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
Regular Meeting
FINAL Minutes

February 28, 2018 1:00pm Boardroom (Burney)

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 Mike Kerns called the regular meeting to order at 1:00pm on the above date.

### **BOARD MEMBERS PRESENT:**

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

#### ABSENT:

Laura Beyer, Director Louis Ward, CEO

### **STAFF PRESENT:**

Travis Lakey, CFO
Ryan Harris, DOO
Judy Jacoby, CNO
Keith Earnest, CCO
Jack Hathaway, DOQ
Jessica Stadem, Board Clerk

2 CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS

None

- 3 APPROVAL OF MINUTES
  - 3.1 A motion/second carried; Board of Directors accepted the minutes of January 24, 2018 Vasquez/Hathaway Approved All
- 4 DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS
  - 4.1 **Resolution 2018-2**: A motion/second carried; Connie Naslund was recognized by the Hathaway/Albaugh **Approved All** Board of Directors as January Employee of the Month.
  - 4.2 Director of Operations Report: In addition to written report. Little over two months to ground breaking; comments received from OSHPD earlier than expected; Jan. 31 verbal OK for potable water solution, still need alternate means of compliance to be signed off, must have tank on-site, min. 5,000 gallons; \$850k quote for installation of tank to meet compliance; re-bid after adjustments, \$550k, looking into well, deferred submittal, will have to figure out during construction, sanitary compliance will be approved, fire flows still unsure, will not impact start dates but will have to figure out before opening; meeting with contractors and PGE regarding electrical design, 6-8 weeks for design; received final encroachment permit, surveyors able to merge 3 parcels, other parcel is now larger; will be transforming a window into a door on the St. 3 hall to receive shipments since regular purchasing door will be blocked during construction; meeting on 6<sup>th</sup> for site logistics; tag on ice machine during recent survey, minor adjustment, fire life safety survey resulted in 8 tags, POC was completed quickly; security concern in Burney, Sheriff and citizen patrol driving through parking lot more often, \$130k per year for manned security for 14 hour days, does not include travel/mileage, looking into access control to lock down facility, fencing, 5 break-ins in 3 months; phone system, after critical failure we have purchased new system, old system was past end of life, still need to transfer old system to new, working on infrastructure end of life spreadsheet in order to catch major failures before they happen; no security threat in maintenance/IT offices, someone is usually always there and there are cameras; still utilizing maintenance task log, reason for improvement in surveys; phone tree still to be determined if it will be put back in place.

- 4.3 **Director of Public Relations & Legislation**: Written report provided. Address real reason for bed rate increases over the years with CDPH, will meet with Val to write response; registered for 24 acute beds, but staffing restrictions mean can't take more than 15 patients; registered for 99 SNF beds, no more than 80 full in several years; look into delicensing beds, board would need to approve, will address at next meeting.
- 4.4 Worker's Comp/Safety Report: Written report provided.

### 5 **BOARD COMMITTEES**

#### 5.1 Finance Committee

- 5.1.1 Committee Meeting Report ER and Maintenance reported; \$178k less per month in operating costs since 2015; fire panel soon to be replaced in Burney; will receive new van in April.
- 5.1.2 A motion/second carried; acceptance of January 2018 Financial Review Hathaway/Albaugh Approved All
- 5.1.3 BOD Q Finance Review A motion/second carried; acceptance of BOD Q Finance Hathaway/Albaugh **Approved All** Review

## 5.2 Strategic Planning Committee

5.2.1 Committee Meeting Report – No meeting in February. Staff have proposed April 13 or April 20 for retreat, need Board member availability so planning can begin.

## 5.3 Quality Committee

5.3.1 Committee Meeting Report – Staff Development reported that some efforts to increase interest and attendance in staff trainings were unsuccessful, will continue to try different approaches; created quality dashboard in PCC; working with ER on capturing more accurate times of how long patients are in facility (wait time, triage, time to discharge).

## 6 **OLD BUSINESS**

6.1 **Expansion of Outpatient Services**: Call with OSHPD, they have issues with plan (no inpatient or ER patients can pass through outpatient space), working on alternate plan; all paperwork filled out but waiting on OSHPD; no big issues with retail pharmacy plan.

# 7 ADMINISTRATIVE REPORTS

## 7.1 Chief's Reports

- .1 CEO: Travis Lakey asked if there were any questions about Louis' written report. No additional report.
- 7.1.2 **CNO**: In addition to written report. Annual skills fair had great attendance, reeducation is needed due to survey; PICC line training needs second round due to absences; reason CNA class is pulled is survey tags are considered harm to patients, MMH helping finance people who want to go to CNA class; after July 1<sup>st</sup>, CNA staffing ratio requirements with change, will discuss staffing ratios at next meeting, Travis will get numbers; 16 tags during survey, 2 G tags (flu shots, fall resulting in wound), did root cause analysis to determine how wound got missed; no nursing supervisor available to oversee flu shots, some residents not immunized, reports submitted, education will take place; still working on going through all policies and procedures in each clinical department; falls are still a major area of concern, Falling Star only used for first 72 hours on high risk, started lime green blanket program.

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		7.1.3	dance is April 13, Bohemian circus theme; new ultrasou not able to handle the technological advancement of th	nove to building next to Ortega's restaurant; nospice dinner and machine has some connectivity issues, our infrastructure is e machine; look at phlebotomy space in Big Valley at MVHC; to train staff to double check meds before giving; weekly	
		7.1.4	<b>CFO</b> : In addition to written report. Longer swing stays co	ontributed to increase in revenue.	
		7.1.5	IHF CEO: Absent, no report.		
8	OTHER INFORMATION/ANNOUNCEMENTS				
9	9 <b>ANNOUNCEMENT OF CLOSED SESSION</b> – 2:50pm				
	9.1 <b>Government Code Section 54962:</b> Quality Assurance: Quality Improvement Issues, Medical Staff Report		port		
	9.2	Person	nnel Government Code 54957		
10	RECONVENE OPEN SESSION – 3:07pm				
	No action taken during closed session.				
11	ADJOURNMENT – 3:08pm				
	Next	Next Regular Meeting – March 28, 2018 (Fall River Mills)			
<i>l,</i>			, Board of Directors	, certify that the above is a true and correc	
				of Directors of Mayers Memorial Hospital District.	
Board Member			Bo	Board Clerk	

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