

Chief Executive Officer
Louis Ward, MHA



Mayers Memorial Hospital District

Board of Directors
Jeanne Utterback, President
Beatriz Vasquez, PhD, Vice President
Tom Guyn, MD, Secretary
Abe Hathaway, Treasurer
Tami Vestal-Humphry, Director

Board of Directors
Regular Meeting Agenda
December 1, 2021 at 1:00 pm
Fall River Boardroom
43563 HWY 299, Fall River Mills

ZOOM MEETING
[Click Here to Join](#)
Call In Number: 1-253-215-8782
Meeting ID: 854 3869 4299

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.

				Approx. Time Allotted
1	CALL MEETING TO ORDER			
2	2.1 CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS Persons wishing to address the Board are requested to fill out a "Request Form" prior to the beginning of the meeting (forms are available from the Clerk of the Board, 43563 Highway 299 East, Fall River Mills, or in the Boardroom). If you have documents to present for the members of the Board of Directors to review, please provide a minimum of nine copies. When the President announces the public comment period, requestors will be called upon one-at-a time, please stand and give your name and comments. Each speaker is allocated five minutes to speak. Comments should be limited to matters within the jurisdiction of the Board. Pursuant to the Brown Act (Govt. Code section 54950 et seq.) action or Board discussion cannot be taken on open time matters other than to receive the comments and, if deemed necessary, to refer the subject matter to the appropriate department for follow-up and/or to schedule the matter on a subsequent Board Agenda.			
3	SPECIAL PRESENTATION: RECOGNITION OF EMPLOYEES AND THEIR YEARS OF SERVICE		Report	5 min.
4	APPROVAL OF MINUTES			
	4.1 Regular Meeting – October 27, 2021	Attachment A	Action Item	2 min.
	4.2 Special Meeting – November 4, 2021	Attachment B	Action Item	2 min.
5	DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS:			
	5.1 Resolution 2021-19 – October Employee of the Month	Attachment C	Action Item	2 min.
	5.2 Mayers Healthcare Foundation Quarterly Report	Attachment D	Report	2 min.
6	BOARD COMMITTEES			
	6.1 Finance Committee			
	6.1.1 Committee Meeting Report: Chair Hathaway		Report	5 min.
	6.1.2 October 2021 Financial Review, AP, AR and Acceptance of Financials		Action Item	5 min.
	6.1.3 Board Quarterly Finance Review		Action Item	2 min.
	6.1.4 CHFFA Loan for replacement of PRIME – recommendation from Finance Committee for full Board approval		Action Item	2 min.

6.2	Strategic Planning Committee			
6.2.1	November 8 th Meeting Report – DRAFT Minutes Attached	Attachment E	Report	5 min.
6.3	Quality Committee			
6.3.1	November 10 th Meeting Report – DRAFT Minutes Attached	Attachment F	Report	5 min.
7	OLD BUSINESS			
7.1	Policy & Procedure: Patient No Show Policy update		Report	5 min.
7.2	Board Assessment Review	Attachment G	Discussion	5 min.
7.3	Board By-Laws: Reviewed & Approved December 2020. Next review and approval will take place in 2022.	Sent Separately	Discussion	5 min.
8	NEW BUSINESS			
8.1	Policy & Procedure Approval: None for November-December			
8.2	Organizational Analysis	LINK	Review & Discussion 1 st Reading Approval Action Item	5 min.
8.3	Annual Organizational Process			
8.3.1	Officers and Committees	Attachment H	Action Item	5 min.
8.3.2	2022 Board Calendar	Attachment I	Action Item	5 min.
9	ADMINISTRATIVE REPORTS			
9.1	ED of Community Relations & Business Development – Val Lakey	Attachment J	Report	5 min.
9.2	Chief's Reports – Written reports provided. Questions pertaining to written report and verbal report of any new items		Reports	
9.2.1	Chief Financial Officer – Travis Lakey		Report	5 min.
9.2.2	Chief Clinical Officer – Keith Earnest	Attachment K	Report	5 min.
9.2.3	Chief Nursing Officer – Candy Vculek		Report	5 min.
9.2.4	Chief Operation Officer – Ryan Harris		Report	5 min.
9.2.5	Chief Executive Officer – Louis Ward		Report	5 min.
10	OTHER INFORMATION/ANNOUNCEMENTS			
10.1	Board Member Message: Points to highlight in message		Discussion	5 min.
11	ANNOUNCEMENT OF CLOSED SESSION –			
11.1	Personnel Government Code 54957 CEO – Discussion of appointment and employment process			
12	ADJOURNMENT: Next Meeting January 26, 2022			

Posted 11/26/2021

Chief Executive Officer
Louis Ward, MHA



Mayers Memorial Hospital District

Board of Directors
Jeanne Utterback, President
Beatriz Vasquez, PhD, Vice President
Tom Guyn, MD, Secretary
Abe Hathaway, Treasurer
Tami Vestal-Humphry, Director

Board of Directors
Regular Meeting
Minutes

October 27, 2021 – 1:00 pm
Zoom

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:** Jeanne Utterback called the regular meeting to order at 1:01 PM on the above date.

BOARD MEMBERS PRESENT:

Jeanne Utterback, President
Beatriz Vasquez, PhD, Vice President
Tom Guyn, MD, Secretary
Abe Hathaway, Treasurer
Tami Vestal-Humphry, Director

STAFF PRESENT:

Louis Ward, CEO
Ryan Harris, COO
Travis Lakey, CFO
Keith Earnest, CCO
Candy Detchon, CNO
Val Lakey, ED of CR & BD
Alexis Cureton, ED

ABSENT:

- 2 CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS:** PUBLIC COMMENT TAKEN BY BOARD MEMBER THAT OUR PHONE SYSTEM IS CUMBERSOME. PLEASE NOTE THAT ALL EMERGENCIES SHOULD GO TO 911 AND NOT THROUGH OUR PHONE SYSTEM.

3 APPROVAL OF MINUTES

- 3.1 A motion/second carried; Board of Directors accepted the minutes of September 29, 2021. *Guyn/Hathaway* *Approved by All*

4 DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS

- 4.1 A motion/second carried; Faith Lyons was recognized as September Employee of the Month. Resolution 2021-18. *Hathaway/Vasquez* *Approved by All*
- 4.2 Emergency Department – Alexis Cureton Written report was submitted. ED numbers have picked up. Talked about transfers and MHOAC process. Staffing is very costly. 3rd nurse on shift until December 4th

5 BOARD COMMITTEES

5.1 Finance Committee

- 5.1.1 **Committee Report:** See finance notes. The committee heard reports from HR and SNF. Highlights included increased employment applications, SNF census and staffing. There are beds available at both SNF facilities – we can admit when we are back to Green Status. Anthem and commercial payers are holding out on payments.

- 5.1.2 **September 2021 Financials** *Hathaway, Humphry* *Approved by All*

- 5.1.3 **Employee Relief Fund - change for Savings to Checking** *Hathaway/Vasquez* *Approved by All*

5.2 Strategic Planning Committee Chair Vasquez

- 5.2.1 **Committee Report - No meeting**

5.3 Quality Committee Chair Utterback

5.3.1	Committee Meeting Report – Met on Oct. 13 meeting minutes are attached. A highlight was that all of our PT employees are all employees of the District, not travelers. Proud of hospital staff and help provided through the mandate process. Did not lose any employees – a couple of retirements.		
6	NEW BUSINESS -		
6.1	Policy & Procedure Approval Guyn had comments on the patient no show policy – Discussion on charging fees for no show. Travis Lakey will check into legalities. Pull the No-Show Policy and Medical Emergencies – Table 1 clarifications BRING BACK to next meeting.	<i>Guyn/Hathaway</i>	Approved by All
6.2	Quarterly Policy Summary	<i>Vasquez/Humphry</i>	Approved by All
6.3	District Voucher Policy – Ward and Val Lakey explained the voucher process in which district taxpayers will receive \$100 worth of vouchers annually. Vouchers will be ready to be distributed in December for use in 2022.	<i>Hathaway/Guyn</i>	Approved by All
6.4	Board By-Law Review – Review only – by-laws were updated last year and will be due for approval in 2022. An updated copy will be sent out for review.		
6.5	Board Assessment Process – Use the same process that we have been using – Jess DeCoito will get it sent out in November		
6.6	Nominating Committee – Chair Utterback appointed Vasquez and Hathaway to the nominating committee		
7	ADMINISTRATIVE REPORTS		
7.1	ED of Community Relations & Business Development: Written report was submitted. In addition, Val Lakey reported on the Marketing projects for Primary Care Providers and Employment Opportunities. She also noted that the emergency management department receive a Foundation Grant to update the Ham Radio system.		
7.2	Chief's Reports		
7.2.1	CFO: A written report was submitted. Lakey also answered questions on 401K changes.		
7.2.2	CCO: In addition to report, Earnest reported that we are expecting 5-11 year old vaccine to ship between November 5-12. We have placed an order for 50 doses. We will do Thursday afternoon and all day Friday for child doses. Sign-ups available in MyTurn. Talked about Partnership grant, mono antibodies, Retail Pharmacy – Dispense fee, 340B, Inventory, Purchase of flu vaccine – should be seeing things as a result of 340B Volumes are good at the retail pharmacy. Flu shots – we didn't get all of the high dose we ordered.		
7.2.3	CNO: Written report – Detchon was working the floor		
7.2.4	COO: Written Report – Demo 74% complete will meet Jan. 20 deadline. Project is on budget. OSHPD deadline is in April. Laundry facility – have a little trouble getting all of the supplies. Phase 3 – kitchen and HVAC (Design-Bid-Build) John Morris has started work New clinic manager will begin November 8 Working with SP to be their clinic 850 visits Tommy 6 days a month Heather from 4 to 10 days a month Discussion of provider patient levels, volumes, etc. Tami question on restroom upgrades at daycare – cost. Ryan is still working on the budget.		
7.2.5	CEO PCP marketing effort. Dr. Pitt (See finance notes for more CEO notes) Managing COVID well, positivity rate is declining.		

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.

Working on Scorecards and Goals

No Christmas party – hoping for something in the spring

Potentially combining Phase 3 and 4 of SP – Dining is OSPHD 1 project – difficult to find OSHPD 1 contractors.

Discussion of COVID numbers

8 OTHER INFORMATION/ANNOUNCEMENTS

8.1 Board Member Message: EOM, District Voucher, Board Assessment, Ham Radio Grant, Giving Tuesday

8.2 Next Meeting will be followed by the Operation/Board dinner at the Fall River Hotel. Details to follow.

9 ANNOUNCEMENT OF CLOSED SESSION: 3:10 PM

9.2 **Personnel Government Code 54956.8 Real Property:**

ACTION

No Action taken

10 ADJOURNMENT: 3:35 pm

Next Regular Meeting: December 1, 2021

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

Board Member

Board Clerk

Chief Executive Officer
Louis Ward, MHA



Mayers Memorial Hospital District

Board of Directors
Jeanne Utterback, President
Beatriz Vasquez, Ph.D., Vice President
Tom Guyn, M.D., Secretary
Abe Hathaway, Treasurer
Tami Vestal-Humphry, Director

Board of Directors
Special Meeting Minutes
November 4, 2021 at 2:00 pm
Fall River Board Room

Zoom Meeting: [LINK](#) Call in Number: 1-253-215-8782, Meeting ID# 890 7275 7513

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.

1	CALL MEETING TO ORDER AT 2:00 PM	Approx. Time Allotted
2	CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS	
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3	NEW BUSINESS	
	NONE	
4	OTHER INFORMATION/ANNOUNCEMENTS	Information
5	ADJOURN TO CLOSED SESSION – Personnel Government Code 54957 – CEO	DISCUSSION /ACTION
6	ANNOUNCEMENT OF CLOSED SESSION ACTION: NO ACTION TAKEN. ACCEPTED CEO RESIGNATION.	
6	ADJOURNMENT: Next Regular Meeting – December 1, 2021	

Posted 11/02/2021



Mayers Memorial Hospital District
Always Caring. Always Here.

RESOLUTION NO. 2021-19

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

Amanda Harris

As October 2021 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, Amanda Harris is hereby named Mayers Memorial Hospital District Employee of the Month for October 2021; and

DULY PASSED AND ADOPTED this 1st day of December 2021 by the Board of Trustees of Mayers Memorial Hospital District by the following vote:

- AYES:
- NOES:
- ABSENT:
- ABSTAIN:

Jeanne Utterback, President
Board of Trustees, Mayers Memorial Hospital District

ATTEST:

Jessica DeCoito
Clerk of the Board of Directors



 MAYERS HEALTHCARE FOUNDATION

Foundation Quarterly Report for MMHD

DATE: December 3, 2021

Below lists recent board meeting business and foundation activities.

1. Financial Reports

- Balance Sheet reviewed and accepted for November 05, 2021 (Including variance supplemental and unrestricted account detail)
- P&L reviewed and accepted for January 1, 2021 Previous Year Comparison (Including variance supplemental)
- Gift by Date (01/01/21 to 10/30/2021) including solicitation source and gift designations. MEG & Website Donations. \$ 50,091.00

New Board Member and Introductions: Eric Raffin, CIO San Francisco Department of Public Health. Marty motioned to approve Eric Raffin as a new MHF Board Member, seconded by Dr. Raffin. Geisler welcomed Eric to the board and thanked Dr. Raffin for the recommendation of his son joining. Eric noted his appreciation of the kind words and described his affiliations and experience with both Healthcare and IT. He expressed his fond connection to the Intermountain Area since the age of ten and desires to use his expertise and abilities to assist in keeping Healthcare systems in tip top shape. There was a unanimous vote to approve Eric to the MHF Board.

Fundraising Events/Volunteer Services Update: On the Green Gold Tournament, August 21, 2021. The 2021 Golf Tournament Revenue and Expenses was reviewed by Ferguson, noting with time she hopes to build the Sponsors Revenue for 2022. She added that previous minutes indicated the net profit goal this year was \$9k, and it was surpassed at a net profit of \$14,932.59. Ward and Kerns gave very positive feedback from a golfer standpoint and were pleased with the tournament success.

North State Giving: Tuesday, November 31, 2021. The funds raised from this campaign have been designated for the CNA Scholarships for the MMHD CNA Program. Ferguson then described the intent of the Fundraising Champions Headquarters to be a fun atmosphere with catered meals provided, adding that she hopes all board members can participate to contact previous donors as well as those in their individual sphere of influence, as well as make phone calls to donors thanking them for their contributions. Earnest will be delivering Facebook Live reports throughout the day and employees participating can receive a hand-crafted drink of choice at FR Coffee Co. and Mt. Burney Coffee Co as our way of saying "Thank You."

PO Box 77, Fall River Mills California 96028 • 530-336-5211
www.supportmayersfoundation.org

Keith Earnest, PharmD, President • Steven B Raffin, MD, Vice President • Renee Coe, Secretary • Paul Kerns, Treasurer • Board Members;
 James Hamlin, Martin Johnson, Gail McClung • Ex-officio Directors: Tami Humphry, Louis Ward, MHA

A Nonprofit Public Benefit Corporation, Tax ID #: 91-1839151



MAYERS HEALTHCARE FOUNDATION

Certified Nursing Assistant Scholarship: The contributions we receive from the 2021 North State Giving Tuesday have been designated for the Mayers Healthcare Foundation Certified Nursing Assistant (CNA) Scholarship Fund. These scholarships will be available to students enrolled in the Mayers Memorial Hospital District (MMHD) CNA program, which serves the residents of the Intermountain Area.

Pharmacy Gift Store Update: Ferguson stated she is moving old inventory. Pharmacy will have new items at full price only, and any sale items will be moved to the Thrift and Gift. The goal is to transition from carrying mass produced commercial items to handcrafted products from local and regional artisans.

Foundation CEO Report –

- A. Geisler reported CEP awards: Shuttle MVP Elite Plus Leg Press \$6999.95, Electrocardiogram (ECG) \$7228.17, and Emergency Preparedness \$3200.00 given.
- B. Two MMHD Employee Scholarships were awarded at \$2000.00 each, (\$500.00 from Dr. Adams’s scholarship and \$1500.00 from Desmond Scholarship per award).
- C. The Annual Appeal is in progress.
- D. Resignation from Kandie Dekker as the Programs Assistant and the new hire replacement for this position Mary Rainwater. Geisler next explained that she split the position, with Kandie staying on for eight hours weekly to assist with the financials, while Mary will have the remaining thirty-two hours at the store.
- E. The 2020 taxes are filed and complete as of Friday, November 12, 2021.
- F. Opportunities to merge the MHF and MMHD brands and shared the recent success of partnership in the receipt of a \$40,000 grant award, which was \$7,000.00 more than applied for.
- G. Cardiac Monitors in the amount of \$9,000.00 were awarded to Teresa Overton from the golf tournament proceeds.
- H. Geisler next shared that due to existing obligations, Linda Adams has stepped away from her position and has resigned from the MHF Board and that Elsie Matthews is very happy and adjusting well in her new home out of state.

New Business: Earnest asked for Gail McClung to join him on the Board Development Committee. She agreed to be appointed until new assignments are made Jan. 2022.

Certified Nursing Assistant Scholarship: The contributions we receive from the 2021 North State Giving Tuesday have been designated for the Mayers Healthcare Foundation Certified Nursing Assistant (CNA) Scholarship Fund. These scholarships will be available to students enrolled in the Mayers Memorial Hospital District (MMHD) CNA program, which serves the residents of the Intermountain Area.

Respectfully submitted by Tracy Geisler, Executive Director, Mayers Healthcare Foundation.

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Board of Directors
Strategic Planning Committee
Minutes
 November 8, 2021 at 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 CALL MEETING TO ORDER: The meeting was called to order at 1:03 pm on the above date.

