



Mason Health
Mason General Hospital • Mason Clinic

To: Board of Hospital Commissioners
 From: Eric Moll
 Date: April 23, 2024
 Subject: Consent Agenda

Consent agenda for Tuesday, April 23, 2024

Approval of the Bills:

General Fund	2248664 – 2249021, 243666 -243684	\$6,131,676.29
Employee Medical	20182 – 20183	\$ 489,374.71

Miscellaneous

COO

A major part of the Campus Master Planning is a replacement of the MRI, which is included in the early phases of any construction planning. The MRI will effectively go out of service at the end of 2025. Therefore, back on March 25, Diagnostic Imaging Director Shane Faford and Chief Radiologist Dr. Roscoe, provided an overview of the selection process for the most suitable MRI for Mason Health and our patient population. As this will cost upward of one million dollars the attention and planning given to this is extremely important. More details on this process and the recommendation will be given during the Roundtable portion of the Board of Commissioners meeting.

CNO

Inpatient Units:

Birth Center is expecting around 96 births in May and June, this is well above our 30ish average per month. We have meetings scheduled to review a contingency plan should we need to create extra birthing rooms and staff (we are capable of having 4 birthing rooms and 6 post-partum rooms).

Inpatient Nursing- Since our 1 HAPI in February, we have not seen another reportable pressure injury. We continue with pressure injury surveillance which consists of the Certified Wound Care nurse conducting skin checks on all high risk patients (according to the Braden scale). Each assessment takes approximately 1 hour to complete. Wound Champion classes

continue with >80% of staff trained. Now that expectations have been established, coaching is also occurring for those staff who chose not to follow protocols.

We are below benchmark for Q1 in the following: HAPI. Kudos to Rob Bennington and team for all the work. Nadine led HAPI and Carol falls. I will present more information on HAPI's during the SP debrief in May.

Surgery- we continue to recruit for a Surgery Supervisor. We will enlist the help of a recruiter in the next couple of weeks as Lea will be leaving in May. I am very pleased to announce we have finally filled the open CRNA position with a local nurse anesthetist who has family in Allen so he will likely have some longevity at Mason. Thank you to Eric for approving an increase in compensation that attracted candidates and connecting with the recruiter used for provider recruitment. David Hughs will likely begin end of July.

PRC will 'close out' first quarter patient experience data by end of April. There is some lag time so they can connect with those patients who discharged in March. We have received 72 responses for Q1 thus far, which is double what we found with Press Ganey. I will present during our SP update in May.

Nursing Quality Indicators:

Nursing Quality Indicators			January 486 pt days	March 468 pt. days	April 520 pt days	Annual rolling 1474 pt days	Benchmark
Ensure Exceptional Outcomes and Safety	HAPI stage 3+	# HAPI 3+ # HAPI #3+/pt discharges * 1,000	0 0.0	1 5.1	0 0.0	0.68	rate: <0.83
Ensure Exceptional Outcomes and Safety	Restraints	# Restraints / pt days * 1,000	12	8	23	29.18	rate: <15
Ensure Exceptional Outcomes and Safety	Falls (total inpatient)	#falls Total Inpatient Falls / pt days * 1,000	2 4.12	2 4.27	2 3.85	4.07	rate: <2.45

Work continues on the quality of nursing care. I am most concerned regarding falls, although falls with injury are 0. We have had all best practices in place, protocols, visual aids, etc. for years but we continue to experience falls. Telesitting has been shown to reduce falls by 51% (Johns Hopkins, 2017). I am currently working with Summit Pacific on a partnership for TeleSitters. We've had preliminary meetings and are hopeful we can bring the services to Mason by 3rd Quarter.