

Chief Executive Officer
Louis Ward, MHA



Mayers Memorial Hospital District

Board of Directors
Beatriz Vasquez, PhD, President
Abe Hathaway, Vice President
Laura Beyer, Secretary
Allen Albaugh, Treasurer
Jeanne Utterback, Director

Board of Directors
Regular Meeting Agenda

October 23, 2019 1:00 pm
Burney Board Room

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.

				Approx. Time Allotted
1	CALL MEETING TO ORDER			
2	CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS			
	Persons wishing to address the Board are requested to fill out a "Request Form" prior to the beginning of the meeting (forms are available from the Clerk of the Board, 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. Comments should be limited to matters within the jurisdiction of the Board. Pursuant to the Brown Act (Govt. Code section 54950 et seq.) action or Board discussion cannot be taken on open time matters other than to receive the comments and, if deemed necessary, to refer the subject matter to the appropriate department for follow-up and/or to schedule the matter on a subsequent Board Agenda.			
3	APPROVAL OF MINUTES			
	3.1 Regular Meeting – September 25, 2019	<i>Attachment A</i>	Action Item	2 min.
4	DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS			
	4.1 Resolution 2019-13 – September Employee of the Month	<i>Attachment B</i>	Action Item	5 min.
	4.2 Director of ED/Ancillary Services – JD Phipps		Report	15 min.
	4.3 Hospice Quarterly Report		Report	10 min.
5	BOARD COMMITTEES			
	5.1 Finance Committee			
	5.1.1 Committee Meeting Report		Report	10 min.
	5.1.2 September 2019 Financial Review, AP, AR, and Acceptance of Financials		Action Item	5 min.
	5.2 Strategic Planning Committee			
	5.2.1 Committee Meeting Report – DRAFT Minutes Attached	<i>Attachment C</i>		
	5.2.2 Strategic Plan Review/Approval	<i>Attachment D</i>		
	5.3 Quality Committee			
	5.3.1 Committee Meeting Report – DRAFT Minutes Attached	<i>Attachment E</i>	Report	10 min.
6	NEW BUSINESS			
	6.1 Board Assessment Process			5 min.
	6.2 Policy & Procedure Summary – Quarter Ending 9/30/19	<i>Attachment F</i>		5 min.
	6.3 Ad Hoc nominating committee appointment		Chair Appointment	5 min.

6.4 POLICY & PROCEDURE APPROVAL

ATTACHMENT G

1. Alternate Sources of Energy
2. Chemical Spill
3. Chemical Spill - Operating Room
4. Compressed Gas & Oxygen Use
5. Discount Payment Policy
6. Emergency Sewage & Waste Disposal Policy
7. Equipment Cleaning - CR
8. HHS POVERTY GUIDELINES MMH389
9. Internal Reporting Of Overpayments, Self-Disclosure, And Repayments For Federal Health Programs
10. Resident Transfer-Discharge Summary-Plan MMH609

7 ADMINISTRATIVE REPORTS

7.1	Chief's Reports – <i>Written reports provided. Questions pertaining to written report and verbal report of any new items</i>	Attachment H		
7.1.1	CEO – Louis Ward	Report		10 min.
7.1.2	CCO – Keith Earnest	Report		5 min.
7.1.3	CFO – Travis Lakey	Report		5 min.
7.1.4	CNO – Candy Vculek	Report		5 min.
7.1.5	COO – Ryan Harris	Report		5 min.
7.2	Construction Change Orders	Action Item		5 min.

8 OTHER INFORMATION/ANNOUNCEMENTS

LEGISLATIVE UPDATE – Val Lakey

9 ANNOUNCEMENT OF CLOSED SESSION

9.1	Government Code Section 54962: STAFF STATUS CHANGE 1. Beverly Chang, MD to Inactive AHP APPOINTMENT 1. Jill Reed, MSW – Social Worker 2. Marchita Masters, PsyD MEDICAL STAFF REAPPOINTMENT 1. Aaron Babb, MD – Family Medicine MEDICAL STAFF APPOINTMENT 1. Sarah Massatt, MD – Emergency Medicine			
9.2	Real Property Government Code 54956.8			
9.3	Pending Litigation Government Code 54956.9			
9.4	Personnel Government Code 54957			

10 RECONVENE OPEN SESSION – Report Closed Session Action Information

11 ADJOURNMENT: Next Regular Meeting – December 4, 2019 – Burney

Posted 10/17/2019

Chief Executive Officer
Louis Ward, MHA



Mayers Memorial Hospital District

Board of Directors
Beatriz Vasquez, PhD, President
Abe Hathaway, Vice President
Laura Beyer, Secretary
Allen Albaugh, Treasurer
Jeanne Utterback, Director

**Board of Directors
Regular Meeting
Minutes**

September 25, 2019 – 11:00 am
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: Beatriz Vasquez called the regular meeting to order at 11:00 am on the above date.

BOARD MEMBERS PRESENT:
Beatriz Vasquez, President
Abe Hathaway, Vice President
Laura Beyer, Secretary
Allen Albaugh, Treasurer
Jeanne Utterback

STAFF PRESENT:
Louis Ward, CEO
Ryan Harris, COO
Keith Earnest, CCO
Candy Vculek, CNO
Jack Hathaway
Chris Broadway
Karina Aceves
Val Lakey, Board Clerk

ABSENT:

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

3 APPROVAL OF MINUTES

3.1 A motion/second carried; Board of Directors accepted the minutes of August 28, 2019 *Albaugh/Utterback* **Approved All**

4 DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS

4.1 A motion/second carried; Karina Aceves was recognized as August Employee of the Month. Resolution 2019-12 *Albaugh/Beyer* **Approved All**

4.2 **401K Annual Report**

4.3 **Director of Nursing** – Theresa Overton – (see attached) Candy Vculek was available to answer questions as Overton is on vacation. There were some questions regarding the retention and incentive program and the reasons potential candidates decline job offers. Working on registry competencies.

4.4 **Director of Quality** – Jack Hathaway – (see attached). PRIME reporting is due on the 30th. For the first time we have numerator and denominator in the adult population. Telemed has helped significantly. The lack of collaboration from clinic and lack of CPT code implementation had made it difficult for us with the child population. Partnership HQIP. There will be some funds. Meaningful Use. RL6 – Celebrate the wins. There will be a Quality RN starting soon.

5 BOARD COMMITTEES

5.1 **Finance Committee**

5.1.1 **Committee Meeting Report:** Met Sep 25, 2019. In the finance notes – it shows \$200,000 under – this is because we recognize IGT funds on a cash basis instead of an accrual basis. Board needs to recognize the need to stay lean with spending no matter what the financial situation is. We need to pay attention to opportunities to make strategic moves while we can afford to capture opportunities within the community.

5.1.2	August 2019 Financial Review, AP, AR and acceptance of financials.	Hathaway/Utterback	Approved All
5.1.3	Mindray Project – Cost has reduced since it was first brought to the board. See finance committee notes.	Albaugh/Hathaway	Approved All
5.2	Strategic Planning Committee Chair Albaugh		
5.2.1	Committee Meeting Report – No Committee Meeting - Next scheduled meeting is October 15 th at 12 noon in Fall River.		
5.3	Quality Committee Chair Beyer		
5.3.1	Committee Meeting Report – See minutes from the regular committee meeting.		
6	NEW BUSINESS		
6.1	Board By-Law Review – Will be due for approval in 2020		
6.2	Board Assessment Process – Will make a decision next month on what format to use. Board will review provided samples.		
6.3	Policy & Procedure – Discussion about policy and procedure committee and the process	Beyer/Utterback	
	1. Alternate Sources of Energy		
	2. Chemical Spill		
	3. Chemical Spill - Operating Room		
	4. Compressed Gas & Oxygen Use		
	5. Discount Payment Policy		
	6. Emergency Sewage & Waste Disposal Policy		
	7. Equipment Cleaning - CR		
	8. HHS POVERTY GUIDELINES MMH389		
	9. Internal Reporting Of Overpayments, Self-Disclosure, And Repayments For Federal Health Programs		
	10. Resident Transfer-Discharge Summary-Plan MMH609		
7	ADMINISTRATIVE REPORTS		
7.1	Chief's Reports		
7.1.1	<p>CEO: In addition to the written report, Ward highlighted the pharmacy and the progress after the Sep 4th opening. Working with insurance companies. Working on 340B program. There are a lot of transfer refills waiting. 340B was discussed at great length – process, requirements, etc.</p> <p>Employee meetings went well – about 70 employees total attended.</p> <p>Looking at employee benefits – will be under what we budgeted for the annual increase. Looking close at Prescription and Dental coverage.</p> <p>Things are going well with the Day Care project. Secured a director and location. There is a possibility of grant from Shasta County.</p> <p>Versa Badge to track physicians' time in the Emergency Department. Looking at the Hospitalist program – the program is currently through MVHC. The clinic would like to get out of providing hospitalists. MMHD is working on other options.</p> <p>More to come at Strategic Planning.</p>		

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.