BOARD MEMBERS PRESENT:

STAFF PRESENT:

Community Members Present

Beatriz Vasquez, PhD, Chair
 Abe Hathaway, Treasurer

Louis Ward, CEO
 Ryan Harris, COO
 Travis Lakey, CFO
 Jessica DeCoito
 Lisa Zaech, Scribe

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

None

3 APPROVAL OF MINUTES

3.1	A motion/second carried; committee members accepted the workshop minutes of September 13, 2021	Hathaway, Ward	Hathaway – Y Vasquez – Y
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4 Full Board Strategic Planning Meeting

5 Construction Update: Demo Project: closeout of new hospital wing. Structural engineering and FLS final sign off; still need OSHPD compliance officer signoff and there has been a change in personnel, Richard is new compliance office and still waiting on OSHPD; also an issue with signoff of micro-biology lab hood; 8 exceptions have been completed and requires inspection; no jeopardy with occupation; would just like to get the project closed out and it is holding out funding from USDA; will continue to push OSPHD and next step is to reach out to Mickey Fong; lots of internal changes with OSPHD becoming a department. Demo Project: change order for roof sheeting, contractor is asking for 20 additional days construction; requested and received OSHPD extensions; approval and new deadline is April 2022, Change Order (CO) is \$56k received this morning and Ryan, John Morris and engineering are reviewing before sending over to Louis; another CO coming for fire system; unforeseen conditions; looking at impact to nurses station and is required to have a fire rated corridor; may push completing date. Anticipating \$20-30K, well within the contingency budget. Day Care project received building permit and John is working on finding a contractor; expecting a challenge with phase 3 kitchen and HVAC project; meeting with Greenbough in December. design to discuss building methodology; also will be interviewing another architecture firm; laundry facility waiting on shelving, because of Uline shortage we can only order 1 shelf per day. Status of parking lot tear down, Ryan has requested an update from the contractor on paving of the parking lot in the ; will get Abe an update

6 Administrative Report: There is a lot of discussion around providers; lots of changes; currently working with Dr. Pitt to bring her in on the NHCS program; she is a scholar; due to a number of issues one being we are not cleared as a NHCS approved site by Medicare and have to wait until the clinic has been one 1 year and there is only a short window to apply in April. Working on a couple of scenarios, reaching out to various people at the state level. Travis has been working extensively on it and we have everything required to be turned in but have to wait until the application window opens. Dr. Watson has talked with Louis about his future and will share more at an upcoming session; nothing formal at this time. Dr. Magno has committed to moving to Intermountain area in June 2022. Louis is having discussions with Envisions; Scorecards are figured out; changes in COVID; positive resident at Station 2; confident that our efforts with administering 3rd doses. Candy reported that a family member/non-vaccinated employee visited a non-vaccinated and she came in

the back door not wearing PPE and brought in a child also not wearing a mask. FR is red status and Burney is yellow. Have moved the resident to the COVID unit; most residents have had 3rd does and hopeful the spread will be limited; moved back to testing weekly starting today or more often if needed. If it does spread, we will have to move to the plan in place from last year; will continue to closely monitor and manage. Still looking a Phase 3 and Phase 4 for decisions financial impact; in communication with Clearwater Lodge about provider housing options. Looking at cost of fire insurance with is estimated at about \$4k per year. EMR; continuing to review as OCHIN/Epic builds out more; Travis is setting up a potential site visit with Plumas. CNA program is rolling along and the first class beginning 2nd week of Jan; defined what will be advertised; finalizing paperwork; have 4 applicants.

7 OTHER INFORMATION/ANNOUNCEMENTS: None

10 ADJOURNMENT – 1:48 PM

Chief Executive Officer
Louis Ward, MHA



Mayers Memorial Hospital District

Board of Directors
Jeanne Utterback, President
Beatriz Vasquez, Ph.D., Vice President
Tom Guyn, MD, Secretary
Abe Hathaway, Treasurer
Tami Vestal-Humphry, Director

Board of Directors
Quality Committee
Minutes

November 10, 2021 @ 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	CALL MEETING TO ORDER: Board Chair Jeanne Utterback called the meeting to order at 1:01 pm on the above date.			
BOARD MEMBERS PRESENT:		STAFF PRESENT:		
Jeanne Utterback, President Tom Guyn, MD., Secretary		Louis Ward, CEO Jack Hathaway, Director of Quality Candy Detchon, CNO – SNF Events/Survey Marinda May – Social Services Dawn Jacobson – Infection Control Brigid Doyle – Staff Development Jennifer Levings – Quality Jessica DeCoito – Board Clerk Pam Sweet – Board Clerk		
ABSENT: Valerie Lakey – Marketing and Safety Jeanine Fergusson – Volunteer Services				
2	CALL FOR REQUEST FROM THE AUDIENCE – PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS			
	None			
3	APPROVAL OF MINUTES			
	3.1	A motion/second carried; committee members accepted the minutes of October 13, 2021.	Guyn, Utterback	Guyn – Y Hathaway – Y
4	NO REPORTS: QUALITY FACILITIES, FINANCES			
5	REPORTS: QUALITY PATIENT SERVICES			
	5.1	Activities – Report submitted Switched to 12 hour shifts from 10 hour shifts for employee satisfaction, to simplify scheduling and resident safety. Twelve hour shifts allow enough people on the floor to do activities after supper and to keep nurses and assistants on the floor.		
	5.2	Social Services – Report submitted Confused about costs in LTC. Costs are a lot higher to an individual than to an insurance company. Cost is always a hard conversation with families. We have a packet put together for families that explains everything, including a checklist and Medi-Cal application.		
	5.3	Infection Control – Implemented new glucometer training. With HSAG, had to ramp up hand hygiene. Making great progress. Goal was 90%, but we are achieving 98%. Received commendation from HSAG (a CMS contractor) for vaccination numbers. We are at 100% with flu vaccinations. Normally, we achieve 95% compliance. 23 of 233 employees declined flu vaccination.		

		ABX tracker project will resume soon.
5.4	SNF Events/Survey –	SNF has been on a roller coaster for last month. Several Covid positive encounters caused us to go into yellow status so that we cannot admit new patients. One exposure is of real concern. It will have to be reported to state and could result in a harm tag for us. Work on reducing antipsychotic usage. Still in process of building the program into the weekly IDT meetings. Building processes to use distraction therapy. Census is 71. Numbers are down because of Covid quarantine process. There are a number of admissions waiting over next two to three weeks. We are tracking non-immunized employees and they are required to do twice weekly tests. Those who miss testing will be disciplined.
6	REPORTS: QUALITY STAFF	
6.1	Staff Development –	Report submitted Brigid would like to highlight the BLS certifications are in Relias for people to self enroll for inperson classes and classes are scheduled through June, 2022. Working with Jack to write syllabus for CNA program.
7	REPORTS: QUALITY	
7.1	Marketing –	No report
7.2	Safety – Quarterly –	No report
7.3	Volunteer Services –	Will be emphasis on increasing volunteer efforts. Working with schools and looking at opportunities at the thrift store and working from home.
8	DIRECTOR OF QUALITY	
8.1	Director of Quality Update –	Working on shoring up end of reporting effort to regulatory programs. In terms of service and how we are communicating, seeing failures in communication. Looking for way to shore that up. Improve ownership so everyone feels empowered to speak up.
8.2	CMS Core Measures Quarterly Report -	in Q2 were able to capture people who fit into 9 specific measures. That is the most gotten from 1 quarter. We are finding the ability to report more. Now, need a way to alert physicians that they can do more documentation to keep a patient in a measure. We have plenty of people who fall into the measures, but we are dealing with an antiquated EMR.
8.3	5-Star Rating Monitoring Quarterly Report –	Got data for 2021 up to date. Potential measures: Admit to departure time, use of opioids and venous thromboembolism. Will most likely use Q1 data depending on amount of data captured for Q4. Again, we are working with an antiquated EMR. Epic will show real time data and will alert the doctor that a patient qualifies for specific quality measures. It will give them the opportunity to enter the data for the report that will automatically appear in Jack's reports. Would be nice to see actual data. How or where are we. Need create data infrastructure. Once created, we can start measuring and correcting problems. Infrastructure doesn't exist now.
9	OTHER INFORMATION/ANNOUNCEMENTS:	

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.

10	ANNOUNCEMENT OF CLOSED SESSION			
	<p>Medical Staff Credentials: Government Code 54962</p> <p>STAFF STATUS CHANGE</p> <ol style="list-style-type: none"> 1. Tyler Barr, MD, Consulting to Active 2. Stephen McKenzie, MD, Add Location 3. Robert Filippone, MD, To Inactive 4. Andrew Lin, MD, to Inactive 5. Reed Whittington, CRNA to Inactive 6. Jed Freeman, MD to Inactive 7. Kingsley Orraca-Tetteh, MD to Inactive 8. Tawana Nix, DO to Inactive 9. Jodi Beth Nagelberg, MD to Inactive 10. Larry Givens, MD to Inactive <p>AHP APPOINTMENT</p> <ol style="list-style-type: none"> 1. Alexandria Conner, PA, Family Medicine (MVHC) 2. Kyung Lee, NP, Family Medicine (MVHC) <p>AHP REAPPOINTMENT</p> <ol style="list-style-type: none"> 1. Fred Jones, PHD, Psychology 2. Paula Amacker, NP, Oncology 3. Jody Crabtree, PA-C, Family Medicine 4. Jill Reed, LCSW <p>MEDICAL STAFF APPOINTMENT</p> <ol style="list-style-type: none"> 1. Douglas Bushell, DO, Emergency Med <p>MEDICAL STAFF REAPPOINTMENT</p> <ol style="list-style-type: none"> 1. Arun Kalra, MD, Oncology 2. Dyanesh Ravindran, MD, Oncology 3. Alireza Abdolmohammadi, MD Oncology 4. Mohamad Ghraawi, MD, Oncology 5. Barry Shibuya, MD, Rheumatology 6. Tikoos Blankenberg, MD, Pathology 7. Edward Richert, MD, Family Medicine 8. Lloyd Pena, MD, Emergency Medicine 9. David Gedeon, MD, Radiology 10. Jill Wruble, DO, Radiology 11. William Whetsell, MD, Radiology 12. Jeffrey Hare, MD, Radiology 13. Ernst Hansch, MD, Radiology 14. Dennis Buschman, MD, Radiology 15. Kerry Sullivan, DO, Radiology 16. Rati Patel, MD, Radiology 17. Blake Evernden, MD, Radiology 18. Shahzad Madanipour, MD, Radiology 19. Teresa McQueen, MD, Radiology 20. Rebecca Askea, MD, Radiology 21. William Bacon, MD, Radiology 22. Mazen Ghani, MD, Radiology 23. Taylor Jordan, MD, Radiology 24. Mustafa Ansari, MD, Neurology 25. Tyrell Simpkins, DO, Neurology 26. Amy Brooks-Kayal, MD, Neurology 		<p>Moved to Accept All Med Staff Credentials</p>	<p>Approved by Unanimous Consent</p>

Public records which relate to any of the matters on this agenda (except Closed Session items), and which have been distributed to the members of the Board, are available for public inspection at the office of the Clerk to the Board of Directors, 43563 Highway 299 East, Fall River Mills CA 96028. This document and other Board of Directors documents are available online at www.mayersmemorial.com.

11	RECONVENE OPEN SESSION – REPORT CLOSED SESSION ACTION: Medical Staff Credentials were moved, seconded and carried. Unanimous consent to approve credentials.
12	ADJOURNMENT: at 2:37 pm Next Regular Meeting – December 8, 2021

DRAFT

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.

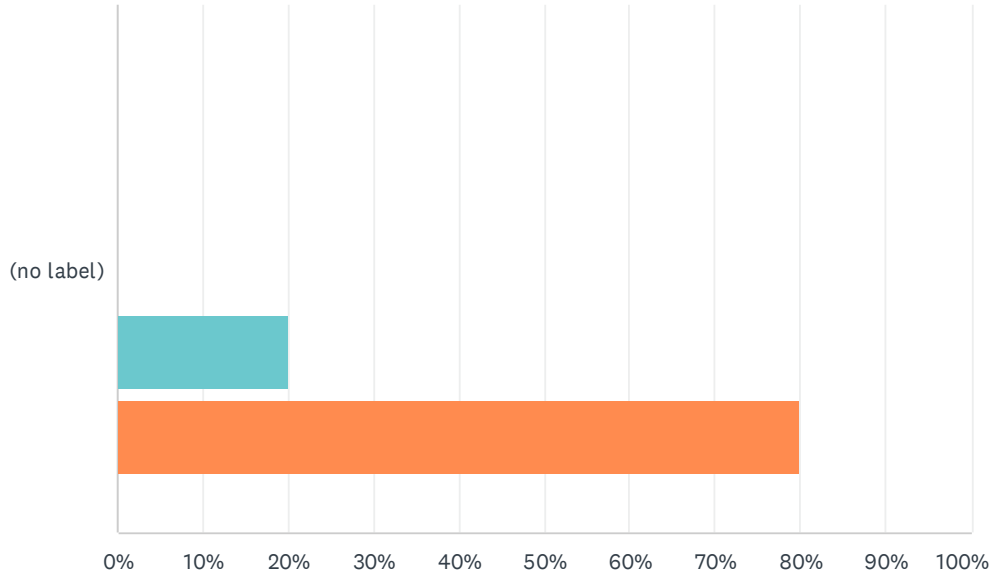


Mayers Memorial Hospital District

2021 MMHD Board Assessment Survey Results

Q1 Our organization has a three to five-year strategic plan or a set of clear long range goals and priorities.

Answered: 5 Skipped: 0

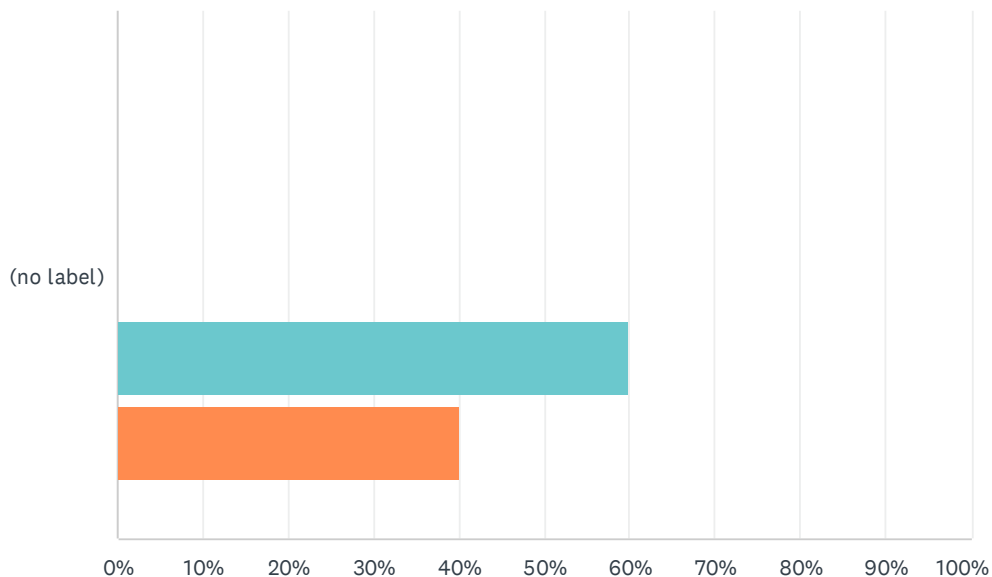


■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	20.00% 1	80.00% 4	5	4.80

Q2 The Board’s meeting agenda clearly reflects our strategic plan or priorities.

Answered: 5 Skipped: 0

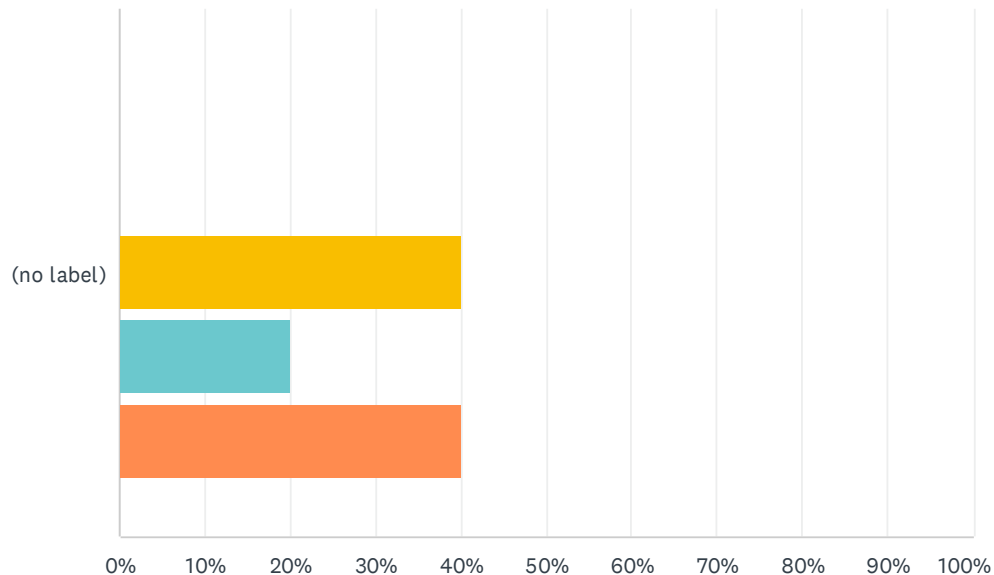


■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	60.00% 3	40.00% 2	5	4.40

Q3 The Board has insured that the organization also has a one-year operational or business plan.

Answered: 5 Skipped: 0

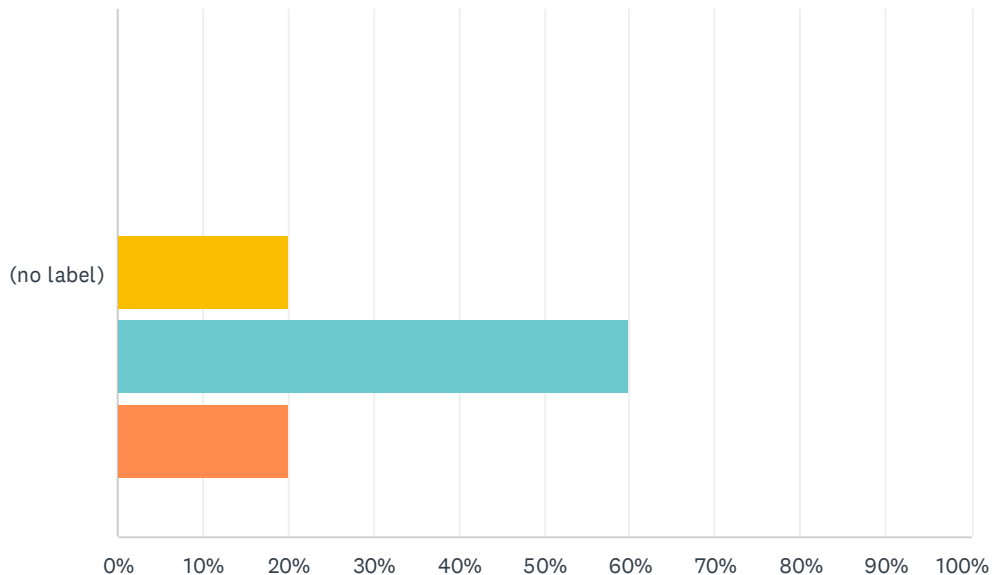


■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	40.00% 2	20.00% 1	40.00% 2	5	4.00

Q4 The Board gives direction to staff on how to achieve the goals primarily by setting or referring to policies.

