



Mayers Memorial Hospital District

Chief Executive Officer, Interim
Louis Ward, MHA

Board of Directors

Abe Hathaway, President
Michael D. Kerns, Vice President
Allen Albaugh, Treasurer
Beatriz Vasquez, PhD, Secretary
Art Whitney, Director

BOARD of DIRECTORS
MEETING AGENDA
January 27, 2016 1:00 PM
Board Room (Fall River Mills)

Mission Statement

Mayers Memorial Hospital District serves the Intermountain area providing outstanding patient-centered healthcare to improve quality of life through dedicated, compassionate staff and innovative technology.

1	CALL MEETING TO ORDER – Abe Hathaway, President	
2	CALL FOR REQUEST FROM THE AUDIENCE: PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS: Persons wishing to address the Board are requested to fill out a "Request Form" prior to the beginning of the meeting (forms are available from the Clerk of the Board (M-W), 43563 Highway 299 East, Fall River Mills, or in the Board Room). If you have documents to present for the members of the Board of Directors to review, please provide a minimum of nine copies. When the President announces the public comment period, requestors will be called upon one-at-a time, please stand and give your name and comments. Each speaker is allocated five minutes to speak. Comments should be limited to matters within the jurisdiction of the Board. Pursuant to the Brown Act (Govt. Code section 54950 et seq.) action or Board discussion cannot be taken on open time matters other than to receive the comments and, if deemed necessary, to refer the subject matter to the appropriate department for follow-up and/or to schedule the matter on a subsequent Board Agenda.	
3	CADD Pump Labeling Project Mary Ranquist, Hospice Manager/Keith Earnest, CCO	Information
4	APPROVAL OF MINUTES: 4.1 Regular Meeting – December 16, 2015 (ATTACHMENT A)	ACTION ITEM
5	OPERATIONS ▶ Chief's Reports (CEO, CNO, CCO, IHF CEO) (ATTACHMENT B) WRITTEN REPORT PROVIDED – ADDITIONAL COMMENTS AS NEED VERBALLY	Information
6	BOARD COMMITTEES: 6.1 Finance Committee – Chair Allen Albaugh 6.1.1 Committee Meeting Report Information 6.1.2 Dec 2015 Financial review, AP, AR and acceptance of financials ACTION ITEM (Dispersed Separately) 6.1.3 OB/Surgery Update..... Information 6.2 Strategic Planning Committee – Chair Abe Hathaway 6.2.1 Committee Meeting Report Information 6.2.2 Annual Board Assessment Report..... Information 6.3 Quality Committee – Chair Mike Kerns 6.3.1 Committee Meeting Report..... Information	

6	OLD BUSINESS 6.1 Building Project Update 6.2 Clinic Grant Update	Discussion Discussion
7	NEW BUSINESS 7.1 Foundation Ex-Officio member Appointment	ACTION ITEM
8	8.1 INFORMATION/REPORTS/BOARD EDUCATION/ANNOUNCEMENTS Board Comments, Upcoming Events, etc.	Information/ Discussion
9	ANNOUNCEMENT OF CLOSED SESSION: 9.1 Government Code Section 54952 Quality Assurance: Quality Improvement Issues, Medical Staff Report (Dr. AJ Weinhold, Chief of Staff) STAFF STATUS CHANGE 1. Carrie Carlin, MD - to Inactive 2. Thomas Daniel, MD - to Inactive 3. Steven Scharpf, MD - to Inactive 4. Paul Schwartz, MD - to Inactive 5. James Stone, MD - to Inactive MEDICAL STAFF REAPPOINTMENT 1. Edward Richert, MD - Family Medicine 2. Michael Maloney, MD - Radiology 3. Gregory Taylor, MD - Emergency Medicine MEDICAL STAFF APPOINTMENT 1. Mark Goodwin, MD - Family Practice 2. Jose Barrios, MD - Family Medicine 3. Gary Triebswetter, MD - Emergency Medicine 4. Jeremy Austin, MD - Emergency Medicine 5. Temoor Anwar, MD - Interventional Radiology	ACTION ITEMS
10	RECONVENE OPEN SESSION: REPORT ACTIONS TAKEN DURING CLOSED SESSION	
11	ADJOURNMENT: Next Regular Meeting February 24, 2016 – Burney	

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, 43553 Highway 299 East, Fall River Mills CA 95028.