7.1.2 **CCO:** IN addition to the written report: We are moving forward with 3rd party evaluator for schedule on the building project. There will be a site visit and a schedule created for completion.

7.1.3 **CFO:** A/R days are at 52. Collected \$2 mil first 2 months of fiscal year. Things are looking positive.

7.1.4 **CNO:** Working on LEAN value streams for SNF. Developing performance improvement. Can do a presentation about the process

SBAR – Situation Background Action Response

Foreign nurses may still be viable. 8 – 12 weeks and we may have an RN.

7.1.5 **COO:** Oct. 8th Susan Reid

Mattea Watkins started last week; will cover the pharmacy.

Physical Therapy equipment donation.

School Telemed program through HRSA grant will start October 30th.

7.2 **Construction Change Orders:** \$358,063.84 Plus \$176,619.00 Domestic Water Tank – Looking at 6 month delay from OSHPD on water tank

8 OTHER INFORMATION/ANNOUNCEMENTS

Legislative Update

9 ANNOUNCEMENT OF CLOSED SESSION – 1:20 pm

9.1 **Government Code Section 54962:**

9.2 **Real Property Government Code 54956.8 – Authorizing an offer of \$250,000 contingent on OSHPD** *Hathaway/Utterback*

9.3 **Litigation Government Code 54956.9 – Change orders for new building.**

9.4 **Personnel Government Code 54957 – No Action**

10 RECONVENE OPEN SESSION: 2:00 pm

11 ADJOURNMENT

Next Regular Meeting: October 23, Burney, 1:00 pm

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

Board Member

Board Clerk



Mayers Memorial Hospital District
Always Caring. Always Here.

RESOLUTION NO. 2019-13

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

Regina Blowers

As September 2019 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, Regina Blowers is hereby named Mayers Memorial Hospital District Employee of the Month for September 2019; and

DULY PASSED AND ADOPTED this 23rd day of October 2019 by the Board of Trustees of Mayers Memorial Hospital District by the following vote:

AYES:
NOES:
ABSENT:
ABSTAIN:

Beatriz Vasquez, President
Board of Trustees, Mayers Memorial Hospital District

ATTEST:

Val Lakey
Clerk of the Board of Directors

Chief Executive Officer
Louis Ward, MHA



Mayers Memorial Hospital District

Board of Directors
Beatriz Vasquez, PhD, President
Abe Hathaway, Vice President
Laura Beyer, Secretary
Allen Albaugh, Treasurer
Jeanne Utterback, Director

Board of Directors
Strategic Planning Committee
Minutes
Date Time
Boardroom (Fall River Mills)

Attachment A

DRAFT

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: The meeting was called to order at 12:05 pm on the above date.

BOARD MEMBERS PRESENT:

Allen Albaugh, Chair
Beatriz Vasquez, PhD, President
Laura Beyer, Secretary

STAFF PRESENT:

Louis Ward, CEO
Ryan Harris, COO
Travis Lakey, CFO
Pam Sweet, Scribe

Community Members Present

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; committee members accepted the minutes of DATE

Vasquez /Ward
Approved All

4 Strategic Plan Review

- Strategic Plan Update is attached
- Update is based on the SP session of September
- B. Vasquez will update Evaluation on page 5 to include what we accomplished in 2016 to 2021 before next meeting
- Reviewed Objectives and Indicators
 - Reducing Registry staff use by 60% by 2025 instead of 30%. Will use FTE's as the basis for the reduction
 - Indicator #3 changed to indicate star rating is for LTC
 - Strategic Objective #3 changed to specify we will be operating 2 rural health clinics
- Risks:
 - Objective #1: reduce the risk ratings. Overall risk rating is low
 - Objective #2: add reference to shift start/stop time. Change risk rating for Poor Working Conditions to medium
 - Objective #3: Add another indicator: unable to obtain a star rating leads to low or no rating and loss of potential funds/program participation
 - Objective #4: Changed the risk rating on the indicator
- Laura will update the SP for Val to include it in the Full Board packet

6 ADMINISTRATIVE REPORT

6.1 Burney Clinic:

- Close to issuing a request for quote
- Will choose the best 5 and send Request for Bid

New Building:

- ### 6.2
- Inspector is almost finished with his job, then work will proceed more quickly
 - December 24 is the current completion date
 - Running into labor shortages
 - No approval from OSHPD on the water tank. Hoping for a waiver

Riverview Building:

- ### 6.3
- There is about 6 weeks of finish work to be done

Day Care:

- ### 6.4
- \$60,000 of work to be done: fencing, playground, etc.
 - Working on a grant

Helipad:

- ### 6.5
- Starting the permit work now

6.6 Hospitalist Program:

- Looking at January 1st implementation
- We are actively working on plans
- Have searches out for NP and PA. Also talking with Envision
- Having conversations with the clinic about what it means to them
- Talking with Billing about changes to their routine

6.7 One Content

- Went Live yesterday

6.8 CMS Survey

- Went really well. We got 4 or 5 tags, but all were pretty minor
- Highlights: Dietary, Environmental Services and Emergency Operation Plan received no deficits
- Deficits found involved a couple of resident's rights things and a reporting issue

7 ADJOURNMENT – 2:03pm



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

Mayers Memorial Hospital District

Strategic Plan

Draft

2020 – 2025

Approved 10/23/2019

Message from the Board of Directors

The original 2016-2021 Strategic Plan for Mayers Memorial Hospital District was a living document and as such was subject to regular review and updates. The 2016-2021 Plan saw many successes, including the construction of the new hospital wing, the opening of a retail pharmacy and strong financial indicators. This new version (2020-2025) is the result of extensive work done to determine the effectiveness of the Plan to date and to revise language of objectives, success indicators, and risk ratings to guide the District board and administration for the next five years.

Beatriz Vasquez, Ph.D., Board Chair

Introduction

The purpose of this Strategic Plan is to outline the key strategic objectives that the Board of Directors intends to accomplish by 2025. 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 2025, we will open two rural health clinics, update the skilled nursing facility living space at the Fall River campus and have a resolution for aging facilities.
2. Outstanding Staff: By 2025, we will be seen as an employer of choice in the area by providing and maintaining staff growth opportunities, flexible and safe working arrangements, and reducing the use of registry staff.
3. Outstanding Patient Services: By 2025, we will be a four-star long term care facility and meet all Hospital Consumer Assessment of Healthcare Providers (HCAHP) requirements. By 2025, we will be operating two rural health clinics.
4. Outstanding Finances: By 2025, we will have in place and utilize financial tools to actively develop and forecast long term expenditures.

Success Indicators

To ensure we achieve our strategic objectives by 2025, the following are milestones that will indicate we are on a pathway to successfully achieving the objectives:

Objective 1. Outstanding Facilities

- a. Have new finance/business office and administration building(s) by 2021
- b. Open Burney rural health clinic by the end of 2021
- c. Demolish 1956 building and construct new exterior wall by the end of 2021
- d. Remodel new physical therapy / cardiac rehab building by 2023
- e. Remodel OSHPD 3 medical office building by 2025
- f. Open Fall River rural health clinic and update skilled nursing living space by 2025
- g. Update physical plant infrastructure by 2025

Objective 2. Outstanding Staff

- a. Hospital-supported day care to open by 2021
- b. Reduce end of financial year (EOFY) 2019 registry staff use rate by 10% by EOFY 2021
- c. Reduce EOFY 2019 registry staff use rate by another 20% by EOFY 2023
- d. Reduce EOFY 2019 registry staff use rate by another 30% by EOFY 2025
- e. Employ sufficient number of providers to fully staff the hospital and clinics by 2025

Objective 3. Outstanding Patient Services

- a. There will be no findings above a D on annual surveys
- b. We will have a 2-star rating by 2021
- c. We will have a 3-star rating by 2023
- d. We will have a 4-star rating by 2025

Objective 4. Outstanding Finances

- a. Have a long term expenditure list by department by 2021

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.

