

**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

**Board of Directors  
Regular Meeting Agenda**

August 22, 2018 – 1:00pm  
Boardroom: Burney

**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.

<b>1 CALL MEETING TO ORDER</b>				
<b>2 CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS</b>				
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, 43563 Highway 299 East, Fall River Mills, or in the Boardroom). 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. <b>Comments should be limited to matters within the jurisdiction of the Board.</b> Pursuant to the Brown Act (Govt. Code section 54950 et seq.) <b>action or Board discussion cannot be taken</b> 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.				<b>Approx. Time Allotted</b>
<b>3 APPROVAL OF MINUTES</b>				
3.1	Regular Meeting – July 23, 2018	Attachment A	<b>Action Item</b>	2 min.
<b>4 DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS</b>				
4.1	Resolution 2018-10 – July Employee of the Month	Attachment B	<b>Action Item</b>	5 min.
4.2	Director of Nursing – SNF	Attachment C	Report	10 min.
4.3	Director of Nursing – Acute		Report	10 min.
4.4	Director of Human Resources	Attachment D	Report	10 min.
4.5	Worker’s Comp FYE Report	Attachment E	Report	10 min.
4.6	Safety Committee FYE Report	Attachment F	Report	10 min.
4.7	IHF Director – Quarterly Report	Attachment G	Report	10 min.
4.8	Hospice FYE Report		Report	10 min.
<b>5 BOARD COMMITTEES</b>				
5.1	Finance Committee			
5.1.1	Committee Meeting Report		Report	10 min.
5.1.2	July 2018 Financial Review, AP, AR, and acceptance of financials		<b>Action Item</b>	5 min.
5.1.3	BOD Q Finance Review		<b>Action Item</b>	5 min.
5.2	Strategic Planning Committee			
5.2.1	Committee Meeting Report		Report	10 min.
5.2.2	Approve Strategic Plan	Sent as PDF	<b>Action Item</b>	5 min.

5.3	Quality Committee		
5.3.1	Committee Meeting Report	Report	10 min.
6	<b>NEW BUSINESS</b>		
7	<b>ADMINISTRATIVE REPORTS</b>		
7.1	Chief's Reports		
7.1.1	CEO – Louis Ward	Report	10 min.
7.1.2	CCO – Keith Earnest	Report	10 min.
7.1.3	CFO – Travis Lakey	Report	10 min.
7.1.4	CNO – Candy Vculek	Report	10 min.
7.1.5	COO – Ryan Harris	Attachment H	Report 10 min.
7.2	Construction Change Orders	<b>Action Item</b>	5 min.
8	<b>OTHER INFORMATION/ANNOUNCEMENTS</b>	Information	
9	<b>ANNOUNCEMENT OF CLOSED SESSION</b>		
9.1	<b>Government Code Section 54962:</b> <ul style="list-style-type: none"> <li>• Quality Assurance: Quality Improvement Issues, Medical Staff Report</li> </ul>		
9.2	<b>Personnel Government Code 54957</b> <ul style="list-style-type: none"> <li>• CEO FYE Evaluation</li> </ul>		
9.3	<b>Real Property Government Code 54956.8</b>		
9.4	<b>Pending Litigation Government Code 54956.9</b>		
10	<b>RECONVENE OPEN SESSION</b> – Report Closed Session Action	Information	
11	<b>ADJOURNMENT:</b> Next Regular Meeting – September 26, 2018 (Fall River Mills)		

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, 43563 Highway 299 East, Fall River Mills CA 96028. This document and other Board of Directors documents are available online at [www.mayersmemorial.com](http://www.mayersmemorial.com).

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**Board of Directors  
Regular Meeting  
Minutes**

July 23, 2018 1:00pm  
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:** Abe Hathaway called the regular meeting to order at 1:05pm on the above date.

