

Chief Executive Officer  
Louis Ward, MHA



**Mayers Memorial Hospital District**

**Board of Directors  
Regular Meeting  
Agenda**

December 5, 2018 – 3:00 pm  
Fall River Board Room

**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.

**Board of Directors**  
Michael D. Kerns, President  
Beatriz Vasquez, PhD, Vice President  
Abe Hathaway, Secretary  
Allen Albaugh, Treasurer  
Laura Beyer, Director

**1 CALL MEETING TO ORDER**

**2 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.

**Approx.  
Time  
Allotted**

**3 APPROVAL OF MINUTES**

3.1	Regular Meeting – October 24, 2018	<i>Attachment A</i>	Action Item	2 min.
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**4 DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS**

4.1	Resolution 2018-13 – October Employee of the Month	<i>Attachment B</i>	Action Item	5 min.
4.2	Recognition of Outgoing Board Member – Mike Kerns		Presentation	10 min.
4.3	Hospice Quarterly Report		Information	5 min.
4.4	Mayers Healthcare Foundation Executive Director Report		Information	5 min.

**5 BOARD COMMITTEES**

**5.1 Finance Committee**

5.1.1	Committee Meeting Report		Report	10 min.
5.1.2	October 2018 Financial Review, AP, AR, and acceptance of financials		Action Item	5 min.
5.1.3	Cost Report Review		Report	5 min.
5.1.4	Board Quarterly Finance Review		Action Item	5 min.

**5.2 Strategic Planning Committee**

5.2.1	Committee Meeting Report		Report	10 min.
5.2.2	Strategic Plan DRAFT Facility Master Plan	<i>Attachment C</i>		

**5.3 Quality Committee**

5.3.1	Committee Meeting Report		Report	10 min.
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**6 NEW BUSINESS**

6.1	Annual Program Evaluation – Organizational Analysis – PDF attached		Action Item	10 min.
6.2	Annual Organizational Meeting – Approval of 2019 Calendar	<i>Attachment D</i>	Action Item	15 min.
6.3	Board Election of 2019 Officers		Action Item	15 min.