This document and other Board of Directors documents are available online at www.mayersmemorial.com.

Posted/Distributed 01/20/16

Date: December 16, 2015
Time: 1:00 P.M.
Location: Mayers Memorial Hospital
Fall River Mills, California

(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:** President Hathaway called the regular meeting to order at 1:00 p.m. on the above date with the following present:

Abe Hathaway, President
Mike Kerns, Vice President
Beatriz Vasquez, Secretary
Allen Albaugh, Treasurer
Art Whitney

Board Members Absent: none

Staff Present: Louis Ward, CEO; Valerie Lakey, Board Clerk; Travis Lakey, CFO; Keith Earnest, CCO; Mary Ranquist, Hospice Manager

- 2. CALL FOR REQUEST FROM AUDIENCE TO SPEAK TO ISSUES OR AGENDA ITEMS:**
None

3. Hospice Report - Mary Ranquist, Manager – Quarterly Report (October through December) Census is 6.71 compared to 2.3 in 2014. In 2015 we have stayed above 6 patients average. Average number of days is 39; national average is in the 80's. Education is a key to impact on patients and families. Cost effectiveness is lost on patients on Hospice less than 14 days. Just attended regulatory boot camp – regulations, survey prep, etc. Gale Leonard, Hospice Social Worker also attended.

4. Porter Consulting Presentation – Representatives were in attendance to present their services as Construction Management Consultants. The company has a strong background with Medical/Healthcare projects. It was noted that the key to success of our project would be establishing good goals. Design-Build will shed the risk in the project. This is smaller size project. Find a mid-sized contractor with a large size mentality to utilize local resources. Will pull from Redding/Sacramento. First steps are key to the project. RFQ, RFP, 3 to 5 bidders. Establish up front exactly what you want. Porter went over the proposal and time line.

5. APPROVAL OF MINUTES – A motion/second and carried, the Board of Directors accepted the following minutes

3.1 Regular Meeting – October 28 Regular and November 18 Special Meeting – (Whitney, Vasquez) – Approved All – Albaugh Abstain

5. OPERATIONS REPORT:

In addition to the written operations report included in the board packet, the following verbal reports and discussions are summarized below:

- ▶ **Louis Ward, CEO** – Ward highlighted USDA timeline, talked about potential people for community construction committee to help with design, etc. He additionally noted process was being made on the Capital Campaign planning. The Financial Advisory Committee (FAC) has been working hard on financial projects. They were successful with a printer/copier contract which resulted in a savings of \$240,000 over next 5 years. We continue to work on keeping registry down. Ward also noted the upcoming CNA program. Dr. Watson is retiring from MVHC – still may manage some of his SNF patients and do some possible on-call. He will be staying with Hospice. We will be working with Dr. Watson on various projects at the hospital. He will also be the EmCare and ER Director. Ward gave an update on the Emergency Department. He also noted that we have been working on a wage comparison with other hospitals.
- ▶ **Keith Earnest, CCO** – Director of Clinical Services, Adam Dendauw will oversee Lab, Imaging, Cardiac and Respiratory. We are in need of finding more staffing for PT. There are a few leads

and the department is looking for people to do clinical rotations. Looking at a short term person. Adam updated on the Individualized Quality Control Plan. Adam will manage the program.

- ▶ **Sherry Wilson, CNO** – Absent because of state survey re-visit. Both dietary units in Fall River and Burney were cleared. Discussed surveys. Looked at doing mock surveys in the future. Trustee Whitney will see if he can find some contacts.

6. BOARD COMMITTEES:

6.1 Finance Committee – Chair Allen Albaugh Reported on monthly savings, talked about purchased services.

6.1.1 Committee Meeting – (see minutes) 39 days cash on hand, debt paid down. Heard from Acute and IT departments. The committee will discuss surgery and OB next month.

