

Chief Executive Officer  
Chris Bjornberg



**Mayers Memorial Hospital District**

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

Board of Directors  
**Regular Meeting Agenda**  
March 30, 2022 at 1:00 pm  
Fall River Boardroom  
43563 HWY 299, Fall River Mills

**MICROSOFT TEAMS MEETING**  
[Click Here to Join](#)  
**Call In Number:** 1-279-895-6380  
**Phone Conference ID:** 661 110 8

**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>2.1 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>PRESENTATION</b>			
	3.1 Wipfli Annual Audit Summary		Information	30 min.
<b>4</b>	<b>APPROVAL OF MINUTES</b>			
	4.1 Regular Meeting – February 23, 2022	<b>Attachment A</b>	<b>Action Item</b>	2 min.
<b>5</b>	<b>DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS:</b>			
	5.1 Resolution 2022- 04– February Employee of the Month	<b>Attachment B</b>	<b>Action Item</b>	2 min.
	5.2 Director of Nursing – Acute	<b>Attachment C</b>	Report	2 min.
<b>6</b>	<b>BOARD COMMITTEES</b>			
	<b>6.1 Finance Committee</b>			
	6.1.1 Committee Meeting Report: Chair Hathaway		Report	5 min.
	6.1.2 February 2022 Financial Review, AP, AR and Acceptance of Financials		<b>Action Item</b>	5 min.
	6.1.3 Board Quarterly Finance Review		<b>Action Item</b>	5 min.
	6.1.3 EHR Selection	<b>Attachment D</b>	<b>Action Item</b>	5 min.

6.1.4	Retail Pharmacy Sign Proposals	<b>Attachment E</b>	Discussion/ <b>Action Item</b>	5 min.
6.1.5	HVAC Project	<b>Attachment F</b>	<b>Action Item</b>	5 min.
6.1.6	Daycare Update: provided budget and financials	<b>Attachment G</b>	Discussion/ <b>Action Item</b>	5 min.
6.1.7	Mindray Quote	<b>Attachment H</b>	<b>Action Item</b>	5 min.
6.1.8	Annual Audit Summary Acceptance	<b>Attachment I</b>	<b>Action Item</b>	5 min.
<b>6.2</b>	<b>Strategic Planning Committee</b>			
6.2.1	March 7 <sup>th</sup> Meeting Report – DRAFT Minutes Attached	<b>Attachment J</b>	Report	2 min.
6.2.2	Master Planning Process		Discussion/ <b>Action Item</b>	5 min.
<b>6.3</b>	<b>Quality Committee</b>			
6.3.1	March 9 <sup>th</sup> Meeting Report – DRAFT Minutes Attached	<b>Attachment K</b>	Report	5 min.
<b>7</b>	<b>OLD BUSINESS</b>			
7.1	Board Calendar		Discussion/ <b>Action Item</b>	5 min.
7.2	Leadership Development Educational Opportunities		Information	5 min.
<b>8</b>	<b>NEW BUSINESS</b>			
8.1	Policies & Procedures: CEO Compensation	<b>Attachment L</b>	<b>Action Item</b>	5 min.
8.2	Shasta County COVID Report	<b>Attachment M</b>	Information	5 min.
<b>9</b>	<b>ADMINISTRATIVE REPORTS</b>			
9.1	ED of Community Relations & Business Development – Val Lakey	<b>Attachment N</b>	Report	5 min.
9.2	Chief's Reports – <b>Written reports provided. Questions pertaining to written report and verbal report of any new items</b>		Reports	
9.2.1	Chief Financial Officer – Travis Lakey		Report	5 min.
9.2.2	Chief Clinical Officer – Keith Earnest	<b>Attachment O</b>	Report	5 min.
9.2.3	Chief Nursing Officer – Candy Detchon		Report	5 min.
9.2.4	Chief Operation Officer – Ryan Harris		Report	5 min.
9.2.5	Chief Executive Officer – Chris Bjornberg		Report	5 min.
<b>10</b>	<b>OTHER INFORMATION/ANNOUNCEMENTS</b>			
10.1	Board Member Message: Points to highlight in message		Discussion	5 min.
<b>11</b>	<b>ANNOUNCEMENT OF CLOSED SESSION – PUBLIC WILL BE ASKED TO LEAVE</b>			
<b>12</b>	<b>CLOSED SESSION</b>			
12.1	<b>Personnel – Govt Code 54957</b> Personnel Complaints		Discussion	
12.2	<b>Personnel – Govt Code 54957</b> CEO Probationary Period & Annual Evaluation		Discussion	
<b>13</b>	<b>ANNOUNCEMENT OF OPEN SESSION</b>			
<b>14</b>	<b>ADJOURNMENT: Next Meeting April 27, 2022</b>			

Posted 3/25/2022

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).

Chief Executive Officer  
Chris Bjornberg



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Tom Guyn, MD, Director

Board of Directors  
Regular Meeting  
Minutes

February 23, 2022 – 1:00 pm  
FR Boardroom & 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 1:00 PM on the above date.

**BOARD MEMBERS PRESENT:**

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

**ABSENT:**

Keith Earnest, CCO

**STAFF PRESENT:**

Chris Bjornberg, CEO  
Ryan Harris, COO  
Travis Lakey, CFO  
Candy Detchon, CNO  
Val Lakey, ED of CR & BD  
Libby Mee, Director of HR  
Tracy Geisler, MHD Executive Director  
Jessica DeCoito, Board Clerk

- 2 CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS: NONE**

**3 APPROVAL OF MINUTES**

- |     |  |                     |                        |
|-----|--|---------------------|------------------------|
| 3.1 | A motion/second carried; Board of Directors accepted the minutes of January 26, 2022 | <i>Vasquez/Guyn</i> | <i>Approved by All</i> |
|-----|--|---------------------|------------------------|

**4 DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS**

- |     |   |                     |                        |
|-----|---|---------------------|------------------------|
| 4.1 | A motion/second carried; Dana Hauge was recognized as January Employee of the Month. Resolution 2022-03. Dana wears many hats in MMHD – Employee Wellness, Cardiac Rehab, Emergency Preparedness, Safety, Patient Follow Ups, etc. An AMAZING team member who has spread her smile around to all of MMHD.   | <i>Humphry/Guyn</i> | <i>Approved by All</i> |
| 4.2 | Director of Human Resources: written report submitted. A lot of focus on recruiting for the departments who use Registry staff the most. COVID sick time has been in place since the beginning and now we will bring all the COVID sick banks back up to 80 hrs for those who had to use some time.   |                     |                        |
| 4.3 | Worker's Comp 6 Month Report: 6 incidents in December, which is mostly due to weather conditions and the walkways outside of the hospital. 2% decrease in policy.   |                     |                        |
| 4.4 | Safety 6 Month Report: written report submitted. Workplace Violence program called "Orange Dot" is being discussed with Nurse Leadership. We are working with our staff on proper reporting processes: what to report, when to report, etc. Great job on the CODE drills and teaching TEAM Mayers.  |                     |                        |
| 4.5 | MHF Quarterly Report: written report submitted. P&P for Volunteers has been completed. This included the streamlining of both the Volunteer and Employee Handbooks. 11 Active Volunteers – 5 of those are our event helpers. We have received a great amount of in-kind donations. Including an art collection and a sculpture collection. April 9 <sup>th</sup> is the scheduled date for the Health Fair. |                     |                        |

**5 BOARD COMMITTEES**

- 5.1 **Finance Committee**

5.1.1	<b>Committee Report:</b> Pharmacy and Physical Therapy submitted written reports. Focus is on decreasing the AR. Quality Assurance Funds received yesterday. EHR Update provided – we should have a recommendation at the March meeting.		
5.1.2	<b>January 2022 Financials:</b> motion moved, seconded, and carried to accept the financials.	<i>Hathaway/Humphry</i>	<i>Approved by All</i>
5.1.3	<b>Daycare Project Update:</b> staff reported increase of the original budget. They will report at the March meeting with more information about changing the outlook of the project.		<i>No Action Taken</i>
5.2	<b>Strategic Planning Committee Chair Vasquez:</b> No February Meeting		
5.3	<b>Quality Committee Chair Utterback</b>		
5.3.1	<b>Committee Meeting Report</b> – survey season is among us, and our staff are ready to meet with CDPH. A grant opportunity has been presented that we are applying for – RMOMS, a group of healthcare groups from Redding to Modoc County that would provide opportunities for women’s health and prenatal care.		
<b>6</b>	<b>OLD BUSINESS</b>		
6.1	<b>Organizational Analysis:</b> minor corrections on spelling and grammar have been submitted. Motion moved, seconded, and carried to accept once amendments on spelling and grammar have been made.	<i>Vasquez/Hathaway</i>	<i>Approved by All</i>
<b>7</b>	<b>NEW BUSINESS</b>		
7.1	<b>Update on Real Estate Purchase APN 023-210-062, 023-340-028, 023-340-029:</b> property boundaries have been walked, water will be turned on and MMHD will be onsite for inspection. Escrow has been extended out by 2 weeks. Inspections are scheduled for March. We will begin to establish the workflow on who, what and where once inspections past. Once we receive ownership, we will look at what things may need updating.		
7.2	<b>Leadership Education and Development:</b> several options and opportunities like American College of Healthcare Executives. Opportunities available for all areas of the hospital. Board fully supports this initiative to help our leadership develop their leadership skills. Another report will be provided at the next meeting with more information.		
7.3	<b>Future Planning:</b> Discussion took place regarding possible change in future construction for both Fall River and Burney campuses. More research and data gathering will be taking place and discussion will continue going forward.		
<b>8</b>	<b>ADMINISTRATIVE REPORTS</b>		
8.1	<b>ED of Community Relations &amp; Business Development:</b> written report submitted.		
8.2	<b>Chief’s Reports</b>		
8.2.1	<b>CFO:</b> extra educational pieces added into the bottom of the notes to explain the SNF dollars and revenues.		
8.2.2	<b>CCO:</b> written report submitted. One COVID medication was removed because it didn’t fight off the Omicron variant like the Delta. But we have other options that are better on the Omicron variant.		
8.2.3	<b>CNO:</b> Exhibit A provided Monday before meeting. 5 students graduated yesterday from the Certified Nursing Assistant program. 6 students will begin the next class on March 14 <sup>th</sup> . Another class will begin at the end of June, with a huge push on the high school students looking to graduate this June. We currently have 3 patients in the COVID unit from the community. We are wanting to kick up some moral on staff members – bring in some good things for our people. We are working on the Committee meeting structures to only report on what is required and what aligns with our initiatives and needs.		
8.2.4	<b>COO:</b> written report submitted. Week of March 7th, the Laundry Facility and Clinic Exam Rooms will open back up. Scam phone calls have gone out – NOT BY THE DOING OF MMHD. Our job now is to handle each incident as it comes in. Our recommendation is for those receiving the phone call to ask for a call back number, hang up and call MMHD at 530-336-5511 to find out if it’s indeed a SCAM call.		
8.2.5	<b>CEO:</b> At next month’s Board Meeting, we will have the EHR recommendation to bring forward for approval. Shasta Health Assessment Redesign Collaborative (SHARC) has sent out a letter that we did not sign onto. But be aware that you may see that letter with other healthcare groups on. Internal meeting changes have occurred within the leadership roles: Chiefs (C Team) met every other week but now meet every morning and is called Executive Leadership Team. The Operation Management Team (OMT) previously met every other week and the Managers met once a month. Now they will merge into one meeting that will occur twice a month. Huron Leadership Training took place last week and was great. We will continue with the leadership training		

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with Huron next month. Org Chart is being reviewed between the Executive Leadership Team members. Pi Day Competition is on March 14<sup>th</sup>.

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**9 OTHER INFORMATION/ANNOUNCEMENTS**

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- 9.1 Zoom contract is ending and we are migrating to Microsoft Teams, which everyone already has on their current Microsoft 365 platforms.

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  - 9.2 Form 700: Reminder to get them completed and turned in

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  - 9.3 Board Member Message: Employee of the Month, Foundation update, Org Analysis, Rapid tests at Retail Pharmacy, Expired Medication Depository.

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  - 9.4 Beatriz Vasquez, PhD. Announced her resignation from the Board at the end of her term in December 2022. And her role with ACHD will also end. We are urged to replace her ACHD role with someone from MMHD Board of Directors.
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**10 ADJOURNMENT: 4:30 pm**

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Next Regular Meeting: March 30, 2022

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

\_\_\_\_\_  
Board Member

\_\_\_\_\_  
Board Clerk



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

**RESOLUTION NO. 2022-04**

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

**Kevin Smith**

**As February 2022 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, Kevin Smith is hereby named Mayers Memorial Hospital District Employee of the Month for February 2022; and

**DULY PASSED AND ADOPTED** this 30th day of March 2022 by the Board of Trustees of Mayers Memorial Hospital District by the following vote:

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

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Jeanne Utterback, 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—Mar. 30, 2022

### Outpatient Surgery

- Due to the humidity and temperature issues related to the HVAC system in OR1, we have had to close this room. OR2 has been maintained at this time as it is not affected by this issue. However, this limits our ability for surgical cases. Currently, we are unable to perform large orthopedic cases such as total hip replacements. We can continue to perform smaller cases such as carpal tunnel release and joint injections. This impacts general surgery as well.
  - A new HVAC system is the plan. This is now in the hands of the COO.
  
- OPS has also been impacted by the lack of a consistent CRNA. Unfortunately, we had to cancel surgery one week in March. Due to this impact, we have started training one of our OR RN's in Moderate Sedation. Two of our ER RN's have graciously offered to be preceptors in this training.
  - There is a plan to team up with Modoc Medical Center and hire a CRNA to work in both places as we are on the same model opposite each other.
  
- Our current general surgeon will be retiring the end of October. The CEO is searching for another general surgeon.
  
- OPS Stats included in Board Report

\*\*See OPM and Acute report on the CNO board report

Submitted by,

Theresa Overton, RN BSN  
Director of Nursing-Acute Services

## OPM Board Report March 2022

### Updates:

- RN for OPM- RN cut back hours to 4 days.
- OPM is able to borrow, an LVN from LTC for wound clinic days 1X month, which has been helpful and hopefully interesting and educational for staff. Her training helps with continuity of care in LTC.
- Part time MMHD employee in orientation
- The Outpatient Census (*110 approx. a month*), December 97 patients with 132 procedures, January 114 patients, with 142 procedures, February 107 patients, with 147 procedures (These counts do not include seeing LTC residents with wounds in Burney and FR).

### Continuing Work:

1. **Finally received all the parts for the ABI machine and are in the testing phase before using on patients.**
2. **Delegating Health Fair booth ideas to OPM employees. Working on MMHD health care table.**
3. **Administration has announced Cerner as our EMR system. Looking forward to getting started on the integration process for OPM.**
4. **Placing several skin substitutes which are showing favorable wound healing outcomes. Our company representative explained MMHD is one of the only Critical Access Hospitals doing this services.**
5. OPM employees continue taking online wound courses to stay current on standards of wound care. Since covid they have streamlined some conferences to an online platform so now we can offer this easier to staff.
6. OPM has been providing antibody infusions to patients of privileged providers. We have had no antibody infusion orders lately and continue to cross our fingers that infection rates keep going down.
7. Covid contingency planning- OPM moved to station 3 in July. Looking forward to any future space planning, or if I should create a more permanent space in our current OPM patient rooms. I.e. New TV's etc
8. Marketing: Updated website with updated order forms. Continue working on patient testimonials for website.
9. Referrals- We continue to send out email reminders. We have placed OPM order sets and referral forms on our website and send out a password/link for: Provider Resources on the MMHD website
10. OPM has been seeing residents in LTC in Burney and FR as needed. Residents are no longer being seen as OPM under Medicare part B, but in the resident's rooms in LTC, except when Dr Syverson comes for wound clinic days he may round on some patients in both Acute and LTC if necessary.



## OPM Board Report March 2022

11. 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.

### **12. Issues/Needs:**

- OPM is waiting for new Cerner EMR software before we can utilize money given to us from MHF for a wound documentation system. We will purchase what is needed for wound care documentation with monies allocated from MHF.

Respectfully submitted,

Michelle Peterson RN CWCN  
Outpatient Medical Assistant Manager  
Mayers Memorial Hospital District



Mayers Pharmacy  
43471 Hwy 299E  
Fall River Mills, CA 96028

Consultant:  
Chris Fleeman, x2250  
cfleeman@stewartsigns.com  
Direct Fax:  
Customer ID: 3178095  
Quote #: 989912 / 2  
Quoted: 3/15/2022

Attn: John Morris  
925-519-5041

**DESCRIPTION**

6'x 10' Double Sided 16mm TekStar, 60x 140 Full Color LED Display with 3' Deep, Hinged Extruded Aluminum Cabinet and Thermoformed Makrolon SL Faces Decorated on Inside Surface with 3M Vinyl Graphics

**Face / Cabinet Details**

Internal Modular TekStar Cabinet with Complete LED Display Assembly, 16mm 60x140 Color Header Area Decorated with Internal Photo-Real Graphics

**Electrical Information**

Vertical LED Illumination Package for a 6' x10' Cabinet  
LED Communication Method: Short-range Wireless; connectivity requires line-of-sight between sign antenna and wireless device antenna mounted on building by customer. Maximum distance of 1,500 feet\* between antennas.  
One 20 Amp Circuit, 240 Volts;  
SignCommand.com Cloud-Based Software Included FREE for Lifetime of Product. Please visit www.signcommand.com for more information\*\*.

**Structural Details**

Mount Style: Single Pole  
Leg Height: 10 Ft 0 In  
Overall Sign Height: 16 Ft 0 In  
Customized Mount Size:  
Leg Width: 0 Ft 6 In  
Minimum Wind Load Rating: 120mph, Exposure B

**Miscellaneous Items**

Art

**\*\*\* Review Custom Artwork for Text, Graphic and Layout Details \*\*\***

I.D. Cabinet: Black  
Mount: Black  
Draft: White

**Special Instructions:**  
Freight **Included** in Quote Price  
SHOULD YOU CHOOSE STEWART SIGNS TO INSTALL, Estimated Installation Cost (**Not Included** in Quote Price): **\$8,000.00 - \$10,000.00**  
BASIC INSTALLATION COST WOULD BE CHARGED AT TIME OF PURCHASE. (Customer to provide Proper Electric within 3' of sign.)  
Permit fees at cost, and Acquisition fees are charged at time of Installation  
Check with your City Planner for proper Permitting procedures in your area  
\*\*\*Sales Tax **NOT** Included

<b>Investment:</b>	<b>\$40,597.00</b>
<b>Special Price:</b>	<b>\$36,999.00</b>
Unless otherwise noted in Special Instructions, these prices are valid for 30 days. Freight, storage, other freight services and applicable sales tax will be added to your invoice. Organizations exempt from sales tax must include exempt certificate with order.	
<b>Shipping Terms: F.O.B. Origin</b> <b>Payment Terms: 50% deposit, 50% prior to shipment</b>	

\* Compliance: FCC Part 15 / UL Listed

\*\* By purchasing the SignCommand.com product, you are agreeing with the Website Terms of Use ( <https://www.signcommand.com/terms> ) and Software End User License Agreement ( <https://www.signcommand.com/eula> ).

Your Consultant: Chris Fleeman  
(800) 237-3928, x2250

Customer ID: 3178095

Quote Number: 989912 / 2

Date Quoted: 3/15/2022

Customer's Authorized Signature

3/15/2022

Print Name

Date

Chris Fleeman, Regional Sales Manager  
(800) 237-3928, x2250  
cfleeman@stewartsigns.com

Date



The provided graphics will be insufficient quality for the manufacturing process. Please see our web site, <http://www.stewartsigns.com/support-artwork.php> or your consultant for a list of acceptable formats.