Answered: 5 Skipped: 0

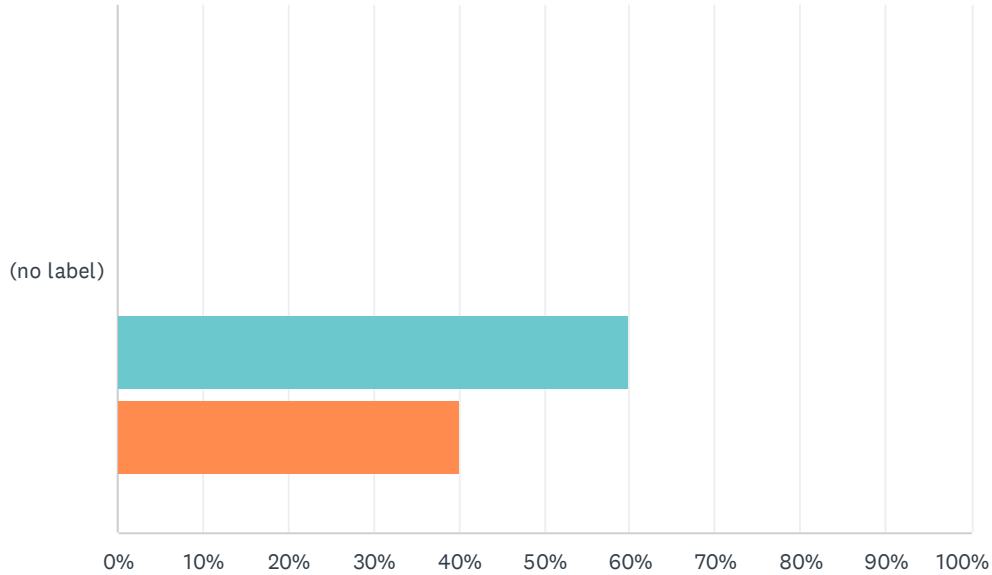


■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	20.00% 1	60.00% 3	20.00% 1	5	4.00

Q5 The Board ensures that the organization’s accomplishments and challenges are communicated to members and stakeholders.

Answered: 5 Skipped: 0

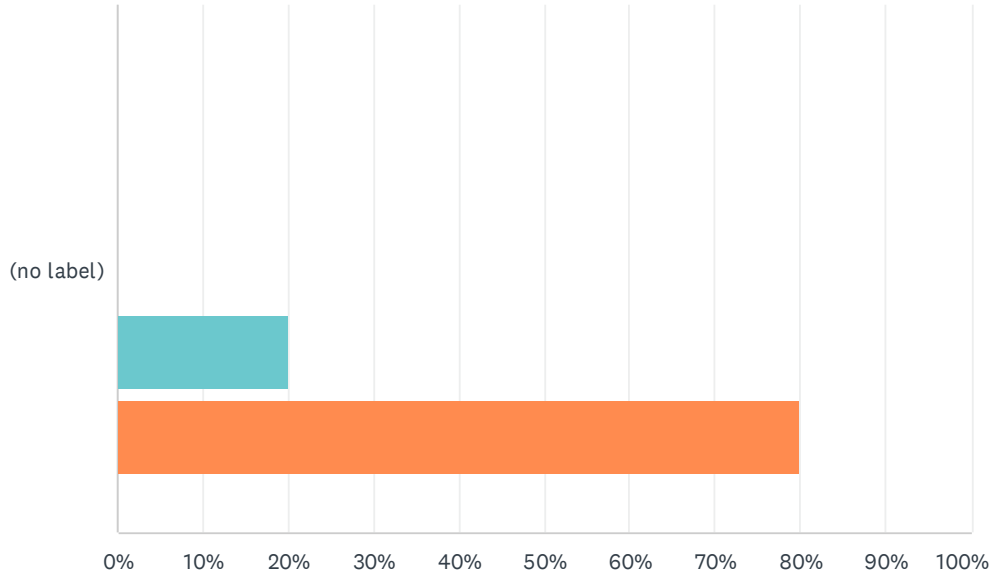


■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	60.00% 3	40.00% 2	5	4.40

Q6 The board has ensured that members and stakeholders have received reports on how our organization has used its financial and human resources.

Answered: 5 Skipped: 0

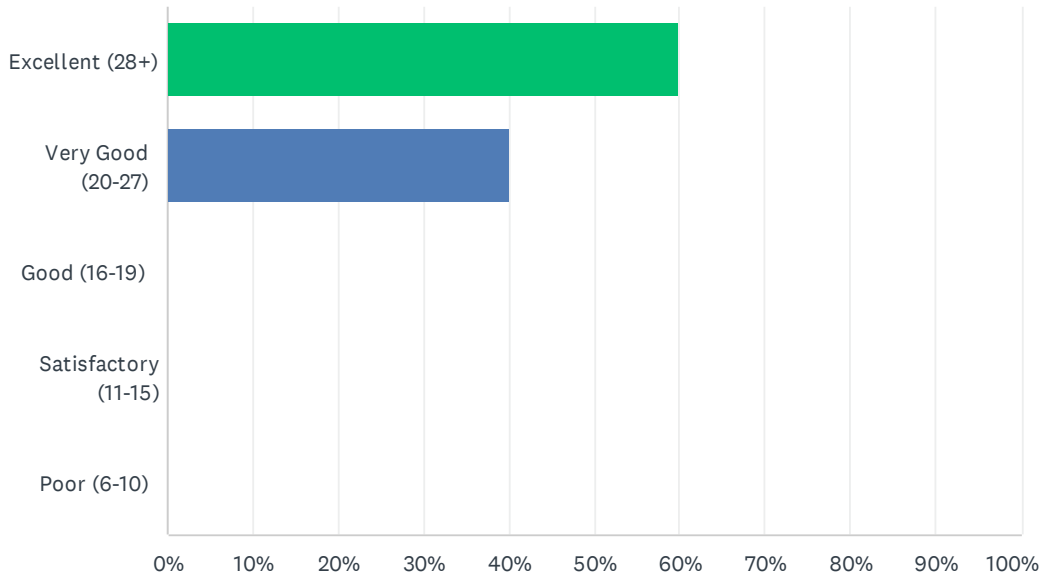


■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	20.00% 1	80.00% 4	5	4.80

Q7 Add together your ratings for Section A and select the matching overall rating.

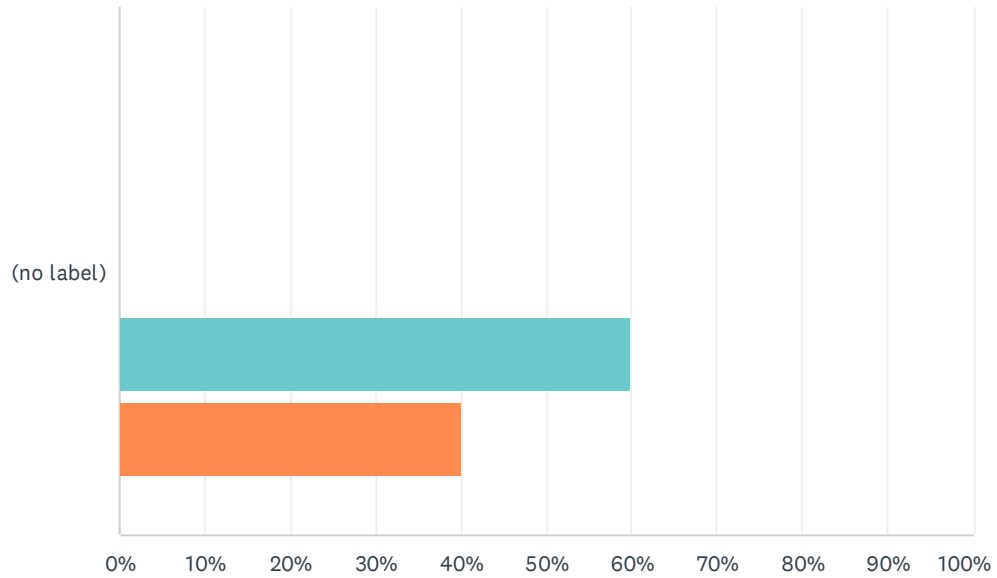
Answered: 5 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent (28+)	60.00%	3
Very Good (20-27)	40.00%	2
Good (16-19)	0.00%	0
Satisfactory (11-15)	0.00%	0
Poor (6-10)	0.00%	0
Total Respondents: 5		

Q8 Board members are aware of what is expected of them.

Answered: 5 Skipped: 0

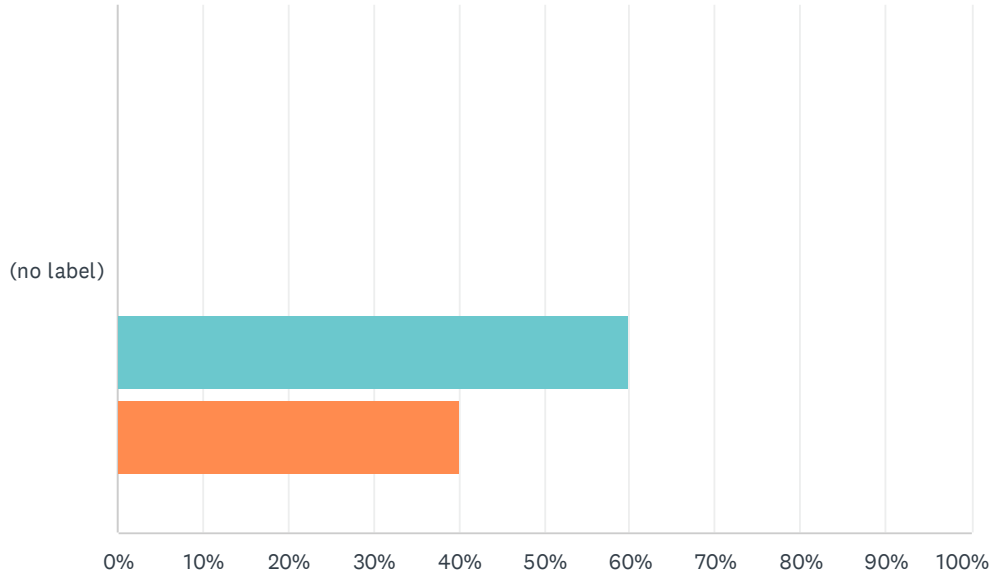


■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	60.00% 3	40.00% 2	5	4.40

Q9 The agenda of board meetings is well planned to that we are able to get through all necessary board meetings.

Answered: 5 Skipped: 0

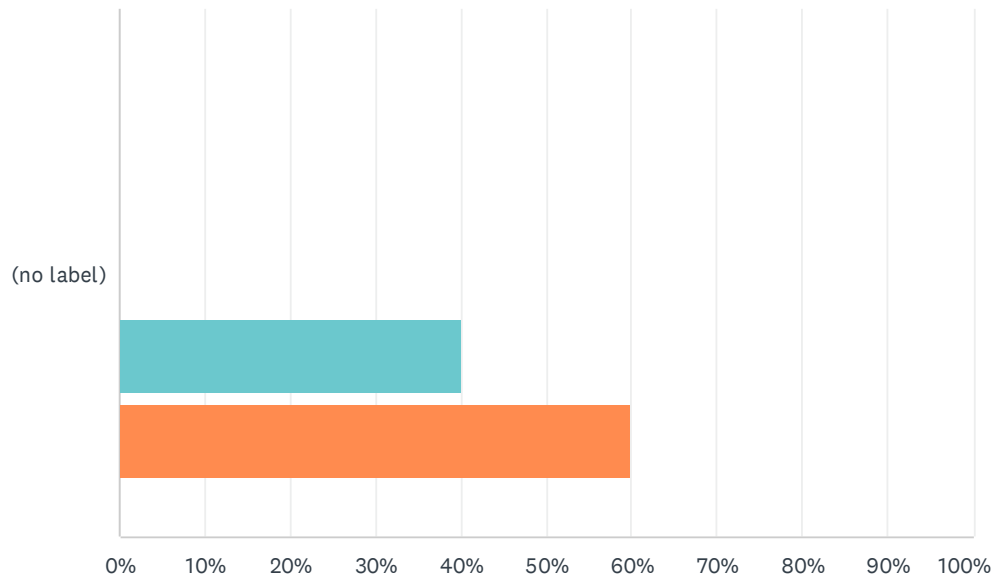


■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	60.00% 3	40.00% 2	5	4.40

Q10 It seems like most board members come to meetings prepared.

Answered: 5 Skipped: 0

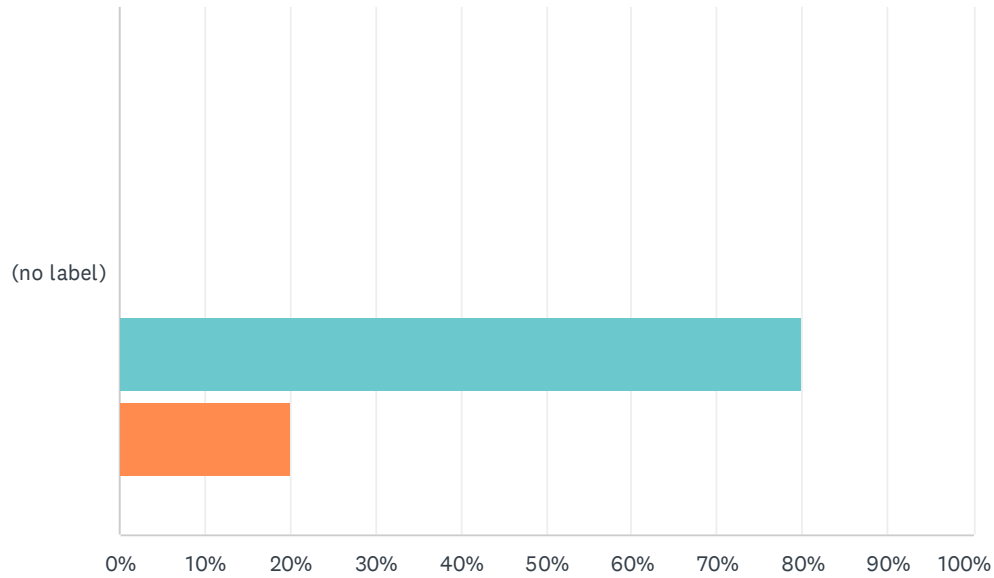


■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	40.00% 2	60.00% 3	5	4.60

Q11 We receive written reports to the Board in advance of our meetings.

Answered: 5 Skipped: 0

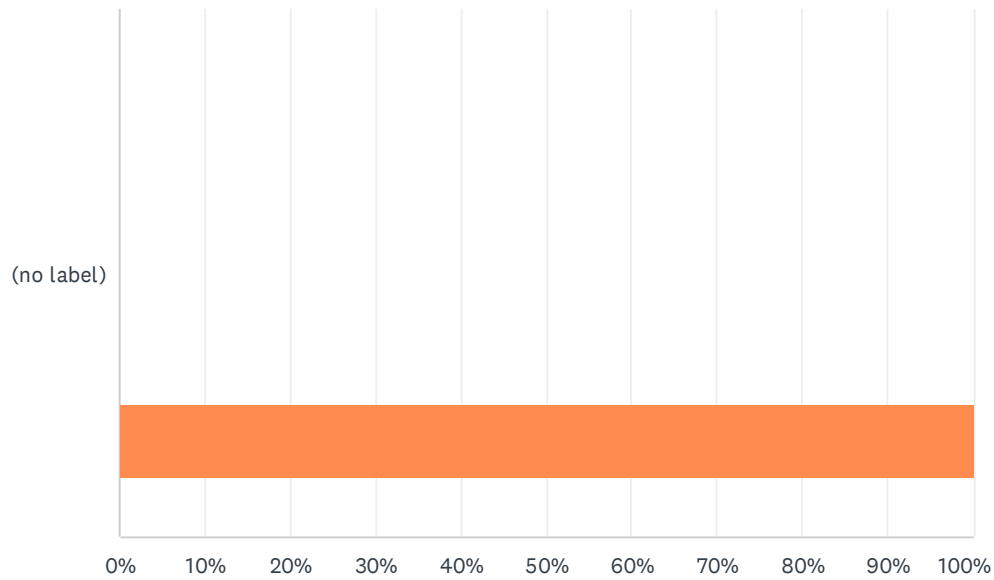


■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	80.00% 4	20.00% 1	5	4.20

Q12 All Board members participate in important board discussion.

Answered: 5 Skipped: 0

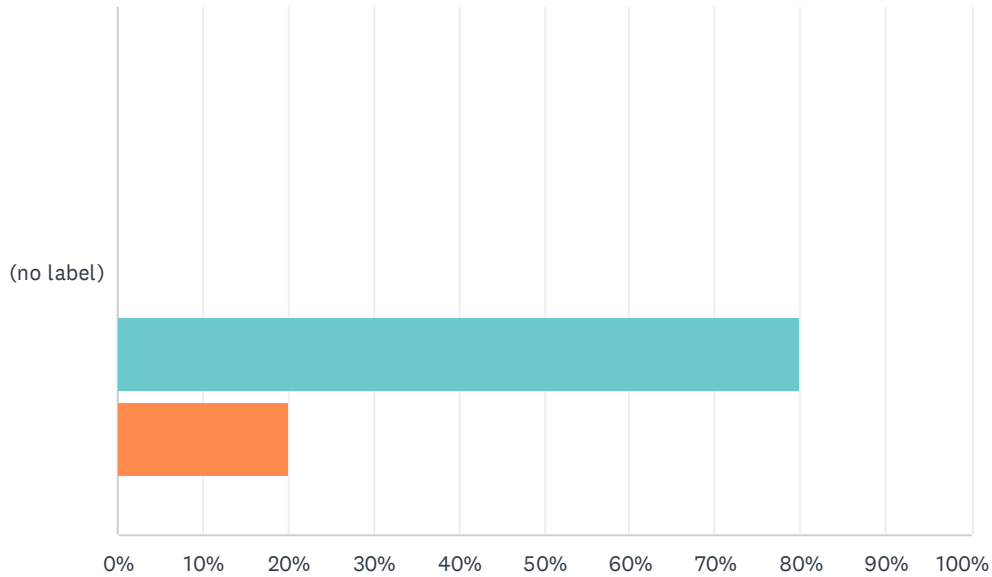


■ Strongly Disagree
 ■ Disagree
 ■ Maybe or Not Sure
■ Agree
 ■ Strongly Agree

	STRONGLY DISAGREE	DISAGREE	MAYBE OR NOT SURE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	0.00% 0	100.00% 5	5	5.00

Q13 We do a good job encouraging and dealing with different points of view.