Objective 1: By 2025, we will open two rural health clinics, update the skilled nursing facility living space at the Fall River campus and have a resolution for aging facilities.				
Risk	Likelihood	Consequence	Risk Rating	Acceptable
Loss of/diminished support by community of new/renovated infrastructure due to expenditure of new hospital wing leads to negative media/commentary.	Medium	Low	Low	Yes
Objective 2: By 2025, we will be seen as an employer of choice in the area by providing and maintaining staff growth opportunities, flexible and safe working arrangements, and reducing the use of registry staff.				
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	Medium	Medium	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
Objective 3: By 2025, we will be a four-star long term care facility and meet all Hospital Consumer Assessment of Healthcare Providers (HCAHP) requirements. By 2025, we will be operating two rural health clinics.				
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	High	High	No
Unable to attain target star rating due to not having qualifying metrics leads to no/low rating and/or loss of potential funds/program participation.	Medium	High	High	No
Objective 4: By 2025, we will have in place and utilize financial tools to actively develop and forecast long term expenditures.				
Risk	Likelihood	Consequence	Risk Rating	Acceptable
Poor understanding of tool(s) due to turnover of staff and/or board leads to low utilization and inability to accurately forecast.	Medium	Medium	Medium	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.

	Consequence		
Likelihood	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 Officer (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 (mid-2022) to determine whether it still meets the needs of the Board.

At the end of the Plan, in 2025, the Board will conduct a thorough evaluation of the success of this Plan. This evaluation will be included in the next iteration of the 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.

Strategic Planning Committee <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	
Report on Progress	
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
Risk Management	
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.	
Issues Encountered	
Provide a report on any significant issues encountered since the last reporting cycle.	
Attachments	
Provide a list of any attachments to be included with this report.	
Prepared By:	Date:

Board of Directors <i>Report on Strategic Plan Implementation</i>	
Strategic Objective 1: By 2020, we will open new square footage meeting all state and federal requirements that will house Emergency, Laboratory and Imaging Services.	
On Track? <input type="checkbox"/> Yes <input type="checkbox"/> No	Risks: <input type="checkbox"/> No Change <input type="checkbox"/> Change <input type="checkbox"/> New Risk
Strategic Objective 2: 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.	
On Track? <input type="checkbox"/> Yes <input type="checkbox"/> No	Risks: <input type="checkbox"/> No Change <input type="checkbox"/> Change <input type="checkbox"/> New Risk
Strategic Objective 3: By 2021, we will be a five-star hospital and meet all HCAHP requirements.	
On Track? <input type="checkbox"/> Yes <input type="checkbox"/> No	Risks: <input type="checkbox"/> No Change <input type="checkbox"/> Change <input type="checkbox"/> New Risk
Strategic Objective 4: By 2021, we will maintain an average of 90 days cash on hand.	
On Track? <input type="checkbox"/> Yes <input type="checkbox"/> No	Risks: <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.	
Prepared By:	Date:

Chief Executive Officer
Louis Ward, MHA



Mayers Memorial Hospital District

Board of Directors
Beatriz Vasquez, PhD, President
Abe Hathaway, Vice President
Laura Beyer, Secretary
Allen Albaugh, Treasurer
Jeanne Utterback, Director

Board of Directors
Quality Committee
Minutes

October 16, 2019 11:00am
Boardroom (Fall River Mills)

Attachment A
DRAFT

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 Laura Beyer called the meeting to order at TIME on the above date.

BOARD MEMBERS PRESENT:

Laura Beyer, Secretary
Jeanne Utterback, Director

ABSENT:

Louis Ward, CEO
Jack Hathaway, DOQ

STAFF PRESENT:

Candy Vculek, CNO
Dawn Jacobson, Infection Preventionist
Lori Stephenson
Ryan Harris
Libby Mee
Pam Sweet, 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; committee members accepted the minutes of DATE Utterback/Mee **Approved All**

4 **DEPARTMENT REPORTS**

- 4.1 **Environmental Services:** Submitted written report.
Ryan Harris answered questions for Sherry Rodriguez.
Ryan is very pleased with the new laundry establishment and its staff. Very little turn over in staff.
- 4.2 **Cardiac Rehab:** Submitted written report.
Trudi Burns was not present to answer the committee's questions. Move to next meeting.
- 4.3 **Marketing:** Submitted written report.
- 4.4 **HIM:** Submitted written report.
OneContent went live on Monday. Working on solving the bugs now. System is more user friendly and staff is accepting it well. It will alleviate the need to index documents as it does that automatically as they are scanned in, but staff education is required as patient labels must be placed in a specific area of the document.
- 4.5 **Imaging:** No report. Move to next meeting

5 **QUARTERLY REPORTS**

- 5.1 **Workers Comp:** Submitted written report
Committee questioned why Libby thought our numbers are lower than average. Libby responded it is because of our consistent program, people being aware of the program and that departments works well together.
- 5.2 **Patient Safety First:** No Report. Move to next meeting

6 **STANDING MONTHLY REPORTS**

- 6.1 **Quality/Performance Improvement:** No Report
- 6.2 **PRIME:** No Report
- 6.3 **SNF Events/Survey:**
Had our annual CMS survey last week. It was not a licensing survey, but is probably the only survey we will have this year. The survey went very well. We had 5 or 6 lower level tags and no "harm" tags. Most worrisome of the tags were 2 missed potential reportings for patient abuse. Both complaints turned out to not have been abuse, but the reporting obligation was still there. Housekeeping, and Dietary had no tags.
- 6.4 **Infection Control:**
Trending norovirus in the community and among staff. Held an education yesterday on hand hygiene.
Talking with Shasta County Health about TB testing. We may be able to move to TB testing every 2 to 4 years. They do not recommend annual testing in a low risk environment, but the ED staff and the IC nurse should be tested annually. The CDC only recommends testing if symptomatic. State of CA requires testing every 4 years.

7 **ADMINISTRATIVE REPORT:** No Report

8 **NEW BUSINESS:** None

9 **OTHER INFORMATION/ANNOUNCEMENTS:** None

10 **ANNOUNCEMENT OF CLOSED SESSION:**

10.1 **STAFF STATUS CHANGE**

1. Beverly Chang, MD to Inactive

AHP APPOINTMENT

1. Jill Reed, MSW – Social Worker
2. Marchita Masters, PsyD

MEDICAL STAFF REAPPOINTMENT

1. Aaron Babb, MD – Family Medicine

A motion/second carried; committee members approved all credentials

Utterback/Beyer Approved All
Credentials

11 **RECONVENE OPEN SESSION:** Reported closed session action

12 **ADJOURNMENT:** 11:50am - Next Regular Meeting – November 13, 2019 (Fall River Mills)

ATTACHMENT F

The following are the new and Revised Policies and Procedures that have been approved by the Policy and Procedure Process. These policies and procedures have been put in the appropriate hospital manuals.

Date:
October 7, 2019

For Quarter Ending
September 30, 2019

Manual Name	Document Name/Policy	New/Revised
Administration	Phone Reimbursement	Revised
Cardiac Rehab	Equipment Cleaning - Cardiac Rehab	Revised
Compliance	Internal Reporting Of Overpayments, Self Disclosure, And Repayments For Fec	Revised
Disaster	Chemical Spill	Revised
Disaster	Emergency Sewage & Waste Disposal Policy	Revised
Emergency Department	Nursing Ventilator Management In The Absence Of Respiratory Therapy	Revised
Emergency Department	Acute Stroke Protocol	Revised
Outpatient Medical	Conservative Sharp Instrumental Wound Debridement	Revised
Patient Access	HHS POVERTY GUIDELINES MMH389	Revised
Surgery	Chemical Spill - Operating Room	Revised
Employee	Census Time	Revised
Employee	Paid Time Off (PTO)	Revised
Skilled Nursing	Post Fall Standard Work Flowsheet	Revised
Acute - Med Surg	Patient Belongings and Valuables	Revised
Imaging	RADIOLOGY DAILY OPERATIONS	Revised
Lab	Cancelled Laboratory Tests - Lab Reorder policy	Revised
Lab	Lab Reorder Request MMH599	Revised
Physical Therapy	New Personnel Orientation, PT	Revised
Purchasing	Lost Purchase Orders	Revised
Purchasing	Receiving Stock and Nonstock Items	Revised
Purchasing	UPDATE ITEM PRICES	Revised
Skilled Nursing	Nursing Weekly Update	Revised
Skilled Nursing	Gradual / Significant Weight Loss and Weight Audit	Revised
Skilled Nursing	Physician, Family & POA, Notification of	Revised
Skilled Nursing	Falls - SNF	Revised
Telemedicine	Telemed clinic schedule form MMH658	Revised
Telemedicine	Telemed charge sheet MMH659	Revised
Telemedicine	Telemed Patient Survey MMH660	Revised
Purchasing	Emergency Acquisition of Supplies	Revised
Acute - Med Surg	Visitors, Patient	Revised
Anesthesia	NPO Guidelines for Healthy Patients Undergoing Elective Procedures	Revised
Compliance	Corporate Compliance-Compliance Program - Hospice	Revised
Hospice	Pediatric Assessment	Revised
Hospice	Signature of Surrogate on M-Care.doc_M-Cal Hospice Benefit Election Form	Revised
Hospice	Suicide Threat of Surviving Spouse Significant Other	Revised
Hospice	Retention of Records, Hospice	Revised
Hospice	Hospice Aide Services	Revised
Hospice	Personnel Records	Revised
Hospice	Supervision of Clinical Staff - Hospice	Revised
Hospice	Volunteers - Recruitment	Revised
Obstetrics	Drug Screening - Mother or Neonate	Revised
Respiratory Therapy	Scope of Services, Respiratory Therapy	Revised
Skilled Nursing	Discharge With Medications, SNF	Revised
Surgery	Proctorship Program, Surgical MMH575	Revised
HIPPA 2018	Business Associates	Revised

