

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
 September 28th, 2022 at 1:00 pm
 Mayers Memorial Hospital Boardroom
 43563 HWY 299 E, Fall River Mills

MICROSOFT TEAMS MEETING [Click Here to Join](#)
 Call In Number: 1-279-895-6380
 Phone Conference ID: 312 259 459#
 Meeting ID: 237 463 987 582
 Passcode: jsuuCN

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	3.1 Special Presentation: BETA	Information		30 min.
4	APPROVAL OF MINUTES			
	4.1 Regular Meeting –August 31, 2022	Attachment A	Action Item	2 min.
5	DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS:			
	5.1 Resolution 2022- 11– August Employee of the Month	Attachment B	Action Item	2 min.
	5.2 Pharmacy	Keith Earnest	Report	2 min.
	5.3 Retail Pharmacy	Keith Earnest/Kristi Schultz	Attachment C	2 min.
	5.4 Physical Therapy	Daryl Schneider	Attachment D	2 min.
6	BOARD COMMITTEES			
	6.1 Finance Committee			
	6.1.1 Committee Meeting Report: Chair Hathaway		Report	5 min.
	6.1.2 August 2022 Financial Review, AP, AR and Acceptance of Financials		Action Item	5 min.
	6.1.3 Board Quarterly Finance Review		Action Item	2 min.

6.2	Strategic Planning Committee		
6.2.1	September 27 th – Report	Report	5 min.
6.3	Quality Committee		
6.3.1	September 21 st - Meeting DRAFT Meeting Minutes Attached	Attachment E	Report 5 min.
7	OLD BUSINESS		
7.1	Master Planning & Chartis Update	Information	10 min.
8	NEW BUSINESS		
8.1	By-Laws Review Process	Discussion	5 min.
8.2	BOD Assessment Process	Attachment F	Discussion 5 min.
9	ADMINISTRATIVE REPORTS		
9.1	Chief's Reports – Written reports provided. Questions pertaining to written report and verbal report of any new items		
9.1.1	Chief Financial Officer – Travis Lakey	Report	5 min.
9.1.2	Chief Human Resources Officer – Libby Mee	Report	5 min.
9.1.3	Chief Public Relations Officer – Val Lakey	Attachment G	Report 5 min.
9.1.4	Chief Clinical Officer – Keith Earnest	Report	5 min.
9.1.5	Interim Chief Nursing Officer – Theresa Overton	Report	5 min.
9.1.6	Chief Operation Officer – Ryan Harris	Report	5 min.
9.1.7	Chief Executive Officer – Chris Bjornberg	Report	5 min.
10	OTHER INFORMATION/ANNOUNCEMENTS		
10.1	Board Member Message: Points to highlight in message	Discussion	5 min.
11	ANNOUNCEMENT OF CLOSED SESSION		
11.1	Personnel – Government Code 54957	Discussion	10 min.
12	ANNOUNCEMENT OF OPEN SESSION		
13	ADJOURNMENT: Next Meeting October 26, 2022		

Posted 9/23/2022

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Tom Guyn, MD, Director

Board of Directors

Regular Meeting

Minutes

August 31, 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

ABSENT:

STAFF PRESENT:

Chris Bjornberg, CEO
Travis Lakey, CFO
Ryan Harris, COO
Theresa Overton, Interim CNO
Keith Earnest, CCO
Val Lakey, CHRO
Libby Mee, CPRO
Britany Hammons, SNF ADON
Tracy Geisler, MHF Executive Director
Jessica DeCoito, Board Clerk

- 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 July 27, 2022 *Humphry, Vasquez* *Approved by All*

4 DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS

- 4.1 A motion/second carried; Nichole Stark was recognized as July Employee of the Month. Resolution 2022-10. Nichole is an asset to the team. We have been without a Charge Nurse and Nichole stepped up to take over the role for the time being. She is also an amazing pie baker. *Humphry, Hathaway* *Approved by All*
- 4.2 Mayers Healthcare Foundation – Quarterly Report: Golf Tournament was very successful with approximately \$40,000 made. We are in our current awards cycle period and will be sitting down with department managers to review their needs. It is Fair Booth time and we are busy setting up a display that merges with MMHD. We have an iron art feature and silent auction that includes both the iron art and waterfowl art.
- 4.3 Skilled Nursing Facility: Burney Annex is in green status and we have a new admit bringing out resident total to 49 in Burney. Two or three admits are ready in FR once we go back to green status. We will be one shy to full capacity. No positive residents during both yellow status timeframes at both facilities. Britany has done a phenomenal job with managing the SNF at the absence of our DON.
- 4.4 Telemedicine: written report submitted but unavailable to attend because of patient time. Community needs assessment aligns with goals asset for FY23. Trying to bridge the gap with referrals.
- 4.5 Hospice Quarterly: written report submitted but unavailable to attend because of new patients. Point of Corrections on Hospice Survey has been completed. Length of stay has increased but not at the national average. Big Thank You to everyone at the Road Gypsy Car Show Fundraiser for Hospice.