TekStar 16mm 60x140 6'x10'

Cabinet: 6' x 10'  
Mount: Pedestal Custom (10' x 6")

Cabinet Color: Black  
Face Color: White

Logos: blank, artimage, mmhlogo, text, 2ndlogo



ORIGINAL DESIGN DO NOT DUPLICATE

DUE TO THE PHYSICAL LIMITATIONS OF THE PAPER AND INK-BASED PRINTING PROCESS, THIS CUSTOM ARTWORK IS NOT INTENDED TO PROVIDE AN EXACT MATCH BETWEEN INK, VINYL, PAINT, OR LED COLOR. ARTIST'S REPRODUCTION OF BRICKWORK, MASONRY AND LANDSCAPING IS NOT INCLUDED IN THE PROPOSAL. ANY MEASUREMENTS SHOWN ARE APPROXIMATIONS; DIMENSIONS OF FINAL PRODUCT MAY VARY. LED IMAGES SHOWN ARE SIMULATED TO REPLICATE RESOLUTION FROM OPTIMUM VIEWING DISTANCE. A STEWART SIGN IS DESIGNED TO BE ILLUMINATED AT ALL TIMES, AS IT INCREASES THE LIFE OF THE SIGN'S LIGHTING COMPONENTS. SKETCHES ARE BASED OFF OF THIS PREMISE.

APPROVED AS SHOWN.

X \_\_\_\_\_ DATE \_\_\_\_\_ 1. \_\_\_\_\_

APPROVED WITH LISTED CHANGES.

X \_\_\_\_\_ DATE \_\_\_\_\_ 2. \_\_\_\_\_

X \_\_\_\_\_ DATE \_\_\_\_\_ 3. \_\_\_\_\_



# WESTERN SIGN COMPANY

SINCE 1959

6221 ENTERPRISE DRIVE DIAMOND SPRINGS, CA 95619  
PROPOSAL & CONTRACT

1-800-974-4676

(530) 622-1420

PLACERVILLE

(916) 933-3765

SACRAMENTO

FAX (530) 622-9367

DATE January 20, 2022

SALESPERSON Todd Johnston [toddj@westernsign.com](mailto:toddj@westernsign.com)

TO John Morris  
Mayers Memorial Hospital Pharmacy  
43471 Highway 299 East  
Fall River Mills, CA  
925-519-5041

JOB NAME Pole sign

SHIPPING METHOD		SHIPPING TERMS	DELIVERY DATE	PAYMENT TERMS	DUE DATE
N/A				Due on receipt	
ITEM #	DESCRIPTION	UNIT PRICE	QTY	LINE TOTAL	
1	Manufacture one double sided free standing pole sign. 8' wide x 7' tall x 15" deep. 15' overall height. Steel and aluminum construction. Top sign cabinet to be 4' tall x 8' wide and to have Lexan faces with printed graphics. LED internally illuminated.	\$17,650.00	1	\$ 17,650.00	
2	Furnish two Watchfire electronic message centers. 16 mm RGB full color. 3' tall x 8' wide.	\$16,417.00	2	\$ 32,834.00	
3	Standard installation.	\$9,925.00	1	\$ 9,925.00	
4	Site survey, mark for USA and construction drawings.	\$1,500.00	1	\$ 1,500.00	
5	Engineering.	\$1,250.00	1	\$ 1,250.00	
				\$ -	
	* Sales tax not included.			\$ -	
	* Permits to be billed at cost plus \$100.00 per hour staff time. Special inspections if needed extra.			\$ -	
	* Electrical circuits for sign to be provided by others within 5' of sign location.			\$ -	
	* Any underground obstructions will result in additional costs.			\$ -	
				\$ -	
				\$ -	
<b>PAYMENT TO BE MADE AS FOLLOWS: 1/2 down, balance upon completion</b>				<b>SUBTOTAL</b>	<b>\$ 63,159.00</b>
* EXCAVATION THROUGH ANY UNDERGROUND HAZARD OR OBSTACLE				<b>SALES TAX</b>	
* PERMITS TO BE BILLED AT COST PLUS STAFF TIME *				<b>TOTAL</b>	<b>\$ 63,159.00</b>

One year parts and labor warranty. All signs and components to be listed with and will bare the mark of Underwriters Laboratories (if applicable). Service wires of suitable capacity shall be brought within five (5) unobstructed feet of display (if applicable). Any alteration deviation from the above specifications involving extra cost or material or labor will only be executed upon written order for same, and will become an extra charge over the sum mentioned in this contract. All agreements must be made in writing. All signage to remain the property of Western Sign Co. until final payment. Payment is due upon receipt of invoice. Finance charges of 2% will be attached after 30 days, on a monthly basis, on all unpaid balances.

**NOTICE TO PROPERTY OWNER** If bills are not paid in full for the labor, services, equipment, or materials furnished or to be furnished, a mechanic's lien leading to the loss, through court foreclosure proceedings, of all or part of your property being so improved may be placed against the property even though you have paid your contractor in full. You may wish to protect yourself against this consequence by (1) requiring your contractor to furnish a signed release by the person or firm giving you this notice before making payment to your contractor, or (2) any other method or device that is appropriate under the circumstances. Other than residential homeowners of dwellings containing fewer than five units, private project owners must notify the original contractor and any lien claimant who has provided the owner with a preliminary 20-day lien notice in accordance with Section 3097 of the Civil Code that a notice of completion or notice of cessation has been recorded within 10 days of its recordation. Notice shall be by registered mail, certified mail, or first-class mail, evidenced by a certificate of mailing. Failure to notify will extend the deadlines to record a lien.

This contract is accepted at Western Sign Company principle place of business namely Diamond Springs, CA., within the venue of El Dorado County.

**Acceptance of proposal - The above prices, specifications and conditions are satisfactory and hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.**

NOTE: This proposal may be withdrawn if not accepted within 10 days of date posted above.

Date of acceptance \_\_\_\_\_

Signature \_\_\_\_\_

**Rough Order of Magnitude  
OR1 & Dietary HVAC Project Budget**

1	Legal Counsel/Bid Docs	\$ 25,000.00
2	Design/Engineering	\$ 50,000.00
3	Permitting	\$ 15,000.00
4	HVAC Demo OR1	\$ 22,500.00
5	HVAC Demo Dietary	\$ 13,500.00
6	Soft Demo OR1	\$ 27,000.00
7	Soft Demo Dietary	\$ 18,000.00
8	Outsourced food prep	\$ 18,000.00
9	Structural HVAC Support OR1	\$ 36,000.00
10	Structural HVAC Support Dietary	\$ 22,500.00
11	Rough Electrical OR1	\$ 13,500.00
12	Rough Electrical Dietary	\$ 7,200.00
13	HVAC Rough-In OR1	\$ 67,500.00
14	HVAC Rough-In Dietary	\$ 45,000.00
15	Plumbing & Gas OR1	\$ 27,000.00
16	Plumbing & Gas Dietary	\$ 18,000.00
17	New HVAC Unit Install OR1	\$ 36,000.00
18	New HVAC Unit Install Dietary	\$ 27,000.00
19	Controls, Start-Up & Commissioning OR1	\$ 27,000.00
20	Controls, Start-Up & Commissioning Dietary	\$ 18,000.00
21	Drywall & Finishes OR1	\$ 54,000.00
22	Drywall & Finishes Dietary	\$ 36,000.00
23	Electrical Finishes OR1	\$ 27,000.00
24	Electrical Finishes Dietary	\$ 18,000.00
25	Structural Code Requirements OR1	\$ 72,000.00
26	Fire & Life Safety Code Requirements OR1	\$ 72,000.00
27	Structural Code Requirements Dietary	\$ 54,000.00
28	Fire & Life Safety Code Requirements Dietary	\$ 54,000.00
29	Closeout	\$ 13,500.00
30	Contingency - 20%	\$ 186,840.00
	<b>Total</b>	<b>\$ 1,121,040.00</b>

<b>Daycare Budget</b>				
	<b>Budget</b>	<b>To Date Actual</b>	<b>Over/Under</b>	<b>Final</b>
Playground Equipment	\$ 22,500.00		\$ 22,500.00	
Playground Bark	\$ 4,000.00		\$ 4,000.00	
Fence	\$ 13,000.00		\$ 13,000.00	
Playground Border	\$ 1,500.00		\$ 1,500.00	
Grass and Irrigation	\$ 3,000.00		\$ 3,000.00	
Interior Renovation	\$ 48,588.00	\$ 5,000.00	\$ 43,588.00	
Refrigeration	\$ 2,250.00		\$ 2,250.00	
Parking Lot Striping	\$ 8,625.00		\$ 8,625.00	
Initial Toys Books & Supplies	\$ 3,000.00		\$ 3,000.00	
Furniture	\$ 1,000.00		\$ 1,000.00	
Engineering	\$ 10,000.00	\$ 10,000.00	\$ -	
Contingency	\$ 15,000.00	\$ 825.00	\$ 14,175.00	

<b>Total</b>	<b>\$ 132,463.00</b>	<b>\$ 15,825.00</b>	<b>\$ 116,638.00</b>	
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<b>Daycare Budget</b>				
	<b>Budget</b>	<b>To Date Actual</b>	<b>Over/Under</b>	<b>Final</b>
Contracted Work	\$ 70,213.00		\$ 70,213.00	
Self Performed work	\$ 31,000.00	\$ 5,000.00	\$ 26,000.00	
Fixtures, Furniture, Equipment and Supplies	\$ 6,250.00		\$ 6,250.00	
Engineering	\$ 10,000.00	\$ 10,000.00	\$ -	
Contingency	\$ 15,000.00	\$ 825.00	\$ 14,175.00	
<b>Total</b>	<b>\$ 132,463.00</b>	<b>\$ 15,825.00</b>	<b>\$ 116,638.00</b>	

		YEAR TO DATE	
	Current Mo. Actual	Current Year Actual	% of Gross Pt. Rev.
3	0	0	0.0%
6	0	0	0.0%
9	0	0	0.0%
10	0	0	0.0%
11	0	0	0.0%
12	0	0	0.0%
13	0	0	0.0%
14	0	0	0.0%
15	0	0	0.0%
16	0	0	0.0%
17	11,851	95,726	0.0%
18	11,851	95,726	0.0%
19	31,628	168,154	0.0%
20	9,806	48,912	0.0%
21	0	0	0.0%
22	4,030	15,979	0.0%
23	1,657	10,753	0.0%
24	0	0	0.0%
25	0	157	0.0%
26	59	316	0.0%
27	57	1,471	0.0%
28	105	359	0.0%
29	0	0	0.0%
30	0	0	0.0%
31	148	1,474	0.0%
32	47,491	247,575	0.0%
33	(35,639)	(151,849)	0.0%
34	0	0	0.0%
35	(35,639)	(151,849)	
36	0	0	0.0%
37	0	0	0.0%
38	(35,639)	(151,849)	0.0%



**Jessica DeCoito**

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**From:** Candy Detchon  
**Sent:** Thursday, March 24, 2022 10:11 AM  
**To:** Jessica DeCoito  
**Subject:** Fw: Mindray Revised Quotes

This is part of what needs to be included in the board finance and board meeting for approval. Call me and we can discuss

Candy

---

**From:** Moriah Padilla <mpadilla@mayersmemorial.com>  
**Sent:** Thursday, March 24, 2022 10:07 AM  
**To:** Bryan Gilder <B.Gilder@mindray.com>  
**Cc:** Candy Detchon <cdetchon@mayersmemorial.com>  
**Subject:** RE: Mindray Revised Quotes

Bryan,  
I need a revised quote with these changes.  
Moriah

---

**From:** Bryan Gilder <B.Gilder@mindray.com>  
**Sent:** Thursday, March 17, 2022 5:41 PM  
**To:** Moriah Padilla <mpadilla@mayersmemorial.com>  
**Cc:** Rachel Morris <rmorris@mayersmemorial.com>; Theresa Overton <toverton@mayersmemorial.com>  
**Subject:** Re: Mindray Revised Quotes

**This Message Is From an External Sender**

This message came from outside your organization.  
Do not click any links without first verifying the sender.  
If you are concerned with the legitimacy of this email please contact IT immediately.

I apologize for the delay Moriah.

I was informed earlier today that \$5,000 would be the most Mindray can offer for the modules. That is \$5,000 total, not per module. Unfortunately, the demand for these items is not very high.

Please let me know how you would like me to proceed.

Thanks Maria and have a good evening,

Kindest Regards,  
Bryan

Sent from a mobile device, please excuse my brevity and any spelling errors.

## ACUTE CARE CARDIAC MONITOR SYSTEM - FEBRUARY 2022

The Acute Care unit is exhibiting a critical need for upgrades of our cardiac monitor system.

- August 2019 – Acute Mindray Quote \$84,127.02
  - Included software upgrade for 4 DPM7 units – not new units
  - *Attachment A*
  
- September 25<sup>th</sup>, 2019 – Board approved \$84,217.02
  - *Attachment B*
  
- October 2019
  - Paid \$81,734
    - Included Wifi/System Design
    - Bed and server licensure
    - eGateway for 32 beds
    - Host Monitor at nursing station
    - Tele Boxes and System Upgrade Software (willing to provide credit an on new invoice)
  - *Attachment C*
  
- August 2020 – New Hospital Wing
  - Partial plan completion
  - ED phased in and Acute final stage placed on hold due to need for construction on Acute to be completed (covid created delays and timeline issues)
  
- December 2021 – Site visit from Mindray to discuss issues, needs and concerns
  - Sept 2019 software upgrade noted to be not current recommendation
  - Equipment at end of life
    - Room 106 monitor system is irreparable
  
- December 2021 – New Quote \$62,068
  - *Attachment D*
  - Will credit \$19,084 of 2019 purchase (software upgrade and tele boxes)
    - Highlighted portion in *Attachment C*
    - *Attachment E - email confirmation of credit, page 2*
  
- Need approval for difference of \$42, 984

This has become an urgent matter effecting patient safety, workflows, and quality of care. We would like to move forward as quickly as possible due to the current issues we have been facing and concerns expressed.

Respectfully Submitted,

Moriah Padilla, Acute Care Assistant Manager

# Attachment A



A GLOBAL LEADER IN PATIENT MONITORING, ANESTHESIA AND ULTRASOUND SYSTEMS

## PROPOSAL FOR: MAYERS MEMORIAL HOSPITAL

PREPARED BY:

**Zachary Perez**

**Aug 12, 2019**

Acute BID \$84,217.02  
I Board Approval  
9.25.19





## Proposal Summary

Proposal Date: Aug 12, 2019  
Proposal Number: Q-07511  
Proposal Exp. Date: Sep 30, 2019  
Sales Rep: Zachary Perez  
Proposal For: MAYERS MEMORIAL HOSPITAL

Mindray DS USA, Inc.  
800 MacArthur Blvd.  
Mahwah, NJ 07430  
Tel: 201-995-8000  
Fax: 800.266.9624

Contact:  
Title:  
Phone:  
Email:



### Total Price By Department

#### Acute Care

Department Name	List Price	Departmental Discount	Net Price
Acute Care	USD 122,010.02	USD -37,793.00	USD 84,217.02
		<b>Acute Care TOTAL:</b>	<b>USD 84,217.02</b>

#### IT

Department Name	List Price	Departmental Discount	Net Price
IT	USD 15,500.00	USD 0.00	USD 15,500.00
		<b>IT TOTAL:</b>	<b>USD 15,500.00</b>

#### ED

Department Name	List Price	Departmental Discount	Net Price
ED	USD 22,721.50	USD -9,478.43	USD 13,243.07
		<b>ED TOTAL:</b>	<b>USD 13,243.07</b>

**TOTAL: USD 112,960.09**



**To:**  
 MAYERS MEMORIAL  
 HOSPITAL  
 43563 HIGHWAY 299 EAST  
 FALL RIVER MILLS, CA 96028

**Sales Representative:** Zachary Perez  
**Quote Number:** Q-07511

**Proposal Date:** Aug 12, 2019

**Phone:** (925) 698-9847  
**E-mail:** z.perez@mindray.com

**Affiliation:** PRE2

**Acute Care**

Line #	Part Number	Description	List Price	Net Price	QTY	Total Net
1	DPMCS-CREDIT		USD 0.00	USD 0.00	1	USD 0.00
2	115-050935-00	BeneVision DMS Workstation, Mini PC	USD 3,000.00	USD 1,680.00	1	USD 1,680.00
3	121-001375-00	BeneVision WorkStation Server License	USD 3,400.00	USD 1,972.00	1	USD 1,972.00
4	803-040044-00	WorkStation/Vertical Server Installation, cable and setup. Includes, installation and setup for one WorkStation and up to three display screens. (Includes cable pulling)	USD 2,850.00	USD 2,565.00	1	USD 2,565.00
5	121-001453-00	BeneVision DMS Widescreen Touch Display	USD 2,975.00	USD 1,725.50	1	USD 1,725.50
6	110-004115-00	BeneVision WorkStation Bed Licenses. Supports 4-32 beds	USD 300.00	USD 168.00	9	USD 1,512.00
7	803-040040-00	Device certification and install, without cable pulling	USD 731.00	USD 657.90	9	USD 5,921.10
8	803-040046-00	2.4/5GHz Install per 100 SQFT	USD 200.00	USD 143.10	45	USD 6,439.50
9	115-051209-00	BeneVision DMS host package (2U Rack)	USD 6,000.00	USD 3,360.00	1	USD 3,360.00
10	121-001373-00	BeneVision CS Bed License (FD, Bed, Adv) - Per Channel	USD 400.00	USD 232.00	15	USD 3,480.00
11	121-001372-00	BeneVision CS Server License	USD 9,700.00	USD 6,206.00	1	USD 6,206.00
12	803-040043-00	2.4/5GHz Rack/Core Charge	USD 18,000.00	USD 16,200.00	1	USD 16,200.00
13	045-003660-00	BeneVision DMS Software Media kit	USD 0.01	USD 0.01	1	USD 0.01
14	803-070282-00	BeneVision DMS PDF Printing capability	USD 0.01	USD 0.01	1	USD 0.01
15	115-034055-00	CMS Viewer Application for remote review. Includes 16 licenses for historical review	USD 11,900.00	USD 8,925.00	1	USD 8,925.00
16	121-001269-00	BeneVision Central Station - TelePack license Key Package. Includes: One Arrhythmia detection, St Segment analysis and QT Monitoring license per TelePack channel.	USD 875.00	USD 490.00	5	USD 2,450.00
17	5000-00-1000	Labor Charges for Upgrades.	USD 260.00	USD 260.00	1	USD 260.00
18	M51AF-PA00027	Masimo MPM w/MindrayST/Arr,3/5/12-L	USD 6,500.00	USD 3,770.00	4	USD 15,080.00
19	803-011989-00	Multi Parameter Module 1 Year Extended Warranty (Included GPO Warranty)	Included	Included	4	USD 0.00
20	115-034809-00	DPM 7+ System Upgrade Kit	USD 1,075.00	USD 806.25	4	USD 3,225.00
21	023-001566-00	HP LaserJet Enterprise M608n Printer	USD 3,700.00	USD 2,072.00	1	USD 2,072.00
22	803-040039-00	Device Certify & Install W/CABL	USD 1,271.00	USD 1,143.90	1	USD 1,143.90
<b>Acute Care TOTAL:</b>						<b>USD 84,217.02</b>



<b>IT</b>						
Line #	Part Number	Description	List Price	Net Price	QTY	Total Net
23	803-070244-00	Spot Check Mapping fees, includes: ADT and Results mapping.	USD 5,500.00	USD 5,500.00	1	USD 5,500.00
24	121-001473-00	eGateway SW Spot Check/Surgery 32 bed	USD 10,000.00	USD 10,000.00	1	USD 10,000.00
<b>IT TOTAL:</b>						<b>USD 15,500.00</b>