6.1.2 Oct/Nov 2015 Financials – (Kerns, Whitney) – Approved All

6.1.3 Quarterly Finance Review – (Whitney, Kerns) – Approved All

6.1.4 Cost Report – reviewed (*Exhibit A*)

6.1.5 Capital Expenditure – (Kern, Whitney) – Approved all

6.2 Strategic Planning Committee –Chair Abe Hathaway

6.2.1 Committee meeting – Building project and Burney Outpatient services were discussed (see minutes)

6.2.2 Annual Board Assessment – move to January regular meeting

6.3 Quality Committee – Chair Mike Kerns

6.3.1 Committee Meeting Report – See minutes

6.3.2 Organizational Analysis – Approved with grammar corrections (*Kerns, Albaugh*)

7. OLD BUSINESS

7.1 Annual Bylaw Review – Final Reading Approved (*Vasquez, Whitney*)

7.2 Building Project – Presentation was moved to front of agenda by Chair Hathaway. It was recommended to contract with Porter Consulting for the first 2 phases of the building project for construction management services. Services not to exceed proposed hours and approval pending USDA approval. (*Albaugh, Kerns*) **Approved All**

7. NEW BUSINESS

7.1 Annual Organizational Review/Approval of Calendar (Kerns, Whitney) – Approved All

7.2 Election of Officer/Committee Appointments – Officers, committee members will remain the same

7.3 Notice from Mayers Memorial naming Louis Ward as CEO to be sent to CDPH (*Exhibit B*)– (*Whitney, Kerns*) – **Approved All**

8. INFORMATION/BOARD EDUCATION/ANNOUNCEMENTS

8.1.1 LEGISLATIVE REPORT – VAL GAVE AN UPDATE

8.1.2 UPCOMING EVENTS – DISCUSSION ABOUT ACHD CONFERENCES

8.1 Government Code Section 54952

3:32 pm adjourned to closed session

8.1 Government Code Section 54957: Personnel – Public Employee CEO Contract

The board of directors hired Louis Ward as the Chief Executive Officer with a salary of \$160,000 per year. A \$10,000 payment will be made now for the months of service as Interim CEO. Contract will renew July 1, 2016

 **10. ADJOURNMENT:** There being no further business, at the hour of 4:00 p.m., President Hathaway declared the meeting adjourned. Next meeting January 27, 2016 – Fall River



Mayers Memorial Hospital

Operations Report December 2015

Statistics	December YTD FY16 <i>(current)</i>	December YTD FY15 <i>(prior)</i>	December Budget YTD FY16
Surgeries <i>(including C-sections)</i>	52	55	63
> Inpatient	18	19	6
> Outpatient	34	36	57
Procedures <i>(surgery suite)</i>	106	94	98
Inpatient			
Emergency Room			
Skilled Nursing Days			
OP Visits (OP/Lab/X-ray)			
Hospice Patient Days			
PT			
Ambulance Runs			

**Please note the stats will be sent separately.*

Operations District-Wide

Prepared by: Louis Ward, MHA, Chief Executive Officer

The past month has been full of intuitive ideas, great communication, and fantastic teamwork. We have introduced new concepts, taken many of those ideas and created teams and planning sessions to develop a structured implementation plan. We have strived to setup the foundation for a new communication methodology, accountability framework, and pay for performance model. I will elaborate a bit on each below:

Communication Methodology

We have developed new committee meetings in an effort to further involve Managers in the operations of the district as well as grow them professionally by providing them the much needed resources to tackle the challenge of effective management. The two notable committees are the Financial Advisory Committee and the TEAM Mayers Committee. Although these committees have already proven to be an effective use of time with savings and new programs that the staff have seen as value we have also been working to develop the foundation for a communication plan that will truly allow us all to have a much clearer picture of the current state of the district. We have developed a Hospital Scorecard that will be displayed in both the Fall River and Burney Board rooms. The scorecards will be updated regularly and will have current information, prior year info, and of course goals that we will collectively seek to meet. The metrics that will be displayed will be the following

1. Census
 - a. SNF
 - b. Acute
 - c. Swing
2. AR Days
3. Collections

4. Days Cash On Hand
5. Registry Cost
6. ED Surveys
7. Surgery Procedures

By displaying this information we will all become very aware of the current state of the district as well as gain a better understanding of what we are all working to achieve. I am confident this will be a great tool for better management meetings. The Scorecards have been ordered and we are awaiting their arrival. We will also be discussing a Scorecard dedicated specifically to Quality measures.