**BOARD MEMBERS PRESENT:**

Abe Hathaway, Secretary  
Allen Albaugh, Treasurer  
Laura Beyer, Director

**ABSENT:**

Mike Kerns, President  
Beatriz Vasquez, Vice President

**STAFF PRESENT:**

Louis Ward, CEO  
Travis Lakey, CFO  
Ryan Harris, COO  
Candy Vculek, CNO  
Keith Earnest, CCO  
Amanda Harris  
Jack Hathaway  
Val Lakey  
Kelly Babajan  
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 June 27, 2018	Albaugh/Hathaway	<b>Approved All</b>
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- 4 **DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS**

4.1 Telemedicine Presentation – Amanda Harris presented PowerPoint, connected with Dr. Siddiqui TeleMed2U Chief Medical Officer, explained scheduling process, discussed view on expansion within rural healthcare in future.

4.2	A motion/second carried; Kelly Babajan was recognized as June Employee of the Month.	Beyer/Albaugh	<b>Approved All</b>
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4.3 Director of Quality – Presented PowerPoint; metrics based on 100 point scale, assigned to us because we are small hospital (under 50 beds); CHPSO patient safety event definitions expanding, allowing for more reports; discussed how past surveys, RN staffing affect star rating, will be visiting Eastern Plumas facility and see how they are running things; will probably see another SNF survey revisit in October, full survey in January.

4.4 Director of Public Relations & Legislation – Provided handout, will attach. Will be doing role playing activities for WPV; participate in PRIME TLC calls, getting ideas about how to educate community more; still missing 25-30 employees for emergency notification system (cell phone numbers); IPG meeting CMS requirements, one successful tabletop so far; storing fire department emergency command trailer at annex, designating seat for each different local entity in event of emergency; will be redirecting advertising dollars after TV contract is up.

4.5 Hospice YE Report – Will report in August.

4.6 Policy Process Review – Provided handout, will attach; explained what policies go where and why; only policies regarding administration, finance, personnel, adding or removing service, or new policies come to board for approval.

**5 BOARD COMMITTEES**

**5.1 Finance Committee**

5.1.1 Committee Meeting Report – Surgery department reported; viewed feasibility study presentation by WipFli.

5.1.2 A motion/second carried; acceptance of June 2018 Financial Review, A/P, A/R. Albaugh/Hathaway **Approved All**

5.1.3 A motion/second carried; approved FY19 Budget. Albaugh/Beyer **Approved All**

5.1.4 Wellness Feasibility Study: Reviewed items discussed by WipFli during Finance presentation, total cost is about \$5.8million, projections do not take into account extra revenue to ancillary services brought into hospital; table until August meeting when all members are present; discuss retail pharmacy on separate agenda item.

**5.2 Strategic Planning Committee**

5.2.1 Strategic Plan not prepared, no action taken.

**5.3 Quality Committee**

5.3.1 Committee Meeting Report – Beatriz was absent, not able to give report.

**6 NEW BUSINESS**

6.1 **Licensure Change** – A motion/second carried; CDPH reissued license, reduced acute general care beds to 16. Albaugh/Hathaway **Approved All**

6.2 **1956 Building** – Explained issues with building, received preliminary bid to demolish building, would want to inform public of issues and process. Albaugh/Beyer **Approved All**

Motion/second carried; will take next step in looking for formal bid on demolition project and move forward.

6.3 **Retail Pharmacy** – Agreed that retail pharmacy is important service and needed in community. Beyer/Albaugh **Approved All**

A motion/second carried; will look for building to purchase/rent and move forward with retail pharmacy.

