



Mayers Memorial Hospital

Chief Executive Officer
Louis Ward, MHA

Board of Directors

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

BOARD of DIRECTORS
MEETING AGENDA
May 24, 2017 5:00 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 – Mike Kerns, President | |
| 2 | <p>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.</p> | |
| 3 | <p>APPROVAL OF MINUTES: 3.1 Regular Meeting – April 26, 2017 (Attachment A)</p> | ACTION ITEM |
| 4 | <p>Department/Operations Reports/Recognitions:</p> <p>4.1 Resolution 2017-06–April Employee of the Month (Attachment B)</p> <p><i>*Please Note.</i> Chief reports will now be at the end of the agenda in order to expand on discussion or answer questions regarding items that were addressed on the full agenda.</p> <p>4.2 Med Staff Report – Pam Sweet 4.3 Telemedicine Report (Attachment C) 4.4 Scheduled Director Report – Marlene McArthur, IHF Executive Director (Attachment D) 4.5 Director of Operations Report – Ryan Harris (Attachment E)</p> | <p>ACTION ITEM Presentation</p> <p>Report Report Report Report</p> |
| 5 | <p>BOARD COMMITTEES:</p> <p>5.1 Finance Committee –Chair Allen Albaugh 5.1.1 Committee Meeting Report 5.1.2 April 2016 Financial review, AP, AR and acceptance of financials</p> <p>(Dispersed Separately)</p> <p>5.2 Strategic Planning Committee –Chair Mike Kerns 5.2.1 Committee Meeting Report</p> | <p>Information ACTION ITEM</p> <p>Information</p> |

| | | |
|---|---|--------------------------------------|
| | <p>5.2.2 Clinic Collaboration/Physician Recruitment Report</p> <p>5.3 Quality Committee –Chair Beatriz Vasquez 5.3.1 Committee Meeting Report.....</p> | <p>Discussion</p> <p>Information</p> |
| 6 | <p>NEW BUSINESS</p> <p>6.1 Policies for Approval (Sent as PDF)</p> <ul style="list-style-type: none"> • Counting – Sponges Sharps and Instruments • Items Issued from Inventory • Annual Program Evaluation • Administrator On Call | <p>ACTION ITEM</p> |
| 7 | <p>7.1 Administration Reports: * <i>Note: Chief reports will now be at the end of the meeting in order to expand on discussion or answer questions regarding items that were addressed on the full agenda. Written report are provided in board packet – additional comments as need verbally</i></p> <p>▶ Chief’s Reports (CEO, CNO, CCO, CFO, IHF CEO) (Attachment F)</p> | |
| 8 | <p>8.1 INFORMATION/REPORTS/BOARD EDUCATION/ANNOUNCEMENTS</p> <ul style="list-style-type: none"> • Board Comments, Upcoming Events, etc. | |
| 9 | <p>ANNOUNCEMENT OF CLOSED SESSION:</p> <p>9.1 Government Code Section 54962: Quality Assurance: Quality Improvement Issues, Medical Staff Report (Dr. Tom Watson, Chief of Staff) (Health & Safety Code §32155)</p> <p>MEDICAL STAFF REAPPOINTMENT Scott Bleazard, MD - Radiology Scott Ramus, MD - Radiology Sean Pitman, MD - Pathology</p> <p>AHP APPOINTMENT Sharon Hanson, FNP</p> <p>9.2 Real Property Government Code Section 54956.8 9.3 Personnel Government Code 54957 9.4 Pending Litigation Government Code 54956.9</p> | <p>ACTION ITEM</p> |

| | | |
|----|--|------------|
| 10 | RECONVENE OPEN SESSION REPORT CLOSED SESSION ACTION | Discussion |
| 11 | ADJOURNMENT: Next Regular Meeting June 28, 2017 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 05/17/17

Date: April 26, 2017
Time: 1:00 P.M.
Location: Mayers Memorial Hospital
Burney, 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 Kerns called the regular meeting to order at 1:00 p.m. on the above date with the following present:

Mike Kerns, President
Abe Hathaway, Secretary
Allen Albaugh, Treasurer
Laura Beyer

Board Members Absent: Beatriz Vasquez, Vice President

Staff Present: Louis Ward, CEO; Travis Lakey, CFO; Adam Dendauw, Director of Clinical Services; Ryan Harris, Director of Operations Valerie Lakey, DOPR/Clerk of the Board

2. CALL FOR REQUEST FROM AUDIENCE TO SPEAK TO ISSUES OR AGENDA ITEMS:

2.1 Public Comment – none

3. APPROVAL OF MINUTES – A motion/second and carried, the Board of Directors accepted the minutes of the March 22, 2017 Regular Board Meeting. **(Hathaway, Beyer) – Approved All**

4. Department/Operations Reports/Recognitions:

4.1 Resolution 2017-5–March Employee of the Month: Christal Jimenez was recognized as March 2017 TEAM MAYERS MVP. Presented by Laura Beyer (Albaugh, Beyer) **Approved All**

***Please Note:** Chief reports will now be at the end of the agenda in order to expand on discussion or answer questions regarding items that were addressed on the full agenda.

4.2 Director of Operations report – Ryan Harris (Written report provided in packet) Meeting with Porter about Burney outpatient - \$167 per square foot. It will require adding 2 doors in hallway to separate services. Additionally we will add a private patient PT room. We would do wound care in the 3 unused patient rooms. Additionally, we will replace flooring, HVAC; estimate is \$150,000 - \$200,000, which is half the price of re-doing clinic. The old clinic could be a training space for employees. The board took a quick tour.

Harris talked about HVAC repairs. AC4 is a unit we can't get parts for. We have aging HVAC units. This particular one is from the 70's. The unit will be inspected. OSHPD has a pre-approved list of HVAC units, which we can get to replace.

\$165,000 on SNF refresh budget. There has been \$52,000+ raised/donated that will be going towards the project.

Albaugh asked about the Burney parking lot. Harris noted it will be on the schedule.

4.3 Scheduled Director Report – Adam Dendauw, Director of Clinical Services – (Written report provided in packet) Cardiac – donations to gym, benefits cardiac and respiratory. (Employees also) Stress testing elements are in place. Dr. Dahle will complete training in May. Hope to start in May or June. Discussed items that were in his written report. Lab – new equipment will prove to assist in many areas of the department. Will be working with Val Lakey to market the BioFire testing. Going forward marketing new services will be a priority.

4.4 Hospice Report–Keith Earnest - Condolences to Mary Ranquist in the loss of her husband Rick. Census in Hospice has been a yo-yo. In the last week we have gone from 5 to 1. Working towards a marketing plan to get referrals earlier. Patients can qualify under medi-cal for a much longer service than is being utilized. We need to provide education. We need referrals from new providers and locums. Albaugh asked if we get any referrals from Pit River. The answer is no – we are currently trying to identify cultural issues. Potentially have a liaison. Increase referrals. Beyer asked what capacity Hospice can handle. Earnest said 10-12 – we have had 15. Hospice fundraiser funds go to rental of DME. Hospice gets a daily rate that provides nursing, drugs and equipment needs – it does not meet costs. Fundraisers help to cover expenses. May also be used for transportation. Hospice has its own cost report. Paid at a national rate – it doesn't matter what our costs are. We also work with local churches

5. BOARD COMMITTEES:

5.1 Finance Committee –Chair Allen Albaugh

5.1.1 Audit Report via WebEx – Matt Faulkner, Erik Volc from Wipfli (*Exhibit 1*)

5.1.2 Committee Meeting – Report from Staff Development. Ratio could be higher on financials, but there are many costs on construction, etc. Talked about cost of labs, registry (LVN's – CNA registry is down). Doing well – extra funds are from projects that Lakey has been able to get us involved in. Keep in mind down the road – viability of IGT programs. Word of caution going forward. Without incentives, we are still slightly ahead financially.

5.1.3 March Financials – (Hathaway, Albaugh) – Approved All

5.2 Strategic Planning Committee – Chair Mike Kerns

5.2.1 Committee meeting – Met on April 10. Dr. Watson attended as well as a member of MVHC board (Jim Billo) Entire MVHC board has been invited to May meeting. MVHC relationship and physician recruiting were the main topics of discussion. Collaborative is working on recruiting materials.

5.3 Quality Committee – Laura Beyer (Vasquez absent)

5.3.1 Committee Meeting Report – Met on April 17th. Environmental Service, Imaging, Marketing, and Safety Reports. Imaging presented some new resources they are providing for the clinics. Received report from Jack Hathaway regarding Quality plan. PRIME update. PCC progress. Compliance Plan review. Beyer will be working with Hathaway. Hathaway reviewed surveys and Quality board. Discussed handwashing. Ward would like to get with Hathaway to discuss the Quality metrics.