Accountability Framework

The Operations Team has developed a new management scorecard. The concept was shared with the management group at our December management meeting. We will now roll out the tenants of the scorecard and begin to infuse it into the culture of the hospital. There are 8 "must do" requirements that all managers will need to perform throughout the year. We will ensure they have all of the tools necessary to complete the "basic 8" as well as ample time to perform the tasks and produce a quality result. These 8 are not new concepts; we are just ensuring that all management is very aware they are required to comply with the basic 8. We will be monitoring and communicating with managers on their progress.

The Operations Team was also tasked with the development of department specific goals. The goals must follow a SMART goal model.

Specific
Measurable
Attainable
Relevant
Timely

An example would be:

- Reduce Acute purchased services expenses by 15% from that of FYE15 by June 30, 2016

Pay for Performance Model

The above goals / scorecard are very much a "carrot and stick" approach. If a manager successfully completes the basic 8 requirements (95% of the current management already complies with these requirements) they will have the opportunity to make additional compensation by meeting their department specific goals, if they do not complete the basic 8, there is no opportunity for additional compensation as well as other action may be necessary. Of course we look forward to sharing all of the goals with you and plan to incorporate and build upon many of these goals while considering our overall strategic plan. At this point we are piloting this program to determine the success rate of expense savings / revenue generation / quality improvement among other items. I look forward to going into detail over the next month's meetings on how we plan to measure the department goals as well as tie many of the goals together to develop a team based approach while we strive to meet the goals set forth.

TEAM Fund

We have also introduced a new TEAM fund which is in an effort to provide managers with a way recognize and support our employees. We have approved a fund that is to be used at the manager's discretion to provide simple gestures to their staff to show they are appreciated. Some of the ideas I have heard so far is bringing bagels in to a morning shift, maybe pizza once in a while to a night shift, a 5 dollar Starbucks card to recognize the good work of an employee. The team and I are very interested in what managers will come up throughout out the year. This program will cost the district about 5K for the year which we feel comfortable with as we fully expect to see morale increase with these very simple gestures directly coming from

management instead of Administration which I feel will be more meaningful for the employees as well as further strengthen the management employee relationship.

MMHD / MVHC Joint Executive Meeting

This month we hosted a meeting in our Fall River Board Room, a joint executive meeting with Mountain Valleys Health Centers. There was great attendance at the meeting as well as physician input with Dr. Dahle and Dr. Weinhold joining us for the entirety of the meeting. It was a lively discussion covering many topics we are working collectively to tackle in an effort to provide a better experience to our shared patient population.

Below were the agenda items from the meeting:

- I. Intro/Update-Dave/Louis
- II. Hospital Coverage/OB/Inpatient-Louis/Dave
- III. Mid-Level Provider Privileges –Shannon
- IV. Lab/ICD/ICD10 Transition-Travis/Louis/Shannon
- V. Surgery Referral Process –Travis/Louis
- VI. Access to Information-Travis/Louis
- VII. Collaborative Marketing Project Ideas-Valerie/Jennifer

At this point 2 groups have been developed to tackle 2 of our largest shared challenges: ICD-10 transition, ensuring all codes are coming from MVHC and over the interface correctly and of course our Surgery/OB referral process. We will continue to keep you up to speed as we progress through these projects.

