

Mayers Memorial Hospital

## Operations Report October 2009

Statistics	September YTD FY09	September YTD FY10	September YTD FY10 Budget
Inpatient (Acute/OB/Swing) Days	351	453	469
Emergency Room	1117	1103	828
Skilled Nursing Days	7233	7545	7360
OP Visits (OP/Lab/X-ray)	4640	4409	4944
Hospice Patient Days	782	185	675
IMRS Rentals	790	540	789
Ambulance Runs	89	102	79

### **Happenings Across the District**

Katharine Ann Campbell, FACHE  
Chief Executive Officer

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The H1N1 vaccination is now available for the first "front line" employees. Please remember the qualifications for receiving the vaccine are: 29-49 years of age, live with or care for infants younger than 6 months of age, or are health care or emergency medical personnel. Our "Front Line" personnel are: EMTs/Paramedics, ER Nurses and Nursing Supervisors, O.B. Nurses, Acute Nurses and CNAs. As the vaccine becomes more available we will then offer the vaccine to Admitting personnel, Lab. Personnel, Imaging personnel, Pharmacy, Housekeeping, Maintenance, and Administration. Please also remember this is the recommendation from the CDC not from MMHD choice. I will start giving them on Thursday Oct. 22, 2009.

After all tabulations, the total savings for the linen for FY09 was \$54,484 as a result of a new contract!!!!!!

FTE/AOB The abbreviation stands for full time equivalent (forty hours worked a week) per adjusted occupied bed. This hospital-to-hospital comparison is used to measure comparative staffing across California and the US. MMHD has been under three for several years while other CAH with Nursing Home the size of Mayers average 5.62. The formula to calculate is as follows:

$$\frac{\text{Number of FTEs}}{\text{Total patient Revenue/Days in the Period}}$$

Tri Counties Bank has confirmed that the fees charged are \$98 per year to Mayers for the administration and tax reporting. Each person is charged \$10 per year for handling the deposits and withdrawals. No other fees are charged except for individuals who have mutual funds, which charge a management fee specific to the fund.

The Rural Health Care Division of the Universal Service Administrative Company has, once again, awarded MMHD an estimated \$7,725 towards Mayers AT&T dba ACC Long Distance.

How are hospitals responding to current economic challenges? Not well, according to the HFMA (Healthcare Financial Management Association). Leading trends are:

1. 54% of all hospitals nationwide reported negative total margins
2. 73% of hospitals reported a decrease in days cash on hand
3. Rural hospitals suffered the most significant patient revenue declines.
4. Nearly 40% of hospitals reported increases in the cost of debt.

**During the September Board meeting, some questions were raised regarding the master facility plan, seismic compliance and HAZUS. Those questions and answers are as follows:**

Why won't HAZUS fix this thing? Why did we not use HAZUS/ Were we not eligible?

**Simple answer:**

MMHD is not eligible for HAZUS. It is not because of any one building in particular. The site does not meet OSHPD's eligibility requirements. **More complicated Answer:** The peak ground acceleration (degree of potential seismic force) of your site is too high for the HAZUS program. OSHPD has set a threshold for maximum peak ground acceleration that a site can have in order to use the HAZUS program. The Fall River Mills site exceeds that threshold. I suspect Burney does as well but I am not certain of that.

**Question:**

What do the terms NPC and SPC mean?

**SPC** means **Structural Performance Category**. Structural here refers to the building structure (walls, roof, floor, etc.). These categories describe how well the building structure is likely to perform in the event of an earthquake. A building classified as SPC-1 or SPC-2 means that you need to upgrade. A building classified as SPC-4 or SPC-5 means you do not need to upgrade. (See below)

**NPC** means **Non Structural Performance Category**. Non Structural here refers to the building contents (cabinets, lights, overhead plumbing, and equipment for instance,). These categories describe how well the building contents are likely to perform in the event of an earthquake. The entire hospital is currently NPC-2 meaning that you need to upgrade prior to December 31, 2012.

**Question:**

Which buildings on FRM campus are NPC and SPC?

**Answer -SPC:**

- The 1953, 1972 and 1987 "ICU" buildings are **SPC-1**. This means they do not meet the required building structural requirements for continued use as an acute care hospital. The 1953 must be taken out of service by December 31, 2019. The 1953 building must be seismically separated from the 1972 building well before December 31, 2012.
- The 1972 building (building structure) must be retrofitted by December 31, 2012. (This is doable)
- The 1987 ICU building will be ok once the work in the 1972 building is done.
- **The rest of the FRM building is SPC-4 or SPC-5**. This means that no additional SPC upgrade is required for those buildings.