<b>ED</b>						
Line #	Part Number	Description	List Price	Net Price	QTY	Total Net
25	045-001302-00	Passport 17m VHM wall mount with standard bracket	USD 1,500.00	USD 1,125.00	1	USD 1,125.00
26	6803F-PA00001	Passport 17m, modular touch screen monitor with the iView subsystem integrated to display PC application, integrated recorder. Includes: Includes CD operators manual, line cord, one roll of paper, quick reference guide. Requires two lithium ion batteries (115-018012-00), sold separately.	USD 10,500.00	USD 5,880.00	1	USD 5,880.00
27	M51AF-PA00027	Masimo MPM w/MindrayST/Arr,3/5/12-L	USD 6,500.00	USD 3,770.00	1	USD 3,770.00
28	803-011989-00	Multi Parameter Module 1 Year Extended Warranty (Included GPO Warranty)	Included	Included	1	USD 0.00
29	115-018012-00	Lithium Ion battery	USD 255.00	USD 191.25	2	USD 382.50
30	115-040811-00	Passport 12m/17m Combo Ops Manual CD	Included	Included	1	USD 0.00
31	0436-00-0206	Cable Hooks GCX Cable Hook (mounts under Arm) Compatible with DPM 6, DPM 7, Passport 12m and Passport 17m, when mounted to A-Series anesthesia machines	USD 37.50	USD 28.13	1	USD 28.13
32	803-011968-00	One Year Extended Warranty for Passport 12m and Passport 17m (GPO Included Warranty)	Included	Included	1	USD 0.00
33	115-046938-00	Single CO2 Module(accessory kit)	USD 3,674.00	USD 2,057.44	1	USD 2,057.44
<b>ED TOTAL:</b>						<b>USD 13,243.07</b>



**To:**  
MAYERS MEMORIAL  
HOSPITAL  
43563 HIGHWAY 299 EAST  
FALL RIVER MILLS, CA 96028

**Sales Representative:** Zachary Perez  
**Quote Number:** Q-07511

**Proposal Date:** Aug 12, 2019

**Phone:** (925) 698-9847

**E-mail:** z.perez@mindray.com

**Affiliation:** PRE2

**Affiliation Notes:** Premier – Patient Monitoring Contract # PP-MM-620 – Tier 2 – (PRE2): Standard One Year-On Site Warranty plus an extended one year warranty for a total of two years for parts & labor on Patient Monitors, Gas Module, Central Stations and transmitters. Standard Three Year Mail-In Warranty on Accutorr Monitors.  
Premier Anesthesia Contract #PP-MM-431 Anesthesia Machines - Standard three year warranty.  
Premier Ultrasound Contract #PP-IM-309: M7, M9, TE5, TE7 Ultrasound Machines & Transducers (Excluding 4D & TEE Transducers - Standard one year) have a standard five year warranty.  
DC8 Ultrasound Machine & DC8 Transducers - Standard 1 Year Warranty. DC8 Expert Ultrasound Machine & Transducers - Standard five year warranty. Resona7 Ultrasound Machine & Transducers - Standard 5 Year Warranty. EXCEPTION: DEMO EQUIPMENT & ACCESSORIES (6 MONTHS ONLY)

**Payment Terms:** NET 45 DAYS

**Shipping Terms:** F.O.B. SUPPLIERS Dock (Freight & Insurance Prepaid on Contracted Products Only)  
"To ensure on-time delivery of your orders, Mindray may drop ship products directly from our overseas factories or distribution warehouses"

**Proposal Notes:**

**Product Notes:**

Please complete at time of purchase:

Uncrating Needed: YES / NO

Receiving Dock Hours: \_\_\_\_\_

Debris Removal: YES / NO

Lift Gate Required: YES / NO

Prior Notification: YES / NO

Inside Delivery Required: YES / NO

Contact Name: \_\_\_\_\_

Department: \_\_\_\_\_

Contact Phone #(s) \_\_\_\_\_

E-mail Address(s) \_\_\_\_\_

Purchase order acceptance and delivery of Mindray Certified Refurbished products is subject to inventory availability.

This quotation contains no provisions for Biomedical training tuition or credits.

**If your terms are Cash-in-advance, please remit check directly to:**

Mindray DS USA, Inc. 24312 Network Place, Chicago, IL 60673-1243





### Total Price By Department

#### Acute Care

Department Name	List Price	Departmental Discount	Net Price
Acute Care	USD 122,010.02	USD -37,793.00	USD 84,217.02
		<b>Acute Care TOTAL:</b>	<b>USD 84,217.02</b>

#### IT

Department Name	List Price	Departmental Discount	Net Price
IT	USD 15,500.00	USD 0.00	USD 15,500.00
		<b>IT TOTAL:</b>	<b>USD 15,500.00</b>

#### ED

Department Name	List Price	Departmental Discount	Net Price
ED	USD 22,721.50	USD -9,478.43	USD 13,243.07
		<b>ED TOTAL:</b>	<b>USD 13,243.07</b>

**TOTAL: USD 112,960.09**

### Quotation

<b>Total List Amount</b>	<b>USD 160,231.52</b>
<b>Total GPO Discount</b>	<b>USD 47,271.43</b>
<b>Total Additional Discount/TradeIn</b>	<b>USD 0.00</b>
<b>Total Net Amount</b>	<b>USD 112,960.09</b>



**Total Net Price For Purchase:**

**USD 112,960.09**

**To:**

MAYERS MEMORIAL  
HOSPITAL  
43563 HIGHWAY 299 EAST  
FALL RIVER MILLS, CA 96028

**Sales Representative:** Zachary Perez  
**Quote Number:** Q-07511

**Proposal Date:** Aug 12, 2019

**Phone:** (925) 698-9847  
**E-mail:** z.perez@mindray.com

**Affiliation:** PRE2

Title of Buyer	Printed Name of the Buyer

Purchase Order Number	Date	Signature of the Buyer

Ship to Address:

Bill to Address:

**We have selected a non-Masimo SpO2 technology and have requested a proposal using an alternate SpO2 technology.**

**Although we have been educated on the Masmio SpO2 option by Mindray, we have independently chosen the alternate SpO2 option based upon our business needs.**

**Signature of buyer** \_\_\_\_\_

**Mindray North America now has a \$150 minimum order policy.  
Unless otherwise stated, the total net price of this quotation does not include, freight or sales tax.**

A GLOBAL LEADER IN PATIENT MONITORING, ANESTHESIA AND ULTRASOUND SYSTEMS

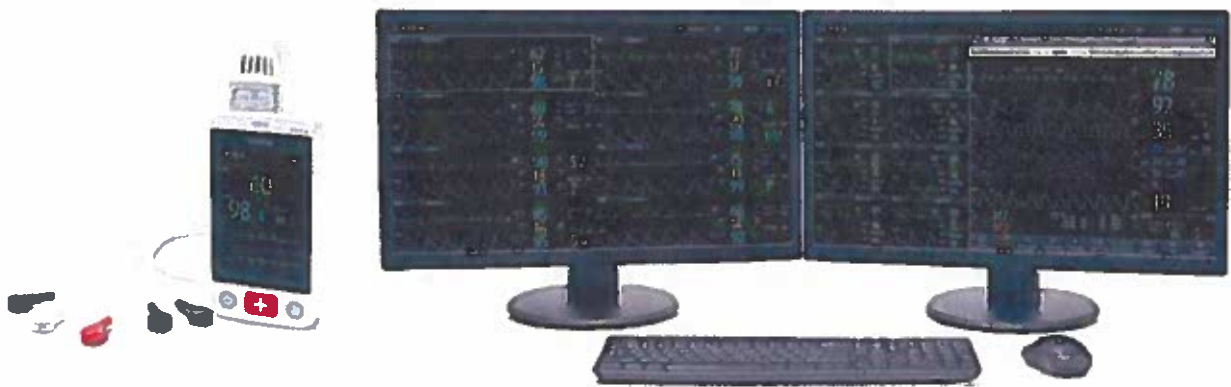
PROJECT REVIEW FOR:

## MAYERS MEMORIAL HOSPITAL DISTRICT

ED & Acute Care patient monitoring system upgrade per quote Q-07511

PREPARED BY

Zachary Perez August 26th, 2019



**mindray**  
NORTH AMERICA

## **PURCHASED EQUIPMENT IN BLACK – MISSING EQUIPMENT IN RED – QUOTE Q-07511**

### **SERVER/IT**

- 1 qty. – 15 Bed Central Station, License, 2U server
- 1 qty. – 2.4/5Ghz Rack Core Charge
- 5 qty. – TelePack license keys

### **EMERGENCY**

- 50 qty. – 2.5/5 Ghz coverage (5,000)
- 1 qty. – BeneVision DMS Workstation w/ 15 bed license (supports up to 32)
- 1 qty. – BeneVision DMS 22" Widescreen Touch Display
- 5 qty. – Passport 17M
- 1 qty. – Passport 17M
- 1 qty. – GCX VHM Wall Mount
- 1 qty. – Masimo MPM
- 1 qty. – Cable Hook
- 1 qty. – C02 Module
- 5 qty. – Masimo MPM
- 5 qty. – GCX VHM Wall Mount
- 6 qty. – C02 Module
- 5 qty. – Cable hook
- 5 qty. – Device certify and install w/o cable pull
- 5 qty. – Extended warranty on module
- 5 qty. – 5 lead snap
- 1 qty. – T1 w/12 Lead
- 2 qty. – Batteries for T1
- 1 qty. – UPS

### **ACUTE CARE**

- 5 qty. – 5 lead snap
- 5 qty. – TM80 telepack with install & set up
- 10 qty. – Lithium ion batter for TM80 telepack
- 5 qty. – Masimo SP02 module for telemetry pack
- 10 qty. – Lithium Ion Battery
- 5 qty. – Disposable pouch for telemetry pack
- 1 qty. – Charger pack (charges Telemetry pack batteries)
- 4 qty. – DPM 7+ upgrade kit (Mindray ST/Arr, T1 Compatibility, 12L ECG)
- 4 qty. – Masimo MPM with Mindray St/Arr
- 1 qty. – BeneVision DMS Workstation w/ 9 bed license
- 1 qty. – BeneVision DMS 22" Widescreen Touch Display
- 1 qty. – Benevision DMS 2U Rack Server w/ 26 Channels
- 1 qty. – HP Laser/Jet Printer with installation and cable pull
- 4,520 sq. ft. 2.4/5ghz wireless coverage for Acute Care and Hallway to new ED (See floor plans)

### **IT**

- 1 qty. – Software Only eGateway (up to 32 beds)
- 1 qty. – ADT and Results Mapping

## Purchased Equipment Snapshot of Salesforce

### MAYERS MEMORIAL HOSPITAL 12/2018

country: MAYERS MEMORIAL HOSPITAL 12/2018

Product	Product Code	Major Product Type	Quantity	Requested Delivery Date	Shipment Date	Shipman
Del 9159 USB upgrade cable	009-005409-00		5.00	12/17/2018	12/25/2018	Partially
Del 2.4/5GHz Install per 100 SQFT	803-040049-00		50.00	12/17/2018		Not Yet C
Del 5-Lead, New Telemetry, AMA, Snag, 24"	009-004782-00		5.00	12/17/2018	12/25/2018	Fully Del
Del BeneVision Widescreen Display	121-001463-00		1.00	12/17/2018	12/25/2018	Fully Del
Del BeneVision WS Server License	121-001375-00		1.00	12/17/2018	12/25/2018	Fully Del
Del Cable Hook (mounts under arm)	0436-00-0206		5.00	12/17/2018	12/25/2018	Fully Del
Del Charger Package(US cord)	115-030108-00		1.00	12/17/2018	12/25/2018	Fully Del
Del Device Cert/yr and Install W/O CABL	803-040049-00		5.00	12/17/2018		Not Yet C
Del Disposable couch(25/box)	115-032857-00		5.00	12/17/2018	12/25/2018	Fully Del
Del Docking Station with Pole Mount	115-028371-00		1.00	12/17/2018	12/25/2018	Fully Del
Del Leon Bed Pack / 11.1V4800mAh(L2350026)	115-018012-00		10.00	12/17/2018	12/25/2018	Fully Del
Del Maxima MPM w/Modem/ST/Arr 3.5-L	M91AF-PA00030	MPM-Mas	5.00	12/17/2018	12/27/2018	Fully Del
Del Maxima Sec02 module	009-004936-00		5.00	12/17/2018	12/25/2018	Fully Del
Del Mod Monitor-M-1YR-XWAR	803-011998-00		5.00	12/17/2018		Not Yet C
Del NCT1 Install & Setup	803-040049-00		1.00	12/17/2018		Not Yet C
Del OEM UPS APC68800	0692-00-0002-04		1.00	12/17/2018	12/25/2018	Fully Del
Del Parameter Module W/C02-M-1YR-XWAR	803-011971-00		6.00	12/17/2018		Not Yet C
Del Passport 12in.17in Combo Des Manual CD	115-040811-00		5.00	12/17/2018	12/25/2018	Fully Del
Del Passport 17in / E	8802F-PA00061	P17M	5.00	12/17/2018	12/25/2018	Fully Del
Del PP-17M wall mount bracket(V-M)	045-001302-00		5.00	12/17/2018	12/27/2018	Fully Del
Del Single CO2 Module(cessory only)	115-046939-00		6.00	12/17/2018	12/25/2018	Fully Del
Del T1 Batteries(G) Sales BOM	121-001220-00		1.00	12/17/2018	12/25/2018	Fully Del
Del T1 Combo Des Manual CD	115-040812-00		1.00	12/17/2018	12/25/2018	Fully Del
Del T1 TRANSPORT MONITOR-M-1YR XWAR GPO	803-010889-00		1.00	12/17/2018		Not Yet C
Del T1 Mes_5G Mind Am/ST_12L/E	0263F-PA00042	T1	1.00	12/17/2018	12/25/2018	Fully Del
Del T050 TM80 BP10 Operator's Manual	115-034334-01		1.00	12/17/2018	12/25/2018	Fully Del
Del Telecock Install & Setup	803-040049-00		5.00	12/17/2018		Not Yet C
Del TM80 Main Unit(FDA)	115-047565-00	TM80	5.00	12/17/2018	12/25/2018	Fully Del
Del TP Leon battery Package	115-030107-00		10.00	12/17/2018	12/25/2018	Fully Del
Del Wall Mounting Bracket Package	115-030109-00		1.00	12/17/2018	12/25/2018	Fully Del
Del WS CABL Install & Setup	803-040044-00		1.00	12/17/2018		Not Yet C
Del WS host enclosure (mini PC)	115-050935-00	BVR3-WS	1.00	12/17/2018	12/25/2018	Fully Del
Del WS one bed	110-004118-00		15.00	12/17/2018	12/25/2018	Fully Del

Thank you in advance for your support. We look forward to working with you in the future.

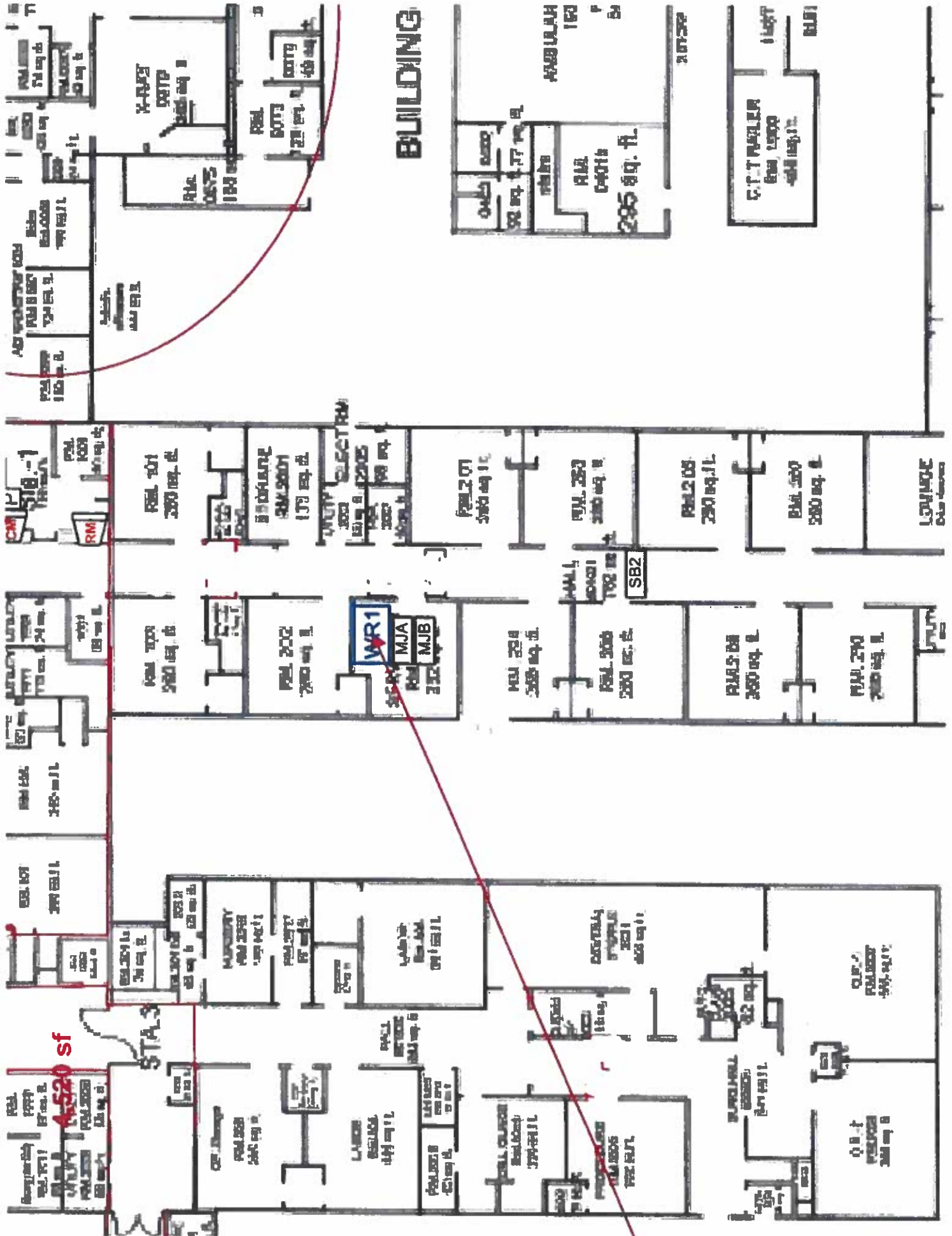
**Zachary Perez**  
Sales Representative

Datascope Patient Monitoring is now Mindray North America

**Mindray North America**  
800 MacArthur Blvd.  
Mahwah, NJ 07430

Mobile: 925.698.9847  
Support: 800.288.2121  
E-mail: [z.perez@mindray.com](mailto:z.perez@mindray.com)  
Web: [www.mindray.com](http://www.mindray.com)

**mindray**<sup>™</sup>  
NORTH AMERICA



**GENERAL NOTE - EQUIPMENT PLAN**

- A. SEE MANUFACTURER'S DRAWINGS FOR SPECIFIC REQUIREMENTS.
- B. SEE TOTAL PACKAGE FOR EQUIPMENT ANCHORAGE INFORMATION.
- C. PROVIDE BACKING BEHIND WALL MOUNTING BRACKETS FOR MOUNTING/ANCHORAGE.

Consulted With

Mayers Memorial Hospital

No.	1	2	3
Revised	01/10/10	02/10/10	03/10/10
By	...	...	...