Investing in our People

It is a major focus of this Administration as well as imperative to the long term success of the district to ensure we are providing educational opportunities to our staff. We also want to foster a culture that promotes the need to grow ourselves and our staff to continue to grow in an ever changing healthcare environment. Val Lakey has returned from Anniston, AL where she attended a Public Information Officer Course presented and funded by FEMA. We are very much looking forward to hearing what she has learned and how it can be applied here at the hospital. Jeanette Rodriguez will be attending a different course in the same location and put on by FEMA in February.

Sherry Wilson, CNO has signed up for a Leadership Course that will occur over 6 in person meetings over the next 6 months. The LEAD Academy put on by the Hospital Council will provide a great environment to refine skills as well as learn new models of leading multiple service lines within the hospital. We are excited to hear feedback and will likely look to send additional people in future years.

Donna Cova, RN is working to gain additional information on a Certified Emergency Nurse course. We are excited to learn more about the opportunity to grow some of our front line nurses working in a very fast paced and mentally challenging environment.

Respectfully Submitted by,
Louis Ward, MHA; CEO

Chief Clinical Officer Report
Prepared by Keith Earnest, Pharm.D.--Chief Clinical Officer

Laboratory

- Lab personnel, the businesses office and Adam Dendauw, Director of Clinical Services, are working to resolve the issues surrounding non-covered diagnosis codes. The process has been defined and specific examples have been reviewed. The current steps in the process are ensuring system access to all those involved in the process and creating "cheat sheets" for those ordering labs.

Physical Therapy

- Staffing continues to be the largest need. We are continuing to look for physical therapists.
- The department is continuing to work to remodel and expand physical therapy to the Burney campus.
- The PT department and the maintenance department are experimenting with replacing the legs on the lobby chairs with taller ones. This is a low cost solution to the problem of the chairs being too low for patients to easily rise from.

Imaging

- We are expecting to review a Mobile MRI proposal the last week of January.
- Weekly meetings are taking place on the project to integrate Mountain Valley's EHR with Mayers system. Recent upgrades to Paragon® and this interface will allow us to achieve meaningful use in this area.
- Dr Anwar is an interventional radiologist will be meeting with the medical staff in March. We are looking forward to performing the procedures that Dr Anwar specializes in, such as guided biopsies, that we are interested in exploring.

Respiratory Therapy

- The PFT machine replacement is in its final stages. Adam Dendauw is working with the foundation to look at grant opportunities to defer some of the costs.
- We are planning to move the current machine to the Burney Campus to perform simple screening tests.
- Adam is also working with area employers to provide screening packages for pulmonary function testing.

Cardiac Rehab

- Dr Dahle has agreed to perform cardiac stress treadmill testing at Mayers. He will be completing further education in this area and we hope to have this service up and running in the Fall of 2016.
- Mayers is in the preliminary process of enrolling in the "Million Hearts Initiative" which is a CMS program to reduce the risk of cardiovascular disease nationwide. There is financial compensation for program participation and Mayers hopes to be one of the 720 sites nationwide.

Critical Access Hospital
Prepared by: Sherry Wilson CNO/Acute

Obstetrics

- The OB department is gearing up for an increase in census. We currently have 4 OBs due at the end of January, 6 due in February and 7-8 for March and April.
- Sleep sacs are still in production and we should see them arrive hopefully end of Feb, beginning of March.
- The California State newborn hearing screen representatives were on site Friday January 8th and it was a successful visit granting us recertification of our program for another 5 years.
- Lastly, I will be reaching out to our OB students for the up-coming deliveries to start having them shadow in OB.

Holly Green BSN, RNC OB/QUALITY Director

Emergency Department

The Emergency Department continues to work on nurse and EMS staffing. All shifts are covered and we remain 24/7 ALS. Three RNs from the acute side are currently training to the ED. One has completed her competencies and will be picking up shifts in the ED as the schedule allows.

As a new quality indicator, we are creating "Clinical Pathways" in the Emergency Department. A Clinical Pathway defines the optimal care process and timing of interventions for a given patient diagnosis. They are effective in ensuring standardization of care which results in improved communication between healthcare practitioners, improved patient outcomes and decreased length of stay in the Emergency Department. The patient conditions that have been identified for initial implementation are sepsis, pneumonia, pediatric pain and acute coronary syndrome/ Myocardial Infarction. We hope to implement these pathways by June 2016.