6.4	<b>Burney Urgent Care Clinic</b> – Do not have a current quote on project for bringing outpatient clinic to Burney; discussed opening Burney clinic before Wellness Center to cover services in the meantime.	Albaugh/Hathaway	<b>Approved All</b>
A motion/second carried; will get architectural quotes for Burney clinic.			
6.5	<b>Vacated MVHC Building</b> – Once MVHC vacates Fall River clinic building, will move HR, Finance, Business Office into building, Admin will move to current Finance/HR; will have to reevaluate where to put Hospice; no board action needed.		
6.6	<b>Resolution 2018-10 Board Election</b> – A motion/second carried.	Hathaway/Beyer	<b>Approved All</b>
6.7	<b>Policies for Approval</b> A motion/second carried; acceptance of all policies, with change noted below.	Beyer/Hathaway	<b>Approved All</b>
	<ul style="list-style-type: none"> <li>Scope of Services MMHD – Update to include SEMSA information where appropriate.</li> </ul>		
7	<b>ADMINISTRATIVE REPORTS</b>		
7.1	<b>Chief's Reports</b>		
7.1.1	<b>CEO:</b> OSHPD onsite last week, had old TIO (inspector information), we did submit revised TIO; had been working on footings without proper inspections, currently shut down but were not forced to shut down, only recommended to slow down and get caught up on paper work; moving to cost of living wage increase instead of merit based wage increase; nursing compensation strategy, comparison to other facilities, may need to adjust minimum base rate; working on new scorecard goals, staying in line with strategic plan; holding employee meetings in august; presenting to Rotary this week on building project.		
7.1.2	<b>CCO:</b> Nothing in addition to written report.		
7.1.3	<b>CFO:</b> Nothing in addition to written report.		
7.1.4	<b>CNO:</b> Provided written report. Looking at phase 2 regulations in SNF, meeting majority, building competency based orientation process; summarize from written report; working with NPH on how to handle long-term nursing issues, working on communication and process for dealing with nurses that we complain about; working on staffing control charts to determine actual need, in an effort to hire and reduce registry, still in early steps of working with Hunter Ambrose on recruitment, will have better idea of status in a few months;		
7.1.5	<b>COO:</b> Fire flow official approval from OSHPD; have spent \$16k to furnish new house, \$10k for construction; started laundry facility today; still struggling to staff dietary, will fully reopen to staff on August 1, hiring interim director of dietary services, will be RD, background in recruiting; discussed drug test policy, want to bring in Libby and possibly employment lawyer to discuss options, bring info to next meeting; trees down at laundry facility, fence will be up this week.		
7.2	<b>Construction Change Orders</b> – None.		
8	<b>OTHER INFORMATION/ANNOUNCEMENTS</b>		
	None		
9	<b>ANNOUNCEMENT OF CLOSED SESSION</b> – 4:48pm		
9.1	<b>Government Code Section 54962:</b> Quality Assurance: Quality Improvement Issues, Medical Staff Report		
9.2	<b>Personnel Government Code 54957</b>		

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9.3 **Real Property Government Code 54956.8**

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9.4 **Pending Litigation Government Code 54956.9**

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10 **RECONVENE OPEN SESSION** – No action taken.

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11 **ADJOURNMENT** – 5:05pm

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Next Regular Meeting – August 22, 2018 (Burney)

*I, \_\_\_\_\_, Board of Directors \_\_\_\_\_, certify that the above is a true and correct transcript from the minutes of the regular meeting of the Board of Directors of Mayers Memorial Hospital District*

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Board Member

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Board Clerk



# Mayers Memorial Hospital District

*Always Caring. Always Here.*

Director of Public Relations— July 2018  
Prepared by Valerie Lakey

Here is a review of some of the projects from over the last few months:

## **FOLLOW MY HEALTH PATIENT PORTAL**

We successfully trained, marketed and implemented our new patient portal. We completed 8 weeks of training and are comfortable with the result.

## **INTRANET**

The intranet is in place and working well. Scheduling trainings for departments so they can learn how to utilize the intranet to full capability.

## **WORK PLACE VIOLENCE**

We met our April 1 deadline. A narrated power point is available to catch the remaining staff that need training or a refresher. This training is now a part of orientation. The WPV plan and policy are complete. This is a fluid document and will need annual review or changes any other time throughout the year we deem necessary. We will be doing some specific trainings as identified in our plan. Jack, Libby and I have been working together on this.

## **GO365/YOUR:LIFE/ WELL FOR LIFE**

We are seeing great results and participation in the go365 program. There has been excellent employee feedback. We have a "champion" team that meets 2 times a month on conference call with Humana to keep our program strong. I have been working to tie all of this together with **your:life** and the Stanford WELL for Life program. The focus for many of our upcoming booths will be the wellness and working on getting **your:life** recognized in the community. This will tie right into prime and help us with the education aspect of that program. Our school assemblies focused on wellness.

## **PRIME**

We completed mid-year reporting and worked closely with Susan in Dietary to document all of the items in 1.7.2. We completed five of the eight and will have the remaining three done within the next 6 months. Jack and I presented to the MVHC providers and spoke with them about PRIME. That prompted an email from Dr. Smith chase saying she will help us in any way she can. Also, Carol from MVHC asked for information to be sent over to the clinics, which was completed. We have been discussion many ways to enhance and develop our 1.7 project. We will build on the education aspect and continue to be in contact with the MVHC providers to get nutrition counseling referrals.