**Answer -NPC:**

- **All buildings are currently classified as NPC-2.**

- All buildings must be retrofitted to meet NPC-3 requirements by December 31, 2012.
- The structural engineer is in the process of evaluating what is required to meet the NPC-3 requirements. This work should be complete within the next few months and we will know specifically what is required.

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***Critical Access Hospital***

Jane Atkins  
Chief Quality Officer

Personnel has revamped the Employee Physical process and it is running smoothly. Employee physicals will be offered in Burney once a month beginning in November.

Recruitment is in process of searching for imaging techs and acute nursing staff.

Volunteer Services has completed business plan for a thrift store to benefit the Foundation. Staff is currently looking for a location; possible real estate has been identified.

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

Third Class of CNA students began in September. Terry King will attend a Staff Development class at the end of October to earn the credential needed to become a CNA instructor

Ongoing quality projects include: work process mapping has begun in conjunction with the finance office, medication error reduction, and Employee handbook policy review, CNA to nurse communication project for Long Term Care staff, personnel records audit, and IV Conscious Sedation curriculum in review.

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***Skilled Nursing Facility***

Sherry Wilson, RN  
Chief Nursing Officer – SNF

The nursing home current census is 78. This month has been full of staffing changes. Between the two facilities we will be losing 4 CNAs and 1 LVN each of these employees have chosen to relocate to accommodate education and family issues. We plan to fill the open CNA positions with newly hired CNA students which have already begun the orientation process. This will leave us with 1 open LVN position in Burney. Currently we have a new CNA class that started on October 1, 2009 and will be completed by December 15, 2009. Many of these student's will be applying for positions here at Mayers, which will again only decrease our usage of registry.

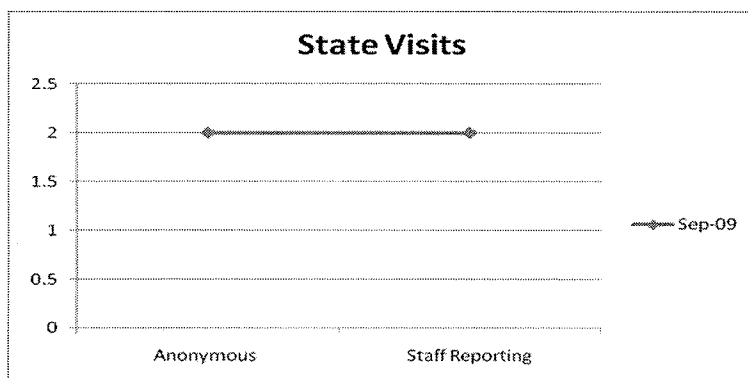
We have begun to interview for the newly posted RNA position's, it is our goal to have these positions filled and employees on the floor by the end of October.

In September Skilled Nursing's focus has been Abuse/Reporting and Infection Control. These areas of concern relate to five separate incidences reported to the Department of Health Services, three incidences involved abuse and late reporting by staff, the remaining two were relating to Infection control and the Districts Policy and Procedure during Influenza outbreak.

We received two citations for the incidences of abuse and late reporting by staff and one deficiency for the Influenza Outbreak for failure to report to the proper agencies.

As health care workers and employees of Mayers Memorial Hospital District that makes us Mandated Reporters. As Mandated Reporters we are required to report any Suspected Abuse to the Department of Health Services and the local Ombudsmen Immediately via telephone or fax with a written report to follow within two working days.

The Plan of Correction has included several in-services for all nursing staff, reviews of Policy and Procedures and separate counseling for staff involved in each incidence. We will begin to monitor and track staff and anonymous reports sent to the Department of Health Services. The following Graph Displays this:



### Education Projects:

The staff of Long Term Care at both facilities has been very busy with in-servicing and educational training this month. The training has included 3 separate in-services on Elder abuse and Reporting Practices. These included a video and two hour verbal discussion given by CQO, along with one-hour discussion/question secession by CNO. We will continue to provide this training on a monthly basis to enhance staff knowledge and communication regarding Elder abuse and Reporting.