Manual Name	Document Name/Policy	New/Revised
Respiratory Therapy	Compressed Gas & Oxygen Use	Revised
Administration	E-mail Signature	Revised
Employee	On Call Practices	Revised
Activities	Resident Activities Treatment Plan (Swing Bed) MMH121	Revised
Acute - Med Surg	AM Care - Med Surg & Swing	Revised
Acute - Med Surg	Compresses Cold Dry	Revised
Acute - Med Surg	Nursing Service Plan - Acute	Revised
Acute - Med Surg	Organ and Tissue Donor Transplantation	Revised
Acute - Med Surg	Sewer Blockage P&P	Revised
Pharmacy	Glucose Schedule, Finger Stick	Revised
Purchasing	CREDITS TO PURCHASING STOCK	Revised
Purchasing	Inventory Instructions	Revised
Skilled Nursing	Wandering Resident Protocol	Revised
Skilled Nursing	Fluid Restriction	Revised
Skilled Nursing	Leave of Absence, SNF Resident	Revised
Acute - Med Surg	Patient Care Plan Interdisciplinary Guidelines	Revised
Acute - Med Surg	Thoracentesis	Revised
Acute - Med Surg	Telemetry Services, Acute	Revised
Acute - Med Surg	Assessment and Reassessment of the Pediatric Patient	Revised
Acute - Med Surg	CIWA - Alcohol Scale (Revised)	Revised
Disaster	Code Triage - Acute Nursing Unit	Revised
Disaster	Code Triage - Instructions for Imaging	Revised
Emergency Department	Intraosseous Infusion	Revised
Hospice	Written Agreements	Revised
Hospice	Mission and Vision Statements - Hospice	Revised
Hospice	Organization and Administration of Services	Revised
Hospice	Health-Physical Requirements - Hospice	Revised
Infection Control	Sterilizing Disinfecting and Hand and Body Hygiene Agents Approved	Revised
Infection Control	Health Care Associated Infections (HAI) Surveillance in Surgery	Revised
IV-Med	Dopamine Administration in Renal Doses	Revised
IV-Med	Droperidol (Inapsine(r))	Revised
IV-Med	NORepinephrine (Levophed(r)) Infusion	Revised
IV-Med	Albumin Administration	Revised
IV-Med	Ferric Carboxymaltose Administration Guidelines	Revised
IV-Med	Nasal Administration	Revised
Maintenance	Bulk Oxygen Safety	Revised
Medical Staff	Proctoring Monitoring FPPE	Revised
Medical Staff	Ongoing Peer Review & Med Staff Performance Evaluation	Revised
Medical Staff	Risk Management Occurrence Screen, Emergency MMH481	Revised
Medical Staff	Risk Management Occurrence Screen, Newborn MMH37	Revised
Medical Staff	Risk Management Occurrence Screen, OB MMH38	Revised
Medical Staff	Risk Management Occurrence Screen Surgery MMH482	Revised
Medical Staff	Risk Management Occurrence Screen, OP Med MMH567	Revised
Obstetrics	Nutrition Newborn	Revised
Obstetrics	CAIR Disclosure (Spanish) MMH357S	Revised
Obstetrics	CAIR Disclosure MMH357	Revised
Outpatient Medical	Pressure Injury Turn Clock	Revised
Outpatient Medical	Wound Vac Ordering and Billing	Revised
Outpatient Medical	Wound Vac Tracking MMH553	Revised
Pharmacy	Abbreviations List	Revised
Pharmacy	Abbreviations Not To Use List, May 2003	Revised
Pharmacy	Approved List of Medical Abbreviations	Revised

Manual Name	Document Name/Policy	New/Revised
Pharmacy	Vasoactive Drips Nitroglycerin (Tridil) Infusion	Revised
Pharmacy	Investigational Drugs	Revised
Pharmacy	Use of Low Molecular Weight Heparin Enoxaparin (Lovenox)	Revised
Pharmacy	Potassium Pre-mixed IV Solutions Formulary Policy	Revised
Physical Therapy	Adherence to Hospital and Department Standards Manuals, PT	Revised
Physical Therapy	Discontinuance of Therapy, PT	Revised
Physical Therapy	Initial Evaluation Guidelines - PT	Revised
Respiratory Therapy	Arterial Puncture and Analyzation	Revised
Respiratory Therapy	Incentive Spirometry	Revised
Respiratory Therapy	Oxygen Administration, Newborn Infant	Revised
Respiratory Therapy	Sputum Induction via Small Volume Nebulizer	Revised
Surgery	Perioperative Beta Blocker Administration	Revised
Surgery	History and Physical, Surgical Patient	Revised
Surgery	Emergent Departure Of The Surgeon From The Operating Room	Revised
Surgery	Observers in Surgery/Labor Room	Revised
Surgery	Perioperative Care of Patients with DNAR Orders	Revised
Surgery	Post Anesthesia Recovery	Revised
Surgery	Scheduling Surgery	Revised
Surgery	Skin Preparations, Surgical	Revised
Surgery	Admission to Surgical Services	Revised
Surgery	Dress Code Surgery	Revised
Surgery	Instrument Cleaning	Revised
Surgery	Monitoring A Surgery Patient Under Local Anesthesia	Revised
Surgery	Procedure Performed Not On Consent	Revised
Surgery	Intraoperative Report	Revised
Volunteer	Volunteer Code of Conduct	Revised
Patient Access	Discount Payment Policy	Revised
Social Services	Resident Transfer-Discharge Summary-Plan MMH609	Revised
Employee	Paid Sick Leave	Revised
Skilled Nursing	Feeding a Patient	Revised
Skilled Nursing	Aspiration Risk	Revised
Skilled Nursing	Daily Nurse Staffing, CMS	Revised
Skilled Nursing	Resident Laundry	Revised
Imaging	IV Contrast Media Technologist Record MMH259	Revised
Infection Control	Health Care-Associated Infections (HAI) Surveillance, Acute Care-SNF	Revised
Infection Control	Control of Gastroenteritis Outbreaks in LTC - SNF	Revised
Infection Control	Scabies in SNF Facilities	Revised
Medical Staff	Risk Management Occurrence Screen Form - Anesthesia MMH557	Revised
Outpatient Medical	OP Medical - Informed Patient Consent	Revised
Preprinted Orders	Patient Wound Care Instructions MMH95	Revised
Respiratory Therapy	Oxygen Therapy	Revised
Respiratory Therapy	Measuring Peak Flow	Revised
Skilled Nursing	Urinary Catheter, Condom (External)	Revised
Skilled Nursing	Contact Lens Care	Revised
Skilled Nursing	Douche (Vaginal Irrigation)	Revised
Surgery	Endoscopes, Reprocessing of -	Revised
Surgery	Steris Endoscope Processing	Revised
CAH	Scope Of Services MMHD	Revised
Employee	Performance Evaluations	Revised
Activities	Resident Council Meeting Minutes Form MMH44	Revised
Environmental Services	ED Daily Cleaning Worksheets MMH490	Revised
Infection Control	Blood Administration Monitoring Worksheet MMH368	Revised

Manual Name	Document Name/Policy	New/Revised
Medical Staff	Risk Management Occurrence Screen, Acute MMH565	Revised
Obstetrics	Newborn Hearing Screen Consent-Waiver MMH390	Revised
Outpatient Medical	Skin Tears, Abrasion and Other Wounds	Revised
Surgery	Autoclave Function Monitoring	Revised
Emergency Department	Adult Crash Cart Monthly Check List MMH86	Revised

MAYERS MEMORIAL HOSPITAL DISTRICT

POLICY AND PROCEDURE

FOOD FROM OUTSIDE SOURCES: SNF

Page 1 of 2

POLICY:

It is a resident Right to obtain foods from outside sources such as ordering takeout, and foods brought in by the resident's family and friends. The facility staff will make every effort to advise the resident of foods that are allowed within their diet restriction. However, the resident has the right to make food choices that may not follow his/her diet restriction.