Answered: 5 Skipped: 0

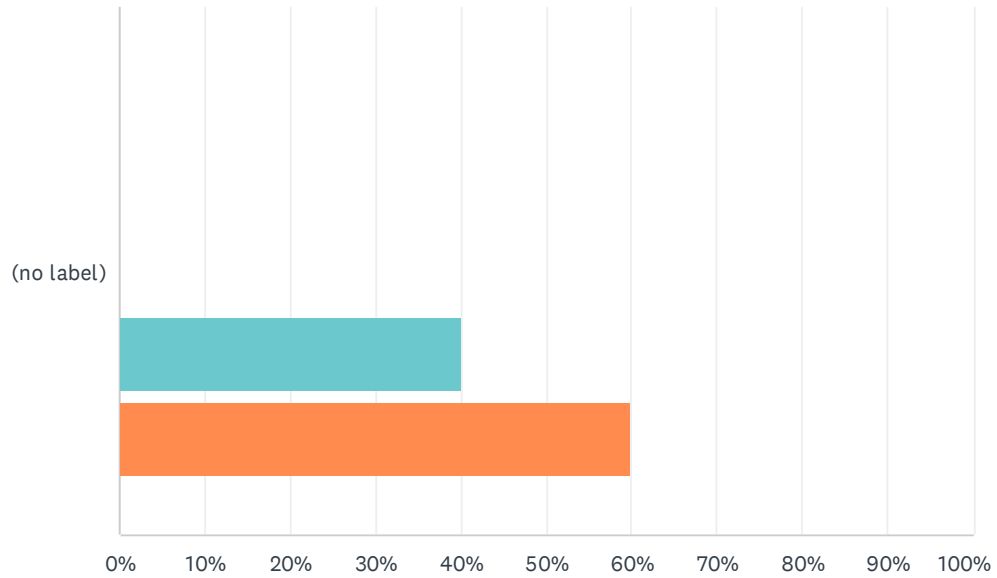


■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	80.00% 4	20.00% 1	5	4.20

Q14 We all support the decisions we make.

Answered: 5 Skipped: 0

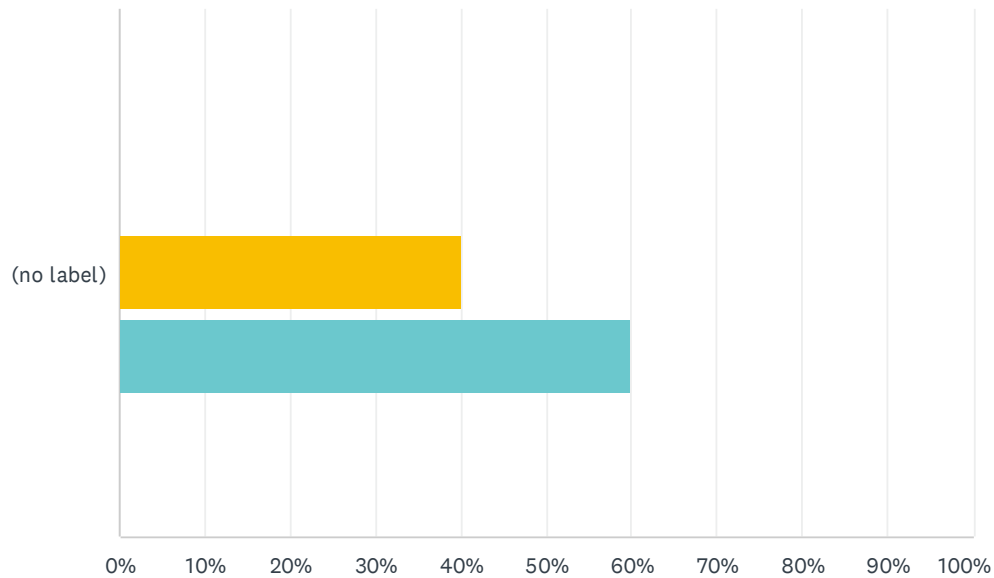


■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	40.00% 2	60.00% 3	5	4.60

Q15 The Board has taken responsibility for recruiting new board members.

Answered: 5 Skipped: 0

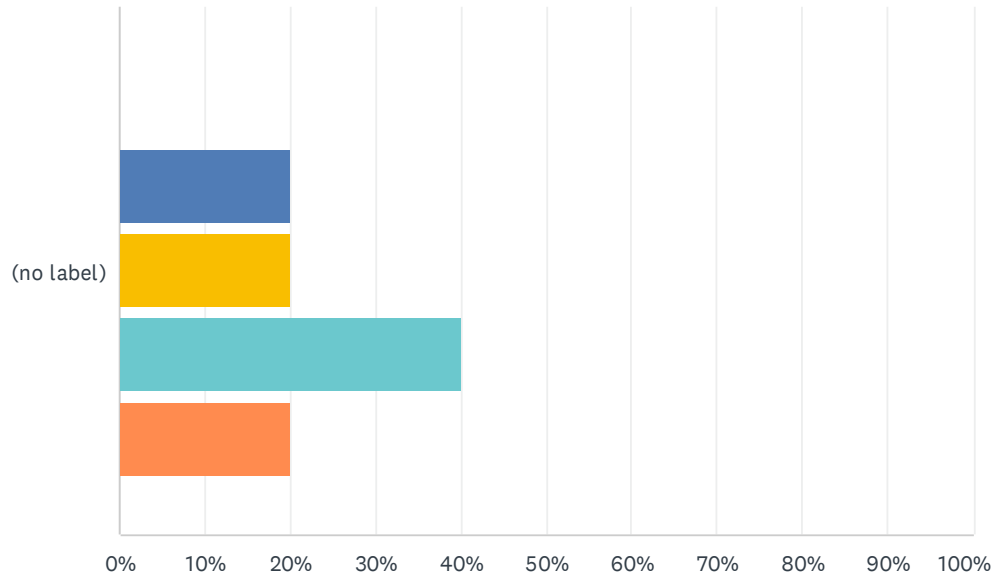


■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	40.00% 2	60.00% 3	0.00% 0	5	3.60

Q16 The Board has planned and led the orientation process for new board members.

Answered: 5 Skipped: 0

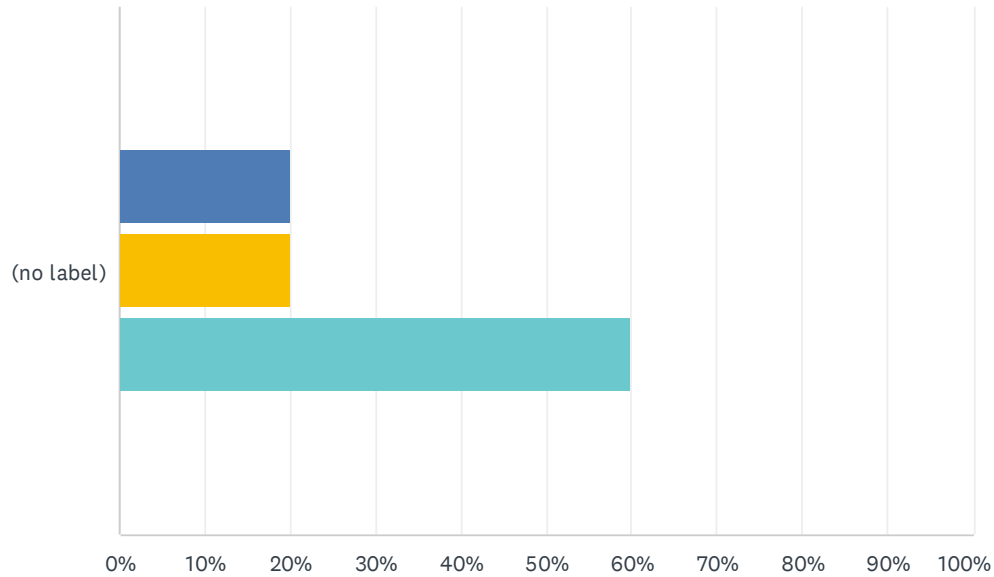


■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	20.00% 1	20.00% 1	40.00% 2	20.00% 1	5	3.60

Q17 The Board has a plan for director education and further board development.

Answered: 5 Skipped: 0

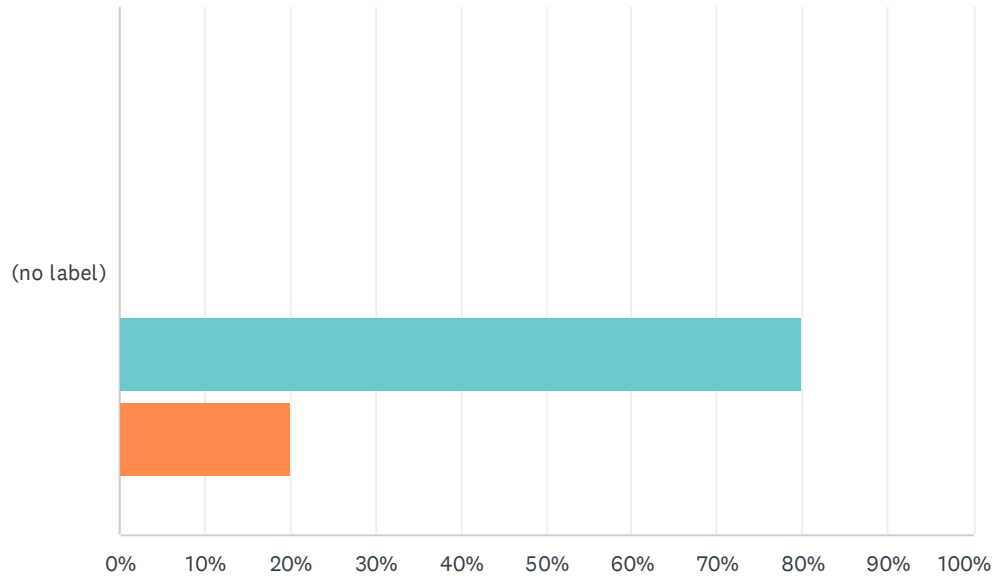


■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	20.00% 1	20.00% 1	60.00% 3	0.00% 0	5	3.40

Q18 Our Board meetings are always interesting.

Answered: 5 Skipped: 0

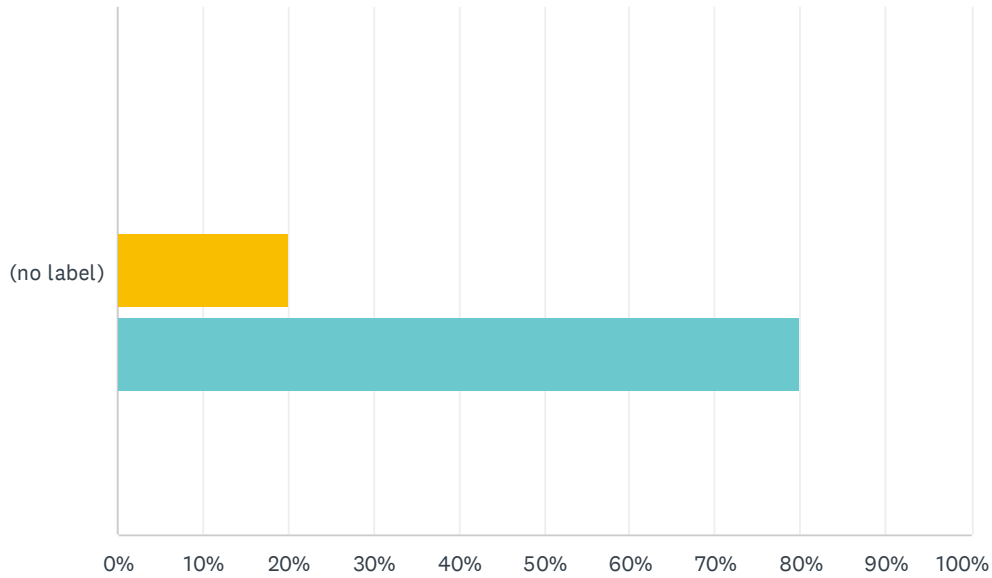


■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	80.00% 4	20.00% 1	5	4.20

Q19 Our Board meetings are frequently fun.

Answered: 5 Skipped: 0

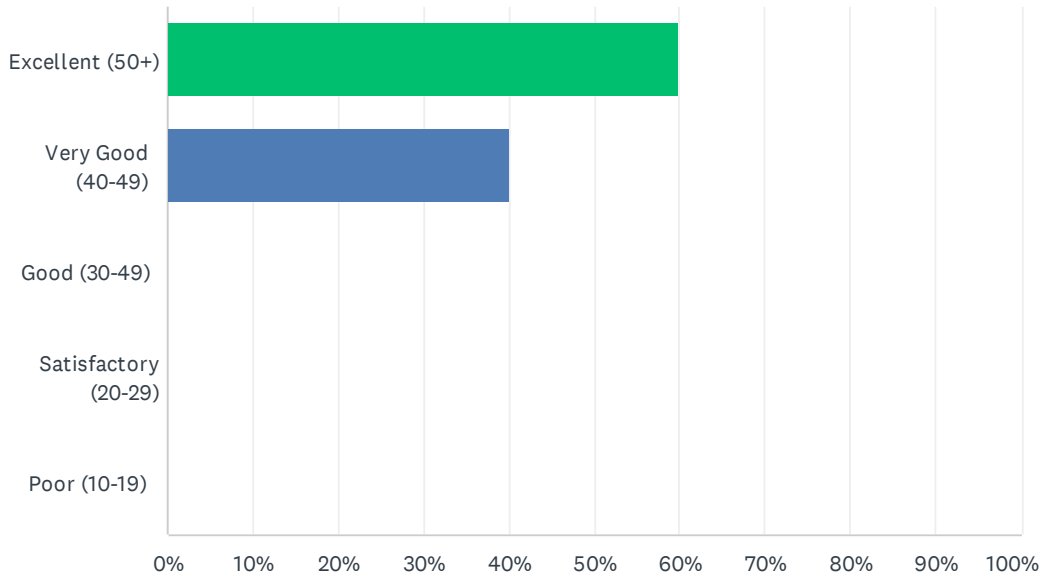


■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	20.00% 1	80.00% 4	0.00% 0	5	3.80

Q20 Add together your ratings for Section B and select the matching overall rating.

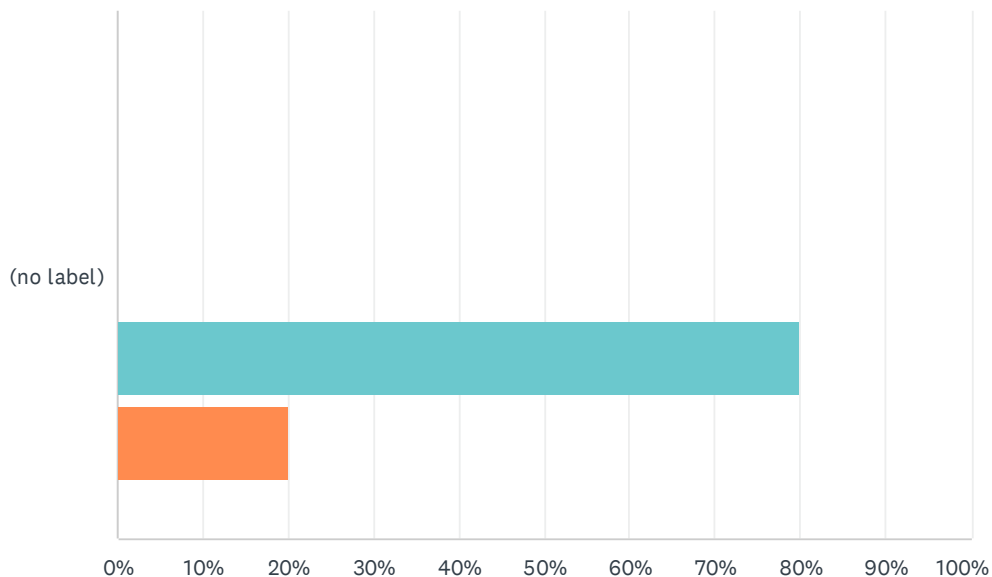
Answered: 5 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent (50+)	60.00%	3
Very Good (40-49)	40.00%	2
Good (30-49)	0.00%	0
Satisfactory (20-29)	0.00%	0
Poor (10-19)	0.00%	0
Total Respondents: 5		

Q21 There is a clear understanding of where the Board’s role ends and the CEO’s begins.

Answered: 5 Skipped: 0

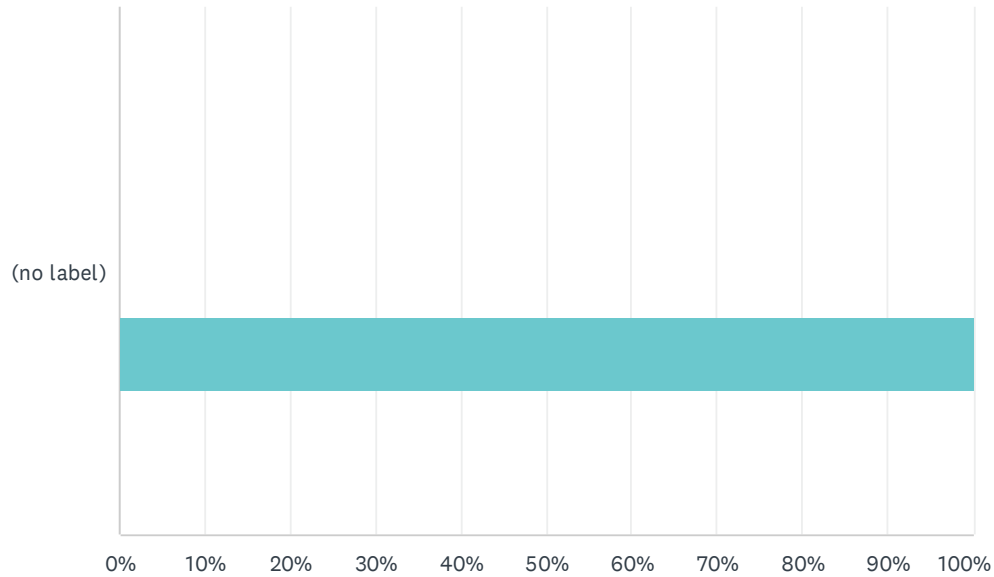


■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	80.00% 4	20.00% 1	5	4.20

Q22 There is good two-way communication between the Board and the CEO.