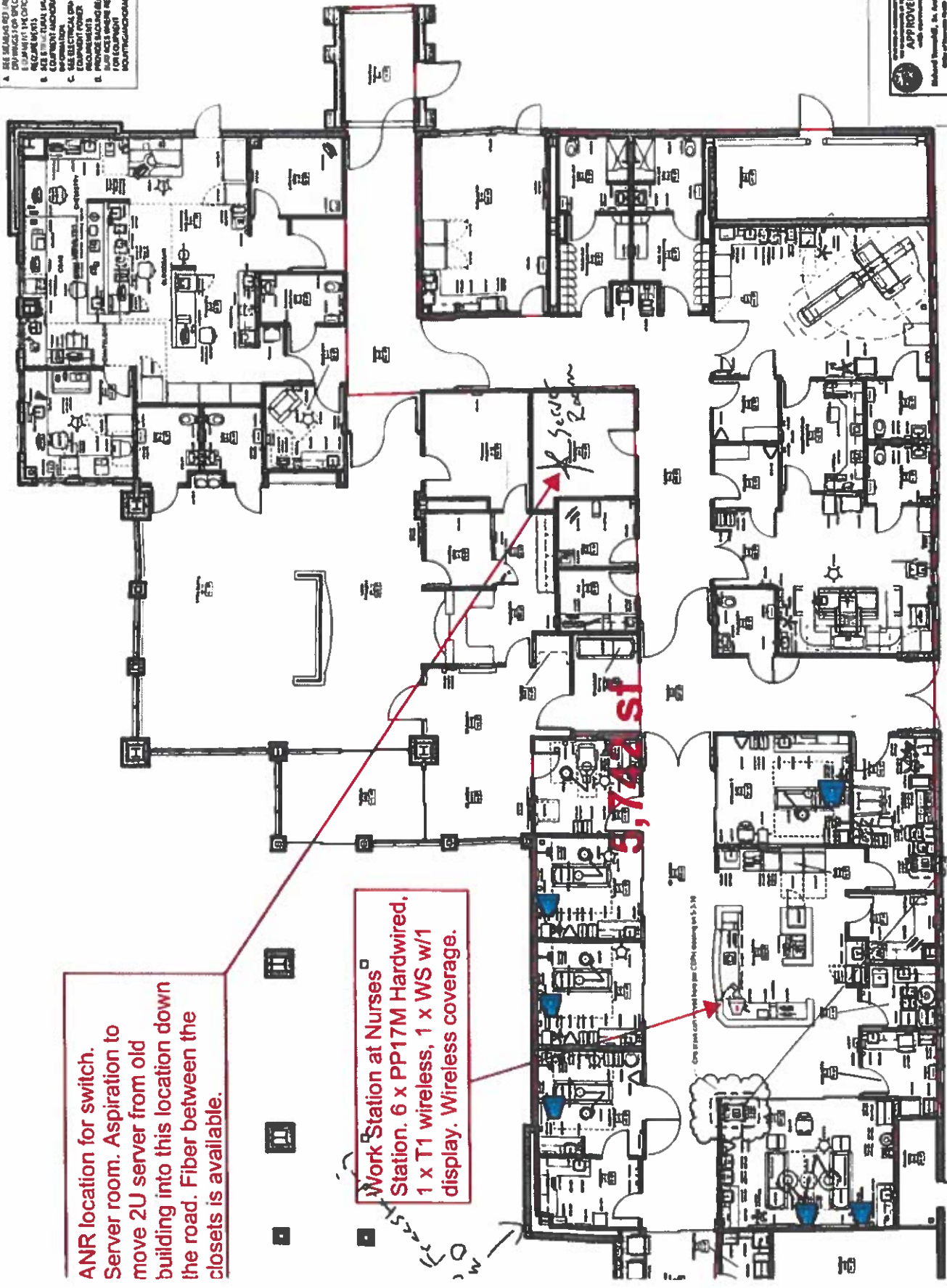
OSHPD 01112375  
 Drawing Date  
 Drawn By  
 Checked By  
 Issue Date  
 Project Purpose

Equipment  
 Equip

Sheet Number  
 A2

542918 4 31 09

APPROVED  
 Richard Thompson, Sr. Architect  
 Project & Construction Services  
 10000 Wilshire Blvd., Suite 1000  
 Beverly Hills, CA 90210  
 Phone: 310.274.1111  
 Fax: 310.274.1112



ANR location for switch. Server room. Aspiration to move 2U server from old building into this location down the road. Fiber between the closets is available.

Work Station at Nurses Station. 6 x PP17M Hardwired, 1 x T1 wireless, 1 x WS w/1 display. Wireless coverage.



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 25, 2019 11:00 am  
Fall River Board Room

Mission Statement

Mayers Memorial Hospital District serves the Intermountain area, providing outstanding patient-centered healthcare to improve quality of life through dedicated, compassionate staff, and innovative technology.

				Approx. Time Allotted
<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 28, 2019	<i>Attachment A</i>	Action Item	2 min.
<b>4</b>	<b>DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS</b>			
	4.1 Resolution 2019-12 – August Employee of the Month	<i>Attachment B</i>	Action Item	5 min.
	4.2 401K Annual Report		Report	15 min.
	4.3 Director of Nursing - Acute – Theresa Overton	<i>Attachment C</i>	Report	10 min.
	4.4 Director of Quality – Jack Hathaway		Report	10 min.
<b>5</b>	<b>BOARD COMMITTEES</b>			
	5.1 Finance Committee			
	5.1.1 Committee Meeting Report		Report	10 min.
	5.1.2 August 2019 Financial Review, AP, AR, and Acceptance of Financials		Action Item	5 min.
	5.1.3 Mindray Project	<i>Attachment D</i>	Action Item	5 min.
	5.2 Strategic Planning Committee			
	5.2.1 Committee Meeting Report – No Meeting			
	5.3 Quality Committee			
	5.3.1 Committee Meeting Report – Minutes Attached	<i>Attachment E</i>	Report	10 min.
<b>6</b>	<b>NEW BUSINESS</b>			
	6.1 Board By-Law Review	<i>Attachment F</i>	Discussion	10 min.
	6.2 Board Assessment Process (samples attached)	<i>Attachment G</i>		

6.3 POLICY & PROCEDURE APPROVAL

ATTACHMENT H

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

7 ADMINISTRATIVE REPORTS

7.1 Chief's Reports – *Written reports provided. Questions pertaining to written report and verbal report of any new items* Attachment I

7.1.1	CEO – Louis Ward	Report	10 min.
7.1.2	CCO – Keith Earnest	Report	5 min.
7.1.3	CFO – Travis Lakey	Report	5 min.
7.1.4	CNO – Candy Vculek	Report	5 min.
7.1.5	COO – Ryan Harris	Report	5 min.

7.2 Construction Change Orders Action Item 5 min.

8 OTHER INFORMATION/ANNOUNCEMENTS

Information

LEGISLATIVE UPDATE – Val Lakey

9 ANNOUNCEMENT OF CLOSED SESSION

- 9.1 Government Code Section 54962:
- 9.2 Real Property Government Code 54956.8
- 9.3 Pending Litigation Government Code 54956.9
- 9.4 Personnel Government Code 54957

10 RECONVENE OPEN SESSION – Report Closed Session Action Information

11 ADJOURNMENT: Next Regular Meeting – October 23, 2019 – Burney

Posted 09/19/2019

Attachment C

Products (Standard Price Book) | X +

mindrayna.lightning.force.com/lightning/r/Opportunity/0060c00001WK97yAAD/related/OpportunityLineItems/view

Apps Mindray Store m Ops Manuals m Accessories Catalog... Online Shop X Company Vehicle 55 Plant-Based Recl... Cisco Webex m Virtual Hospital Mail - Bryan Gilder...

mindray

Mindray Sales Light... Home Accounts v Opportunities v Products v Quotes v Leads v Reports v Dashboards v Fixed Assets v Salesforce & CPQ Change Req... v More v

Search

Opportunities > MAYERS MEMORIAL HOSPITAL 10/2019

**Products (Standard Price Book)**

22 items • Sorted by Sort Order • Updated 4 minutes ago

Product	Product Code	Major Pr...	Quant...	Request...	Shipment...	Shipment St...	Sales Price	Total Price	SAP Product Status
6 CS host package (2U Rack)	115-051209-00	BVR3-CS	1.00	10/3/2019	1/21/2020	Fully Delivered	USD 3,360.00	USD 3,360.00	Active
7 BeneVision CS Bed License (FD, Bed, Adv)	121-001373-00		15.00	10/3/2019	1/21/2020	Fully Delivered	USD 232.00	USD 3,480.00	Active
8 BeneVision CS Server License	121-001372-00		1.00	10/3/2019	1/21/2020	Fully Delivered	USD 6,206.00	USD 6,206.00	Active
9 WiFi/HW System Design & Implementation	803-040043-00		1.00	10/3/2019	8/6/2020	Fully Delivered	USD 16,200.00	USD 16,200.00	Active
10 BeneVision DWS Software Media Kit	045-003660-01		1.00	10/3/2019	1/21/2020	Fully Delivered	USD 0.00	USD 0.00	Cleaning Inventory (No Booking)
11 BeneVision (ARR-ST-Q7)License(per Tele)	121-001269-00		5.00	10/3/2019	1/21/2020	Fully Delivered	USD 490.00	USD 2,450.00	Active
12 LABOR UPGRADE SERVICE PER HOUR	5000-00-1000		1.00	10/3/2019	6/16/2020	Fully Delivered	USD 260.00	USD 260.00	Active
13 Masimo MPM w/Mindray ST/Arr. 3/5/12-L	M5TAF-PA00027	MPM-Mas	4.00	10/3/2019	1/21/2020	Fully Delivered	USD 3,770.00	USD 15,080.00	Active
14 Parameter Module w/O Gas-ML-1YR-XWAR	803-011988-00		4.00	10/3/2019	8/6/2020	Fully Delivered	USD 0.00	USD 0.00	Active
15 DP47-- Upgrade System Package	115-034809-00		4.00	10/3/2019	1/21/2020	Fully Delivered	USD 806.25	USD 3,225.00	Cleaning Inventory (No Booking)
16 HP LaserJet Enterprise M608n Printer	023-001566-00		1.00	10/3/2019	1/21/2020	Fully Delivered	USD 2,072.00	USD 2,072.00	Active
17 Spot Check Mapping	803-070244-00		1.00	10/3/2019	10/21/2020	Fully Delivered	USD 5,500.00	USD 5,500.00	Active
18 eGateway SW Spot Check/Surgery 32bd BOM	121-001473-00	EGWY-SC	1.00	10/3/2019	1/21/2020	Fully Delivered	USD 10,000.00	USD 10,000.00	Active
19 BeneVision R4 CMS Viewer bed license Sal	121-001405-01		1.00	10/3/2019	1/21/2020	Fully Delivered	USD 8,925.00	USD 8,925.00	Active
20 BeneVision Widescreen Display	121-001453-00		1.00	10/3/2019	1/25/2020	Fully Delivered	USD 1,725.50	USD 1,725.50	Active
21 WorkStation/Tower Install&Setup w/o CABL	803-040052-00		1.00	10/3/2019	8/6/2020	Fully Delivered	USD 2,520.00	USD 2,520.00	Active
22 Device Install & Setup w/o CABL	803-040040-00		1.00	10/3/2019	8/6/2020	Fully Delivered	USD 731.00	USD 731.00	Active

43°F Clear 10:50 PM

A GLOBAL LEADER IN PATIENT MONITORING, ANESTHESIA AND ULTRASOUND SYSTEMS

PROPOSAL FOR:  
**MAYERS MEMORIAL HOSPITAL**

PREPARED BY:  
Bryan Gilder *Acute*  
Dec 22, 2021 *\$62068.00*





## Proposal Summary

Proposal Date: Dec 22, 2021  
Proposal Number: Q-80323  
Proposal Exp. Date: Jan 21, 2022  
Sales Rep: Bryan Gilder  
Proposal For: MAYERS MEMORIAL HOSPITAL

Mindray DS USA, Inc.  
800 MacArthur Blvd.  
Mahwah, NJ 07430  
Tel: 201-995-8000  
Fax: 800.266.9624

Contact: Ryan Nicholls  
Title: IT Manager  
Phone: (530) 336-7508  
Email: rnicholls@mayersmemorial.com

### Total Price By Department

#### Acute Care

Department Name	List Price	Departmental Discount	Net Price
Acute Care	USD 107,844.00	USD -45,776.00	USD 62,068.00
		<b>Acute Care TOTAL:</b>	<b>USD 62,068.00</b>

**TOTAL: USD 62,068.00**



**To:** Ryan Nicholls  
 MAYERS MEMORIAL  
 HOSPITAL  
 43563 HIGHWAY 299 EAST  
 FALL RIVER MILLS, CA 96028

**Sales Representative:** Bryan Gilder  
**Quote Number:** Q-80323

**Proposal Date:** Dec 22, 2021

**Phone:** (541) 743-1586

**E-mail:** b.gilder@mindray.com

**Affiliation:** PRE2

**Acute Care**

Line #	Part Number	Description	List Price	Net Price	QTY	Total Net
1	121-001546-00	N15 Monitor with Early Warning Score N15 Monitor-includes 5 year warranty, battery, 6 module slots, quick reference guide, line cord and 1 roll of paper (N-Series Monitors connected to BeneVision DMS must be at R4.01 or greater. eGateway compatibility is eGateway 6.7 or greater.)	USD 9,905.00	USD 5,546.80	4	USD 22,187.20
2	121-001586-00	Sidestream CO2 module 1X (115-049134-00) with adult/pediatric accessory kit Sales BOM	USD 3,700.00	USD 2,072.00	4	USD 8,288.00
3	115-062361-00	N Series Combo Ops Manual	Included	Included	1	USD 0.00
4	045-003425-00	Transition mounting plate. (N12, N15 and N17)	USD 120.00	USD 90.00	4	USD 360.00
5	121-001570-00	N1 Monitor with Masimo SET® SpO2, ST/ Arrhythmia analysis, 3/5/12-lead NIBP, two invasives, dual temperature, integrated battery, 2.4/5GHz wireless enabled (12-lead ECG accessories must be ordered separately). Multiparameter Modules-include Masimo or Nellcor SpO2 adult reusable sensor, Masimo or Nellcor SpO2 cable, reusable adult NIBP cuff and hose , ECG 5 lead adult defib proof cable and ECG 5 lead snap 24" wire set , and MR420B adapter cable for YSI probe . All other accessories must be ordered separately. (N-Series Monitors connected to BeneVision DMS must be at R4.01 or greater. eGateway compatibility is eGateway 6.7 or greater.)	USD 12,295.00	USD 6,885.20	4	USD 27,540.80
6	803-070877-00	N1 Install & Setup includes programming, configuration and verification	USD 180.00	USD 162.00	4	USD 648.00
7	803-040040-00	Device Install & Setup w/o CABL for one of the following - patient monitor, printer or display. Includes programming, configuration and verification	USD 761.00	USD 761.00	4	USD 3,044.00
<b>Acute Care TOTAL:</b>						USD 62,068.00



**To:** Ryan Nicholls  
MAYERS MEMORIAL  
HOSPITAL  
43563 HIGHWAY 299 EAST  
FALL RIVER MILLS, CA 96028

**Sales Representative:** Bryan Gilder  
**Quote Number:** Q-80323  
**Proposal Date:** Dec 22, 2021  
**Phone:** (541) 743-1586  
**E-mail:** b.gilder@mindray.com

**Affiliation:** PRE2

**Affiliation Notes:** Premier – Patient Monitoring Contract # PP-MM-620 (New #PP-NS-1478) – Tier 2 – (PRE2): Standard One Year-On Site Warranty plus an extended one year warranty for a total of two years for parts & labor on Patient Monitors, Gas Module, Central Stations and transmitters. Standard Three Year Mail-In Warranty on Accutorr Monitors. N Series Monitors - Standard 5 year warranty. EPM Monitors – Standard 3 Year Warranty  
Premier Anesthesia Contract #PP-MM-729 Anesthesia Machines - Standard three year warranty.  
Premier Ultrasound Contract #PP-IM-309: M7, M9, TE5, TE7 & ME8 Ultrasound Machines & Transducers (Excluding 4D & TEE Transducers - Standard one year) have a standard five year warranty. DC8 Expert Ultrasound Machine & Transducers - Standard five year warranty. Resona7 Ultrasound Machine & Transducers - Standard 5 Year Warranty. EXCEPTION: DEMO EQUIPMENT (12 MONTHS ONLY)

**Payment Terms:** NET 45 DAYS

**Shipping Terms:** F.O.B. SUPPLIERS Dock (Freight & Insurance Prepaid on Contracted Products Only)  
"To ensure on-time delivery of your orders, Mindray may drop ship products directly from our overseas factories or distribution warehouses"

**Proposal Notes:**

**Product Notes:** Biomedical training credits issued to customers at the time of sale, are for the sole use of employees of the facility purchasing the equipment, and are non transferable.

Central Station - Hospitals, or buying groups, that require special containment procedures while opening plenum spaces including the use of a negative chamber tent system will be billed separately for the containment costs. These cost will include, but not be limited to, rental of a containment system, plus the additional cost incurred by the cable installer and the Mindray Representative who are required to use the system. This will also apply to any containment costs incurred after the installation for Mindray Representatives when performing maintenance on the system.

**Trash Removal responsibility**

Mindray is not responsible for the disposal of packing material associated with newly installed Mindray products. Mindray will work with the customer to collect and centralize the packing material for ease of disposal by the customers' personnel. The customer will be responsible for sorting and disposal of packing material.

**De-Installation of existing cabling**

Mindray is not responsible for the de-installation of existing cabling associated with an existing patient monitoring system. Mindray will provide this service on a time and material basis in the event that the customer would like to have this work done by Mindray at the time of the installation. Customer will be responsible for pulling of cable and certification, if these items are not charged on the body of this quote.

**Fiber Optics Requirements**

In the event that fiber optics network runs are necessary due to the location of the central rack, then it will be the customer's responsibility to add the necessary fiber optic run(s). Mindray



Technology service will provide this service on a T+M basis in the event that the customer would like to have this work done by Mindray.

Pricing for cable pull and certification is based on nonunion labor. If Union labor is required customer will be invoiced for any additional cost. Pricing for cablepull includes installation of cables above ceilings or any horizontal/vertical pathways and shall be supported per B1SCI standards utilizing communications rated J-hooks. Pricing does not include major structural changes to go between walls or floors, e.g., penetration of interior or exterior cement walls or the installation of conduit/Raceway.

**Core Drilling requirements**

In the event that core drilling (i.e drilling between floors to accommodate network runs) is required to complete an installation, the customer will be responsible for customary costs associated with this work. Mindray Technology Services will provide this service on a T+M basis if requested by the customer.

(Customary charges are approximately \$450 each)

Purchase order acceptance and delivery of Mindray Certified Refurbished products is subject to inventory availability.



**Product Notes:**

Please complete at time of purchase:

Uncrating Needed: YES / NO

Receiving Dock Hours: \_\_\_\_\_

Debris Removal: YES / NO

Lift Gate Required: YES / NO

Prior Notification: YES / NO

Inside Delivery Required: YES / NO

Contact Name: \_\_\_\_\_

Department: \_\_\_\_\_

Contact Phone #(s) \_\_\_\_\_

E-mail Address(s) \_\_\_\_\_

Purchase order acceptance and delivery of Mindray Certified Refurbished products is subject to inventory availability.

This quotation contains no provisions for Biomedical training tuition or credits.