PROCEDURE:

1. All food or beverages brought from the community for resident consumption will be checked by a staff member before being accepted for storage. Any suspicious or obviously contaminated food or beverage will be discarded immediately.
2. Foods or beverages brought in from the outside for later consumption will be labeled with the resident's name, room number and dated by staff with the current date the item(s) are brought into the facility for storage.
3. If residents have dietary restrictions, texture modifications, or adaptive equipment needs, nursing or dietary staff will advise and assist as necessary to ensure the resident's care plans are being followed/ provided.
4. Food or beverage items may be stored in facility Residents' pantry, refrigerator or freezer.
 - a. Foods that do not require refrigeration may be stored in a resident's room or in the Unit pantry. Food or beverage in the original container that is past the manufacturer's expiration date will be discarded by facility staff.
 - b. All cooked or prepared food brought in for a resident and stored in the Unit Residents' refrigerator will be dated when accepted for storage and discarded after 72 hours/3 days. No home-prepared food items that are canned or preserved will be permitted.
5. To support of our Skilled Nursing Facility (SNF) residents, families, and visitors in understanding safe food handling practices, a copy of the food handling safety guidelines included/reviewed in our admission paperwork.
6. An accessible, community refrigerator for Residents is provided and available on the Unit.

7. A thermometer is affixed inside the refrigerator so that the temperature inside can be verified, monitored and documented on a daily log sheet. Refrigerators should hold food at 41°F or below. Freezers at approximately 0°F.
8. Family or SNF employees/aides label the food container with the date it was brought into the Facility, the Resident's name and room number of the Resident to receive it.
9. If the Resident wants their food reheated, a family member or friend will be able to reheat the food for him/her. Staff will ensure the Resident has access to their food from outside sources. Also that the Resident can consume their food after their family member/friend reheats their food.
10. Residents' refrigerator will be monitored by a designated staff member to ensure any stored food past the 72/hours is discarded.

REFERENCE:

F813 §483.60(i) Food Safety Requirements §483.60(i)(3)

F813 §483.60(i) Food Safety Requirements §483.60(i)(3) Have a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption.

GUIDANCE §483.60(i)(3) The facility must have a policy regarding food brought to residents by family and other visitors. The policy must also include ensuring facility staff assists the resident in accessing and consuming the food, if the resident is not able to do so on his or her own. The facility also is responsible for storing food brought in by family or visitors in a way that is either separate or easily distinguishable from facility food. The facility has a responsibility to help family and visitors understand safe food handling practices (such as safe cooling/reheating processes, hot/cold holding temperatures, preventing cross contamination, hand hygiene, etc.). If the facility is assisting family or visitors with reheating or other preparation activities, facility staff must use safe food handling practices.

F813 §483.60(i) Food Safety Requirements §483.60(i)(3) Have a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption. Policy: It is the policy of the Food and Nutrition Services Department to prepare and deliver food safely to our residents, families, and staff. This policy will ensure proper handling, serving and storage of any food items brought into our community from all outside sources. The Food and Nutrition Services Director and staff will ensure proper safe food handling practices are observed as demonstrated by the departments Food Safety competencies and education to prevent foodborne illness outbreaks.

COMMITTEE APPROVALS:

P&P: 10/3/2019

MAYERS MEMORIAL HOSPITAL DISTRICT

POLICY AND PROCEDURE

MEDICAL STAFF ASSESSMENT AND DOCUMENTATION SWING BED

Page 1 of 2

DEFINITION:

For all intents and purposes, the word "patient(s)" refers to all customers receiving health care services in our facilities, including inpatients, outpatients, residents and clients.

POLICY:

Physician documentation will be timely and provide information to the inter-disciplinary team to assist in developing and implementing a comprehensive plan of care for the patient.

PROCEDURE:

- A. The physician will document the following information prior to the admission of a patient to the Swing Bed Program:
 1. A new history/physical examination if a patient is being admitted from outside the facility (including oral cavity assessment).
 2. Updated history/physical if patient is coming from acute care in this facility (including oral assessment).
 3. Diagnosis
 4. Prognosis
 5. Rehab potential
 6. Patient awareness of his/her diagnosis.
 7. Course of treatment in acute care
- B. Physician's orders on admission must include orders for medications and treatments. All orders from acute care admission are discontinued and new orders written for Swing Bed. Complete certification/recertification form for admission/continuation of Swing Status.
- C. The physician will visit the patient at least every seven days and document in the progress notes. However, because of the sub-acute condition of the patient in the Swing Bed program, physician visits may be more frequent than once per week depending on patient's needs.
- D. Progress notes will document visits. Content of the progress note should include:

1. Evaluation of progress
 2. Care Objectives
 3. Anticipated length of stay
- E. A final discharge summary is required on all swing bed patients. Contents must include:
1. Why patient was in Swing Bed
 2. Findings during stay
 3. Course of treatment
 4. Discharge instructions
 5. Follow-up
 6. Condition at discharge

REFERENCE:

SwingBed. (2017, November 13). Retrieved from <https://www.cms.gov/Medicare/Medicare-Fee-for-Service>

Payment/SNFPPS/SwingBed.html

COMMITTEE APPROVALS:

P&P: 8/15/2019

MEC: 10-08-2019

**MAYERS MEMORIAL HOSPITAL DISTRICT
POLICY AND PROCEDURE**

**SIGNATURE AUTHORITY
CONTRACT REVIEW POLICY**

Page 1 of 5 with the following attachment:
Contract Review Form MMH586

This document does not need to be reviewed at this time. It is included to accompany MMH586

DEFINITIONS:

Contract: For purposes of this policy, "contracts" shall be defined to include and not be limited to all real estate leases, letters of intent, memoranda of understanding, releases of liability, indemnification agreements, employment contracts, service agreements, and all other agreements for goods or services (including oral agreements) creating legally binding obligations on behalf of Mayers Memorial Hospital District (MMHD) or any MMHD entity.

Execution: Obtaining authorized signatures by all parties to the contract.

Service Contracts: Service contracts are agreements that include within the scope of services provisions covering a contractor's time and effort, rather than for a product or materials, although the use of products and materials may be an incidental aspect of the work/service to be performed. The work performed does not involve the delivery of any specific end product, other than results and reports that are incidental to the required performance. Examples of service agreements are for repairs to equipment, training, or consulting.

PURPOSE:

1. To establish a procedure for the review, approval, and submission of contracts or agreements for services, products and all other circumstances in which the Mayers Memorial Hospital District (MMHD) undertakes an obligation or commitment.
2. To delineate the obligations between two (or more) parties and to provide the basis for legal remedy should one party fail those obligations. A contract will be in written format so that mutual expectations are clear.
3. To ensure consistency in the formatting and content of all physician, professional service agreements.
4. To facilitate management of all agreements and to maintain a central repository and database of contracts, including ongoing administration, maintenance, and oversight.
5. To establish guidelines for monitoring contractor and vendor performance, receipt of work, services, and products, and similar types of review and responsibility.

POLICY:

1. Written contracts are required for any service for which the MMHD will be paying out money, and the individual is not a District employee. All contracts entered into on behalf of MMHD shall receive appropriate administrative, material management, financial, legal compliance, and risk management review prior to execution to ensure the contracts contain the required elements. All contracts shall be signed by the appropriate department director. All contracts shall be monitored for performance and fulfillment of contract obligations. All contracts shall be thoroughly reviewed and the contractors' performance evaluated prior to contract renewal (see Contract Review Form MMH586).
2. All agreements or arrangements for providing health care services to MMHD patients must be with a provider or supplier that participates in the Medicare program, except in the case of an agreement with a distant-site telemedicine entity. These contracts must contain a provision in which the provider or supplier confirms participation in the Medicare program and agrees to notify MMHD in the event participation terminates.

