

Chief Executive Officer  
Louis Ward, MHA



Mayers Memorial Hospital District

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

## Strategic Planning Committee Meeting Agenda

May 15, 2018 – 12:00pm  
Boardroom (Fall River Mills)

### Attendees

Mike Kerns, Chair, Board Member  
Allen Albaugh, Board Member  
Louis Ward, CEO

1	<b>CALL MEETING TO ORDER</b>	Chair Mike Kerns	
2	<b>CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS</b>		
3	<b>APPROVAL OF MINUTES</b>		
3.1	Regular Meeting – March 13, 2018	Attachment A	<b>Action Item</b>
4	<b>REVIEW &amp; REVISION OF AMENDED STRATEGIC PLAN</b>	Attachment B	<b>Action Item</b>
5	<b>BUILDING COMMITTEE UPDATE</b>	Ryan Harris	Report
7	<b>ADMINISTRATIVE REPORT</b>	Louis Ward	Report
8	<b>OTHER INFORMATION/ANNOUNCEMENTS</b>		Information
9	<b>ADJOURNMENT: Next Regular Meeting – July 9, 2018 (Fall River Mills)</b>		

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Board of Directors  
**Strategic Planning Committee**  
**Minutes**

March 13, 2018 - 12:00pm  
Boardroom (Fall River Mills)

*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:** Board Chair Mike Kerns called the meeting to order at 12:02 p.m. on the above date.

**BOARD MEMBERS PRESENT:**

Mike Kerns, President  
Allen Albaugh

**STAFF PRESENT:**

Louis Ward, CEO  
Travis Lakey, CFO  
Ryan Harris, DOO  
Jessica Stadem, Board Clerk

**OTHERS PRESENT:**

Sheba Sawyer, IHF Grant Writer

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

None

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3 **APPROVAL OF MINUTES**

3.1 A motion/second carried; committee members accepted the minutes of January 8, 2018 Albaugh/Harris **Approved All**

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4 **FOUNDATION GRANT WRITING**

4.1 Introduction of New Grant Writer – Background in grant writing, mostly in higher education and independent.

4.2 Update and Going Forward – Handout provided. Looking more into federal grants, invited to SP retreat; will invite to all SP meetings.

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5 **Building committee Update** – 2<sup>nd</sup> submission of comments, expected response April 18, one more check after that; water storage quote now \$200k; met with PGE with Layton and Porter, design and plans done early April, no conflicts with start date; inspector of record by May (OSHPD inspector who checks the work of the construction crew, we pay for, Porter is searching for candidate); will send updated site plan; seismic wall plans are approved by OSHPD, will email for confirmation;

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- 6 **Strategic Planning Retreat** – April 20; will likely be held in Fall River boardroom; retreat will be setting where the board can take action on several upcoming large projects; will create template for presentations; invited T Abrams; use retreat to discuss all kinds of future projects such as
- Assisted living, home health
  - Building project – change orders
  - Change of use (existing space)
  - Retail pharmacy
  - McKesson One Content
  - Solar
  - SVMS

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7 **Old business**

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7.1 Proposed Services Follow-up – Dialysis: Community members present to speak (Don Smith, Marlene V., Paul) – Where is the hospital on dialysis? Looked at partners (Davita, DCI), unable to work on a plan or even get responses; asked all outlying clinics for their patient numbers but numbers were low and/or not able to get numbers; DCI requires 6000 sq ft for 12 chairs, our clinic space 3700 sq ft but remodeling would need to be done; could offer space to DCI, ask if Pit River would have space available, suggest Lyons pharmacy building in Burney; will look at quality of water for reverse osmosis in Burney; will find out if DCI is willing to meet with SP committee and discuss.

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7.2 Expansion of Outpatient Services – need clarification on current plan, will get quote for ground-up construction, cost of maintaining in current space could cost more over the years; finding doctors is an important factor in starting a clinic.

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8 **Administrative Report**

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Will put together proposal for delicensing beds, needs to be approved; taking solar proposal to finance; getting ready to pull permits for in house laundry in Burney, Travis is testifying in court for lien on right roads building.