## **SCHOOL ACTIVITIES – PLANTING SEEDS GROWING OUR OWN**

We selected three high school senior interns and presented the honor at the graduation and awards ceremonies. We had successful Health Career Days at all three schools as well as Elementary School Assemblies at Fall River, Big Valley and Burney. This was the third year for all of these events. They were very successful.

We submitted our "Planting Seeds, Growing Our Own" initiative to the Hospital Council. We were selected to give a presentation at the Hospital Summit in September. I am working on that presentation.

#### **CALL NOTIFICATION**

The call notification system is in place - which has been tested several times and works well! We are also using it for the emergency contact lists for our long-term care residents, nursing staff (to fill shifts, etc) and other events or items that come up. The system is very reasonable at \$75/month. Many other options that bigger facilities use are about \$10,000 - \$15,000 per year. We are not at the point we need to spend that kind of money and the system we are using will meet our needs. I also set up the Constant Contact program which is a useful email management system that syncs with our social media. It was very effective with the new portal announcements and I have plans to use it in many other ways.

#### **ACUTE/SWING BINDERS**

I am working with acute and swing patient packets as well as a general hospital booklet. We will be using the SHIP grant to pay for the printing of these.

#### **INTERMOUNTAIN PREPAREDNESS GROUP**

I am active in this group and have been working with Jean and Monte to organize our meetings and activities. We had a successful tabletop drill with other local agencies. This is an important aspect of CMS requirements; "community collaboration and training"

#### **EMERGENCY PREPAREDNESS/SAFETY**

I am working on restructuring this and developing a training and education program. I am completing additional education and classes through FEMA. I am attending and participating in the HPP and the Shasta-Tehama Health Coalition for Emergency Preparedness.

I am speaking at the CHA Statewide Disaster Conference in September.

#### **IMAGE/MARKETING**

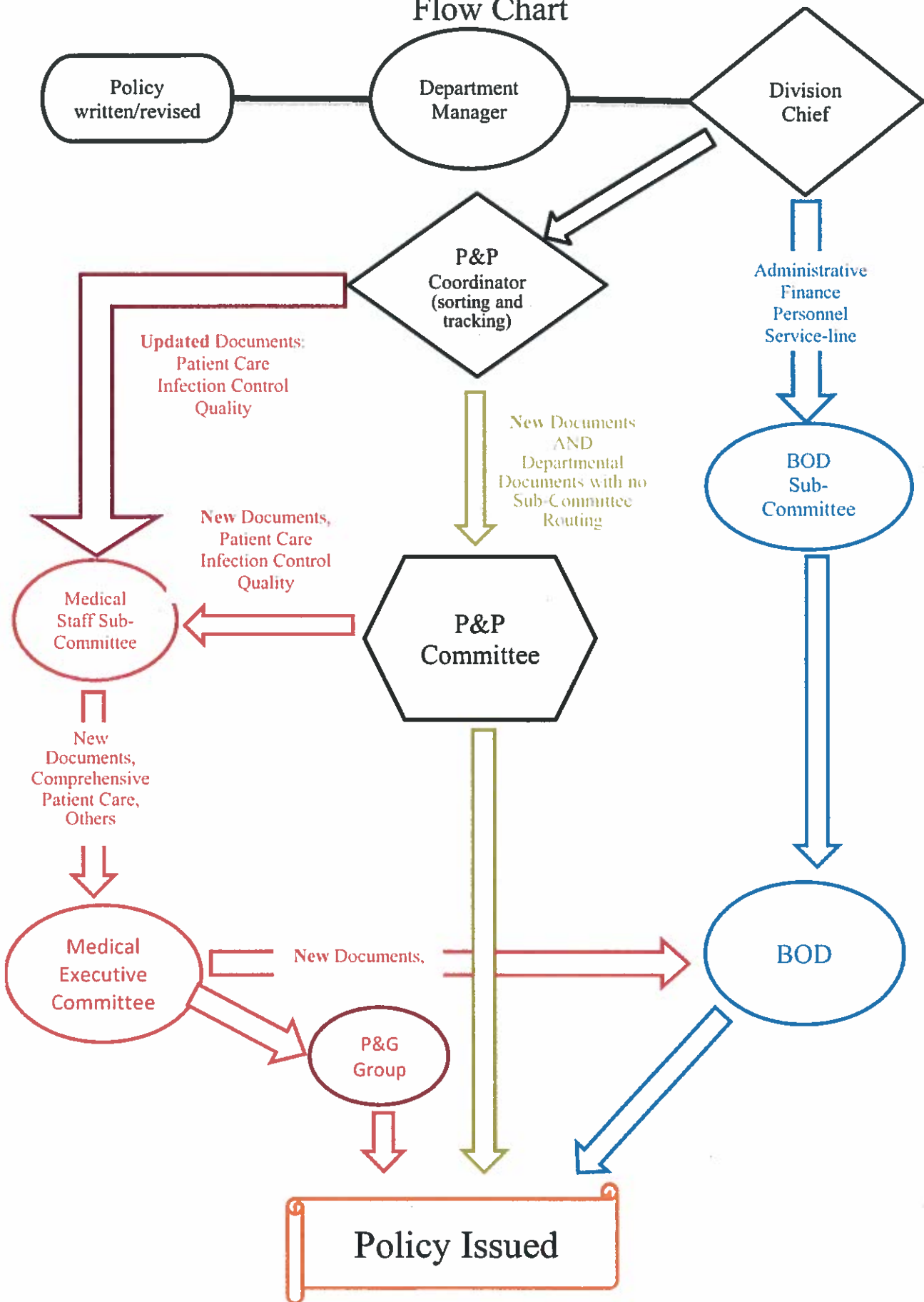
Developing budget for sponsorships, etc. We will focus on community events and our local IMAGE. Reconsidering how to use advertising dollars. (Fair Sponsorship, Little League Scoreboard, Burney/Fall River Youth Soccer Team Sponsorship, many activities planned for the fair, it River Health Fair, etc.)

