

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**  
September 30, 2020 at 1:00 pm

**Due to COVID-19 shelter in place orders and under the authority of the Governor's Executive Order N-29-20, this meeting will be conducted entirely by teleconference. No physical location will be available. Members of the public can attend and provide public comment via teleconference at the following link and number:**

Zoom Meeting: [LINK](#)

Zoom Call In Number: 1 669 900 9128, Meeting ID: 948 6013 7127

**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.

In observance of the Americans with Disabilities Act, please notify us at 530-336-5511, ext 1264 at least 48 hours in advance of the meeting so that we may provide the agenda in alternative formats or make disability-related modifications and accommodations. The District will make every attempt to accommodate your request.

				<b>Approx. Time Allotted</b>
<b>1</b>	<b>CALL MEETING TO ORDER</b>			
<b>2</b>	<b>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. 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.			
<b>3</b>	<b>APPROVAL OF MINUTES</b>			
3.1	Regular Meeting – August 26, 2020	<b>Attachment A</b>	<b>Action Item</b>	2 min.
<b>4</b>	<b>DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS:</b>			
4.1	Resolution 2020-15 – August Employee of the Month	<b>Attachment B</b>	<b>Action Item</b>	5 min.
4.2	Director of Nursing – Acute	<b>Attachment C</b>	Report	2 min.
4.3	Director of Quality	<b>Attachment D</b>	Report	2 min.
<b>5</b>	<b>BOARD COMMITTEES</b>			
<b>5.1</b>	<b>Finance Committee</b>			
5.1.1	Committee Meeting Report		Report	5 min.
5.1.2	August 2020 Financial Review, AP, AR and Acceptance of Financials		<b>Action Item</b>	5 min.
5.1.3	Possible Change in 401K Investment Manager	<b>Attachment E</b>	<b>Action Item</b>	5 min.
	Includes Resolution 2020-16: Adoption of 3(38)			
<b>5.2</b>	<b>Strategic Planning Committee</b>			
5.2.1	September 14 <sup>th</sup> Meeting Report – DRAFT Minutes Attached	<b>Attachment F</b>	Report	5 min.
<b>5.3</b>	<b>Quality Committee</b>			
5.3.1	September 9 <sup>th</sup> Meeting Report – DRAFT Minutes Attached	<b>Attachment G</b>	Report	5 min.

<b>6</b>	<b>NEW BUSINESS</b>			
6.1	Policy & Procedure Approval: 1. Sanitizing Barrier Isolator during COVID-19	<i>Attachment H</i>	Action Item	5 min.
6.2	Board By-Laws Review	<i>Attachment I</i>	Discussion	5 min.
6.3	Assessment Process: Recommendation from Strategic Planning to move forward with same process in 2019	<i>Attachment J</i>	Action Item	5 min.
<b>7</b>	<b>ADMINISTRATIVE REPORTS</b>			
7.1	ED of Community Relations & Business Development – Val Lakey	<i>Attachment K</i>	Report	5 min.
7.2	Chief's Reports – <i>Written reports provided. Questions pertaining to written report and verbal report of any new items</i>	<i>Attachment L</i>	Reports	
7.1.1	CFO – Travis Lakey		Report	5 min.
7.1.2	CCO – Keith Earnest		Report	5 min.
7.1.3	CNO – Candy Vculek		Report	5 min.
7.1.4	COO – Ryan Harris		Report	5 min.
7.1.5	CEO – Louis Ward		Report	5 min.
7.3	Construction Change Orders – None			
<b>8</b>	<b>OTHER INFORMATION/ANNOUNCEMENTS</b>			
8.1	Alzheimer's Awareness Parade at 2:00 pm in Fall River			
8.2	LAFCO Notice of Balloting Period to Elect Special District Representatives			
8.3	Board Member Message			
<b>9</b>	<b>ANNOUNCEMENT OF CLOSED SESSION</b>			
9.1	<b>Medical Staff Credentials Government Code 54962</b>			
	<b>Medical Staff Appointment: Telemedicine Radiologists</b>			
1.	Joshua Albrektsen, MD	18.	Kingsley Orraca-Tetteh, MD	
2.	Michael Allen, MD	19.	Sergey Shkurovich, MD	
3.	Dennis Atkinson, MD	20.	Brock McDaniel, MD	
4.	Steven Cohen, MD	21.	Eric Kraemer, MD	
5.	Deborah Conway, MD	22.	Kedar Kulkarni, MD	
6.	Theresa DeMarco, MD	23.	Stephanie Runyan, DO	
7.	Andre Duerinckx, MD	24.	Mark Reckson, MD	
8.	Scott Kerns, MD	25.	Farhad Sani, MD	
9.	Nancy Ho-Laumann, MD	26.	Albert Ybasco, MD	
10.	Marwah Helmy, MD	27.	Mohammad Rajebi, MD	
11.	Megan Hellfeld, MD	28.	Shaden Mohammad, MD	
12.	Robert Hansesn, MD	29.	Stephen Oljeski, MD	
13.	Robert Filippone, DO	30.	Nanci Mercer, MD	
14.	Jerome Klein, MD	31.	Stephen Fox, MD	
15.	Ernest Kinchen, MD	32.	David Bissig, MD	
16.	Jennifer Kim, MD	33.	Ivy Ngyuen, MD	
17.	Shwan Kim, MD			
<b>10</b>	<b>RECONVENE OPEN SESSION</b> – Report Closed Session Action		Information	
<b>11</b>	ADJOURNMENT: Next Regular Meeting – October 28th, 2020			

Posted 09/25/2020

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.maversmemorial.com](http://www.maversmemorial.com).

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Board of Directors  
Regular Meeting  
Minutes

August 26, 2020 – 1:00 pm  
Teleconference Call – FULLY Remote

*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 1:01 pm on the above date.

**BOARD MEMBERS PRESENT:**

Beatriz Vasquez, President  
Abe Hathaway, Vice President  
Allen Albaugh, Treasurer  
Laura Beyer, Secretary  
Jeanne Utterback

**STAFF PRESENT:**

Louis Ward, CEO  
Travis Lakey, CFO  
Ryan Harris, COO  
Keith Earnest, CCO  
Candy Vculek, CNO  
Val Lakey, Executive Director of Community Relations & Business Development  
Marlene McArthur, MHF Executive Director  
Mary Ranquist, Hospice  
Jessica DeCoito, Board Clerk

**ABSENT:**

**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 July 29, 2020. *Utterback, Hathaway* *Beyer – Y*  
*Albaugh – Y*  
*Hathaway – Y*  
*Utterback – Y*  
*Vasquez – Y*

**4 DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS: WRITTEN REPORTS SUBMITTED**

- 4.1 A motion/second carried; Lonnie Hancock was recognized as July Employee of the Month. Resolution 2020-14 *Hathaway, Beyer* *Beyer – Y*  
*Albaugh – Y*  
*Hathaway – Y*  
*Utterback – Y*  
*Vasquez – Y*
- 4.2 **Mayers Healthcare Foundation:** Thank you to everyone who voted for Best Non Profit for the Northstate – we did not win. Awarded \$22,000 for the landscaping project at the New Hospital Wing – proceeds from the 2018 Golf Tournament. \$32,000 has been awarded for equipment purchases in multiple departments in the facility. Donation was made for PT equipment and information sharing that donation will go out shortly.
- 4.3 **Safety – 6 Month Report:** One thing to note was our visit from Sheriff Magrini and other Cal OEP members to check out our new hospital wing.
- 4.4 **Hospice – July Quarterly Report:** Approximately – 200 were used in the survey of this information from the past 5 years. Our reporting has improved with the Pepper reporting scores. Worked really hard to accomplish above the national average in patient satisfaction. A new pamphlet is being created and a new website. We will be sharing this with the community once it's ready.

**5 BOARD COMMITTEES**

**5.1 Finance Committee**

**5.1.1 Committee Meeting Report:**

- 5.1.2 **July 2020 Financials:** reviewed the financials, AP & AR. Motion to approve the financials was moved, seconded and approved. *Hathaway/Albaugh* *Beyer – Y*  
*Albaugh – Y*

			<i>Hathaway – Y</i> <i>Utterback – Y</i> <i>Vasquez - Y</i>
5.1.3	<b>401 K Annual Report:</b> will report more in September meeting for the 401K Accounts. CFO will gather more information before the September meeting.		
5.1.4	<b>Bank Account Name Change from OLD: USDA DEBT SERVICE to NEW: CHFFA CONSTRUCTION</b>	<b>Albaugh, Beyer</b>	<i>Beyer – Y</i> <i>Albaugh - Y</i> <i>Hathaway – Y</i> <i>Utterback – Y</i> <i>Vasquez - Y</i>
5.2	<b>Strategic Planning Committee Chair Albaugh</b>		
5.2.1	We will have a discussion about the clinic and how we can plan for differentiating ourselves from other primary care facilities in the area. Discussions on what we can do to pay back to the community for their continued support to our facilities and services will occur. Add to the next Strategic Planning agenda.		
5.3	<b>Quality Committee Chair Beyer</b>		
5.3.1	<b>Committee Meeting Report</b> – Maintenance and Nursing will work on some kind of plastic screen set up to help our Residents & Patients have some interaction. Looking at plans for in person visits for Residents and Patients in the next couple of weeks.		
<b>6</b>	<b>OLD BUSINESS</b>		
6.1	<b>Social Media &amp; Board Messaging from Board Members:</b> pictures to include on post (can be changed out) with link to board meeting before meeting. Then after meeting same picture post with a highlight of the meeting. Message to be finalized before end of current meeting, Jessica to help formulate message with the approval of the Board. Motion moved, seconded and approved to begin the Social Media Messaging.	<b>Beyer, Utterback</b>	<i>Beyer – Y</i> <i>Albaugh - Y</i> <i>Hathaway – Y</i> <i>Utterback – Y</i> <i>Vasquez - Y</i>
<b>7</b>	<b>NEW BUSINESS</b>		
7.1	<b>Policy &amp; Procedure Approval:</b> <ol style="list-style-type: none"> <li>1. Emergency/Disaster Management: Val Lakey</li> <li>2. Emergency and Critical Incident: Val Lakey</li> <li>3. Fentanyl (Duragesic) Patch Disposal Acute: Keith</li> <li>4. Internal Medicine Core Privileges: Jack</li> <li>5. Medical Staff Bylaws: Jack</li> <li>6. Medical Staff Rules: Jack</li> <li>7. Orthopedic Surgery Core Privileges: Jack</li> <li>8. Pathology Core Privileges: Jack</li> <li>9. Privileges in Neurology, Telemed: Jack</li> <li>10. Rheumatology Telemedicine Core Privileges: Jack</li> <li>11. Vasoactive Drips – Intropic Nursing Administration: Keith</li> </ol>	<b>Beyer, Hathaway</b>	<i>Albaugh – Y</i> <i>Beyer – Y</i> <i>Hathaway – Y</i> <i>Utterback – Y</i> <i>Vasquez - Y</i>
7.2	<b>New Skilled Nursing Facilities Van: Quotes from Corning Ford &amp; Crown Motors:</b> recommendation from Finance to purchase the van that fits our operations the best. Our plan is to work with Crown Motors on negotiating a price for the van, since Crown Motors does so much for our Motion moved, seconded and approved to purchase a van with the discretion of administration. community.	<b>Albaugh, Hathaway</b>	<i>Albaugh – Y</i> <i>Beyer – Y</i> <i>Hathaway – Y</i> <i>Utterback – Y</i> <i>Vasquez - Y</i>
<b>8</b>	<b>ADMINISTRATIVE REPORTS</b>		
8.1	<b>ED of Community Relations and Business Development:</b> Legislation is moving really fast as they get to session closure. AB2537 and SB275 (amendment made 8/25) – requiring a certain PPE supply level. Working on lots of Retail Pharmacy marketing. Center page in today’s paper is ALL about our new hospital wing and that we are open! A new goal for Val is to create a communication plan on the demo project.		
8.2	<b>Chief’s Reports: written reports submitted.</b>		
8.2.1	<b>CFO:</b> expecting the auditor soon. Adjustments were made on Ops Report statistics from Thursday to Tuesday: adjusted numbers were Inpatient: 62 days, Skilled Nursing Facility: 2473 ER: 354. Asked to create a graph for Retail Pharmacy going forward.		

