

Chief Executive Officer
Chris Bjornberg



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
August 31st, 2022 at 1:00 pm
Mayers Employee Housing (formerly Clearwater Lodge)
24500 Pit 1 Power House Rd, Fall River Mills

MICROSOFT TEAMS MEETING [Click Here to Join](#)

Call In Number: 1-279-895-6380
Phone Conference ID: 533 691 310#
Meeting ID: 249 833 306 998
Passcode: dAgZvU

Mission Statement

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

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

				Approx. Time Allotted
1	CALL MEETING TO ORDER			
2	2.1 CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS	Persons wishing to address the Board are requested to fill out a "Request Form" prior to the beginning of the meeting (forms are available from the Clerk of the Board, 43563 Highway 299 East, Fall River Mills, or in the Boardroom). If you have documents to present for the members of the Board of Directors to review, please provide a minimum of nine copies. When the President announces the public comment period, requestors will be called upon one-at-a time, please stand and give your name and comments. Each speaker is allocated five minutes to speak. Comments should be limited to matters within the jurisdiction of the Board. Pursuant to the Brown Act (Govt. Code section 54950 et seq.) action or Board discussion cannot be taken on open time matters other than to receive the comments and, if deemed necessary, to refer the subject matter to the appropriate department for follow-up and/or to schedule the matter on a subsequent Board Agenda.		
3	APPROVAL OF MINUTES			
	3.1 Regular Meeting –July 27, 2022	<i>Attachment A</i>	Action Item	2 min.
4	DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS:			
	4.1 Resolution 2022- 10– July Employee of the Month	<i>Attachment B</i>	Action Item	2 min.
	4.2 Mayers Healthcare Foundation Quarterly	<i>Attachment C</i>	Report	2 min.
	4.3 Skilled Nursing Facility	<i>Attachment D</i>	Report	2 min.
	4.4 Telemedicine	<i>Attachment E</i>	Report	2 min.
	4.5 Hospice Quarterly	<i>Attachment F</i>	Report	2 min.
5	BOARD COMMITTEES			
	5.1 Finance Committee			
	5.1.1 Committee Meeting Report: Chair Hathaway		Report	5 min.
	5.1.2 July 2022 Financial Review, AP, AR and Acceptance of Financials		Action Item	5 min.
	5.2 Strategic Planning Committee			

	5.2.1	September 12 th – Next scheduled meeting			
	5.3	Quality Committee			
	5.3.1	August 24 th Meeting DRAFT Meeting Minutes Attached	Attachment G	Report	5 min.
6	NEW BUSINESS				
		Policies & Procedure			
		1. HHS Poverty Guidelines MMHD389			
		2. Emergency Medicine Core Privileges			
6.1		3. Nephrology Core Privileges	Attachment H	Action Item	5 min.
		4. On Duty Staff Tracking			
		5. Vaccine Double Check			
		6. Vaccine Protection in Case of Power Outage			
7	ADMINISTRATIVE REPORTS				
7.1	Chief's Reports – Written reports provided. Questions pertaining to written report and verbal report of any new items			Reports	
7.1.1	Chief Financial Officer – Travis Lakey			Report	5 min.
7.1.2	Chief Human Resources Officer – Libby Mee				
7.1.3	Chief Public Relations Officer – Val Lakey			Attachment I	
7.1.4	Chief Clinical Officer – Keith Earnest			Report	5 min.
7.1.5	Interim Chief Nursing Officer – Theresa Overton			Report	5 min.
7.1.6	Chief Operation Officer – Ryan Harris			Report	5 min.
7.1.7	Chief Executive Officer – Chris Bjornberg			Report	5 min.
8	OTHER INFORMATION/ANNOUNCEMENTS				
8.1	Board Member Message: Points to highlight in message			Discussion	5 min.
9	ANNOUNCEMENT OF CLOSED SESSION – PUBLIC WILL BE ASKED TO LEAVE				
10	CLOSED SESSION				
10.1	Med Staff Credentials – Govt Code 54962				Action Item

II STAFF STATUS CHANGE

1. Jinn Magno, MD- Family Med – Add MRHC to locations and Wound Care to Privileges
 2. David Nicholson, CRNA to Inactive
 3. Ben Nuti, CRNA to Inactive
 4. Lloyd Pena, MD – Emergency – to Inactive
 5. Jeremy Austin – Emergency - to Inactive
 6. Salah Sherif, MD – Emergency – to Inactive
 7. Robin Rasmussen, MD – Wound Care – to Inactive
 8. Paul Davainis, MD – Emergency – to Inactive
 9. Dyanesh Ravindran – Radiology – to Inactive
 10. David Gedeon, MD – Radiology – to Inactive
 11. Shawn Gregory, MD – Radiology – to Inactive
 12. Adam Attoun, DO – Radiology – to Inactive
 13. Sander Saidman, MD – Radiology – to Inactive
 14. Jonathan Jewkes, MD – Radiology – to Inactive
 15. Douglas Hughes, MD – Radiology – to Inactive
 16. Stephen Hofkin, MD – Radiology – to Inactive
 17. Don Chin, MD – Radiology – to Inactive
 18. David Sarver, MD – Radiology – to Inactive
 19. Robert Murray, Jr., MD – Radiology - to Inactive
 20. David Katz, MD – Radiology – to Inactive
 21. Farzin Imani, MD – Radiology – to Inactive
 22. Timothy Fisher, MD – Radiology – to Inactive
 23. Joshua Albrekton, MD – Radiology – to Inactive
 24. Ronald Alexander, MD – Radiology – to Inactive
 25. Michael Allen, MD – Radiology – to Inactive
 26. Rebeccca Askea, MD – Radiology – to Inactive
 27. Dennis Atkinson, Jr., MD – Radiology – to Inactive
 28. William Bacon, MD – Radiology – to Inactive
 29. Dennis Buschman, MD – Radiology – to Inactive
 30. Steven Cohen, MD – Radiology – to Inactive
 31. Deborah Conway, MD – Radiology – to Inactive
 32. Theresa DeMarco, MD – Radiology – to Inactive
 33. Andre Duerinckx, MD – Radiology – to Inactive
 34. Blake Evernden, MD – Radiology – to Inactive
 35. Stephen Fox, MD – Radiology – to Inactive
 36. Mazen Ghani, MD – Radiology - to Inactive
 37. Paul Guisler, MD – Radiology – to Inactive
 38. Ernst Hansch, MD – Radiology – to Inactive
 39. Robert Hansen, MD – Radiology – to Inactive
 40. Jeffrey Hare, MD – Radiology – to Inactive
 41. Megan Hellfeld, MD - Radiology – to Inactive
 42. Marwah Helmy, MD – Radiology – to Inactive
 43. Nancy Ho-Laumann, MD – Radiology – to Inactive
 44. Taylor Jordan, MD – Radiology – to Inactive
 45. Scott Kerns, MD – Radiology – to Inactive
 46. Jennifer Kim, MD – Radiology – to Inactive
 47. Shwan Kim, MD – Radiology – to Inactive
 48. Jerome Klein, MD – Radiology – to Inactive
 49. Kedar Kulkarni, MD – Radiology – to Inactive
 50. Shahzad Madanipour, MD – Radiology – to Inactive
 51. Anne Marie McLellan, MD – Radiology – to Inactive
 52. Teresa McQueen, MD – Radiology – to Inactive
 53. Nanci Merer, MD – Radiology – to Inactive
 54. Robert Miller, MD – Radiology – to Inactive
 55. Shaden Mohammad, MD – Radiology – to Inactive
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56. Stephen Oljeski, MD – Radiology – to Inactive
 57. Rati Patel, MD – Radiology – to Inactive
 58. Denis Primakov, MD – Radiology - to Inactive
 59. Mohammad Rajebi, MD – Radiology – to Inactive
 60. Mark Reckson, MD – Radiology – to Inactive
 61. Jesus Reyes Pereyra, MD – Radiology – to Inactive
 62. Stephanie Runyan, MD – Radiology – to Inactive
 63. Farhad Sani, MD – Radiology – to Inactive
 64. Sergy Shkurovich, MD – Radiology – to Inactive
 65. Richard Stone, MD – Radiology – to Inactive
 66. William Whetsell, MD – Radiology – to Inactive
 67. Jill Wruble, MD – Radiology – to Inactive
 68. Albert basco, MD – Radiology – to Inactive
 69. Khalil Zahra, MD – Radiology – to Inactive

III MEDICAL STAFF APPOINTMENT

1. Allen Mendez, MD - Pathology
2. Ian Tseng, MD - Radiology
3. Carly Harven, MD - Radiology
4. Stephen Loos, MD - Radiology
5. John Erogul, MD - Radiology
6. Erik Maki, MD - Radiology
7. Gary Turner, MD - Radiology
8. Fares Ahmed, MD - Radiology
9. Peter Verhey, MD - Radiology
10. Shawn Marvin, MD - Radiology
11. Amer Farooki, MD - Radiology
12. Rajesh Vaid, MD - Radiology
13. Chris Louisell, MD – Emergency Medicine
14. Ara Kassarjian, MD - Radiology
15. Saif Siddiqi, MD - Radiology
16. Earl Landrito, MD - Radiology
17. Ryan Redelman, MD – Radiology

IV MEDICAL STAFF REAPPOINTMENT

1. Stephen McKenzie, MD – Family Medicine
2. Todd Guthrie, MD – Orthopedic Surgery
3. Richard Granese, MD - Psychiatry
4. Kelly Kynaston, DO – Infectious Disease
5. Greg Ginsburg, MD – General Surgery

11 ANNOUNCEMENT OF OPEN SESSION

12 ADJOURNMENT: Next Meeting September 28, 2022

Posted 8/26/2022

Chief Executive Officer
Chris Bjornberg



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

Board of Directors
Regular Meeting
Minutes
 July 27, 2022 – 1:00 pm
 Pit River Lodge & Microsoft Teams

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

STAFF PRESENT:

Chris Bjornberg, CEO
 Travis Lakey, CFO
 Ryan Harris, COO
 Theresa Overton, Interim CNO
 Keith Earnest, CCO
 Val Lakey, CHRO
 Libby Mee, CPRO
 Michelle Peterson, Outpatient Medical
 Daryl Schneider, Physical Therapy
 Jessica DeCoito, Board Clerk

ABSENT:

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

3 DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS

3.1 A motion/second carried; Board of Directors accepted the minutes of June 29, 2022 *Hathaway, Guyn* *Approved by All*

4 DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS

4.1 A motion/second carried; Daryl Schneider was recognized as June Employee of the Month. Resolution 2022-09. Daryl came to MMHD as a traveling staff member in Physical Therapy, who decided to come on full time with us and is managing the department now. Always has the best attitude, full of insightful solutions, patients and employees love her and our first Blue Vase Recipient. This is well deserved and long overdue. *Humphry, Hathaway* *Approved by All*

4.2 Outpatient Medical: we will be reporting on our strategic priorities going forward (goals are to be finalized still). Three goals have been created and will be focused on for this fiscal year. We will be seeing residents from the Burney Annex in the Clinic, so they do not have to travel in a van up the hill to FR. We are excited to have Dr. Magno join our wound clinic team and get more wound clinic days scheduled.