We would like the dedicated Emergency Department Nurses to take the Certified Emergency Nurse Exam. The certification is expensive so we are working on getting funding to assist the RNs with the cost. This certification gives us an objective and measurable way to attest to our nurses competency in the Emergency services specialty and is recommended by the American Academy of Critical Care Nurses. We hope to have all of the ED RNs certified by September of 2016.

Total Emergency Room Visits:
November/December 2015 = 609
FYTD: 1983

Mode of Arrival has not changed. The majority of our patients arrive to the ED by private auto. The majority of ER patients were treated and released to home
Emergency Room visit discharge destination FYTD

DISPOSITION	COUNT OF STATUS
(AMA) Against Medical Advice	8
(LWBS) Left Without Being	5

Seen	
Admitted	118
Cancelled	3
Discharged	1777
Expired	1
Left Prior to Triage	3
TX to Mercy Redding	39
TX to SRMC	26
TX to UC Davis	2
TX to UCSF	1
Grand Total	1983

Ambulance Transfers Total: Nov/Dec =81
Count by Type Nov/Dec:

Type	Count
IFT	27
Burney Annex	4
Scene	50
Total	81

By Count Nov/Dec

County	Count
Shasta	61
Lassen	14
Modoc	6
Other	0

Ambulance Transfers FYTD: 202
Ambulance Transfers by Type FYTD:

Type	Count
IFT	52
Burney Annex	14
Scene	136
Total	202

Count by County FYTD:

County	Count
Shasta	160
Lassen	26
Modoc	16
Total	202

Quality Improvement

The Quality Department has been working with MBQIP flex coordinator to access training for better understanding of what will be required of CAHs and when. Jennifer Brooks with the California Flex program will be coming for a site visit to assist in this process either in February or March and has assured us that this is a process and we are on the right track.

We are getting ready to submit our last quarter EDTC (Emergency Department Transfer Communication) data set for 4th quarter due January 29th. Also, I was able to authorize Healthstream as our vendor on QNET giving them access to upload the data on our HCAHPS score direct to QNET that will now show in hospital compare.

Lastly, I will be working with Donna Cova RN, ED Manager, to implement clinical pathways for the purpose of measure tracking once we find out which ones will be required of us in the near future, another Jennifer Brooks question. These pathways will be followed based on Patient diagnosis and will encompass all criteria that are expected in such case. This process will help us to obtain the needed data, and will ensure that all of the data points were addressed and will hopefully make reporting an easier process in obtaining needed data points.

That is it for now in quality, and I look forward to continue to grow and strengthen our quality department and the care provided to our community here at Mayers Memorial Hospital.

Holly Green BSN, RNC OB/Quality Director

Surgery

- Outpatient procedures (colonoscopies, EGD's) are well above the projected budget and FY15 YTD.
- Surgical cases are down from projected. Since we receive our surgical referrals from the clinics, this is probably down due to Dr. Syverson only having 2 days in the clinic in December. He usually runs 6 days in the clinic a month.
- Surgery staff has decreased hours in an attempt to be cost conscious during Dr. Syverson's vacation late in December.
- Surgery housekeeper retired in December, and a new one was hired and is orienting. There was a 2-3 week gap where we had no housekeeper and scrub techs and RN's had to do the cleaning. (This is not cost effective).
- Sending specimens for pathology is a large part of any procedure. This creates an avenue of income from the payor due to pathology. Chris and I are currently working on a system to streamline this avenue of income.
- Surgery has disposable equipment that was purchased when Dr. Stone was practicing at MMH. These are items that Dr. Syverson will not use. In working with Steve Sweet, he was able to sell these items. This is much better than keeping them on our shelves and waiting until they expire.
- The new OR table was purchased, received and put into use in December. Dr. Watson, Dr. Guthrie, and Dr. Syverson were pleased.