**If your terms are Cash-in-advance, please remit check directly to:**

Mindray DS USA, Inc. 24312 Network Place, Chicago, IL 60673-1243



### Total Price By Department

#### Acute Care

Department Name	List Price	Departmental Discount	Net Price
Acute Care	USD 107,844.00	USD -45,776.00	USD 62,068.00
		<b>Acute Care TOTAL:</b>	USD 62,068.00

**TOTAL:** USD 62,068.00

### Quotation

<b>Total List Amount</b>	<b>USD 107,844.00</b>
<b>Total GPO Discount</b>	<b>USD 45,776.00</b>
<b>Total Additional Discount/TradeIn</b>	<b>USD 0.00</b>
<b>Total Net Amount</b>	<b>USD 62,068.00</b>

### Mindray Capital Leasing Options

#### Monthly Lease Payment Amount:

**36 months** USD 1,839.39  
**48 months** USD 1,408.38  
**60 months** USD 1,150.12

#### Leasing Notes:

This quote is non-binding and is subject to credit approval and acceptance by Mindray Capital. Monthly payments do not include applicable freight and taxes.



**Total Net Price For Purchase:**

**USD 62,068.00**

**To:** Ryan Nicholls  
MAYERS MEMORIAL  
HOSPITAL  
43563 HIGHWAY 299 EAST  
FALL RIVER MILLS, CA 96028

**Sales Representative:** Bryan Gilder  
**Quote Number:** Q-80323

**Proposal Date:** Dec 22, 2021

**Phone:** (541) 743-1586  
**E-mail:** b.gilder@mindray.com

**Affiliation:** PRE2

Title of Buyer	Printed Name of the Buyer

Purchase Order Number	Date	Signature of the Buyer

Ship to Address:

--

Bill to Address:

--

**We have selected a non-Masimo SpO2 technology and have requested a proposal using an alternate SpO2 technology.**

**Although we have been educated on the Masimo SpO2 option by Mindray, we have independently chosen the alternate SpO2 option based upon our business needs.**

**Signature of buyer** \_\_\_\_\_

**Mindray North America now has a \$150 minimum order policy.  
Unless otherwise stated, the total net price of this quotation does not include, freight or sales tax.**

**Moriah Padilla**

**From:** Bryan Gilder <B.Gilder@mindray.com>  
**Sent:** Friday, December 31, 2021 1:51 PM  
**To:** Moriah Padilla; Ryan Nicholls; Theresa Overton; Travis Lakey  
**Cc:** Doug Hopkins; Bryan Gilder  
**Subject:** Mindray Revised Quotes  
**Attachments:** Mayers Memorial Hospital - OR Monitors - 2xN15(5GHz), 2xN1, 2xGasMod, 12-31-21.pdf; Mayers Memorial Hospital - A5 Anesthesia Machine, 12-22-21.pdf; Mayers Floor Plan 12-30-21.pdf; Mayers Memorial Hospital - ED Monitors - 5xN15,5xN1,5xCo2, 12-31-21.pdf; Mayers Memorial Hospital - Acute Monitors - 4xN15, 4xN1, 4xCo2 12-22-21.pdf; Mayers Memorial Hospital - COVID, 6xN15(5GHz), 6xN1, 2xCo2, WiFi Expansion, 12-31-21.pdf

**Importance:** High

**This Message Is From an External Sender**

This message came from outside your organization.  
 Do not click any links without first verifying the sender.  
 If you are concerned with the legitimacy of this email please contact IT immediately.

Hello and Happy New Year,

Thank you all for your patience during this process.

Please see attached/revise quotes and disregard those previously sent.

COVID/PrePost Monitors, 5GHz Expansion, Server&Workstation Required Upgrades.....	\$113,861.26.....	Monitors will be able to be viewed on the Acute Care Workstation once installed
OR Monitor Quote.....	\$43,630.00.....	5GHZ,N15
Monitors will either be seen on the Acute Care Workstation or go direct to the EMR		
Anesthesia Machine Quote.....	\$35,518.25	
Acute Care Monitor Quote.....	\$62,068.00.....	N15 Monitors are quoted to utilize existing hardwire ports (N1 module/monitors are wireless)
ED Monitors.....	\$77,585.00.....	N15 Monitors are quoted to utilize existing hardwire ports (N1 module/monitors are wireless)
<b>Grand Total</b>		<b>\$332,662.51</b>

- Quotes are turnkey and include installation, training, standard accessories and cable pulls where requested. (Please note that there will likely be a 3% increase on some/all service related line items beginning Jan 1, 2022)
- New 5GHz wireless coverage is outlined in RED on the attached floorplan.
- All N1 module/monitors are wireless when removed from their host monitor and can be viewed on any WorkStation that has an available tile. A patient can be issued an N1 upon arrival which remains with them

during their entire stay. This means no de-cabling, a higher level of infection control and a seamless flow of patient data. Should the wireless connection ever be lost, the N1 will continue collecting data, and once docked in its host monitor, backload the data to the monitor and central server for review.

- The hospital's Passport 17m monitors in ED are not yet end-of-life, but they are NOT compatible with the new N1 module/monitors. An end-of-life date has not been established for the Passport 17m, although I'm told parts and service should be available through 2027.
- If you would like to sell your existing DPM and Passport monitors, I would be happy to work with Integris Equipment to provide you with estimates to purchase these items.
- If new monitors are purchased for Acute Care, MMH will be credited for the DPM7+ System Upgrade Kits and Masimo MPM's previously purchased, in the amount of \$19,085. Any installation labor associated with these upgrades that was previously quoted has not been billed as the installation was never performed.

Please feel free to reach out any time with question and I wish you all the best in the coming year!

Kindest Regards  
Bryan

---

**Bryan Gilder**  
Sales Consultant - OR, WA

**mindray**

Mindray North America

Mobile: (541) 743-1586  
b.gilder@mindray.com  
Follow us on LinkedIn  
Subscribe to us on YouTube

LEVERAGING TECHNOLOGIES | EXPANDING POSSIBILITIES

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Chief Executive Officer  
Chris Bjornberg



Mayers Memorial Hospital District

**Board of Directors**

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

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

March 7, 2022 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:**

Beatriz Vasquez, PhD, Chair  
Abe Hathaway, Treasurer

**STAFF PRESENT:**

Chris Bjornberg, CEO  
Ryan Harris, COO  
Travis Lakey, CFO  
Candy Detchon, CNO  
Jessica DeCoito, Board Clerk

**Community Members Present**

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

None

- 3 APPROVAL OF MINUTES**

3.1	A motion/second carried; committee members accepted the workshop minutes of November 8, 2021. Update last sentence to reflect "update on paving of parking lot."	Hathaway, Bjornberg	<b>Hathaway – Y</b> <b>Vasquez – Y</b>
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- 4 Strategic Plan Review:** Facilities updates addressed in the approved plan currently meets just our 2030 requirements and addresses the most urgent needs for facility updates. This does not cover past the 2030 mark and doesn't address all the areas of the hospital. Discussion took place regarding the current HVAC project. A call was set up with legal counsel on our HVAC project for the OR.

- 5 Future Planning:** Suggestions from legal counsel to investigate a Master Plan for the facility being set up with a firm who specializes in healthcare facilities. Would be more in depth of a plan than what was done previously. This would include the 2030 requirement as well as the sections of our facility that do not have a 2030 requirement, what we need to do now versus later, what needs to be replaced or what can be remodeled/updated, and what this could end up costing us. Staff will bring this to the full board for discussion and possible action.

- 6 OTHER INFORMATION/ANNOUNCEMENTS:** Getting close to finalizing the EHR quote. Press Release regarding the acquisition of Clearwater Lodge was shared and discussed.

- 7 ADJOURNMENT – 1:51 PM**

Chief Executive Officer  
Chris Bjornberg



Mayers Memorial Hospital District

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

Board of Directors  
**Quality Committee**  
**Minutes**

March 9, 2022 @ 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 Jeanne Utterback called the meeting to order at 1:01 pm on the above date.			
	<b>BOARD MEMBERS PRESENT:</b>		<b>STAFF PRESENT:</b>	
	Jeanne Utterback, President Tom Guyn, MD., Director		Chris Bjornberg, CEO Keith Earnest, CCO	
	<b>Excused ABSENT:</b> Candy Detchon, CNO		Jack Hathaway, Director of Quality Dawn Jacobson, Infection Control	
	<b>COMMUNITY MEMBERS PRESENT:</b>		Theresa Overton, DNO Acute Pam Sweet, Med Staff	
	Laura Beyer		Michelle Peterson, Outpatient Jennifer Levings, Data Analyst 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 February 9, 2022	<b>Guyn, Hathaway</b>	<b>Approved by All</b>
4	<b>REPORTS: QUALITY STAFF</b>			
	4.1	Outpatient Medical: Thank you for the very thorough report. Having the cultures being completed through our lab has been a huge benefit to our patients. Conversations with providers who will potentially step in Dr. Syverson's role are taking place. Space availability for seeing patients is a priority. Thankful for the hospitalists who have joined our team.		
5	<b>REPORTS: QUALITY PATIENT SERVICES</b>			
	5.1	Surgery/Anesthesia: Echoed sentiments on the hospitalists who have joined our team. General Surgeon is retiring, so we are looking for a new surgeon. OR1 is closed right now which has changed our surgery schedule and affected our services provided. But we continue to use OR2 for certain surgeries and scopes. HVAC system and lack of CRNA's has been the biggest issues.		
	5.2	Med-Surg/Swing: Continue to use Registry staff to help fill our schedule. Looking forward to finalizing up the new nurse's station. Dr. Saborido would like to begin education classes for our staff and take part in the outside education courses.		
	5.3	Med Staff: Physician credentialing is a focus. Policies & Procedures are always being worked on and updated.		
	5.4	Infection Control: Covid is still a priority. Both FR and Burney are in yellow status meaning more restrictions in place and more testing. Hopefully we can move into the Green at both locations by next week, pending test results. ABX tracker is in place, and we are utilizing this to track our antibiotics. SNF employees and those employees entering the SNF are testing twice weekly, non-vaccinated employees are testing twice weekly and all other employees (vaccinated) are testing once a week at the beginning of their shift. Overall positivity rate in Shasta Co. is going down.		

5.5	SNF Events/Survey: Completed 16 surveys in the period of middle of 2021 to beginning of 2022 – all internal complaints, with one resulting in a deficiency. A plan of correction has been submitted on the deficiency and awaiting the results from CDPH. Update on plan of correction in meeting; approved by CDPH.
6	<b>DIRECTOR OF QUALITY</b>
6.1	Director of Quality Update – Blood Transfusions is being worked on still. Data is being gathered and prepared into a consumable format. Excellent meeting with Director of Hospital Quality Institute. Hospital Quality Improvement Platform shared with Quality Committee. MMHD information provided into this platform is compared to the nationwide information from other facilities.
6.2	Compliance Quarterly – additional fields will be added into this report going forward. This is the method we use to track this information. RL6 is our reporting platform. Reports include a door skin being torn on Radiology, to an aggressive patient, or malpractice by staff. Anything hospital wide can be reported in the RL6 platform.
7	<b>OLD BUSINESS</b>
7.1	Meeting Calendar Discussion: changes to reporting departments, frequency and information presented will be provided to the Board. Board President, Director of Quality and CEO will meet up and put together a plan to present.
8	<b>OTHER INFORMATION/ANNOUNCEMENTS:</b> Next Quality meeting will be via Microsoft Teams. RMOMS Grant is coming along. Weekly meetings with the partners. An MOU will be presented at the meeting tomorrow. Dr. Camarata will serve on the governance for this group.
9	<b>ADJOURNMENT: at 2:28 pm</b> Next Regular Meeting – April 13, 2022

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).



**MAYERS MEMORIAL HOSPITAL DISTRICT  
POLICY**

**CHIEF EXECUTIVE OFFICER COMPENSATION**

Page 1 of 2

**POLICY:**

Mayers Memorial Hospital District wants to ensure that the Chief Executive Officers compensation decisions are competitive, fair and equitable as well as compliant with appropriate regulatory guidelines and representative of best market practices. Compensation philosophy for all executives will tie to an overall organizational philosophy.

**Guiding Principles**

The Board of Directors of Mayers Memorial Hospital District recognizes that if we are to achieve our goal to be the best community health care system in the country that we must attract and retain exceptional leaders. As elected trustees we also have the duty to appropriately care for the resources of the Mayers Memorial Hospital District on behalf of the community. It is the responsibility of the Board to review executive compensation and to manage the Chief Executive Officer contract renewal process. In accordance with the California Brown Act, debate and decisions on executive compensation will be held in open and public meetings.

**Total Compensation**

Total compensation for the Chief Executive Officer position with MMHD may include:

1. Paid time off
2. Incentive bonus plan
3. \$20,000 life insurance benefit
4. Severance agreement

**Markets**

1. The Committee will review survey data from various sources including, but not limited to, the California Hospital Association Executive Compensation Survey and other targeted data. Reviews will take place one year prior to the contract expiration date of standing Chief Executive Officer and as needed for recruitment.
2. Survey comparisons will be to like size healthcare systems. Review of stand alone facilities and healthcare systems will include the size of the organization, scope of services offered, gross/net revenue, operating expenses, number of FTE's, number of beds and scope of responsibility (e.g. Bi-state organizations, Multi-specialty Clinic services) and other applicable information.

**Target**

1. The 50th percentile of current pay practices will be targeted to establish base compensation. "At Risk" compensation and other rewards will be targeted at above

industry standards to off-set base pay at the 50th percentile. It is our intention to provide total compensation comparable to industry standards with a focus on mountain community healthcare systems

2. The Board maintains the discretion to pay base compensation in excess of the 50th percentile based on other factors such as experience and results and to pay total compensation up to the 100th percentile based on extraordinary results.

**Other factors**

1. Other factors such as competitive market forces, each individual's job responsibilities are also considered in MMHD compensation and benefit decisions. These include:
2. Organizational complexity (the number and variety of services and/or organizational units).
3. Current and future management challenges (such as bankruptcies, major financing, construction projects, consolidations, increased competition, etc.).
4. The availability or lack of availability of staff experts.
5. The depth and breadth of the executive's knowledge and experience.
6. The rate of organizational growth.
7. The executive's value in the labor market as reflected, in part, by his/her salary history elsewhere.
8. The hospital's prior success in recruiting and retaining competent executive personnel.

COMMITTEE APPROVALS:

BOD: 11/29/17

# Shasta County COVID-19 Hospitalization and Death Report: 2021

Prepared by Shasta County Health and Human Services Agency; Office of the Director; Outcomes, Planning, and Evaluation Unit. Data Last Updated: 3/9/2022

**Data are preliminary and subject to change as records of approximately 26 of the 2021 deaths are pending and review and inclusion of hospital records is ongoing.**

**Number of Shasta County residents who have been hospitalized due to COVID-19 in 2021: 818**

**Number of Shasta County residents who have died due to COVID-19 in 2021: 401**

## Key Findings

**Cases Over Time:** In 2021, the greatest number of hospitalizations throughout the pandemic occurred in Quarter 3 (July-September) and the greatest number of deaths throughout the pandemic occurred in Quarter 4 (October-December). This is reflective of the wave caused by the Delta variant of the SARS-CoV-2 virus.

**Length of Hospital Stay (LOS):** Patients hospitalized for COVID-19 symptoms stayed an average of 10.5 (range 2-78 days), and 23.3% of patients needed ICU care. The average length of stay in the ICU was 12.0 days (range 0-72 days).

**By Age:** Risk of hospitalization and death due to COVID-19 increased consistently with age. The preliminary age-adjusted mortality rate for COVID-19 in Shasta County for 2021 was 160.0 per 100,000.

**By Race and Ethnicity:** Minorities are at higher risk of hospitalization and death from COVID-19. Our local minority population was 1.8 times more likely to be hospitalized for COVID-19 compared to white, non-Hispanics, and 1.5 times more likely to die from COVID-19 compared to white, non-Hispanics.

**By Sex:** Males are at higher risk of hospitalization and death from COVID-19. Males were 1.4 times more likely to be hospitalized for COVID-19 compared to females, and 1.8 times more likely to die.

**By Vaccination Status:** Data show that vaccination is highly effective at preventing hospitalization and death from COVID-19. Unvaccinated Shasta County residents were 7.8 times more likely to be hospitalized for COVID-19 and 9.8 times more likely to die from COVID-19 compared to those who were fully vaccinated.

**By Comorbid Conditions:** Comorbid (“Pre-Existing”) conditions were extremely common among both hospitalized patients and deceased individuals. This is not unexpected given the high prevalence of chronic conditions in the general population as well as the increased risk of severe COVID-19 illness that is associated with these pre-existing conditions i.e., high blood pressure, diabetes, heart disease, obesity, etc.

**Residents of Congregate Settings:** Congregate settings include skilled nursing facilities, assisted living facilities, homeless shelters, board and care residences, jail, and other locked or semi-locked facilities. In 2021, residents of congregate settings represented 8% of hospitalizations and 20% of deaths. The proportion of deaths coming from residents of congregate settings fell from 50% in 2020 to 20% in 2021.

This drop is reflective of the high vaccine coverage of both staff and residents of these congregate facilities.

**Leading Cause of death:** COVID-19 was determined to be the third leading cause of death for 2021.

## Introduction

### Purpose and Scope of this Report

The purpose of this report is to summarize characteristics and trends of COVID-19 cases residing in Shasta County who were hospitalized for COVID-19 illness or who passed away from COVID-19 in 2021. At this time, it is only a 2021 summary report, data from 2020 is not included for comparison. There were 117 deaths in 2020 From COVID-19.

### Definitions

#### Definition of Hospitalization

The following criteria were used to define hospitalization status for this report:

- The patient must have been discharged at least 2 days after admission. This was used to exclude Emergency Department visits, same day discharge, and overnight observation. Total hospitalizations were 848 patients, this report also excludes 30 patients for whom length of stay was unknown.
- The patient must have tested positive for COVID-19 during the course of their current illness.
- The patient must have been treated for COVID-19 during their hospital stay. Incidental findings of COVID-19 that did not require in-hospital treatment were not counted. (i.e., they must be hospitalized *for* COVID-19, rather than just *with* COVID-19).
- The patient must be a Shasta County resident. Note: Limitations in data access prevent inclusion of non-Shasta County residents at this time. Therefore, the numbers in this report do not reflect the impact on Shasta County hospitals which care for patients who reside throughout our region.

#### Definition of COVID-19 Deaths

The following criteria were used to define COVID-19 deaths for this report:

- The case must meet the confirmed or probable COVID-19 surveillance case definition, AND at least ONE of the following criteria must be met:
  - a. A case investigation determined that COVID-19 was the cause of death or contributed to the death.
  - b. The death certificate indicates COVID-19 or an equivalent term as one of the causes of death.
- Each death certificate is reviewed and investigated by an epidemiologist to determine cause of death. The investigation process involves a thorough review of COVID-19 lab results, medical records, vaccination status, and cause of death listed on death certificate for each individual. After investigation is complete the final cause of death is reviewed and confirmed by the medical officers. If confirmed, the case is counted as a COVID-19 death and reported to the community.

Source: [CSTE COVID-19 Death Definition](#)

#### Definition of Vaccination

For the purpose of this analysis, vaccination status was defined as follows:

- Vaccinated individuals were defined as those who had their second vaccine dose or single-dose vaccine at least 2 weeks prior to becoming ill.

- Unvaccinated individuals are defined as those who had received zero vaccine doses as of 2 weeks prior to becoming ill.
- Those who had received one dose only of a two-dose series (partially vaccinated) or who had unknown vaccination status were excluded from analysis.
- The analysis does not account for additional doses recommended for immunocompromised individuals nor booster status.

## Limitations

### General Limitations

- This report estimates statistical significance using 95% confidence intervals for the age adjusted rates.
- With regard to race and ethnicity, please note that some racial and ethnic groups were excluded from the analysis because their small population sizes made the data unstable. The impact on populations excluded from analysis are monitored by HHSA.
- Lists of comorbid conditions are not comprehensive. They are limited to what was documented in the medical records (for hospitalizations), or the death certificates (for deaths).