6. NEW BUSINESS**6.1 Policies for Approval – *Albaugh/Vasquez, all approved (Hathaway, Beyer)***

- Emergency Medicine Core Privileges
- Family Medicine Core Privileges
- MEC-Governing Board Endorsement for Physician Appointment and Privileges
- Nurse Anesthetist, Certified Registered Core Privileges
- Nurse Practitioner Core Privileges for Inpatient
- Optometry Core Privileges
- Pathology Core Privileges
- Psychology Core Privileges
- Radiology Core Privileges
- Surgery Core Privileges, General
- Surgery Core Privileges, Orthopedic
- Wound Care Core Privileges

6.2 Quarterly Policy Approval List (*Hathaway, Beyer*)**6.3 In-House Laundry Service Project Approval**

No savings on an Aramark contract if we move forward. If not – we would receive a 15 ½% discount if we signed a 5-year contract. It will be about a 4 month project to get the facility going and the goal would be to be complete by 2019 – the end of the current Aramark contract. ***(Albaugh, Hathaway)***
Moved to implement the in-house laundry project. - Approved All

7. ADMINISTRATION REPORTS:

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

- **Louis Ward, CEO – *In addition to the written report***
 - ✓ SEMSA – membership plan brochures are out Ward is working on a reduced rate for MMHD employees. MMHD will get a \$69 rate for first year of air/ground. Helicopter has arrived. It is in Adin. Should have a MMHD logo. Critical Care Access Unit is also available.
 - ✓ Capital Campaign – going well. Ground breaking potentially.
 - ✓ Burney Outpatient – timeframe within a year. Should have a timeline by next board meeting.
 - ✓ Outpatient market study will be presented at a SP meeting.
 - ✓ Management meeting May 2nd – field trip to the building site.
 - ✓ MVHC – setting up an executive committee with members of both facilities to meet monthly.

- ✓ Community Health Needs Assessment
- ✓ OSHPD – looked at preliminary and have made some comments. Final submission to OSHPD will be July 17th. Still trying to figure out the water pressure issue. Encroachment permit with CalTrans is still okay. We need to open the PG & E project again to move the poles. Working on RFP for equipment – complete and being reviewed by Alan and Adam.
- ✓ Talked about the trip to Hillrom in Indiana
- ✓ Sherry Wilson is still out on leave. May not be to work until the end of May. Earnest, Overton, Hathaway picking up responsibilities.
- **Travis Lakey, CFO** – Adding new metrics – percentage of collections. Discussion of SNF rate. Working Quality Assurance Fee model – preferred model we would receive \$500,000.
- **Keith Earnest, CCO** – *In addition to the written report:* Pyxis – machines should arrive May 1st.
- **Sherry Wilson, CNO** – *In addition to the written report: none (Absent)*

**8. INFORMATION/BOARD EDUCATION/ANNOUNCEMENTS
BOARD COMMENTS, UPCOMING EVENTS, ETC. – REPORT ON ACHD LEG DAYS – KERNS AND VAL WILL WORK WITH ACHD AND CHA TO SET SOMETHING UP ON OSHPD**

FUTURE AGENDA ITEMS:

- MED STAFF PROCESS

9. Announcement of CLOSED SESSION – 3:50 pm – Approved All

9.1 Government Code Section 54957:

Quality Assurance: Quality Improvement Issues, Medical Staff Report (Dr. Tom Watson, Chief of Staff)

9.2 Real Property Government Code Section 54956.8

Pending litigation – lien on Right Roads Building

9.3 Personnel Government Code 54957

Wrongful termination suit filed against MMHD

10. Reconvene Open Session - (Albaugh/Hathaway) All Privileges Approved

12. ADJOURNMENT: There being no further business, at the hour of 4:00 p.m., President Kerns declared the meeting adjourned. Next meeting May, 2017 – 1:00 pm– Fall River Mills

Mayers Memorial Hospital District



Presentation of
2016 Audit Results

April 26, 2017

WIPELLI^{LLP}
CPAs and Consultants
HEALTH CARE PRACTICE

Table of Contents

- Required Communications/Overview of 2016 Audit Results
- Review of Audited Financial Statements
- Financial Analysis
- Key Financial Indicators
- Cost Report Results & SNF Reimbursement Analysis

The following information is solely for the use of the Board of Directors and management. The financial information was derived from the audited financial statements for the years ended June 30, 2014, through June 30, 2016, and from other information obtained through the course of our audits.

Required Communications Overview of 2016 Audit Results

Auditor's responsibility under auditing standards generally accepted in the United States

- To express an opinion about whether the financial statements prepared by management with your oversight are fairly presented in all material respects in conformity with accounting principles generally accepted in the United States (GAAP).
- Our procedures are designed to obtain reasonable, rather than absolute, assurance about the financial statements.
- As part of our audits, we considered internal control solely for the purpose of determining our audit procedures and not to provide any assurance concerning such internal control. We are responsible for communicating significant matters related to the audit that are, in our professional judgment, relevant to your responsibilities in overseeing the financial reporting process.

Scope of audit report

- Issued an unmodified opinion on the financial statements of Mayers Memorial Hospital District, (the "District").

Required Communications

Overview of 2016 Audit Results

Planned Timing and Scope of the Audit

- Performed the audit according to the planned scope and timing discussed with your representatives during planning discussions and in accordance with our audit engagement letter. Issuance of the 2016 audited financial statements was delayed as a result of implementing new GASB pronouncements.
- Professional standards require that we provide certain information related to our audit to those charged with governance.

Other Information in Documents Containing Audited Financial Statements

- We are not aware of any other documents containing audited financial statements and were not requested by management to devote attention to any documents containing audited financial statements.

Significant Accounting Policies

- Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by the District are described in Note 1 to the financial statements.

Required Communications Overview of 2016 Audit Results

Significant Accounting Estimates Affecting the Financial Statements

- Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events.
- The most sensitive estimates affecting the financial statements are:
 - Accounts receivable contractual adjustments and allowance for uncollectible accounts.
 - Estimated amounts due to third-party payors.
- Wipfli evaluates the key factors and assumptions used to develop estimates.

Difficulties Encountered Performing the Audit

- No difficulties were encountered in performing and completing the audits. Management was helpful and courteous.

Required Communications Overview of 2016 Audit Results

Corrected and Uncorrected Misstatements

- Professional standards require us to accumulate all misstatements identified during the audit and communicate to appropriate levels of management. The required communication letter includes an attachment summarizing those uncorrected misstatements deemed immaterial.
- During our audit thirteen adjusting entries were proposed. Management accepted these proposed adjustments.
- The impact of these adjustments was an increase to total changes in net assets by \$558,157. This is primarily related to the recording tax revenue and interest payments related to bonds, third party settlements and correcting the fund balance from 2015 adjustments.

Required Communications Overview of 2016 Audit Results

Management Representations

- We requested certain representations from management that are included in the management representation letter signed and dated as of the date the financial statements were available to be issued.

Disagreement with Management

- For purposes of this communication, professional standards define a disagreement with management as a matter, whether or not resolved to our satisfaction, concerning a financial accounting, reporting, or auditing matter that could be significant to the financial statements or the auditor's report. We are pleased to report no such disagreements arose during our audits.

Management Consultations with Other Accountants

- To our knowledge, management has not consulted any opinions from other independent accountants on the application of GAAP which would affect the financial statements or the type of opinion which may be rendered on the financial statements.

Other Issues

- We discuss a variety of matters with management, including application of GAAP and auditing standards. These discussions occur in the normal course of our professional relationship, and our responses were not, in our judgment, a condition of our retention.

Required Communications Overview of 2016 Audit Results

Internal Controls

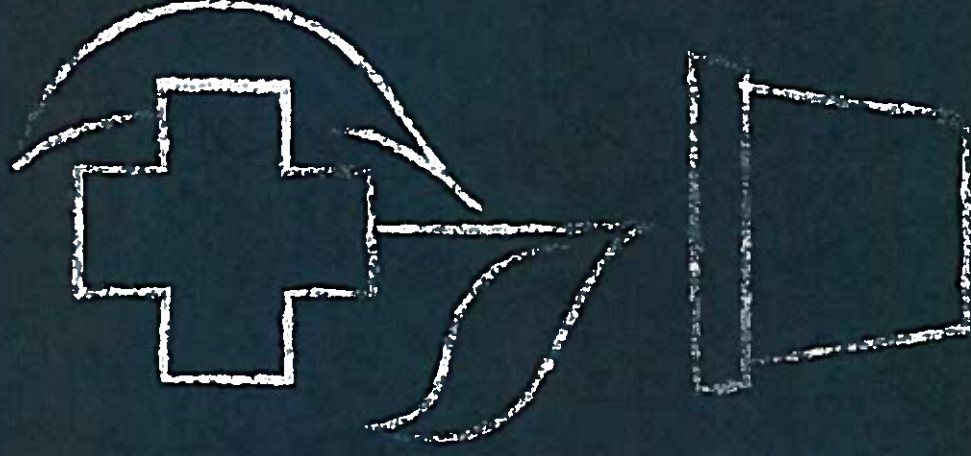
- **Material Weakness** - A deficiency or combination of deficiencies, such that there is a reasonable possibility that a material misstatement in the financial statements is not prevented or detected and corrected on a timely basis.
- **Significant Deficiency** - A deficiency or combination of deficiencies that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

We consider the following deficiencies in internal control to be a significant deficiency:

Financial Accounting and Reporting

- Wipfli is relied on to draft the footnotes and disclosures included with the financial statements in the audit reports. There is an increased risk a disclosure could go unreported as internal staff have a more comprehensive understanding of the organization than to external auditors.
- It is not uncommon for small organizations to rely on their audit firm to assist with the preparation of the financial statements and footnotes.
- **Recommendation:** Continue to monitor the cost versus benefit of having internal staff, but expect to place reliance on external audit firm.