- 8.2.2 **CCO:** Retail Pharmacy now has a Facebook page. Mailers went to print today with some amazing pictures. Working with Jeff Bennett at El Dorado Pharmacy – understanding the business side of retail pharmacies, including 340B. Flu Shots will be available starting October.
- 
- 8.2.3 **CNO:** New hospital wing is open. We had a very busy day pulling everything together for that day and kudos to all the team that worked so hard to make this happen. We have hired a Clinic Manager and she will begin in the next few weeks. CNA staffing numbers are short and our team is working hard to cover extra shifts in addition to Registry staff helping out.
- 
- 8.2.4 **COO:** Gratitude expressed to MMHD Board for all your support towards the New Hospital Wing. And a huge thanks to the community for their continued support through all the ups and downs during the project. Also, a huge thank you to every person at MMHD for all their help and work on getting the new hospital wing up and running in such a short amount of time. Big big thanks to my managers, Sherry Rodriguez – Housekeeping, Alex Johnson – Maintenance, and Ryan Nicholls – IT FOR all the work and extra work they and their teams did for MMHD. Working on demo project and looking at aging facility plans.
- 
- 8.2.5 **CEO:** COVID Update: 554 cases in Shasta Co. (not all active). Wildfire evacuations – if we are called from another healthcare facility, we are discussing what the protocols in place are to assist them with their patients with regards to COVID restrictions. Employee Meetings – we are planning on using the parking lot as an in person forum for meeting with our MMHD Team. Skilled Nursing Facility fair in FR on 8/27 and Burney on 8/28. New provider was hired yesterday and started immediately – Ericka Heidrick welcome aboard. Clinic Manager has been hired – Amanda Ponti welcome aboard. Burney Clinic committee will be set up as we start to develop job descriptions, compensation, protocols, policies and procedures, EMRs, supplies, etc. New Hospital Wing: sentiments echoed to our MMHD Board and Team for all the support, hard work, and dedication put into getting the building up and licensed. Continue to work on getting the quicker COVID antibody tests – no date set without knowing when we can get the tests in place. Continue to work the schools on getting ready for testing and PPE supplies. Teachers & Students have been moved to Tier 1 testing which allows us to expedite their testing. A local quilter’s guild made 4-H and FFA masks, and MMHD worked on helping create Intermountain Fair masks for the 2020 Intermountain Fair.

8.3 **Construction Change Orders:** none

9 **OTHER INFORMATION/ANNOUNCEMENTS:**

10 **ANNOUNCEMENT OF CLOSED SESSION – 2:40 pm**

**Government Section Code 54962: Medical Staff Credentials**

**List of Credentials:**

**STAFF STATUS CHANGE**

1. Fred Gorin, MD – Move to inactive
2. Richard Carregal, DO – Move to inactive

**MEDICAL STAFF REAPPOINTMENT**

1. Tom Watson, MD – Family & Emergency Medicine

10.1 **MEDICAL STAFF APPOINTMENT**

1. Sander Saidman, MD – Radiology
2. Jonathan Jewkes, MD – Radiology
3. Adam Attoun, DO – Radiology
4. Douglas Hughes, MD – Radiology
5. Gregory Ginsburg, MD – General Surgery
6. Melissa Butts, DO – Rheumatology

All Medical Staff Credentials were approved.

10.2 **Pending Litigation Government Code 54956.9**

10.2.1 Response Letter to Government Section Code 900 Claim

10.2.2 Summons for File No. 19-001160 – Case SCRDCVPO20-0195515-003

10.3 **Real Property Government Code 54956.8:** Property Negotiations APN 028-340-025

10.4 **Personnel Government Code 54957:**

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10.4.1 Finalize CEO Evaluation

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10.4.2 Finalize CEO Contract

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**11 RECONVENE OPEN SESSION: 4:29 pm**

A motion/second carried; approval of purchase of property APN 028-340-025 on Commerce Ave in Burney, CA 96013. *Hathaway, Albaugh* *All Approved*

A motion/second carried; acceptance of all credentials. *Beyer, Utterback* *All Approved*

A motion/second carried; CEO Evaluation was finalized and approved. *Albaugh, Hathaway* *All Approved*

A motion/second carried; CEO Contract was finalized and approved. *Beyer, Hathaway* *All Approved*

**12 ADJOURNMENT: 4:29 pm**

Next Regular Meeting: September 30, 2020

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

DRAFT



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

**RESOLUTION NO. 2020-15**

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

**James Newton**

**As August 2020 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, James Newton is hereby named Mayers Memorial Hospital District Employee of the Month for August 2020; and

**DULY PASSED AND ADOPTED** this 30th day of September 2020 by the Board of Trustees of Mayers Memorial Hospital District by the following vote:

AYES:  
NOES:  
ABSENT:  
ABSTAIN:

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

ATTEST:

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Jessica DeCoito  
Clerk of the Board of Directors

## **Director of Nursing Board Report**

**September 30, 2020**

**Outpatient Medical Services**—See report

**Acute Services March-August 2020**—Acute ADC is .70 and Swing ADC is 1.56 and LOS for Swing is 14.7. Observation days average=6.79.

- We continue to be fully-staffed with all FTE on Acute. 8 FTE RN's, 1-FTE LVN (continues to work towards his RN upgrade), 3 per diem RN's. 1-Acute Assistant Mgr, 4-FTE CNA's. 2-Ward Clerks
- Several of our nurses continue to float to OPM and OPS. FT OPM RN will be going out on maternity leave the first of the year, which will require fulltime use of either an Acute RN or Registry.
- In an effort to improve upon scheduling changes related to call-ins and changes by Registry on the SNF, the Acute Ward Clerks were utilized to streamline the scheduling process through the registry. This proved to be a significant job that did not allow for the day-to-day duties to be completed on Acute. The plan was made from Admin to open a position for a scheduler. The 2-Acute Ward Clerks will continue to assist with the day-to-day call-ins on the weekends.
- Since last report in April we continued to be COVID-19 ready for PUI (person under investigation) patients. We were fortunate enough to not see the surge that was expected in Shasta Co. We as a facility continue to follow the mandates as directed from CDPH. Currently all staff are to wear a procedural mask in all aspects of the hospital. In August this was changed from the expectation of all clinical staff in direct care wearing a N-95. Full PPE is still required while in the designated COVID room which is located in the OPM suite.
- We acquired a bladder scanner for use on patients on Acute with a grant obtained from Mayers Healthcare Foundation. It is a noninvasive portable tool for diagnosing, managing and treating urinary outflow dysfunction.
- Outpatient Medical has been moved to OPS and they are still seeing patients for the time being.

**Outpatient Surgery:** On a normal basis, the every other week model continues with Dr. Guthrie once a month and Dr. Syverson twice a month with the cross training of staff from Acute to OPS. Surgery was suspended due to COVID for March and April. Surgery was resumed in May. We have had a shift of CRNA's requiring continued search with the help of HR for contract CRNA's.

Respectfully submitted,

Theresa Overton, RN BSN  
Director of Nursing



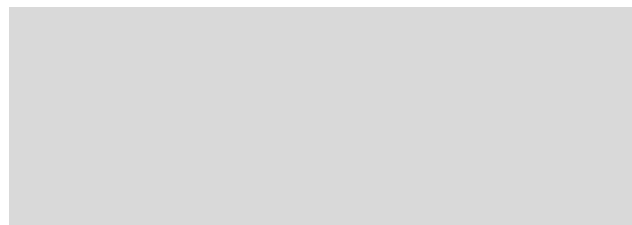


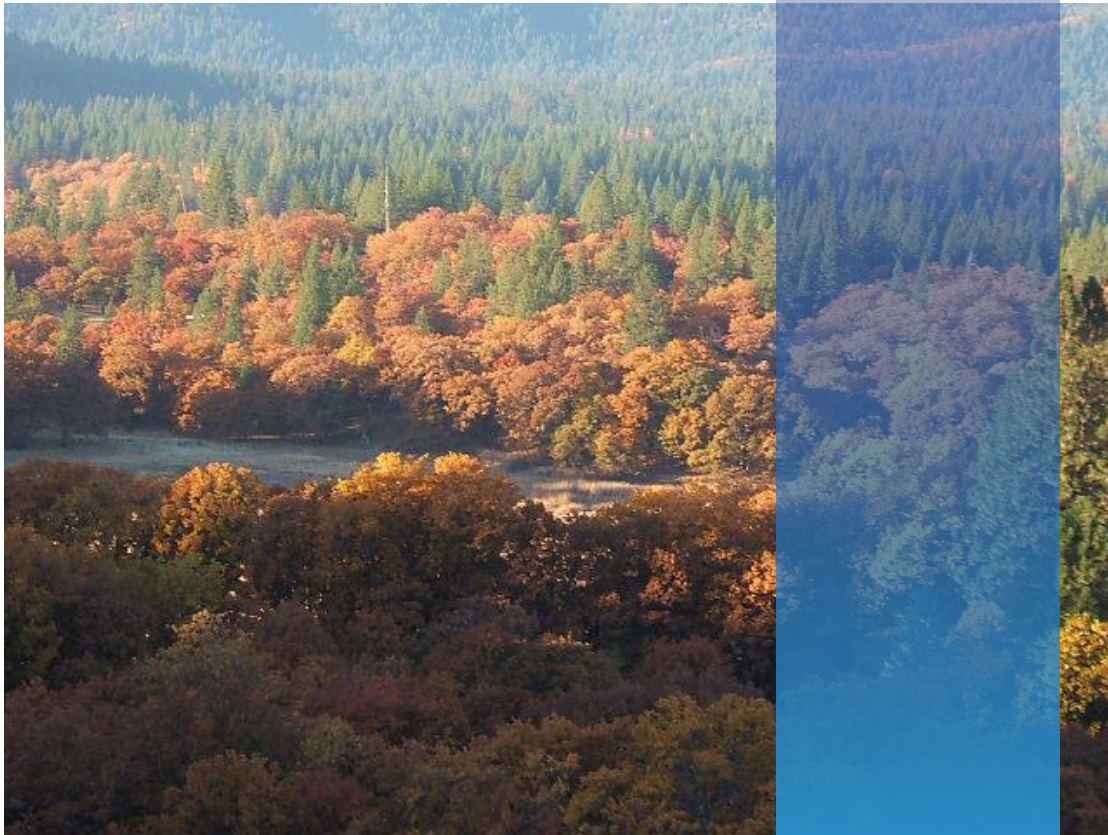
# Quarterly Report Quality

Mayers Memorial Hospital  
District

September 30, 2020

Jack Hathaway - Director

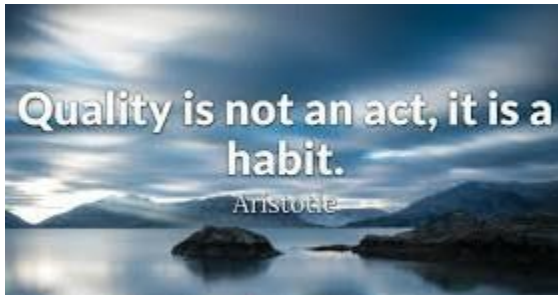




## OVERVIEW

Over the past few months Quality has been working with Nursing Leadership in building and maintaining standard work, and processes, that comply with the ever changing regulatory environment. From the required testing of staff to the allowable visitation of families, the regulatory bodies have been busy creating new parameters which the District must meet.

