

Mayers Memorial Hospital

Operations Report October 2009

Statistics	October YTD FY09	October YTD FY10	October YTD FY10 Budget
Inpatient (Acute/OB/Swing) Days	533	620	627
Emergency Room	1405	1413	1107
Skilled Nursing Days	9774	10,091	9840
OP Visits (OP/Lab/X-ray)	9659	6239	6598
Hospice Patient Days	1042	338	902
IMRS Rentals	1069	695	1054
Ambulance Runs	113	102	105

Happenings Across the District

Katharine Ann Campbell, FACHE
Chief Executive Officer

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CRNA funding Update  
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**IHF Update: GRANT UPDATE: FY10
OCTOBER 2009**

FUNDER DEVELOPMENT (July 2009—October 2009):

FUNDER	PROJECT	LOI	PROPOSAL	AMOUNT	STATUS	CONTACT	
						LAST	NEXT
American Medflight	Datascope Monitors	N/A	Oct 09	\$72,200	Pending	Oct 09	Dec 09
AVON Foundation	Mammography	Sept 09	N/A	N/A	Not Invited	Sept 09	
Catholic Healthcare West	Mobile Mammography	Aug 09			Not Invited	Oct 09	July 10
Cheney Foundation ¹	Heating/Cooling Units	Sept 08	Jan 09	\$30,000	Closed	July 09	Jan 11
Driscolls Charitable Fund ²	Seismic Wall	N/A	2006	\$32,000	Closed	Sept 09	
Elizabeth Foundation ³	Hospice	N/A	Sept 09	\$5,000	Implementing	Oct 09	Mar 10
Hearst Foundation	Datascope Monitors	N/A	July 09	\$94,565	Denied	Sept 09	
HERGER (Appropriations)	Multiple*	N/A	Mar 09	\$320,000	Denied	July 09	
Multi-Plan	Bilichek System	N/A	June 09	\$3,000	Denied	Sept 09	
Norris Foundation	Datascope Monitors	N/A	May 09	\$35,500	Pending	May 09	Nov 09
NSRHN ⁴	Uncompensated Care	N/A	Aug 09	\$4,342	Closed	Oct 09	Aug 10
Rite Aid Foundation	Datascope Monitors	N/A	June 09	\$25,000	Denied	Sept 09	
qSRCF (McConnell) ⁵	L & D Rooms	N/A	Sept 08	\$5,000	Implementing	July 09	Nov 09
SRCF (McConnell)	BiliChek	N/A	Sept 09	\$5,000	Pending	Sept 09	Nov 09

SHIP 07/08 ⁶	Quality Improvement	N/A	2007	\$9,105	Closed	Jan 09	
SHIP 08/09 ⁷	Creatinine System	N/A	2008	\$8,973	Closed	Sept 09	
SHIP 09/10	Patient Safety Tracking	N/A	Mar 09	\$8,330	Pending	Mar 09	Dec 09
SMART ⁸	CNA Classes	N/A	May 09	\$50,000	Closed	Oct 09	
Verizon Foundation	Datascope Monitors	N/A	Sept 09	\$94,565	Pending	Sept 09	Dec 09

• Seismic Wall & ER Move (\$150,000); ER Equipment & Datascope Monitors (\$100,000); Telephone System (\$70,000).

MONTHLY GRANT SUMMARY (October 2009):

FUNDER SEARCHES	FUNDER CONTACTS	LETTERS OF INQUIRY SENT	GRANTS SUBMITTED		PROPOSALS PENDING		GRANTS AWARDED	
			NO.	\$ VALUE	NO.	\$ VALUE	NO.	\$ VALUE
18	7	0	1	\$72,200	5	\$215,595		

ANNUAL GRANT SUMMARY (July 2009—October 2009):

FUNDER SEARCHES	FUNDER CONTACTS	LETTERS OF INQUIRY SENT	GRANTS SUBMITTED		GRANTS AWARDED	
			NO.	\$ VALUE	NO.	\$ VALUE
86	58	2	6	\$275,672	2	\$9,342

GRANTS IMPLEMENTED (July 2009—October 2009):

- ¹ Ben B. Cheney Foundation: purchased and replaced three failing HVAC rooftop units
- ² Driscolls Charitable Fund: conducted seismic wall engineering
- ³ Elizabeth Foundation: purchased pharmaceutical supplies for hospice
- ⁴ Northern Sierra Rural Health Network (NSRHN): partially reimbursed uncompensated care
- ⁵ Shasta Regional Community Foundation—McConnell Leadership Fund: completely remodeled two Labor & Delivery rooms
- ⁶ Small Hospital Improvement Program 07/08: reimbursed for quality improvement software
- ⁷ Small Hospital Improvement Program 08/09: purchased Creatinine equipment for Radiology department
- ⁸ Smart Business Resource Center: funded two CNA Classes (\$17K student recruitment, \$15K student support, and \$18K instruction)

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How does Mayers compare to the other 1,294 number of Critical Access Hospitals across the country?

According to the Critical Access Indicator's Report 6<sup>th</sup> Issue prepared by the North Carolina Rural Health Research and Policy Analysis Center, the following is observed.

Mayers is classified in a peer group of CAHs across the country that did not operate a rural health clinic, was owned by a government entity, had net patient revenue above \$10 million and provided long-term care. There are 34 CAH in this group. As might be expected, from intermittent reports, cash flow margin is low. In California, 37% of the CAHs meet the benchmark of 60 days cash on hand. Mayers does not meet the benchmark nor do 63% of the CAHs in California.

Mayers meets the national benchmark of 0.55 outpatient cost to charge ratio. California hospitals rank the highest in the regard. Total margin, a benchmark that the Board may wish to consider, has California at a 1.74% average margin while nationally the margin in 4.12%.