4.3 Surgery: After much debate between staff and leadership, we have decided to put Surgery on Hold. We want to regroup and look at what our surgery needs are. Conversations with Modoc Medical Center have begun with possibilities of creating a partnership in our surgery team members and scheduling accordingly. The HVAC work on the OR has been taking place and final repairs are in place. And by next week, we hope to know what our air exchange status is.

4.4 Safety Quarterly: written report submitted. Working in collaboration with Shasta Co. Sheriff’s department. They have a place to station within the hospital and have access to our hospital to help monitor safety for everyone. We are also working together for the Active Shooter Training.

5 BOARD COMMITTEES

5.1 Finance Committee

- 5.1.1 **Committee Report:** June was a rough month because we had a lot to get in before the end of the fiscal year. These financials are unaudited final numbers, and we have a few disputed invoices we are waiting on from travelers. Rate Range is going to be a mess the next two fiscal years, but we are sitting good in our reserves.
- 5.1.2 **June 2022 Financials:** Questions and discussion took place regarding the financials shared. Motion moved, seconded and carried for approval. *Hathaway, Humphry* **Approved by All**
- 5.1.3 **Mobile Rural Health Clinic:** Finance committee recommends for approval. Motion moved, seconded and carried to start the process of purchasing the mobile rural health clinic. *Hathaway, Guyn* **Approved by All**

5.2 **Strategic Planning Committee Chair Vasquez:** no meeting in July.

5.3 **Quality Committee Chair Utterback:** no meeting in July.

6 NEW BUSINESS

- 6.1 **Policies & Procedure Summary 6-30-2022:** motion moved, seconded and carried to approve the summary. *Guyn, Humphry* **Approved by All**
- 6.2 **Hazard Vulnerability Assessment:** results are provided in your packet. This information is used to plan our training for staff at both locations. Motion moved, seconded and carried to approve the summary provided. *Humphry, Guyn* **Approved by All**

7 ADMINISTRATIVE REPORTS

7.1 Chief's Reports

- 7.1.1 **CFO:** financials and notes shared with BOD. No further questions.
- 7.1.2 **CRHO:** CNA program is going great with more signing up for future classes. This is a great opportunity for those who want to get into the medical field. We help students with scholarships, they are paid while taking the class and meet their hours for their certification. We have started the transition into Paycom. Employees are going through the training, onboarding for new employees is happening in Paycom and we are on track for going live on July 31st.
- 7.1.3 **CPRO:** Retention Pay will be happening but there are still a lot of grey areas to be decided upon and shared. A lot of exceptions are in place and some folks are not going to qualify – not fair across the board. It has been noted that public board members must be within the district if they are going to take a meeting in a Teams or Zoom format starting 2024 – COVID exemptions will be gone. Discussion about the Community Needs Health Assessment took place.
- 7.1.4 **CCO:** We will be placing an order for Novavax – a more traditional vaccine. This would give us three adult vaccine choices. A full summary will be reported on by Mary but during our Hospice Survey we had tags that need to be addressed. No harm tags or patient care issues. Solutions have been implemented and we are working on the training of the solutions. We should be ready to test for monkeypox soon.
- 7.1.5 **CNO:** We are in the Yellow Status still in Burney Annex and Green in Fall River. Room 107 is set up for COVID patients which we have had to use but currently no patients. We have seen an increase locally with COVID cases. Regulation F888 (CMS tag) is something we are working on with a high priority. This requires a staff who is not vaccinated to not care for a resident that is not vaccinated.
- 7.1.6 **COO:** We will be moving forward with finding a project management team within our staff to get the process started in implementing the CERNER software for MMHD. We have some trial runs with CHA and Wipfli for the lodge processes before we open for employees on September 1st.
- 7.1.7 **CEO:** written report submitted. Discussion on PTO program took place.

8 OTHER INFORMATION/ANNOUNCEMENTS

- 8.1 Board Member Message: Employee of the Month, Mobile Rural Health Clinic, CNA program update, Covid update, Pit River Lodge.

9 ANNOUNCEMENT OF CLOSED SESSION: 3:03 pm

10 CLOSED SESSION

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

11 ANNOUNCEMENT OF OPEN SESSION: 4:45 pm

12 ADJOURNMENT: 4:45 pm

Next Regular Meeting: August 31, 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



RESOLUTION NO. 2022-10

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

Nichole Stark

As July 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, Nichole Stark is hereby named Mayers Memorial Hospital District Employee of the Month for July 2022; and

DULY PASSED AND ADOPTED this 31st day of August 2022 by the Board of Trustees of Mayers Memorial Hospital District by the following vote:

AYES:
NOES:
ABSENT:
ABSTAIN:

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

ATTEST:

Jessica DeCoito
Clerk of the Board of Directors



MAYERS HEALTHCARE FOUNDATION

Foundation Quarterly Report for MMHD

DATE: August 31, 2022

Below lists recent board meeting business and foundation activities.

Financial Reports:

- Balance Sheet reviewed and filed in MHF shared drive folder: July 2022 (Including variance supplemental and unrestricted account detail)
- P&L reviewed and filed in MHF shared drive folder: July 2022 Previous Year Comparison (Including variance supplemental)

Events:

1. MHF 22nd Annual Golf Tournament was a sold-out successful fundraiser! We are just shy of \$40K in revenue collected and proceeds benefited MMHD Memory and Long Term Care. Feedback was positive and golfer comments included a perfect pace of play, great food, impressive raffle prizes, and fun relaxing atmosphere. New sponsors this year include Home Care for the 12st Century, Tubit Enterprises, Pit River Health Service, Ironside Human Resources, and JMJ Jensen Ranch.

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Stores Update:

- Thrift & Gift continues to draw in shoppers from all over the intermountain area and many visitors from out of town during the summer months. \$ 7,942.00 in revenue for July 2022. Great job team!
- The Pharmacy Gift Store is currently promoting summer merchandise. Picnic & farm to table venders, candies, accessories, and gift selections are being enhanced and shelved. See's candies continue to sell at a rapid rate. \$ 1670.00 in revenue for the month of July 2022. Great job team!

Volunteers:

- MHF is updating our volunteer policies to reflect the MMHD Covid Vaccine Requirements for volunteers. Most recent, volunteers are applying to serve in Long Term Care Facilities. Our Junior Volunteer program is slowly growing with two new FRHS students joining us through the FRJUSD Workability program to serve with Hospital Gardens and Thrift and Gift. A Volunteer Appreciation event will be held in Oct/Nov. with assistance from FRHS Rotary Interact Students supervised by MHF Volunteer Michelle Titus.

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

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 James Hamlin, Martin Johnson, Gail McClung • Ex-officio Directors: Tami Humphry, Louis Ward, MHA

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



MAYERS HEALTHCARE FOUNDATION

Foundation Executive Director Report

- Tax Accountant – CPA meeting to discuss 501c3 tax and liabilities education has been set for September 8th, 2022, with Tracy Geisler and the MHF Finance committee. It will be a zoom call hosted by DH Scott.
- Dr. Mathews Iron Art has been selected to be silent auctioned/sold at fair this year. MHF will have an inside commercial building space where we will display 4 pieces of his large/best iron art pieces with a photo book numbered by item for individuals to bid and purchase. MHF Tracy Geisler, Mary Rainwater and Kandie Dekker will be the salespeople/auction managers for Thursday, Friday, Saturday, and Sunday of fair. Board members are encouraged to participate if desired and much appreciated. Board members please look to see if you are available to volunteer for two-hour slots on Saturday or Sunday. Contact Tracy or Kandie. We will also be reaching out.
- The 2021 Annual Appeal- completed. We had some difficulty with the printer and their ability to distribute the appeal to the correct post offices which delayed our ability to receive donor funds over these last few months. MHF requested that we be reimbursed \$ 4329.10 which was half of the total Appeal postage/printing costs to offset the lost donations and financial impact. Supreme Graphics complied and is making three payments. The first payment of \$1,443.03 has been received on June 21, 2022. Moving forward the Appeal will be in digital format, not hard copy/mailers. Update: \$500.00 second payment has been received and we expect to have full refund by September 15, 2022.

Awards and Scholarships

- Department Award, July 13 – August 31, 2022 – MMHD – cycle is going at full speed. To date, we have over 8 department award applications and we expect several more. Very excited to see what MMHD departments are looking to enhance their equipment and other needs for 2022. MHF finance committee will expect to be invited to discuss funding and the MHF award committee will expect to be invited to approve and award applications in mid-September 2022. MHF Laura Beyer, Scholarship & Grants Manager is lead administrator on Department Awards for 2022. Laura is our grant consultant writer and looks forward to more responsibility. Thank you, Laura!

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MAYERS HEALTHCARE FOUNDATION

MHF Committees

- MHF finance committee will expect to be invited to discuss funding.
- MHF award committee will expect to be invited to approve and award applications.
- Mid-September 2022.

Exciting News

- MHF is considering an office move (temporary) to Burney, Ca 37104 Hwy 299 E due to current office stairs, safety restrictions and location difficulties. If you have any questions or concerns, please contact Tracy Geisler at the Foundation office.
- NSGT – North State Giving Tuesday is coming up quickly. The MHF team is currently planning or day on November 28, 2022. Funding will be for MMHD CNA program – we look forward to another successful event.

GIVE WHERE YOU LIVE

Mayers Healthcare Foundation is powered by Our Community! We work hard every day to maintain a philanthropic culture, applaud the loyalty and generosity of our donors and ensure trust and professionalism promoting the spirit of charitable giving.

Give Where You Live is a vital part of the community and “is” the success of our science minded youth, individuals engaging in higher education, enhancing equipment and funding capital projects for bettering healthcare services.

The foundation thrives on getting involved at the local level and asks for your continued donations large or small. You’re in Memory Of, In Honor Of, In Kind, Individual scholarships, grants, general donations (restricted or non-restricted) and capital project funding donations keep the foundation alive and improves the lives of others. – Tracy Geisler

WITH OVERWHELMING GRATITUDE, WE THANK YOU.

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

PO Box 77, Fall River Mills California 96028 • 530-336-5211
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SNF BOARD REPORT

August 2022

SNF Update

- Current census at Fall River is 32 and Burney 48.
- The Burney Annex and Station 2 are both currently in yellow status due to exposure. Response testing began on 08/08/22 with a re-exposure at both units on 08/13/22. Thus far all residents have tested negative.
- Both Units will continue testing for two more weeks, if negative and no further exposures Units will be back in green status.
- We are continuing to monitor staff vaccination compliance to stay up to date with current state requirements.
- Currently, there are no SNAP registry staff at either site.
- We have contracted an RN on Noc shift. This has been helpful not only to SNF but Acute as well.
- CDPH have been responding fast to facility self-reports. We have been cleared without deficiency on our most recent reports and have no open reports at this time.
- Several employees have volunteered to support the Activities department so the residents can attend the fair this year.
- We have made multiple room changes on both sites to be compliant with F888. Presently, there are 4 unvaccinated residents in Fall River and 3 in Burney. The room changes have allowed us to cohort our unvaccinated residents so we can staff those loads appropriately with vaccinated staff. As of now this has been manageable. However, the potential is there for staffing issues in the future.