Fortunately, in an environment where the regulations can and do change on a weekly basis at times - The Federal Government has relaxed reporting requirements and the department has been able to focus where needed.



## REPORTING RETURNS

With the break in regular reporting the department has been able to evaluate the current process for reporting. As reporting requirements return in the next few months changes in process will be created and tested.

Currently, the Quality department is working to LEAN its processes and increase reporting to support the Hospital star rating much like we did in the Skilled Nursing Facility. Currently Quality is reviewing the processes that are included in calculating the stars for the Hospital. We have found that while we are legally compliant with the reporting that we are submitting, more will be required to have our star ratings move.

## DEPARTMENT LEAN PROJECT

To facilitate the changes in process the department will be conducting its own LEAN project to create a more efficient and sustainable workflow for the future.

This is a discussion that has been going on for some time. As we discovered with the Skilled Nursing stars work, this process that is time intensive. However, we understand that we are going to have to put a concerted effort into our HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey for any improvement to begin with. Plans are being developed to address HCAHPS and the other potential metrics to get the hospital a valid star rating.



**Quality performance will be the vehicle for payment in the future; the quality department is working to build for that moment.**

## OTHER PROJECTS

Quality, as always, has a number of projects working throughout the District. Below is a brief summary of each, if there are any additional questions please do not hesitate to reach out to me for specific answers:

[jhathaway@mayersmemorial.com](mailto:jhathaway@mayersmemorial.com) or (530)336-7506.

### PRIME

PRIME has been a part of the district for almost 5 years now. As the project has become normalized it has been a good vehicle for integrating our employee wellness program into a statewide quality initiative.

We will be seeing some changes in PRIME moving forward. The program as we know it, will be ending. Eventually, PRIME will be replaced by QIP (QIP3 to be exact) which means that we will be able to have more flexibility in choosing the metrics that fit our District, without being locked down to a specific project set of metrics. The department of looking forward to working with the Clinic manager and coming to a good set of metrics that can showcase the transformative nature of the healthcare that we will provide with the addition of the new setting.

Potentially, our last PRIME report has been entered into the portal. Our reported information was based on the following:

**PRIME Eligible Population (PEP)**, consisting of all Medi-Cal patients that we were able to see twice in the encounter period (June 30, 2019 – July 1, 2020) with one encounter being in the first 6 months of the encounter period and the other visit being any time other than the same day.

**Denominator**, consisting of those in the PRIME Eligible Population with a metric qualifying visit within the encounter period.

**Numerator**, consisting of those in the denominator population with a documented BMI and when that BMI is out of normal range a plan for follow-up is documented.

Our numbers for the metrics reported 1.7.1 and 1.7.2:

PEP: 503



**1.7.1 Adult BMI metric – 4/4 for all qualifying visits – as described above**

**1.7.2 Healthy America Initiative – this is where we have integrated our employee health program to meet the required elements of this metric. We have been meeting this metric in full since the integration.**

**1.7.3 Child BMI – this metric is the perfect example of what kind of growth we can expect from the clinic setting in programs like PRIME/QIP. Under PRIME, we have been attempting to work with the local FQHCs to get numbers into the state for the project. However, after many attempts to gather data in any meaningful way we were informed that the clinic does not use the needed qualifying codes for the specific visits that would be required to participate in this metric. So this measure essentially was unachievable on our own. However, looking to the future, we will be able to work with our own clinic in situations like this to make sure that we can in fact participate in metrics like this in the future by making the necessary changes to facilitate participation.**

## **SECURITY RISK ANALYSIS**

Every year as a part of a Meaningful Use project (now called Promoting Interoperability) there is a requirement that we perform a security risk analysis (SRA) of our electronic systems. For the last few years we have completed this in house, IT and Quality would meet and move through the government provided forms and build an assessment based on that information.

This year we were fortunate enough to have an outside consultant, who specializes in security, come in and do a number of different tests in our facility. Those tests ranged from in person social engineering tests (asking for passwords or access to sensitive areas of IT in the hospital) to ping tests that took place off site where the consultant would attempt to access PHI through other methods. We are looking forward to getting the results of that consult visit and building our SRA off of that report. It will be good to see and compare what we have identified internally verses what has been identified externally. As they say – fresh eyes see new things.

*A thought to consider as the Board – we may want to look at creating a goal that addresses IT more specifically in the strategic plan as it will continue to be one of the most critical aspects of care delivery for the District moving forward.*

## STAFFING DATA

The Quality department has also been asked to compile a staffing data report, which may be available to the board at this time. The department has been fortunate to have Jennifer on board to assist with building capacity and bringing in an analyst mindset to the department. I know her report will speak for itself, however, she can also be reached if specific questions need to be answered about the report that has been put together. It is highly likely that Candy can field any questions as well.

## STARS – SNF

The STARS report for the SNF should be coming up for review again in a few weeks. With the issue that we had last reporting all cleared up we should see an increase in stars again, as we continue to move the mark on SNF quality and reporting.

With the addition of JBDev (timekeeping system) the potential for automated PBJ (Payroll Based Journal) reporting exists. The Department looking forward to testing this automated process and making some fail safes so that we can be sure that the best, most accurate data is reported for PBJ. Specifically we want to be sure that all of the correct RN time is reported in the SNF as that is the measure that we have had the most difficulty with in the past.

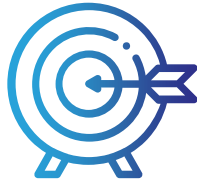
All and all we are expecting to continue to climb in the stars as this next report comes out.

## DEPARTMENT GOALS

In a Board Quality meeting past, the question of department level goals was posed. While many goals for departments do exist – to this point and time there have been no specific Quality metric goals created and set for each department. Quality will be working with the different managers to find meaningful quality goals that can be easily tracked and reported until their specific improvement goals have been reached. It was a good question and it will be a welcome addition to the departments overall work on improvement.

## LOOKING TO THE FUTURE

Looking to the future the Quality department has the following three goals that will guide all of the other directives in the Quality Department.



### MEANINGFUL METRICS

The data that the Quality Department seeks and collects will be meaningful to the Departments that we are working with.



### ACCURATE REPORTING

The reporting that the Quality Department receives or creates will be accurate and verified in order to maintain the meaning and integrity of the data.



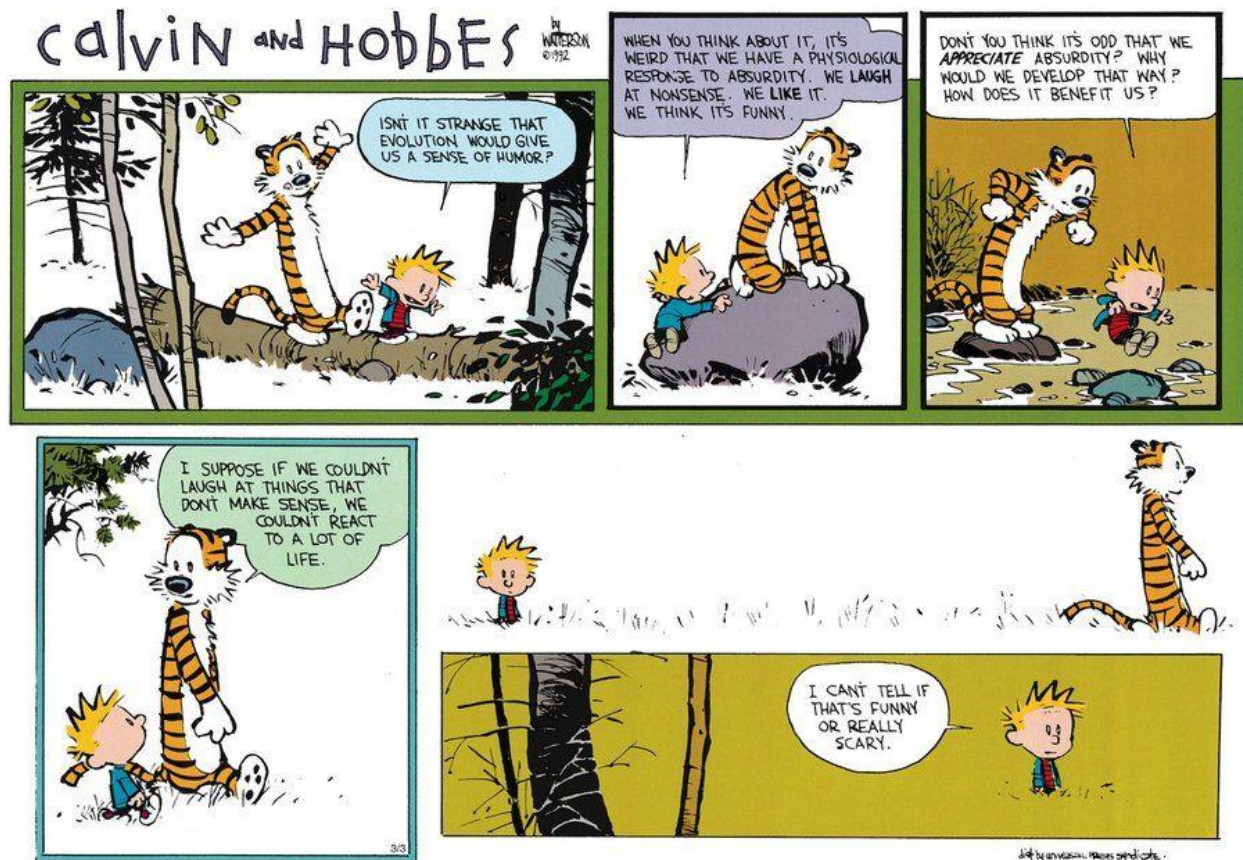
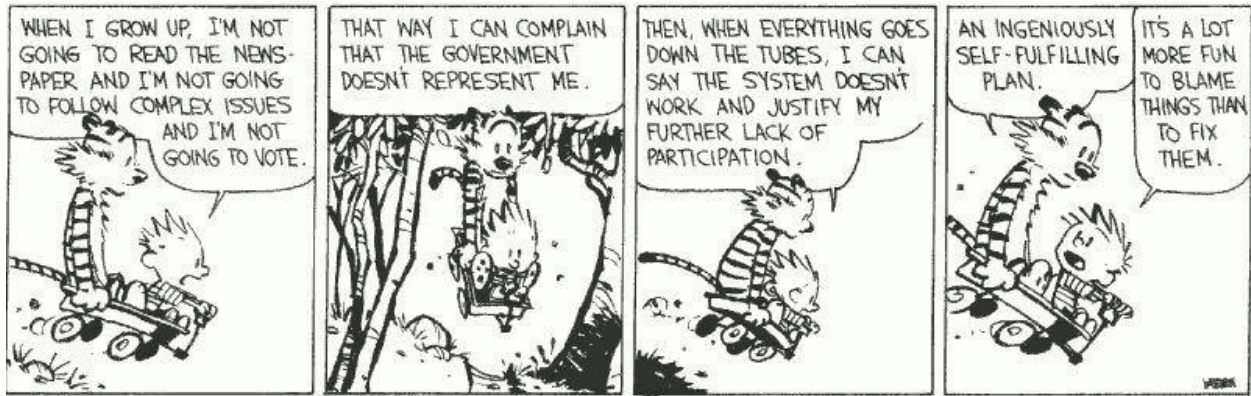
### IMPROVEMENT

The metrics and reporting that the Quality Department seeks or creates will all move to improve the Departments that we are working with in a meaningful and measurable way; in order to showcase the good work done for our community.