5 BOARD COMMITTEES

5.1 Finance Committee			
5.1.1	Committee Report: Reviewed July Financials, AP & AR. Rate Range will come in this year. Discussion about CFO Financial notes too place.		
5.1.2	July 2022 Financials: motion moved, seconded and carried to approve financials.	Hathaway, Humphry	Approved by All
5.2	Strategic Planning Committee Chair Vasquez: no meeting in August. September 7 th at 1:00 pm at the Fall River Boardroom.		
5.3	Quality Committee Chair Utterback: DRAFT Minutes attached. New format is in place. Report formats were workable and fit the JCHAO standards. Data will be presented with a narrative and possible solutions to issues presented.		
6 NEW BUSINESS			
6.1	Policies & Procedure Summary:	Vasquez, Hathaway	Approved by All
	<ol style="list-style-type: none"> 1. HHS Poverty Guidelines MMHD389 2. Emergency Medicine Core Privileges 3. Nephrology Core Privileges 4. On Duty Staff Tracking 5. Vaccine Double Check 6. Vaccine Protection in Case of Power Outage 		
	motion moved, seconded and carried to approve the policies & procedures.		
7 ADMINISTRATIVE REPORTS			
7.1 Chief's Reports			
7.1.1	CFO: financials and notes shared with BOD. No further questions. Swap out "Year End" for "July" on the first column of the financial notes.		
7.1.2	CRHO: Ultrasound tech, admitting clerk, employee housing housekeeper have all been hired. Two new hires have utilized the lodge as both a place to stay but to help encourage full time and permanent employee status. Looking to add in an LVN program to carry on with our CNA program. Currently, we have 2 employees off on isolation. Paycom was rolled out and we continue to work through the new-ness and learn about the program. Compensation survey results are coming in this next month. Beta will be onsite next month with safe patient handling training. Holiday Time Off program has been a big topic of discussion.		
7.1.3	CPRO: Marketing and PF for the lodge is taking place to help with recruitment. Signage order is in and Maintenance will be installing that shortly. Fair booth set up is complete as of today. We held a staff meeting to go over talking points. Disaster Conference in 2 weeks with Dana. SHIP Grant is moving along with the walking path, path signage and benches. This will also include a wellness app.		
7.1.4	CCO: Big shout out to Kristi Schultz for coordinating the 340B program. New analyzer is here. Sterile Compounding Inspection with State Board of Pharmacy went well. Looking forward to bringing the ultrasound tech on full time.		
7.1.5	CNO: Surgery is happy to report that we were able to achieve the necessary air exchanges to operate in OR1. We will now be working on staffing the department. We have had no COVID admits but we are seeing positives coming through the ER.		
7.1.6	COO: AC10 has new a new compressor but the heat exchangers are old and outdated. This machine is 40 years old and finding the necessary parts to fix it are becoming more and more difficult. At this time, this particular unit will not be able to provide heat in the winter BUT our HVAC company is working on getting a heat exchanger to replace the old one before we start to experience the colder temperatures. This particular unit is operating in office and storage spaces – patient rooms are not affected. OR1 passes the necessary air exchanges so surgery can take place. Mobile Clinic units has been found and dismantling has begun. We are working on the licensing and certifications. We did add additional sinks to the exam rooms. Master Planning is underway with questions being fielded by the two interested companies. RFPs are due September 30 th . Lodge transitions will begin on September 1 st . Access Control is taking place – we will be getting new badges. We will be moving some parking spaces to fit our Mobile Clinic. Dr Magno started in the clinic this week.		
7.1.7	CEO: MRI – shared interest with other hospitals in our Northern California area. We are researching this opportunity.		
8 OTHER INFORMATION/ANNOUNCEMENTS			

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- 8.1 Board Member Message: Employee of the month, Foundation Golf Tournament, Hospice department update, and introducing Dr. Magno.

9 ANNOUNCEMENT OF CLOSED SESSION: 3:03 pm

10 CLOSED SESSION

10.1 Med Staff Credentials: Govt Code 54962

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 Albrectson, 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

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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
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

11 ANNOUNCEMENT OF OPEN SESSION: 3:45 pm – Med Staff Credentials approved unanimously.

12 ADJOURNMENT: 3:45 pm

Next Regular Meeting: September 28, 2022

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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

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RESOLUTION NO. 2022-11

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

Lesley Stevenson

As August 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, Lesley Stevenson is hereby named Mayers Memorial Hospital District Employee of the Month for August 2022; and

DULY PASSED AND ADOPTED this 28th day of September 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

