

Mayers Memorial Hospital

Operations Report May 2009

Attachment

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Statistics	April YTD FY08	April YTD FY09	April YTD FY09 Budget
Inpatient (Acute/OB/Swing) Days	1,430	1,569	1,571
Emergency Room	3,627	3,173	3,655
Skilled Nursing Days	25,409	23,889	25,550
OP Visits (OP/Lab/X-ray)	15,068	14,631	15,072
Hospice Patient Days	1,896	2,097	1,860
IMRS Rentals	2,936	2,467	3,500
Ambulance Runs	330	280	N/A

Remember to Speak as One

An important part of both the duty of care and the duty of loyalty is that organizations and their governing boards should speak with one voice or not at all. Directors should presume that this applies to all matters coming before the board for its consideration. An individual director has no authority under applicable law. Instead, authority is vested in directors collectively as they determine by a majority vote at a meeting at which a quorum is present. This does not require unanimity in decisions, but instead requires a recognition that a board speaks only as a board as determined by a majority of its members at meeting in which a quorum is present. Occasionally on matters where it is important to have a single message, a board will speak only through its chairperson or the chairperson's designee.

A director who dissents has the right to have his or her dissent reflected, with attribution, in the minutes of the meeting and may continue soliciting support for his or her position until the minutes are approved. Thereafter, the director may, subject to any rules of the board, request the board's reconsideration of the matter. However, the confidentiality obligation that is part of each director's duty of care requires that the matter remain within the board room, and the director's ultimate right in any disagreement is to resign.

Counsel for Boards and Executives

<http://www.boardsandexecutives.com/catDisplay.aspx?id=20>

Happenings Across the District

Katharine Ann Campbell, FACHE
Chief Executive Officer

- ❖ The best news is that Mayers is essentially Traveler Free! Acute care has three scheduled registry shifts in the month of May; LTC *eliminated routine registry use in Burney and is only covering the medical and personal leave time. In Fall River we are covering one medical leave and two open positions. LTC hired all those who completed the CAN training and applied for a position with us. We can do it!*

As you recall, the CAH legislation allows for the anesthesia process to be paid provided there are less than 800 surgeries a year. In the early 2000's, Mayers received what is called a CRNA pass through to cover anesthesia services. A few years back, Mayers and several other CAH's were denied this payment. For two years, Mayers has been appealing. Today's (5/19/09) conference call regarding the CRNA (certified registered nurse anesthetist) payment issue was most rewarding. Anne Rourke, CHA in Washington, D. C., met with Jay Sulzman in Congressman Herger's office. She had a constructive meeting with Jay on Friday about the CRNA issue and presented the paper we put together. He was receptive to our concerns and thought that perhaps a call from Herger to the new CMS Administrator (once they get appointed) might be helpful. They also discussed the legislation the coalition is putting together and the option for a "rifle shot". Anne recommended some additional follow up with Jay from a Board Member. His contact is as follows. She would recommend sending the correspondence via email.

Jay Sulzman
Rep. Wally Herger
242 Cannon House Office Building
Washington, DC 20515
jsulzman@mail.house.gov