Answered: 5 Skipped: 0

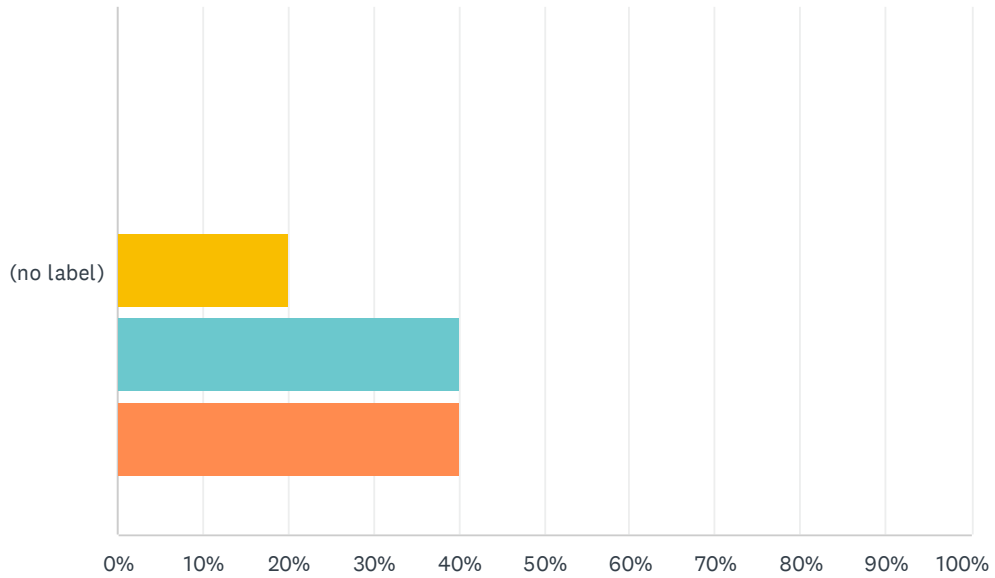


■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	100.00% 5	0.00% 0	5	4.00

Q23 The Board trusts the judgement of the CEO.

Answered: 5 Skipped: 0

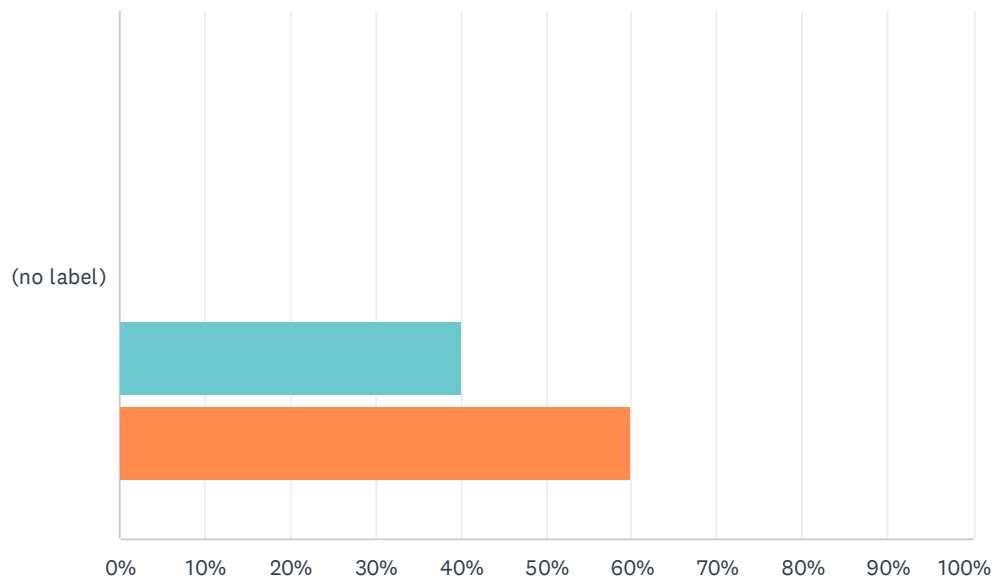


■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	20.00% 1	40.00% 2	40.00% 2	5	4.20

Q24 The Board provides direction to the CEO by setting new policies or clarifying existing ones.

Answered: 5 Skipped: 0

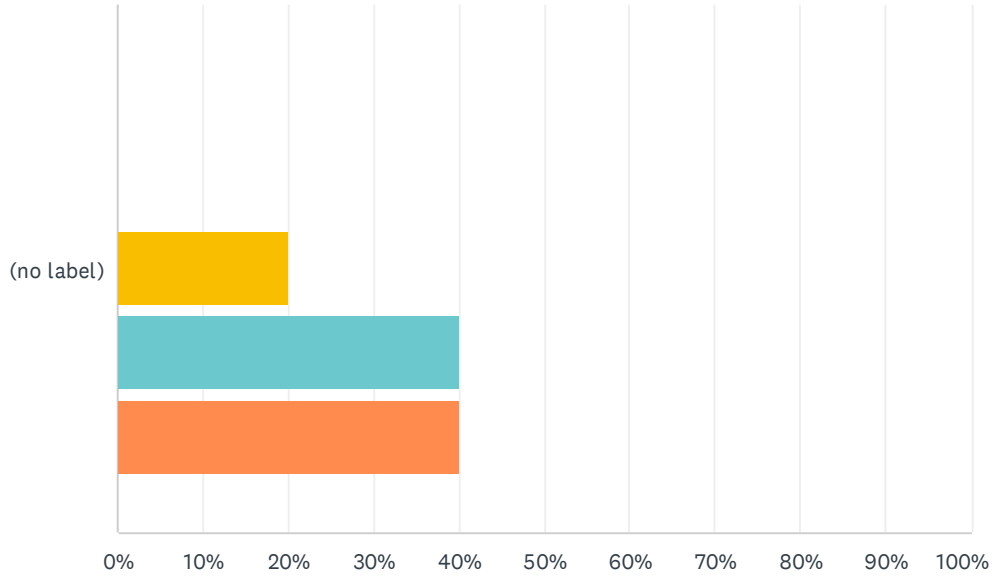


■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	40.00% 2	60.00% 3	5	4.60

Q25 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.

Answered: 5 Skipped: 0

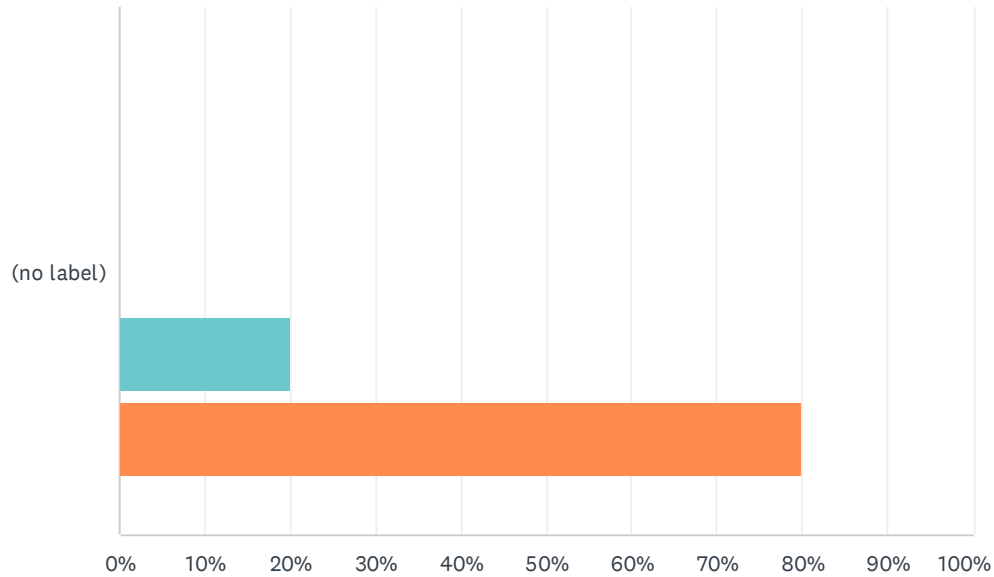


■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	20.00% 1	40.00% 2	40.00% 2	5	4.20

Q26 The Board has developed formal criteria and a process for evaluating the CEO.

Answered: 5 Skipped: 0

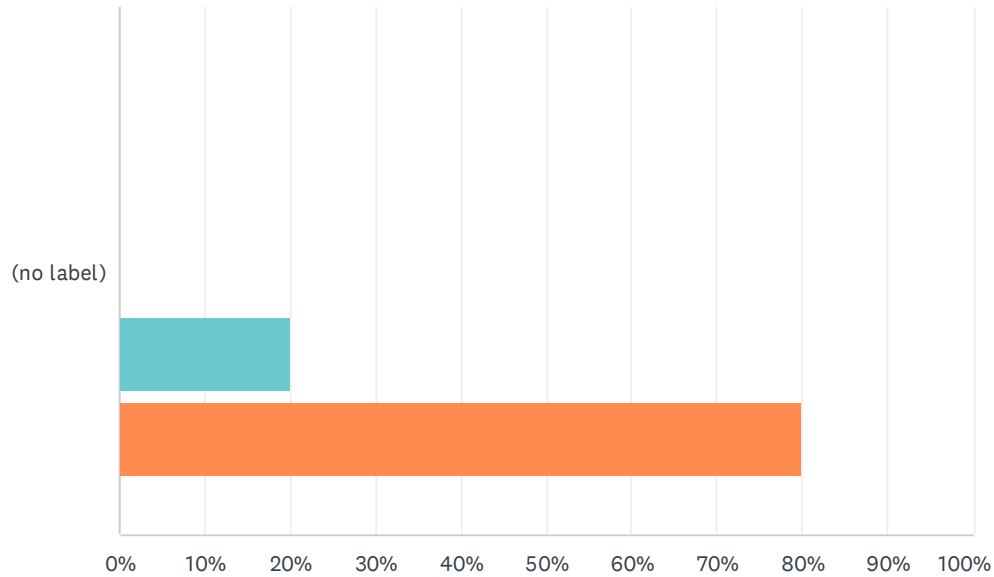


■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	20.00% 1	80.00% 4	5	4.80

Q27 The Board, or a committee of the Board, has formally evaluated the CEO within the last 12 months.

Answered: 5 Skipped: 0

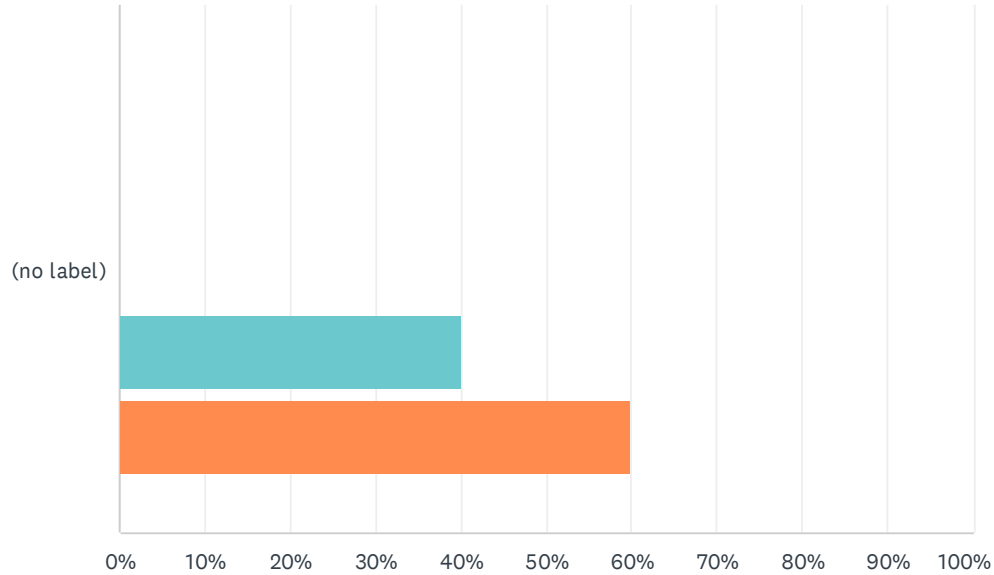


■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	20.00% 1	80.00% 4	5	4.80

Q28 The Board evaluates the CEO primarily on the accomplishment of the organization’s strategic goals and priorities and adherence to policy.

Answered: 5 Skipped: 0

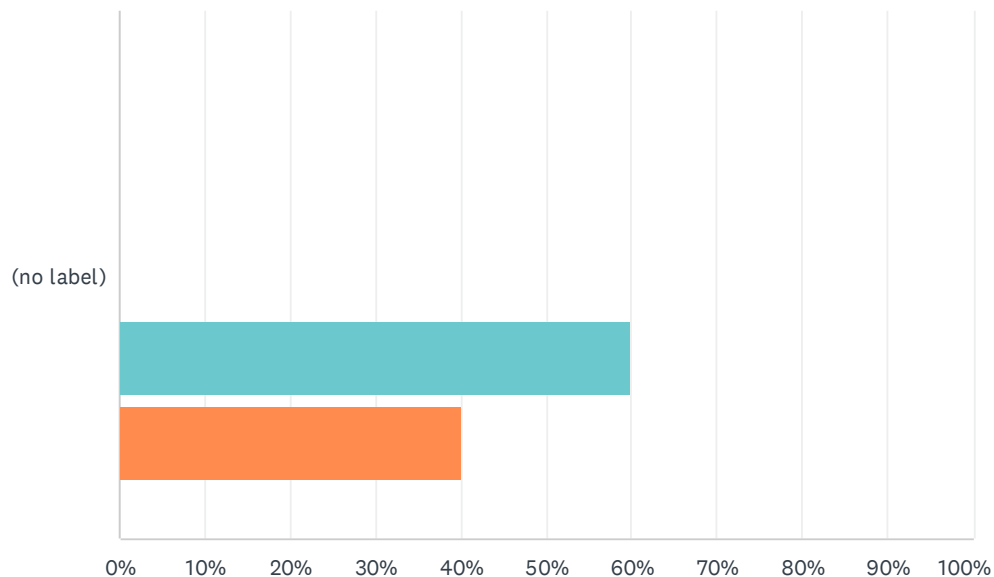


■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	40.00% 2	60.00% 3	5	4.60

Q29 The Board provides feedback and shows its appreciation to the CEO on a regular basis.

Answered: 5 Skipped: 0

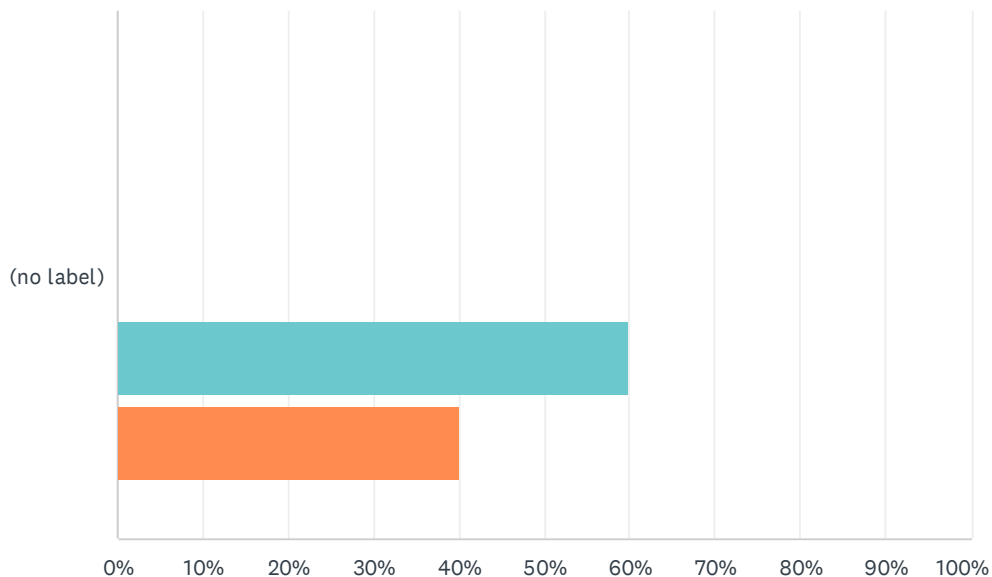


■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	60.00% 3	40.00% 2	5	4.40

Q30 The Board ensures that the CEO is able to take advantage of professional development opportunities.

Answered: 5 Skipped: 0

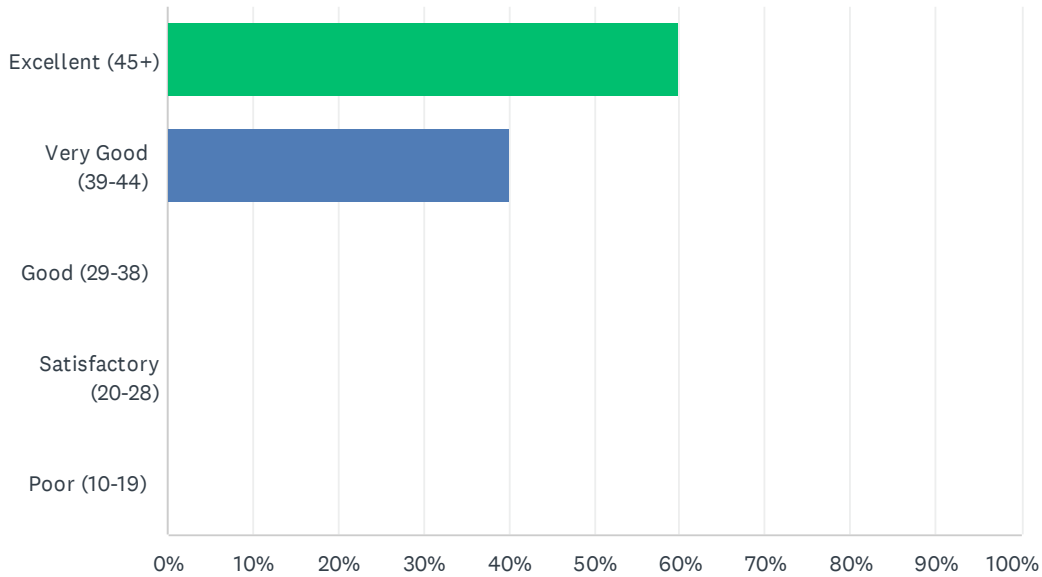


■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	60.00% 3	40.00% 2	5	4.40

Q31 Add together your ratings for Section C and select the matching overall rating.