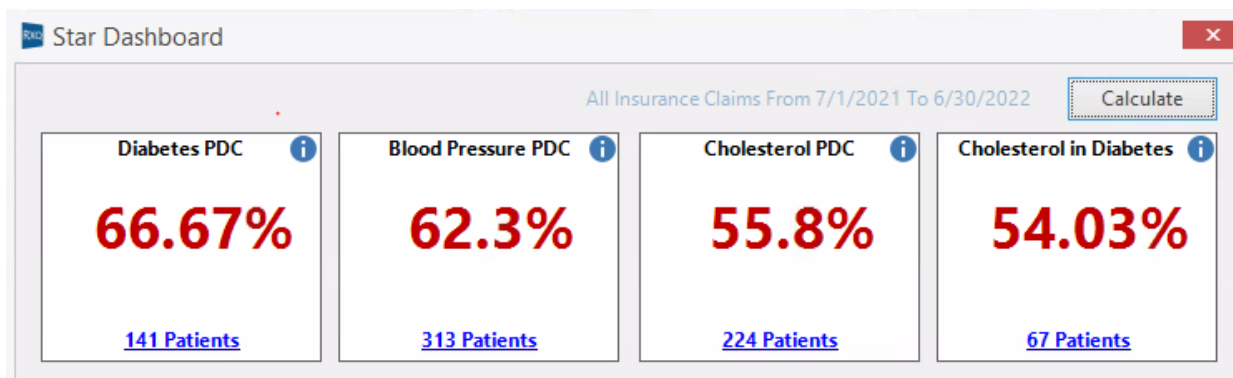
ATTEST:

Jessica DeCoito
Clerk of the Board of Directors

Retail Pharmacy—September Report to Board of Directors

Quality Goal

Bring PDC to annual average of 70% (national goal is 80%) for FY23 (see chart below)



Background—PDC (proportion of days covered) is a measure of medication compliance based on patients refilling prescriptions in a timely manner. A low percent indicates that patients are not taking their medications as prescribed. Many insurance companies adjust reimbursement based on PDC percentage. Basically, medications don't work if you don't take them. Patient's who are not compliant have worse outcomes.

Methods to increase PDC:

- Enroll patients in automatic refill program. (State of California has new restrictions on this program. Automatic refills if they are reversed because they are not picked up triple the work of staff)
- Target patients to received complementary pill minders
- Personal outreach to targeted patients on compliance, focusing on barriers. The retail software identifies patient who do not get refills in a timely manner. Some patients may be halving doses or skipping doses due to fear that they cannot afford their medications. The 340B drug discount may make medications may affordable.

Growth Goal

Prescription dispensing lockers at Burney clinic

Background—The population base is in Burney. If there was a system to deliver prescriptions to Burney, we would capture more the Burney market share. Dispensing lockers have been used in other rural areas. The California State Board of Pharmacy will not license dispensing lockers if residents have access to a retail pharmacy. In an initial meeting with the Board of Pharmacy, locker use would be restricted to clinic patients during clinic hours. Non-Mayers clinic patients who get prescriptions at Mayers retail pharmacy could not use this service.

Process:



Mayers Retail Pharmacy would partner with a company such as Asteres Scriptcenter®. The partner company would provide the hardware and software to have this program.

At the kiosk the patient would scan their claim check on their phone. If counselling is needed, it would be performed remotely via video link with the retail pharmacist. It can be set up that the medication cannot be released until counselling is complete.

Implementation process—

- Get bids on system.
- Determine compatibility with retail system
- Develop policies and procedures including delivery procedures
- Obtain state licensing
- Implement hardware/software
- Market service



Communication Pillar

Executive Leader/Director

/Manager: *Daryl Ann Schneider, PT, DPT*

Department: *Physical Therapy*

Last Updated: 09/08/2022

Current Year	Specific Plan & Estimated Completion Date	Driver	Current Actions
Priority:	Collect samples of 8 physical therapy satisfaction surveys for review. 07/30/2022	Daryl	Completed. 10 examples have been collected and reviewed.
Restructure Physical Therapy Satisfaction Survey with goal of receiving feedback from 75% or more of patients per year.	Rewrite our satisfaction survey to collect better data than we are currently receiving. 10/30/2022	Daryl	
	Mail our updated survey to all outpatients (with exception of long term care) we have seen since	Stefanie & Laura	
	Ensure collection of surveys from >75% of patients each quarter. 04/15/2023	Stefanie & Laura	
	Report on change in PT office structure and patient' perception to quality board. 04/2023	Daryl	
Priority Ideas for Next Year			



Growth Pillar

Executive Leader/Director

/Manager: *Daryl Ann Schneider, PT, DPT*

Department: *Physical Therapy*

Last Updated:09/06/2022

Current Year	Specific Plan & Estimated Completion Date	Driver	Current Actions
Priority:	Increase outpatient (OP) PT visits by 5% over FY22	PT team	Determined 2,493 OP visits in FY22 and 5% increase would equal a total of 2,618 OP visits. (noted on 09/06/2022)
			As of end of August 2022 there have been 445 OP visits, equivalent to 17% of the goal.
	Goal: Launch OT program Plan to meet with chiefs by end of Nov. to determine process of opening a new dept.		

