

Chief Executive Officer  
Ryan Harris



**Board of Directors**  
Abe Hathaway, President  
Jeanne Utterback, Vice President  
Tami Humphry, Treasurer  
Lester Cufaude, Director  
James Ferguson, Director

**Quality Committee**  
**Meeting Agenda**  
September 23, 2024 at 10:00 AM  
Fall River Board Room  
43563 HWY 299 E  
Fall River Mills, CA 96028

**Attendees**

Les Cufaude, Director and Chair of Quality James Ferguson, Director	Ryan Harris, CEO Jack Hathaway, Director of Quality
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1	<b>CALL MEETING TO ORDER</b>	Chair Les Cufaude		<b>Approx. Time Allotted</b>
2	<b>CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS</b>			
3	<b>APPROVAL OF MINUTES</b>			
	3.1	Regular Meeting – August 26, 2024	Attachment A	<b>Action Item</b> 2 min.
4	<b>HOSPITAL QUALITY COMMITTEE REPORT</b>			Report 10 min.
5	<b>DIRECTOR OF QUALITY</b>	Jack Hathaway		Report 10 min.
6	<b>OTHER INFORMATION/ANNOUNCEMENTS</b>			Information 5 min.
7	<b>MOVE INTO CLOSED SESSION</b>			
8	<b>CLOSED SESSION ITEMS</b>			
	<b>8.1</b>	<b>HEARING (HEALTH AND SAFETY CODE § 32155) – MEDICAL STAFF CREDENTIALS</b>		Action Item 5 min.
		<b>MEDICAL STAFF REAPPOINTMENT</b> Kelly Kynaston, MD (T2U) – Telemedicine Tom Watson, MD – Active		
		<b>MEDICAL STAFF APPOINTMENT</b> Matthew Kilpatrick, MD – (Redding Pathologists) Pathology Jonathan Hester, MD (TCR) – Radiology Thomas Powierza, MD (TCR) - Radiology		
		STAFF STATUS CHANGE		

	Benjamin Weaver, CRNA – to inactive Shawn Marvin, MD – to inactive Gregory Ginsburg, MD – to inactive John Olichney, MD – to inactive Palik Parikh, MD – to inactive Beatrice Akers, DO – to inactive Sunpreet Kaur, MD – to inactive		
9	<b>RECONVENE OPEN SESSION</b>		
10	<b>ADJOURNMENT:</b> Next Regular Meeting – October 28, 2024		

Agenda Posted: 09.19.2024

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Board of Directors  
**Quality Committee**  
**Minutes**

August 26, 2024 @ 1:00 PM  
HR/Admin Conference Room

*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	<b>CALL MEETING TO ORDER:</b> Les Cufaude called the meeting to order at 1:00 pm on the above date.		
	<b>BOARD MEMBERS PRESENT:</b>		<b>STAFF PRESENT:</b>
	Les Cufaude, Director Jim Ferguson, Director		Jack Hathaway, Director of Quality Pam Sweet, Medical Staff Coordinator
	<b>Excused ABSENT:</b> Ryan Harris, CEO Ashley Nelson, Board Clerk		
2	<b>CALL FOR REQUEST FROM THE AUDIENCE – PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS</b>		
	None		
3	<b>APPROVAL OF THE MINUTES:</b>		
	3.1	Regular Meeting – July 24, 2024	<i>Ferguson, Hathaway</i> <b>Approved by All</b>
4	<b>HOSPITAL QUALITY COMMITTEE REPORT:</b> No Report		
5	<p><b>DIRECTOR OF QUALITY:</b></p> <p>The Director has set up a Teams area for departments to enter and track their quality metrics. As the area gets populated and trends appear, future Quality meetings will be a simple review of each department's metrics. The committee asks to be informed in writing in advance of the meeting of any issues that arise. If there are on-going problems, the Director should include the department's manager in this meeting. If there are no problems, then a run-through of the department's metrics is acceptable. The committee would like to see the list of suggested quality metrics each department chose from. The most exciting of the quality metrics are the OPPE and FPPE for the medical staff, providing the practitioners with a report card on a regular basis. OPPE and FPPE have existed for a long time but have never in memory been practiced at Mayers. Department measures and OPPE/FPPE for the medical staff are 2 working measures of the district QAPI (Quality Assurance/Performance Improvement).</p> <p>All new quality policies will be brought to this committee, MEC and the Board. Disaster/Safety policies must be reviewed annually, but some plans only have to be reviewed every 2 to 3 years. The committee members want the ability to correct the policies in committee. If there are material changes to the policies, the policy will be routed back through the authors. Policies needing only grammatical or typographical corrections can be changed and approved.</p> <p>RL6 is a facility-wide reporting application. All staff have access to anonymously report incidents they witness or hear about. Examples are adverse drug reactions, abuse, deferments, patient safety, near misses. Reporting in RL6 is low. The Director hopes the publishing of an instruction manual, and instructional videos will improve reporting.</p> <p>The year 6 QIP audit was just completed, and everything went perfectly. Year 7 performance measures are being developed: breast cancer, colorectal cancer, well child visits. We are working hard to get people into the population so we can show performance.</p> <p>Working with R. Harris to write a bonus structure into the physician's contracts.</p>		

6	<p><b>POLICIES</b></p> <ol style="list-style-type: none"> <li>1. EMTALA -- Central Log Policy</li> <li>2. EMTALA -- Medical Screening Examination and Stabilization</li> <li>3. EMTALA On-Call Policy</li> <li>4. EMTALA Reporting Policy</li> <li>5. EMTALA Signage <ul style="list-style-type: none"> <li>• We are out of compliance. The policy states the signage should be large enough to be seen from anywhere in the department.</li> </ul> </li> <li>6. EMTALA Transfer Policy</li> </ol> <p>Substantive and grammatical errors in the policies were discussed. Notes for changes have been forwarded to the Director of Quality.</p>
7	<p><b>OTHER INFORMATION/ANNOUNCEMENTS:</b> None</p>
8	<p><b>MOVE INTO CLOSED SESSION ITEMS: 2:24 pm</b></p>
9	<p><b>ADJOURNMENT:</b> at 2:43 pm Next Meeting is September 23, 2024, at 1:00 pm In Fall River Mills. Future meetings will alternate between Fall River Mills and Burney, in correlation with the full Board meetings.</p>