FYE'22 Goals Review

Goal 1 - By FYE'22 SNF management will develop and implement a working psychotropic medication management committee that controls the implementation and management of psychotropic drug use for residents. After completion of the building process, the team will meet on a weekly basis which will include the following disciplines: (when available) MD, PA, Quality, DON/ADON, Nursing, RNA, Charge Nurse, Floor Nurse, Resident and/or responsible party.

- Successfully planned and implemented psychotropic medication management committee that meets weekly at both sites.
- Reorganized the psychotropic management structure implementing a team approach to reduce psychotropic use in SNF.
- Team has successfully remained below the facility goal of 16.6% and national average of 14.17% for psychotropic use. We are currently at 11.8% for July 2022.

Goal 2 - By FYE'22, SNF management will develop and implement a working fall management committee that reviews all falls in an interdisciplinary team setting. The team will develop and implement strategies for reducing falls within the SNF and will bring forth at least 3 recommendations for future fall prevention management. Report to Board Quality by FYE'22.

- Successfully planned and implemented incorporating fall management in weekly interdisciplinary team meeting.
- All falls are reviewed with the team and personalized interventions are implemented weekly for every fall in both facilities.
- Three recommendations brought forth for future fall prevention included:
 - Increased RNA services to promote strength and increased mobility
 - Incorporating Activities Department participation to help reduce resident behaviors and provide distraction
 - Utilizing updated fall prevention technology: ghost alarms, custom fitted devices
- Witnessed Falls decreased by 22.58%, Un-witnessed Falls decreased by 10%, Falls during staff assist decreased by 60%.

Goal 3 - Build structure and processes for running the internal CNA program and complete two classes by July 1, 2022.

- The CNA program has been structured to fulfill all state regulations.
- 1st class – 1/10-2/21, 5 students
- 2nd class – 3/14-4/25, 5 students
- 3rd class – 6/20-8/1, 8 students
- A successful learning environment has been established with a 100% pass rate for the state exam.
- At present, we have 4 CNA and 2 Nurse vacancies for Fall River with 7 CNA and 5 Nurse vacancies for Burney.

We are currently working on finalizing our priorities for FYE'23.

TELEMEDICINE PROGRAM UPDATE

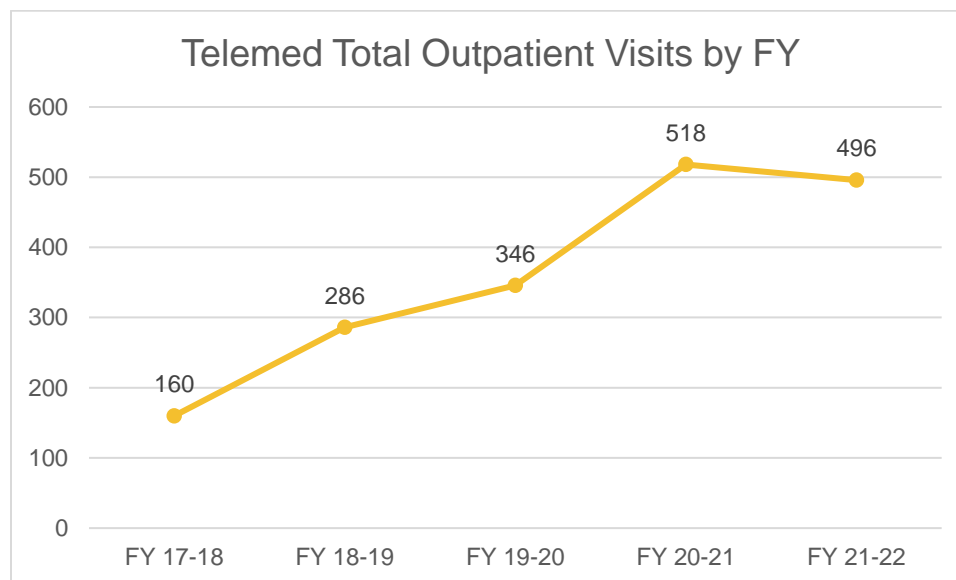
August 22, 2022

STRATEGIC PRIORITIES FY 2022-2023

1. Increase Telemedicine Outpatient Visits By 5% In Comparison To FY 2021-2022

i Total outpatient visits decreased by 4% in FY 2021-2022 in comparison to FY 2020-2021 from 518 to 496. This could be attributed to lower numbers of new patient referrals that began when Mayers opened the RHC. Before opening the RHC we were receiving new patient referrals at a much higher rate because we had more clinics referring to us. This ended when we opened our clinic which is now the only clinic providing new patient referrals.

i To meet this goal, I plan to expand the variety of services available to our RHC patients and providers. By expanding the number of service offerings, I can capture more of the outpatient referral volume locally and save our patients further travel/inconvenience of in-person, off-site referrals.

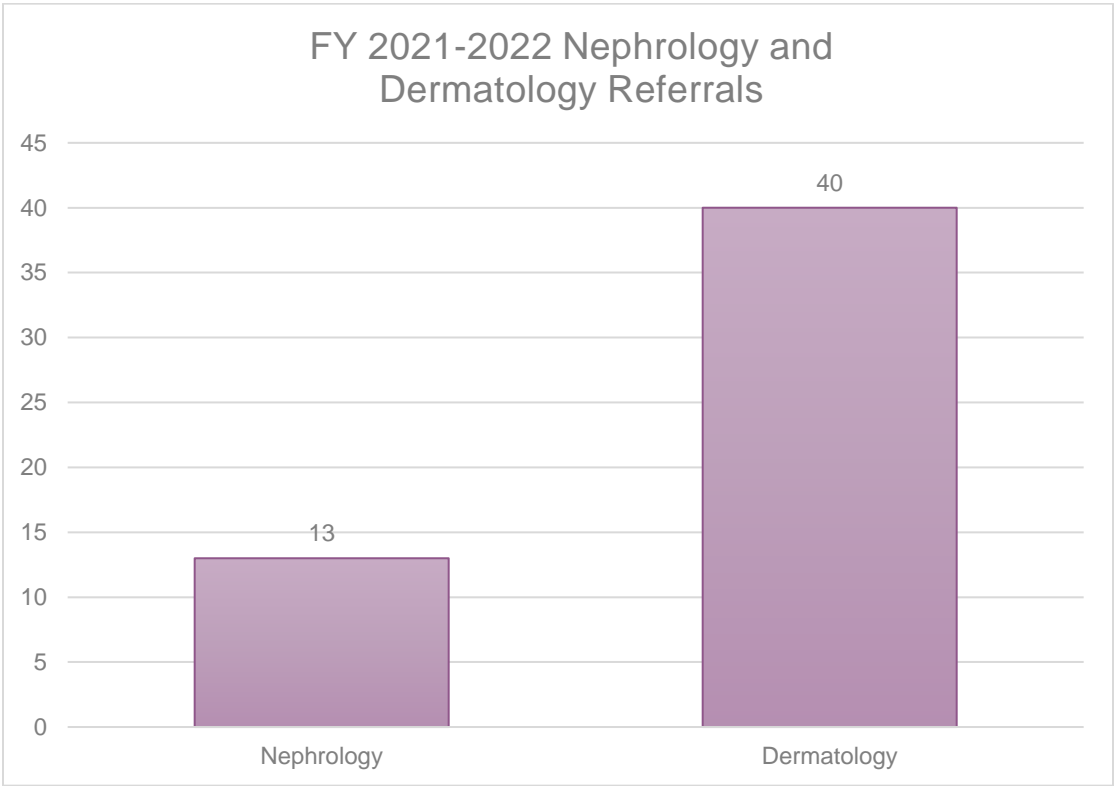
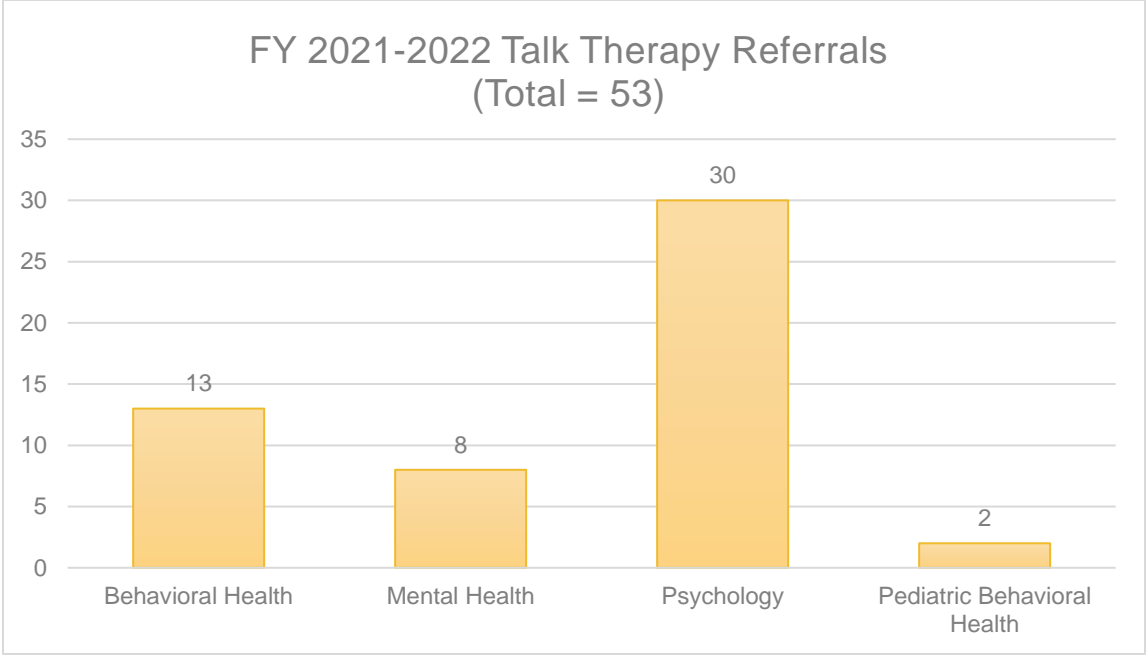


2. Expand The Quality Of The Telemedicine Program By Including More Specialties (Add At Least One New Specialty In FY 23).

i *We have not expanded our offerings for adult outpatient Telemedicine services since May of 2020. This was in part due to increased obligations in my role as Program Director for the Take Four Counseling Program as well as transition of services to the RHC. Increasing our service offerings will provide a higher quality of services to our community as well as contribute to goal #1.*

i *To meet this goal I plan to start Nephrology and Talk Therapy outpatient services first. Nephrology is currently in the process of credentialing with Telemed2U, the current supplier of our other outpatient Telemedicine providers. They are the best vendor to use because they hold the contract with Partnership Health Plan. While Telemed2U has offered a mental health provider that can meet our onboarding time needs and ability to expand if necessary, I will also explore other vendors as well to ensure that we can get as much reimbursement as possible for this provider's time. To be clear, Partnership is not the provider for Medi-Cal mental health services in our area. That company is Beacon.*

Dermatology has also been discussed as an area in which we could expand services. Dermatology is not commonly provided via live video telehealth any longer. Instead, a patient's primary care provider would identify a patient with a skin issue for evaluation from a Dermatologist. Images would be taken and sent to a Dermatologist via econsult (not live video but a HIPAA compliant messaging exchange). The Dermatologist would respond within 48-72 hours with feedback and treatment options. If the skin issue needed to be removed then the patient has that feedback immediately and procedure could be completed in clinic or Wound Care at the main hospital (this needs to be investigated further if we choose to move forward). This model could already be in practice now for Partnership patients. In order for this model to be available to all patients a pay-per-econsult model would need to be discussed for non-Partnership patients. It would be similar to the service we currently have in acute at the main hospital for ID and Endo. I welcome feedback on this service line idea. As far as I am aware, there is no reimbursement for econsult services – the removal process would be the only revenue generated. Providing this service would make care more available for our patients which is the main benefit.