Skilled Nursing Facility

Skilled Nursing census as of 1/12/16 is 74

We had the Department of Health Services here for our recertification on December 14th; they exited on December 16th. Our Plan of Corrections was accepted and no other deficiencies identified. I have reached out to CCAHN and have obtained contacts for a mock survey to be completed sometime in April at both our Long Term Care facilities, as well as Acute. A big thank you to Travis for helping me obtain the contacts.

Our CNA class is right on track and scheduled to start January 19th, as of right now we have 10 students that will be traveling down to Redding to Shasta College for the theory portion of the class and will be doing the labs and clinical portion here at Mayers. Shelley Lee, Carol Zetia and Sonya Fitzhugh will be the instructors for the lab and clinical portion of the class.

Dawn Johnson will be our Director of Staff Development while Terry King focuses on getting herself better.

From: [Jessica Stadem](#)
To: [Louis Ward](#)
Subject: FW: TEAM Fund!
Date: Friday, January 08, 2016 10:01:25 AM
Attachments: [Libby TEAM Fund.xls](#)
[Check Request Form 2016.01.06.docx](#)
Importance: High

From: Jessica Stadem
Sent: Thursday, January 07, 2016 1:36 PM
To: Libby Mee
Subject: TEAM Fund!
Importance: High

Good afternoon!

I'm excited to be sending you the details of the TEAM (*The Engagement And Motivation*) Fund!

Attached you will find your personalized TEAM Fund tracking form with your beginning fund balance, as well as an updated Check Request form; please print and keep these in your management binder for easy access. I will explain further the process and details:

- The TEAM Fund was created as a way to help managers show appreciation for their employees; verbal thanks and praise definitely go a long way but sometimes you just want to do a little more and that's where this fund can help. You can use this fund to buy pizza or donuts or other little goodies; you could also use this money to show appreciation for the hard work of staff in other departments; pool your fund together with another department and have a joint party! The possibilities are abundant!
- Managers may spend their personal money and fill out a check request form for reimbursement. On the check request form, managers will mark "TEAM Fund" and specify their department. Managers will turn the check request form in to Administration for approval and tracking. **Managers must attach appropriate receipts with their check request.**
- If managers plan to spend a large sum of money and do not wish to use their personal money, they can fill out a check request form in advance (**Please note:** there is a waiting period between the time of the check request submission and the time you will receive your check; please check with Cathy Manly for the specific time frames and plan your requests accordingly). On the check request form, managers will mark "TEAM Fund" and specify their department. Managers will turn the check request form in to Administration for approval and tracking. **Managers must make sure the funds are available before they make a request and they must follow-up with appropriate receipts.**
- Managers can track their current balance by using their TEAM Fund tracking form. Administration will also be tracking the balances by using the information received from the check request forms. Managers may contact Administration at any time to

check on their balance.

- Administration will inform managers when their TEAM Fund balance falls below \$50 and will continue to notify until it is depleted.

We hope that you and your department enjoy your TEAM Fund! Please let me know if you have any questions.

Jessica Stadem

Administrative Assistant

Mayers Memorial Hospital District

PO Box 459 - 43563 Hwy 299 East

Fall River Mills, CA 96028

Phone: (530)336-5511 ext. 1130

Direct Line: (530)336-7503

Fax: (530)336-6199

Email: jstadem@mayersmemorial.com

Website: www.mayersmemorial.com

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MANAGEMENT SCORECARD

	MANAGER: _____ DEPARTMENT: _____	COMPLETED
	Items 1—8 must be completed by all management	
1	Attend 75% of monthly management meetings	
2	Facilitate monthly department meetings with staff and submit minutes and attendance to administration monthly	
3	Submit strategic planning materials by due date and attend Strategic Planning Annual Workshop	
4	Participate in annual budget process and submit department budget by due date	
5	Submit completed Organizational Analysis by due date	
6	Present to Board Quality Committee semi-annually and Board Finance Committee annually.	
7	Evaluate department employees annually	
8	Complete quarterly budget variance reports.	
	Department Specific Goals	
9		
10		