Another focus on is CPR/Code training. Our plan is to begin with a 2 hour in-service that will instruct all staff as to what their role is during a Code, where proper needed equipment can be located and proper documentation to follow incident. After the in-service is completed there will be random mock codes ran at each facility to allow staff a hands on approach to participating in a code. The goal of this training is to educate and improve confidence levels among all staff for responding to an emergent incident, a skill that only increases the Quality of care of our residents.

With the Flu Season here, another area of teaching already started is Infection Control and what that mean to each staff member. During Staff meetings in October we will include a review of Infection Control and Policy and Procedures for this facility. We will review Universal Precautions, notification of agencies and documentation of out breaks. By doing this, our hope is to reduce the spread of infection among residents and staff thus reducing the overall cases of reportable communicable illnesses in Long Term Care.

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**Critical Access Hospital**

Terry Pena, RN  
Chief Nursing Officer – Acute

**Acute/Swing Nursing Unit**

- The Acute/Swing nursing unit volume increased 49% in September.
- We are struggling with staffing of the acute nursing units as we have lost one nurse, have several out on medical leave and others who are taking time off. Schedule rearrangements are keeping us afloat. We have been able to maintain staffing without the use of registry thanks to a few dedicated acute nurses and OR nurses who have picked up quite a few extra shifts. We are also appreciative of the ER physicians who have been very understanding when we pull the ER nurse to work the floor. We are optimistic, however, that we will be able to hire several new nurses out of the Chico State nursing class that graduates in December.
- Reassignment of nursing administration duties has led to the appointment of Luann Wellemeyer as Director of Medical Nursing Services. Basically, this adds the responsibility of being the front line “go-to” person for the nursing staff in addition to all of the other duties she performed as Director of Nursing Support Services.

Surgery Department

- Surgery volume increased by 3 procedures. Volume remains low. 68% of the procedures performed in surgery were injections.

**Outpatient Services**

- Outpatient Services clinic volume decreased 24% in the month of September.
- The Outpatient Services department has been working on updating their policy and procedure manual, utilizing the expertise of the department director, Dave Spencer, who is wound care certified. Upon completion of the update, the department nurses will begin training and education of all nurses, from both acute and skilled nursing, in the treatment of wounds.

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**Critical Access Hospital**

Keith Earnest, Pharm.D.  
Chief Clinical Officer

*Medical Imaging*

- Quality control and correlation studies are being performed on the point of care serum creatinine machine. It will be in full use by the end of the month.

- Initial steps to have radiography and fluoroscopy in a portable unit have been initiated. Due to standards set forth by OSHPD, a newer machine cannot be installed in the current space without significant remodeling.

*Laboratory*

- The Burney draw station is being moved to a different room to protect patient privacy and separate phlebotomy from the registration function.
- Contract negotiations to obtain a new chemistry analyzer are taking much longer than initially anticipated. The new machine enhances portability as it takes 110 power. The new machine has a broader range providing room to add more tests in the future.

*Cardiac Rehab*

- Plans to purchase a new treadmill are on hold as the medical staff, administration and finance are analyzing the overall direction of the department.
- The cardiac monitor used on new cardiac rehab patients failed. The machine is obsolete so repairs are taking significant time. Three patients were unable to enter the program because they could not be monitored. We are working closely with purchasing and the business office to resolve the problem.

*Pharmacy*

- The State Board of Pharmacy completed their annual inspection in September, finding only minor deficiencies that have been corrected.
- H1N1 flu vaccine has arrived and vaccinations will start soon.

*Physical Therapy*

- A new registry physical therapist has started.
- The intake staff has completed training on billing Medi-Cal patients who need outpatient physical therapy.

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**Hospice**  
Pat Baremore, RN

Hospice admits have remained down in numbers until October. We now have 7 patients and have had a total of 10 this month.

We have completed a brochure that will go out to the local churches in November, which is national Hospice month. It is in the process of being printed at this time. It will also go into the Physician's Offices locally and to the Oncologists in Redding.

Three staff members are planning on attending the hospice fall conference, which is being held in San Francisco in November. Marie Beck has retired and Sara Fenn is going full time in SNF so we are down one nurse. Stephanie Herringer is interested in picking up more hours so we are OK for now but are actively looking for a R.N. Burney Staff will be using the Burney Campus as their base to cut down on mileage.