INTERMOUNTAIN HOSPICE

QUARTERLY REPORT

APRIL 1, 2022—JUNE 30,2022

Intermountain Hospice has had a busy quarter. Our patient census has consistently been higher than in previous years. We have had 7 new patients within this timeframe. The Average Daily Census for the fourth quarter 3.8 patients. The total for fy22 was 4.72 exceeding the target of 3.4. The Average Length of Stay is 68.6 days which is an increase over 33.8 in fy21. The national average is 79.

At the end of June, we had our Surveyor Team from the California Department of Health Services evaluate our department. The Team was comprised of 3 Registered Nurses. They were able to check our records and electronic charting. The nurses were able to go on a few home visits with us. All in all, the survey was successful. We had a small number of deficiencies which we can easily correct. Jack Hathaway will be presenting our plan for correction as a part of the quality report. The plan was submitted and was accepted.

We would like to introduce you to our newest member of the Hospice Team. Coral Parish is our registered Nurse and is working part time. Her training is in process and is going well. Coral is wonderful with our patients. She is very kind, friendly, and well suited for this position.

On July 17th, the Annual NorCal Road Gypsy Show and Shine was held. The proceeds are given to Intermountain Hospice. The event was a success. It was well attended and a check for the proceeds will be donated to our Hospice Department, this month. A heartfelt Thank You to Stuart Hallyak and the NorCal Club Members for putting together this fun-filled afternoon.

Our team is following all Covid precautions and protocols set forth by Mayers. We have had two positive Covid results which had employees off for the required amount of time. We were able to have other employees fill in and cover all shifts.

Chief Executive Officer
Chris Bjornberg



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

August 24, 2022 @ 1:00 PM
Fully Remote Teams Meeting

These minutes are not intended to be a verbatim transcription of the proceedings and discussions associated with the business of the board's agenda; rather, what follows is a summary of the order of business and general nature of testimony, deliberations and action taken.

1	CALL MEETING TO ORDER: Board Chair Jeanne Utterback called the meeting to order at 1:01 pm on the above date.		
BOARD MEMBERS PRESENT:		STAFF PRESENT:	
Jeanne Utterback, President Tom Guyn, MD., Director		Chris Bjornberg, CEO Jack Hathaway, Director of Quality Jessica DeCoito, Board Clerk	
Excused ABSENT:			
COMMUNITY MEMBERS PRESENT:			
Laura Beyer			
2	CALL FOR REQUEST FROM THE AUDIENCE – PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS		
	None		
3	APPROVAL OF MINUTES		
3.1	A motion/second carried; committee members accepted the minutes of June 8, 2022	<i>Bjornberg, Guyn</i>	Approved by All
4	Hospital Quality Committee Report		
4.1	What has been created is a spreadsheet of reports that managers will complete. A risk assessment in their departments will be identified. And we will tie Quality measures to those risks and track that in these reports. Example of the ED has been provided in your packet. These reports will provide us with data that can be analyzed for trends, issues, etc. Then we can apply solutions to those areas that need attention. Request to have written narratives/summaries of the data provided.		
5	Director of Quality Report		
5.1	Written report submitted. Lots of exciting things coming down the pipe with TJC and Cerner implementation.		
6	New Business		
6.1	New Dates for Board Quality committee meetings. No December meeting for Board Quality. Motion moved, seconded and carried to approve new dates.	<i>Guyn, Bjornberg</i>	Approved by All
7	OTHER INFORMATION/ANNOUNCEMENTS: None		
8	ANNOUNCEMENT OF CLOSED SESSION: 1:41 pm		
8.1	MEDICAL STAFF CREDENTIALS – GOVERNMENT CODE 54962		ACTION ITEM
	II STAFF STATUS CHANGE		
	1. Jinno Magno, MD- Family Med – Add MRHC to locations and Wound Care to Privileges		
	2. David Nicholson, CRNA to Inactive		
	3. Ben Nuti, CRNA to Inactive		
	4. Lloyd Pena, MD – Emergency – to Inactive		
	5. Jeremy Austin – Emergency - to Inactive		

6. Salah Sherif, MD – Emergency – to Inactive
7. Robin Rasmussen, MD – Wound Care – to Inactive
8. Paul Davainis, MD – Emergency – to Inactive
9. Dyanesh Ravindran – Radiology – to Inactive
10. David Gedeon, MD – Radiology – to Inactive
11. Shawn Gregory, MD – Radiology – to Inactive
12. Adam Attoun, DO – Radiology – to Inactive
13. Sander Saidman, MD – Radiology – to Inactive
14. Jonathan Jewkes, MD – Radiology – to Inactive
15. Douglas Hughes, MD – Radiology – to Inactive
16. Stephen Hofkin, MD – Radiology – to Inactive
17. Don Chin, MD – Radiology – to Inactive
18. David Sarver, MD – Radiology – to Inactive
19. Robert Murray, Jr., MD – Radiology - to Inactive
20. David Katz, MD – Radiology – to Inactive
21. Farzin Imani, MD – Radiology – to Inactive
22. Timothy Fisher, MD – Radiology – to Inactive
23. Joshua Albrektsen, MD – Radiology – to Inactive
24. Ronald Alexander, MD – Radiology – to Inactive
25. Michael Allen, MD – Radiology – to Inactive
26. Rebecca Askea, MD – Radiology – to Inactive
27. Dennis Atkinson, Jr., MD – Radiology – to Inactive
28. William Bacon, MD – Radiology – to Inactive
29. Dennis Buschman, MD – Radiology – to Inactive
30. Steven Cohen, MD – Radiology – to Inactive
31. Deborah Conway, MD – Radiology – to Inactive
32. Theresa DeMarco, MD – Radiology – to Inactive
33. Andre Duerinckx, MD – Radiology – to Inactive
34. Blake Evernden, MD – Radiology – to Inactive
35. Stephen Fox, MD – Radiology – to Inactive
36. Mazen Ghani, MD – Radiology - to Inactive
37. Paul Guisler, MD – Radiology – to Inactive
38. Ernst Hansch, MD – Radiology – to Inactive
39. Robert Hansen, MD – Radiology – to Inactive
40. Jeffrey Hare, MD – Radiology – to Inactive
41. Megan Hellfeld, MD - Radiology – to Inactive
42. Marwah Helmy, MD – Radiology – to Inactive
43. Nancy Ho-Laumann, MD – Radiology – to Inactive
44. Taylor Jordan, MD – Radiology – to Inactive
45. Scott Kerns, MD – Radiology – to Inactive
46. Jennifer Kim, MD – Radiology – to Inactive
47. Shwan Kim, MD – Radiology – to Inactive
48. Jerome Klein, MD – Radiology – to Inactive
49. Kedar Kulkarni, MD – Radiology – to Inactive
50. Shahzad Madanipour, MD – Radiology – to Inactive
51. Anne Marie McLellan, MD – Radiology – to Inactive
52. Teresa McQueen, MD – Radiology – to Inactive
53. Nanci Merer, MD – Radiology – to Inactive

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.

54. Robert Miller, MD – Radiology – to Inactive
55. Shaden Mohammad, MD – Radiology – to Inactive
56. Stephen Oljeski, MD – Radiology – to Inactive
57. Rati Patel, MD – Radiology – to Inactive
58. Denis Primakov, MD – Radiology - to Inactive
59. Mohammad Rajebi, MD – Radiology – to Inactive
60. Mark Reckson, MD – Radiology – to Inactive
61. Jesus Reyes Pereyra, MD – Radiology – to Inactive
62. Stephanie Runyan, MD – Radiology – to Inactive
63. Farhad Sani, MD – Radiology – to Inactive
64. Sergy Shkurovich, MD – Radiology – to Inactive
65. Richard Stone, MD – Radiology – to Inactive
66. William Whetsell, MD – Radiology – to Inactive
67. Jill Wruble, MD – Radiology – to Inactive
68. Albert basco, MD – Radiology – to Inactive
69. Khalil Zahra, MD – Radiology – to Inactive

III MEDICAL STAFF APPOINTMENT

1. Allen Mendez, MD - Pathology
2. Ian Tseng, MD - Radiology
3. Carly Harven, MD - Radiology
4. Stephen Loos, MD - Radiology
5. John Erogul, MD - Radiology
6. Erik Maki, MD - Radiology
7. Gary Turner, MD - Radiology
8. Fares Ahmed, MD - Radiology
9. Peter Verhey, MD - Radiology
10. Shawn Marvin, MD - Radiology
11. Amer Farooki, MD - Radiology
12. Rajesh Vaid, MD - Radiology
13. Chris Louisell, MD – Emergency Medicine
14. Ara Kassarian, MD - Radiology
15. Saif Siddiqi, MD - Radiology
16. Earl Landrito, MD - Radiology
17. Ryan Redelman, MD – Radiology

IV MEDICAL STAFF REAPPOINTMENT

1. Stephen McKenzie, MD – Family Medicine
2. Todd Guthrie, MD – Orthopedic Surgery
3. Richard Granese, MD - Psychiatry
4. Kelly Kynaston, DO – Infectious Disease
5. Greg Ginsburg, MD – General Surgery

MED STAFF CREDENTIALS UNANIMOUSLY APPROVED.

9 **RECONVENE OPEN SESSION: 1:44 pm**

10 **ADJOURNMENT: at 1:45 pm**
Next Regular Meeting – September 21st, 2022

**MAYERS MEMORIAL HEALTHCARE DISTRICT
POLICY AND PROCEDURE
DISCOUNT PAYMENT POLICY**

Page 1 of 3, plus attachments
HHS Poverty Guidelines MMH389
Discount and Charity Care Application MMH457

Page 1 of 3

DEFINITION:

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

POLICY:

Mayers Memorial Healthcare District realizes the need to provide service to patients who cannot otherwise afford health care. This policy applies to all uninsured or underinsured patients who meet the guidelines of this policy and who agree to its terms. A sliding fee schedule based on the annual HHS Poverty Guidelines will be used to determine the qualifying income levels of applicants. Guidelines are subject to change yearly based on the HHS Poverty Guidelines. Understanding this need, the hospital has chosen to fulfill their responsibility to the community by adopting the following Discount Payment Policy.