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Board of Directors
Quality Committee
Minutes

September 21, 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		Jack Hathaway, Director of Quality Jessica DeCoito, Board Clerk	
Excused ABSENT: Chris Bjornberg, CEO			
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 August 24, 2022	Guyn, Hathaway	Approved by All
4	Hospital Quality Committee Report		
4.1	Written report submitted. A committee report will come from Hospital Quality that covers both data and narratives. We will be monitoring quality metrics and measures as it relates to JCHAO and CMS. We will continue to follow the C.Diff measure because it follows our Infection Control program. ER dashboard has been completed and is serving as the foundation dashboard that will be amended to each department. ED Dashboard revied on screen. Timeline of completed dashboards should be completed within the next 2-3 months except for departments currently using paper records.		
5	Director of Quality Report		
5.1	Written report submitted. Transitioning our group from compliance focused to improvement and compliance will be beneficial. Very excited for the spousal support group coming back for our residents and their spouses/families. We continue to work and move things forward. We can't rush this work and it does take a time.		
6	OTHER INFORMATION/ANNOUNCEMENTS: None		
7	ADJOURNMENT: at 2:01 pm Next Regular Meeting – October 19, 2022		

2021 Board Assessment Questions	
1	Our organization has a three to five-year strategic plan or a set of clear long range goals and priorities.
2	The Board's meeting agenda clearly reflects our strategic plan or priorities.
3	The Board has insured that the organization also has a one-year operational or business plan.
4	The Board gives direction to staff on how to achieve the goals primarily by setting or referring to policies.
5	The Board ensures that the organization's accomplishments and challenges are communicated to members and stakeholders.
6	The Board has ensured that members and stakeholders have received reports on how our organization has used its financial and human resources.
7	Add together your ratings for Section A and select the matching overall rating.
8	Board Members are aware of what is expected of them.
9	The agenda of board meetings is well planned to that we are able to get through all necessary board meetings.
10	It seems like most board members come to meetings prepared.
11	We receive written reports to the Board in advance of our meetings.
12	All Board members participate in important board discussion.
13	We do a good job encouraging and dealing with different points of view.
14	We all support the decisions we make.
15	The Board has taken responsibility for recruiting new board members.
16	The Board has planned and led the orientation process for new board members.
17	The Board has a plan for director education and further board development.
18	Our Board meetings are always interesting.
19	Our Board meetings are frequently fun.
20	Add together your ratings for Section B and select the matching overall rating.
21	There is a clear understanding of where the Board's role ends and the CEO's begins.
22	There is good two-way communication between the Board and the CEO.
23	The Board trusts the judgement of the CEO.
24	The Board provides direction to the CEO by setting new policies or clarifying existing ones.
25	The Board has discussed as communicated the kinds of information and level of detail it requires from the CEO on what is happening in the organization.
26	The Board has developed formal criteria and a process for evaluating the CEO.
27	The Board, or a committee of the Board, has formally evaluated the CEO within the last 12 months.
28	The Board evaluates the CEO primarily on the accomplishment of the organization's strategic goals and priorities and adherence to policy.
29	The Board provides feedback and shows its appreciation to the CEO on a regular basis.
30	The Board ensures that the CEO is able to take advantage of professional development opportunities.
31	Add together your ratings for Section C and select the matching overall rating.
32	I am aware of what is expected of me as a Board member.
33	I have a good record of meeting attendance.
34	I read the minutes, reports and other materials in advance of our Board meetings.
35	I am familiar with what is in the organization's by-laws and governing policies.
36	I frequently encourage other Board members to express their opinions at Board meetings.
37	I am encouraged by other Board members to express my opinions at Board meetings.
38	I am a good listener at Board meetings.
39	I follow through on things I have said I would to.
40	I maintain the confidentiality of all Board decisions.
41	When I have a different opinion than the majority, I raise it.
42	I support Board decision once they are made even if I do not agree with them.
43	I promote the work of our organization in the community whenever I have a chance to do so.
44	I stay informed about issues releveant to our mission and bring information to the attention of the Board.
45	Add together your ratings for Section D and select the matching overall rating.