#### **COLOR RUN**

We sponsored the COLOR RUN at the Mountain Jubilee and donated all proceeds to the Heritage Foundation.



# Policy and Procedure Flow Chart





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

**RESOLUTION NO. 2018-10**

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

**Erik Brown**

**As July 2018 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, Erik Brown is hereby named Mayers Memorial Hospital District Employee of the Month for July 2018; and

**DULY PASSED AND ADOPTED** this 22<sup>nd</sup> day of August 2018 by the Board of Trustees of Mayers Memorial Hospital District by the following vote:

AYES:  
NOES:  
ABSENT:  
ABSTAIN:

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

ATTEST:

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Jessica Stadem  
Clerk of the Board of Directors

Director of Skilled Nursing Board Report

- I. WOUND CARE PROGRAM - A strong Wound Care Program has been implemented and is successfully being carried out. Our Wound Nurse, an RN, has educated and overseen our Program by rounding in both Facilities, seeing the wounds in person or via photographs, communicating directly with the Nurses to ensure good care, as well as assisting with documentation. We have two new fully-stocked Treatment Carts (for Fall River and Burney). Our electronic charting system (Point Click Care) allows for extensive photographic wound documentation creating a thorough history of our wound care.
  
- II. SKIN AND WEIGHTS WEEKLY MEETING – We initiated in May 2018 a joint weekly meeting (both Facilities participate) with our Dietician, Wound Nurse, Charge Nurses, DON, ADON, and MDS Nurse. This meeting keeps us in regulatory compliance in regard to Residents with weight variance as well as major wounds requiring diligent care and an Interdisciplinary Team approach. This meeting stimulates robust discussions among our clinicians therefore greatly enhances our Plans of Care for each Resident.
  
- III. ANTIBIOTIC STEWARDSHIP – Per CMS new Rules of Participation, an Antibiotic Stewardship Program has been put into practice. Standard work education for urinary tract, respiratory, skin and soft tissue, as well as gastrointestinal infections has been taught to our Nursing Staff and MD's. Prior to initiation of any antibiotic therapy the McGeer Criteria for any possible infection must be met.
  