REVIEW OF AUDITED FINANCIAL STATEMENTS



Financial Statements and Supplementary Information

For the Year Ended
June 30, 2016

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HEALTH CARE PRACTICE

Audited Financial Statement Review

| <i>Statements of Net Position - Assets and Deferred Outflows of Resources</i> | 2016 | 2015 | 2014 | Change 2015 to 2016 | Percent Change |
|---|-----------------------|------------------|------------------|---------------------|----------------|
| | <i>(in thousands)</i> | | | | |
| Current assets: | | | | | |
| Cash and cash equivalents | \$ 2,570 | \$ 575 | \$ 548 | \$ 1,995 | 347% |
| Patient receivables - Net | 3,723 | 3,645 | 3,347 | 78 | 2% |
| Current portion of assets limited as to use | 432 | 520 | 806 | (88) | -17% |
| Inventories | 358 | 333 | 327 | 25 | 8% |
| Prepaid expenses and deposits | 328 | 286 | 116 | 42 | 15% |
| Due from third-party reimbursement programs | 1,913 | 3,486 | 1,400 | (1,573) | -45% |
| Total current assets | 9,324 | 8,845 | 6,544 | 479 | 5% |
| Assets limited as to use | 516 | 716 | 716 | (200) | -28% |
| Total other assets | - | - | 3 | - | 0% |
| Capital assets - Net | 9,471 | 10,030 | 10,663 | (559) | -6% |
| Deferred outflows of resources | 121 | 181 | 241 | (60) | n/a |
| TOTAL ASSETS & DEFERRED OUTFLOWS OF RESOURCES | \$ 19,432 | \$ 19,772 | \$ 18,167 | \$ (340) | -2% |

Overall cash and cash equivalents increased due to increased cash provided by operations over prior year, after payment of debt obligations, capital purchases, and uses in cash from noncapital financing activities.

Third party reimbursement decreased due to the collection of EHR incentive payments and the state catching up on outstanding IGT payments.

Capital assets – Net decreased primarily due to increased depreciation and less capital expenditures compared to prior year.

Audited Financial Statement Review

| <i>Statements of Net Position- Liabilities, Deferred Inflows of Resources, and Net Position</i> | 2016 | 2015 | 2014 | Change 2015 to 2016 | Percent Change |
|---|-----------------------|------------------|------------------|------------------------|-------------------|
| | <i>(in thousands)</i> | | | | |
| Current liabilities: | | | | | |
| Current maturities of long-term liabilities | \$ 755 | \$ 1,401 | \$ 1,749 | \$ (646) | -46% |
| Line of credit | - | - | 400 | - | n/a |
| Accounts payable | 383 | 1,519 | 1,135 | (1,136) | -75% |
| Patient balances payable | 190 | 551 | 399 | (361) | -66% |
| Accrued and other liabilities | 1,212 | 1,229 | 1,125 | (17) | -1% |
| Cash held in trust for others | 21 | 20 | 20 | 1 | 5% |
| Unearned revenue | 452 | 426 | 364 | 26 | 6% |
| Total current liabilities | 3,013 | 5,146 | 5,192 | (2,133) | -41% |
| Long-term liabilities | 8,956 | 10,324 | 11,846 | (1,368) | -13% |
| Total Liabilities | 11,969 | 15,470 | 17,038 | (3,501) | -23% |
| Net position | | | | | |
| Net investment in capital assets | 2,964 | 2,330 | 1,633 | | |
| Restricted expendable net position | 496 | 696 | 696 | | |
| Unrestricted | 4,003 | 1,276 | (1,200) | | |
| Total net position | 7,463 | 4,302 | 1,129 | 3,161 | 73% |
| TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES AND NET POSITION | \$ 19,432 | \$ 19,772 | \$ 18,167 | \$ (340) | -2% |

- Long-term liabilities decreased due to paying off the EHR loan as well as the continued payments on existing debt.
- Accounts payable decreased due to the continuing effort by management to reduce outstanding invoices and remain current with all vendors.
- Patient balances payable decreased due to the increased focus on patient receivable management.

Audited Financial Statement Review

| Statements of Revenues, Expenses, and Changes in Net Position | 2016 | 2015 | 2014 | 2015 to 2016 |
|---|-----------------------|-----------------|-----------------|-----------------------|
| | <i>(in thousands)</i> | | | \$ Change %Change |
| Revenues: | | | | |
| Gross patient service revenue | \$ 36,655 | \$ 34,930 | \$ 29,390 | \$ 1,725 4.9% |
| Less contractual adjustments and provision for bad debt | 13,894 | 11,758 | 8,671 | 2,136 18.2% |
| Net patient service revenue | 22,761 | 23,172 | 20,719 | (411) -1.8% |
| Other revenue | 907 | 1,149 | 381 | (242) -21.1% |
| Total revenues | 23,668 | 24,321 | 21,100 | (653) -2.7% |
| Expenses: | | | | |
| Salaries | 10,210 | 10,157 | 9,854 | 53 0.5% |
| Benefits | 2,643 | 2,901 | 2,835 | (258) -8.9% |
| Professional fees | 1,920 | 1,802 | 1,828 | 118 6.5% |
| Supplies | 2,120 | 2,007 | 2,076 | 113 5.6% |
| Purchased services | 2,077 | 2,122 | 2,090 | (45) -2.1% |
| Repairs and maintenance | 409 | 361 | 245 | 48 13.3% |
| Depreciation | 1,372 | 1,276 | 1,300 | 96 7.5% |
| Rents and leases | 109 | 147 | 183 | (38) -25.9% |
| Utilities | 446 | 479 | 429 | (33) -6.9% |
| Insurance | 187 | 199 | 185 | (12) -6.0% |
| Other expenses | 477 | 406 | 459 | 71 17.5% |
| Total expenses | 21,970 | 21,857 | 21,484 | 113 0.5% |
| Income from operations | 1,698 | 2,464 | (384) | (766) -31.1% |
| Nonoperating revenues - Net | | | | |
| Property taxes | 1,112 | 1,125 | 1,115 | (13) -1.2% |
| Other income | 993 | 285 | 201 | 708 248.4% |
| Interest income | (642) | (701) | (725) | 59 -8.4% |
| Total nonoperating revenue - net | 1,463 | 709 | 591 | 754 106.3% |
| Excess of revenues over expenses | 3,161 | 3,173 | 207 | (12) -0.4% |
| Other changes in net assets | | | | 0.0% |
| Net position at beginning | 4,302 | 1,129 | 922 | 3,173 0.0% |
| Cumulative effect for change in accounting principle | | | | n/a |
| Net position at end | \$ 7,463 | \$ 4,302 | \$ 1,129 | \$ 3,161 73.5% |

- Gross patient service revenue increased by about \$1.7MM (4.9%) in 2016:
- Adjustments to the chargemaster after a review showed some CPT codes were lower than the industry average.
- Nursing home days increased from 26,453 in 2015 to 27,444 in 2016.
- Other revenue decreased primarily due to ambulance stand by payments received in 2015 related to area fires.
- Salaries remained consistent.
- Benefits decreased over 2015 as the change from Cal Pers to CSAC lowered the premiums overall.
- Professional fees increased due to the hospital increasing their Emcare contract for ER coverage in 2016.
- Other non-operating revenues increased due to the addition of the PRIME plan incentive in 2016.

FINANCIAL ANALYSIS



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Financial Analysis

“Financial flexibility” - the ability of a business to withstand the financial consequences of significant changes in its situation.

Successful organizations realize “financial flexibility” by achieving superior performance with respect to:

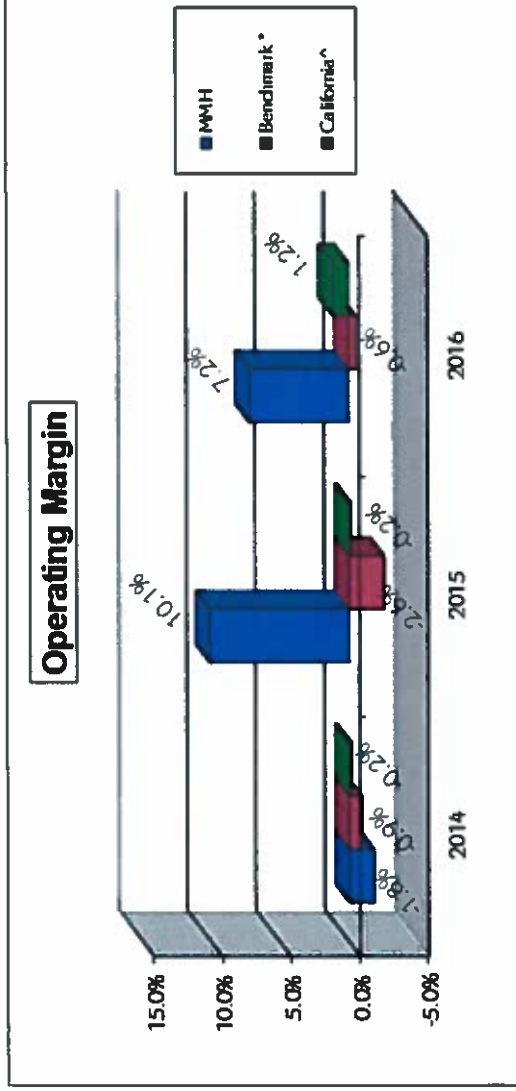
- Profitability
- Liquidity
- Debt capacity
- Securing the condition of the physical facilities

The financial ratios appearing in the following graphs are presented to assist in understanding the “financial health” of the Hospital.

The industry benchmark (*) is from the *Optum 2016 Almanac of Hospital Financial and Operating Indicators*. The Benchmark Average is for Critical Access Hospitals in the Far West Region.