Thank you,

Jack Hathaway, MPA, JD, CCEP  
Director of Quality, Risk Management, Compliance







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

**RESOLUTION NO. 2020-16**

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

**Adoption of the 3(38) Fiduciary Solution**

**WHEREAS**, a recommendation was received from John Grimmett, VP of Tri Counties Bank and Financial Advisor for Raymond James, to update Mayer's 410k plan to a 3(38) Retirement Plan; and

**NOW, THEREFORE BE IT RESOLVED** that the MMHD Board of Trustees authorizes the shift from the original 401k plan to a 3(38) Fiduciary Solution.

**PRESENTED, ADOPTED, APPROVED, AND RECORDED** this 30<sup>th</sup> day of September, 2020.

AYES:  
NOES:  
ABSENT:  
ABSTAIN:

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

ATTEST:

\_\_\_\_\_  
Jessica DeCoito  
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**  
September 14, 2020  
Fully Remote Zoom Meeting

# 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 1:08 pm on the above date.

**BOARD MEMBERS PRESENT:**

Allen Albaugh, Chair  
Beatriz Vasquez, PhD, President

**STAFF PRESENT:**

Louis Ward, CEO  
Ryan Harris, COO  
Travis Lakey, CFO  
Candy Vculek, CNO  
Keith Earnest, CCO  
Amanda Ponti, Clinic Manager  
Jessica DeCoito, Board Clerk  
Sheba Sawyer, MHF Grant Writer

**Community Members Present**

None

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

No public. New Clinic Manager for the Burney Clinic – Amanda Ponti.

---

**3 APPROVAL OF MINUTES**

3.1 A motion/second carried; committee members accepted the minutes of August 10, 2020

Albaugh/Vasquez

**Albaugh – Y**  
**Vasquez –Y**

---

**4 Assessment Process:** Keep on Survey Monkey with the same questions.

---

**5 Construction Update:** Riverview House furniture is moving in today. Countertops are in on the Admin Building – for a 95% completion. Demo Project is at 75% completed – water leak issues have come up but we are adding this into the Demo Project, along with updating some HVAC units. Burney Clinic – small delay by a couple of weeks with the fire suppression review – but still projected with end of January to beginning of February completion. NHW – minor issues have come up that are getting addressed as we encounter them. Daycare has been approved by the county with a small list of conditions. Generator worked well with the PG&E PSPS – this generator only powers our emergency circuits and PG&E was and is to provide a second generator to our facilities to help power everything in the hospital and annex – free of charge for 2020. Laundromat is still in hold while we wait for permits with the county.

---

**6 CONSTRUCTION PLANS & GRANTS:** A discussion took place over potential plans for the next ten years for construction that would help bring our buildings up to MPC ratings and OSHPD regulations. Discussion ensued with grant opportunities behind the Building Resilient Infrastructure and Communities (BRIC) Grant Program (FEMA/CalOEs). We are to begin working on this grant and to get in contact with Modoc Medical Center – whether we fall under the National Competition or the State Allocation.

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- 
- 8 ADMINISTRATIVE REPORT:** Working on FY 21 goals. Physicians schedules and recruitment for the clinic. We are researching what types of services we will need to make sure are available for our community when we open our clinic. Organization Analysis work is starting up. Employee Meetings start next week.
- 
- 9 OTHER INFORMATION/ANNOUNCEMENTS:** None at this time.
- 
- 10 ADJOURNMENT** – 2:42 pm – Next Strategic Planning meeting is November 9th at 1:00 pm

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**

September 8, 2020 @ 1:00 PM  
Fully Remote Zoom Meeting

*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	<b>CALL MEETING TO ORDER:</b> Board Chair Laura Beyer called the meeting to order at 1:03 pm on the above date.		
	<b>BOARD MEMBERS PRESENT:</b>		<b>STAFF PRESENT:</b>
	Laura Beyer, Secretary Jeanne Utterback, Director		Louis Ward, CEO Candy Vculek, CNO Keith Earnest, CCO
	<b>ABSENT:</b>		Jack Hathaway, Director of Quality Dawn Jacobson, Infection Control Jessica DeCoito, Board Clerk
2	<b>CALL FOR REQUEST FROM THE AUDIENCE – PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS</b>		
	None		
3	<b>APPROVAL OF MINUTES</b>		
	3.1	A motion/second carried; committee members accepted the minutes of August 11, 2020	<b>Utterback, Ward</b> <b>Beyer – Y</b> <b>Utterback – Y</b>
4	<b>REPORTS: QUALITY FACILITIES: NO DEPARTMENT REPORTS</b>		
5	<b>DEPARTMENT REPORTS:</b>		
	5.1	<b>Outpatient Services:</b> Skin tears have been an issue and we are addressing those issues with training and adding in some additional staff. More rounding in patient rooms will occur too.	
	5.2	<b>Infection Control:</b> COVID testing every 4 weeks with employees involved in the SNF facilities. More manager involvement has been required to remind staff to go get their testing done. All nursing staff will continue to be tested for COVID. Reminders are needed for all staff needing the testing and maybe using the time clock system. Would like an update next month on changes made in the communication.	
	5.3	<b>Med Staff:</b> No additional questions.	
	5.4	<b>Acute Services:</b> We need to standardize the weights being entered. Should all be in Kilos.	
	5.5	<b>Outpatient Surgery:</b> Maintenance is ordering necessary parts for the hot water fix and will drop electrical outlets needed. A full fix will require this project to be an OSHPD Project and will require strategic planning.	
	5.6	<b>SNF Events/Survey:</b> Continuing to struggle with a CNA shortage and daily scheduling for the whole nursing staff. Scheduling responsibilities for the 6-week schedule stands with managers, and daily responsibilities stand with the Ward Clerk at station 1. Adding in non-clinical CNA positions to help the CNAs. 5 in the CNA class right now with a lot more interest in the October classes. Shasta College is looking at making the CNA Program a permanent class with MMHD.	



6	<b>REPORTS: QUALITY FINANCES: NO DEPARTMENT REPORTS</b>
7	<b>REPORTS: QUALITY EDUCATION:</b> We should increase education on RL6 and general “How to” programs. Jennifer Levings is working on developing the “How To” programs for departments – focusing on the basics.
8	<b>QUALITY PROGRAM REPORTING AND INITIATIVES</b>
8.1	<b>Quality/Performance Improvement:</b> Leaning our processes out so that everything is standardized for reporting and educational purposes. This will give us an opportunity to be more aware in the MMHD team.
8.2	<b>Prime:</b> Most likely this will be the last iteration of Prime. QIP most likely be the next program. Annually we would get to report on our Best Measures and not locked into certain projects and metrics. The State would make QIP easy for us to fit in with exceptions.
8.3	<b>Compliance Quarterly Report:</b> Currently working with Sheriff’s Office – taking traction after many years after being started. Surveyor came in to prep us for upcoming survey and things looked great. IT is working very hard with an External Contractor to give us a look at what our security measures are and what we can do better.
8.4	<b>CMS Core Measures Quarterly Report:</b> Has been on hold due to COVID which gave us an opportunity to work with Premier to help identify the things on Acute side that would be beneficial for us on STAR rating. Hopeful that our lean process will help us identify those reporting measures. HCAPS – this would be the area of concern, and if we can figure this out and get the work we do recognized, this would be great. But we need to identify the right interface with both groups.
8.5	<b>5-Star Monitoring Quarterly Report:</b> Positions have been fixed in the system so we should see our STAR Rating doing very well. Survey goes out to all those discharged from Press Gainey & MMHD with a letter from CEO. Discussion on survey communication occurred with thoughts on phone calls, sending out a letter with discharge papers, etc.
9	<b>Old Business</b>
9.1	<b>Report Template:</b> some simple changes can be made but waiting on consensus from other department managers before a DRAFT template is created. A written report from Director of Quality is requested.
10	<b>ADMINISTRATIVE REPORT:</b> Cases continue to come in Shasta Co. Acute floor census has been very busy. We have had some PUIs – Patients Under Investigation for COVID on the floor. Testing is occurring for all patients coming into the Acute and SNF floors. Students, teachers and school staff are considered Tier 1 and we can get the test results back in 24 hrs. We continue to work with the School District on helping provide a safe environment for our students, teachers and staff. Power issues but Maintenance and Emergency Preparedness Director worked with PG&E to get a generator at both facilities to provide the full facility with power, in addition to our generator. Employee Meetings will be held on the 23 <sup>rd</sup> and 28 <sup>th</sup> in the parking lots with a prize wheel and goodies to give away. SNF van purchase is still in progress with negotiations. New Clinic Manager starts on Monday, September 14 <sup>th</sup> . Burney Clinic construction is going well.
11	<b>OTHER INFORMATION/ANNOUNCEMENTS: NONE</b>
12	<b>ANNOUNCEMENT OF CLOSED SESSION:</b>
	<b>List of Credentials:</b> <b>MEDICAL STAFF APPOINTMENT: Telemed Radiologists</b> <ol style="list-style-type: none"> <li>1. Joshua Albrektson, MD</li> <li>2. Michael Allen, MD</li> <li>3. Dennis Atkinson, MD</li> <li>4. Steven Cohen, MD</li> <li>5. Deborah Conway, MD</li> <li>6. Theresa DeMarco, MD</li> <li>7. Andre Duerinckx, MD</li> <li>8. Scott Kerns, MD</li> <li>9. Nancy Ho-Laumann, MD</li> <li>10. Marwah Helmy, MD</li> <li>11. Megan Hellfeld, MD</li> <li>12. Robert Hansen, MD</li> <li>13. Robert Filippone, DO</li> <li>14. Jerome Klein, MD</li> <li>15. Ernest Kinchen, MD</li> <li>16. Jennifer Kim, MD</li> <li>17. Shwan Kim, MD</li> </ol>

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).

	<ul style="list-style-type: none"> <li>18. Kingsley Orraca-Tetteh, MD</li> <li>19. Sergey Shkurovich, MD</li> <li>20. Brock McDaniel, MD</li> <li>21. Eric Kraemer, MD</li> <li>22. Kedar Kulkarni, MD</li> <li>23. Stephanie Runyan, DO</li> <li>24. Mark Reckson, MD</li> <li>25. Farhad Sani, MD</li> <li>26. Albert Ybasco, MD</li> <li>27. Mohammad Rajebi, MD</li> <li>28. Shaden Mohammad, MD</li> <li>29. Stephen Oljeski, MD</li> <li>30. Nanci Mercer, MD</li> <li>31. Stephen Fox, MD</li> <li>32. David Bissig, MD</li> <li>33. Ivy Ngyuen, MD</li> </ul>
13	<b>RECONVENE OPEN SESSION</b> - Approval of credentials were moved, seconded and carried.
14	<b>ADJOURNMENT: 2:29 pm</b> - Next Regular Meeting – October 14 <sup>th</sup> , 2020

**MAYERS MEMORIAL HOSPITAL DISTRICT**

**POLICY AND PROCEDURE**

**SANITIZING BARRIER ISOLATOR DURING COVID-19**

**POLICY**

During the COVID-19 epidemic as the necessary garbing for entering the designated compounding area is in short supply, the barrier isolator will be sanitized only on days of use. Weekly cleanings will continue per policy.

Implemented June 30,2020

**COMMITTEE APPROVALS:**

P&P: 9/3/2020





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

# BYLAWS OF THE MAYERS MEMORIAL HOSPITAL DISTRICT

REVISED DECEMBER 2017

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## **ARTICLE I     PREAMBLE**

These District Bylaws are adopted by the Mayers Memorial Hospital District Board of Directors (the "Board") pursuant to and consistent with Division 23 of the California Health and Safety Code, known as the Local Health Care District Law. These District Bylaws are established to further enable the Board to faithfully exercise its powers and fiduciary duties in accordance with applicable law. All provisions contained herein shall conform to and comply with all applicable federal, state, and local laws and regulations. Medical Staff Rules that have been approved by the Board shall be used to further assist in implementing the responsibilities of the Board.