PROCEDURE:

1. Enrollment Process

- a. In determining the extent of the Discount Payment Policy discount, the Patient Financial Counselor shall make all reasonable efforts to obtain from the patient or his or her representative information about whether private or public health insurance or sponsorship may fully or partially cover the charges for care rendered by Mayers Memorial Healthcare District.
- b. An informal determination of Discount Payment eligibility will be determined by the Patient Financial Counselor, and the applicant may choose to fill out an application based on the recommendation of the Patient Financial Counselor; however, the recommendation of the Patient Financial Counselor is not required in choosing to fill out the Discount Payment Application.
- c. Upon being submitted for consideration by the Patient Financial Counselor, all properly submitted applications will be reviewed and considered for implementation within 30 business days.
- d. All applications must be filled out completely and accurately with one of the following required documentation attached, to be considered:

- i. Current W-2 withholding form or Income Tax statement form from the previous year, **or**
 - ii. Pay stubs from the previous three months.
- e. Verification of accuracy of application information, including contacting employers for verification of employment, will be made.
- f. A letter of either approval or denial will be submitted to each applicant. The letter will contain: the percent discount; adjusted balance (if more than one account, each will be combined into one account for accounting and billing/statement purposes); and the required monthly payment due each month. Also included in the envelope will be a payment schedule and a discount card.
- g. Updates will be conducted at the end of each calendar year for continued eligibility, or as needed with updated information/changes to guarantor accounts.

2. Discount Payment Account Billing Process, Terms and Settlement

- a. All accounts will be billed upon discharge or upon satisfaction of all third party payers.
- b. Participants are requested to remain current on their outstanding balances. In order to remain current, participants must pay the balance due by 30 days of statement date. If unable to meet these requirements, prior arrangements must be made with the Business Office/Patient Financial Counselor.
- c. If participant information changes, the participant shall submit changes to the Business Office/Patient Financial Counselor to update their applications or to complete/submit a new application.
- d. If participant does not pay within 15 days past due, without prior arrangements with the Business Office/Patient Financial Counselor, he/she will be removed from the program.
- e. Upon removal from the program, a 6-month grace period will be enforced where all amounts will be due and the patient will not be eligible for the program. Accounts on the program will have the discounted amount removed, original balance reinstated minus any payments, and prepared for collections. These accounts will not be considered a part of the new application once the participant is eligible for the program again.
- f. A new application on new accounts may be submitted after the grace period for consideration.
- g. Accounts that are removed from the program and that still contain a positive balance after the 6-month grace period will be forwarded to an outside collection agency who Discount Payment will, at their discretion and in accordance with rules and regulations put forth by California Assembly Bill 774, notify credit reporting bureaus. Under no circumstances will an account be reported to a credit reporting bureau under 180 days from the first bill date.
- h. Before an account is reported to a collection agency a notice will be sent to the patient along with a Discount Payment Program/Charity Care Application.

3. Participant Accounts Maintenance

- a. All accounts will be reviewed monthly for fee adjustments, monthly payments and co-payments.
- b. Notices will be sent for all accounts which are non-compliant.
- c. Collections efforts may be pursued for accounts that violate the terms set herein.
- d. In the folder for each application the following items are required:
 - Patient information and application
 - A copy of every correspondence between Mayers Memorial Healthcare District and the participant
 - Detailed bills on all accounts to be included in the application
 - Adjustment form with adjustments taken on accounts
 - Any additional notations and pertinent information

4. Excluded Accounts

- a. Discount Payment Policy shall not be applied to the Cardiac Maintenance Program accounts or to Long Term Care accounts.

REFERENCES:

Pursuant to AB 774 Sect. 127405(2), Mayers Memorial Healthcare District has established eligibility levels for financial assistance and charity care at less than 400 percent of the federal poverty level as appropriate to maintain its financial and operational integrity. Mayers Memorial Healthcare District is a rural hospital as defined in Section 124840.

<http://aspe.hhs.gov/poverty/14poverty.cfm>

The processes and procedures described above are designed to comply with CA SB 1276 (Chapter 758, Statutes of 2014), CA AB 774 (Statutes of 2006) and SB 350 (Chapter 347, Statutes of 2007). Questions regarding SB 1276, AB 774 and SB 350 can be addressed by the Patient Financial Counselor or by California's Office of Statewide Health Planning and Development's website, at <http://www.oshpd.ca.gov/hid/products/hospitals/fairpricing/index.html>.

COMMITTEE APPROVALS:

Chiefs: 8/9/2022

MAYERS MEMORIAL HEALTHCARE DISTRICT

2022 HHS POVERTY GUIDELINES

Persons in Family or Household	300% US Poverty Level	350% of US Poverty Level	400% of US Poverty Level
	80% Discount	60% Discount	40% Discount
1	\$40,770	\$47,565	\$54,360
2	\$54,930	\$64,085	\$73,240
3	\$69,090	\$80,605	\$92,120
4	\$83,250	\$97,125	\$111,000
5	\$98,220	\$114,590	\$130,960
6	\$111,570	\$130,165	\$148,760
7	\$125,730	\$146,685	\$167,640
8	\$139,890	\$163,205	\$186,520
For each additional person, add	\$4,720		

To determine discount eligibility:

1. Count the number of persons in your family/household
 - a. For persons 18 years of age and older, spouse, domestic partner and dependent children under 21 years of age, whether living at home or not
 - b. For persons under 18 years of age, parent, caretaker relatives and other children under 21 years of age of the parent or caretaker relative
2. Calculate the household income
3. Sliding across the row corresponding to the number of persons in your family/household above, stop in the first bucket that has an amount greater than the household income
4. At the top of that column, the % discount is displayed

Approvals: Chiefs: 8/9/22

HHS POVERTY GUIDELINES MMH389

Attached to policy Discount Payment Policy Page 1 of 2

MAYERS MEMORIAL HEALTHCARE DISTRICT

REPAYMENT SCHEDULE

TOTAL PT LIABILITIES	MAX REPAYMENT TERM	MIN MONTHLY PAYMENT
\$50.00 OR LESS	IN FULL	IN FULL
\$ 51 - 100	2 months	\$40
\$ 101 - 300	3	\$55
\$ 301 - 600	6	\$75
\$ 601 - 1,000	9	\$100
\$ 1,001 - 3,000	12	\$150
\$ 3,001 - 6,000	15	\$250
\$ 6,000 AND OVER	18	\$350

To determine repayment schedule parameters:

1. Determine which row applies to your “TOTAL PT LIABILITIES” amount by putting the amount in the appropriate range above.
2. Sliding to the right, the repayment of the discounted Total Patient Liabilities must be performed within the corresponding parameters.
3. In the event the patient does not agree with the parameters set forth above, the Patient Financial Counselor will use the formula for a "Reasonable Payment Plan" described in subdivision (i) of Section 127400 of the California Health and Safety Code, and iterated below:
 - a. "Reasonable Payment Plan" means monthly payments shall not exceed 10 percent of the patient's family income for a month, excluding deductions for essential living expenses. "Essential living expenses" means, for purposes of this formula, expenses for any of the following: rent or house payment and maintenance, food and household supplies, utilities and telephone, clothing, medical and dental payments, insurance, school or child care, child or spousal support, transportation and auto expenses, including insurance, gas, and repairs, installment payments, laundry and cleaning, and other extraordinary expenses.
 - b. In order to establish the monthly payment based on the "Reasonable Payment Plan," the patient shall provide an itemization and proof of essential living expenses and attach them to the Discount Payment/Charity Application.

Approvals: Chiefs: 8/9/22

HHS POVERTY GUIDELINES MMH389

Attached to policy Discount Payment Policy Page 2 of 2

MAYERS MEMORIAL HOSPITAL DISTRICT

Privileges in Emergency Medicine

Name: _____

Emergency Medicine Core Privileges

Qualifications

To be eligible for core privileges in emergency medicine, the applicant must meet the following qualifications:

- Successful completion of **or** active participation in (as at least a 2nd year resident leading to successful completion of) an ACGME- or AOA-accredited postgraduate training program in any specialty or sub-specialty involving active patient care of acute medical and/or surgical problems (excludes Pathology, Radiology, Psychiatry, Occupational Medicine, etc.);

and

- Current ACLS, PALS and ATLS (within 20 years) CERTIFICATIONS

or

- Successful Completion of an ACGME- or AOA-accredited postgraduate training program in Emergency Medicine

Staff Status Requested *(please check one)*

- Active: must admit at least 10 inpatients per year to the Hospital
- Consulting: may not admit patients to the Hospital
- Courtesy: may not admit more than 10 inpatients per year to the Hospital

Privileges included in the core

Privileges to assess, evaluate, diagnose, and provide initial treatment to patients of all age groups—except where specifically excluded from practice—who present in the emergency department with any symptom, illness, injury, or condition; to provide services necessary to ameliorate minor illnesses or injuries and stabilize patients with major illnesses or injuries; and to assess all patients to determine whether additional care is necessary. Privileges do not include inpatient care on a long term basis or scheduling/performing of elective procedures. Privileges include, but are not limited to, those delineated in the accompanying Emergency Medicine Core Privileges list. Practitioner accepts responsibility to supervise CRNA administering anesthesia while exercising those privileges that are requested and approved.

<input type="checkbox"/> Requested	<input type="checkbox"/> Recommended	<input type="checkbox"/> Not Recommended
<input type="checkbox"/> Recommended with the following modification(s) and reason(s):		

NAME _____

Special Procedures Privileges

To be eligible to apply for a special procedure privilege listed below, the applicant must demonstrate successful completion of an approved and recognized course or acceptable supervised training in residency, fellowship, or other acceptable experience; and provide documentation of competence in performing that procedure consistent with the criteria set forth in the medical staff policies governing the exercise of specific privileges

If you have successful completed an ACGME or AOA-accredited residency in emergency medicine or current certification or board eligibility (with achievement of certification within 2 years) leading to certification in emergency medicine by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine, special privileges for analgesia/sedation are automatic.

If privileges for analgesia/sedation are granted, practitioner accepts responsibility to supervise RN for procedural sedation.

Procedure (Check if requested) →	√	Criteria	Recommend?	
			Yes	No
Use of fluoroscopy*				
Assist in Surgery				
Analgesia/Sedation**				

*Must provide copy of current California State Fluoroscopy Operator Certificate

**Must provide proof of current education within the past 2 years and past experience.

Approval of privileges is not guaranteed.

Recommended/Not recommended with the following modification(s) and reason(s):

Additional Privileges Requested (write in below):

To be eligible for the additional privilege(s) requested, the applicant must demonstrate acceptable experience and/or provide documentation of competence in the privileges requested consistent with the criteria set forth in the medical staff policies governing the exercise of specific privileges.

NAME _____

Acknowledgement of Practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise at Mayers Memorial Hospital District, and;

I understand that:

(a) In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

(b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Applicant

Date

Recommendations

We have reviewed the requested clinical privileges and supportive documentation for the above named applicant and recommend action on the privileges as noted above.