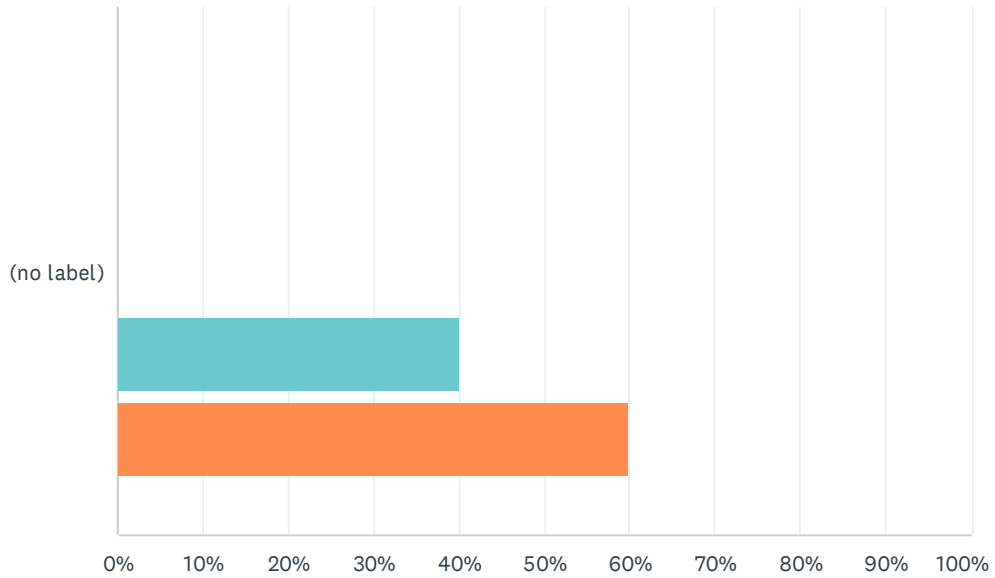
Answered: 5 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent (45+)	60.00%	3
Very Good (39-44)	40.00%	2
Good (29-38)	0.00%	0
Satisfactory (20-28)	0.00%	0
Poor (10-19)	0.00%	0
Total Respondents: 5		

Q32 I am aware of what is expected of me as a Board member.

Answered: 5 Skipped: 0

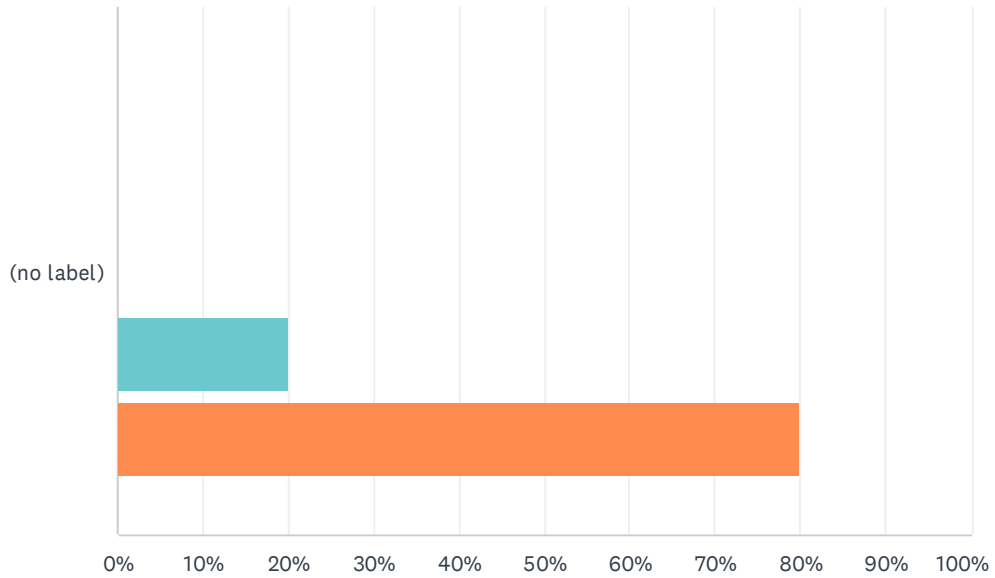


■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	40.00% 2	60.00% 3	5	4.60

Q33 I have a good record of meeting attendance.

Answered: 5 Skipped: 0

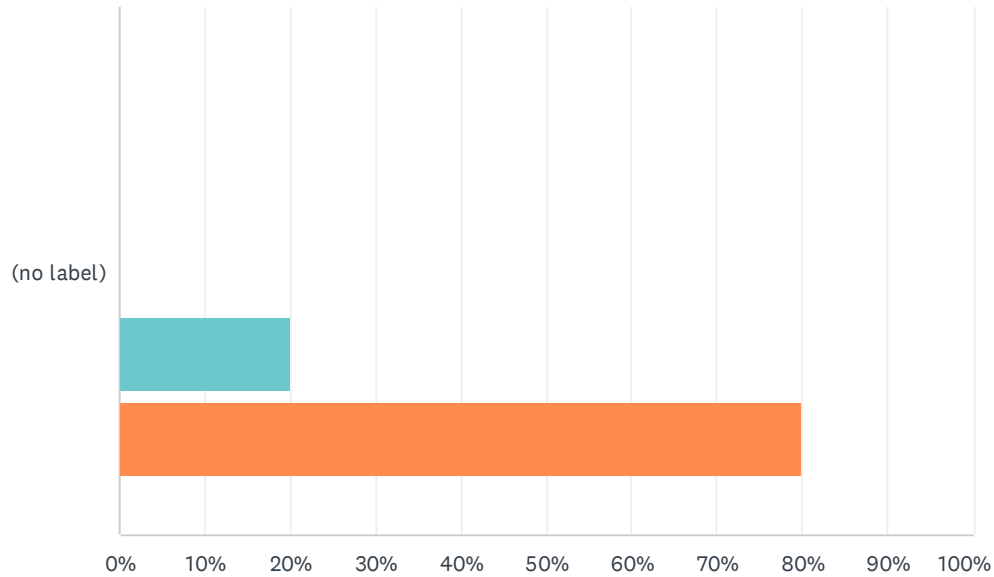


■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	20.00% 1	80.00% 4	5	4.80

Q34 I read the minutes, reports and other materials in advance of our Board meetings.

Answered: 5 Skipped: 0

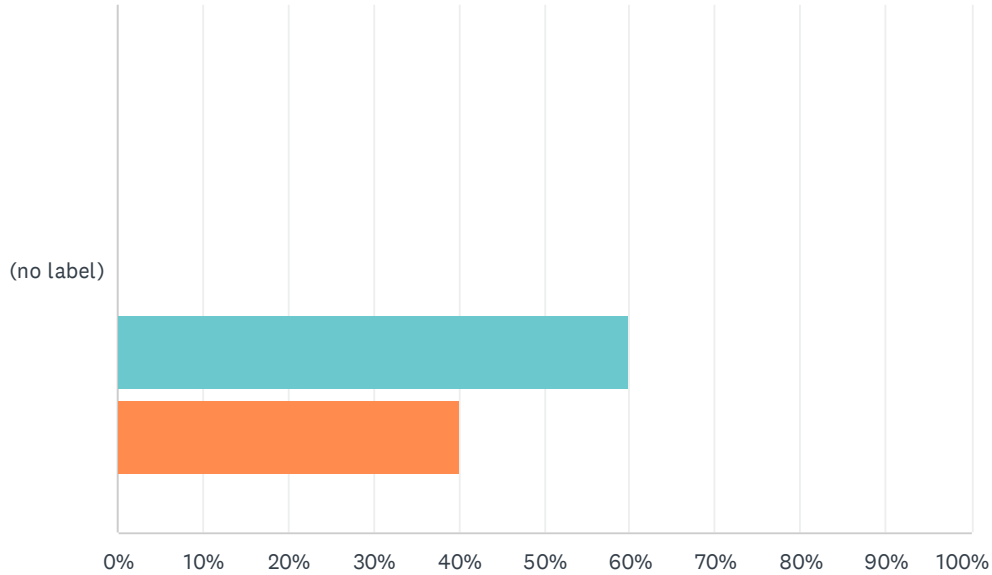


■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	20.00% 1	80.00% 4	5	4.80

Q35 I am familiar with what is in the organization’s by-laws and governing policies.

Answered: 5 Skipped: 0

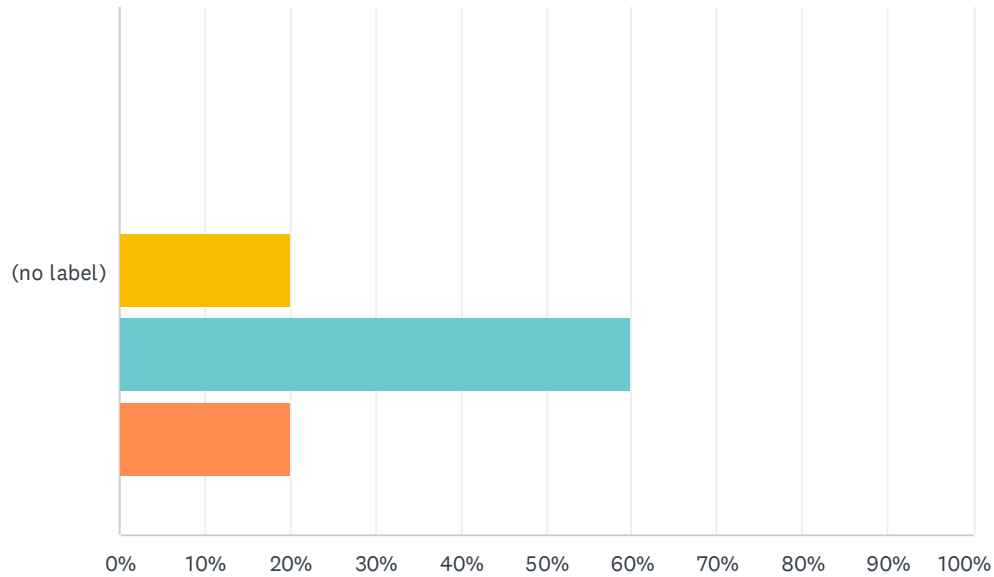


■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	60.00% 3	40.00% 2	5	4.40

Q36 I frequently encourage other Board members to express their opinions at Board meetings.

Answered: 5 Skipped: 0

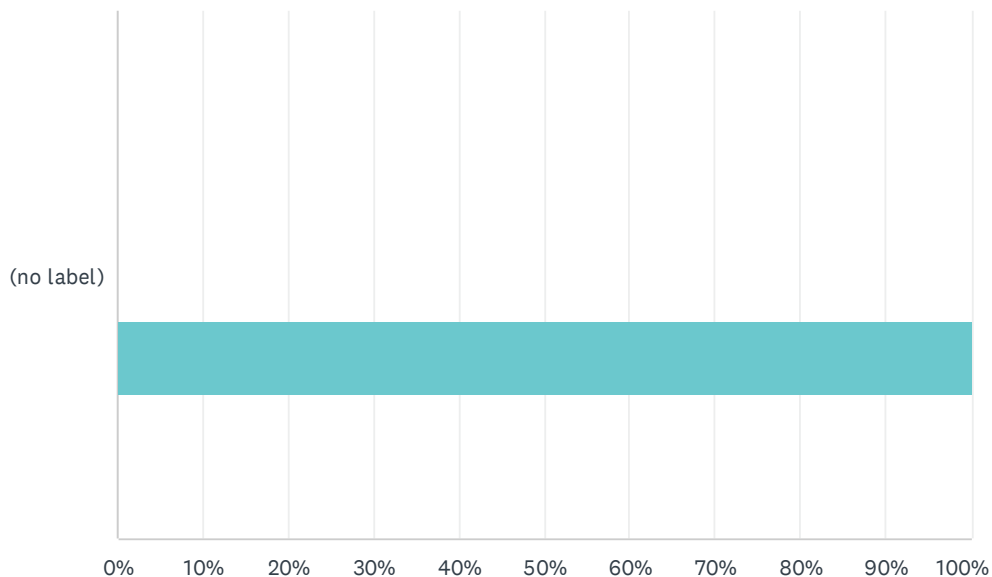


■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	20.00% 1	60.00% 3	20.00% 1	5	4.00

Q37 I am encouraged by other Board members to express my opinions at Board meetings.

Answered: 5 Skipped: 0

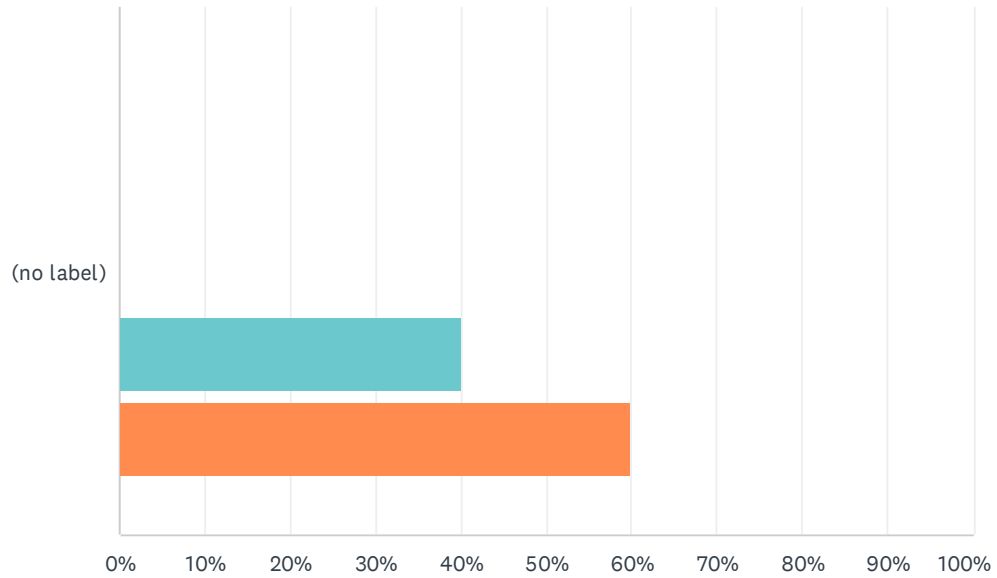


■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	100.00% 5	0.00% 0	5	4.00

Q38 I am a good listener at Board meetings.

Answered: 5 Skipped: 0

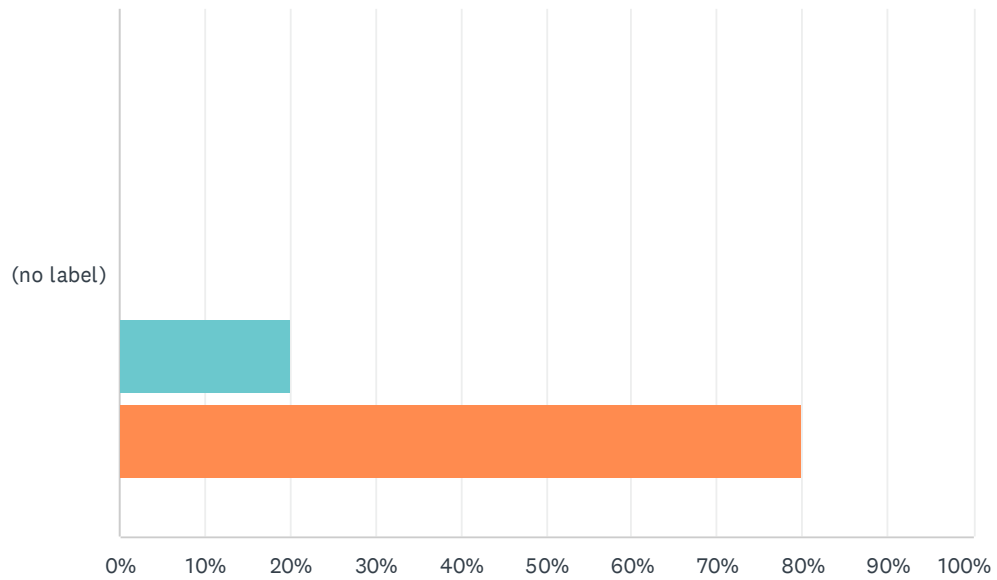


■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	40.00% 2	60.00% 3	5	4.60

Q39 I follow through on things I have said I would do.

Answered: 5 Skipped: 0

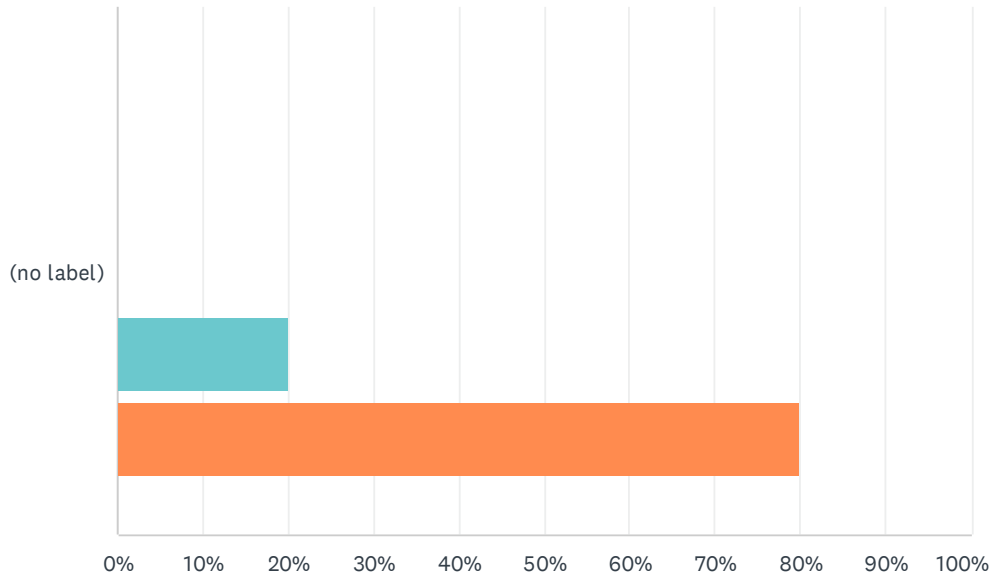


■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	20.00% 1	80.00% 4	5	4.80

Q40 I maintain the confidentiality of all Board decisions.