- IV. INFECTION CONTROL PROGRAM – “Our Influenza/Pneumococcal Immunization Program shows above average compliance!”, per our Nurse Consultant all informed consents for our SNF Residents were mailed out to families and Residents in July. The majority of these consents (for both Facilities) have been signed and returned already for the Flu Vaccines to be given beginning in October.  
ISOLATION CARTS: Received 5 beautiful, new carts this week for our ‘Isolation Precaution Protocol’ (3 carts for Burney and 2 for Fall River).
  
- V. MOCK SURVEY 8/5-8/6/2019 – A review of the Entrance Conference process (like an actual Survey) with all required paperwork was carried out. Additionally, our Nurse Consultant, conducted Resident Chart audits on specific ‘high risk’

Residents. Our Consultant stated in her Report, “The staff and leadership have obviously worked very hard to correct previously identified potential deficiencies”. The Mock Survey was a very positive experience while revealing to us areas we must still correct and remain focused on.

VI. EVACUATION OF 11 RESIDENTS FROM FALL RIVER SNF TO BURNEY ANNEX – The ‘Hat’

Fire on 8/10/2018 caused a major power outage. There were issues with the SNF generator in Fall River affecting 11 Residents (one Hall). For the safety and comfort of our Residents, we smoothly transported them to Burney Annex. Our Staff did an outstanding job at both Facilities. The Residents were cared for at Burney Annex until 8/14/18, Tuesday afternoon, when power was completely restored and stable at which time we transported them back to their home at Fall River.

VII. NEW STAFF – An RN Supervisor (Burney) began in June; Staffing Coordinator started 3 weeks ago; 2 LVN’s are to begin working in the next 2-3 weeks, 1 Noc CNA (Burney-June), 5 Shasta College CNA’s successfully started working with us in June 2018, 6 more Shasta College CNA’s have already started the training program (ready December 2018). Another group of 6 are slated to begin training for us in January 2019.

Thank you,

Diana Groendyke, RN, DON SNF  
Mayers Memorial Hospital District

## **Board Meeting**

Wednesday August 22, 2018

### **Human Resources Report – Libby Mee, Director of Human Resources**

#### **Staffing, Recruitment and Retention**

- Critical need departments, or department currently using registry:
  - Skilled Nursing Facility
  - Laboratory
  - Physical Therapy
  - Radiology
- Previously made a report to Board Finance regarding permeant recruitment efforts to reduce registry cost
- Have attached a report that shows current hires and terms per department for the year. Also have broken out, by department, the reason for separation.

#### **Scorecard goals for the year**

- Utilizing McKesson system to track and report on HR metrics
  - Currently use separate spreadsheets to track individual stats
- Modernizing Orientation and Re-Orientation materials
  - Develop Manager Orientation and Re-Orientation

#### **Meetings and Trainings**

- Eastern Plumas site visit Monday August 20th
  - Topics of discussion include:
    - Forming RHC/Wellness Center
    - Staffing/Recruitment models
    - Providers/Mid levels – requirements and trainings
- ACHD
  - Attended Wellness Summit in Sacramento
    - Major area of interest was a presentation on “Preventing Employee Burnout” by Patty Sue de Vries, Health Improvement Network of Stanford.

- Made personal contact with Patty and she has shared her presentation information. Will be sharing and implementing with Operation and Management team in the future
- Scheduled for webinar Thursday August 23rd
  - Healthcare District Clinical Recruitment and Retention Planning
- California Critical Access Network
  - On site visit from Elizabeth Hanckel, Vice President Workforce Strategies

### **Additional Topics**

- Pre Employee Drug Screening Policy and Procedure
  - Though California regulations have changed, Federal regulations remain the same and being a District facility, we fall under Federal guidelines
  - Brought up in recent discussion with local HR representatives; none have changed policies but all are reviewing and educating
  - Clarification with State Surveyor at last visit
  - Kennaday Leavitt Owensby – Employment Lawyers
  - Conversation with MMHD Laboratory manager
  - HR has very few applicants that fail pre employee drug screen outright.
  - If positive is detected, specimen is sent out for further scan to determine levels
  - Most positive screens, are due to legally prescribed medications

**MMHD Board Meeting**

Wednesday August 22, 2018

**Work Comp Report**

**Written presentation by Libby Mee – Director of Human Resources**

Work related injuries to date for 2018

- 10 First Aide Injuries resulting in 0 days away from work
- Reportable Injuries resulting in 0 days away from work

Of the three reportable claims, one is still open Medical only with no loss time, one was denied and the other was closed.