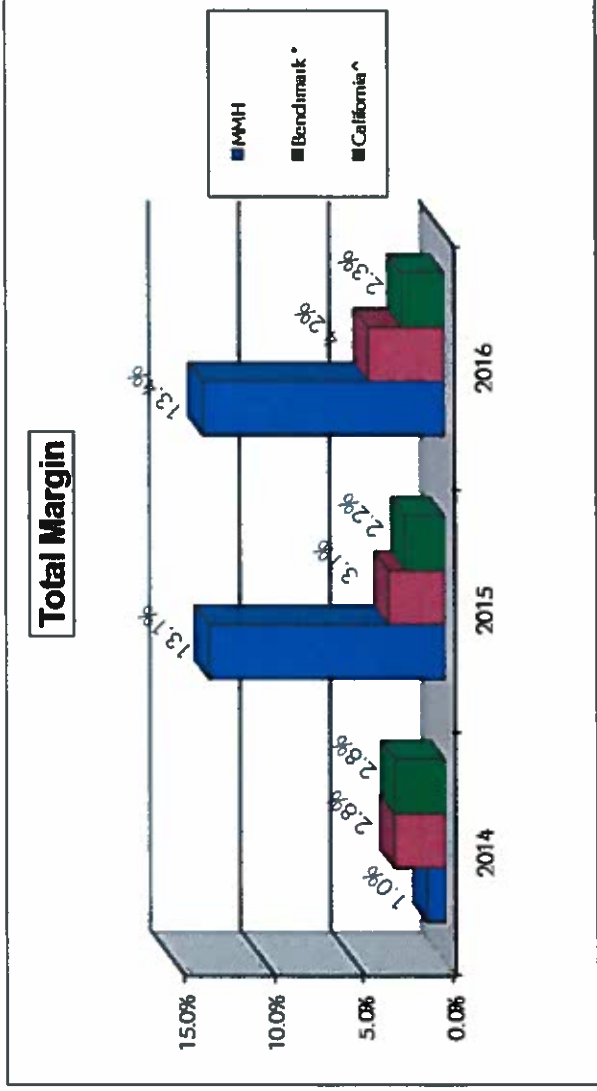
The California benchmark (^) is from the Flex Monitoring Team Data Summary Report #18, CAH Financial Indicators Report: Summary of Indicator Medians by State, March 2016

Financial Analysis



Operating margin measures income (loss) from operations as a percentage of total operating revenue.

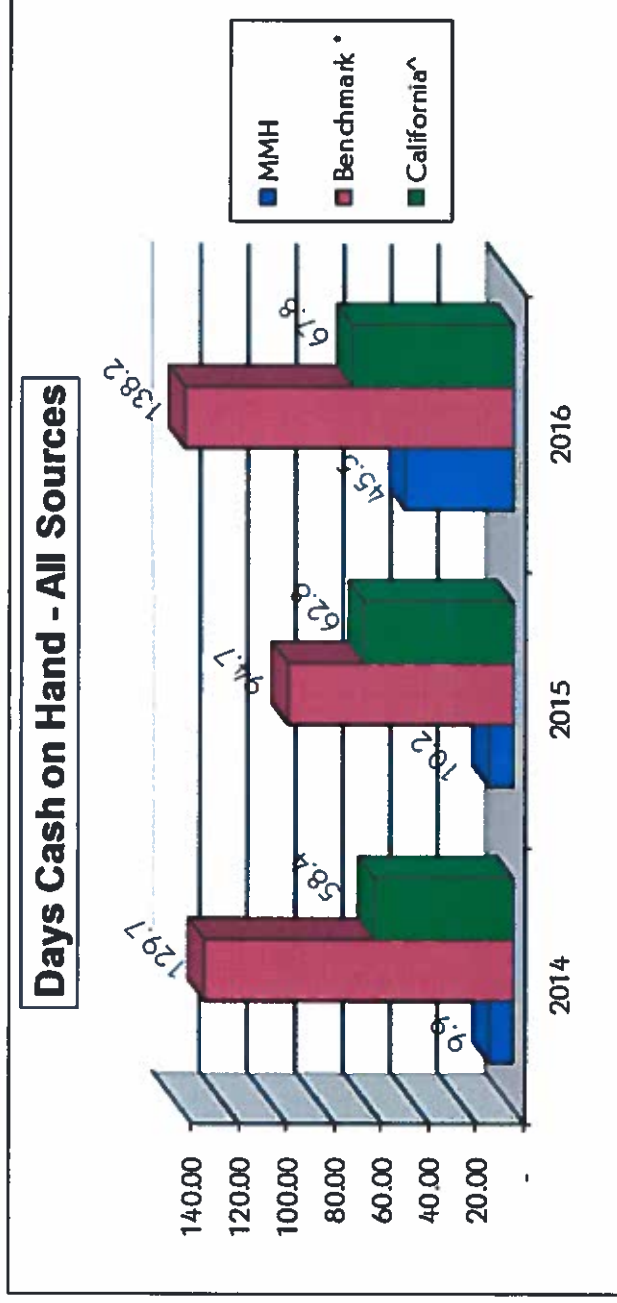
- High values indicate an ability to add new investments in capital assets without adding excessive new debt.
- Ratio decreased slightly in 2016.



Total margin includes the effect of other nonoperating revenue and expenses.

- The Hospital's total margin has consistently remained the same for the past two years.
- The Hospital's total margin is greatly above benchmark and state averages.

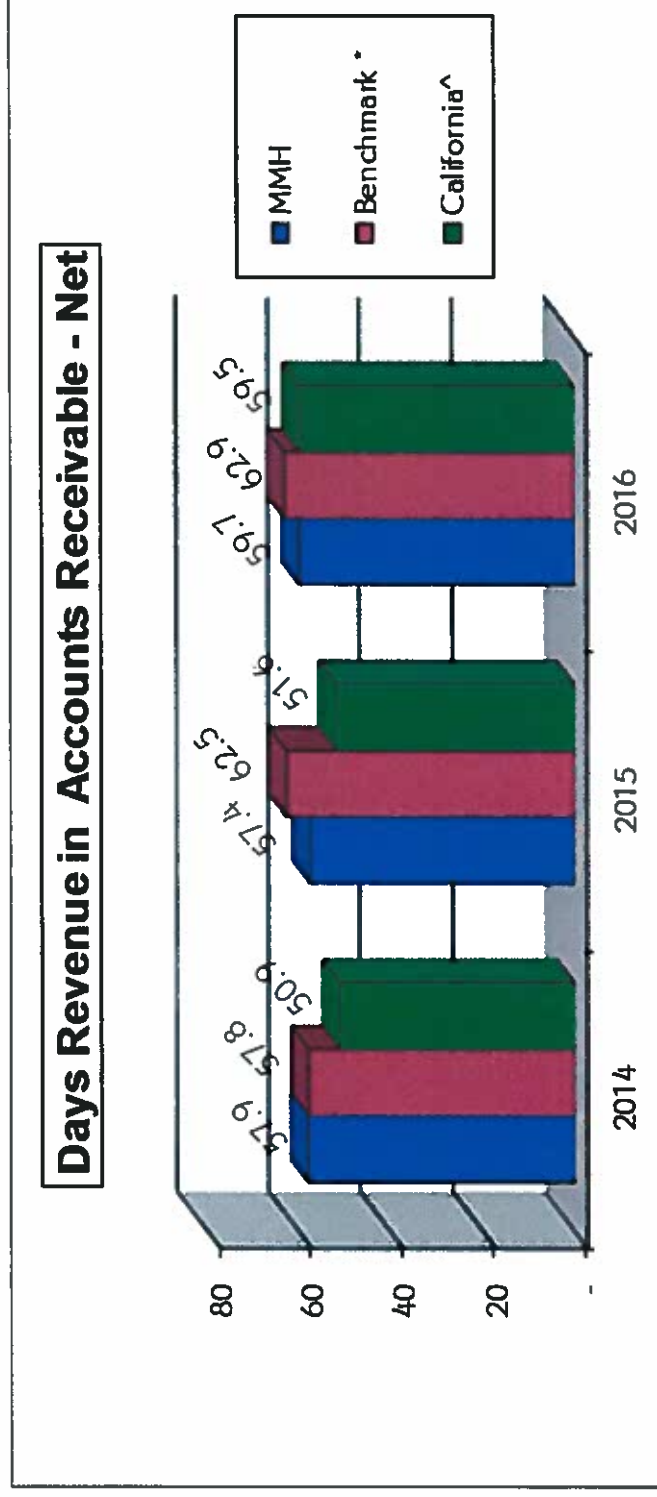
Financial Analysis



Days cash on hand, all sources:

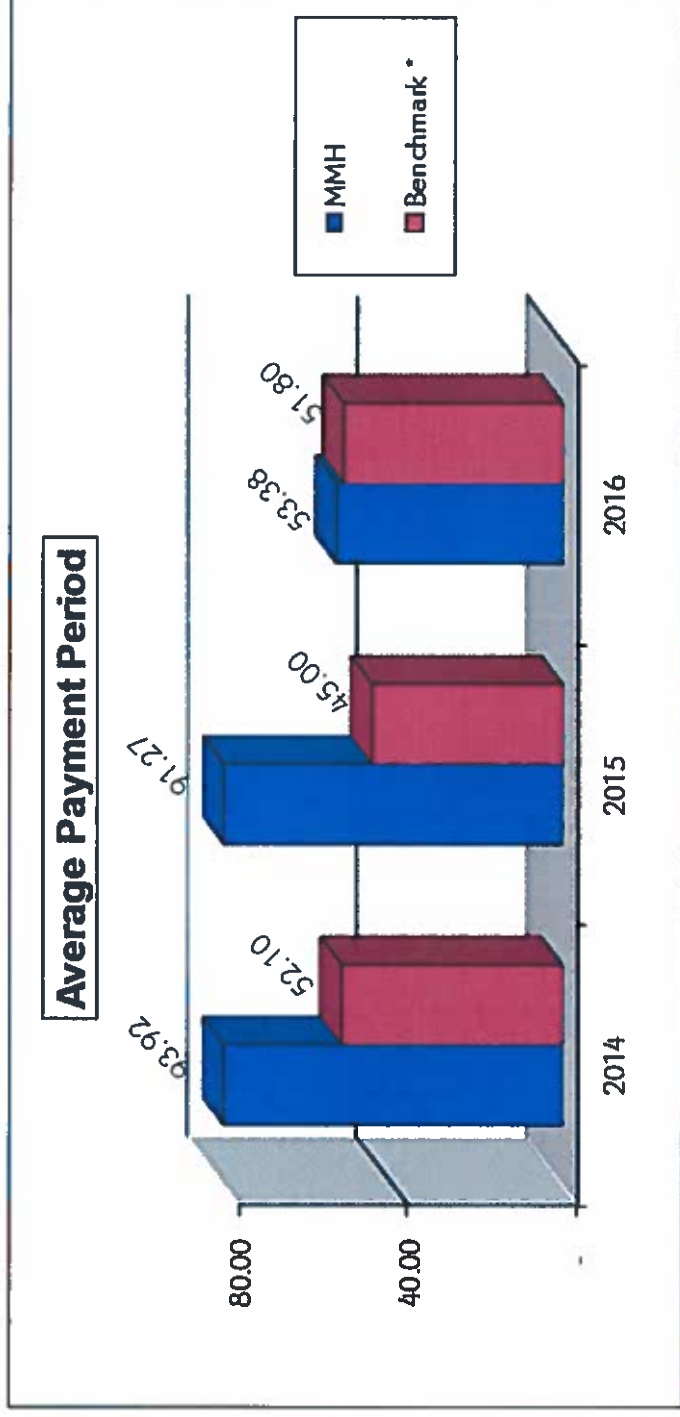
- Ratio measures the number of days the Hospital could operate if no cash was collected or received.
- Includes unrestricted and noncurrent assets limited as to use.
- Lenders prefer to see a minimum of 90 days cash on hand.
- The District continues to build its cash reserves.

Financial Analysis



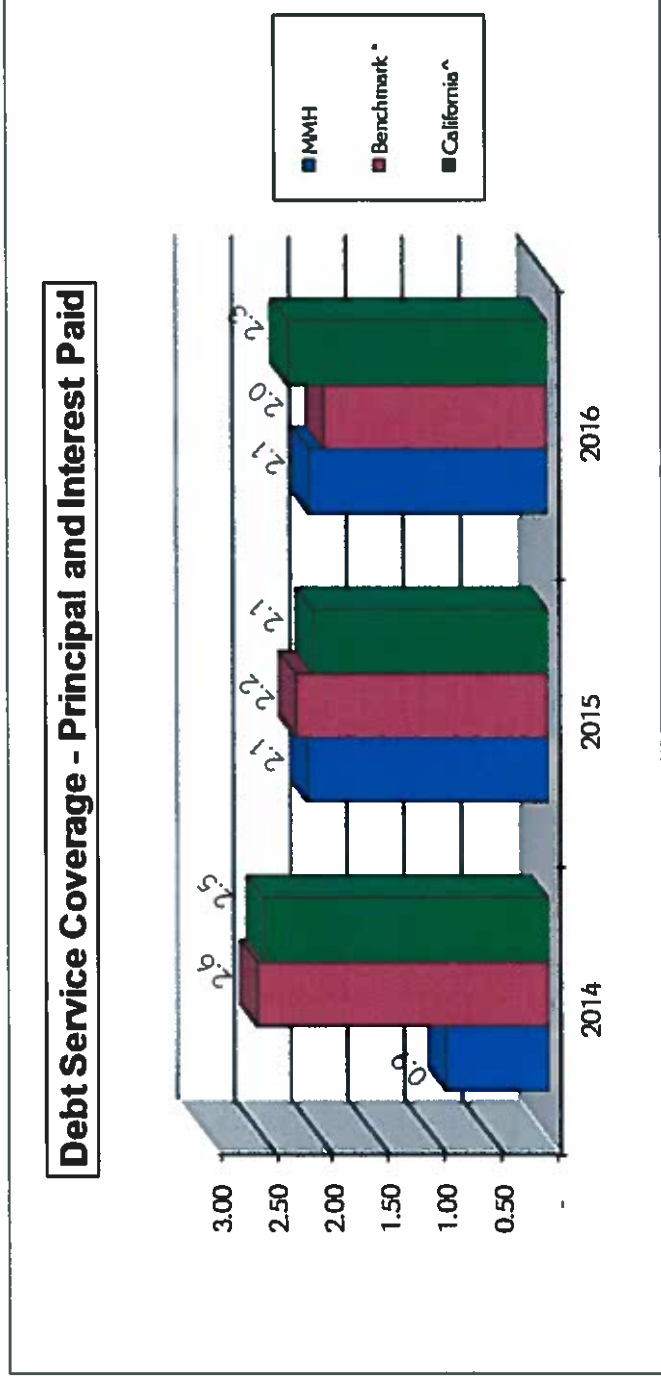
- Days revenue in accounts receivable measures the average time it takes to collect accounts.
- The Hospital's ratio has increased slightly over the prior year.
- Industry forecast is that this ratio will have little change in the next several years.

Financial Analysis



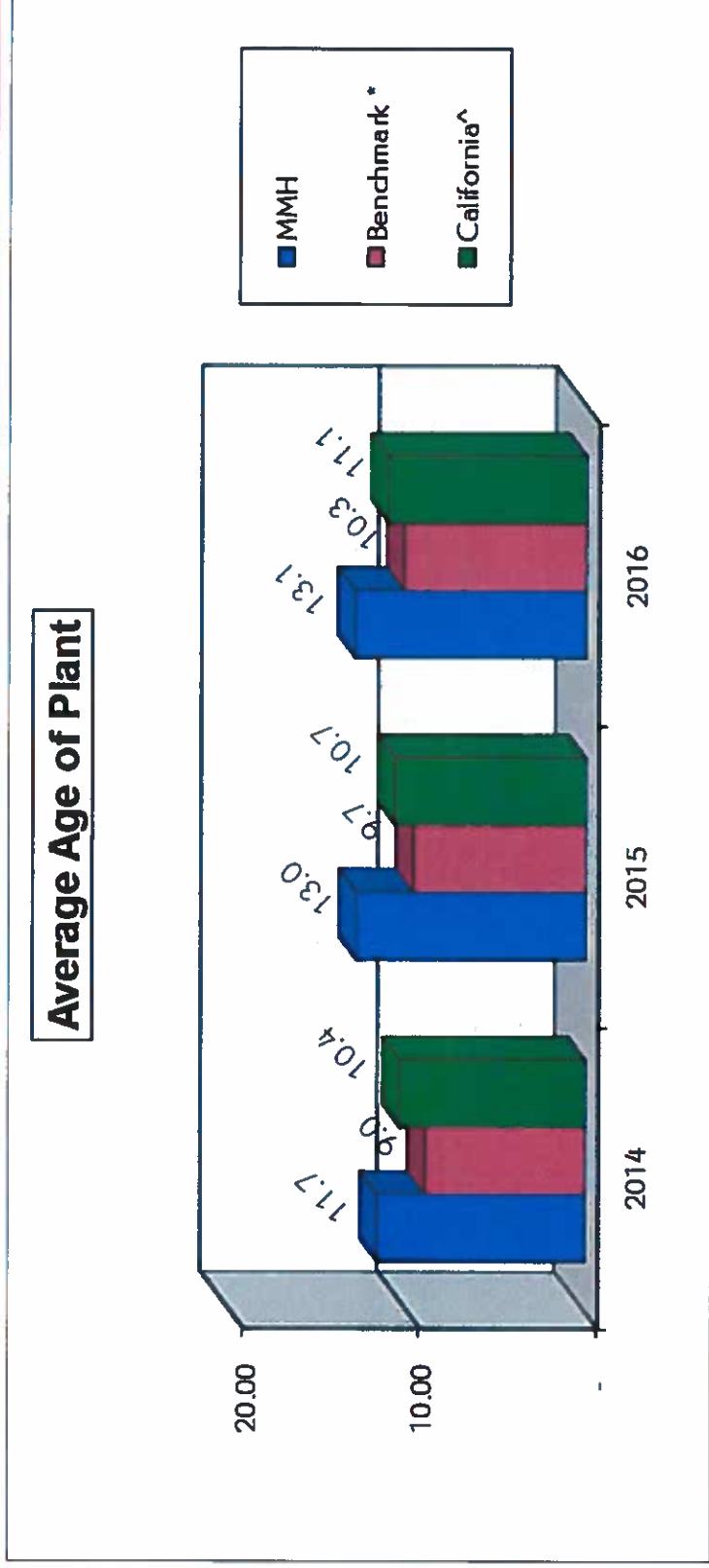
- Ratio measures the average number of days elapsed before current liabilities are paid.
- Decreasing “average payment period” ratio values are looked upon more favorably.
- The Hospital’s ratio greatly decreased in 2016 due to the increased focus to pay down current obligations.

Financial Analysis



- Measures the ability to meet principal and interest obligations as they come due.
- Lenders typically are looking for debt service coverage ratios of 1.25 or greater.
- Almanac of Hospital Indicators uses the principal and interest paid method; Flex monitoring team CAH Indicators report uses the current maturities method.

Financial Analysis



- Lower average “age of plant” values (i.e., “years”) indicate a newer fixed asset base and less need for near-term replacement.
- Industry correlates average age of plant with quality of care.
- The Hospital’s average age of plant ratio continues to grow in 2016 due to the aging hospital and will steadily climb as depicted above.