- ❖ The east wing of the FRM NSF is being repainted. Residents chose a two tone green for the color – they are expressing great joy in the upgrade of their home.
- ❖ Inflation outpaces Medicaid rate increases: While some states have increased their Medicaid reimbursement rates for primary care and obstetric services, in general, rate increases did not keep up with the rate of inflation between 2003 and 2008, according to a **report from the Washington-based Urban InSTITUTE** and published on the *Health Affairs* Web site. On average, Medicaid fees increased 15.1% during that period or about 2.6% a year. In comparison, the Consumer Price Index grew 20.3%, an annual average of 3.4%. Researchers collected information supplied by individual states on reimbursement rates for primary care, obstetrics, hospital visits, radiology, psychotherapy, laboratory tests and surgeries. Statewide averages were used in Alabama, Utah and Wisconsin where rural providers are reimbursed at a higher rate. During the study period, reimbursement for primary care grew 20%, while obstetrics grew 8.8%, and all other services increased 8.7%, according to the report. New Jersey, whose reimbursement rate is only 58% of the national average, has the lowest rates, while Alaska had the highest, at 205% of the national average. Minnesota and New York were the only states that did not increase their rates during the study period, while increases of less than 5% were reported in Alabama, Alaska, Arkansas, California, Florida, Hawaii, West Virginia and Wisconsin. -- by **Andis Robeznieks**
- ❖ Mayers has received a grant from the California Office of Rural Health, using federal Flex funds, for the development of an Economic Impact Study by Chico State University. Warren Jenson, data analyst, will be providing the report that includes potential growth by age group, leakage of what and to where as well as a listing of known activity with charges. Should be exciting information!
- ❖ Trainers from Grant Mercantile, Medical Management Inc, began work with billing staff on Monday, May 11. Finance committee was briefed on the nuances of medical billing at the May 13 committee meeting.
- ❖ Mayers annual report of operations and finance for FY2008 will be distributed through the *Intermountain News* and *Mountain Echo* in May
- ❖ Mayers seismic/OSHPD update - Michael Ryan, AIA

SB 306 (2020 extension for SPC)

- o o This is being handled by another arm of OSHPD (health information). We spoke to Jonathan Teague from that department and he confirmed that, to the best of his knowledge, they are only awaiting payment of the \$1000.00 fee.
- o Regarding the current application describing the 1953, 1972 and 1987 buildings, we told Jonathan that we intend on providing a seismic separation between the 53 and 72 buildings. It is our intent to abandon the 53 building for acute care service but that we intend to retrofit the 72 and 87 buildings to meet SB1953 requirements. He said that this should be possible but we need to change the paperwork.
- o o In order to proceed we will need:
 - To submit an "updated" application requesting the 1953 building only.
 - Submit a revised declaration of intent.
 - Submit payment of the \$1,000.00 per their invoice
- o o Once they receive this they will begin processing the application. There may still be questions but this will start the evaluation process.
- o o One last thing. It was Jonathans perspective that as long as we separated the 1953 building and removed all acute care functions from the building he did not believe that the wording of the senate bill required demolition of the structure. This lends backup to a possible master plan option that uses the building for some other non acute care function. There is still some due diligence we will need to do on this question to be certain of our position but this I*s promising.

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Jane Atkins  
Chief Quality Officer

05/18/09 board report

Personnel Resources finished final legal review of new Employee manual and presented to the Quality Committee of the Board. Employee policies that were presented for review were Drug Testing, Open Door Complaint, and corrective action for at-will policy. Policies will continue to be forwarded to the Committee and will be presented to the Board as a consent agenda when policy review has been completed.

Volunteer Services held a Volunteer Appreciation luncheon that was attended by 40+ volunteers. The luncheon was funded by a private donation. Junior Volunteer recognition will take place at each High school award ceremony.

Dietary Services had zero deficiency survey for Skilled Nursing Facility.

Staff Development continues to pursue an in-house CNA program and is working with the grant writer to obtain funding for 3 in-house classes in the first half of FY10.

Ongoing projects include liability insurance annual application, medication error reduction, acute adverse event reporting, medical staff focused practice evaluation and imaging peer review. Incident report tracking and trending using a web based application is becoming available as the data base completion project is being finalized.

Risk management was the topic for manager's Education in April presented by Hope Thompson from Optima. In depth medication error analysis and corporate HIPAA will be presented to the Board in May.