Communicating with BETA Loss Prevention Specialist for a site visit and training session in September. Possible training topics include:

Introduction to Just Culture

Office ergonomics overview

Ergonomics and Wellness for Employees

Sit to Stand Desk Controversy – Best Practices

Slip, Trips and Falls – Overview, Toolkits and Strategies

She is also available to go over any Safe Patient Handling and Employee Safety topics or trainings as needed.

With some staff changes in the Business Office, I will be meeting with the new team to ensure everyone has an understanding of the process. I would also like to meet with the ER team to be sure we are being as efficient with the process as we can be.

Mayers Memorial Hospital District Emergency Management Department and Safety Committee has made many strides in the last year. There is still a lot of work to do. The safety committee is very active. There has been restructuring in the Emergency Preparedness Department. What used to be a “co-chair” situation is now a single chair with assistance in various areas such as MOU’s, training and transfer agreements.

One of the biggest projects has been the formation of the Intermountain Preparedness Group (IPG).

Many goals are in place and have been achieved as we now have guideline and requirements from the CMS Emergency Preparedness final ruling

*Training:*

- Management continued completion of the ICS100 and ICS 200 courses.
- As a facility, we participate in drills and tabletops. We have collaborative drills with Mercy and SRMC scheduled.
- Training of ES and Maintenance staff on setting up De-Con tent
- MMHD participated in the IPG tabletop drill
- Staff attending the California Hospital Association’s Disaster Preparedness Conference, FEMA trainings and workshops. All is now structured through a process in which we will have employees in each department trained.
- Training for the Workplace Violence Prevention Plan is in place.

*Resources and Policies:*

- Safety and disaster resources, including policies, the emergency operations plan, HICS forms, training links and the disaster call tree has been made available on the intranet for easy accessibility for employees.

*Facility:*

- Visitor sign-in process was implemented.
- Door locks and safety procedures are being researched.
- Successfully implemented ICS on several occasions over the last year.

**Challenges:**

- Schedules often don’t allow for complete participation in trainings and tabletops.

**Goals:**

- Provide resource and training materials to all staff
- Develop a mobile application for our EOP and Emergency Management Policies
- Encourage staff to participate in online FEMA training
- Continue to meet all CMS requirements
- Work through list of lessons learned and things to do from recent incident (Fire/power outage)

Respectfully Submitted By: Val Lakey, Safety/Emergency Preparedness Coordinator



**Foundation Report to District Board (8.16.18)**

The Mayers Intermountain Healthcare Foundation's **board of directors conducted business at its meeting held Monday July 16, 2018.** Highlights during the past month:

- Scholarships: 10 awards to-date totaling \$10,100
  - 2 high school seniors
  - 2 college students
  - 2 Mayers employees
- Fundraising:
  - Golf Tournament, Saturday, 8/18/18: Golfer count is down but sponsorship is up. Proceeds to benefit the landscaping and outer space of the New Hospital Wing. The Hole-in-One Contest is being offered at Hole #11 for a lucky golfer. Gracious thanks to Corning Ford for their continued support. The HIO contest prize is a brand new Ford Explorer—plus, they are sponsoring three other contest prizes. Once again, Dr. Dahle has donated a one-week's stay at his condo in Kona, Hawaii. To be eligible for this prize you must be a registered golfer. There are numerous prizes to give away at the event. Please join me in thanking our generous event sponsors:

Advantage Pharmaceuticals / Art & Caroline Whitney  
Allscripts

SEMSA  
tri-counties bank  
Porter Consulting  
Layton Construction

NPH  
Fall River Fly Fishing House  
EmCare

Shasta Regional Medical Center  
Mountain Valleys Health Centers  
Greenbough Designs  
CDW-Healthcare  
Nelson Construction

WIPFLi CPAs & Consultants  
Inland Business Systems  
Dr. Michael Maier, Chiropractor  
Dale L. Syverson, MD

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- Stores (Gift & Thrift) net revenue for 2018 is trending favorable compared to last year.
- NSGT Proceeds Designated: Proceeds will benefit equipment for the Imaging department
- PR/Marketing:
  - New marketing strategies are being developed and implemented to leverage opportunities
  - Visit our booth at the 100<sup>th</sup> Inter-Mountain Fair Celebration!