PROCEDURE:

CONTRACT FORMATION AND REVIEW

All new and renewed contracts will be reviewed by the Chief Executive Officer or specifically named designee, and may be sent for legal review by outside counsel. As appropriate, the Chief Executive Officer will forward contracts to the Board of Directors for review.

1. REVIEW OF NEW CONTRACTS PRIOR TO SIGNATURE

- a. New programs or services which require entering into a contract, license, or other agreement financially committing MMHD require completion and appropriate approval of a Business Plan. The responsible department director shall review, evaluate, and negotiate appropriate modifications to all proposed contracts to ensure that the contracts address all aspects of the intended relationship.
- b. Department directors shall be responsible for ensuring that all contracts under their authority have received the appropriate review, including by the Chief Executive Officer (CEO) and/or the Chief Financial Officer (CFO), if required, prior to execution. Directors may obtain additional preliminary review by the Quality Department for assistance in evaluating specific provisions such as regulatory compliance, nondiscrimination, HIPAA, indemnity, hold harmless, insurance requirements, etc. If required, the contract shall be forwarded, along with any supporting documentation, to legal counsel.
- c. Contracts provided by the District will be based on standard draft District templates.

2. SIGNATURE AND AUTHORIZATION GUIDELINES

- a. Signatory Authority: Contracts/Agreements

- i. Contracts requiring Board approval shall only be signed by the CEO or the CFO. All contracts/agreements/obligations greater than \$400,000 require signatures of both the CEO and the CFO.
- ii. *Only* the senior managers and department directors have the authority to sign contracts.

Directors may delegate to managers under their supervision the authorization to make contractual or financial commitments for specifically defined items, *so long as*:

1. The item arises out of or recurs in the course of the manager's responsibilities;
2. The financial obligation is incorporated into the fiscal year budget (actual or proposed);
3. The Director has thoroughly identified and reviewed the item as appropriate for the manager to make the commitment as a matter of administrative convenience;
4. The Director makes the limited delegation of responsibility in writing to the manager, specifically identifying the item, the delegated authority, and any conditions which require further administrative review or input before commitment; and
5. The Director, no less than annually, reviews and reaffirms the authority delegated and confirms the continuing delegation of authority in writing to the director or manager.

PHYSICIAN AND PROFESSIONAL SERVICE AGREEMENTS

All physician and professional service agreements will be completed by the Chief Executive Officer's administrative staff. The following guidelines will be followed:

1. Material for agreements will be presented to the Chief Executive Officer's administrative staff in a timely manner to ensure that adequate time is available for the preparation of the agreement within required timeframes including the completion of a Contract Review Form;
2. Content and negotiations with "Professionals" will remain the responsibility of the senior manager.
3. All new agreements shall be reviewed by legal counsel.
4. The Chief Executive Officer shall retain authority for signing.

CONTRACT RENEWAL, REVIEW, AND REVISIONS

All contracts shall be reviewed *at least annually* by the initiating department director, regardless of length of the contract term, to evaluate performance by all parties, and to ensure that the agreement remains valid and appropriate for MMHD and its mission.

CONTRACT ADMINISTRATION

Contract administration begins once the contract begins:

1. The appropriate department director shall be responsible for the day-today performance under the contract, including substantiation of payments, as required or applicable.
2. The appropriate department director shall be responsible for obtaining current certificates of insurance and, when possible, a copy of the endorsement naming MMHD as an additional insured.
3. The contract term and any renewal options will be monitored by the department director and senior management, as well as by the administrator of the contract management program to allow for advance notice of contract expirations, certificates of insurance expirations, or renewals to permit appropriate action.
4. All modifications to any existing contract must be made in writing and signed by an authorized department director and the other party (parties) to the contract.
5. It shall be the responsibility of the department director to obtain the appropriate documentation for renewals and revisions, and forward to the Medical Staff Secretary for entry into the contract management program. Original amendments/modifications shall be archived in the Medical Staff Office, and copies retained with the contract copy in the initiating department in order to maintain accuracy of the original document.
 - a. Contractual disputes should be addressed in the manner decided upon by the department director in consultation with the Chief Executive Officer or designee, and legal counsel if necessary, or as defined in the contract.
 - b. Contract termination by the department prior to expiration of the contract term shall be carried out after consultation with the appropriate senior manager.

INSURANCE FOR CONTRACTED SERVICES

Certificates of Insurance: Firms or individuals providing services to MMHD are required to provide certificates of insurance and will submit evidence of insurance as a condition of contracting for their services. Certificates of insurance shall contain an endorsement listing MMHD as an additional insured and that insurance cannot be canceled or revoked without at least 30 days written notice to MMHD. Following are the insurance requirements for general types of service agreements recommended limits. Exceptions to the insurance requirements outlined in this section may be subject to modification by the CFO or the Director of, or designee. In such situations, it may be determined that little or no risk is involved in which case the limits may be lowered or the requirement eliminated. Conversely, it may be determined that additional risk is involved in which case the limits may be raised.

1. General Liability: Comprehensive or Commercial Form (Minimum Limits) including coverage for premises/operations, contractual, personal/advertising injury, products/completed operations, with limits at least \$1,000,000 per occurrence/\$3,000,000 general aggregate for bodily injury and property damage combined.
2. Business Automobile Liability: Minimum Limits for Owned, Scheduled, Non-Owned or Hired

3. Automobiles with combined single limit or not less than \$1,000,000 per occurrence – if the service provider will be operating a motor vehicle on MMHD premises or in connection with the provision of services performed.
4. Workers' Compensation: As required under California State Law – if the employees of the independent consultant will be on MMHD premises. Such other insurance in such amounts which from time to time may reasonably be required by the mutual consent of MMHD and the independent consultant against other hazards relating to performance.

RECORDS MANAGEMENT

1. Original Contracts: For purposes of identifying administrative responsibility for records management, the executed contracts, along with all required documentation (amendments, attachments, exhibits, certificates, permits, etc.) and the *Contract Review Form MMH586* will be maintained by the Medical Staff Secretary in the Medical Staff Office. Originating department shall electronically forward a scan of fully executed contracts and any attachments to Medical Staff Secretary, and shall deliver all original documents to the Medical Staff Secretary. The Medical Staff Secretary will:
 - a. Maintain a contract master list in a spreadsheet of all active and inactive contracts which will include such specifics as the names and types of contracts, and renewal dates.
 - b. Maintain a spreadsheet of scanned contracts.
 - c. Maintain scanned associated documents.
 - d. Will manage and facilitate notifications or prompts to appropriate departments, directors, etc., regarding contract activities, such as contract termination and/or renewal dates.
2. Copies: For purposes of administering contracts, *copies* of all contracts and associate documents (including amendments, attachments, exhibits, certificates, permits, checklists, etc.) shall be maintained by the originating Department.
3. Retention and Destruction of Contracts: All originals of contracts, including any amendments, exhibits, attachments, etc. shall be archived by the Administration Office

REFERENCES:

Mark Twain Health Care District policy #17 Authority and Responsibility of the Executive Director: Contracts and Bidding adopted 6/17/15

MAYERS MEMORIAL HOSPITAL DISTRICT

CONTRACT REVIEW

Contract name: _____		Contract Number: _____	
Due Date: _____		Expiration Date: _____	
Review Date: _____		Auto Renew? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Customer Service Rating: 1 2 3 4 5 (terrible) (excellent)		Contractor Met Expectations: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Areas for Review: (List)	Notes:		

Approvals: P&P: 9/5/19 BOD:
Contract Review Form MMH586
Attached to policy Signature Authority - Contract Review



Operations Report October 2019

Statistics	September YTD FY20 <i>(current)</i>	September YTD FY19 <i>(prior)</i>	September Budget YTD FY20
Surgeries <i>(including C-sections)</i>	11	16	24
➤ Inpatient	2	1	6
➤ Outpatient	9	15	18
Procedures <i>(surgery suite)</i>	55	32	48
Inpatient	376	436	506
Emergency Room	1172	1116	1005
Skilled Nursing Days	6925	6517	6935
OP Visits (OP/Lab/X-ray)	4140	4375	4156
Hospice Patient Days	356	576	351
PT	702	705	750

Operations District-Wide
Prepared by: Louis Ward, CEO

Mayers Pharmacy & Gifts

Mayers Pharmacy is off to a great start, we continue to attract new customers who are electing to transfer their prescriptions from the surrounding pharmacies. We have received great feedback from the customers as they shop in our gift shop or fill prescriptions, many have commented on the great customer service and the small town community feel the environment exudes. This month we have executed a 340B contract with Mountain Valley Health Centers and Capture RX. Our 340B relationship with MVHC will begin on January 1, 2020.