Credential Committee Chair or Vice Chair

Date

Medical Executive Committee Chair or Vice Chair

Date

NAME _____

**CORE PRIVILEGES
EMERGENCY MEDICINE**

To the applicant: If you wish to exclude any procedures, please strike through the procedures that you do not wish to request, and then initial and date.

AIRWAY

- Airway adjuncts
- Capnometry
- Cricothyrotomy
- Foreign Body Removal
- Intubation
- Mechanical Ventilation
- Noninvasive Ventilatory Management
- Percutaneous Transtracheal Ventilation

ANESTHESIA

- Local
- Analgesia/Sedation - For Procedures (in accordance with hospital policy)
- Regional Nerve Block

CARDIAC

- CPR
- Cardiac Pacing (External)
- Cardioversion
- Defibrillation
- Administration of Thrombolytic Agents for Acute MI

CARDIOVASCULAR

- Pericardiocentesis
- Thoracostomy (Needle, Chest Tube)
- Thoracotomy (Emergent)
- Thoracentesis
- Arterial Blood Gas
- Interosseous Cannulation
- Venous Access (CVP Placement, Peripheral Venous Cutdown)

NAME _____

GASTROINTESTINAL

Anoscopy
Nasal/Oral Gastric Tube Insertion
Gastric Lavage

GENITOURINARY

Bladder Catheterization (Foley/Suprapubic)
Cystourethrogram
Testicular detorsion

HEAD/NECK

Epistaxis Control
Laryngoscopy
Nasopharyngoscopy
Drainage of peritonsillar abscess
Lateral Canthotomy
Removal of rust ring
Tooth stabilization

Hemodynamic techniques

Arterial catheter insertion
Central venous access
Intraosseous infusion
Peripheral venous cutdown

OBSTETRIC/EMERGENCY DELIVERY

Delivery of newborn

OPHTHALMIC

Slit Lamp Exam
Tonometry

ORTHOPEDIC

Fracture/Dislocation- Immobilization, Closed Reduction
Spinal Immobilization
Injection, Bursa/Joint
Arthrocentesis

OTHER

Escharotomy/burn management
Excision of thrombosed hemorrhoids
Foreign Body Removal

NAME _____

Incision/Drainage
Lumbar Puncture
Pain management (see anesthesia)
Peritoneal Lavage
Sexual assault examination
Trephination nails
Violent Patient Management/restraint
Wound closure techniques
Wound Management

Resuscitation

Cardiopulmonary resuscitation (CPR)
Neonatal resuscitation

Skeletal procedures

Fracture/dislocation immobilization techniques
Fracture/dislocation reduction techniques
Spine immobilization techniques

Thoracic

Cardiac pacing (cutaneous, transvenous)
Defibrillation/cardioversion
Thoracostomy
Thoracotomy

Universal precautions

Biohazard decontamination

MAYERS MEMORIAL HOSPITAL DISTRICT

NEPHROLOGY CLINICAL PRIVILEGES

Name: _____

Internal Medicine Core Privileges

Qualifications

To be eligible for core privileges in nephrology, the applicant must meet the following qualifications:

- Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)- or American Osteopathic association (AOA) -accredited residency in internal medicine and successful completion of an accredited fellowship in nephrology

AND

- Inpatient or consultative services for at least 24 patients, reflective of the scope of privileges requested, during the past 12 months or successful completion of ACGME- or AOA- accredited residency or clinical fellowship within the past 12 months

Staff Status Requested

- Telemedicine Affiliate: may not admit patients to the Hospital

Core privileges: Nephrology

Evaluate, diagnose, treat, and provide consultation to patients of all ages presenting with illnesses and disorders of the kidney, high blood pressure, fluid and mineral balance. Assess and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

<input checked="" type="checkbox"/> Requested	<input type="checkbox"/> Recommended	<input type="checkbox"/> Not Recommended
<input type="checkbox"/> Recommended with the following modification(s) and reason(s):		

NAME _____

Recommended/Not recommended with the following modification(s) and reason(s):

Acknowledgement of Practitioner

I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform, and that I wish to exercise at Mayers Memorial Hospital District, and;

I understand that:

- (a) In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- (b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Applicant

Date

Name _____

Recommendations

We have reviewed the requested clinical privileges and supportive documentation for the above named applicant and recommend action on the privileges as noted above.

Credential Committee Chair/Vice-Chair

Date

Medical Executive Committee Chair/Vice-Chair

Date

MAYERS MEMORIAL HOSPITAL DISTRICT

POLICY AND PROCEDURE

ON DUTY STAFF TRACKING

Page 1 of 1
Staff Tracking Form MMH>>>

POLICY:

The purpose of this policy is to ensure that there is a system in place to track the location of on duty staff and sheltered patients during and after an emergency situation for facilities that evacuate or shelter-in-place due to the event. This policy applies to all Mayers Memorial Hospital employees, as well as medical staff, volunteers, students, trainees, physician office staff, contractors, trustees and other persons performing work for or at one or all of the District's facilities, or any person that is at the facility or called to the facility in an official capacity.

During an emergency situation, the location of on duty staff members should be tracked and tracking information should be forwarded to the Incident command center, and or Incident Commander or assigned persons for accountability, at a minimum of once per operational period. The assigned persons and or the Incident command center will maintain staff accountability throughout the incident.

PROCEDURE:

When the Incident Commander declares an emergency, the Incident Commander will decide whom will record/collect a list of all on duty staff, their names, and their workstations. The location of relocated on-duty staff should be tracked while in the facility during and after an emergency situation. If on-duty staff is relocated during the emergency situation, the home facility should document the specific name and location of the receiving facility or other secondary location. All tracking information will be made available to the Emergency Operations Center (EOC) upon request. All tracking information within the facility should be accomplished using current site protocol, including logging all tracking information as appropriate according to MMH guidelines and policies.

COMMITTEE APPROVALS:

P&P: 8/3/2022

MAYERS MEMORIAL HOSPITAL DISTRICT

POLICY AND PROCEDURE

**VACCINE DOUBLE CHECK:
MAYERS RURAL HEALTH CLINIC**

POLICY:

Vaccines are double checked prior to administration.

Double check the following with the nurse or provider prior to administration:

- Patient
- Medication/Vaccine
- Dose.

REFERENCES:

APL 20-006

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2020/APL20-006.pdf> accessed 6/22

<http://www.parnershiphp.org/Pages/PHC.aspx>

COMMITTEE APPROVALS:

P&P: 8/3/2022

MAYERS MEMORIAL HOSPITAL DISTRICT

POLICY AND PROCEDURE

**VACCINE PROTECTION IN CASE OF POWER OUTAGE:
MAYERS RURAL HEALTH CLINIC**

Page 1 of 1

POLICY:

The vaccine refrigerator and freezer at Mayers Rural Health Clinic are not on backup power. In the case of a power outage, steps will be taken to ensure that vaccine is stored at appropriate temperatures.

PROCEDURE:

In case of power outage to clinic but Burney Annex SNF has back up power:

- Move refrigerated vaccine to the fridge in the medication room at the SNF nurses' station.
- Move the clinic vaccine freezer to back up power (red plug) in the SNF.

In the case of power outage to clinic and the Burney Annex SNF has no back up power:

- Move refrigerated vaccine via ice chest with ice packs to the hospital pharmacy or any medication refrigerator at Mayers Fall River Campus.
- Move frozen vaccine via ice chest with ice packs to the laboratory freezer at Mayers Fall River Campus. Visually inspect vaccine prior to placing in freezer. If frozen vaccines are no longer frozen, do not refreeze. Place in refrigerator and contact pharmacy or manufacturer for direction on storage or disposal.

REFERENCES:

APL 20-006

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2020/APL20-006.pdf> accessed 6/22

<http://www.parnershiphp.org/Pages/PHC.aspx>

COMMITTEE APPROVALS:

P&P: 8/3/2022



Operations Report August 2022

Statistics	July YTD FY23 <i>(current)</i>	July YTD FY22 <i>(prior)</i>	July Budget YTD FY23
Surgeries			
➤ Inpatient	0	0	TBD
➤ Outpatient	0	2	TBD
Procedures** (<i>surgery suite</i>)	0	10	TBD
Inpatient	210	182	1771
Emergency Room	449	387	4300
Skilled Nursing Days	2260	2432	27425
OP Visits (OP/Lab/X-ray)	1443	1396	14679
Hospice Patient Days	198	162	1256
PT	2493	2519	2534

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

**Procedures: include colonoscopies

Chief Human Resource Officer
August 2022 Board Report
Submitting by Libby Mee – CHRO

The Human Resource department currently supports 280 employees

- Full Time – 241
- Part Time – 19
- Casual/Per Diem – 20

Staffing and Recruitment

We are actively recruiting for the below posted positions:

Administration

Chief Nursing Officer

Clerical

Admitting Clerk*

Nursing

Emergency Department RN (2)

Med/Surg Acute RN (4)*

Skilled Nursing CNA (11)

Skilled Nursing LVN (7)

Skilled Nursing RN (1)

Clinical

Laboratory CLS (2)

Imaging Radiology Tech (2)

Imaging Ultrasound Tech*

Imaging Manager

Respiratory Therapist

Support Services

Food and Nutrition Services Aide/Cook (3)

Certified Dietary Manager

Registered Dietician

IT Customer Support Specialist

Environmental Services Housekeeper (4)

Employee Housing Housekeeper*

*notates positions with active applicants in an interview process

Travel/Registry Staff

We continue to use registry for the following departments:

- Emergency Department RN

- Skilled Nursing Facility LVN and CNA
- Med/Surge Acute RN
- Laboratory CLS
- Imaging CT/Radiology Tech and Ultrasound Tech
- Respiratory Therapy Therapist
- Physical Therapy Therapist

MMHD CNA program

All 8 of our students from our May class have passed and obtained their CNA certifications. The committee has interviews scheduled with interested students for our next class. We have moved our next class that was scheduled to start in August to September as we are going to do some additional marketing and recruiting at the fair.

In a recent meeting, current MMHD CNAs inquired if we would be bringing back a LVN program to provide additional growth opportunities.

Employee Health

Employee COVID Exposure

Total cases – 275

Isolation/Positive – 197

Quarantine – 78

Exposure related to work – 55

Employee Immunization

Accepted COVID Vaccination – 237

 Received booster – 194

 Eligible to receive booster – 0

 Not eligible for booster – 15

 Approved Accommodation from booster – 23

 LOA/Not Actively working – 5

Declined COVID Vaccination/Approved Accommodation – 43

Work Related injury and Illnesses

We have received 11 first aid injuries this year resulting in 2 days away from work.

We have had 6 reportable injuries resulting in 69 days away from work.

Employee Safety and Wellness Initiatives

We have started work on the Safe Patient and Mobility Program. Representatives from BETA will be on site in September to meet with our committee and do an assessment of current programs and policies.

We also had our first implementation call for our Slip, Trip and Fall Prevention program.

The BETA representatives are scheduled to be present for the September board meeting to present MMHD with awards for our previously implemented Ergonomics and Workplace Violence Prevention domains.