→ Watch for our new logo launch in 2019. Our new legal name is: **Mayers Healthcare Foundation**

○ New Hospital Wing Campaign

→ Room Naming Opportunities: only 4 rooms remaining (2 imaging/2 lab)

→ \$3 million campaign goal achieved! We will continue the campaign until donor recognition signage needs confirmed

Respectfully submitted by,  
Marlene McArthur, CEO  
Mayers Healthcare Foundation

## Mayers Memorial Hospital District Operations Board Report

Respectfully Submitted by Ryan Harris, Chief Operating Officer

August 2018

### Hospital Expansion Project

- Pad Certification and Project Delay
  - As of 7/18/18 the project has a work stoppage in place in order to clear up some issues with our current special inspector. OSHPD has had issues with the inspector's lab causing a delay in get our building pad certification. We had a secondary lab verify the compaction and moisture results of our current lab. On 8/14/2018 the secondary lab confirmed the results and recommend a certification of the building pad. A clarification package will be submitted to OSHPD by 8/17/18. The package will include their compaction and moisture results, the process in which they certified the work done by our current lab, as well as some changes to our current testing, inspections, and observation (TIO) with a new lab taking over as the primary lab to avoid future delays in the project. Before work will start again, a second preconstruction meeting will be setup with OSHPD to review the new TIO and ensure there are no other issues with our testing, inspections, and observation labs.

### Plant Operations, Maintenance, Other Construction Projects

- Work is currently underway at the Burney laundry facility. Alex Johnson and his engineering team are doing a great job managing the multiple in-house building projects we have with several more starting in the coming months. We are expecting completion of the laundry facility by the end of October 2018.
- As of 8/15/18 the security fence at the Burney Annex is currently being installed. This fence encompasses the entire parking area of the facility and will improve security for the staff, residents, and their families.
- As of 8/15/18 the Burney Annex access control project is underway. This project is due to be completed by 08/17/18. This is a major security upgrade to the facility. Access control gives us a variety of ways to improve security for while maintaining the feel of an open and inviting environment for the staff, residents, and their families.
- I would also like to thank the entire maintenance team for their involvement in keeping our facility running during the Hat Fire and subsequent power outage. I would also like to ensure that Steve Holt and Steve Scott are named as their dedication to the facility over the weekend of the event was both inspiring and truly amazing.

## **IT**

- IT is focusing on upgrading aging IT infrastructure, including routers, switches, battery backups, and servers. They have also sent out a customer satisfaction survey to find out how we can improve our IT service to staff.
- I would also like to thank Chris Broadway and Ryan Nicholls for all the work they did over the Hat Fire incident and their quick response in getting our IT infrastructure back up and running once power was restored.

## **Purchasing**

- Our purchasing department is currently working on and preparing a plan for ordering all of the equipment for the new building. A plan will be formalized this year with ordering commencing the early part of next year.

## **Dietary**

- I am pleased to announce that the kitchen has been fully reopened to staff and the public as of August 1<sup>st</sup>. I would like to thank the staff for all the extra shifts and hard work they did while our staffing was so low.
- I would also like to thank the entire Dietary staff for their creativity in feeding our residents during the Hat Fire and their ability to adapt on short notice.
- I am still in the process of hiring an Interim Director of Dietary Services. This person will be a Registered Dietitian and have extensive experience working in a hospital and skilled nursing facility kitchen. The focus of this person will be on improving leadership within the department, staffing, process and workflow improvements, modernizing our kitchens, improving menus for our patients and residents, bridging the clinical and dietary gap to improve our patient and staff experience.

## **Security**

- There have been no major security incidences reported in the last month.

## **Environmental Services**

- We will also be increasing our staffing as we continue to grow staff housing and once the laundry facility is complete.
- Sherry Rodriguez (EVS manager) has also selected linens, washers, dryers, and we are currently working on a vehicle to transport linens to each facility once the laundry facility is complete.