### Limitations of Hospitalization Data

- This data represents an **undercount** of hospitalizations, meaning that more hospitalizations occurred than able to be investigated at this time. Additional review of medical records is planned to correct for this issue.

### Limitations of Death Data

- This data represents an **undercount** of mortality in Shasta County as 2021 death data are preliminary and 26 deaths are pending review. Data only represents Shasta County residents who expired in Shasta County, Shasta County residents residing in Shasta County but expired outside of Shasta County or nonresidents living in congregate settings in Shasta County during time of infection. The number of deaths currently reported potentially will increase as investigations are completed.

### Limitations of Vaccination Data

- Please note that partially vaccinated people and those with unknown vaccination status were excluded from analysis of hospitalizations and deaths by vaccination status.
- The time period for analysis of vaccination status is April 1st to December 31<sup>st</sup>, 2021. April 1st is the date when vaccination was considered widely available for Shasta County adults.

## Findings

### General

- In 2021, 818 Shasta County residents were confirmed to have been hospitalized for COVID-19 symptoms for 2 days or longer.
- In 2021, 401 Shasta County residents were confirmed to have died from COVID-19.

### Length of Hospital Stay

#### COVID-19 Hospitalizations by Length of Stay (LOS)

Measures related to length of stay are shown in the table below. In 2021, Shasta County residents were hospitalized an average of 10.5 days, with the median being 7 days. Of these, 23.3% needed to be admitted to the ICU. Those who were admitted to the ICU spent an average of 12 days in intensive care, with 9 days being the median.

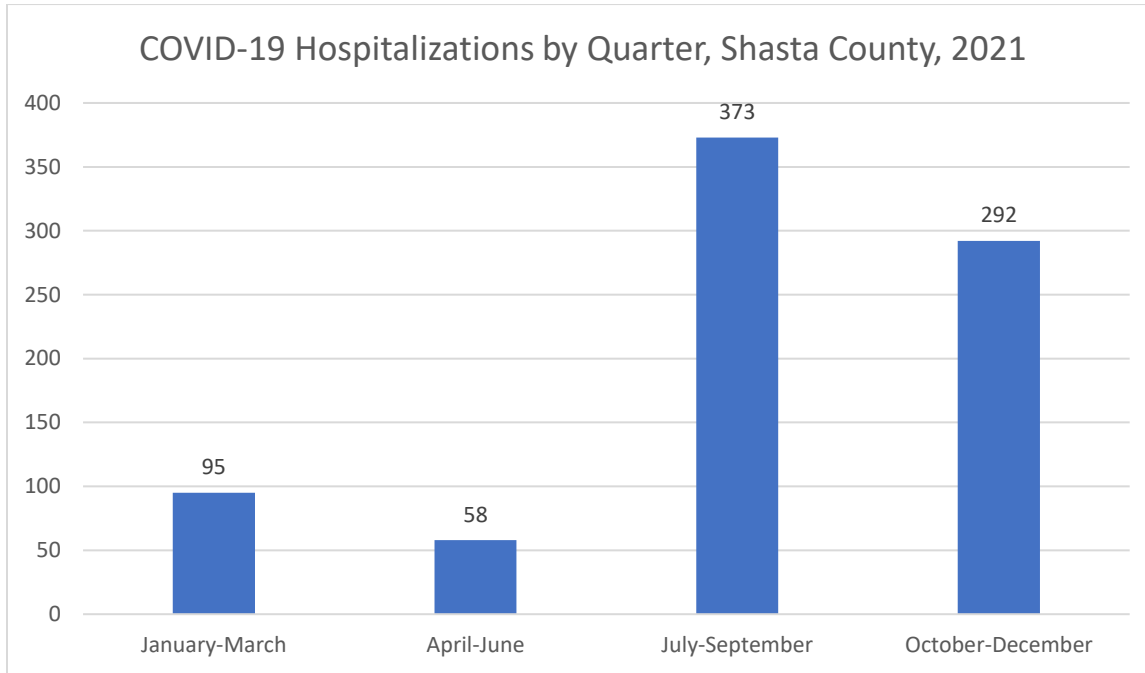
	<b>Number of Patients</b>	<b>LOS Average (days)</b>	<b>LOS Median (days)</b>	<b>LOS Range (days)</b>	<b>% Needing ICU Care</b>
<b>All Hospitalizations</b>	818	10.5	7	2-78	23.3%
<b>Intensive Care Unit</b>	191	12.0	9	0-72	N/A



## Cases Over Time (By Quarter in 2021)

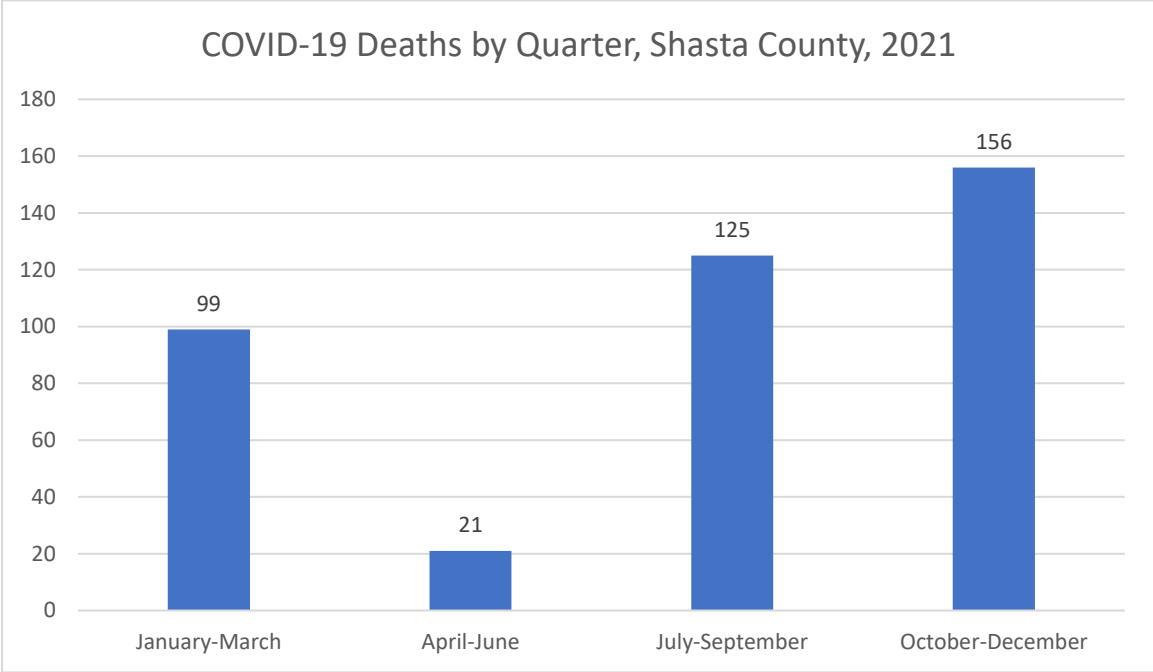
### COVID-19 Hospitalizations by Quarter

The largest number of hospitalizations during the pandemic to date occurred from July-September 2021. This timeframe is reflective of Shasta County's wave of the SARS-CoV-2 Delta variant, where cases peaked in September 2021 and slowly declined through mid-December. The wave caused by the Omicron variant began around mid-December 2021.



### COVID-19 Deaths by Quarter

The largest number of deaths throughout the pandemic occurred during October-December 2021. This is reflective of Shasta County’s wave of the SARS-CoV-2 Delta variant, where cases and hospitalizations peaked in September 2021, and deaths followed during October- December 2021.



## By Age Group

### COVID-19 Hospitalizations by Age

Most hospitalized patients in Shasta County were between the ages of 50 and 79, with the 60-69 and 70-79 age groups representing the most patients overall (24% in each age group). Adults aged 50-59 accounted for 15% of hospitalizations, and 80-89-year-olds represented 14%. Overall, 57% of hospitalized COVID-19 patients were under the age of 70.

Shasta County seniors aged 90 and older were most likely to be hospitalized as reflected in the hospitalization rates, although this group made up only a small proportion of hospitalizations overall (5%). Compared to 0-39-year-olds, seniors aged 90 and older had a 40.3 times higher risk of being hospitalized. Risk of hospitalization rose with increasing age.

Age Group	Number of Hospitalizations	Percent of Hospitalizations	Age Specific Hospitalization Rate (per 100,000)	Rate Ratio (<40 years as reference group)
0-39	56 <sup>^</sup>	7%	64	(Reference)
40-49	87	11%	469	7.3
50-59	125	15%	596	9.3
60-69	200	24%	850	13.3
70-79	195	24%	1,108	17.3
80-89	116	14%	1,559	24.4
90+	39	5%	2,582	40.3
<b>Total</b>	<b>818</b>	<b>100%</b>	<b>464</b>	<b>N/A</b>

<sup>^</sup>Includes 11 patients aged 0-19 years, 12 patients aged 20-29, and 33 patients aged 30-39. These age brackets are grouped together for data stability to compare rates.

### COVID-19 Deaths by Age

The highest number of COVID-19 deaths occurred in the 70-79 age bracket (28% of deaths occurred in this age group). The group with the next highest number of deaths was 80-89-year-olds (22% of deaths). Overall, 64% of deaths were among those aged 70 and older.

Shasta County seniors aged 90 and older were most likely to die from COVID-19 as reflected in the death rates, although this group made up a relatively small proportion of deaths overall (14%). Compared to 20-49-year-olds, seniors aged 90 and older had a 56.3 times higher risk of dying from COVID-19. Risk of death overall rose with increasing age and became extremely high after the age of 80.

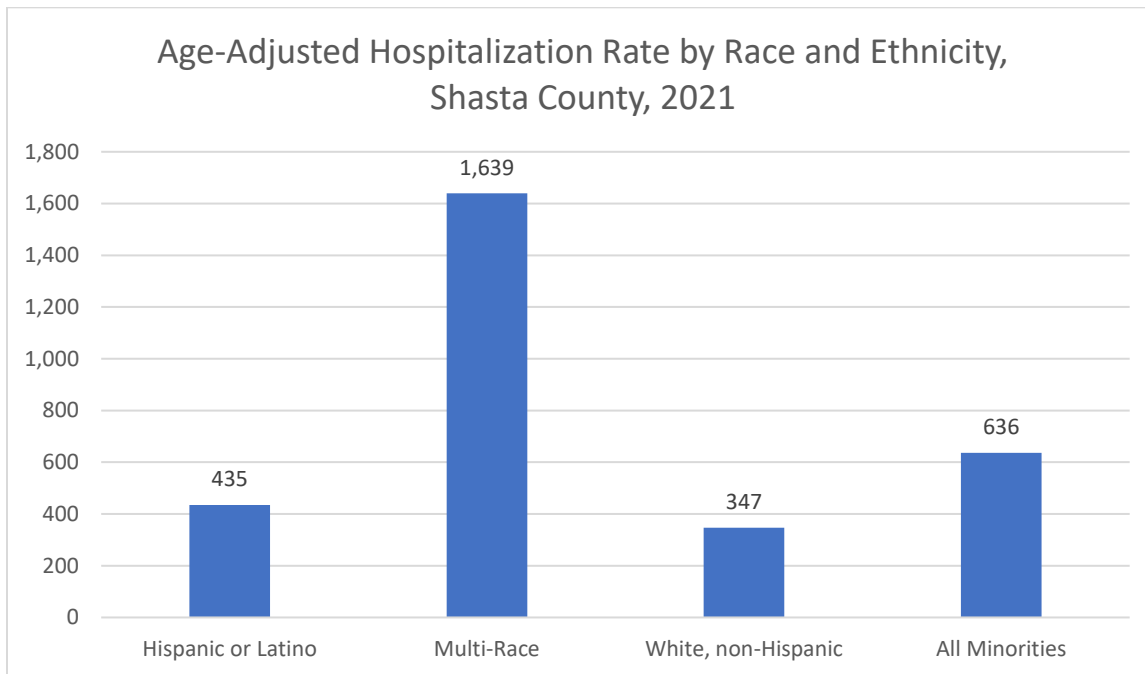
Age Group	Number of Deaths	Percent of Deaths	Death Rate (per 100,000)	Rate Ratio (20-49 as reference group)
0-19	0	0%	N/A	N/A
20-49	28	7%	67	(reference)
50-59	46	11%	219	3.3
60-69	69	17%	293	4.4
70-79	112	28%	636	9.5
80-89	89	22%	1,196	17.9
90+	57	14%	3,775	56.3
<b>Total</b>	401	100%	227	N/A

## By Race and Ethnicity

### COVID-19 Hospitalizations by Race and Ethnicity

On average, Shasta County’s minority population was significantly more likely to be hospitalized for COVID-19 compared to the white, non-Hispanic population. The risk of hospitalization for minorities was 1.8 times higher compared to white non-Hispanics.

Looking at specific race/ethnic minority groups, multi-racial individuals were hospitalized at a much higher rate than the white non-Hispanic population. Hispanic or Latino individuals were hospitalized at about the same rate as the white non-Hispanic population. Other specific racial groups were not broken out individually for this report due to small numbers.



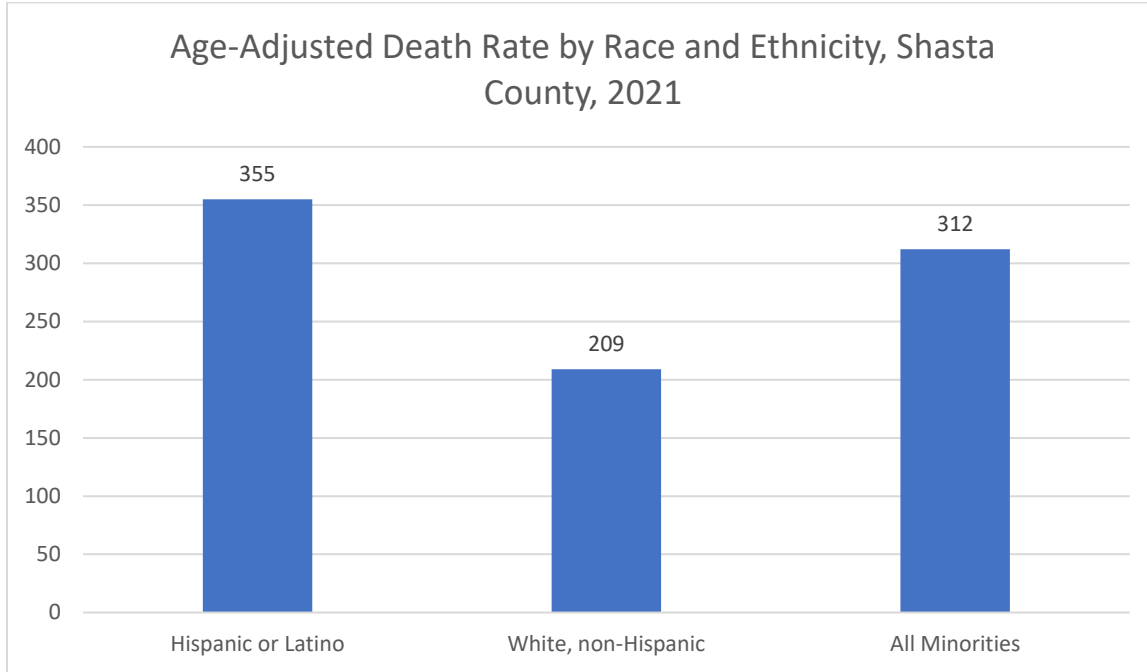
Race/Ethnicity	Hospitalizations (2021)	Age Adjusted Rate (per 100,000)	95% Confidence Interval
<b>Hispanic or Latino (Any Race)</b>	45	435	(308-561)
<b>Multi-Racial (Any Ethnicity)</b>	57	1,639*	(1,213-2,064)
<b>White, Non-Hispanic</b>	530	347	(317-376)
<b>All Minorities Combined</b>	139	636*	(530-742)

Key: \*Indicates the Age Adjusted Rate is significantly higher vs. the white, non-Hispanic population.

Note: Totals will not add due to some patients with unidentified race and ethnicity.

### COVID-19 Deaths by Race and Ethnicity

On average, Shasta County’s race/ethnic minority population was 1.5 times more likely to die from COVID-19 compared to the white, non-Hispanic population. Hispanic or Latino individuals were 1.7 times more likely to die compared to White, non-Hispanic individuals.



Race/Ethnicity	Deaths (2021)	Age Adjusted Rate (per 100,000)	95% Confidence Interval
Hispanic (Any Race)	32	355*	(232-478)
White, Non-Hispanic	328	209	(186-231)
All Minorities	65	312*	(236-388)

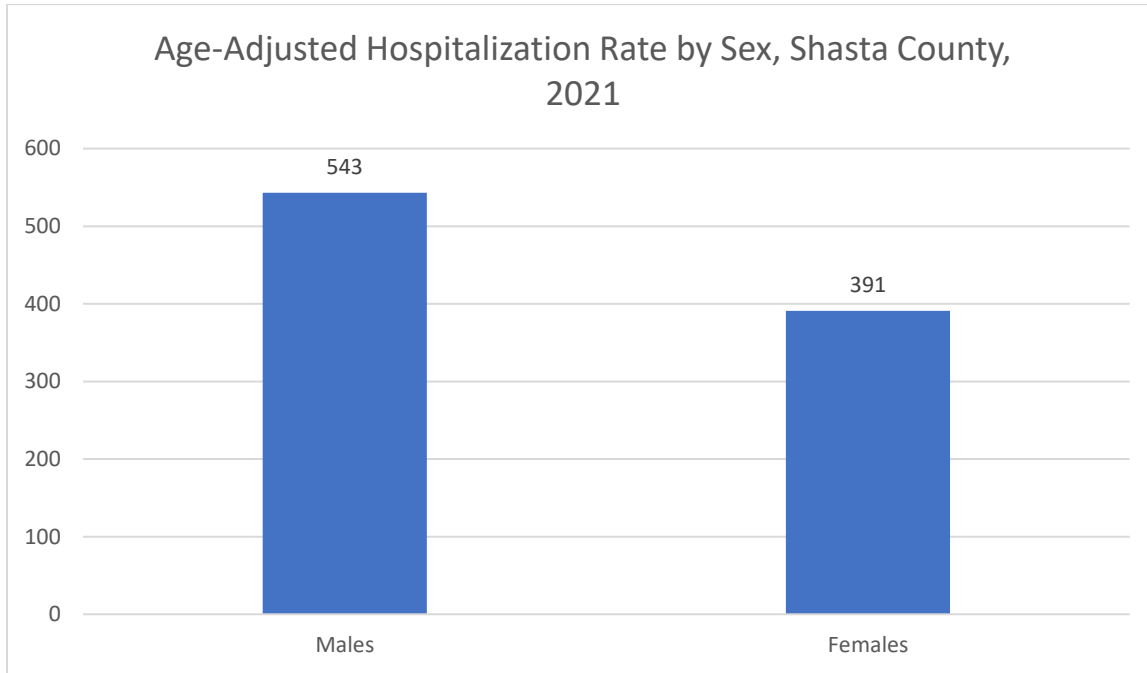
Key: \*Indicates the Age Adjusted Rate is significantly higher vs. the white, non-Hispanic population.

Note: Totals will not add due to some patients with unidentified race and ethnicity.

By Sex

COVID-19 Hospitalizations by Sex

Males were 1.4 times more likely to be hospitalized for COVID-19 compared to females.