Another area of interest is days of revenue in accounts receivable. Historically Mayers has lagged against a peer group median is 61.23 days which continues to be a target for Mayers. Mayers reports 56% outpatient revenues as a percentage of total revenues against a national average of 61% and a state average of 60%. Deductions from revenue for Mayers posted at 42% while nationally our peer group is at 33%, and California is at 47%.

Inpatient mix is right on target at 61%. Medicare outpatient payer mix is higher than average at 41%, with our peer group being at 34%. Mayers Medicare revenue per day is a little higher than our peer group due to the higher percentage of Medicare patients nationally at about \$100 per day higher than our peer group but lower than California.

Personnel are another comparable statistic. In percent of salaries to total expenses... Mayers is showing 38%, our peer group of CAH across the US is 42%. Likewise, Mayers FTE/AOB is only 60% of the national peer group. Mayers' Peer group and FTE per AOB is 9.5 and for all hospitals is at 5.6; Mayers runs just less than three.

Average daily swing census for Mayers is 1.8, and our peer group is 1.3, all hospitals is 1.6. Average daily census for acute, Mayers is 3.2, our peer groups is 5.5, and California is 3.8

Mayers age of plant is about twice as old as both our peer group and the California hospitals..

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Critical Access Hospital

Jane Atkins
Chief Quality Officer

Personnel will be working on new employee orientation. Employee physicals have been reviewed by providers and additional vaccinations have been recommended.

Recruitment in process of laboratory techs and acute nursing.

Volunteer Services is has completed business plan for a thrift store to benefit the Foundation. Rental property has been located and Foundation has given approval to move ahead on the project.

Volunteer Services working with Fall River High School and has begun a Read to seniors project with the English department and Long Term Care.

Staff Development. New Staff development certification for Terry King RN completed and reported to State to allow Terry to become CNA instructor.

Ongoing projects include key indicators chart audit and improvement, Balanced Scorecard measures tied to work plan, medication error reduction, Employee handbook policy review, CNA to nurse communication project for Long Term Care staff, personnel records audit, IV Conscious Sedation curriculum in review.



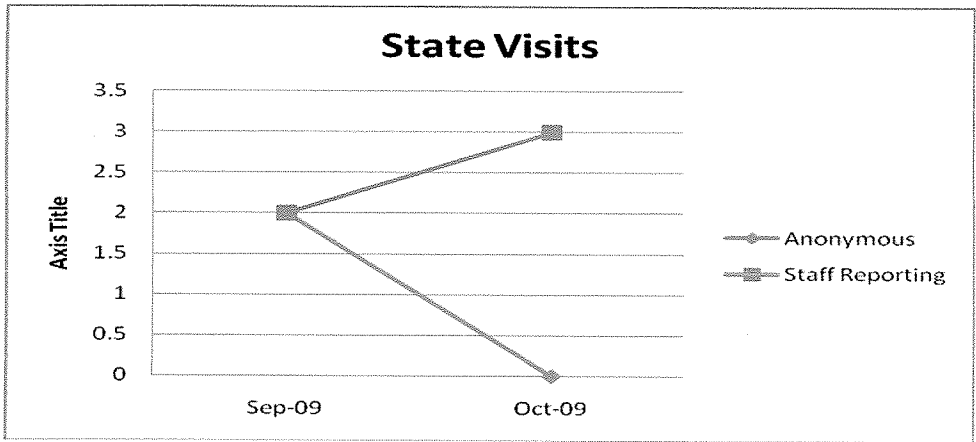
Skilled Nursing Facility

Sherry Wilson, RN
Chief Nursing Officer- SNF

The current Skilled Nursing Facility census is 78. We expect the figure to increase within the following weeks due to anticipate admits. This month has been difficult for staff at both facilities due to employees returning to school and an attempt to decrease registry to facilitate budgeting difficulties for the month. The staff between the two facilities has pulled together to cover any empty shifts, which often meant they were working at the alternate location other than what they are normally scheduled for. I am very proud of the team effort they have committed to and the hard work given to the facility in a difficult time.

The CNA class is scheduled for completion by the end of November, which will bring some relief to our current staffing issues. RNA's have begun working on the floor at both locations. The resident's highly anticipate and appreciate the time spent with them each day by the RNA staff. They look forward to the one on one interaction and also the group activities such as exercise and dancing. We continue to build the RNA program to meet each resident's needs.

During the month of November the facility had two Reports made to the Department of Health Services and the Local Ombudsmen by staff. The first incident related to a fall with injury, and the second related to a resident's report of abuse to a staff member neither of which did we receive a citation of deficiency. The following graph displays monthly reporting and State visits.



We continue to strive to build a Team atmosphere between the two facilities.



Critical Access Hospital
 Terry Pena, RN
 Chief Nursing Officer – Acute

Acute/Swing Nursing Unit

- The Acute/Swing nursing unit volume decreased 17% in October.
- The Acute nursing division has put processes in place for ensuring the quality of care provided by our nursing staff through a peer review process. We are auditing the charts involved in high risk occurrences, unusual occurrences, physician or patient complaints, along with some randomly chosen charts. Our goal is to identify areas of need/concern regarding our nursing staff and our skill sets in an effort to improve patient care and identify areas of additional educational needs.

Surgery Department

- Surgery volume increased by 46%. 57% of the procedures performed in surgery were injections.

Outpatient Services

- Outpatient Services clinic volume increased 12% in the month of October.

Infection Control

- The infection control nurses, Kay Shannon and Leigh Ann Harris, have just completed updating the CAH's policy and procedure manual and Infection Control Plan.