See attached report for YTD performance metrics for the new pharmacy.

Visit to Dignity Mt. Shasta

Late this month Valerie Lakey, Director of Public Relations and I visited our colleagues at Dignity Mt. Shasta to share with them our "Planting Seeds and Growing Our Own" initiative. All rural hospitals are working to better understand how we can combat a workforce shortage that greatly impacts us all. I am inspired by the leadership at Dignity that they are willing to reach out to better understand what we are doing within our community as I believe if we all work together and help build on ideas of others we will figure out the largest challenge we have in rural healthcare: Workforce Development. We enjoyed our trip, enjoyed sharing a project we are proud of, and look forward to working with Dignity in the future.

New Hospital Wing Donor Event

Early this month Mayers Hospital and Mayers Healthcare Foundation hosted a “Sneak Peek” of the new hospital wing for the projects largest donors. We were very happy with the turnout to the event and all that attended provided great feedback. Many where surprised of how big the building was once entering the space, the mentioned “it doesn’t look as big from the road”. Throughout the tours, we heard comments about the complexity of the building, which we were able to stop and provide some insight into why the building needed to be designed and constructed to the level it has been. We are so fortunate to have community leaders so engaged with this project, they have been so supportive with their dollars and their time.

Northern Sierra CEO Section Meeting

Ryan Harris, Chief Operating Officer and I attended the Norther Sierra CEO Section meeting this month. This group was setup to allow for all of the Northstate hospital CEOs to get together to talk about the challenges we all faces and how we may be able to assist each other where it makes sense. Often times we also invite speakers to attend these meetings, this meeting we were joined by Director Robert David, Director of the Office of Statewide Health Planning and Development (OSHPD). It was a great opportunity to sit and talk with Director David as at Mayers we are constructing a building that is under the jurisdiction of OSHPD. We were able to ask a series of questions as well as gain some insight on the Directors plans. More information from this meeting will be reported verbally at the October Board of Directors meeting.

Meeting with Partnership Health Plan

Early this month I was able to meet with Elizabeth Gibboney, CEO of Partnership Health Plan (PHP) as well as her leadership team. We discussed many topics including workforce development, physician recruitment, training opportunities, quality improvement performance metrics, and the future plans of PHP. I am confident much will come from this initial conversation as we have already committed to meet every 6 months to continue our conversation in an effort for PHP leadership to better understand rural healthcare and for our team to continue to stay apprised of one of our largest payers future plans.

Chief Operating Officer Report
Prepared by: Ryan Harris, COO

Hospital Expansion Project

- As of October 16, 2019, there have been no changes to our current schedule, with construction to be completed on December 24, 2019. I am still awaiting the project schedule from our 3rd party schedule evaluator and will share those findings at the board meeting if they are available at that time.
- This month the project team will continue interior framing, drywall, stucco, site concrete, exterior, and interior stone, pulling electrical wire and finishing the electrical yard. Glazing is complete and interior painting has begun.

Facilities, Engineering, Other Construction Projects

- The plans for the Burney Clinic building were submitted to Shasta County and the Burney Fire Protection District on September 13, 2019. I am estimating this review to take up to 12 weeks, and anticipate having the building permit by December 6, 2019 or sooner. As of October 16, 2019, we have not received comments back from the county. We are finishing our RFQ and that will begin to be advertised and sent out in the coming weeks. Once we have our stamped drawings we will follow all public contract code bidding procedures and send out a request for bids to qualifying bidders.
- The AC9 project has been formally closed out with OSHPD. It is no longer an active project.
- Greenbough Design and its consultants are approximately 50% through construction documents for the demolition project. I will be reviewing those in the coming weeks. We are currently scheduling a meeting with the OSHPD seismic compliance officer to review our current building and this project.
- The exterior of the Riverview house is completed and the crews have moved inside to begin finish work.
- Nurse call plans in the acute space are still under review by OSHPD.
- SNF refresh project drawings are in with OSHPD and under review. We continue to work on tasks that do not need permitting.
- The pharmacy project has been completed from an IT and engineering standpoint.
- We have decided to bring the helistop project in-house. We will self perform this project and have drawings being drafted this month. Plans are to pour the slab in November. Drawings were received on October 15, 2019. Alex and I will work with Engineering to schedule this work.

IT

- All hardware needed for Citrix testing is in place in the current Server Room and will be moved to the new building when possible. Entisys (Contractor) will be visiting the week of 23rd to kick off our implementation, which is estimated to take about 5 weeks. Once we are done with the implementation, we will work on testing with a group of designated Super Users to ensure everything functions as expected and remediate where needed. Currently, we expect "Go Live" to take place in December.
- The roll-out of One Content started the week of October 14th, 2019. As of the 16th, the rollout has been going very well with only some issues on the Paragon side of the implementation. IT staff are currently working with Hyland and Paragon for resolution.
- The launch of our new ticketing system has gone very well with significant buy-in from staff. This will allow us to track our response and resolution times within the IT department and give staff a better experience.

- Additional security cameras were installed in our Fall River long-term care facility in the common areas of the facility. This will increase security for our residents, their families and staff.

Purchasing

- Madison continues to work on inventory in the ER, Acute, OPM, and Surgery. We are starting to see trends of chargeable items not being charged and have put in place some measures to curtail lost revenue. Purchasing and Nursing staff will be working together for the next several months to lean up our inventory processes.

Food & Nutrition Services

- Due to staffing issues, we have to adjust our hours in the kitchen to be closed during patient and resident dining. This ensures staff can focus on our patients and resident during tray line. This has helped our dietary staff out tremendously during our staffing shortage and our other staff has been very understanding during this time.
- We conducted our Express Interview Day on October 7th for the open Food & Nutrition Services and Environmental Services positions. This event went very well, with 11 applicants applying and interviewing. We hired 3 for Environmental Services and 4 for Food & Nutrition Services. That is an increase in our dietary department of 8 employees over the last 2 months. Due to the success, we will conduct Express Interview Days on a bi-annual basis.

Environmental Services & Laundry

- Our linen program continues to provide excellent results with no issues to date.

Survey

I cannot express how proud I am of our Food & Nutrition Services, Facilities, and Environmental Services staff for the outstanding survey results we had. No deficiencies were found in these departments. Susan Garcia, Sherry Rodriguez, and Alex Johnson continue to do an excellent job of running their departments. I look forward to seeing similar results with our annual licensure and Fire Life & Safety surveys.

Chief Nursing Officer Report

Prepared by: Candy Vculek, CNO

- The annual Federal CMS survey was completed this month for the SNF. The formal results have not been received but the exit conference indicated only a few lower level tags would be received. The SNF team has done an excellent job in preparing for the survey and all their hard work has paid off.
- Sondra Comacho has assumed the role of Activities Director for both facilities. She has many new ideas and thoughts about activities for the residents.
- MMHD administration is working with Shasta College to re-implement a CNA program in Burney/Fall River. This would greatly improve the recruitment of CNA's for MMHD. The initial planning meeting will be held 11/4/19

- The SNF VSA was completed and plans are in place for the first Kaizen. Please see attached documents for a very high-level overview of LEAN and Value Stream Mapping/Assessment.
- Staffing remains very problematic. Currently the RN pay scale is being reviewed and revised as MMHD is well below market. HR and CNO are continuing to work with several international recruitment companies in order to obtain several RN's in this manner.

SNF Report

Census = 74 Residents

Implementation of CMS PHASE III Regulations continues through Fall of 2019. The deadline for complete Regulatory Compliance for these new CMS RoP (Rules of Participation) is the end of November 2019.

Burney Annex's new ward clerk, Elizabeth Wickham started working at the Annex 10/8/19 after training with Tawnie Nelson for 2 weeks at Station 2.

The first Kaizen event will be focused on the SNF Admission Process and is planned for 11/11/19

Acute Care Report

Will be submitted separately as Theresa Overton is away at a conference.

Emergency Department

- 364 patient visits in September
- Implementing new process improvement tool in the ED to help with hardwiring change for vitals. – update – data shows challenges in compliance and accuracy. Individual one-on-one discussions with staff to address
- Staffing remains a challenge – currently RN three travelers and limited applicants. The vacant ED tech position has been filled and the new employee will start in early November. This brings tech staffing to full
- New 12 lead EKG machine in use. This will allow the old one to be moved to Station 1 for use for inpatient and outpatient. Training will be done for those departments
- Supervisor's shift report revised. The new tool provides a better look of the facility each shift including the number (and names) of the registry staff on duty

Laboratory Board Report

- Lab manager and CLS positions posted. Only a couple applications so far that were not good candidates. HR working on additional recruiting efforts.