Key Financial Indicators

WIPELLI^{LLP}
CPAs and Consultants
HEALTH CARE PRACTICE

Key Financial Indicators

| | Mayers Memorial Hospital | | | Far West Benchmark * | California^ | Desired Trend |
|---|--------------------------|---------|--------|----------------------|-------------|---------------|
| | 2016 | 2015 | 2014 | | | |
| PROFITABILITY | | | | | | |
| Operating margin - Income (loss) from operations divided by total revenue | 7.17% | 10.13% | -1.82% | -0.55% | 1.15% | ↑ |
| Total margin - Excess of revenue over expenses divided by total revenue | 13.36% | 13.05% | 0.98% | 4.20% | 2.33% | ↑ |
| Return on equity - Excess of revenue over expenses divided by net assets | 73.48% | 281.03% | 22.42% | 5.00% | 5.27% | ↑ |
| Deductible - All contractual adjustments and allowances plus provision for bad debts divided by gross patient service revenue | 37.9% | 33.7% | 29.5% | 37.06% | 50.62% | ↓ |

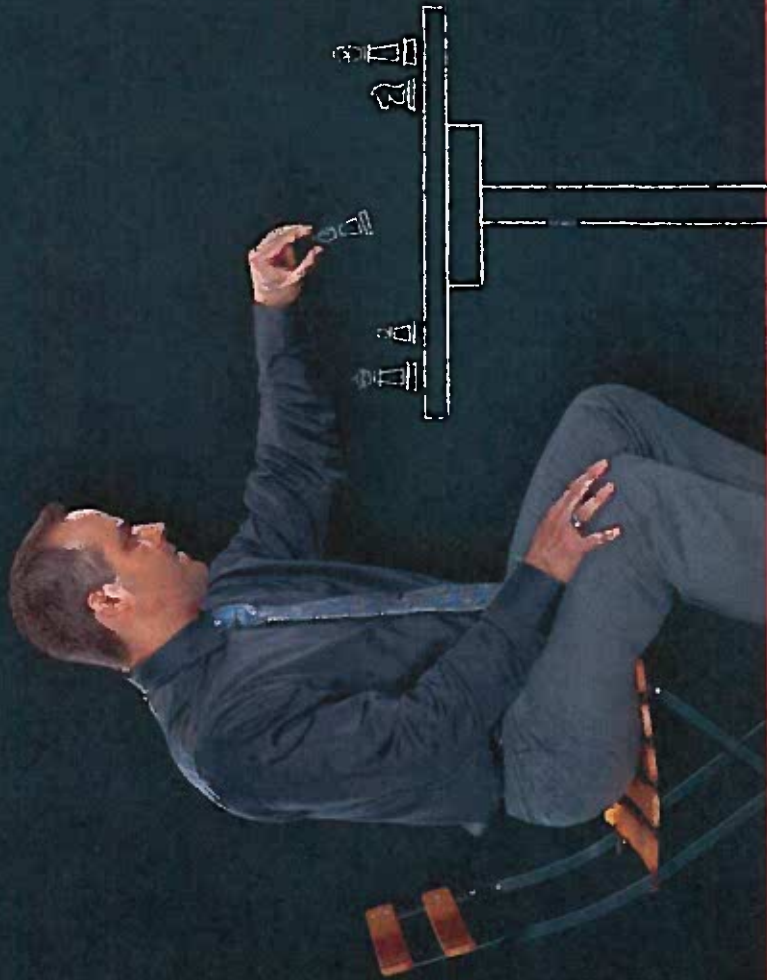
Key Financial Indicators

| | Mayers Memorial Hospital | | Far West Benchmark * | California^ | Desired Trend |
|--|--------------------------|------|----------------------|-------------|---------------|
| | 2016 | 2015 | | | |
| <u>CAPITAL STRUCTURE</u> | | | | | |
| Long-term debt to capitalization | 0.55 | 0.71 | 0.27 | 0.34 | ↓ |
| Equity financing - Net position divided by total assets | 0.38 | 0.22 | 0.56 | 0.54 | ↑ |
| Cash flow to total debt - Excess of revenue over expenses, plus depreciation expense, divided by total liabilities | 0.38 | 0.29 | 0.21 | N/A | ↑ |
| Debt service coverage - Excess of revenue over expenses, plus interest and depreciation expense, divided by total debt principal and interest payments | 2.09 | 2.11 | 1.96 | 2.27 | ↑ |

Key Financial Indicators

| | Mayers Memorial Hospital | | | Far West Benchmark * | California [^] | Desired Trend |
|---|--------------------------|-------|-------|----------------------|-------------------------|---------------|
| | 2016 | 2015 | 2014 | | | |
| LIQUIDITY | | | | | | |
| Current ratio - Current assets divided by current liabilities | 3.10 | 1.72 | 1.26 | 2.66 | 2.12 | ↗ |
| Days cash-on-hand (short-term sources) - Cash and cash equivalents divided by total operating expenses, less depreciation, multiplied by 365 days | 53.19 | 19.42 | 24.50 | 43.00 | N/A | ↗ |
| Days net revenue in net accounts receivable - 365 days divided by ratio of net patient service revenue to net accounts receivable | 59.70 | 57.42 | 57.93 | 62.90 | 59.54 | ↘ |
| Average payment period - Current liabilities divided by, total expense - depreciation divided by 365 days | 53.38 | 91.27 | 93.92 | 51.80 | N/A | ↘ |
| OTHER | | | | | | |
| Average age of plant - Accumulated depreciation divided by depreciation expense | 13.06 | 12.97 | 11.74 | 10.26 | 11.13 | ↘ |

Cost Report Results & SNF Reimbursement Analysis



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CPAs and Consultants
HEALTH CARE PRACTICE

Cost Report Results

| | <u>6/30/2015</u> | <u>6/30/2016</u> | |
|--|------------------|------------------|--------|
| PART I - CAH PER DIEM | | | |
| Total M/C Part A I/P Cost (E-3 Pt V lines 5 + 6) | 1,037,764 | 994,905 | -4.1% |
| Adjusted Reimbursable Bad Debts (E-3 Pt V line 26) | - | 339 | |
| Subtotal (line 1 + line 2) | 1,037,764 | 995,244 | -4.1% |
| Total M/C Routine Days (S-3 Pt I line 14 - lines 5 + 6, col 6) | 494 | 461 | -6.7% |
| CAH Per Diem (line 3 / line 4) | 2,100.74 | 2,158.88 | 2.8% |
| PART II - CAH PART B RATE | | | |
| Total M/C Pt B Cost (E Pt B line 21) | 3,660,718 | 3,636,611 | -0.7% |
| Adjusted Reimbursable Bad Debts (E Pt B line 35) | 209,475 | 187,956 | -10.3% |
| Subtotal (line 6 + line 7) | 3,870,193 | 3,824,567 | -1.2% |
| Total M/C Pt B Charges (D Pt V line 202 cols 3 + 4) | 7,225,596 | 7,534,105 | 4.3% |
| CAH Cost to Charge (line 8 / line 9) | 54.0% | 51.0% | -5.6% |
| PART III - CAH SW/BED PART A RATE | | | |
| Total Medicare SW/Bed Part A Cost (E-2 line 8, col 1) | 1,767,537 | 1,399,662 | -20.8% |
| SW/Bed Part A Reimbursable Bad Debts (E-2 line 17, col 1) | - | - | |
| SW Subtotal (line 11 + line 12) | 1,767,537 | 1,399,662 | -20.8% |
| Total Medicare SW/Bed Days (S-3 Pt I line 5, col 6) | 1,119 | 814 | -27.3% |
| SW/Bed I/P Rate (line 13 / line 14) | 1,579.57 | 1,719.49 | 8.9% |

Third Party Plans

Medicare

- Paid based on share of cost. Rates are set twice a year based on filed cost report and interim rate questionnaire.

Medi-Cal

- Traditional paid based on DRG.
- Partnership paid based on cost for inpatient and SNF. Outpatient is paid based on DRG with AB915 payment for uncompensated share.
- IGT payments are used to cover the AB915 payments as well as lend additional support for uncompensated Medi-Cal care.

Public Hospital Redesign and Incentives in Medi-Cal (PRIME)

- Based on Medi-Cal utilization with a \$750,000 floor payment per year for 5 years.
- Hospital must choose a qualifying project to complete in order to improve the quality of patient services and health.

Quality Assurance Fee (QAF)

- Additional federal funds to support quality improvement efforts in skilled nursing facilities

SNF Reimbursement Analysis

| | | | | | |
|------------------------------------|-------------|--------|----------|-------|--------|
| Filed 6/30/16 Medicare Cost Report | | | | | |
| SNF Rate | \$ | 271.90 | | | |
| SNF Days | Partnership | 22,439 | Medi-Cal | 1,007 | Other |
| | | | | | 3,998 |
| | | | | | Total |
| | | | | | 27,444 |

| | Medicare Reimb | New SNF Rate | Rate Change | Potential Gain (Loss) |
|--|----------------|--------------|-------------|-----------------------|
| Increasing direct SNF costs by \$100,000 | \$ (3,654) | \$ 275.92 | \$ 4.02 | \$ (9,401) |
| Shifting direct overhead costs to SNF | | | | |
| Depreciation | (18,208) | 274.29 | 2.39 | 37,828 |
| Benefits | (26,949) | 275.50 | 3.60 | 57,457 |
| Admin | (28,149) | 274.62 | 2.72 | 35,624 |
| Plant | (17,458) | 274.17 | 2.27 | 35,764 |

Thank You

This presentation was prepared by:

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Mayers Memorial Hospital District
Always Caring. Always Here.