- 1.1     Mission.** Mayers Memorial Hospital District serves the Intermountain area providing outstanding patient-centered healthcare to improve quality of life through dedicated, compassionate staff and innovative technology.
- 1.2     Offices.** The principal office of the District is fixed and located within Mayers Memorial Hospital at 43563 Highway 299 East, Fall River Mills, California, 96028. Branch or subordinate offices may be established by the Board at any time or place.
- 1.3     Definitions.**
  - 1.3.1** "Board" means the Board of Directors of the District.
  - 1.3.2** "Director" means a duly elected or appointed member of the Board of Directors of the District.
  - 1.3.3** "District" means the Mayers Memorial Hospital District.
  - 1.3.4** "Facilities" means the Hospital as well as other health care facilities and services operated by the District.
  - 1.3.5** "Hospital" means Mayers Memorial Hospital.
  - 1.3.6** "Medical Staff" or "Staff" means the organized medical staff of Mayers Memorial Hospital.
  - 1.3.7** "Medical Staff Bylaws" means the Bylaws of the Medical Staff, as approved by the Board.
  - 1.3.8** "Medical Staff Rules" means the Medical Staff Bylaws, Rules and Regulations, and Policies .
  - 1.3.9** "Practitioner" means a person who is eligible to apply for or who has been granted privileges in the Hospital, or another District Facility.

## ARTICLE II POWERS AND PURPOSES

The only actions of the Board are those agreed to by a majority of the Board of Directors in publically noticed meetings that are consistent with all applicable laws and regulations. The Board shall have accountability and authority for those powers as set forth in the Local Health Care District Law that are necessary for fulfilling the District's mission. These include but are not limited to the following:

- 2.1 General.** The Board is the governing body of the District. All District powers shall be exercised by or under the direction of the Board. The Board is authorized to make appropriate delegations of its powers and authority to officers and employees. The Board shall evaluate the performance of the CEO and its own performance. The Board may do any and all things which an individual might do that are necessary or advantageous to the District or the Facilities for the benefit of the communities served by the District, or that are necessary to accomplish any purpose of the District.
- 2.2 Authority of District Bylaws.**
  - 2.2.1 Amendment.** These District Bylaws shall be reviewed biannually at the beginning of even numbered years. They may be changed by an affirmative vote of at least three Directors at a regularly scheduled board meeting.
  - 2.2.2 Conflict.** If there is a conflict between the District Bylaws and any other bylaws, the District Bylaws shall be controlling.
- 2.3 Facility Operation.** The Board shall be responsible for the operation of all Facilities owned or leased by the District, according to the best interests of the public health. The Board shall make and enforce all rules, regulations and bylaws necessary for the administration, government, protection and maintenance of Facilities and District property under their management. The Board may prescribe the terms upon which patients may be admitted to the Facilities. Minimum standards of operation as prescribed by the Medical Staff Rules shall be established and enforced by the Board.
- 2.4 Trade Membership.** The District may maintain membership in any local, state, national, or global group or association organized and operated for the promotion of the public health and welfare or the advancement of the efficiency of hospital and health care administration, and in connection therewith pay any necessary dues and fees.

## **ARTICLE III THE BOARD OF DIRECTORS**

The Board shall consist of five (5) Directors, each of whom shall be a registered voter residing in the District and whose term shall be four (4) years. Terms shall be staggered such that three (3) Directors shall be elected in years evenly divisible by four, and two (2) Directors shall be elected in alternating even-numbered years.

### **3.1 Directors.**

**3.1.1 Fiduciary Responsibilities.** Directors have fiduciary responsibilities to the District, and those living in the District trust the Board to act on their behalf.

- (a) The duty of care requires that Directors act toward the District with the same watchfulness, attention, caution, and prudence as would a reasonable person in the same circumstances.
- (b) The duty of loyalty requires that Directors not place their personal interests above those of the District.
- (c) The Board shall respect privacy of information by not requesting or seeking to obtain information that is not authorized or necessary for conducting the business of the Board. Directors respect confidentiality by not revealing information to others who are not legally authorized to have it or which may be prejudicial to the good of the District. Directors respect information security by requesting and monitoring policies that protect the privacy of individuals served by or doing business with the District.

**3.1.2 Orientation.** The Board shall ensure an orientation process that familiarizes each new Director with his or her duties and responsibilities, including the Board's responsibilities for quality care and the Facilities' quality assurance programs. Continuing education opportunities shall be made available to Directors.

**3.1.3 Resignation and Removal.**

- (a) Any Director may resign effective upon giving written notice to the President, the Secretary, or the Board, unless the notice specifies a later time for the effectiveness of such resignation.
- (b) The term of any Director shall expire if the Director is absent from three consecutive regular meetings or from three of any five consecutive meetings of the Board and if the Board by resolution declares that a vacancy exists on the Board, except when

prevented by sickness, or when absent with permission required by law.

- (c) All or any of the Directors may be recalled at any time by the voters following the recall procedure set forth in Division 16 of the Elections Code.
- (d) A Director shall cease to hold Committee membership upon ceasing to be a Board member.

**3.1.4 Vacancies.** Unless otherwise specified by law, when a vacancy occurs on the Board of Directors, the remaining Directors may fill any vacancy by appointment.

### **3.2 Officers.**

**3.2.1 President.** The President shall be the principal officer of the District and the Board, and shall perform all duties incident to the office and such other duties as may be prescribed by the Board including but not limited to:

- (a) Serve as the Board's primary liaison with the Chief Executive Officer, the press, and the public;
- (b) Prepare the Board agenda and request necessary support materials for meetings;
- (c) Conduct meetings of the Board;
- (d) Sign documents as authorized by the Board;
- (e) Appoint Directors to Committees subject to approval by a majority of the Board;

**3.2.2 Vice President.** The Vice President shall serve in the capacity of the President when necessary or as delegated.

**3.2.3 Secretary.** The Secretary shall provide for the keeping of minutes of all meetings of the Board. The Secretary shall give, or cause to be given, appropriate notices in accordance with these Bylaws or as required by law and shall act as custodian of District records, reports, and the District's seal.

**3.2.4 Treasurer.** The Treasurer shall be charged with the safekeeping and disbursement of the funds in the treasury of the District.

**3.3 Committees.** All Committees, whether Standing or Special (ad hoc) shall be appointed by the President. The chairman of each Committee shall be

appointed by the President. All Committees shall only be advisory to the Board unless otherwise specifically authorized to act by the Board. Authorized action requires Committee quorum and a majority vote, unless such action is approved in writing by the absent members. A Committee chairman may invite additional individuals with expertise in a pertinent area to meet with and assist the Committee. Such consultants shall not vote or be counted in determining the existence of a quorum and may be excluded from any Committee session.

**3.3.1 Standing Committees.** When it is deemed necessary by the Board, Standing Committees may be appointed by the President with the concurrence of the Board. Standing Committees shall limit their activities to the accomplishment of the task for which they are created and appointed. Standing Committees shall continue in existence until discharged by the Board.

- (a) Standing Committees shall be:
  - (1) Finance Committee
  - (2) Quality Committee
  - (3) Strategic Planning Committee
- (b) Standing Committee Participation. Other Directors may attend standing Committee Meetings as members of the public but may not participate in the discussions. The President may remove any member at any time, or designate other Directors to serve in the capacity of any absent Committee members. All appointed members of Committees, including ex officio appointments and recognized alternates, shall be voting members and shall count toward establishing a quorum. Additional members from within the district may be recommended to serve on the committee as a voting member with board approval.

**3.3.2 Special (Ad Hoc) Committees.** A Special Committee is an advisory committee composed solely of Directors that represent less than a quorum of the Board, does not have continuing authority, and does not have a meeting schedule fixed by resolution or formal action of the Board. Special Committees may be appointed by the President for special tasks as circumstances warrant, and upon completion of the task for which appointed, such Special Committee shall stand discharged. Special Committee action may be taken without a meeting by a writing setting forth the action so taken signed by each member of the committee entitled to vote.



**3.4 Meetings.** All meetings of the Board and its Standing Committees are conducted in accordance with the Ralph M. Brown Act (the Brown Act). Public comment will be invited and considered at all open meetings and meeting agendas, support materials, and minutes will be available to the public.

**3.4.1 Quorum.** A majority of the Directors of the Board or Committee members shall constitute a quorum.

**3.4.2 Types of Meetings.**

(a) An annual organizational meeting shall be held on the first meeting in December at the place designated in a resolution by the Board. This meeting shall include the election of the President, Vice President, and Secretary, as well as the appointment of a Treasurer, and appointment of Standing Committee members.

(b) Regular monthly meetings shall be held on a consistent basis, alternating sites between the Burney Annex and the Fall River Mills campus, in the boardroom, except as otherwise specified by a resolution of the Board. Meeting dates and times are set at the annual meeting in December and if changed will be legally noticed. In the event the regular meeting date falls on a legal holiday, the meeting shall be held on the following day, except as otherwise specified by a resolution of the Board.

**3.5 Compensation.** The Board shall serve without compensation except that by resolution of a majority vote, the Directors may authorize the payment of up to one-hundred dollars (\$100) per meeting for a maximum of five (5) meetings per month as compensation to each Director. Each Director shall be allowed the Director's actual necessary traveling and incidental expenses incurred by the performance of official business of the District as approved by the Board.

**3.6 Indemnification.** All instances of indemnification shall adhere to the California Government Code beginning at Section 825. Nothing contained herein shall be construed as providing indemnification to any person in any malpractice action or proceeding arising out of or in any way connected with the practice of such person's profession.

**3.6.1 District Agent Indemnification.** The District shall, to the maximum extent permitted by law, indemnify each of its agents against expenses, judgments, fines, settlements and other amounts actually and reasonably incurred in connection with any proceeding arising from any act or omission occurring within the agent's scope of authority, as determined by the District. A District agent includes any person who is or was a director, officer, employee or other agent of the District.

**3.6.2 Scope of Indemnification.** The District may not provide unconditional indemnification to non-employee members of its medical staff involved in litigation arising out of peer review committee activities.

## **ARTICLE IV DELEGATION OF AUTHORITY**

The Board honors the distinction between governance and management and is authorized to make appropriate delegations of its powers and authority to officers and employees at its discretion. The Board shall exercise its responsibilities for oversight by operating at the policy level, setting strategic direction and goals, monitoring key outcomes, and taking corrective action where needed.

**4.1 Chief Executive Officer ("CEO").** The District shall employ or contract with a CEO for the Hospital who acts on behalf of the District within the constraints of all District bylaws and policies. The Board delegates to the CEO the authority to perform the following functions:

**4.1.1 Operation of the District and Its Facilities.** The CEO is responsible for coordination among the Facilities to control costs and to avoid unnecessary duplication in services, facilities and personnel. The CEO is responsible for ensuring the soundness of financial, accounting and statistical information practices including budgets, forecasts, special studies and reports, and proper maintenance of statistical records. The CEO is responsible for data collection as required by governmental, licensing, and accrediting agencies. The CEO shall maintain adequate insurance or self-insurance covering the physical property and activities of the District and the Board. The CEO is responsible for the negotiation and administration of contracts necessary for District operations. The CEO shall maintain all District records including the minutes of Board and Committee meetings.

**4.1.2 Communication.** The CEO shall be liaison among the Board, the Medical Staff, and District personnel.

**4.1.3 Compliance.** The CEO shall assist the Board in planning services and facilities and informing the Board of governmental legislation, regulations and requirements of official agencies and accrediting bodies, that affect the planning and operation of the Facilities. The CEO is to perform as liaison with governmental, licensing, and accrediting agencies, and shall implement actions necessary for compliance.

