

Chief Executive Officer
Ryan Harris



Board of Directors
Abe Hathaway, President
Jeanne Utterback, Vice President
Tami Humphry, Treasurer
Lester Cufaude, Director
James Ferguson, Director

Board of Directors
Regular Meeting
Minutes
October 29, 2024 @ 1pm
Burney Annex Boardroom

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.

CALL MEETING TO ORDER: Abe Hathaway called the regular meeting to order at 1:01 PM on the above date.

BOARD MEMBERS PRESENT:

Abe Hathaway, President
Jeanne Utterback, Vice President
Tami Humphry, Treasurer
Jim Ferguson, Director
Lester Cufaude, Director

ABSENT:

STAFF PRESENT:

Ryan Harris, CEO
Travis Lakey, CFO
Valerie Lakey, CPRO
Keith Earnest, CCO
Ashley Nelson, Board Clerk
Logan Young, Team Mayers MVP
Jack Hathaway, Director of Quality
Jessica DeCoito, Director of Operations
Libby Mee, CHRO
Theresa Overton, CNO

2	CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS: NONE.		
3	APPROVAL OF MINUTES		
3.1	A motion/second carried; Board of Directors accepted the minutes of September 23, 2024.	Utterback, Ferguson	Approved by All
4	DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS		
4.1	Resolution 2024.14 –September Employee Of The Month: Logan Young. Motion Moved, Seconded and Approved.	Humphry, Ferguson	Approved By All
4.2	Safety Quarterly: Dana submitted her report, outlining Emergency Safety and Preparedness, the installation of new cameras around the facility and the monitoring of staffed/unstaffed beds. She attended a Disaster Conference and learned information to bring back to most depts. All staff has worked hard on updating policies and procedures, as needed. She also assisted Modoc in their first facility safety drill.		
4.3	Respiratory Therapy: David submitted his report, outlining the possible purchasing of PFT equipment (\$70,000 estimation) and the certification of Maryann through PFT. The Blood Gas Analyzers program is still being fixed so the data can be input into Cerner. He also explained his increased confidence in assisting children with respiratory issues.		
4.4	Employee Housing: Joey submitted his report, outlining his current work towards becoming certified in Water Distribution and Treatment at the lodge. He is also working with Arnese Stern and Britany Hammons to offer a support group for families of long term care residents.		
4.5	Construction: John submitted his report and Jessica explained. Jessica updated that the Solar Contractors that one less permit is needed for the project. There is a call scheduled for the next day, regarding more updates. The Rural Health Clinic application for permits will be signed and submitted to the county soon. A project management firm (a USDA requirement) will be selected and then, with legal, requests for proposals and bids will be submitted.		

5 BOARD COMMITTEES

5.1 Finance Committee

5.1.1 Committee Report: Tami updated that the committee approved of the 340B policy and recommended to bring to the full board the mobile MRI project. The team is working on a more defined update, regarding AR.

5.1.2 September 2024 Financial Review
Motion moved, seconded and approved. *Humphry, Utterback* **Approved by All**

5.1.3 Mobile MRI Commitment: Ryan updated that he is asking for \$500,000 commitment (\$450,000 with \$50,000 in fees) for a mobile MRI trailer. The CEO with Seneca will begin negotiations at trade shows, on our behalf. MMHD is looking for a vendor to offer a short-term solution for 5 various districts to offer services, with the shortest contract is 36 months instead of the requested 18 months. A firm will be hired to configure the logistics and staffing for the shared trailer, so all 5 districts can have the trailer at varied times (once every 5 weeks)
The motion was moved, seconded and approved for \$450,000 budget for a mobile MRI. *Utterback, Cufau* **Approved by All**

5.2 Quality Committee

5.2.1 October Quality Meeting Committee Report: 9 Performance indicators are being asked to be reported by various departments and inputted into Teams, for specific staff to have access to. Jack is tracking QIP and there are 3-5 measures that can be adequately measured, resulting in 2 measures that can be financially paid forward to MMHD. I2I implementation will help lessen the load of manual input of data.

6 NEW BUSINESS

6.1 Policy and Procedure Summary 10-1-2024:
Motion moved, seconded and approved. *Utterback, Humphry* **Approved by All**

6.2 Policies and Procedures:

- 340B Inventory Management
- 340B Noncompliance/Medical Breach
- 340B Patient Eligibility/Definition
- 340B Prevention of Duplicate Discounts
- 340B Prime Vendor Program Enrollment and Updates
- 340B Program Agreement
- 340B Program Compliance, Monitoring/Reporting
- 340B Roles and Responsibilities
- Disbursement of Funds
- Employee Stipend – Cell Phone and Mileage
- EMTALA – Central Log Policy 02.01.00
- EMTALA – Medical Screening Examination and Stabilization 02.01.00
- EMTALA On-Call Policy 02.01.00
- EMTALA Reporting Policy 02.01.00
- EMTALA Signage 02.01.00
- EMTALA Transfer Policy 02.01.00
- 2024 HHS Poverty Guidelines
- Infection Control Management of Personnel
- Linen and Laundry Handling
- Surface Sampling Standard Operating Procedure
- Ultraviolet Light Disinfection

Hathaway, Utterback **Approved by All**

Proposed Changes:

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 Director's documents are available online at www.mayersmemorial.com.