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9 **Other Information/Announcements**

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10 **Adjournment:** 1:46pm

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Next Regular Meeting – May 14, 2018 (Fall River Mills) - will reschedule for a Tuesday

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**Mayers Memorial  
Hospital District**  
*Always Caring. Always Here.*

# Mayers Memorial Hospital District

## Strategic Plan

# Draft

2016 – 2021

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Amended 4/20/2018

## Message from the Board of Directors

The Strategic Plan for Mayers Memorial Hospital District was developed as a tool to guide the hospital's growth and success for the next five years. The Board has selected key areas that can be monitored and measured on a regular basis in order to more effectively and efficiently serve the community with accessible, outstanding healthcare. This plan will allow administration to track the progress of the improvements articulated in this document and make adjustments when necessary.

Abe Hathaway, Board Chairman

## Introduction

The purpose of this Strategic Plan is to outline the key strategic objectives that the Board of Directors intends to accomplish by 2021. The Strategic Plan helps provide a link between the Vision and Mission of Mayers Memorial Hospital District to the everyday operational duties of the very hard-working and dedicated staff.

### Vision

To become the provider of first choice for our community by being a leader in rural healthcare.

### Mission Statement

To provide outstanding patient-centered healthcare to improve the quality of life of our patients through dedicated, compassionate staff and innovative technology.

This Plan will outline the strategic objectives, the milestones needed to be achieved to ensure success toward those objectives (success indicators), the risks to the objectives, implementation, monitoring and evaluation. Reporting templates are also attached.

## Strategic Objectives

To progress toward the achievement of our Vision and Mission over the next five years, we will work toward the following four strategic objectives:

1. Outstanding Facilities: By 2020, we will open new square footage meeting all state and federal requirements that will house Emergency, Laboratory and Imaging Services. By 2020, there will be a plan in place for additional new facilities for Wellness Center, retail pharmacy, plus resolution of aging facilities.
2. Outstanding Staff: By 2021, we will be seen as the employer of choice in the area by providing staff growth opportunities, flexible and safe working arrangements, and maintaining a turnover rate commensurate with similar hospitals. We will have our own housing available for staff use as needed.
3. Outstanding Patient Services: By 2021, we will be a five-star hospital and meet all Hospital Consumer Assessment of Healthcare Providers (HCAHP) requirements. By 2020, we will have a Wellness Center and retail pharmacy.

4. Outstanding Finances: By 2021, we will maintain an average of 90 days cash on hand.

## Success Indicators

To ensure we achieve our strategic objectives by 2021, the following are milestones that will indicate we are on a pathway to successfully achieving the objectives:

### *Objective 1. Outstanding Facilities*

- a. U.S. Department of Agriculture (USDA) loan will be closed by August 2016
- b. Construction will begin by April 2018
- c. Construction will be completed by May 2019
- d. Wall will be completed by December 2019

### *Objective 2. Outstanding Staff*

- a. Develop exit survey that measures satisfaction by mid-2016
- b. Develop educational/growth plan by 2017
- c. Meet turnover target by 2018

### *Objective 3. Outstanding Patient Services*

- a. There will be no findings above a D on annual surveys
- b. Develop a quality data reporting plan by the end of 2016
- c. We will have a 3-star rating by 2017
- d. We will have a 4-star rating by 2018

### *Objective 4. Outstanding Finances*

- a. Have an average of 45 days cash on hand by 2017
- b. Have an average of 70 days cash on hand by 2019

## Risk Management

All goals come with risks. Few risks can be completely eliminated but most can be managed in a way that minimizes the likelihood of it occurring and/or the level of impact on the success of the relevant goal.

Each key risk outlined in the table below was given likelihood, consequence, and overall risk ratings based on the consensus of the Board Members. In addition, the Board Members determined whether the current risk was acceptable relative to the objective. It is important to note that the risk rating alone does not determine acceptability.

See the Responsibility and Monitoring sections of this Plan for information on the management of these risks.