RESOLUTION NO. 2017-6

**A RESOLUTION OF THE BOARD OF TRUSTEES
OF MAYERS MEMORIAL HOSPITAL DISTRICT RECOGNIZING**

Edward Wright

As April 2017 EMPLOYEE OF THE MONTH

WHEREAS, the Board of Trustees has adopted the MMHD Employee Recognition Program to identify exceptional employees who deserve to be recognized and honored for their contribution to MMHD; and

WHEREAS, such recognition is given to the employee meeting the criteria of the program, namely exceptional customer service, professionalism, high ethical standards, initiative, innovation, teamwork, productivity, and service as a role model for other employees; and

WHEREAS, the MMHD Employee Recognition Committee has considered all nominations for the MMHD Employee Recognition Program;

NOW, THEREFORE, BE IT RESOLVED that, Edward Wright is hereby named Mayers Memorial Hospital District Employee of the Month for April 2017; and

DULY PASSED AND ADOPTED this 24th day of May 2017 by the Board of Trustees of Mayers Memorial Hospital District by the following vote:

AYES:
NOES:
ABSENT:
ABSTAIN:

Mike Kerns, CHAIRMAN
Board of Trustees, Mayers Memorial Hospital District

ATTEST:

Valerie L. Lakey
Clerk of the Board of Directors

Telemedicine Update as of May 12, 2017

Prepared by Amanda Harris

Space/Logistics:

- A rolling table was ordered for the room, and should arrive any day. I've requested an updated delivery date from Steve Sweet.
- Dan, CTO for the CTRC will be arriving with our equipment to set it up on May 25. I've asked for clarification as to how he wants to handle the fact that we have equipment for two locations.
- I'm working with Ryan to determine when we can get the extra table, chairs, gurney or bed (IR's decision) and old Telemed cart out of the room before the site visit. The blinds need to be put back up as well.

IT issues:

- Apex arrived on May 2 with no luck in repairing the ER cart. Dan Kurywchak from the CTRC has been in contact with Sampson (Apex), Gary (UCD), and Chris (MMHD) to work on getting this resolved before his site visit on May 25.
- I had a phone call with Dan Langenberg (Sampson's supervisor at Apex) regarding our situation with Apex now that CTRC will be setting up the equipment. I asked that Sampson continue to head up phase one, fixing the ER cart, and that we bank the hours reserved for phase two for future support because we will undoubtedly have issues in the future and need their assistance. Dan wasn't pleased at first because he thought CTRC was a competing vendor that we had suddenly brought in, but after clarification that this was a grant project he was much more cooperative.

Telemed2You:

- We are still in progress as far as getting a contract together with Telemed2You for our non-PHC/Medicare patients. Travis has been reaching out to some other contacts at rural hospitals using Telemed to discuss reimbursement and their experience to get more background. When our equipment arrives we can start immediately with our PHC/Medicare/Beacon patients without contracts because of their agreements with Telemed2You. Travis tells us this comprises about 80% of patients seen.

California Telehealth Resource Center/DHCS Project and Site visit:

- The project agreement was signed and executed on May 3rd.
- The CTRC team plus one DHCS person will be coming for the site visit on May 25 and 26. I've sent them lodging info and they'd like to have dinner on Thursday night at Crumbs. I'll be going and I asked Jessica to discuss it with you. I thought we might like to invite Dr. Babb as well.
- Dan, their CTO, will be setting up our equipment and briefing Chris and his team about it on 5/25 from 2-4pm. On 5/26 Dan will present from 9-11am regarding tech again, and Kathy will present regarding implementation from 11-1pm. Dr.

Babb will be joining us for that portion. I will be there for both days in their entirety.

- They have sent a 13-page site assessment to be completed before the visit and I have begun to work on it. I have scheduled time to meet with you on Wednesday (5/17) to hopefully get this completed so that I can get it to them.

Medical Director/Dr. Babb:

- Your meeting with him on May 3 has put us on track and I appreciate it. He's been extremely responsive and we have a meeting scheduled on Tuesday, May 16 over his lunch hour to discuss the questions on the CTRC needs assessment that are specifically aimed at the PCP.
- Dr. Watson has not responded to my email regarding projected referral rates for the Alzheimer's unit.

Partnership Utilization Grant

- I've kept up with Amanda Crone at Partnership to make sure they know where we're at in the implementation process and they're awaiting our paperwork to get us up and running on this grant once we're started with consultations.

Foundation Report (dated 05/17/17):

The Mayers Intermountain Healthcare Foundation's board of directors met to conduct regular business Monday, May 15, 2017, with keynotes listed below:

- Financial Reports: including balance sheet, P&L, contributions to the foundation for the period March 1-April 30, 2017, Edward Jones investment summary for the first quarter in 2017, and a grants summary report.
- Foundation Events: Health Fair a success with an increase in participants compared to 2016; upcoming On-the-Green Annual Golf Tournament to be held August 19th.
- PowerPoint presentation back in the front lobby area recognizing the generous donors of the hospital/foundation for 2016.
- New Hospital Wing Campaign is currently in the quiet "naming gifts" phase and pleased to report we have made much progress. We are meeting our plan goals and timelines—and are on track to launch the community-wide "public" campaign sometime this year. A community event is being planned and organized.
- 2016 Income Taxes are being prepared and will be finalized with the CPA June 2nd before filing with the feds and state. Note: Forms are due May 15th but an extension was granted.
- The Gift Acceptance Committee updated the board on two pieces of property recently gifted to the Foundation in support of the New Hospital Wing Campaign. The properties are currently listed with local realtors and are located in Pittville and Hat Creek.
- The Foundation's finance committee reviewed and recommended 7 awards for new equipment acquisitions. Board approved the following awards:

2017 Award Cycle Summary

| | | |
|--|--------------------|---------------------|
| Mindray Vital Sign Monitor (x2) | Acute | \$ 6,643.00 |
| Electric Steamtable (Burney Annex) | Dietary | \$2,135 |
| Mindray Vital Signs Monitor | Cardiac Rehab | \$3,322 |
| Bariatric Bed | Outpatient Medical | \$5,180 |
| Non Invasive Positive Pressure & BIPAP | Respiratory | \$14,704 |
| SRM Sport Rehab Versaclimber | Physical Therapy | \$5,295 |
| Musclcd Joint Model Set | Physical Therapy | \$447 |
| | | \$ 37,726.00 |

- The Scholarship Committee recommended 7 scholarship awards: 6 graduating seniors from the local high schools; 1 hospital employee. Board approved and announcement is coming soon.
- Foundation Board Education...Who we are? 501(c)(3), organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization described in 509(a)(3), **Type 3, functionally integrated!** Got it?

FYI: There are 10 voting members on the board: Dr. Keith Earnest, Steven Raffin, MD, Paul Kerns, Mona Carr, Renee Coe, James Hamlin, Randall Harr, Martin Johnson, Elsie Matthews, Linda Adams—and two exofficio directors (non-voting), Louis Ward and Beatriz Vasquez. Meetings are conducted every other month with a detailed report to the board the months there are no meetings held.

Submitted by,
 Marlene McArthur, Executive Director
 Mayers Intermountain Healthcare Foundation

Mayers Memorial Hospital District Operations Board Report

Submitted by Ryan Harris, Director of Operations

May 2017

Plant Operations & Maintenance

1. The acute survey went very well for plant operations and maintenance. I am waiting to see the finalized 2567, but I am very proud of the work that PO&M did in preparation for this survey. The mock survey also assisted the maintenance team in correcting deficiencies that the surveyors were looking for.
2. As of 5/17/2017 our Acute Fire Life Safety Survey had begun. There will be more to report on this at the board meeting.
3. Dave Burks and I will be meeting with Hat Creek Construction to discuss our options on repairing the Burney Annex parking lot on Wednesday, May 24th.
4. Greenbough design and I met to discuss the design of the SNF refresh project. We finalized the preliminary design of the project and they will be getting back to me with a final design over the next couple of weeks. We did finalize several design aspects of the non-OSHPD portion of the project that will allow us to get started over the next couple of weeks.
5. Keith Earnest, Travis Lakey, Greenbough, our pharmacy consultant and I met and reviewed the design for the pharmacy expansion due to new board of pharmacy regulations. This project is much larger than Keith and I originally anticipated before bringing on Greenough to assist. To date no project cost estimates have been established and in order to do so a contractor will need to be brought on board.

Hospital Expansion

1. On 5/17/17 we reviewed the 50% completed construction documents. Over the next couple of weeks we will be making decisions on a headwall vendor, imaging equipment vendor, and ensuring layouts of rooms are functional and correct.

Dietary

1. The acute survey went well for our dietary department as well. There were some larger issues that came up during this portion of the survey, but after implementation of a couple systems that we have been working on these will be resolved.

Environmental Services

1. I am extremely happy with Sherry Rodriguez and her staff as the acute survey could not have gone better for them. Hats off to her and the entire EVS staff for providing our patients and employees with a clean healing and working environment.

Purchasing

1. Steve Sweet and I are currently working with other Group Purchasing Organizations to compare pricing and ensure we are members of the right GPO.

Information Technology

1. Chris Broadway and his team are currently working on ensure we are protected against the “Wanna Cry Ransomware” virus.

Due to our Acute Survey, AHA & CHA conferences in Washington DC and the Fire Life Safety Survey more will be reported at the Board meeting in May.