**4.1.4 Delegation.** The CEO shall designate other individuals by name and position who are authorized to act for the CEO during any period of absence. To the extent the CEO deems appropriate, the CEO shall delegate to management personnel in the Facilities the authority to manage the day-to-day operations of the Facilities, hire and terminate Facility personnel, and administer professional contracts between the District and Practitioners.

- 4.1.5 Human Resources.** The CEO is responsible for ensuring the soundness of all personnel. The CEO shall provide the Board and its Committees with adequate staff support.
  - 4.1.6 Policy Implementation.** By working with Standing and Special Committees of the Board and joint committees of the Medical Staff, the CEO is to participate in the elaboration of District policies.
  - 4.1.7 Public Relations.** The CEO shall coordinate community relations activities, including public appearances and communications with the media.
  - 4.1.8 Reporting.** The CEO shall prepare and distribute to the Board and Medical Staff periodic reports on the overall activities of the District, the Hospital or other Facilities, and pertinent federal, state and local developments that affect the operation of District Facilities.
  - 4.1.9** Any other duties as the Board may direct from time to time.
- 4.2 Medical Staff.** There shall be a Medical Staff for the Hospital established in accordance with legal, regulatory and accreditation requirements, including California Local Healthcare District Law, that is responsible and accountable to the Board for the discharge of those duties and obligations set forth in the Medical Staff Rules and as delegated by the District. The Medical Staff shall be self-governing with respect to the professional work performed in the Hospital and shall have those rights recognized by the California legislature in Senate Bill 1325 (2004). The Board and the Medical Staff shall have the mutual rights and responsibilities as described in that legislation.
- 4.2.1** The Medical Staff is responsible for and accountable to the Board for the quality of care, treatment and services rendered to patients in the Hospital. The Medical Staff shall implement mechanisms to assure the consistent delivery of quality care such that patients with the same health problem all receive the same level of care. The Medical Staff shall be responsible for investigating and evaluating matters relating to Medical Staff applications, membership status, clinical privileges, and corrective action, except as provided by the Medical Staff Rules. The Medical Staff shall adopt and forward to the Board specific written recommendations, with appropriate supporting documentation, that will allow the Board to take informed action. Board procedures for appeals shall comply with procedures set forth in the Medical Staff Rules and applicable law, including the Local Healthcare District Law (Health and Safety Code Section 32150 et seq.).
  - 4.2.2** The Medical Staff is responsible for the development, adoption, and periodic review of the Medical Staff Rules consistent with these District Bylaws, applicable laws, government regulations, and accreditation

standards. The Medical Staff Rules and all amendments, shall become effective only upon approval by the Medical Staff and the Board.

- 4.2.3** Membership in the Medical Staff shall be comprised of physicians, surgeons, dentists, and podiatrists who meet the qualifications for membership as set forth in the Medical Staff Rules and who are duly licensed and privileged to admit or care for patients in the Hospital. Membership shall be a prerequisite to the exercise of clinical privileges in the Hospital, except as otherwise specifically provided in the Medical Staff Rules.

**CERTIFICATION**

It is hereby certified that attached hereto is a true, complete and correct copy of the current Bylaws of the Mayers Memorial Hospital District, duly adopted by the Board of Directors on December 20, 2017.



December 20, 2017

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Mike Kerns, President

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Date

2019 MMHD Board Assessment

Questions should be answered by all board members. When completed individually the results of Sections A, B and C should be compiled, shared and discussed by the whole board to determine an average group answer to each question and an overall section rating. Section D should be answered by board members alone but not shared with the group. Sections A, B and C should also be completed by the CEO.

Select the response that best reflects your opinion. The rating scale for each statement is:

Strongly Disagree (1)                      Disagree (2)                      Maybe or Not Sure (3)  
 Agree (4)                                      Strongly Agree (5)

**A. How Well Has the Board Done Its Job?**

1.	Our organization has a three to five-year strategic plan or a set of clear long range goals and priorities.	1	2	3	4	5
2.	The board’s meeting agenda clearly reflects our strategic plan or priorities.	1	2	3	4	5
3.	The board has insured that the organization also has a one-year operational or business plan.	1	2	3	4	5
4.	The board gives direction to staff on how to achieve the goals primarily by setting or referring to policies.	1	2	3	4	5
5.	The board ensures that the organization’s accomplishments and challenges are communicated to members and stakeholders.	1	2	3	4	5
6.	The board has ensured that members and stakeholders have received reports on how our organization has used its financial and human resources.	1	2	3	4	5

**My overall rating** *(add together the total of the numbers selected):*

Excellent (28+)    Very Good (20-27)    Good (15-19)    Satisfactory (11-15)    Poor (6-11)

Select the response that best reflects your opinion. The rating scale for each statement is:

Strongly Disagree (1)  
Agree (4)

Disagree (2)  
Strongly Disagree (5)

Maybe or Not Sure (3)

**B. How Well Has the Board Conducted Itself?**

1.	Board members are aware of what is expected of them.	1	2	3	4	5
2.	The agenda of board meetings is well planned to that we are able to get through all necessary board meetings.	1	2	3	4	5
3.	It seems like most board members come to meetings prepared.	1	2	3	4	5
4.	We receive written reports to the Board in advance of our meetings.	1	2	3	4	5
5.	All Board members participate in important board discussion.	1	2	3	4	5
6.	We do a good job encouraging and dealing with different points of view.	1	2	3	4	5
7.	We all support the decisions we make.	1	2	3	4	5
8.	The Board has taken responsibility for recruiting new board members.	1	2	3	4	5
9.	The Board has planned and led the orientation process for new board members.	1	2	3	4	5
10.	The Board has a plan for director education and further board development.	1	2	3	4	5
11.	Our Board meetings are always interesting.	1	2	3	4	5
12.	Our Board meetings are frequently fun.	1	2	3	4	5

**My overall rating** (*add together the total of the numbers selected*):

Excellent (45+)    Very Good (39-44)    Good (29-38)    Satisfactory (20-28)    Poor (10-19)



Select the response that best reflects your opinion. The rating scale for each statement is:

Strongly Disagree (1)  
Agree (4)

Disagree (2)  
Strongly Disagree (5)

Maybe or Not Sure (3)

**C. Board's Relationship with CEO**

1.	There is a clear understanding of where the Board's role ends and the CEO's begins.	1	2	3	4	5
2.	There is good two-way communication between the Board and the CEO.	1	2	3	4	5
3.	The Board trusts the judgement of the CEO.	1	2	3	4	5
4.	The Board provides direction to the CEO by setting new policies or clarifying existing ones.	1	2	3	4	5
5.	The Board has discussed as communicated the kinds of information and level of detail it requires from the CEO on what is happening in the organization.	1	2	3	4	5
6.	The Board has developed formal criteria and a process for evaluating the CEO.	1	2	3	4	5
7.	The Board, or a committee of the Board, has formally evaluated the CEO within the last 12 months.	1	2	3	4	5
8.	The Board evaluates the CEO primarily on the accomplishment of the organization's strategic goals and priorities and adherence to policy.	1	2	3	4	5
9.	The Board provides feedback and shows its appreciation to the CEO on a regular basis.	1	2	3	4	5
10.	The Board ensures that the CEO is able to take advantage of professional development opportunities.	1	2	3	4	5

**My overall rating** (*add together the total of the numbers selected*):

Excellent (50+)    Very Good (40-49)    Good (30-49)    Satisfactory (20-29)    Poor (10-19)

Select the response that best reflects your opinion. The rating scale for each statement is:

Strongly Disagree (1)  
Agree (4)

Disagree (2)  
Strongly Disagree (5)

Maybe or Not Sure (3)

**D. Performance of Individual Board Members (*Not to be shared*)**

1.	I am aware of what is expected of me as a Board member.	1	2	3	4	5
2.	I have a good record of meeting attendance.	1	2	3	4	5
3.	I read the minutes, reports and other materials in advance of our Board meetings.	1	2	3	4	5
4.	I am familiar with what is in the organization's by-laws and governing policies.	1	2	3	4	5
5.	I frequently encourage other Board members to express their opinions at Board meetings.	1	2	3	4	5
6.	I am encouraged by other Board members to express my opinions at Board meetings.	1	2	3	4	5
7.	I am a good listener at Board meetings.	1	2	3	4	5
8.	I follow through on things I have said I would do.	1	2	3	4	5
9.	I maintain the confidentiality of all Board decisions.	1	2	3	4	5
10.	When I have a different opinion than the majority, I raise it.	1	2	3	4	5
11.	I support Board decisions once they are made even if I do not agree with them.	1	2	3	4	5
12.	I promote the work of our organization in the community whenever I have a chance to do so.	1	2	3	4	5
13.	I stay informed about issues relevant to our mission and bring information to the attention of the Board.	1	2	3	4	5

**My overall rating (*add together the total of the numbers selected*):**

Excellent (55+)    Very Good (45-54)    Good (32-44)    Satisfactory (20-31)    Poor (13-19)



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

**Executive Director of Community Relations & Business Development – Valerie Lakey**  
**September 2020 Board Report**

**Legislation/Advocacy**

Both **AB2537** and **SB 275** are on the Governor's desk awaiting signatures. It is the hope of most hospitals and CHA that he signs SB275 and not AB2537. There is the potential that he could sign both which will be tricky to navigate. SB275 is the best version of the PPE bill, as the implementation is in 2023 and includes a workgroup to establish guidelines. SB275 requires a 45 day supply of PPE and requires the state to maintain a 90 day supply. There is some talk that state leadership is not happy with the bill because of the state stockpile requirement. AB2537 would be implemented in April 2021, when it is possible the supply chain is not even back to normal. This bill requires a 90 day supply of normal consumption as well as a surge supply. There is NO state stockpile requirement. Both bills passed overwhelmingly in both houses.

**SB758** the seismic extension (to 2037) bill was withdrawn. There is talk that a new version will be presented in the next session. As it stands now the next seismic requirements are based on a 2030 deadline.

**AB890** – The Nurse Practitioner bill passed both houses and has bi-partisan support. It awaits the Governor's signature. We sent out letter of support to the Governor. We played a significant role in the advocacy of this bill. We were able to get Senator Brian Dahle to speak in favor and focus on rural hospitals in the Senate floor session.

**SB1159** – the Worker's Comp COVID bill was signed by the Governor on September 17<sup>th</sup>. The bill creates rebuttable presumption that illness or death related to COVID-19 is an occupational injury and therefore eligible for WC benefits.

**AB1867** – was signed by the Governor on September 9<sup>th</sup> – the bill is California's COVID-9 supplemental paid sick leave bill, which went into effect September 19<sup>th</sup>. The law is intended to ensure that all employees in California have access to 2 weeks of supplemental paid sick leave if they are ordered to quarantine or isolate by a health care provider or public health officer or if they are prohibited from working by their employer due to health concerns related to COVID-19

### **Marketing/Public Relations/Recruiting**

The [MMHD Virtual Open House](#) video was published and has about 800 views so far. Thank you to all who participated and helped make this video a great representation of MMHD.

The Hospice webpage is moving along. The site will have its own URL, but will be accessible from the district page as well. A logo was decided upon and the website and new brochure will feature the logo.

We have been scheduling department information meetings with new providers and key staff. We have been able to schedule the new PA and Clinic Manager with our service departments. This allows each department manager/lead to have some quality time with key staff to explain our services and answer questions.

Additionally, there have been information packets sent out to area providers. When COVID allows, we will be making in person visits.