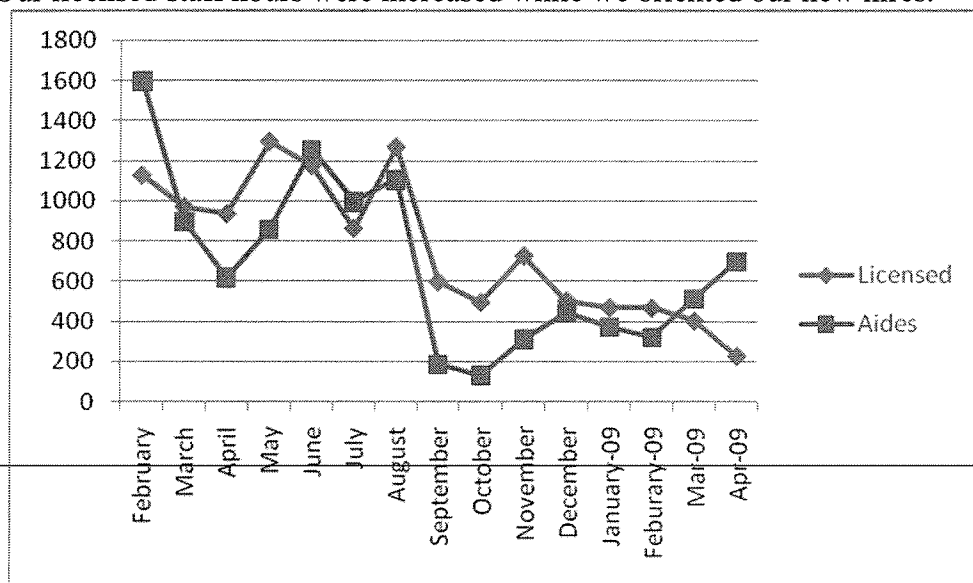
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Charlotte Carroll, CNO-SNF

Skilled Nursing Facility

Skilled Nursing Facility Board Report May

The nursing home current census is 80. We currently have 1 FT CNA and 2 PT CNA positions opened in Fall River. Please note that CNA staff have fluctuating hours and availability due to many of them have life changes and are taking college courses to promote their future careers. We are needing to use registry while we are actively recruiting for CNA staff. The following graph shows we have a decrease in our CNA staffing hours. Our licensed staff hours were increased while we oriented our new hires.



We have just completed our annual survey and we did very well. This is an exciting time as we have worked together for two years to build a team of our own staff. The team at Fall River and Burney have developed their budgets and their work objectives to meet the strategic goals of the organization.

Critical Access Hospital

Keith Earnest, Pharm.D.
Chief Clinical Officer

Laboratory

- Chris Hall, Lab manager, is exploring accepting phlebotomy externs from ACI career College.
- The billing process continues to be refined to avoid coding and billing errors.

Physical Therapy

- A twenty six week contract physical therapist is scheduled to start on May 11th.
- Steps are being taken to grow our outpatient physical therapy program.

Medical Imaging

- The imaging department is now fully staffed.
- A review is being conducted to streamline contrasts stocked. Narrowing the number of contrasts used will be more efficient and will avoid outdated media.
- A grant for point of care serum creatinin testing has been awarded to Mayers. This machine will reduce CT scan wait times significantly.

Intermountain Respiratory Services (IRS)

Keith Earnest, Pharm.D.

Inter-mountain Respiratory Services

- IRS will receive their unannounced onsite accreditation evaluation in July or August.

Respiratory Therapy

- Ken Sands, Respiratory Therapist, will be performing pulmonary function testing on approx. forty CDF firefighters early next week.
- The process of recertifying CPAP patients is being refined and will be presented to the medical staff in June.

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Terry Pena, RN  
Chief Nursing Officer – Acute

We continue to struggle with staff turn-over. The resignation of one nurse, the request for reduced hours for a couple other nurses and the reassignment of duties for a fourth nurse, has left us scrambling to cover shifts. Due to the diligence and dedication of many members of our nursing staff, we have thus far been able to provide adequate coverage. However, we are currently looking to recruit new staff.

Inventory control is improving on a piece-by-piece basis. As non-essential items run out, they are eliminated from the inventory control list. Several items have been replaced with suitable, less-expensive items. We will continue to work on this process.

Surgery remains busy. Surgery volume for April was up 7% over March. The surgery department staff is very excited about the possible return of a general surgeon to MMHD.

Outpatient Medical Clinic will be paring back its hours due to decreased patient visits. Exact days and hours of operation will be determined later this week. The business plan for the ENT clinic has been passed on to the finance department for input of financial impact.

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Hospice
Pat Baremore, R.N.

It has been some time since I have sent a report to the Board. Marlene has given me a schedule so will be sending them on a regular basis from now on.