Pg 21- MMHD numbers inputted instead of X's
 Pg 25- fully explain what the Prime Vendor Program is
 Pg 29- The 2 policy statements will be combined.
 Further changes will be brought to the Policy and Procedure Committee.
 Les asked to join the Policy and Procedure Committee.

Motion moved, seconded and approved with proposed changes.

- 6.3 Continuing education for the Board: Jeanne attended a conference and since the Governance Toolkit is completed, she proposed the book, "52 ways to be a better board" for board discussion. She requested copies of the book be purchased for members involved with the board.
- 6.4 Tour of the Burney Facility: Ryan conducted a tour of the Burney facility for the full board.

7 ADMINISTRATIVE REPORTS

7.1 Chief's Reports: written reports provided in packet

- 7.1.1 **DOO:** Report was submitted. Jessica updated the horn strobe that is being repaired in Burney will be completed tomorrow. The plan of corrections form Fire Life Safety is still being completed. Fire watch consisted of 419 days.
- 7.1.2 **CFO:** Travis updated that the insurance benefit costs have decreased, which will pass on to the Employees. MMHD is interested in a USDA loan for Master Planning.
- 7.1.3 **CHRO:** Report was submitted. Libby updated that Ashley attended a Board Clerk Conference in San Diego. The Leadership Academy submitted data regarding how the 15 leaders are doing in their training. Employee Compliance is being processed and employees are being asked to update annual compliance. The new regulation for RN/LVN staffing ration was discussed, along with possible RN/LVN partnering programs.
- 7.1.4 **CPRO:** Report was submitted. Val updated that her team is working on many different projects and doing a great job. A lack of building has paved the way to creating connections in the Intermountain Community. County permits are being picked up today for Phase 1 and Phase 2 for the Community Center through an expedited process, in thanks to Mary Rickert. This Friday is the deadline for dept scholarships.
- 7.1.5 **CCO:** Report was submitted. Keith updated that the Retail Pharmacy was inspected by a new state entity. The IV fluid shortage was handled by pharmacy, safety and purchasing. Errors regarding cleaning with fluorescent light numbers have increased but infection prevention is working on a process with Environmental Services. A new IP RN was hired and will train with the interim IP. Physical Therapy wait times have been decreased, with the new part time Physical Therapist. The possible referral process for PT was discussed. The new TB machine will be ordered and should arrive within 2 weeks, with scheduling reps to set up the machine.
- 7.1.6 **CNO:** Report was submitted. Theresa updated that the Acute survey coincided with the ACHC work that the staff is already completing. Staff education is underway. The process with NPH traveling agency is being streamlined and we are currently utilizing 0 full-time NPH nursing staff. Infection Prevention is helping staff understand the precautions of infections. Surgery will be back to regular scheduling for November.
- 7.1.7 **CEO:** Report was submitted. Ryan updated that he signed a new ED/Acute Med Director physician. The ACHC application was not submitted on October 15th, and once a vendor approves it, it will be submitted. The Provider Mixer involved Pit River Health and is planned to continue every 6 months. A book was ordered regarding empowerment, for staff. Ryan asked the Board to continue Holiday bonus' and think about it for the next mtg- \$1,200 for FT, \$600 for PT and \$300 for casual/probationary. The Board approved.

8 OTHER INFORMATION/ANNOUNCEMENTS

- 8.1 Board Member Message: Employee of the Month, Welcoming new PT, Community Event schedule, NSG, Denim and Diamonds date, update on FR Health Clinic, general commercial spot, Resident Therapy Session on Nov 19th at the Lodge, thank you to Pit River & staff for attending the Provider Mixer.

9 Move into Closed Session: 3:25 pm

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MEDICAL STAFF REAPPOINTMENT

Stephen McKenzie, MD
Javeed Siddiqui, MD (T2U)
Frederic Gorin, MD (UCD)
Matthew Chow, MD (UCD)
Katherine Park, MD (UCD)
Richard Granese, MD (T2U)

MEDICAL STAFF APPOINTMENT

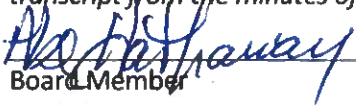
Adrian Mora, MD (Dir. Radiology)
David Pleasure, MD (UCD)
Norman Malik, MD (Dir Radiology)
Happy Shaw, FNP (MVHC)

9.2 Conference with legal counsel regarding pending litigation (§54956.9)

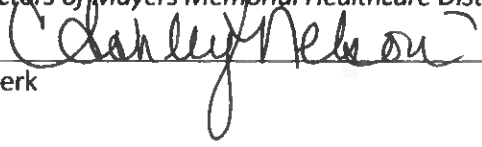
10 Reconvene Open Session: 4:20 pm

11 Adjournment: 4:20 pm. Next Meeting is December 4, 2024 in Fall River.

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 Healthcare District



Board Member



Board Clerk