<b>Objective 1:</b> By 2020, we will open new square footage meeting all state and federal requirements that will house Emergency, Laboratory and Imaging Services.				
Risk	Likelihood	Consequence	Risk Rating	Acceptable
Campaign goal amount is not met due to lack of community and donor confidence leads to major delays and/or inability to go forward with project.	Low	High	Medium	Yes
Lack of qualified and financially stable bidders who understand Office of Statewide Health Planning and Development (OSHPD) requirements due to changing nature of requirements leads to cost overruns and delays.	Medium	High	High	No
<b>Objective 2:</b> By 2021, we will be seen as the employer of choice in the area by providing staff growth opportunities, flexible and safe working arrangements and maintaining a turnover rate commensurate with similar hospitals.				
Risk	Likelihood	Consequence	Risk Rating	Acceptable
Poor working environment due to executive leadership/Board overly focusing on operational issues leads to qualified staff leaving at a high rate.	Medium	High	High	Yes
Inability to keep up with market pay and benefits due to increasing costs but stable local population leads to high turnover in staff.	High	Medium	High	Yes
<b>Objective 3:</b> By 2021, we will be a five-star hospital and meet all Hospital Consumer Assessment of Healthcare Providers (HCAHP) requirements.				
Risk	Likelihood	Consequence	Risk Rating	Acceptable
Inability to maintain aging facilities due to costs to maintain and inadequate maintenance plan leads to reduced utilization.	High	Low	Medium	Yes
Inability to attract qualified personnel due to location, pay, benefits, etc. leads to less services offered.	Medium	Medium	Medium	Yes
<b>Objective 4:</b> By 2021, we will maintain an average of 90 days cash on hand.				
Risk	Likelihood	Consequence	Risk Rating	Acceptable
Increase of costs due to increase in minimum wage, expansion overrun and maintenance of infrastructure leads to inability to keep goal amount of cash on hand.	Low	Medium	Low	Yes

The following basic risk rating matrix was used in the rating of the risks. The value of each rating was subjective to the individual raters.

Likelihood	Consequence		
	Low	Medium	High
High	Medium	High	High
Medium	Low	Medium	High
Low	Low	Low	Medium

## Responsibility and Accountability

The Strategic Plan is the five year plan set forth by the Board of Directors. As a Board elected by the public in the Hospital District, the Board Members are accountable to their constituents. One mechanism by which the public can measure the success of their elected Board Members is the success of the Strategic Plan. As such, the first layer of accountability in this Plan is the Board of Directors to the public.

The second layer of accountability is the Chief Executive Offer (CEO) to the Board of Directors. The Board has developed this Plan with the expectation that the CEO will implement it successfully. As such, the CEO has the ultimate responsibility for each of the objectives outlined in this Plan and for the management of the risks to those objectives. It is the responsibility of the CEO to assign management of specific aspects of the Plan to other managers/teams and for the reporting of the progress of the Plan to the Board on a regular basis. Although the CEO can assign management further down the line, the CEO remains the single accountable position to the Board regarding the implementation of this Plan.

## Implementation

A Strategic Plan can only be successful if all layers of management and staff are aware of the Plan and working to ensure the objectives will be met. Successful implementation of this Plan requires the following:

- Departmental annual business plans that have operational objectives that aligns to the strategic objectives.
- Management/Departmental meetings regularly remind staff of their valuable and essential contribution to the success of the strategic objectives.
- Regular review of operational plans.
- Regular review of risk management plans and a culture of reporting risks.
- Open levels of communication throughout the management ladder to ensure effective top-down and bottom-up communication.
- Regular communication from the Board and/or CEO to all staff regarding the progress of the Plan.
- Effective monitoring system (outlined in the next section).

## Monitoring

To ensure this Plan is being implemented successfully, it is necessary to have monitoring mechanisms in place. At the Board level, monitoring consists of reporting. At the operational level, more detailed monitoring mechanisms will need to be developed/utilized as relevant to the specific work being undertaken. These mechanisms are the responsibility of the CEO and/or other management and staff as designated by the CEO.

The monitoring of this Plan will be done in two layers: first, to the Strategic Planning Committee and second, to the Board of Directors. The reporting requirements of each layer are described in more detail below.

### *Reporting to the Strategic Planning Committee*



The CEO will report to the Strategic Planning Committee at least every six months. The Committee may request reporting more often as deemed necessary.

The CEO will provide the Committee with a report on the progress of each Strategic Objective utilizing the reporting template at Attachment A of this Plan. The report will include:

- Tracking on current success indicator.
- Risk management, including the mitigation strategies for unacceptable risks, any changes in risk and reporting of any emerging risks.
- Issues encountered.
- Relevant documentation.

The Committee will determine whether any specific issues in the report from the CEO need to be reported to the Board of Directors.

#### *Reporting to the Board of Directors*

In conjunction with the Strategic Planning Committee Board Members, the CEO will provide an overall report to the Board following reporting to the Committee regarding the progress of the Plan utilizing the template at Attachment B of this Plan. The report will include:

- Overall progress.
- Changes in risk.
- Issues of note as determined by the Committee.