Additional Projects

Paycom Implementation

The payroll team successfully processed our first payroll with the Paycom system. We are now working on making edits and modifications to fine tune the system to our needs. Additionally, we will begin building and utilizing the Scheduling module as well as the Employment portal for recruitment and job postings.

Proposed changes to Holiday/PTO polices

We are continuing to meet with staff about proposed changes to the current Holiday and PTO programs. The proposed change would lower PTO accrual rates and shift to a paid Holiday program for staff. In a recent meeting, a staff member proposed creating a Holiday Time Off bank of hours that could be used throughout the year based on schedule and hours of shift. The proposed changes would create a program that would support both clinical and non-clinical staff as well as lower the hospitals liability for benefits.

Benefit	Available Hours	Expense Amt
#14 CONTRACT FOR 3 WEEKS = 21 DAYS = 16	490.72	81,574.01
#21 CONTRACT FOR = 37 DAYS = 296	127.32	17,139.82
#55 SICK PAY	8413.68	286,062.67
#56 COVID SICK	19939.70	607,770.12
#57 COVID SICK NON-OP	240.00	10,153.60
#66 EMPLOYEE PRIOR TO 9/1/08	3799.94	107,206.72
#70 EMPLOYEE AFTER 9/1/08	15809.96	439,325.23
#77 MANAGERS	4207.71	216,709.44
Total:	53029.03	1,765,941.61

Benefit and Compensation Survey

MMHD participated in a Benefits and Compensation Survey with HASC and we expect to receive results from this survey in September. At that time, we will re-evaluate our current wage scales and benefit packages.

Chief Public Relation Officer – Valerie Lakey
August 2022 Board Report

Legislation/Advocacy

Session ends for the year on August 31. It has been a crazy couple of weeks with a lot of highs and lows. There was one focus and push at the end with seismic. As you are aware, we have been working on this for years. The challenge of the diversity and the needs of the facilities in this large state, has made it challenging to say the least. This proposal set forth by CHA and SEIU was very controversial. Some benefitted greatly, others not at all. I thought it might be best to share the letter CHA President Carmela Coyle sent after they deal did not move forward.

The proposal, backed by both the SEIU and CHA boards, came together quickly. This was a collaborative effort to secure change after years of stymied attempts by CHA to independently advance reforms to the seismic mandate. It also would have addressed multiple ballot initiatives by SEIU-UHW to raise the health care minimum wage to \$25 in Southern California, and potentially statewide — none of which takes into account the operational needs of hospitals and health systems or differences in local wage conditions.

The CHA board and its Executive Committee convened several times in the past few weeks for thoughtful deliberation and difficult decisions on the confidential negotiations and ultimate proposal.

The board's decision was based on multiple factors, including that for more than four years, the Legislature has made clear that support from labor unions representing workers in hospitals is needed to achieve seismic reform. Until recently, labor had continued its opposition.

Also, proposals for higher wages for health care workers are progressing in California, via a promised statewide ballot initiative in 2024 to pay a \$25 minimum wage, with substantial restrictions on hospitals' ability to make necessary fiscally responsible changes. Currently, in 10 cities in Southern California this year, SEIU-UHW advanced similar ballot initiatives and in several of those cities, elected officials voted — overwhelmingly — to immediately enact the minimum wage as an ordinance. There are plans to file initiatives in more cities this year and next. Despite success that CHA has had to delay implementation, the pressure from elected officials and the public is high.

We know that this strategy created difficult and sometimes controversial discussions. We very much appreciated those of you who participated in briefings and reached out to us with questions and concerns.

The proposal was not able to advance this year due to several factors including high stakes, a short timeline, CHA's commitment not to agree to changes that would erode the protections this proposed bill included, and other groups of organized labor in opposition.

Looking ahead, it's clear these challenges aren't going away. The more than \$100 billion seismic mandate remains in place, and the path forward to address hospitals' concerns is unclear and may take years to resolve. We also will face an across-the-board \$25 minimum wage on the 2024 state ballot. Ahead of that, we will continue to join with members to fight the local initiatives in Southern California, as well as any new efforts in cities throughout the state that are expected over the next two years.

The coming years will test hospital leaders like never before. Two things we know for certain: expenses will continue to rise, and revenue growth will remain low and insufficient. Our larger issues as a field are about improved reimbursement — Medi-Cal, Medicare, and private insurance. It will be a years-long battle but

one well worth the effort and necessary if we are to preserve care for all.

The team is already at work thinking about our strategic plans for 2023 and beyond, but one thing is clear: despite the challenges and frustrations of this proposal's track, our field must be united as never before in order to succeed.

Marketing/Public Relations

Fair Time is Fun Time! We are all set for our booth at the Inter-Mountain Fair. We will be doing a collaborative booth with MHF. This is a great time to meet the public and share what we are all about. We have staff scheduled to be in the booth and represent our great facility. There will be a great interactive piece featuring "Hands Only CPR" training for the public. This is always a big (and fun) job getting backdrops designed and materials ready for the fair.

A scheduled meeting with Outpatient Medical Services produced some ideas and strategy to promote the department. We will also be doing a nice public relations piece on Dr. Tony Magno. Other marketing focus is for the clinic and retail pharmacy.

We have started on the design for the "skin" of the mobile health clinic, as well as developing marketing plans for when the clinic is completed.

Mayers Healthcare Foundation

The Executive Director and I have been meeting regularly and continue to develop strategy to facilitate effective communication and collaboration between MMHD and MHF. The Foundation quarterly report is a part of this board agenda.

Emergency Preparedness

We published an Active Shooter "virtual" drill to prepare staff for the upcoming tabletop and functional drill. We are working with the Shasta County Sheriff Department (SCSO) on this training. Lt. Tim Estes is helping to develop the scenario for training. The tabletop is scheduled for September 22.

We are finalizing the logistics of some shared space with the SCSO. We will provide a desk space for the deputies when they are in the Fall River Valley. This will be a great benefit to us as well. Having law enforcement presence on campus will increase sense of safety with staff. Additionally, having a "black and white" parked out front could be a good deterrent.

We have tested the emergency panic buttons and the systems is working very well and directly communicates with SCSO dispatch. The buttons are an emergency resource for staff when they are unable to make a 911 call.

Badge access issues for SCSO have been resolved and SCSO has emergency access to our facility.

We continue to meet with departments to review safety and emergency preparedness items and important points for survey.

July Board Report
Clinical Division
8/24/2022

Pharmacy

- The annual State Board of Pharmacy Sterile Compounding inspection took place on August 16th with no deficiencies.
- COVID Vaccines
 - Mayers carries both Pfizer and Moderna COVID vaccine for patients 6 months to 4 years. They are available at Mayers Burney Clinic to be administered in conjunction with a provider visit.
 - Novavax® is in stock and will be available to the public through Mayers Burney Clinic as soon as the myturn platform is updated.
- Monoclonal antibody therapy for COVID will be ordered from a wholesaler going forward. Up until now we have been receiving them for free through the county.
- The Pyxis anesthesia machine is being replaced as it had been experiencing drawer failures despite many repairs. The new machine is scheduled for delivery on August 24th.

Retail Pharmacy

- Kristi Shultz, CPhT, and 340B coordinator is processing a very large return of inventory as we are receiving shipments from Mayers Clinic 340B program.
- Kristi is also writing the policies need to maintain compliance with the 340B program.
- To maximize the benefit of the 340B program, we are buying smaller quantities, 100 count bottles, instead of 500 or 1000 count stock bottles. If a large quantity bottle is not entirely used during a quarter, the clinic is charged wholesale price to replace it. We want to avoid that.

Physical Therapy

- One of the high-low mat tables was reupholstered by Intermountain Upholstery, which will prolong its life—holding off purchasing a replacement table. Patients have given good feedback.
- Daryl Schneider, PT, manager, has begun preliminary work with Drittany Hammons, aDON SNF, on restructuring the RNA program. The goal is the program would have more involvement from the PT department.
- Currently there are no contract students with Fall River High as needed by their IEP. The department will work closely with the High School if future needs arise.

Imaging

- An interview is scheduled for a non-registry ultrasound tech.
- We continue to work on staffing and recruiting.

Cardiac Rehab

- Mayers is interviewing for a cardiac rehab tech and adjusting hours of the department to accommodate more patients.

Laboratory

- The laboratory is replacing the chemistry analyzer due to excessive down time. The replacement machine has a ship date of August 30th. Parallels will need to be performed against the current machine. We will be utilizing the space in the area that was our COVID unit to house the old machine during parallel testing.

Telemedicine

- See attached annual report.

NURSING SERVICES BOARD REPORT

AUG 2022

CNO Board Report

- A third class of CNA's started June 20th and completed with 8 students in August. They are currently in orientation and will be scheduled for FT hours the week of Sept 11th.
- Finalizing Priorities for FYE23.
- Mainstreaming Scheduling process with Managers, schedulers and Registry.

SNF Report

- Please see scheduled report from Britany Hammons, LVN, ADON

Outpatient Surgery

- OPS continues to be on hold at this time pending results of the inspection of the HVAC system. Inspection 8/24/22.
- In talks with Modoc Medical Center to develop OR Team that would service both of our facilities. This team ideally would include a Provider, CRNA, RN OR Circulator and Scrub Tech.

Acute

- July 2022 Dashboard
 - Acute: ADC 3.16
 - Swing: ADC 3.61, LOS 12.44
 - OBS days: 8.47
- July Staffing: Required 9 FTE RN/LVN's, 4 FTE CNA's & 2 FTE Ward Clerks
 - MMH RN's: 4 FTE 1 FTE Orienteer, 1 PTE (alternates OPS), 1 PTE (alternates LTC & OPS), 2 per diem, & 1 Asst. Manager
 - MMH CNA's: 4 FTE, 1 per diem
 - MMH Ward Clerks: 2 FTE & our per diem CNA can cover this position as well
 - NPH Traveling: 1 RN
 - 3 Contract Travel RN's – guaranteed 48 hour minimum/week

Covid

- Unit closed early March
- Covid admission plan: Utilize room 107 on Station 1 – maintenance has anti-room built and ready to execute. Nsg supervisor to call and initiate plan.
 - A handful of admissions into this room during July
- Will utilize room 102 once occupancy approval occurs

OPM

- The Outpatient Census (*110 approx. a month*) is currently down, May 93 patients 118, procedures, June 83 patients, 111 procedures, July 75 patients, and 92 procedures. LTC Residents to start being seen as Medicare Part B starting September 6th. Residents will take activities van over on wound clinic days to see physician for wound clinics. OPM staff to follow up if complicated wounds at Mayers Rural Clinic for Burney residents as an outpatient to reduce transportation and make easier on residents in Burney. Fall River residents will schedule appointment and be seen in OPM.
- OPM fully staffed now. New oriented part time employee will be going out on maternity leave possibly October.
- Working with Marketing on increasing providers in efforts to increase census.

Emergency Department—July 2022

- Through the Emergency Department, we treated 449 patients
- 21 were admitted to Mayers
- 12 were transferred to a higher level of care
- 64 patients were peds (under 18)
- 6 AMA
- 2 LWBS
- 2 LPTT
- 46 patients presented to ER via EMS
- Staffing: We currently have 1 FT NOC RN and 1 FT NOC SUP positions being filled by travelers. We have re-hired a NOC RN FT which will begin next week.
- Education: Offering CE's for Nursing staff and EMS.