Answered: 5 Skipped: 0

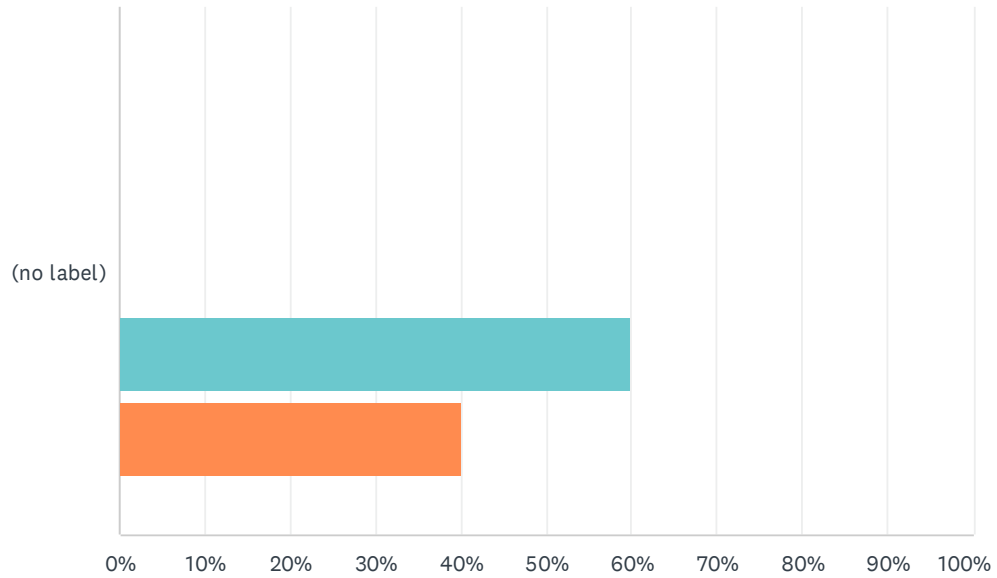


■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	20.00% 1	80.00% 4	5	4.80

Q41 When I have a different opinion than the majority, I raise it.

Answered: 5 Skipped: 0

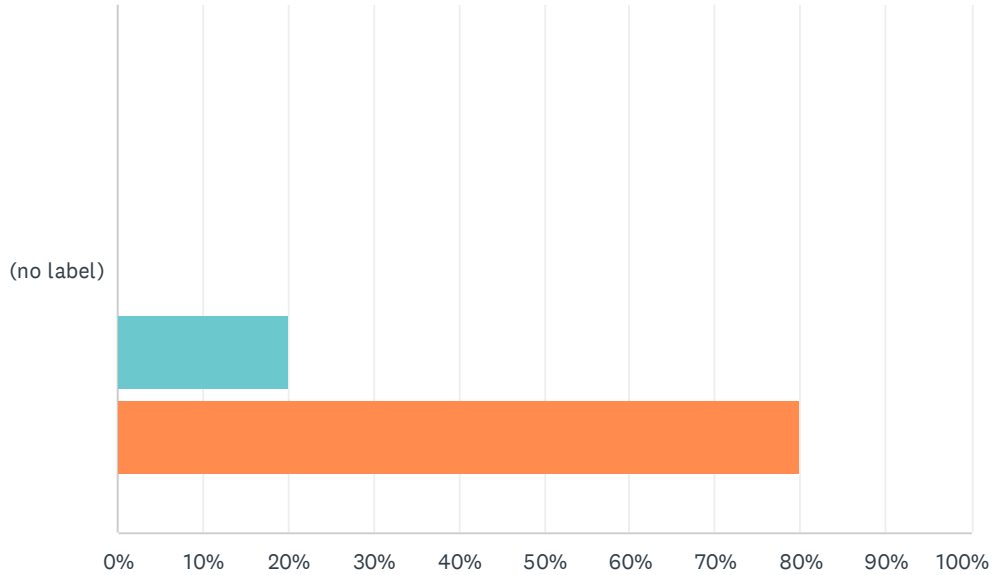


■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	60.00% 3	40.00% 2	5	4.40

Q42 I support Board decisions once they are made even if I do not agree with them.

Answered: 5 Skipped: 0

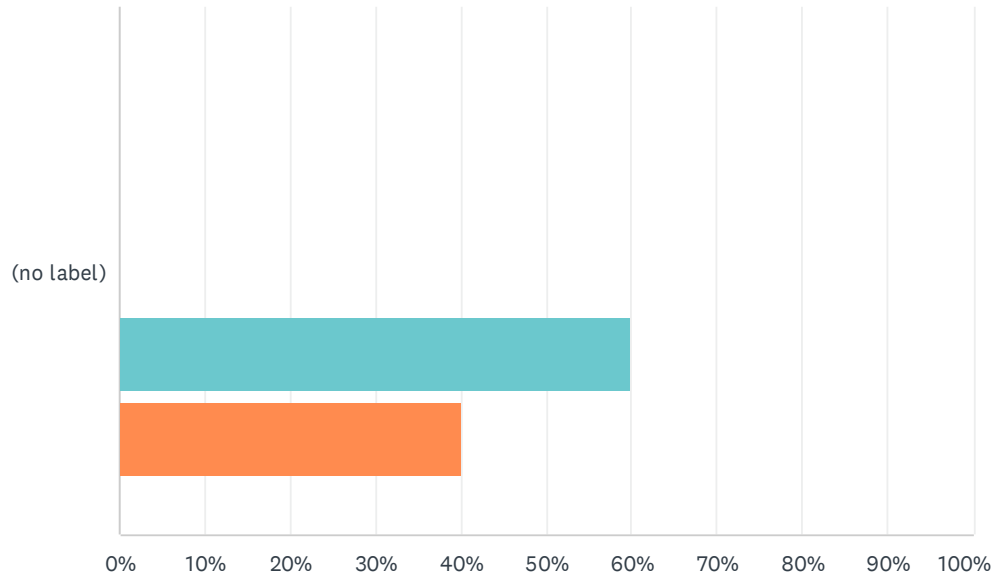


■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	20.00% 1	80.00% 4	5	4.80

Q43 I promote the work of our organization in the community whenever I have a chance to do so.

Answered: 5 Skipped: 0

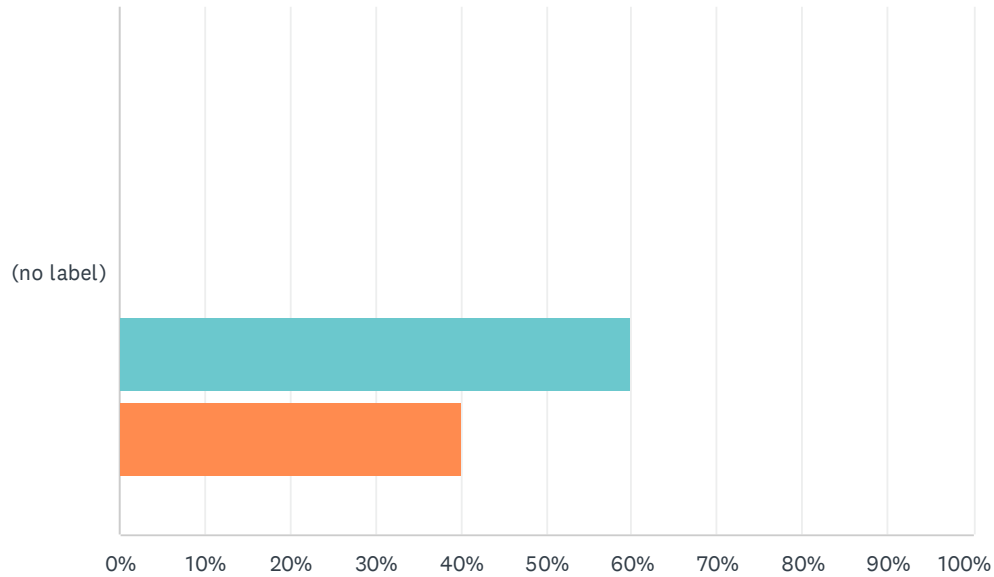


■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	60.00% 3	40.00% 2	5	4.40

Q44 I stay informed about issues relevant to our mission and bring information to the attention of the Board.

Answered: 5 Skipped: 0

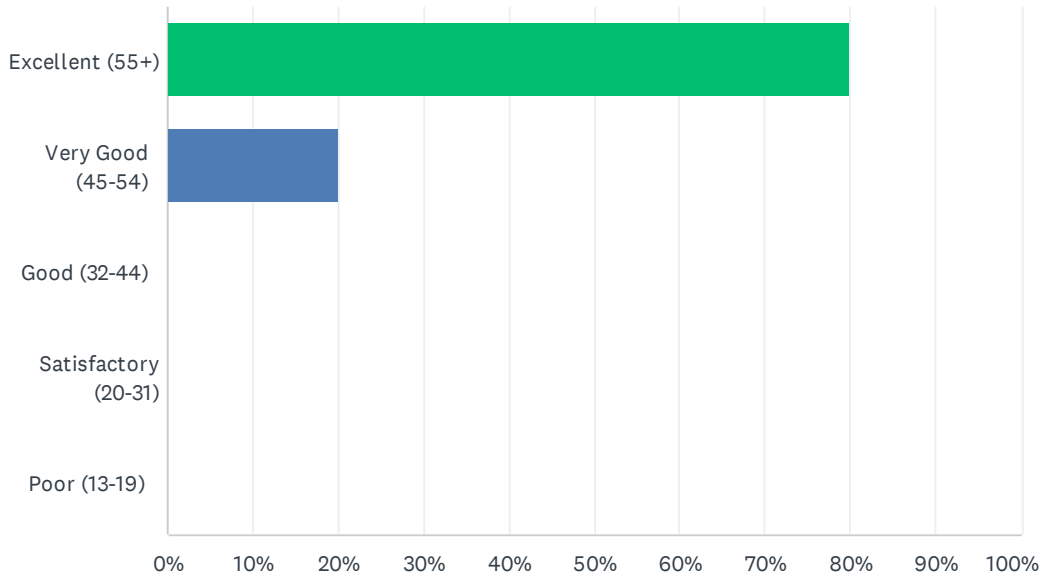


■ Strongly Disagree = 1
 ■ Disagree = 2
 ■ Maybe or Not Sure = 3
■ Agree = 4
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	60.00% 3	40.00% 2	5	4.40

Q45 Add together your ratings for Section D and select the matching overall rating.

Answered: 5 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent (55+)	80.00%	4
Very Good (45-54)	20.00%	1
Good (32-44)	0.00%	0
Satisfactory (20-31)	0.00%	0
Poor (13-19)	0.00%	0
Total Respondents: 5		

November 24, 2021

The Nominating Committee for positions in the 2022 Board of Directors met and here proposes the following candidates for approval at the December 1st. meeting:

Chair: Jeanne Utterback

Vice-Chair: Tammy Humphry

Secretary: Beatriz Vasquez, Ph.D.

Treasurer: Abe Hathaway

Director: Tom Guyn, M.D.

Board Committees membership will remain the same as 2021.



2022 Board Calendar
Report Schedule
**Subject to Change

January				February				March			
11	Tue	3:30pm	Med Staff Meeting (Beatriz)	9	Wed	1pm	Quality Committee	8	Tue	3:30pm	Med Staff Meeting (Abe)
12	Wed	1pm	Quality Committee				Food & Nutritional Services	7	Mon	1pm	Strategic Planning Committee
			Finance				Environmental Services	9	Wed	1pm	Quality Committee
			Patient Access				IT				Surgery/Anesthesia
			Business Office				Facilities & Engineering				Med-Surg/Swing
			HIM				Purchasing				Outpatient Services
			Personnel				Infection Control - Monthly Report				Med Staff
			Infection Control - Monthly Report				Safety - Q Report				Infection Control - Monthly Report
			Worker's Comp - Q Report				CMS Core Measures- Q Report				Blood Transfusion - Q Report
10	Mon	1pm	Strategic Planning Committee				5-Star Rating Monitoring - Q Report				Compliance - Q Report
26	Wed	10:30am	Finance Committee	23	Wed	10:30am	Finance Committee (Burney)	30	Wed	10:30am	Finance Committee
			Med Staff				Pharmacy				Purchasing
			Outpatient				Physical Therapy				Respiratory
26	Wed	1pm	Board Meeting				Telemedicine				BOD Q Finance Review
			Director of Human Resources				Independent Audit				Board Meeting
			Director of Nursing - SNF	23	Wed	1pm	Board Meeting (Burney)				Director of Nursing - Acute
			Hospice - Q Report				MHF Director - Q Report				Director of Quality
			Worker's Comp - 6-month				Safety - 6-month				BOD Q Finance Review
							Independent Audit				
April				May				June			
13	Wed	1pm	Quality Committee	3	Tue	3:30pm	Med Staff Meeting (Tami)	8	Wed	1pm	Quality Committee
			Cardiac Rehab	9	Mon	1pm	Strategic Planning Committee				SNF
			Hospice	11	Wed	1pm	Quality Committee				Emergency Dept
			Pharmacy				Marketing				Laboratory
			Physical Therapy				Activities				Radiology
			Respiratory				Social Services - Acute/SNF				Infection Control - Monthly Report
			Retail Pharmacy				Staff Development				Blood Transfusion - Q Report
			Telemedicine				Volunteer Services				Compliance - Q Report
			Infection Control - Monthly Report				Infection Control - Monthly Report				Hazard Vulnerability Assessment
			Employee Health				Safety - Q Report	29	Wed	10:30am	Finance Committee (Burney)
			Worker's Comp - Q Report				CMS Core Measures- Q Report				Patient Access
27	Wed	10:30am	Finance Committee (Burney)				5-Star Rating Monitoring - Q Report				Business Office
			Social Services	25	Wed	10:30am	Finance Committee				HIM
			Activities				Surgery				Budget Adoption
			Staff Development	25	Wed	1pm	Board Meeting				BOD Q Finance Review
			Infection Control					29	Wed	1pm	Board Meeting (Burney)
27	Wed	1pm	Board Meeting (Burney)								Ad Hoc Committee - CEO Evaluation
			Director of ED & Ancillary Services								Budget Adoption
											BOD Q Finance Review
											Hazard Vulnerability Assessment
July				August				September			
11	Mon	1pm	Strategic Planning Committee	10	Wed	1pm	Quality Committee	6	Tue	3:30pm	Med Staff Meeting (Jeanne)
12	Tue	3:30pm	Med Staff Meeting (Tom)				Food & Nutritional Services	14	Wed	1pm	Quality Committee
13	Wed	1pm	Quality Committee				Environmental Services				Surgery/Anesthesia
			Finance				IT				Med-Surg/Swing
			Patient Access				Facilities & Engineering				Outpatient Services
			Business Office				Purchasing				Med Staff
			HIM				Infection Control - Monthly Report				Infection Control - Monthly Report
			Personnel				Safety - Q Report				Blood Transfusion - Q Report
			Infection Control - Monthly Report				CMS Core Measures- Q Report				Compliance - Q Report
			Worker's Comp - Q Report				5-Star Rating Monitoring - Q Report	12	Mon	1pm	Strategic Planning Committee
27	Wed	10:30am	Finance Committee	31	Wed	10:30am	Finance Committee (Burney)	28	Wed	10:30am	Finance Committee
			Food & Nutritional Services				Emergency & Lab				Environmental Services
27	Wed	1pm	Board Meeting				Radiology				IT
			Director of Human Resources				BOD Q Finance Review	28	Wed	1pm	Board Meeting
			MHF Director - Q Report				401K Annual Report				Director of Nursing - Acute
			Hospice - Q Report				Cardiac Rehab				Director of Quality
			Worker's Comp - 6-month	31	Wed	1pm	Board Meeting (Burney)				Board Bylaws Review
							Director of Nursing - SNF				Assessment Process
							Hospice Quarterly				
							Safety - 6-month				
							BOD Q Finance Review				
							401K Annual Report				
October				November				December			
12	Wed	1pm	Quality Committee	1	Tue	3:30pm	Med Staff Meeting (Beatriz)	7	Wed	10:30am	Finance Committee
			Cardiac Rehab	7	Mon	1pm	Strategic Planning Committee				Director of Nursing - Acute
			Hospice	9	Wed	1pm	Quality Committee				Facilities & Engineering
			Pharmacy				Marketing				BOD Q Finance Review
			Physical Therapy				Activities	7	Wed	1pm	Board Meeting
			Respiratory				Social Services - Acute/SNF				MHF - Q Report
			Retail Pharmacy				Staff Development				BOD Q Finance Review
			Telemedicine				Volunteer Services				Election of Officers
			Infection Control - Monthly Report				Infection Control - Monthly Report				Organizational Meeting
			Employee Health				Safety - Q Report	14	Wed	1pm	Quality Committee
			Worker's Comp - Q Report				CMS Core Measures- Q Report				SNF
26	Wed	10:30am	Finance Committee (Burney)				5-Star Rating Monitoring - Q Report				Emergency Dept
			Director of Human Resources								Laboratory
			Director of Nursing - SNF								Radiology
26	Wed	1pm	Board Meeting (Burney)								Infection Control - Monthly Report
			Director of ED & Ancillary Services								Blood Transfusion - Q Report
			Program Evaluation								Compliance - Q Report
			Nominating Committee for Board Officers								



Mayers Memorial Hospital District
Always Caring. Always Here.

Executive Director of Community Relations & Business Development – Valerie Lakey
November-December 2021 Board Report

Legislation/Advocacy

The legislative Strategy Group has been meeting weekly to discuss priorities for the coming session. Priorities for the coming year continue to be the Disaster Preparedness/Hospital Seismic mandate and the Office of Healthcare Affordability.

We are also supporting a bipartisan Provider Relief Fund Improvement Act (H.R. 5963), which would allow hospitals and health systems to quickly access remaining funds from the Provider Relief Fund and expand flexibility for how and when the funds can be used.

The California Hospital Association put out a great report on the 2021 State Legislation, which I would recommend you review. [Read Here](#)

Marketing/Public Relations/Recruiting

CNA Program

Focus on the January CNA class has been a priority. We have advertising on targeted radio (AudioGo), newspaper, social media and a strong website focus. We are targeting the advertising to geographic and age demographics and are seeing a good response. [AudioGo Ad](#)

MMH **CNA Program**
 www.mayersmemorial.com
Begins Monday, January 10, 2022

40 Hours per week
 6 week course
 Location: MMHD Campuses

No Cost for enrollment!
 Supplies & Materials
 Included!

Once student obtains CNA Certification - potential \$20/hr.

MMHD will pay student \$15 per hour while attending program!*

**Employee will be full-time and will be eligible for MMHD benefits*

Contact Shay Herndon
 (530) 336-5511 Ext. 1131
 sherndon@mayersmemorial.com

Tax Payer Vouchers

The [Voucher program](#) is set to launch the first part of December. We have the vouchers and the program and process and process is in place. Vouchers will be distributed at the Burney Clinic, Mayers Pharmacy and the Administration Office. Tax Payers will also be able to complete a web form and once verified, can receive their voucher booklet by mail. We have a VOUCHER TEAM established and a “Live” spreadsheet to track distribution. Advertising and marketing for the program is now taking place. There have already been several forms completed on the website.

Job Shadow Program

Piper Lakey has been participating in our “*Planting Seeds, Growing Our Own*” Job Shadow Program. This program is for high school juniors. They come each day for one class period and we rotate them through various departments in the hospital. So far Piper has been in Physical Therapy, Cardiac Rehab and Employee Wellness, Nursing, Foundation and will be in Imaging and Lab (this week). This program has proven successful in showing students all components of healthcare and helps them to see what areas of interest they may wish to pursue.