The Board will determine whether any changes in risk level and/or new risks are acceptable or not.

The Board may request additional reporting on any aspect of the Plan as deemed necessary.

## **Evaluation**

It is the responsibility of the Board of Directors to evaluate the overall success of the Plan. This Plan is not static and as such the Board must evaluate whether any changes are required. At a minimum, the Board will evaluate this Plan as its midway point (end of 2018/early 2019) to determine whether it still meets the needs of the Board.

At the end of the Plan, in 2021, the Board will conduct a thorough evaluation of the success of this Plan. This evaluation will be included in the 2022 – 2027 Strategic Plan as part of the statement from the President of the Board of Directors. The evaluation will include:

- Statement of successes.
- Statement of unanticipated/poorly managed risks.
- Lessons learned.

In addition to the other elements of this Plan described above, a thorough evaluation will lead to even stronger and more successful Strategic Plans in the future which will ultimately lead to better services for those in the Mayers Memorial Hospital District.

<b>Strategic Planning Committee</b> <i>Report on Strategic Plan Implementation</i>	
Strategic Objective:	
Current Success Indicator(s):	
Progress on Success Indicator(s) <input type="checkbox"/> Behind Schedule <input type="checkbox"/> On Track <input type="checkbox"/> Ahead of Schedule	
<u>Report on Progress</u>	
Provide a report on relevant activities that have been undertaken since the last report that have contributed to the progress of the success indicator/strategic objective. Be sure to include the relevant work area for each activity. If behind schedule, be sure to include a detailed explanation why.	
Risk:	
<input type="checkbox"/> Decrease in Risk	<input type="checkbox"/> No Change in Risk
Risk:	
<input type="checkbox"/> Decrease in Risk	<input type="checkbox"/> No Change in Risk
New Risk:	
Likelihood: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	Consequence: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
<u>Risk Management</u>	
Provide a report on any change in risk level and/or new risk(s). If the risk has changed, explain what has changed (likelihood and/or consequence) and why. If the risk increased, list the mitigation strategies that will be put in to place to reduce it back to an acceptable level. For any risks deemed unacceptable by the Board, provide a list of the mitigation strategies in place. For new risks, provide a list of mitigation strategies in place. The Board will determine whether it is acceptable or not.	
<u>Issues Encountered</u>	
Provide a report on any significant issues encountered since the last reporting cycle.	
<u>Attachments</u>	
Provide a list of any attachments to be included with this report.	
<b>Prepared By:</b>	<b>Date:</b>

<b>Board of Directors</b> <i>Report on Strategic Plan Implementation</i>	
<b>Strategic Objective 1:</b> By 2020, we will open new square footage meeting all state and federal requirements that will house Emergency, Laboratory and Imaging Services.	
<b>On Track?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Risks:</b> <input type="checkbox"/> No Change <input type="checkbox"/> Change <input type="checkbox"/> New Risk
<b>Strategic Objective 2:</b> By 2021, we will be seen as the employer of choice in the area by providing staff growth opportunities, flexible working arrangements and maintaining a turnover rate commensurate with similar hospitals.	
<b>On Track?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Risks:</b> <input type="checkbox"/> No Change <input type="checkbox"/> Change <input type="checkbox"/> New Risk
<b>Strategic Objective 3:</b> By 2021, we will be a five-star hospital and meet all HCAHP requirements.	
<b>On Track?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Risks:</b> <input type="checkbox"/> No Change <input type="checkbox"/> Change <input type="checkbox"/> New Risk
<b>Strategic Objective 4:</b> By 2021, we will maintain an average of 90 days cash on hand.	
<b>On Track?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Risks:</b> <input type="checkbox"/> No Change <input type="checkbox"/> Change <input type="checkbox"/> New Risk
<u>Risk Management</u> If any risks have changed or there are new risks, list them here noting which strategic objective it aligns to. Provide a statement of what has changed and proposed mitigation strategies (if it has increased).	
<u>Issues Encountered</u> Provide a report on any significant issues encountered since the last reporting cycle that the Strategic Planning Committee deemed necessary to raise with the Board.	
<u>Attachments</u> Provide a list of any attachments to be included with this report.	
<b>Prepared By:</b>	<b>Date:</b>