted to OSHPD) in 48 hours. Much faster than OSHPD can so we will have a new data source looking at some of our reported metrics.

That is a summary (brief summary) of what is new in Quality this quarter.

Thank you,

Jack Hathaway