Emergency Department Follow-Up/Clinic Marketing Calls

We have successfully implemented our ED follow-up calls. This is proving to be very valuable in many areas. We are focusing on ED patients with non PCP and seeing that they get a call from the clinic to get a follow-up visit scheduled. We are also addressing any clinical or quality issues. As expected, we are working out a few bumps and making some changes and improvements in the process as we go. Overall, it has been very productive.

Calls are being made daily by Dana Hauge. Dana and I have been communicating regularly with clinic staff to make sure we address their needs as far as patient scheduling. We are also working with Travis and admitting staff to ensure we are capturing ED patients PCP upon registration. Any quality concerns from follow up calls are immediately directed to Jack Hathaway. If there is an immediate clinical concern, it is forwarded to nursing staff.



Operations Report November - December 2021

Statistics	October YTD FY22 <i>(current)</i>	October YTD FY21 <i>(prior)</i>	October Budget YTD FY21
Surgeries (<i>incl. C-sections</i>)			
➤ Inpatient			
➤ Outpatient			
Procedures (<i>surgery suite</i>)			
Inpatient	903	482	476
Emergency Room	1571	1331	1522
Skilled Nursing Days	9160	9988	9237
OP Visits (OP/Lab/X-ray)	7399	5542	4502
Hospice Patient Days	517	207	597
PT	855	856	935

*Note: numbers in RED denote a value that was less than the previous year.

Chief Clinical Officer Report

Prepared by: Keith Earnest, CCO

Physical Therapy

- During physical therapy month Daryl Schneider, PT manager and her department, organized an employee appreciation raffle with \$750 worth of donated prizes. The prize list was quite extensive. Here is an excerpt from Daryl:
In the past Physical Therapy has normally collected and raffled a basket or two of health items to our patients during this month; however, this year we had the idea to collect and raffle items to many of our hard working coworkers in other departments to show our appreciation of TEAM MAYERS. We placed all employees, whether we personally know you or not, into the raffle since we all play a part in this hospital.

Pharmacy

- COVID Vaccines
 - Mayers is offering booster shots of Pfizer and Moderna vaccines to anyone 18 or above.
 - We are offering pediatric Pfizer vaccine (ages 5-11) on Thursdays and Fridays.
 - Mayers was awarded a grant from Partnership Health Population Health to reach out to unvaccinated Partnership patients.
- Monoclonal Antibodies
 - Outpatient Medical is administering monoclonal antibodies for the treatment of COVID-19 in high risk patients. The goal of the outpatient program is to keep these patients out

of the ER and out of the hospital. Outpatients require a referral from a provider to get the infusion. Keith Earnest is part of Shasta County's monoclonal antibody task force.

- Mayers designated compounding area passed recertification that is required twice yearly.

Retail Pharmacy

- Influenza vaccines concluded at retail. We appreciate the nursing staff who stepped up to administer vaccines.
- The drug take back program, where community members can safely dispose of expired or no longer needed prescriptions, is in place. Heidi Fletcher, Retail Pharmacy Manager, will be working with marketing to inform the public of the program.

Telemedicine

- See attached report.

Respiratory Therapy

- The printer needed to do pulmonary screening tests has been purchased, which will allow respiratory therapists to do screenings offsite at events such as health fairs.
- Neonatal/infant high flow oxygen is ready to go.
- Due to supply chain issues, we were having difficulty getting needed supplies for high flow oxygen and biPAP machines. David Ferrer, RT, Respiratory Manager, reached out to the Respironics company representative for assistance. Currently we are stocked with everything.

Chief Nursing Officer Report **Prepared by: Candy Vculek, CNO**

- MMHD continues to use CDPH Nursing and CNA staff to help with the staffing shortage throughout the facility. This has been extremely helpful in giving our own staff relief from constantly working short. A number of the CDPH staff have extended their contracts, which has eased some of the staffing shortages. The cost for this type of staff is very high.
- COVID Unit:
 - The acute care COVID unit has remained open for several months. The number of staff needed for the COVID unit varies by census and acuity. There is always one nurse and frequently two in the department. The number of cases being seen in the ED has decreased but currently the SNF outbreak at FRM is driving patient census in the COVID unit. At this time, there are 5 residents in the COVID unit
- COVID accommodations:
 - A little over 30 employees have filed and received either a medical or a religious exemption from receiving the COVID immunization.

- HR set out very clear guidelines to these staff members and they have signed an acknowledgement of these requirements.
 - They are required to COVID test twice weekly.
 - They must wear an N-95 mask whenever on the hospital grounds.
 - Compliance with the testing is tracked by the infection control nurse who then shares any deviations from the standards to the employee's manager.
 - The employee's manager takes immediate action.

SNF Report

- All residents at the Burney Annex have been on response testing since October 26th. Another exposure has extended the response testing at Burney and caused Station 2 to start response testing.
- An employee visited a family member here at station 2. This same employee worked while feeling ill at the Annex the day before and then tested positive. Therefore both facilities again are on response testing protocol.
- Station 2 currently has a COVID outbreak and there are five positive residents.
- Both Fall River and Burney staff and residents will be COVID tested according to policy, until cleared.
- Vaccinated staff testing is once weekly, N95 mask and goggles must be used during resident care during the response-testing period.
- Unvaccinated staff are tested twice weekly and N95 and goggles apply as well. Unvaccinated staff are required to wear N95 masks and goggles even when the facility is not in response testing.
- Current census St 2, 31 Burney, 40
- Admits in Acute status to SNF are again pending clearance from the current exposure and should be able to move to station 2 once the response testing has ended
- Planning continues for our Nursing Assistance class scheduled to begin in January 2022. SNF management is confident the facility is ready to proceed with advertisement through social media, flyers and other various forms. Through word of mouth, there are already four people interested in applying.
- Currently working on Standard Works for several different projects: Psychotropic Management & Fall Management meetings will be conducted weekly with multiple disciplines in SNF. Covid-19 Precautions Compliance and activity is in response to our recent exposure in SNF. Van Usage Education and Safety Precautions is also in response to an accident of operator error while using the lift on the van inappropriately, causing a resident serious injury.
- All staff will receive education, testing and successful return demonstration on all topics.

Acute Care Report

- Sept 2021 Acute: ADC 3.73, Swing ADC 4.0; LOS 12, OBS days: 17.03.
- Full-time staffing on Acute requires 9 FTE RN/LVN's, and 4 FTE CNA's.
- Acute care remains fully staffed although there is one pending resignation.
- COVID Staffing Requires 1 RN – and 1 additional licensed staff member depending on census and acuities.
- The COVID unit is staffed mostly through acute with staffing up to 3-licensed staff per shift when able.

- The average length of stay for the COVID acute patients has been approximately 10 -14 days
- Acute care management continues to focus on education. A 2-day educational event for recognizing the patient in distress was initially scheduled for mid-September through the Center of Excellence- Education. This was postponed again due to the COVID surge and the staffing concerns and is now rescheduled for February.
- A COVID surge plan remains in place and will be initiated in the event that the census increases past five.

Outpatient Medical Unit

- The Outpatient Census has run approximately 110 patients a month.
- August 115 patients, 147 procedures.
- September 125 patients and 156 procedures,
- October 116 patients, and 126 procedures
- OPM has started providing antibody infusions to patients of privileged providers that qualify in our COVID unit setting as an Outpatient.
- *Receiving REGEN-COV may benefit certain people with COVID-19 and may help prevent certain people who have been exposed to someone who is infected with SARS-CoV-2 from getting SARS-CoV-2 infection, or may prevent certain people who are at high risk of exposure to someone who is infected with SARS-CoV-2 from getting SARS-CoV-2 infection.*
- Wound care nurse continues to be a part of weekly weights and wounds meeting in LTC to have a team approach to keep everyone updated on significant changes with patient care.

Outpatient Surgery

- OPS was closed the month of September due to COVID. October Stats: Surgeries: 3. Procedures: 7.
- An interim manager has been hired and is completing a full assessment of the department.
- One goal is to see an increase in surgical procedure volume. The number and type of instrument sets and related supplies are being analyzed for modifications that would enable back-to-back scheduling of procedures without additional delay time for instrument processing.
- Staffing roles and responsibilities such as Surgical Tech/SPD tech and OR RN are being discussed and modified in order to provide efficiency and coverage for the department.
- The interim manager and OR RN observed procedures and patient flow at Modoc Medical Center on Nov. 11, 2021. Also scheduled is observation of Dr. Guthrie's procedures at Mt. Shasta facility on Nov. 24, 2021.

Emergency Department

- The Emergency Department treated 343 patients in November
 - 31 patients were admitted to Mayers
 - 21 patients were transferred to a higher level of care
 - 67 patients were pediatric patients (under 18)
- Staffing:
 - There are two FULL time night RN and one FULL time night supervisor positions being filled by travelers.

- The department has initiated a temporary third RN position working 1130-midnight, this will help with breaks, on acute, COVID and ER, also will help with transfers and taking care of sick patients.
- COVID Operations update – Operations are smooth with use of the isolation room and rapid testing Patients are presenting to ER after LAB hours with COVID symptoms and then not wanting to be seen. Non-acute patients are asked to wait in the car pending COVID swab if symptomatic and isolation room is not available. This is working. The hospital has seen an increase in positive patients causing the COVID unit to open. There has been a “steady” amount of inpatients.
- ED transfers- There are huge difficulties in getting patients transferred to a higher level of care, the Redding Hospitals are declining due to “NO BEDS” this puts strain on the ER staff with multiple hours looking for placement for sick patients. There has been an increase in sending patients to others states, IE: Oregon and Nevada. Most patients spend “hours upon hours” waiting. MMHD has been using “MHOAC ASSISTANCE NEEDED FOR TRANSFERS”, this puts another set of people looking for beds.

Laboratory

- The interface between Point Click Care and Paragon continues to wait on Paragon to complete one final step. Paragon has been very unresponsive to MMHD and it is still unclear as to when they will complete the work. IT is following up with Paragon in an attempt to get them re-engaged.

Radiology

- An interim Radiology manager has been hired and she starts November 15th. Although she is starting in an interim role, she is possibly interested in the permanent position.
- The addition of the interim manager brings the department to being fully staffed with two techs of our own and a traveler.

Quality

- QIP reports are being built and reviewed to see where MMHD stands for reporting out in July. Quality is working with DHLF to see if MMHD can assist in advocating for pay for reporting for the first year of QIP with all of the COVID issues that have been ongoing.

Chief Operating Officer Report

Prepared by: Ryan Harris, COO

Facilities, Engineering, Other Construction Projects

- Progress on the demo project continues as the crews are preparing to transition to the nurse’s station. A week was lost as moisture damage was encountered in the exterior wall in Room 103. This room must be in operational condition to maintain bed count before the nurse’s station can be relocated to Room 104. The moisture damage was due to incomplete patching around the new

rooftop. The moisture damage was mitigated the week of 11/1 when the roof patching was completed. The moisture damage inside of Room 103 was repaired the week of 11/8 and will be returned to MMH operations on 11/11. The majority of the remaining work in the nurse's station consists of mechanical and electrical tie-in as well as finish work. Unforeseen structural and fire safety conditions encountered within the existing roof framing have resulted in required changes to the design. This, in turn, will create change orders and additional working days. The remaining site work is grading, paving and striping. The project is still on budget but the design changes as well as other delays have caused the remainder of the float in the schedule to be used. Twenty-five additional working days caused by the aforementioned design changes (encountered after all of the float in the schedule had been used) have resulted in an approximate revised finish date of 1/25/2022. Because of the unforeseen conditions we are finding in the 1972 building I was able to request and be granted an extension to our final completion date from January 20th 2022 to April 20, 2022. It is both the contractors and the Mayers construction teams' goal to have this project completed well before then.

- We have submitted all the closeout paperwork to OSHPD to officially get our construction final on the project.
- Work continues on the laundry facility project. We are experiencing issues with ordering shelving units but have a work around until supply chain issues resolve. The project also experienced a Covid exposure with construction personnel getting put on isolation delaying the project. Work will resume the week of November 15th and all final parts will arrive by November 23rd. Both the contractor and the Mayers team would like to get this done this month if all goes well.
- Approved drawings and the building permit for the day care project was picked up from the county on November 4th. PM Morris is currently assisting the church with finding a contractor to perform the work.
- Facilities is continuing with painting the exterior of the Fall River main campus.
- Hospital Renovation Project Phase III preliminary work has started. We have decided to go with the delivery method Design Bid Build and the project will be competitively bid. At this time, an architectural firm has yet to be determined however, Greenbough design is our contracted AOR on-retainer firm. A meeting has been set up with Greenbough Design to go over the project.
- Construction Project Manager and Owner's Representative, John Morris has been very busy working on the below projects. As we make progress on these project more in depth updates will be given.
 - Facilities projects
 - Burney Fire Alarm Panel Project
 - IT Room AC upgrade project
 - CT and RF room Backup power project
 - Laundry Facility project closeout
 - Daycare Project
 - Burney Water heater replacement project
 - Supply Pyxis project
 - Legionella remediation project
 - Access control project
 - Security camera project

IT

Helpdesk

- IT
 - IT Received 501 tickets, and resolved 471.
 - 126 calls were placed to the helpdesk, 61 of which went to on-call.
 - Average Response Time is 1H31M, with Average Resolution Time of 4H02M. I am proud of how hard our team is working tickets. These numbers show that staff is receiving timely support even with the large ticket volume this month.
 - We received a survey response on 21 of our tickets. 100% of our responses were 5/5. We received no 4/5, 3/5, 2/5, or 1/5.
- IS
 - IS received 12 tickets, and resolved 9.
 - No calls were placed to IS
 - Average response time is 15 Minutes, with average resolution of 9H29M

Projects

- Office 365 Migration going well
- Currently upgrading all Windows machines to version 20H2
- PCC Lab Interface awaiting Allscripts resources for go live
- MVHC Lab Interface is close to completion
- EMR Selection in progress
- IT and HR are looking into how we can improve user onboarding

Security

- Citrix MFA Project Completed
- We are now receiving SOC alerts through our ticketing system so we have segmented Information Security tickets away from Information Technology tickets. IT and IS ticket metrics will be reported separately moving forward.
- The SOC investigated 16 possible security threats, escalating 4 to IS. 0 were found to be legitimate threats.
- IS identified an additional 4 possible threats. 0 were found to be legitimate threats.
- IS resolved 6,890 vulnerabilities through both automated and manual methods.

Purchasing

- I am currently the acting purchasing manager. This will stay in place until further notice.
- Rachel Morris, Lead in Purchasing, has begun cross training one of our Stock Clerks with the Buyer role.
- We have posted a position for another Stock & Receiving Clerk.
- I reached out the COO of Plumas Healthcare District and Modoc Medical Center to create a supply sharing program between the three facilities. They have all agreed to join the group. The three of us and our purchasing management will have our kick off meeting on 11/15. The purpose of this group is to share critical supplies among the three facilities during times of shortages.

Food & Nutrition Services

- Staff has greatly increased in the dietary department and I am happy to report that the department is now 80% staffed. The new entry-level wage has greatly increased the number of applicants we are receiving weekly.
- Susan and Jessica have begun to work on the relaunching of the MMHD Online Café using the Square Point of Sale system.

Environmental Services & Laundry

- Staff has also greatly increased in the EVS department and I am happy to report that the department is now 75% staffed. The new entry-level wage has greatly increased the number of applicants we are receiving weekly.
- Sherry and I continue to work on our reopening plan for the laundry facility.

Rural Health Clinic

- We hired a Manager for the Clinic. Kimberly Westlund started working on November 8th. She comes to us from the Canby Clinic with a vast background in billing and clinic office experience. I'm currently splitting my time between FR and Burney to help transition Kim and the clinic staff into the new management.
- We had our highest patient volume month to date in October seeing 950 visits. I am extremely proud of our RHC staff as they continue to provide excellent patient care even with volumes increasing by 32% month over month.
- We have also been discussing adding Talk Therapy to our Telemed service line as this has been brought up several times and is a much needed service to provide to this community. Several clinic providers have brought up the need for this service. Amanda, Danielle and Kim are currently working with the California Telehealth Resource Center on talk therapy billing and Telemed billing in general.
- This past month we have also been focused on clinic billing and our billing practices. We are looking into a coder for the clinic to assist us with coding issues. We are still waiting for our PTAN so there are still outstanding Medicare bills we cannot bill for yet. The issues reported with partnership billing have been resolved and a new standard work has been implemented.
- Jack Hathaway, Kim Westlund and I have started working on the quality program for the clinic that will be implemented no later than June of 2022.
- Work continues on applying for several programs including Vaccines for Children, which Keith is spearheading, Family Pact, and California Child Health and Disability Prevention Program.
- We have had some staff turnover in the department and are currently looking for a full time medical assistant and medical records/referral coordinator.

Operations District-Wide
Prepared by: Louis Ward, CEO

Verbal Report will be provided at the board meeting

Telemedicine Program Update as of November 15, 2021

Respectfully submitted by Amanda Harris for Keith Earnest, CCO

We have completed a total of 1509 live video consults via Telemedicine since August 2017.

Endocrinology:

- We had 22 Endo appointments in October (a new record) and seven so far this month with seven more scheduled later this month.
- We've had 487 consults since the start of this specialty in August 2017.

Nutrition:

- We had three Nutrition patients seen in September and three seen in October.
- We've had 111 consults so far since we started this specialty in November 2017.

Psychiatry:

- Dr. Granese saw 16 patients in October, a combination of residents and outpatients. He's already seen one this month and has 14 more on the schedule for November 16.
- Outpatient numbers have been improving as of late. **Talk therapy would be an excellent addition to clinic services offered as it is often used in tandem with Psychiatry services.**
- Hospitalist Jody Crabtree again provided a summary of each patient's status at the time of the appointments and her input was greatly appreciated.
- We've had 457 consults since the beginning of the program in August 2017.

Infectious Disease:

- Dr. Siddiqui didn't have clinic in October.
- We've had 91 consults since the start of this specialty in September 2017.

Neurology:

- Dr. Levym saw 12 patients in October and six in November. The lower number in November is due to my vacation.
- We've had 234 consults since the start of the program in November 2018.

Rheumatology:

- Dr. Shibuya saw one patient this month.
- We've had 38 consults since the start of the program in May 2020.

FRJUSD/Mayers/MVHC Take Four Counseling Grant:

- To date, about 975 consults have taken place with this program.

Inpatient Telemed Services:

- Inpatient services have taken a bit of a backseat but we will resume work on this side in the coming months.

PHC/UCD Pediatric services:

- We had no referrals for Peds GI services for our block in August so we canceled it. Our next block will be available in December and we hope to be able to use it.