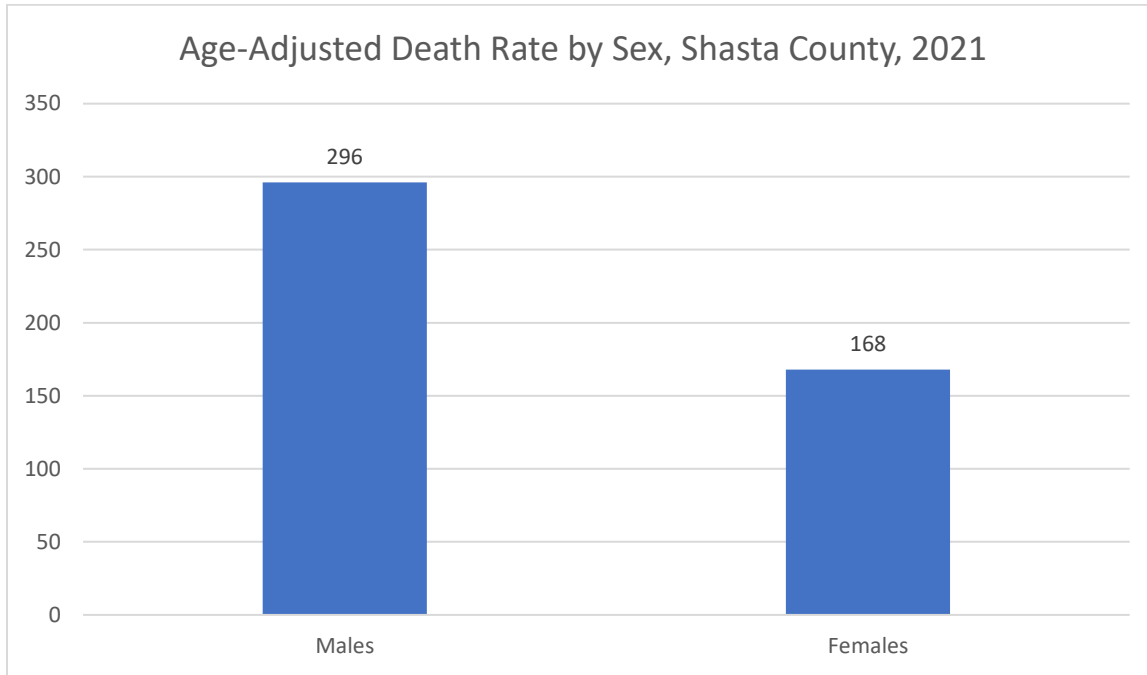


Race/Ethnicity	Hospitalizations (2021)	Age Adjusted Rate (per 100,000)	95% Confidence Interval
<b>Males</b>	446	543*	(493-594)
<b>Females</b>	369	391	(351-430)

Key: \*Indicates the Age Adjusted Rate is significantly higher vs. Females. Note: Totals will not add due to some patients with unidentified sex.

### COVID-19 Deaths by Sex

Males were 1.8 times more likely to die from COVID-19 compared to females, a statistically significant difference.



Race/Ethnicity	Deaths (2021)	Age Adjusted Rate (per 100,000)	95% Confidence Interval
<b>Males</b>	237	296*	(258-334)
<b>Females</b>	164	168	(143-194)

Key: \*Indicates the Age Adjusted Rate is significantly higher vs. females. Note: Totals will not add due to some patients with unidentified sex.

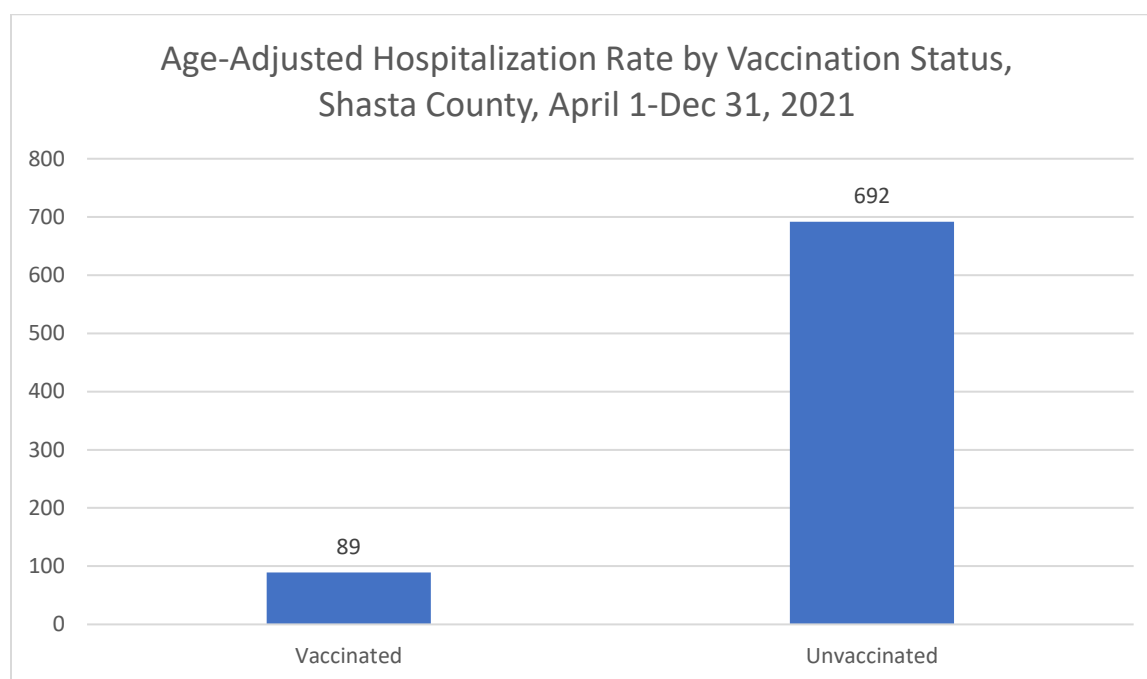


## By Vaccination Status

Please note that partially vaccinated people and those with unknown vaccination status were excluded from this analysis. The time period for this analysis spans from April 1<sup>st</sup> to December 31<sup>st</sup>, 2021. April 1<sup>st</sup> is the date when vaccination was considered widely available for Shasta County adults. The analysis does not account for additional doses recommended for immunocompromised individuals nor for booster doses, which were recommended by the CDC beginning in August and September 2021, respectively. Data that are available on additional doses and boosters among deceased individuals are noted below.

### COVID-19 Hospitalizations by Vaccination Status

These findings show that vaccination was highly effective at preventing hospitalization. Unvaccinated individuals were 7.8 times more likely to be hospitalized for COVID-19 compared to those who were fully vaccinated.

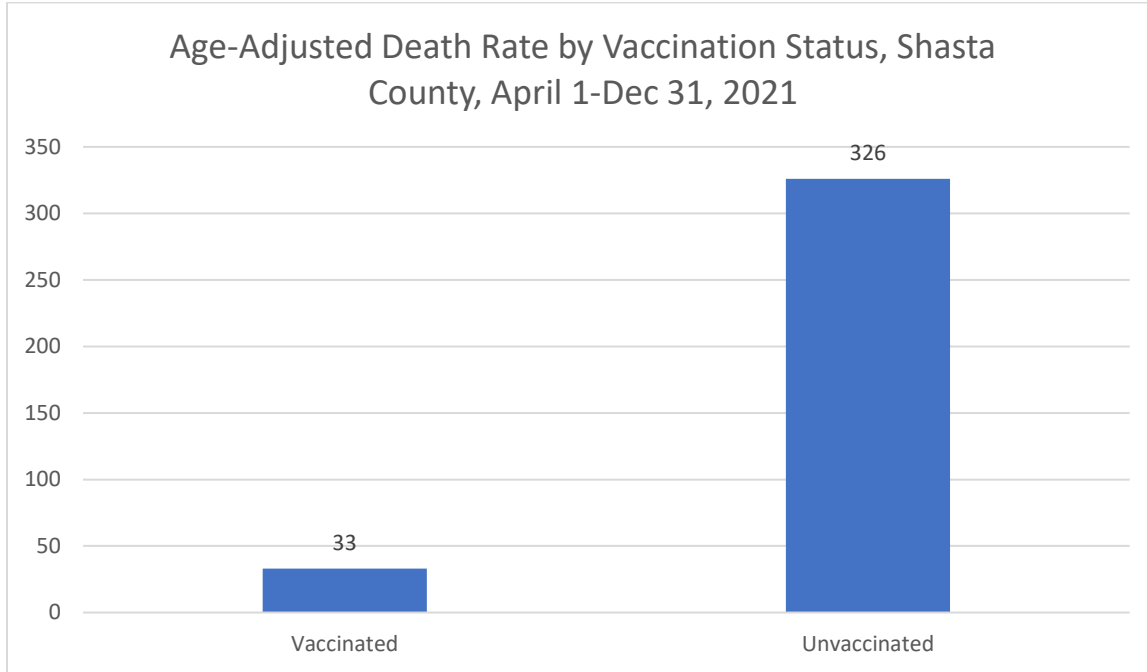


Vaccination Status	Hospitalizations (Apr-Dec 2021)	Age Adjusted Rate (per 100,000)	95% Confidence Interval	Rate Ratio (Vaccinated as Reference Group)
<b>Vaccinated Individuals</b>	83	89	(70-108)	(reference)
<b>Unvaccinated Individuals</b>	595	692*	(637-748)	7.8

Key: \*Indicates the Age Adjusted Rate is significantly higher vs. the vaccinated population. Note: Totals will not add due to some patients with unknown or partial vaccination status. This data excludes 23 partially vaccinated patients and 22 patients for whom vaccination status was unknown.

### COVID-19 Deaths by Vaccination Status

These findings show that vaccination was highly effective at preventing deaths from COVID-19. Unvaccinated individuals were 9.8 times more likely to die from COVID-19 compared to those who were fully vaccinated.



Vaccination Status	Deaths (Apr-Dec 2021)	Age Adjusted Rate (per 100,000)	95% Confidence Interval	Rate Ratio (Vaccinated as Reference Group)
Vaccinated Individuals	35	33	(22-44)	(reference)
Unvaccinated Individuals	255	326*	(286-367)	9.8

Key: \*Indicates the Age-Adjusted Rate is significantly higher vs. the vaccinated population. Note: Totals will not add due to some patients with unknown or partial vaccination status. The vaccinated count includes 14 individuals who met the eligibility criteria for, but had not received, an additional dose or a booster. The data excluded 12 partially vaccinated decedents.

## By Comorbid Conditions

### **Comorbid “Pre-Existing” conditions are common**

CDC estimates that 6 in 10 adults in the United States have a chronic disease (these include: heart disease, cancer, chronic lung disease, stroke, Alzheimer’s disease, diabetes, chronic kidney disease, and many more). Additionally, CDC also estimates that 4 in 10 adults in the United States have two or more chronic diseases.

“Pre-existing conditions” are more common than often recognized. Many people in the general population have at least one health condition. If we examine unhealthy weights alone, it is estimated that 32.8% of Shasta County residents can be considered overweight (BMI 25.0-29.9) and another 33.6% can be considered obese (BMI 30.0 and higher). A BMI in the overweight and obese ranges are associated with an increased risk for severe COVID-19 and increased risk for many other chronic health problems, including high blood pressure, high cholesterol, and diabetes, all of which place an individual at increased risk for severe illness from COVID-19.

Among Shasta County confirmed COVID-19 hospitalizations, 83.1% have one or more “pre-existing conditions.” This is not unexpected given the high prevalence of any chronic disease in the general population as well as the increased risk of severe COVID-19 illness that is associated with these conditions.

Source: <https://www.cdc.gov/chronicdisease/resources/infographic/chronic-diseases.htm>

## Comorbid Conditions Among Hospitalized Patients

The table below shows comorbid conditions among Shasta County patients hospitalized for COVID-19. The most common conditions were also common in the general population. The top three were high blood pressure, diabetes, and obesity.

Comorbid (“Pre-Existing”) Condition	Percent of Hospitalized Patients with this Condition <sup>^</sup>	Percent of Shasta County Residents with this Condition
High Blood Pressure	53.1%	37.0% <sup>1</sup>
Diabetes	30.8%	13.9% <sup>2</sup>
Obesity	28.9%	33.6% <sup>2</sup>
Heart Disease (Cardiovascular)	26.9%	11.4% <sup>2</sup>
Chronic Pulmonary Disease (COPD)	17.2%	3.3% <sup>5</sup>
Chronic Kidney Disease	14.2%	2.8% <sup>3</sup>
History of Cancer	11.4%	5.3% <sup>3</sup>
Asthma	10.3%	15.0% <sup>2</sup>
History of Stroke	6.9%	5.2% <sup>4</sup>
Immune Compromised	3.6%	N/A
Neurological or Neurodevelopmental Condition	2.0%	N/A
Chronic Liver Disease	1.6%	N/A
One or More of the Conditions Listed above	83.1%	N/A

<sup>^</sup> Percentages do not total to 100% due to some patients having more than one condition.

Sources: <sup>1</sup> 2014-2018 California Health Interview Survey. <sup>2</sup> 2015-2019 California Health Interview Survey. <sup>3</sup> 2019 CDC Behavioral Risk Factor Surveillance System. <sup>4</sup> 2011-2012 California Health Interview. <sup>5</sup> 2005 California Health Interview Survey.

### Comorbid Conditions Among Decedents

The table below shows common comorbid conditions among those who died from COVID-19. The most common were heart disease, chronic kidney disease, metabolic disorders, chronic pulmonary disease, and diabetes.

Comorbid (“Pre-Existing”) Condition	Percent of Cause of Death with this condition (Field 107 & 112 of Death Certificate)*	Percent of Shasta County Residents with this Condition
Other^	43.1%	N/A
Heart Diseases (Cardiovascular)	36.4%	11.4% <sup>2</sup>
Chronic Kidney Disease	21.0%	2.8% <sup>3</sup>
Metabolic Disorders	13.2%	N/A
Chronic Pulmonary Diseases	13.2%	3.3% <sup>5</sup>
Diabetes	13.0%	13.9% <sup>2</sup>
High Blood Pressure	12.0%	37% <sup>1</sup>
Neurological or Neurodevelopmental Condition	12.0%	N/A
History of Stroke	5.2%	5.2% <sup>4</sup>
History of Cancer	2.5%	5.3% <sup>3</sup>
Asthma	1.8%	15% <sup>2</sup>
Obesity	1.4%	33.6% <sup>2</sup>

\* Percentages do not total to 100% due to some patients having more than one condition.

^Note: “Other” includes a wide range of potentially contributing conditions such as tobacco use, substance overdose, fractures, dehydration, infections, etc.

Sources: <sup>1</sup>2014-2018 California Health Interview Survey. <sup>2</sup>2015-2019 California Health Interview Survey. <sup>3</sup>2019 CDC Behavioral Risk Factor Surveillance System. <sup>4</sup>2011-2012 California Health Interview. <sup>5</sup>2005 California Health Interview Survey. ^Note:

Congregate Setting Facilities

Congregate settings include skilled nursing facilities, assisted living facilities, homeless shelters, board and care residences, jail, and other locked or semi-locked facilities.

**COVID-19 Hospitalizations Among Residents of Congregate Setting Facilities**

In 2021, 65 residents of congregate settings were hospitalized.

Gender	2021
Male	<b>31</b>
Female	<b>34</b>
Total	<b>65</b>

Approximately 8% of confirmed hospitalization for COVID-19 were among residents of congregate settings.

**COVID-19 Deaths Among Residents of Congregate Setting Facilities**

In 2021, there were 81 congregate setting residents who died from COVID-19.

Gender	2021
Male	<b>36</b>
Female	<b>45</b>
Total	<b>81</b>

Approximately 20% of confirmed deaths from COVID-19 were among residents of congregate settings.

## Leading Causes of Death

### COVID-19 Deaths compared to all other causes of death in Shasta County

The preliminary data below shows the leading causes of death in Shasta County. The top three causes of death using CDC standard classification are heart disease, all cancers, and COVID-19.

Source: [CDC Leading Causes of Death](#)

<b>Top 10 Causes of Death 2021<sup>@</sup></b>	
<b>Cause</b>	<b>Count</b>
<b>Heart disease</b>	501
<b>All Cancers</b>	450
<b>COVID-19</b>	401
<b>TOTAL UNINTENDED INJURIES</b>	159
<b>Chronic Lower Respiratory Disease (CLRD)**</b>	158
<b>Alzheimer's disease</b>	146
<b>Stroke</b>	98
<b>Organic dementia</b>	81
<b>TOTAL INTENDED INJURIES</b>	65
<b>Diabetes</b>	59
<b>Total Deaths in 2021</b>	<b>2,767</b>

<sup>@</sup> based on 2,767 final, cause of death data preliminary subject to change, count of individual causes of death do not add to 2,767 because this table only represents the top 10 causes of death in Shasta County.

\*\* Such as chronic obstructive pulmonary disease, emphysema, chronic bronchitis, pneumonitis and asthma.

## Annotated References:

**Detailed Sources:** Comorbidity: (Source – Topic, years used for estimate)

**Hypertension:** AskCHIS – Ever diagnosed with high blood pressure (adult), 2014-2018 pooled

**Diabetes:** AskCHIS – Ever diagnosed with diabetes (adult), 2015-2019 pooled

**Cardiac disease:** AskCHIS – Ever diagnosed with heart disease (adult), 2015-2019 pooled

**Former smoker:** AskCHIS – Smoking status- current, former, never (adult), 2015-2019 pooled

**COPD:** BRFSS – [2019 Chronic health indicators: COPD age-adjusted prevalence](#); see screen shot for additional changes needed to show the same number as above (Change Data Type to age-adjusted prevalence)

**Obesity:** AskCHIS – Body mass index- 4 level (adult only), 2015-2019 pooled

**CKD:** BRFSS – [2019 Chronic health indicators: Kidney age-adjusted prevalence](#); see screen shot for additional changes needed to show the same number as above (Change Data Type to age-adjusted prevalence)

**Asthma:** AskCHIS – Ever diagnosed with asthma (limited to ages 18+), 2015-2019 pooled

**Cancer:** BRFSS – [2019 Chronic health indicators: Other cancer \(not skin\) age-adjusted prevalence](#); see screen shot for additional changes needed to show the same number as above (Change Data Type to age-adjusted prevalence)

**Stroke:** AskCHIS – Ever had a stroke, 2011-2012 pooled

**Current smoker:** AskCHIS – Smoking status- current, former never (adult), 2015-2019 pooled

**CLD:** AskCHIS – Ever told have lung disease other than asthma, 2005





# Mayers Memorial Hospital District

*Always Caring. Always Here.*

## Executive Director of Community Relations & Business Development – Valerie Lakey March 2022 Board Report

### Legislation/Advocacy

It is the calm before the storm with bills finding their way through committees. Here are a few of the bills we are watching and working on.

#### **SB 1212 (Caballero, D-Salinas) — Sponsored by CHA**

This CHA-sponsored legislation would prevent the price gouging of staffing services provided to hospitals by staffing agencies during a declared state of emergency. It also would require staffing agencies to disclose personnel information to the hospital, such as the hourly rate being paid to workers.

#### **Assembly Bill (AB) 1882 (R. Rivas, D-Salinas) — Oppose Unless Amended**

AB 1882 would require hospitals to report to their local governments the seismic rating of their hospital buildings and progress toward meeting the 2030 seismic requirements. The bill would also require all hospitals to post the status of their SPC 2 buildings in their hospitals, labeling them as an “Evacuation Risk, Structurally Deficient.” CHA opposes this new title for hospital buildings, as well as other provisions in the bill.

#### **SB 1127 (Durazo, D-Los Angeles) — Oppose Through Coalition**

During a state of emergency, SB 1044 would prohibit employers from taking or threatening any adverse action against employees for not reporting to or leaving work, and would prohibit employers from not allowing employees to access or use their phones during the emergency.