Operations Report September 2022

Statistics	August YTD FY23 (current)	August YTD FY22 (prior)	August Budget YTD FY23
Surgeries			
➤ Inpatient	0	0	TBD
➤ Outpatient	0	4	TBD
Procedures** (<i>surgery suite</i>)	0	11	TBD
Inpatient	416	442	203
Emergency Room	827	789	800
Skilled Nursing Days	4728	4815	4652
OP Visits (OP/Lab/X-ray)	3136	3433	2247
Hospice Patient Days	403	293	322
PT	458	439	459

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

**Procedures: include colonoscopies

Chief Human Resource Officer
September Board Report
Submitted by Libby Mee – CHRO

The Human Resource department currently supports 280 active employees

Full Time – 248 Part Time/Casual/Per Diem - 21

Leave of Absence – 11

Hired – 2

 Food and Nutrition Service Aide

 Admitting Clerk

Terminated – 3

Staffing and Recruitment

We are actively recruiting for the below posted positions:

 Administration

 Chief Nursing Officer – Interviews scheduled with (3) applicants on 10/05

 Nursing

 Emergency Department RN (2)

 Med/Surg Acute RN (4)

 Skilled Nursing CNA (12)

 Skilled Nursing LVN (8)

 Clinical

 Laboratory CLS (2)

 Imaging Radiology Tech (2)

 Imaging Manager

 Respiratory Therapist

 Support Services

 Activities Aide

 Food and Nutrition Services Aide/Cook (3)

 Certified Dietary Manager

 Registered Dietician

 IT Helpdesk Agent

 IT Customer Support Specialist

 IT Jr System Administrator

 Environmental Services Housekeeper (5)

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

Employee Health and Wellness

Employee COVID Exposure

Total cases – 301

Isolation/Positive – 223

Quarantine – 78

Exposure related to work – 59

Employee Immunization

Accepted COVID Vaccination – 236

 Received booster – 194

 Eligible to receive booster – 2

 Not eligible for booster – 12

 Approved Accommodation from booster – 24

 LOA/Not Actively working – 4

Declined COVID Vaccination/Approved Accommodation – 44

Work Related injury and Illnesses

There have been no new claims reported this month.

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 are excited to have the BETA representatives on site September 28th and 29th. They will tour the facility and meet all the key staff members as we build a robust Safe Patient Handling Program.

Employee Wellness Coordinator, Dana Hauge, is no longer regularly working shifts in Cardiac Rehab, so can give more attention to Employee Safety and Wellness initiatives such as Employee Ergonomics Program, Work Comp injury investigation and implantation of a Slip, Trip, Fall Prevention Program.

Additional Projects

Paycom Implementation

The Paycom Time and Attendance and Payroll systems have been fully implemented. We are now working on utilizing the scheduling module and position management sides of the software as well as beginning to build our performance management process. Currently, we are at 98.87% for employee usage

We will also be transitioning to Paycom for our Employee Benefit Administration and Open Enrollment Process in October.

Employee Communication Survey

In alignment with the Communication Pillar of the Strategic Plan, we will be distributing a Survey to employees to establish a baseline of current communication practices and effectiveness. We will use the results from the survey to evaluate our current communications practices and build a plan of improvement where necessary.

New Employee Badges

As the district has implemented a new logo, we are in the process of redesigning employee badges. The current MMHD badges can have more than 4 cards and we would like to move to single card. Additionally, staff have voiced concerns about having their full name appear on the badges and we have received approval from CDPH that we can move to having first name and last initial on the badge. This will provide some security to staff so patients or visitors cannot easily research employee full names and potentially find them outside of the work environment.

CCAHN - Human Resource Peer Network

On September 12, I met with my HR Peer Network through CCAHN. The primary item on our agenda was the Retention Pay program that was signed into legislation at the end of June. The district is still waiting on final guidance on this program and will provide more details as they are available.

Additional topics that were discussed were high registry use and cost. Some facilities have found relief using candidates with a H-1B Visa to hire permanent applicants into position previously filled by registry.

Chief Public Relation Officer – Valerie Lakey
September 2022 Board Report

Legislation/Advocacy

The State Legislature is now adjourned for the remainder of the year. The session will formally end on November 30. The newly constituted houses – after November elections that will bring sweeping changes to the composition of the Legislature – will meet on December 5 for organizational purposes and to kick off the 2023-24 legislative session. Members will begin legislative activities in earnest in January 2023.

Covid-19 Sick Leave Extension Pay

The COVID-19 Supplemental Paid Sick Leave was set to expire September 30, 2022. In the final round of budget trailer bills, an extension to the leave was provided until December 31, 2022. To be clear this is only an extension, not a new bank of hours for employees to draw from. For those interested, the language is housed in AB 152.

SB 979 (Dodd, D-Napa) - Sponsored by CHA would streamline the process for critical state agencies to respond to and support the health care delivery system when the governor or the state public health officer declares a state of emergency. Passed the Assembly on Aug. 22; the Senate concurred in Assembly amendments on Aug. 23. Approved and signed by Governor.

AB 1882 (R. Rivas, D-Salinas) would require hospitals to report to their local governments the seismic rating of their hospital buildings and progress toward meeting the 2030 seismic requirements. CHA had concerns about some of the reporting requirements in the bill. Amendments were secured to address these concerns. Passed the Senate on Aug. 24; Assembly concurred in Senate amendments on Aug. 25. Pending governor's action.

Marketing/Public Relations

Signage for the Pit River Lodge has been installed by the maintenance team. We are scheduled to do a video of the lodge and other MMHD facilities mid-October.