The bulk mailing for the pharmacy went out to all residents in our district as well as the Big Valley area. We have built a Mayers Pharmacy Facebook page and have been promoting the flu shots. We also have giveaway items ordered for the pharmacy. A new feature is "Over the Counter Talk" which is published on Tuesdays and Thursdays on the Mayers Pharmacy FB page. We are working on getting this linked to the Mayers Pharmacy page on the website.

For the pharmacy we are rolling out 15% off of OTC items for staff and offering 15% off with the coupon from the mailer and for the colonoscopy prep items.

We have had good success with our daily promos on FB (Motivation Monday, Tip Tuesday, etc.) We are also focusing on health observances and will be implementing a recognition of staff's family achievements.

The first Board update was posted on FB and linked to the website.

We are in the process of developing a messaging plan/calendar for the demolition of the old building. There are many ideas being organized. The goal is to provide education, history and do it in steps.

We continue collaboration with FRJUSD. We coordinated Fit Testing of N95's for district staff and have donated Face Shields. We have a process in place to have staff COVID tested if needed. Additionally, we are providing a hand sanitizer station for each school and some water bottles for students (since they cannot use the drinking fountain.) We are also working with SCPH to put together an information sheet that could be available to the school to provide to parents with questions about symptoms, testing and processes.

### **Disaster/Emergency Preparedness/Safety**

We are excited to report that we have some great projects in the works. The safety committee has been very active lately and there is a full list. Projects include:

- 10 minute drills focused on the basics of safety and emergency preparedness
- Review and update of the Workplace Violence Prevention Plan
- Review and update of the Hazard Vulnerability Assessment
- Review and update of all maps
- EP updates on the INTRANET

- Launch of the FastCommand system for EP
- Review and update of policies related to new building

September is National Preparedness Month, so we have been putting out education and resources on our Facebook page.

With the probable signing of one or both of the PPE bills (AB2537 and SB275), we are planning for meeting requirements for personal protective equipment. Jessica DeCoito has a good handle on the daily inventories and the Burn rate Calculator. This will be very useful on reporting requirements that could be implemented.

We have been completing a DAILY COVID report 7 days a week since March.

We attended the California Hospital Association Virtual Disaster Preparedness Conference last week. There was very good content, with a lot of materials and ideas that we can implement at MMHD. We are in the process of reviewing the materials. This is the 4<sup>th</sup> year Val has served on the statewide committee.

The north state Emergency Preparedness Directors group is planning a regional surge tabletop event which will be in November. We are working with Mercy to plan this event. It will follow the protocol we established when we developed the regional surge plan earlier this year.



## Operations Report September 2020

Statistics	August YTD FY21 <i>(current)</i>	August YTD FY20 <i>(prior)</i>	August Budget YTD FY21
Surgeries <i>(including C-sections)</i>	11	7	16
➤ Inpatient	0	0	4
➤ Outpatient	11	7	12
Procedures <i>(surgery suite)</i>	157	135	192
Inpatient	188	262	338
Emergency Room	693	800	670
Skilled Nursing Days	4974	4708	4623
OP Visits (OP/Lab/X-ray)	2254	2623	2804
Hospice Patient Days	133	205	234
PT	502	459	500

### Chief Clinical Officer Report

**Prepared by: Keith Earnest, CCO**

#### ***Physical Therapy***

- Referrals of Spanish speakers has increased, although total referrals from our primary referral source have decreased.
  - We are problem solving translation services in physical therapy and plan to use the translation telephone service via the telephone. Daryl Schneider, PT, manager, is working with IT to implement a solution.
  - Some forms have Spanish versions and we are working on converting others.
- The LiteGait has been used on two patients so far and staff have received positive feedback from the patients.
- Laura Sanders has demonstrated flexibility and teamwork by floating to activities, ward clerk at NS2, sitter at NS1, and COVID screener at the main entrance.

#### ***Pharmacy***

- The availability of specialty garb especially gowns for Sterile Compounding continues to be a struggle due to COVID.
- The flu shot consents for employees have been reviewed for compliance and have been updated. Flu shots for employees will be done in October.
- Flu shots for SNF residents will start in October. The quality process has been delineated to nursing staff as part of survey readiness.

#### ***Retail Pharmacy***

- The retail pharmacy is enrolled to bill Medicare B for vaccinations. Finance is working with an intermediary so more Medicare B billing can be done by the retail pharmacy.
- Flu Shots will be available Tuesdays and Thursdays from noon to 4pm in October.
- The Pharmacy is enrolled with CAIR (California Immunization Registry) so flu shots will be reported.
- The COVID precautions recommendations for Flu Shot administration in pharmacy have been reviewed and will be implemented. Some of the recommendations are:
  - COVID screening and temperature checks prior to administration
  - Social Distancing while waiting
  - Preparing injections in a separate room from where they are administered.
  - Wiping down chair between patients
- Mass mailing advertising the pharmacy went out the first week in September and included a 15% discount on Over-the-Counter items.
- Mayers is no longer providing the clinics with colonoscopy preparation medications. They are available at the pharmacy with a 15% discount.

### ***Telemedicine***

- School counseling started again this week on the school sites. A survey has been circulated among staff at the school district as well to see if they would be interested in services themselves as an extension of our target population. Responses are still coming in.
- Rheumatology appointments have begun to pick up a little bit.
- Amanda Harris, Telemedicine Coordinator, is looking into options for inpatient Telemedicine appointments and assessing feasibility. Specialties of interest are: Gastroenterology, Endocrinology, Infectious Diseases, Cardiology, and Urology

### ***Respiratory Therapy***

- David Farrer, RT, has created a marketing plan with some very well thought out ideas on how to increase referrals.
- We have returned one rented ventilator and will reevaluate the need for the other rental ventilators this winter based on our specific need during the pandemic.
- Odessa Mosley, RT, performed N95 mask fit tests for FRJUSD staff; for pictures see Mayers Facebook page.

### ***Cardiac Rehab***

- During the power outage, safety checks of cardiac rehab participants were done over the phone.
- Exploring grant/award opportunities to replace Holter monitors. The department is down to one and two are not able to be repaired.
- Dana Hauge, cardiac tech, will be moving to a larger role at Mayers, see Executive Director of Community Relations report for more details.

## *Chief Nursing Officer Report*

**Prepared by: Candy Vculek, CNO**

- CDPH regulations have changed related to SNF visitation. A very controlled process to allow limited visitation for family is being developed and first visits will start on 9/28. The plan is to start slow for a week or two and then ramp up the visitation process as soon as the process is known to be successful. There are very stringent CDPH regulations that must be followed. One of the regulations mandates that a staff member must be present to maintain social distancing and lack of physical contact. This puts another time burden on an already busy staff. The regulations regarding communal dining and activities have been partially relaxed. This will reduce the isolation for our residents and the workload on our staff.
- The first C.N.A class graduates October 5<sup>th</sup> and 4 new C.N.A.s will be joining MMHD. The second C.N.A. class starts October 12<sup>th</sup> and at this time there are 6 students that will be for our facility.
- The new Burney Clinic manager, Amanda Ponti has joined the MMHD team. She is hard at work building all the things needed for a successful clinic.
- MMHD has received a “rapid test” COVID-19 analyzer. The test can now be run in 15 minutes. This will help the facility to protect our residents and patients as we begin to allow visitation back into the facility.

### ***SNF Report***

- Census = 84 Residents (Burney Annex = 48; Station 2 Fall River = 36) Memory Care Unit is at capacity. There is one empty bed in Burney and one empty bed at Fall River.
- CNA Staffing continues to be challenging for Skilled Nursing. Some relief is anticipated with the onboarding of the new program graduates in October and subsequently in December. In addition, new positions called Unit Assistants have been added to both SNF's. The new staff members will work to take the non-patient care work off the C.N.A.'s Two have been hired and will be starting in the next couple of weeks. There has been very good response from the staff in regards to these new positions.
- Residents continue to be screened morning and evening for fever and/or any changes in condition.
- “Covid-19” SNF Survey Report is filled out and sent daily and weekly to CDPH keeping them up to date on MMHD status.

### ***Acute Care Report***

Submitted separately as the Acute Care board report is due.

### ***Emergency Department***

- The Emergency Department treated 339 patients in the month of August.
- Staffing – There is currently one travel RN for the ED. There are still two total open positions but one continues to be filled by per diem staff.
- The department has settled into the new facility with minimal disruption. There have been numerous comments related to how much nicer the work environment is.

### ***Laboratory***

Operations Report



- The CDPH mandated weekly testing COVID testing for the employees has had a noticeable effect on the amount of work being done in the department. The department manager will be watching the cost of the testing and will report in October.
- Microbiology – install of hood and equipment is still pending. Several pieces of equipment have arrived and will be installed soon.

### ***Radiology Board Report***

- Staffing: The new USN technician has been hired and will be starting around the first of October. This will result in a solid reduction in registry costs for radiology.
- Radiology is settling into the new facility. The transition has been more labor intensive than the other two areas as there needed to be significant work to adjust protocols to match the new equipment. The manager is building standard protocols that will allow a new staff member to step and manage the equipment without significant training.

### **Chief Operating Officer Report**

**Prepared by: Ryan Harris, COO**

### ***Facilities, Engineering, Other Construction Projects***

- The Mayers Rural Health Clinic project continues to proceed on schedule. The project is now over 50% complete with wall close up starting as soon as the fire sprinkler system is installed. We received the approval of our fire sprinkler system and work will begin on the scope the week of the 28th.
- Alex and I completed our review of the OSHPD back check 1 drawing and will be sending our findings to Greenbough Design the week of the 28<sup>th</sup>. This will be incorporated into the back check 2 drawings for OSHPD's review. The milestones that we must meet are as follows: Completion of the new hospital wing by 9/25/20, start partial demolition of the existing hospital by 4/15/21, completion of the demolition project by 12/15/21. This project is still on schedule. An RFB will be sent out upon approval of the contract documents by OSHPD.
- The Acute Nurse Call project has been rescheduled to start on October 19th.
- SNF Refresh project will include the updating of all sinks to be ADA compliant. This project has also been put on hold because of the facility's COVID-19 restrictions. No changes to this project.
- We have decided to bring the helistop project in-house. PG&E is scheduled to remove the remaining power poles on 9/24/2020. We will start the construction of the new helistop on 9/28/2020.
- Facilities and engineering crews have been working closely with nursing leadership to ensure that our facilities can meet the demands of COVID-19 including rooms for a patient surge, isolation rooms, negative air pressure, monitoring, and HEPA filtration. To date, these measures are working appropriately.
- Belfor was required to hire an engineering firm to complete drawings of the laundry facility. Once these are completed they will be submitted to the county for approval.
- The church was granted a change of use for the Daycare project. Alex met with the Church members and plans have begun. There is a list of the conditions that are required by the county and the Church will be hiring an engineering firm to complete the review of the building. More than likely ADA upgrades will need to be done.

- Louis and I have been discussing how to best approach the HVAC project. Within the facilities master plan, we are working on, we are addressing our HVAC issues at the time we are upgrading that part of our facility.