#### **SB 1127 (Atkins, D-San Diego) — Oppose Through Coalition**

This bill would shorten the time frame — from 90 to 60 days after knowledge of an injury — for employers to reject a workers’ compensation claim.

### Marketing/Public Relations

A focus on marketing materials for the Annual Health Fair has been at the top of the list over the last month. We have redesigned brochures and flyers and ordered materials to have available at the April 9<sup>th</sup> event.

We are preparing to attend a job fair in Burney in April. We have helped sponsor the event and will be included in the advertising.

We will be using a new content management resource on our website. This is available as a “bonus” benefit from programs we are initiating from the SHIP grant related to employee wellness and COVID education.

We have developed a [Community Health Needs Assessment](#) Survey which will be put out in April. The survey will be web based as well as available via paper copy at the clinic, hospital and pharmacy. We will provide survey links to patients as well. The CHNA Survey will provide data from the community about services, health and wellness needs and other itmes related to COVID. This will serve as a strong baseline for master planning and ensure that we have provided community members the opportunity to provide input about their personal healthcare needs.

### **Partnership Healthplan Grant**

We are wrapping up the Partnership Healthplan grant. The second Wellness Day was Monday, March 28<sup>th</sup>. Overall, we were able to make contact with over 1400 Partnership Healthplan patients and additionally reach a broader market with our advertising. Our AudioGo ad has seen a lot of traffic as of 3/23/22. [Click here](#) to listen.



### **Planting Seeds...Growing Our Own**

Applications for the high school senior intern program are available and due on May 1<sup>st</sup>. We have gone to Fall River and Big Valley High Schools to talk to the seniors about the program and have a date scheduled with Burney High School. We are also talking to the students about the June CNA class.

Based on a successful Job Shadowing Program with Fall River High School, we have interest from students in Big Valley. We would have to restructure the program a bit to address the distance. There are two BVHS juniors very interested in healthcare.

We will once again get back to doing a program in the elementary schools. We are looking to schedule those in May. This is a great opportunity to start building a foundation about healthcare with the younger students. It is always a lot of fun for our staff to interact and be involved with the schools.

I am also working with Cindy Dieszi, Shata County Chemical People and Fall River High school in hopes to be involved in their Junior High Mentoring Program. I will provide more details when we have them.

We will be participating in the “Lunch with Community Partners” a the Tri-Counties Community Network. The event is on April 6<sup>th</sup> in Burney. The purpose is the interact with the preschool age children to show them that doctors and nurses aren’t “scary”. We will also have the opportunity to meet with parents. We will have information on our services, highlighting the clinic, during the event.

### **Emergency Preparedness**

Training and education have been the focus over the last month. Several departments have been provided with an Emergency Preparedness overview to help staff know where to find essential EP information. There have been four full ICS 100/200 classes with the most recent being one for the entire clinic staff. Maintenance and Environmental Services staff have also had the opportunity to attend First Responder Awareness HazMat training. This class provides ann overview and processes for HazMat spills and scenarios.

We have scheduled Response and Workplace Violence Prevention Training for Maintenance Staff and Nurse Supervisors. This will be taught by the Phoenix Traing Group on April 29<sup>th</sup>. We are also working on the “Orange Dot” program which is a method of identifying potentially aggressive patients or residents. These two programs are a necessary part of the Workplace Violence certification through BETA.



## Operations Report March 2022

Statistics	February YTD FY22 <i>(current)</i>	February YTD FY21 <i>(prior)</i>	February Budget YTD FY22
Surgeries			
➤ Inpatient	2	1	16
➤ Outpatient	31	16	48
Procedures** ( <i>surgery suite</i> )	68	72	128
Inpatient	1706	1373	1149
Emergency Room	2870	2527	2812
Skilled Nursing Days	17,710	18,551	18,245
OP Visits (OP/Lab/X-ray)	14,485	14,032	9,180
Hospice Patient Days	1266	570	895
PT	1650	1614	1671

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

\*\*Procedures: include colonoscopies

### **Chief Clinical Officer Report**

**Prepared by: Keith Earnest, CCO**

#### **Pharmacy**

- COVID Vaccines
  - The number of COVID vaccines administered by Mayers has fallen. This drop is consistent with what Shasta County Public Health is seeing in Redding.
- Monoclonal Antibodies
  - Use of monoclonals has fallen as infection rates in our community have fallen.
  - Mayers now stocks Bebtelovimab. the newest monoclonal and has activity against omicron. Unlike the other agents it is an IV push and not an IV piggyback. Sotrovimab has slightly more activity against omicron than Bebtelovimab
  - The infusions are performed as outpatients with the goal of keeping patients out of the ER and keeping them out of the hospital. Monoclonal antibodies are also available in the ER.
- Oral Agents
  - Use of oral agents has fallen as infection rates in our community have fallen. None have been dispensed in the last 2 weeks. We are working with the county to reallocate at their direction.
  - Oral agents are for treatment of non-hospitalized patients with mild to moderate COVID-19 who are within 5 days of symptom onset and at high risk of progression to severe disease

- Molnupiravir and Paxlovid® are stocked at Mayers Retail Pharmacy and the Emergency Department.
- Pharmacy is navigating shortages; the most significant ones are normal saline and lidocaine with epinephrine products. We have obtained saline flushes from Mercy Redding. Sterile water for injection is on nationwide backorder with no release date. Our wholesaler located 25 vials for us.

### ***Retail Pharmacy***

- Paperwork on change of CEO for retail pharmacy and hospital pharmacy has been mailed to the state board of pharmacy.
- A registry tech is covering a technician who is on maternity leave.
- Staff has returned from being out with COVID.

### ***Physical Therapy***

- At the request of an ER physician, PT staff is putting together a binder with resources for outpatient DME referrals.
- New photography by former resident Jim Policastro is on display in the PT waiting room. We have been cycling displays by local amateur photographers for a few years now.
- Daryl Schneider, PT, department manager, is working with Human Resources on obtaining a traveler to help keep patient volumes at current levels while she increases time away from work during breast cancer treatments. We are having to cast a broader net with other agencies as finding a registry therapist has been difficult. Daryl is keeping up with the workload at this time.

### ***Cardiac Rehab***

- The department has seen an increase in referrals for Holter Monitors due to increased heart issues from COVID. “Long haulers symptoms” often have a cardiac component.
- The treadmill that was out of service has been repaired.
- A new monitored rehab patient will start next week.
- Staff is returning to work after being out with COVID.

### ***Respiratory Therapy***

- The department is working with Driscoll’s to provide N95 mask fitting to employees.
- Mayers contract for the meta-neb machine is expiring soon. We are exploring options such as renting versus replacement of these machines.
- David Farrer, RT, respiratory manager, performing pulmonary screenings as part of the Partnership grant wellness day on March 28. A portable printer allows this test to be portable so it can be done at events such as the health fair. Additional screening times will be at the health fair, one at retail pharmacy, and we are looking for opportunities to do a screening day in Alturas.

### ***Telemedicine***

See attached report.

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

- Ambulance coverage for the district has been problematic the last few months and worsened in February. Burney fire has been unable to stand up an ambulance crew for the entire month of March due to lack of staffing and they currently have not shared a plan for correction for the near future. SEMSA has been unable to fill this gap due to lack of staffing and the district is seeing periods where there is no ambulance service available. MMHD is actively looking for solutions.
- There have been difficulties staffing a CRNA for Surgery. Orthopedic procedures have been canceled due to the lack of the CRNA as well as difficulty with air turnover in the OR. Scope procedures continue to be done by using a RN to provide Moderate Sedation.
- Staffing is improving due to the C.N.A. program and some additional hires. January data showed 22 C.N.A. vacancies. Currently there are 16 vacancies. There are 5 students in the class that will graduate in May which will further reduce this number.
- COVID
  - The current wave of COVID has subsided significantly. The COVID unit closed last week and there have been no new cases reported for almost 3 weeks.
  - Staffing on the Acute Care unit is being reduced back to pre-COVID ratios.

***SNF Report***

- Both the Burney Annex and Station 2 are in “green” status. Census is gradually climbing since admissions are now possible and multiple admissions are being screened
- Current Census: Burney 48 Fall River 29.
- The first CNA class is complete, and they are orienting on the floor. They will test for their Certification on the 28<sup>th</sup>.
- Second class starts on the 14<sup>th</sup> of March and has 5 students.
- Management of residents with behaviors and psychotropic medication management program is moving along well. We have built a solid frame and are putting the pieces into place. The team will work together and within a month or so we feel we should be working smoothly with solid positive outcomes.
- The Burney laundry facility is up and running which should have a positive affect for both facilities and residents.
- Activities is planning on planting an herb/sensory garden in Fall River this year.
- Activities department is working on getting reduced fee sport fishing license applications filled out for Residents who want to fish this summer at lower cost.
- Activities is working with Burney 4-H to find ways to help the Residents as the help in Fall River is going well.

***Acute Care Report***

- January 2022 Dashboard
  - a. Acute: ADC 2.10, LOS 4.06
  - b. Swing: ADC 4.61, LOS 17.88
  - c. OBS days: 5.32
- February 2022

- a. Acute: ADC 2.29, LOS 4.92
  - b. Swing: ADC 4.82, LOS 1.5
  - c. OBS Days: 10.34
- January & February Staffing: Required 9 FTE RN/LVN's, 4 FTE CNA's & 2 FTE Ward Clerks
  - a. MMH RN's: 4 FTE, 1 PTE (alternates OPS), 4 per diem, 1 orientee (plan for FTE), & 1 Asst. Manager
  - b. MMH CNA's: 4 FTE, 1 per diem
  - c. MMH Ward Clerks: 2 FTE & our per diem CNA can cover this position as well
  - d. MMH LVN: 1 per diem
  - e. NPH Traveling: 3 RN's & 2 LVN's that are very consistent
- Upcoming Events
  - a. March Staff Mtg to include emergency preparedness with Val Lakey
  - b. April: 2-day educational event – recognizing the patient in distress
- Multiple staff RN's have taken accountability for performance improvement and a positive culture on the unit. We are very proud of the group we have right now.

### **Covid**

- January & February Staffing Required 4 FTE RN's & 4 FTE CNA
  - CDPH staff primarily cover the RN need – contracted through March 31, 2022, with a 48hr/week guarantee
  - CNA is filled by floating any additional staff available from Acute & LTC – not always filled and will often share CNA between Acute and Covid
  - The On-Call schedule is currently utilizing Acute, ER, LTC and nursing administration. With the 3 nurses staffed on Acute Care, we have rarely had to utilize this on-call schedule. Each staff member is required to take call one shift per pay period.
  - We did not utilize the on-call schedule for staffing needs in February
  - A Covid surge plan is in place and will be initiated if the census increases past 4 patients in the COVID unit
- February patient population: Station 2 & Burney Annex residents' isolation & community admits
  - Increased census with decreased LOS

### ***Emergency Department***

- The Emergency Department treated 333 patients in February
- 22 were admitted to MMHD
- 9 were transferred to a higher level of care
- 53 patients were pediatric (under 18)
- 3 AMA
- 2 LWBS
- 2 LPTT
- 31 patients presented to ER via EMS
  
- Staffing: There are 2 FULL time night RN and 1 FULL time night supervisor positions being filled by travelers.
- Covid Operations update – Operations are smooth with use of the isolation room and rapid testing. We are seeing some patients who “refuse” to wear a mask. We have been dealing with

this on a case-by-case basis there is no “one answer”. Patients are presenting to ER after LAB hours with covid symptoms and then not wanting to be seen, this is including non-acute patients are being asked to wait in the car pending covid swab if symptomatic and iso room is not available. This is working. We have seen an increase in positive patients, so the covid unit was opened and saw a “steady” number of inpatients.

- ED Audits -The ESI (still a work in progress) scoring we are still falling a bit short (we had 8 with no ESI) this is improving 98%. I have been working with Jack to develop guidelines and the presses to audit for Stroke, Sepsis, and STEMI as the “big 3” and start them, with being on nights I have been unable to finish this audit.
- ED transfers- We have seen a huge difficulty 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. We have seen an increase in sending patients to other states, IE: Oregon and Nevada. Most patients spend “hours upon hours” waiting. We have been using MHOAC ASSISTANCE NEEDED FOR TRANSFERS, this puts another set of people looking for beds.

***Quality, Radiology and Laboratory***

- These reports will be submitted separately as it is time for their quarterly report.

## **Chief Operating Officer Report**

**Prepared by: Ryan Harris, COO**

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

- We are entering the final stages of the demo project. Due to the MEP engineers punch walk being postponed by the contractor, the project will not be completed by the previously reported March 29<sup>th</sup> date. We also discovered that the original vacuum and med gas alarm panel does not function after trying to reinstall it. We are working with HCAI to see if we can open a separate project to replace this alarm panel to not delay the close out of the demo project. Our new anticipated close out date for this project is April 18<sup>th</sup>.
- PM Morris and I each put together a proposed Rough Order of Magnitude (ROM) budget for the HVAC replacement of the Dietary space and OR1 space. These budgets will be presented to board Finance with discussion of options.
- The Laundry Facility passed its final inspection February 8<sup>th</sup>, 2022 and is now functional.
- The daycare project is currently on hold pending future discussions with the board.
- Work continues at the former Fall River Arts and Trophies building to convert the front space into Hospice office space. We are now considering moving the Foundation and the Education Center in this space as well. John Morris, Alex Johnson and myself are working together on a design concept, a preliminary budget, and if we will be doing any work requiring permits.
- Hospital Renovation Project Phase III preliminary work has been put on hold until all options have been discussed.
- The water damage work at the RHC has been completed and all room are now in use.
- Facilities and Engineering is currently fully staffed.



- Over the last month Chris and I have been discussing bringing in a Master Planning firm to do new facilities master plan that incorporates our entire building inventory not just what needs to be completed prior to 2030. This has been discussed with board Strategic and will be discussed board finance and the full board.
  - We received a survey response on 16 of our tickets. 100% of our responses were 5/5. We received no 4/5, 3/5, 2/5, or 1/5.

## ***IT***

- Helpdesk
  - IT Received 393 tickets and resolved 368.
  - 204 calls were placed to the helpdesk, 49 of which went to on-call.
  - Average Response Time is 4H53M, with Average Resolution Time of 10H38M.
  - We received a survey response on 16 of our tickets. 100% of our responses were 5/5. We received no 4/5, 3/5, 2/5, or 1/5.
- Security
  - SOC reviewed 285 security incidents, escalated 4 to internal resources
  - Received 12 tickets and resolved 11.
  - Remediated 3,975 vulnerabilities. This is over double from last month thanks to our move to a new patch management system.
  - Cyber Insurance has updated the minimum requirements to be covered. We are working to address these by July to ensure we are covered.
- Projects
  - Office 365 Migration should be complete by 4/17. Once we have moved everyone, we will decommission our server and route all traffic through Microsoft, reducing our security attack surface.
  - PCC Lab Interface is live. Radiology Pending.
  - MVHC Lab Interface is close to completion. Will go live 6 weeks after testing completion.
  - IT is recommending moving forward with Cerner as soon as possible. Allscripts has sold Paragon to a Canadian holding firm, and we expect support to deteriorate further.
  - New Access control system has been ordered to replace our current system. Expected install in April.
  - We have signed with TPx to provide redundant internet services to the Fall River, Retail Pharmacy, and Burney Campuses.
  - New Mindray monitors have been installed in Surgery Recovery. They will be interfaced with our new EMR.

## **Purchasing**

- We are currently working through process improvements like using bin locations to organize our supplies more efficiently to speed up future inventories, correcting items in incorrect bin locations, adding locations, renovating, and updating the medical supply room with a more efficient storage system.
- The big project is reorganizing the medical supply room to provide staff with more ease in locating supplies, ordering supplies when needed and keeping our supply room well organized.
- We are also updating our stickers to incorporate a new process for nursing to charge for supplies. This will help increase our charge capture. This is only temporary and will be replaced with a more modern workflow with a new EMR.
- Purchasing is currently fully staffed.

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

- F&NS is still struggling with staff turnover and getting to fully staffed. We have made great improvements over the last couple of months, and we are working to continue those improvements. Management in this department is still needed to work the floor due to staffing levels.
- We are looking into replacing the Burney Annex dishwasher with a new unit. This unit has a considerable amount of downtime and needs repairs. The most recent was a new \$3,500 motor. This dishwasher was purchased used in 1994.
- With both SNF's being in green our cafeterias have reopened to staff.

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

- The laundry facility restarted with little issue. We are now laundering all hospital laundry and Fall River LTC laundry at our laundry facility. Burney LTC is being laundered through AlSCO until our contract expires in December of this year.
- EVS still has staffing needs but staffing levels are improving and is very close to being fully staffed.

## ***Rural Health Clinic***

- With changes in our Physician and Physician Assistant schedules we will now have 3 providers in the clinic 5 days a week on regularly scheduled days. This will help the clinic staff with scheduling, give more consistent days to our patient of when their provider will be available, and give more provider availability in the community.
- We had a total of 746 visits in the month of February, 540 of which were outpatient visits generating over \$84,000 in revenue. Our no-show appointment rate was 6.5% down from 12% in January. Our average new patient appointment lead time was 6.41 days up from 4.39 days in January. Our Schedule utilization was down from 61.4% in January to 60.1% in February with a target of 95%-110%.

- The RHC and Foundation are still working on grant programs for expanding access to OB services in rural communities.
- Our Vaccine for Children’s application has been submitted. Once approved we will proceed with our Child Health and Disability prevention application and our Family Pact applications.
- We have elected to bring in a RHC consultant from Wipfli. The consultants initial focus will be on Medicare rate setting and optimization, Medi-Cal rates, billing review and education, and provider education. Future consultation may include business department analysis and recommendations, a mock survey, policy and procedure manual review, emergency operations plan review, and chart review.
- At this time our clinic is fully staffed.

**Operations District-Wide**

**Prepared by: Chris Bjornberg, CEO**

**Report will be provided during meeting.**

Telemedicine Program Update as of March 15, 2022

Respectfully submitted by Amanda Harris for Keith Earnest, CCO and Tommy Saborido, MD

We have completed a total of 1660 live video consults since August 2017(start of program).

Endocrinology:

- We had 12 Endo appointments in February. Dr. Bhaduri has seen six patients so far this month and has 11 more on the schedule this month.
- We've had 534 consults since the start of this specialty in August 2017.

Nutrition:

- We had two Nutrition patients seen in February and four are scheduled for later this month. Jessica was kind enough to add a special slot for a patient to be seen earlier this month (rather than wait a couple months for the next available time slot), but the patient no-showed.
- We've had 117 consults so far since we started this specialty in November 2017.

Psychiatry:

- Dr. Granese saw eight patients today, a combination of residents and outpatients. There are 16 on the schedule for April.
- 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 515 consults since the beginning of the program in August 2017.

Infectious Disease:

- Hep C treatment is not highly utilized at this time. No patients were seen in February or March.
- We've had 92 consults since the start of this specialty in September 2017.

Neurology:

- Dr. Levyim saw nine patients in February, eight so far this month and there are 10 more on the schedule for this month.
- We've had 265 consults since the start of the program in November 2018.

Rheumatology:

- Dr. Shibuya saw two patients this month and has four on the schedule for April.
- We've had 46 consults since the start of the program in May 2020.

FRJUSD/Mayers/MVHC Take Four Counseling Grant:

- To date, about 1186 consults have taken place with this program.
- This will be the last year of counseling services via Telemed offered within the school district with the Take Four program. The school district has decided to go with another company for therapy service connections in the future.

**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 still have yet to have a single Peds Gastroenterology referral for this service.