As a part of the COVID SHIP grant, promotion of proper handwashing and other preventative COVID measures are to be addressed within the community. With grant funds MMHD sponsored the handwashing stations at the Inter-Mountain Fair. We are also providing hand sanitizer refills for the hand sanitizer stations at Fall River Big Valley and Burney Elementary Schools.

Dr. Magno was introduced to the community via social media, a press release and advertisements in the local newspaper.

The Masonic Lodge will be doing a [Cornerstone Ceremony on October 8th](#) to dedicate our new hospital building to the community. The freemasons have a time-honored tradition of laying a cornerstone at public buildings. This is “after the fact”, original plans were long-delayed by COVID. Board Members are encouraged to attend.

Emergency Preparedness

The California Hospital Association Annual Disaster Conference was a very informative event. Dana Hauge and I attended and participated in a variety of sessions. One of particular interest was the Joint

Commission Emergency Preparedness Guidelines. We took away some very useful information that will help us to streamline some of our processes.

The Active Shooter tabletop education was very successful. We have been working closely with the Shasta County Sheriff Department, who presented the training for our management group. We will be doing a functional drill for all staff in November. Education and information will be going out to staff moving forward on a regular basis.

July Board Report
Clinical Division
9/21/2022

Pharmacy

- COVID Vaccines
 - Mayers carries both Pfizer and Moderna COVID bivalent booster vaccines. Skilled residents will be boosted at the same time the flu shot is administered.
 - Novavax® is also available through Mayers Burney
- 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 has been replaced and is ready for surgeries to resume.
- Flu shots have started in the clinic. Staff and residents will be vaccinated in October.

Retail Pharmacy

- 340B
 - Kristi Shultz, CPhT, and 340B coordinator is reviewing claims data and finding many issues. Some claims are retroactively denied by the intermediary.
 - We are working with Mountain Valleys Health Centers on several issues including prescriber match issues. MVHC plans to change claim processors for 340B in November.
 - We are having prescriber match issues with Mayers telemedicine providers.
 - Kristi will be giving a report to finance committee.
- Meds to Beds will start the first week in October.

Physical Therapy

- Daryl Schneider, PT, manager, is reporting to the board this month

Imaging

- Mayers has hired an ultrasound tech who will be starting mid-October.
- We will have a high school student job shadowing in the department the week of September 26th.
- We continue to work on staffing and recruiting. We are currently needing to fill positions for a manager and two imaging techs.

Cardiac Rehab

- Mayers hired a cardiac rehab tech.
- The department has applied for awards from the foundation for a new ergometer machine and vitals machine.

Laboratory

- The chemistry analyzer is installed in the former COVID unit. Quality and validation is taking place now with parallels starting the week of September 26th. If everything works the machine should be live in the laboratory the week of October 10th,

NURSING SERVICES BOARD REPORT

SEPTEMBER 2022

CNO Board Report

- We saw an uptick of Covid within the Acute department. All 10 exposed staff have returned to work starting Sept. 15th. We had 4-rooms converted to Covid isolation. Acute is back to only one room prepared for Covid exposure.
- Burney Annex is full at 49 patients. At the time of this report the Annex is on yellow status. We maintained green status for one day. Will have serial testing 9/22/22 and 9/28/22.
- Fall River is currently at yellow status with serial testing complete on 9/23/22 hope to get back to green status at that time.

SNF Report

- Census – (81) Fall River – 33 Burney – 49 with new Hospice Resident. This makes Burney full.
- Fall River Yellow Status, tests 9/23/22 pending testing/exposures will then go Green. Burney Yellow Status, tests 9/22/22 and 9/28/22 pending testing/exposures will then go Green.
- CNA Class postponed until January due to lack of students.
- Hired three Unit Assistants intending on taking the CNA Class in January.
- The residents enjoyed the fair. Especially the food and seeing the 4-H animals.
- Activities staff continue to take the residents on van outings to shop and see the lake and local site seeing areas.
- The residents are also enjoying the new hairdresser and the full experience that she provides. (Hair, nails and beard trimming)
- CDPH was here last week to review a couple of self-reports. Outcome pending.

Outpatient Surgery

- HVAC inspection on 8/24/22 and passed OR1.
- Continue to be without CRNA. Dr. Syverson retiring end of October.

Acute

- August 2022 Dashboard
 - Acute: ADC 1.74, LOS 3.86
 - Swing: ADC 4.90, LOS 13.82
 - OBS days: 12.54
- August 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

Covid

- Outbreak of Covid on Acute with 5 inpatient exposures and 1 community acquired. 8 Acute staff and 2 travelers were exposed as well. All staff has returned to work.
- 4-patient rooms were adapted to Covid isolation.