## *IT*

### *Day To Day*

- IT has 3 FTEs
- IT received 462 new tickets
- Of 504 available hours, IT spent 125.85 Hours of their time on those tickets
- In that time, IT was able to resolve 466 of those tickets with:
  - Average of 7.4 tickets resolved per day per FTE
  - Average overall response time of 5H38M
  - Average resolution time of 5H46M
  - 80.5% resolved upon the first contact
- Of those received, 14 had an impact on Patient Care, Business Continuity, Regulatory Compliance, or Security Posture
- Of those received, 94.2% were resolved within the SLA
- We received a total of 42 Satisfaction Surveys
  - 40 Replied 5/5 Stars
  - 1 Replied 4/5 Stars
  - 1 Replied 3/5 Stars
  - 0 Replied 2/5 Stars
  - 0 Replied 1/5 Stars

### *One-Offs*

#### *Project Updates*

- Active
  - High Priority
    - Cohesity Install
      - Waiting on a software upgrade for CDP before moving on to Tape and Cloud installs
    - Burney Clinic
      - Waiting on a proposal for cameras
    - Facilities Ticketing System
      - Passed quote to Ryan H for signature
    - Paragon 15 Upgrade
      - Activation set for 9/15, the schedule is still TBD. The current plan from Allscripts would result in downtime from 12 AM to 12 PM. We are discussing the possibility of reducing this to 12 to 9.
  - Medium Priority
    - vRad Interface
      - vRad is receiving HL7, pending Dictionary delivery to complete Mayers's responsibilities.
    - PCC Interface
      - Jeff is working on test plans

- MVHC Interface
      - Pending VPN changes from DGI
    - Printer Refresh
      - Working with Ryan H Tuesday on a printer map.
    - Citrix Phase 1
      - Discussing bulk order for thin clients so we can replace all windows 7 PCs, satisfying the goal of phase 1. Current support ends 1/12/21, so our goal would be to wrap this up by 1/31/21.
    - Network Refresh
      -
  - Low Priority
    - None
- Inactive
  - Change Management
  - Patch Management (Nutanix/Vmware/Network Device additions)
  - IDS/IPS
  - Physical Domain Controller
  - SIEM Tool
  - AirWatch MDM
  - Phone Server Upgrade/Virtualization
  - Video Server Upgrade/Virtualization
  - User Onboarding Standardization
  - Firewall Upgrade
  - Exchange Upgrade
  - Remediate External Pentest Items
  - BancSec Internal Audit
    - Starting 9/1
  - Lab Micro Upgrade
    - Starting 9/8
  - Internet Upgrades
    - Pending cutover in Burney
  - SAFR
    - Allscripts says they won't develop the changes needed to use the SAFR features.

### ***Purchasing***

- Purchasing is up to 3 FTE's now. Ideally purchasing would be at 3.5 FTE for their workload. I am working with Steve to see if 3 can work if we need to bring on someone part-time.
- Jessica continues diligently in getting us daily inventory counts of PPE and other high demand items. They input this data into a burn rate calculator that the CDC provided. This shows us based on our usage of how many days' supply we have and which items we should be focusing on procuring. This has been a great tool for us to identify and prioritize PPE we are getting low on. There are still items such as procedural masks, gloves, and toilet paper that are difficult to procure.
- Purchasing has done a wonderful job of ensuring we do not run out of PPE and I am pleased to announce that we have not run out of any PPE to date.

- I am working with IT to identify software that can modernize and streamline our purchasing process for our staff and the department.

### ***Food & Nutrition Services***

- Maintenance of the kitchen continues to be a struggle. We still are having difficulties with the aging kitchen infrastructure including, the dishwasher, water heater, evaporative cooler, and both the walk-in refrigerator and freezer. I have identified this area of the hospital as a pressing need for a remodel or a new build.

### ***Environmental Services & Laundry***

- Staffing is of the greatest concern for Sherry and myself in the Environmental Services department. We have added close to 11,000 square ft and have been unable to hire any additional staff and have had very little interest in the positions. Sherry and I are considering another job day for EVS to drum up some interest.

## **Operations District-Wide** **Prepared by: Louis Ward, CEO**

### ***Rural Health Clinic***

Mayer's Rural health clinic is progressing nicely. The building is taking shape as well as we have begun focusing our attention on the operations of the clinic. We have created a Clinic steering committee which have been directed to tackle a number of issues including but not limited to developing job descriptions, pay scales, policies and procedures, establishing equipment needed, and most pressing selecting an Electronic Medical Record software. The committee is made up of all disciplines found within a clinic setting; providers, nursing, HR, finance, management, IT, front end and back end staff. The committee will meet bi-weekly throughout the rest of the year in preparation for the opening of the Burney Rural Health Clinic in spring of 2021

### ***COVID – 19***

At the time of this report Shasta County has reported 751 positive COVID-19 cases. To provide some prospective on the spread on August 26<sup>th</sup>, the date of our last District Board meeting there were 515 cases, on July 29<sup>th</sup>, there were 348 cases. The good news, hospitalization rates still remain low with only 6 hospitalized patients in Shasta County.

### ***COVID Testing***

A great deal of progress has been made in terms of COVID19 testing throughout the past month. We have been able to procure a 15-minute rapid testing machine, this paired with our 1 hour machine we have had for the past few months our testing capabilities has greatly increased. We have performed all of the necessary quality controls on the 15-minute testing machine and it is now in use with our patients who are in need of a test.

### *SNF Visitation*

There has been a constant dialogue between MMHD, the County, and the State surrounding allowing visitation for the families and Residents of our Skilled Nursing Facilities. Throughout this past month we have been able to accommodate various types of visits between families and their loved ones. At the moment we can provide ZOOM visits, Window visits, and our newest option for families... a visit which actually allows you to sit closely with your loved one and even feel their touch. We are able to do this through the use of a converted screen door which still provides a physical barrier to protect the residents but does have arm holes allowing the visitor to reach in with their hands which are clean and in gloves to feel the touch of their loved ones.

We are now working with the State to open up to in person visits for our Residents and families. This work has been difficult as often the decision-making is out of our hands and in the hand of the regulating body over all hospitals, the California Department of Public Health. Beginning at the end of September MMHD will be able to offer in person visitation to families and residents while still adhering to the restrictions the State has imposed. We will begin sending our letters to the families of the Residents the last week of September, which will explain the program and the process surrounding it. We are delighted to move this needle once more and keep looking to the day the families and Residents can return to the normal loving visits with no restrictions we all miss at the moment.

Les Baugh  
County Member

Larry Farr  
City Member  
Stan Neutze  
City Member

Michael Dacquisto  
City Member Alternate

Irwin Fust  
Special District Member

Mary Rickert  
County Member Alternate

Brenda Haynes  
Special District Member



Larry Russell  
Public Member

Joe Chimenti  
County Member

Patricia A. Clarke  
Special District Alternate

Katharine Ann Campbell  
Public Member Alternate

George Williamson  
Executive Officer

James M. Underwood  
General Counsel

Kathy Bull  
Manager

**Date:** August 7, 2020

**To:** Shasta County Special Districts

**From:** George Williamson, Executive Officer & Kathy Bull, Office Manager

**Subject:** NOTICE OF BALLOTING PERIOD TO ELECT SPECIAL DISTRICTS REPRESENTATIVES

Independent special districts are hereby advised that the balloting period is open for election of Special District Representatives to the Local Agency Formation Commission (LAFCO). The election is subject to the following rules:

#### **Terms of Office**

Pursuant to LAFCO statute, the term of office of each special district member of Shasta LAFCO shall be four years and until the appointment and qualification of his or her successor. This term shall expire in January of 2024.

#### **Election Rules**

1. Each eligible nominee shall be listed on the ballot.
2. Each independent district will be sent only one ballot.
3. Each independent district may cast up to three votes. The special district governing body is to decide which three candidates are to receive the district's votes, by vote of the Board, at a regular or special meeting.
4. Districts shall return the ballots to LAFCO in the pre-addressed envelope provided by LAFCO at Shasta LAFCO General Counsel, C/O Underwood Law Offices 1274 Court Street, Redding, CA 96001.
5. **Ballots must be postmarked on or before Friday, September 25, 2020.**
6. Ballots postmarked after the specified due date will be declared invalid.
7. The ballots will be opened and counted by the Shasta LAFCO Counsel. The ballots received must constitute a quorum of the special districts.
8. The two candidates receiving the most votes will be elected to the Regular seats, the candidate receiving the 3<sup>rd</sup> most votes will be selected as the Alternate.
9. The election results will be announced within seven (7) days after ballots are opened and counted.

Attachments: Candidate Information  
Official Ballot



**SHASTA LAFCO  
OFFICIAL BALLOT – SPECIAL DISTRICTS**

**Please vote for up to three (3) candidates. The two candidates receiving the majority of the votes will be selected to the Regular Commission Members, and the candidate receiving the 3<sup>rd</sup> most votes will be selected as the Alternate Commission Member:**

**Please vote for up to three candidates listed in alphabetical order below:**

- Patricia "Trish" A. Clarke – Anderson Fire Protection District
- Irwin Fust – Clear Creek Community Services District
- Brenda Haynes – Anderson Cottonwood Irrigation District
- Ann Morningstar – Shasta Mosquito & Vector Control District
- Fred Ryness – Burney Water District
- Jim Smith – Bella Vista Water District

Candidate Information is provided on the reverse side of this form.

This action was taken by the \_\_\_\_\_

District Board of Directors on \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Clerk of the Board

\_\_\_\_\_  
Date



## SHASTA LAFCO OFFICIAL BALLOT – SPECIAL DISTRICTS

CANDIDATE NAME & QUALIFICATIONS	DISTRICT	INTEREST IN SERVING ON LAFCO
<p><b><u>PATRICIA A. CLARKE:</u></b> Served 16 years on LAFCO including time as a Commissioner and Chairman. Anderson Planning Commission &amp; City Council, Board of Supervisors, Commission on Local Governance for the 21<sup>st</sup> Century, LAFCO; currently President of the Board of Directors for AAASCO.</p>	Anderson Fire Protection District	"For many years, I have continued to enjoy serving my community in various capacities and am particularly fond of local governance. Additionally, I have previous LAFCO experience."
<p><b><u>IRWIN FUST:</u></b> Clear Creek CSD Board Member; Northern California Emergency Medical Services Board Member; Northern California County Supervisors Association Board; Shasta County Mental Health Advisory Board; Shasta County Planning Commission; Happy Valley Elementary School Board; Happy Valley Elementary, Primary School and West Valley High School Building Committees; Anderson Union High School Facilities Corporation Member; Happy Valley Community Center; Happy Valley Strawberry Festival; Shasta County Board of Supervisors; Shasta LAFCO</p>	Clear Creek Community Services District	This commission has the authority to set district boundaries and spheres of influence and we must have an advocate for special districts who understands the needs of special districts. I would appreciate your vote for the position of representative and I will work diligently for your interests.
<p><b><u>BRENDA HAYNES:</u></b> Having served on LAFCO for over 12 years, I've acquired knowledge of the detailed and sometimes complicated world of LAFCO. I'd like to use that knowledge to help guide LAFCO for one more term. Shasta County LAFCO, Shasta County Resource Advisory Committee, Redding Republican Women Federated, Shasta County Republican Central Committee, Anderson Cottonwood Irrigation District.</p>	Anderson-Cottonwood Irrigation District	"I love Shasta County, have lived here all my life and want to see it grow in a thoughtful and efficient manner."
<p><b><u>ANN MORNGINSTAR:</u></b> Grand Jury Member 2012-2013; Shasta Lake Gateway Library Board; Shasta Lake Fire Protection District; Shasta Mosquito &amp; Vector Control.</p>	Shasta Mosquito & Vector Control District	"Serve my Districts."
<p><b><u>FRED RYNESS:</u></b> Current Vice President on Burney Water Board; past president of The Burney Water District; and California Special Districts Board of Directors.</p>	Burney Water District	"I have met with LAFCO personnel in the past and I am familiar with its function. Interested serving the community."
<p><b><u>JAMES L. SMITH:</u></b> Was a manger in Shasta County Department of Resource Management for 19 years. During that time was involved in reviewing projects such as subdivisions and parcel maps with Planning Division Staff. While not a planner, I am familiar with the basics of CEQA and the need for LAFCO. Board member of Bella Vista Water District.</p>	Bella Vista Water District	"The Bella Vista Water District pays almost 3 times more in annual LAFCO fees than any other Special District in Shasta County and deserves a seat on LAFCO to see that this money is properly spent."