- Wage adjustment process completed and now ready for dissemination to recruiters
- Progress is being made on development of the Point Click Care interface – still several months away from completion. Process involves development followed by test environment for a period of time prior to full implementation
- Presentation made to CFO/CEO regarding some new equipment for lab. Existing equipment approaching end of life
- One challenge with lab on the equipment front for the new wing has been that “the list” was created long enough ago that now as we are ready to order the list no longer reflects proper options (discontinued or no longer manufactured/available). Chris has been having to do additional research to identify new options when this has happened.

Radiology Board Report

- The radiology manager had surgery and has been on medical leave. One traveler contract ended without the ability to get a replacement in time. Staffing of the department has been handled by two radiology techs. The manager should be back handling administrative duties (light duty) next week
- Active efforts underway for relationship development with MD Imaging Radiology to replace existing radiology group. Existing contract calls for 30-day notice period, which we will not execute until all steps are in place for the new group. This will require HL7 interface between our PACS system and theirs. Should have info soon on HL7 interface cost and contract pricing with MD Imaging. We will need to drive this forward ASAP as the relationship with the current group is not good and the 30-day notice if they executed it on us would be exceedingly hard on us. Will be working to formalize a contract with the new radiology group.
- Purchased equipment to establish an additional crash cart for the new wing Radiology unit. This was not necessary previously due to close proximity of Rad to ED (across the hall). This is now necessary for regulatory compliance
- Ultrasound tech traveler has extended her contract

Chief Clinical Officer Report

Prepared by: Keith Earnest, Pharm.D., CCO

Pharmacy

- Susan Reed, RPh was her the week of October 7th to guide the department into compliance in the new USP standards:
 - USP<795> Non-Sterile Compounding
 - USP<797> Sterile Compounding
 - USP<800> Hazardous Materials
 Policies and practices were updated. USP<800> will effect nursing practice and a task force to roll out the changes will be formed.
- Codonix® (the safety labeling system for anesthesia) is scheduled to be installed December 3rd.

Retail Pharmacy

- Contracts for 340B have been signed with MVHC.
- MVHC are able to transmit CII narcotic prescriptions electronically now.
- Mayers retail pharmacy and Mayers hospital pharmacy are still getting mixed up by prescribers. A system is in place at the hospital pharmacy to forward non-narcotic prescriptions to the retail pharmacy. A fax is sent to the prescriber informing them of the difference and informing them that the prescription has been forwarded.
- Prescription fill volumes are progressively increasing.

Physical Therapy

- To prevent falls in Skilled Nursing, Daryl Schneider, PT, is conducting in-services to SNF and Hospice CNAs on proper use of gait belts.
- Daryl has been working with the Charge Master consultant to create a process to charge for orthotics and prosthetics. A charge pathway for DME is still being explored.
- A student who will be applying for schooling to be a PT Assistant shadowed in the department for a week.
- The department has started using Onesource this week. Onesource is a program that speeds up the process to upload patient information electronically.
- Daryl is working on contracting three PT schools to use Mayers a clinical site for students.

Respiratory Therapy

- A Charge Master review with the consultant revealed several opportunities to capture additional allowable charges. Some existing charge codes have been under utilized. Some supplies need to be bundled into the charge for the service. Approximately 10 new charge codes will be created in the next week.
- We have hired David Ferrer, RRT, as a Mayers employee. He currently is a registry Respiratory Therapist.

Cardiac Rehab

- Trudi Burns, RN, manager, went to MVHCs (Bieber, Fall River, and Burney) and Pit River Health Clinic on Thursday 10/10/19 to deliver baskets with an assortment of goodies along with some informative papers. The papers included an introductory letter, her business card, a new pamphlet about Cardiac Rehab, an order form, Mayers Informational Booklet and an invitation for their staff to utilize our gym membership (after work hours). She was well received.
- Folders with the same information (except the invitation to gym membership) and prepared for each cardiologist in Redding. Trudi will be personally delivering those as on Thursday afternoons.
- Cardiac Rehab is looking for another employee as the last part time employee departed due to health issues.

Telemedicine

From Amanda Harris, Program Coordinator

The school mental health program (HRSA "Take Four" grant program) is going very well. 23 student appointments have taken place across the school district.

- Students enjoy the service – a 17 yo from one of the alternative schools was asked how his appointment went – "It was awesome. I wish I had had that when I was in elementary school." A 6 year old from one of the Elementary schools was knocking on the site coordinator's door

wondering when he could check in with the counselor again. All returned surveys have been YES's to "Do you feel like your counselor listened to you?" and "Do you look forward to seeing the counselor again?" As well as all showing emotional/mood improvement.

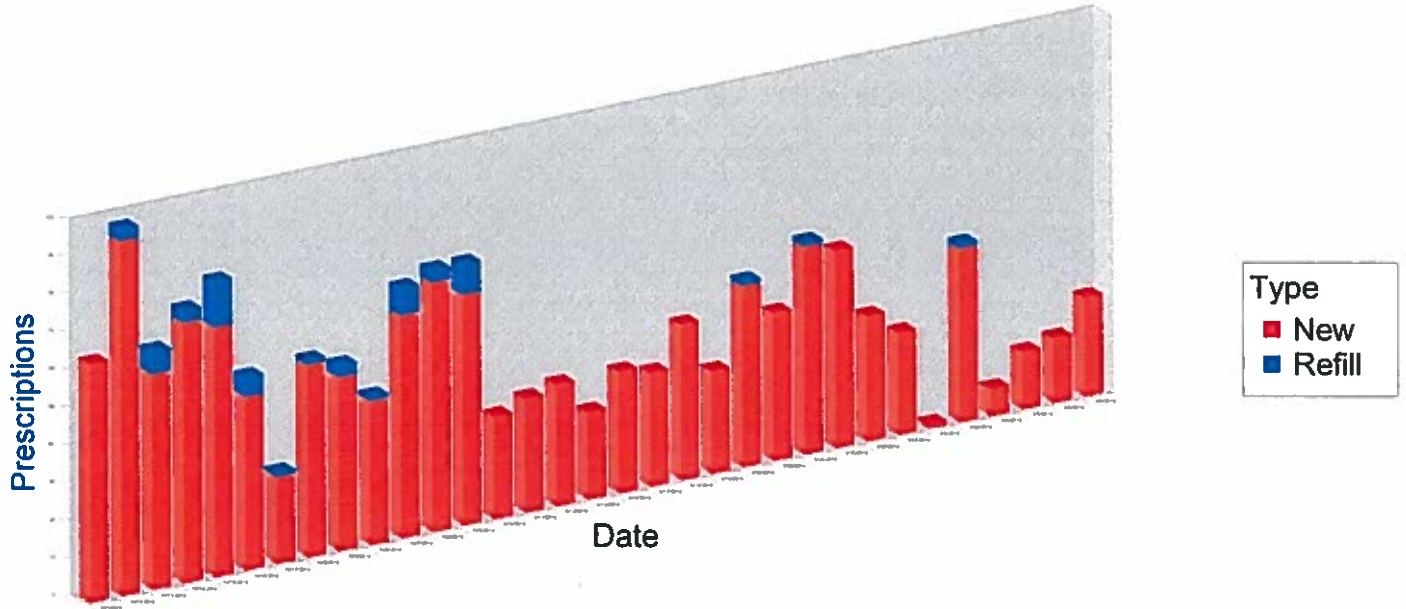
- We had to purchase additional hours the second week of services. Demand is high.
- At every site's first clinic Dr. Masters reminds site coordinators that she will always welcome parent involvement unless it's determined that it wouldn't benefit the child

Our new Registered Dietician is also a Diabetic Educator. This is of great benefit as the majority of our patients referred for Telemed Nutrition are diabetic. She can provide in depth insight into not only diet changes but also exercise and lifestyle changes that can help them better manage their blood sugar levels. She's had two clinic blocks so far and the patients have very much enjoyed her.

Quick Statistics

RX's filled between 01/01/2019 and 10/17/2019

Scripts



New Scripts vs Refills



Cash Scripts vs 3rd Party Scripts



Brand versus Generic Scripts



Prescriptions	1,403
Total Sales	84,866.22
Profit	11,862.95