OPM

- The Outpatient Census (*110 approx. a month*) is currently June 83 patients, 111 procedures, July 75 patients, and 92 procedures, August 113 patients 146 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.
- New oriented part time OPM employee will be going out on maternity leave in October
- Working with Marketing on increasing providers in efforts to increase census.
- Dr Syverson will be retiring next month in October. He is currently orienting Dr Magno to OPM for the next few wound clinics.

Emergency Department—July 2022

- Through the Emergency Department, we treated 408 patients
23 were admitted to Mayers
- 25 were transferred to a higher level of care
58 patients were peds (under 18)
- 3 AMA
- 0 LWBS
- 4 LPTT
- 45 patients presented to ER via EMS
- Staffing: We currently have 1 FT NOC RN and 1 FT NOC SUP positions being filled by travelers.
- RN Supervisor filled temporary role for Clinic Project Manager for Cerner implementation.

Chief Operating Officer Report

Prepared by: Ryan Harris, COO

Facilities, Engineering, Other Construction Projects

- We are getting HCAI on the schedule to provide the structural final inspection with our new IOR. The team is working on all other closeout items to hopefully close the project entirely.
- The TIO was approved for the Meg Gas Project. The team is beginning to schedule work, procure materials and construction will begin shortly.
- Burney Annex Fire Alarm Project was submitted to HCAI for approval. We are keeping in touch with Hue & Cry for an updated status.
- We continue to entertain questions and provide answers to the companies interested in our Master Planning Services RFP. 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.
- The first phase of our access control project is nearing completion with one door that needed repairs remaining.
- 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. This will take place once phase 1 of our access control project is completed.
- Work continues at the lodge on fencing in yards, grounds, and the maintenance shop.
- We have made progress on our SHIP grant with the Fall River Campus walking paths being completed. 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.
- OR1 passed its Air Exchange requirements and its services are ready to resume from a facilities standpoint.
- The dietary HVAC upgrades are completed except the electrical modifications.
- AC 10 air conditioning side has been repaired and is operational. Issues with the heating side were discovered during this repair and we are still looking for the parts to fix it.
- The new chemistry analyzer has been installed. The covid unit reopened which caused us to relocate the 2nd chemistry analyzer again.
- We have widened 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

- The Cerner project management team has been assembled with Jessica DeCoito being selected as the senior project manager, Bridget Bernier taking the role as clinical project manager and John Morris taking the role of non-clinical project manager. Chris and I will

provide general oversight, support, and executive leadership for this group. The team is excited to get the project started and preliminary meetings with the group have already been held.

- IT staffing is currently at 40% with the IT manager being out on a leave of absence. Our system administrator also resigned and once he leaves staffing will be at 20% unless management returns prior to his departure. All openings have been posted and applicants will be interviewed as soon as possible.

Purchasing

- We are still working with Pyxis. Reports have not been sending charges and credit, so we've created a ticket with BD/Pyxis.
- We are working with CHC (Community Hospital Corp.), a group purchasing organization (GPO), to get a spend analysis on whether they can provide us with better prices than Premier. We are also considering doing this with other GPO's as well.
- We are realizing we are using more supplies that aren't stock items. We are working with ER to make sure we those items available when needed and making them stock and chargeable items.

Food & Nutrition Services

- The jobs posted for the Dietary department are still in progress. This includes a registered dietitian, a manager for one of our campuses, and general department staff.
- Due to staffing issues, we are still working on cross training more staff.
- HVAC mini splits were installed in the Fall River kitchen. Staff is excited to start using the new units once the electrical is installed.

Environmental Services & Laundry

- Laundry facility is operating well and able to meet the demands. Biggest challenge is reducing waste and finding solutions for removing stains.
- EVS hired a full time Floor Maintenance, 1 dayshift full time housekeeper, 1 part time housekeeper for outbuildings, and 2-night shift full time housekeepers.
- Cross training with FNS staff is continuing. We focus on training for both dayshift, night shift and laundry duties.

Rural Health Clinic

- Dr. Magno is now in clinic Mon, Tues, and Wed and is settled in and seeing patients.
- In the process of becoming a D.O.T. drug testing collection site. All Sierra Pacific employees, County and Cal Trans Road Departments, and any other companies with employees with commercial licenses currently have to go to Redding for testing.
- Application to become a CHDP (California Child Health and Disability Prevention) provider is underway and will be submitted by Oct 1st
- The mobile clinic build is ahead of schedule and work has begun on getting it licensed.

Employee Housing

- The first week of stays was completed at the beginning of the month. Challenges and issues were presented beyond the proper preparation for guests. Joey is working to establish policies & procedures that are more encompassing of the issues presented that first week.
- Joey has set up time with HR and Nursing Administration to better understand the Registry and Traveler employees, their shifts and their needs. Conversations with Registry & Traveler vendors may take place to better establish expectations.
- Policies & Procedures for use of the internet are being drafted.
- Working with the newly hired housekeeper to set up her schedule and duties.