Mayers Memorial Hospital

Operations Report May 2017

| Statistics | April YTD FY17 <i>(current)</i> | April YTD FY16 <i>(prior)</i> | April Budget YTD FY17 |
|---|---------------------------------------|-------------------------------------|-----------------------------|
| Surgeries <i>(including C-sections)</i> | 9 | 4 | 8 |
| > Inpatient | 3 | 4 | 2 |
| > Outpatient | 6 | 0 | 6 |
| Procedures <i>(surgery suite)</i> | 164 | 210 | 229 |
| Inpatient | 1858 | 1827 | 1766 |
| Emergency Room | 3328 | 3364 | 3000 |
| Skilled Nursing Days | 22870 | 22573 | 24000 |
| OP Visits (OP/Lab/X-ray) | 12664 | 13947 | 14477 |
| Hospice Patient Days | 759 | 1393 | 1520 |
| PT | 2694 | 2714 | n/a |
| Ambulance Runs | 356 | 382 | 370 |
| | | | |

Operations District-Wide

Prepared by: Louis Ward, MHA, Chief Executive Officer

BUILDING PROJECT

As reported in last month's administrative board report we crossed a project milestone moving out of the design development stage and moving into the construction document stage of the project. I am pleased to report we are over 50% of the way through the construction document phase of the project as the time of this report. Barring any unforeseen circumstances we will complete the Construction Document phase of the project on July 10th which keeps us to our timeline of a July 17th OSHPD Permit submittal. The Building Team will continue to meet weekly in our efforts to ensure we are tackling issues as they arise as well as hold each other accountable for open tasks and deadlines. Additional Information related to the project to be reported verbally and will be documented in the May BOD meeting Minutes.

WASHINGTON D.C.

This month we had the opportunity to join many of our colleague's throughout the state and nation in our nation's capital while we attended the American / Californian Hospital Association Advocacy Conference. We arrived in Washington D.C. on Saturday evening and began meetings on Sunday. As you can imagine things in D.C. are very fluid considering the recent passage from the House on the American Healthcare Act (AHCA). Now the conversation is largely, what the Senate may change in the recent house passed legislation and how the AHCA will look when this is all over. We spent a lot of time listening to various folks from both the House and the Senate hitting on topics such as:

- AHCA
- Disproportionate Share Cuts
- Medicaid EXPANSION STATES vs NON EXPANSION STATES
- Individual Mandates / Employer Mandate

- Section 1115 Waiver
- Upcoming Tax Reform
- Rural Health
- Gaining back the revenue removed from hospitals when AHA was first implemented which assisted hospitals dealing with uncompensated care.

Additional information to be reported to the Board of Directors verbally and will be documented in the May BOD Meeting Minutes.

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH (CDPH) CAH ACUTE SURVEY

This month our Hospital and team underwent and CDPH Acute Survey. This was the first Critical Access Hospital (CAH) survey we have went through since 2012, so it was long overdue. As always, these surveys are stressful as they are unannounced and the week's schedule must be rearrange on the fly to ensure the appropriate staff are dedicated to the survey team but once again, our fantastic staff stepped up, rolled up their sleeves and got right to work.

It was very clear to all staff, the assistance we have been receiving from our mock survey team as well as the countless hours of practice MMHD staff has put in the past 2 years has greatly paid off. At this point, we are awaiting the final report from CDPH to get the full picture but considering the surveyors exit interview was very short we are confident things went well. Once receiving the final report, we will have 10 days to respond with a plan of corrections. The team at the hospital are already working on their plan to ensure we will have no issues meeting the deadline.

HOSPITAL WEEK

Earlier this month Mayers celebrated the nationally recognized "Hospital and Nurses Week". A great deal of planning goes into ensuring we celebrate the hard work our staff here at the hospital does each day. Many thanks go out to our TEAM MAYERS Committee consisting of hospital leadership (Val Lakey, Libby Mee, Jessica Stadem, & Theresa Overton) to plan out fun events throughout the week. A special Thanks to Michele King for all of her efforts throughout hospital week. Also a huge thank you to our fantastic dietary department for providing food for the events throughout the week.

Some of the events the staff had opportunities to be a part of were; theme dress up days, minute to win it games, school assemblies, BBQ lunch, ice cream socials, and pizza for our night crew.

We appreciate all of the hard work our staff does to ensure we are providing great healthcare services right here at home, we had fun recognizing their efforts throughout the week.

SEMSA

A major development in our new strategic partnership with SEMSA occurred this month. As of May 1 SEMSA began providing Air Ambulance Services to the intermountain area. A helicopter has now arrived to its permanent home in Adin. This helicopter will be staffed with a Flight Nurse, a Flight Medic, and a Pilot 24 hours a day 365 days a year. It has been reported 12 patients dealing with emergent issues were flown to appropriate hospitals in the first 15 days of operation on the new helicopter.

TELEMEDICINE

Considerable progress is being made on our new Telemedicine Program. Attached to this month's Board Packet you will find an update from Amanda Harris, Telemedicine Coordinator. I am happy to report the team working on this initiative is making steady progress towards a successful completion early this summer. We have already began engaging our local Provider group in an effort to increase access to services they feel are lacking in this community. We seek to do this with the use of our brand new, state of the art telemedicine equipment and newly renovated telemedicine room. We have also worked hard to create strong relationships with resources

throughout the state such as the California Tele-Health Resource Center (CTRC) and UC DAVIS to ensure not only a successful implementation of this project, but also ensure ongoing strong strategic partnerships.

Respectfully Submitted by,
Louis Ward, MHA
Chief Executive Officer

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

Physical Therapy

- The physical therapy department is excited to have received awards from the Intermountain Healthcare Foundation for muscle/joint model sets and vera-climber.
- Taylor Sloat, Fall River High School graduate with a career goal of being a Physical Therapist, will be getting workplace experience at Mayers PT department this fall.
- Daryl Schneider, PT manager, is working to bring the exercise stairs into the main building for use by acute and swing patients.
- Exploring an expanded schedule to accommodate 7am and 4pm appointments.

Respiratory Therapy

- Our first 28 patients have been enrolled in Mayers Million Hearts program (minimum goal of 30 patients). Respiratory Therapy Manager and Clinical Director, Adam Dendaw, RT, is heading up this project.
- The department received an award from the Intermountain Healthcare Foundation to purchase a new biPap machine to bring Mayers into compliance with the 2018 standards for non-invasive ventilations. Staff and physicians will be in-serviced once the equipment arrives.

Cardiac Rehab

- A vital sign machine has been ordered through a generous award from the Intermountain Healthcare Foundation.
- The department is up to 5 monitored patients.
- Dr. Dahle is on track to complete his *Cardiac Stress Treadmill* training in June.

Pharmacy

- The pharmacy department did well during the recent survey and has performed most of the corrections already. Areas of focus were insulin drips and crash carts.
- The ceiling tiles in the pharmacy are scheduled to be replaced with solid washable tiles to minimize dust.
- Susan Reed, RPh, pharmacist consultant, spent May 15th- 17th on site advising on sterile compounding, the pending clean room construction and the plan of corrections.

Imaging

- RFP for imaging equipment for the hospital expansion project was issued May 18th.

Laboratory

- The laboratory department is in the initial enrollment stages to interface with PointClick Care. The interface will have a significant cost and lead time.
- Sarah Moyer, CLS is joining our team through registry through the fall.
- Dr Ramos, pathologist, is scheduled to do his monthly visit on May 30th.

Skilled Nursing Facility – Burney & FRM *Submitted by: Sherry Wilson, RN, CNO*

Census is at 70.

Critical Access Hospital *Submitted by: Sherry Wilson CNO/Acute*

Surgery

- We are continuing to work out the kinks with MVHC with the distribution and use of the “Prep Kits” for colonoscopy patients
- Both Surgery and Procedure numbers are up from last month, however we have only received 14 referrals during the month of April. Of these, 3 cancelled (1 is having it done elsewhere, 2 will reschedule when they have time), and the other 3 have been called multiple times with no return call from patient. Therefore, May stats are looking slim.
- Patients whom are not having a Pre-Op Visit are requiring more RN time prior to Procedure, therefore we will have to allow for more than 1 hour between these patients or staff 2 RN’s on scope days when there are several patients that have not been through our Pre Op process.
- There was significant down time for Dr. Syverson, Circulator RN, and Scrub in between patients over the past month due to at 2-3 patient per week who were not required to have a Pre-Op appointment and required more time with RN and CRNA for the Admit process.
- New referral forms for Scopes and Surgery have been distributed to the MVHC for use (see attached). The idea is to streamline the referral process from the MVHC to MMHD. This was a joint effort with Jennette Spezio and MVHC.
- Ben Nuti and Theresa Overton attended the Lunch and Learn provided by MVC, the “Prep Kits” were again introduced and questions were answered at that time.

Submitted by:

Stacie Warnock, RN
Surgery Lead

Acute Care St. 1

- The main pressing news in the last month was our Acute State Survey that went well from my point of view having never been on this side of it before. We have a few items to work on but overall we had no major deficiencies.
 - The main points we need to work on are a few policy adjustments and education to staff.
- Continue to work in cross training staff for Outpatient and ER.

Emergency Department

- We continue to work on the staffing for the ER. We interviewed an LVN for a possible position for noc shift and float as needed. In addition, in the process of interviewing techs to complete the Tech positions at night in the ER. Will be evaluating ER and workflow for the Supervisors and Resource nurses. Will be posting job description for ER Lead as our current Lead gave notice.

Submitted by:

Theresa Overton, RN
Acute Care Manager
Director of Nursing