Chief Operating Officer Report

Prepared by: Ryan Harris, COO

Facilities, Engineering, Other Construction Projects

- HVAC Access Platform work has been completed per the approved ACD. Structural final inspection is in the process of being scheduled with HCAI. This will hopefully get the project completed and final closeout can begin.
- The building permit for the med gas and vacuum alarm has been applied for. Once issued work will begin on this project.
- Burney Annex Fire Alarm Project Design submittal review was completed by MMHD on August 22nd. A new project will be created for this work.
- The isolation room is undergoing some warranty work. This is due to the room's inability to hold negative air pressure for long periods of time without alarming.
- The CT door work is completed.
- The Master Planning Services site walks with two interested companies took place. We are currently entertaining questions and providing answers to the companies. Deliverables are as follows: proposals due September 30th, Notice of Recommendation of Award due by October 10th, Board Meeting to approve Award is October 26th. This will keep us on track with Master Planning Deliverables completed by July 2023.
- We have made some adjustments to our access control plan. In working with Human Resources, Public Relations, and IT we are changing the type of readers we are going to get for our new access control points and replacing all of our cards with a new card that will be used for access control, single sign on, and our badge. Staff currently carry over 4 different badges and this will reduce that number to a single badge. Certified Fortress will be on site 8/30 to complete this phase of the project.
- Maintenance is constantly working on skinning doors in Station 1. We will be continuing down the Station 3 hall once we have Acute finished.
- There was a complaint from a patient about the lack of handicap parking spaces close to the main entrance. We have ordered another Handicap Parking Sign and will be adding another space with loading and unloading space on both sides of the parking spot to help meet the needs of our patients.
- At the lodge, we are changing out the door locks and toilets throughout the buildings. We are building a small maintenance shop in the big shed to have a space in the maintenance shop that provides a workspace that is warm space in the winter and cool space in the summer and provides a secure location for tools. Alex is creating a list of recurring tasks that will be posted in the maintenance shop so those on shift can see what the routine tasks are that need to be completed. Alex also purchased chain link fencing to put up around the backyard at the Buckeye house in the event an employee has a pet that needs the yard space. We also removed the bark from the front of the Oak house and will be putting in a sprinkler system and lawn this fall to make the space more inviting.
- In the next couple of months, we will be getting ready to pour a concrete pad and sidewalk at the Annex in the fire loop. We will put a gazebo on the pad like we did on the bluff at the

Fall River Campus. This will be a space for employees and residents to be able to get outside and enjoy a little fresh air.

- The front renovation of the Fall River Arts and Trophies building is complete. The final solution for this building is still being discussed among hospital leadership and our master planning partners.
- HVAC adjustments in OR 1 were completed on 7/19. Air exchange testing is scheduled for August 24th.
- We are still waiting for the vendor to get parts to upgrade the dietary HVAC system.
- AC 10 that serves part of our LTC had a major failure of its compressors. We have multiple HVAC vendors trying to source replacement parts for the unit. The unit is 46 years old and getting parts is going to be difficult. We have also started the process with a design build firm to replace this unit as it is an emergency project. At this time no residents are impacted by this outage.
- Facilities and construction had a call with Mission Mobile on August 18th. We went over the deliverables and who is responsible. MMHD will provide Mission Mobile with internet sim card and graphic files. Project is scheduled for January 2023 delivery.
- The new chemistry analyzer in the lab has an installation date of 8/30. We were able to find a location that met all their needs with some electrical work.
- In Burney, the maintenance team has completed the installation of the sound system for the clinic.
- We are also widening the ramp at the Laundry Facility to reduce the risk of an accidental fall while someone is maneuvering the laundry carts into and out of the back door. We will also have a handrail installed on this ramp for added safety precautions.
- Facilities and Engineering is currently fully staffed including staff for employee housing.

IT

- Work on our interface projects with Tahoe Carson for Radiology and Mountain Valleys Health Clinic for the Lab has been completed and both interfaces are live.
- We are looking to complete the email migration to O365 on 8/28.
- We are working on the TPX Network upgrade for Burney, Fall River, and Retail Pharmacy. Fall River is scheduled for installation on Monday 8/29. Burney and Retail pharmacy have yet to be scheduled for installation.
- Jeff is working with storage solutions vendors to house our historical medical records after our conversion to Cerner.
- We have decided to go with in house project management for the Cerner implementation. An internal job position is out, and we will be conducting interviews with interested staff the week of 9/5.

Purchasing

- We had BD onsite the week of August 15th to troubleshoot the issues with Pyxis. Errors were found in the computer of the machine. A new one will be installed by BD.

- BD provided onsite training to both Purchasing and ED staff to utilize the machine at its full potential.
- Weekly inventory process set up and assigned to each employee in the supply room.
- Working with departments to update PAR levels.

Food & Nutrition Services

- We have posted for a new full time Certified Dietary Manager and Registered Dietitian. Our current Dietary Manager will cover one location and the new manager will cover the other. It has proven difficult to find these positions and we are working with HR and different avenues to recruit these roles.
- The cross-training program with Housekeeping is going well. We have had 4 employees complete the training with another 4 being scheduled to start in the next 30 days.

Environmental Services & Laundry

- Laundry facility is operating well and able to meet the demands. Kim is coming up to Fall River to help pick up shifts.
- EVS is short staffed with COVID quarantines. Burney housekeepers are helping pick up shifts in Fall River.
- EVS hired one day shift housekeeper, one day shift floor maintenance and housekeeper, and one part time outbuildings housekeeper. Looking to hire two, night shift housekeepers.

Rural Health Clinic

- We hosted 2 after hour clinics in July for sports physicals. We ended up seeing 17 patients in a total of 4 hours.
- We finished and closed the Partnership Chart review with very high praise from Partnership. Next review will be in July 2023.
- Successfully placed and received our first Vaccines for Children order.
- Rozlyn Bauer, FNP will be shadowing Heather Corr, PA to orient in the clinic 2 days in September for a potential back-up provider.
- Dr. Tony Magno will begin at the clinic on August 29th.
- We are very excited to begin the mobile clinic process and can't wait for the opportunities it brings to MMHD.
- Our outpatient visits were down from 594 in June to 513 patients being seen in July. Revenue was up year over year for July with 2021 revenue being \$73,698 and 2022 revenue being \$108,130. Our no-show appointment increased from 9.8% in June to 11.8% in July. Our average new patient appointment lead time was up 6.16 days, and our schedule utilization was down to 63.9% for the month.

Employee Housing

- Joey has made significant progress as the manager implementing our new housing program.

- Housing Rules, Policies & Procedures, maps, and other necessary documents are being finalized.
- DoorLoop is the housing software that Joey will be using to track incoming and outgoing guests.
- Joey has been very helpful setting up for the multiple guests we've already had – making sure they everything they need.
- We currently have two doctors staying in the lodge houses. One is covering several ER shifts the week of 8/22 and the other is our new full-time doctor. The lodge has already assisted us with recruitment.
- We will be ready to start housing all staff starting the week of 9/5.
- PG&E has asked us to provide outdoor space to them for the 100-year anniversary of the Pit 1 powerhouse event on 8/30. Joey will be working with their staff on the event.

CEO Board Report August 2020

It has been a full month. The biggest thing that we dealt with this month was the proposed legislation that was a collaboration with CHA and SEIU. This proposed legislation would have raised the healthcare minimum wage in the state of California to \$25 an hour in urban areas and \$20 an hour in general areas like ours. This would have an impact (very conservatively) of \$1.3 million to our bottom line. The other piece of this legislation would have granted another seven years to meet the 2030 seismic requirements and would also change those requirements to emergency areas only and not the entire facility. This has been a hot topic item for all the hospitals over the better part of this month since it was introduced to us. Most were in opposition to it because of the minimum wage requirements, the other item of concern is most hospitals (particularly Rural) don't want seven more years as our buildings are 50+ years old. We want help from the State to fund these seismic initiatives. Initial conversations about the proposal made it seem like it was a done deal but with about a week left to get it all done we were notified by CHA without the proposed legislation was now being pulled. While nothing is being done at this time there's still things in the work for the minimum wage for healthcare workers to be raised and we're still working on seismic changes.

Dr. Magno will be starting his first week the week of this board meeting. The team is down at the nominal job no putting things together and making sure it changes and goes smoothly. there's been a lot of work in the clinic to open up a schedule as well as conversation about how things will work on the hospitalist side. Val has done a good job getting him promoted out there and it's something we will continue to do for the next few months to help increase his patient load. His family has already moved into the Aspen house at the lodge and his kids have started school.

PG&E reached out to us about 100-year anniversary celebration but they're doing at Pit One. They have asked you if they could utilize the grass area in front of the lodge for event space. The event will be held at the end of September, and we have given them permission. Joey, our new property manager will be working with them on the logistics.

Both facilities have been yellow for the better part of the month. We anticipate that this trend will continue at school has started and the fairs coming up. County wide our numbers are trending down, at least at the time of this report, and we hope that trend continues.

Our team met with the Modoc team to discuss having a shared surgery team between the two facilities. We worked out the details on who needs to be included in this team and came up with a surgeon, a CRNA, a circulator nurse, and a scrub tech. Libby and the HR person from Modoc are working on the job descriptions for the nurse and the scrub tech. We also received preliminary test results on the air exchange for OR1 and we were able to get it up above 16 which means we can open it back up again. As long as we can maintain that annually, we will be able to keep it open. This means that we can move forward with the surgeon and CRNA as well.

The transition to Paycom happened, and we have done one payroll with them. There was a lot of work and Libby, and her team did very well managing all of the hiccups and issues that came up along the way. We worked out a lot of bugs the first couple weeks clocking in and the payroll that we ran went smooth. There are still some bugs we're working on and once those are done, we'll continue to roll out more features of Paycom.

We have had made some good headway into the home health area. Travis has done a lot of leg work on this and Travis, Ryan, Keith met and talked about why we dropped it before. We met with Katie Jo from Wipfli to find out more information about the program through the RHC. Fortunately, we found out that it is a nurse visit program and not a traditional “home health” program which means we won’t have to have PT or aides to do visits. We also found out that we could start them right now if we had the staff because of the COVID waiver even though we are not officially a home health shortage area. The issue with doing this would be if we hired someone, started the program and then the COVID waivers terminated, and we have not received our designation as a home health shortage area.

The daycare issue has come up a few times this month from both our staff and some outside community members. Many still believe this is a sizeable roadblock to bringing on our own staff and reducing agency usage. I am going to investigate this further to see what more can be done on our end. It has sat on the back burner for a while but it sounds like it is time to look into this further.

We also had had the last group (LPA) do our walk-through this month for the master planning. Ryan will have more in his report, so I am not going to steal his thunder.

We had our first meeting and handoff for the mobile clinic. We're now with the fabrication team and they will start the build after we approve all the specs. We are being told we should have the delivery of the mobile clinic by mid-December.

Thank you,

Chris Bjornberg