CEO Board Report September 2020

This month was pretty full with everything from the fair, to a spike in COVID, and conference attendance at the NRHA (National Rural Health Association) and ACHD. Beatriz and I both attended the ACHD conference and Travis, Ryan and I attended the NRHA Conference. Both were filled with great information and ideas that I hope we will be able to continue to move forward.

At the beginning of the month, I had the opportunity to be in our booth for each day of the fair. It was a good opportunity to be able to meet people and talk up what we do for our community. The team did a phenomenal job with the booth, it looked great, and I think it was a great idea to have our both and the foundation booth together.

I spoke with Mountain Valleys earlier this month about some their concerns about our lab and radiology team and the service that they're getting. I met with both Keith and Jack about a to go over what the concerns were and what we were going to do to fix them. I followed up with them and explained what happened and what we were doing to address their concerns. They seemed appreciative with what we were doing. As part of our correction, Keith and I spoke about lab and rad starting to do monthly surveys for providers that refer to us. This will give us an opportunity to make sure that we're hitting all the right marks with them and providing them the level of service that they expect. I'm actually very excited about the information that will come back from these surveys and I how we will be able to use it to become better in those departments. They're two of our struggling teams currently. We have made the surveys part of their annual priorities (goals) so you'll be kept up to date as we move along in the process.

CHA reached out to us about a grant that they received to provide some leadership training and support. It's called the leadership academy and they asked multiple hospitals who would like to be a part of that. I told that MMHD would like to participate, and they have signed us up for this Leadership Academy. A few areas that they are looking to amplify leadership skills through the leadership academy are:

1. Talent retention and acquisition, building and improving relationships
2. Having courageous leadership conversations
3. Enhancing resilience and well-being
4. Personal, custom coaching sessions with our team.

This will be a great opportunity for our executive team to go through together, and at no cost to us that makes it even better.

We had a sizable COVID uptick after the fair like we had expected. We saw an increase in both patients as well as staff. Our acute team had many staff that tested positive. Both Teresa and Mariah had to step in and help out on the floor to make it all work. As a result of this spike, we went ahead and put all

patient areas back into n95 masks to see if we could help control the spread. It appears that it did help as our numbers decreased and after two weeks, we were able to roll back that mandate.

At about the same time we rolled back the mandate, CDPH also rolled back the testing mandate for non-vaccinated staff as well as the screening mandate. We no longer have to test non vaccinated weekly except in the Long Term Care when we are in yellow or red status. We also no longer have to screen visitors to the hospital or the long term care. They did make adjustments to the masking mandate, but it didn't really change anything for hospitals or long-term care facilities.

I participated in the hospital council Northern Sierra region meeting this month as well. There was a lot of good information there. One of the biggest takeaways was the information received on the newly formed Office of Health Care Affordability. They posted 140 positions for this new division and out of those 60 of them are lawyers. We were told that they are looking at putting a cap of a 3% margin on all hospitals. What that would mean is anybody who goes over that 3% margin (once they put it in to full effect) will have that overage taken from them and distributed elsewhere. No one can say now where that overage would be distributed to but the thought is that it could be to other struggling hospitals but again, that has not been confirmed. This is problematic because they want to spend money on other areas for building new hospitals to meet seismic code but don't allow us the ability to have a margin greater than 3% to help pay for it.

Ryan and I interviewed those interested in the project management positions for our Cerner implementation. We have selected Jessica DeCoito as our senior project manager, Bridget Bernier as our clinical project lead and John Morris as our non-clinical project lead. With this team, we had our first "kickoff call" with Cerner. I'm very excited about what they'll be able to accomplish. I have no doubt that we'll meet our deliverables on time as well as implement on time.

This month we applied for and received approval for a grant from HCAI that helps pay for some components of the 2030 seismic initiative. It should help with our master planning and a few other things along those lines. There will be some other monies available to the grant as we continue to go through the process. While it doesn't take care of everything, it will save us some money help as we figure out how we are meet the 2030 requirements as well as remain viable as we move forward, so it a win for us.

Another thing to keep our eyes one is the fast-food worker minimum wage change. The governor has put together a team to review where we are at in California with fast food worker minimum wage and where we should be. The committee has been given the authority to raise the minimum wage up to \$23/hr. That is a sizable increase that will affect far more than just fast-food workers. This could mean a jump in our minimum wage as well just to keep our current team as well as entice new team members to apply.

I met with Libby to narrow down our CNO candidates for initial interviews. We narrowed them down to 3 and have them scheduled for teams-based interviews the first week of September. After the initial interviews we plan to have two of them scheduled for face-to-face interviews and then make our decision from there. The plan will be to have the new CNO selected before the October board meeting.

Finally, just wanted to let you know that I was asked to be a guest on Becker's Healthcare podcast. The podcasts are generally based around leadership and strategy and will be anywhere from 15 to 30 minutes. The recording is scheduled to take place on the 27th and we will probably find out on that day or shortly before when the podcast will be released.

Thank you,

Chris Bjornberg