6.4	Committee Assignments – Board Chair		Appointment by Chair	5 min.
6.5	Burney Clinic Space		Discussion/ Action Item	15 min.
6.6	Installation of New Board Member – Jeanne Utterback	<i>Attachment E</i>	Presentation	5 min.
<b>7</b>	<b>ADMINISTRATIVE REPORTS</b>			
7.1	Chief's Reports – <i>Written reports provided. Questions pertaining to written report and verbal report of any new items</i>	<i>Attachment F</i>		
7.1.1	CEO – Louis Ward		Report	10 min.
7.1.2	CCO – Keith Earnest		Report	5 min.
7.1.3	CFO – Travis Lakey		Report	5 min.
7.1.4	CNO – Candy Vculek		Report	5 min.
7.1.5	COO – Ryan Harris		Report	5 min.
7.2	Construction Change Orders		Action Item	5 min.
<b>8</b>	<b>OTHER INFORMATION/ANNOUNCEMENTS</b>			Information
<b>9</b>	<b>ANNOUNCEMENT OF CLOSED SESSION</b>			
9.1	<b>Government Code Section 54962:</b>			
	<ul style="list-style-type: none"> <li>• Quality Assurance: Quality Improvement Issues, Medical Staff Report AHP Appointment <ol style="list-style-type: none"> <li>1. Henry Patterson, OD</li> <li>2. David Nicholson, CRNA</li> </ol> </li> </ul>			
	<b>MEDICAL STAFF REAPPOINTMENT</b>			
	<ol style="list-style-type: none"> <li>3. Dan Dahle, MD – Emergency &amp; Family Medicine</li> <li>4. Tom Watson, MD – Emergency &amp; Family Medicine</li> </ol>			
	<b>MEDICAL STAFF APPOINTMENT</b>			
	<ol style="list-style-type: none"> <li>5. Karuna Sharma, MD – Emergency Med.</li> <li>6. Richard Granese, MD – Psychiatry (Telemedicine)</li> <li>7. Hannah Bae, MD – Radiology (Telemedicine)</li> <li>8. Daniel Baker, MD – Radiology (Telemedicine)</li> <li>9. John Boardman, MD – Radiology (Telemedicine)</li> <li>10. James Brull, DO – Radiology (Telemedicine)</li> <li>11. Annemarie Buadu, MD – Radiology (Telemedicine)</li> <li>12. Joanna Carlson, MD – Radiology (Telemedicine)</li> <li>13. Richard Carregal, DO – Radiology (Telemedicine)</li> <li>14. Courtney Carter, MD – Radiology (Telemedicine)</li> <li>15. Lillian Cavin, MD – Radiology (Telemedicine)</li> <li>16. Todd Greenberg, MD – Radiology (Telemedicine)</li> <li>17. Jeffrey Grossman, MD – Radiology (Telemedicine)</li> <li>18. Kristen Grubb, MD – Radiology (Telemedicine)</li> <li>19. Morgan Haile, MD – Radiology (Telemedicine)</li> <li>20. Kyle Henneberry, MD – Radiology (Telemedicine)</li> <li>21. Perry Kaneiya, MD – Radiology (Telemedicine)</li> <li>22. Russell Kosik, MD – Radiology (Telemedicine)</li> <li>23. William Phillips, MD – Radiology (Telemedicine)</li> <li>24. Asti Pilika, MD – Radiology (Telemedicine)</li> <li>25. Teppe Popovich, MD – Radiology (Telemedicine)</li> <li>26. William Randazzo, MD – Radiology (Telemedicine)</li> <li>27. Charles Westin, MD – Radiology (Telemedicine)</li> <li>28. Woodard, MD – Radiology (Telemedicine)</li> </ol>			

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 Directors documents are available online at [www.mayersmemorial.com](http://www.mayersmemorial.com).

9.2	Real Property Government Code 54956.8	
9.3	Pending Litigation Government Code 54956.9	
9.4	Personnel Government Code 54957	Smart Goals
10	RECONVENE OPEN SESSION – Report Closed Session Action	Information
11	ADJOURNMENT: Next Regular Meeting – January 23, 2019	

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Chief Executive Officer  
Louis Ward, MHA



**Mayers Memorial Hospital District**

**Board of Directors**  
Michael D. Kerns, President  
Beatriz Vasquez, PhD, Vice President  
Abe Hathaway, Secretary  
Allen Albaugh, Treasurer  
Laura Beyer, Director

**Board of Directors  
Regular Meeting  
Minutes**

October 24, 2018 1:00pm  
Boardroom (Burney)

*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:** Mike Kerns called the regular meeting to order at 1:00pm on the above date.

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**BOARD MEMBERS PRESENT:**

Mike Kerns, President  
Beatriz Vasquez, Vice President  
Allen Albaugh, Treasurer  
Laura Beyer

**STAFF PRESENT:**

Louis Ward, CEO  
Travis Lakey, CFO  
Diana Groendyke  
Val Lakey, Board Clerk

**ABSENT:**

Abe Hathaway

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- 2 **CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS**

None

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- 3 **APPROVAL OF MINUTES**

3.1 A motion/second carried; Board of Directors accepted the minutes of September 24, 2018. *Vazquez/Albaugh* *Approved All*

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- 4 **DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS**

4.1 A motion/second carried; Britany Hammons was recognized as September Employee of the Month. Resolution 2018-12 *Albaugh/Vasquez* *Approved All*

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- 5 **BOARD COMMITTEES**

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5.1 **Finance Committee**

5.1.1 Committee Meeting Report: Nothing pressing to report. Discussed the numbers – staffing numbers and cost of doing business is up. All to improve quality – hopefully it will help improve star rating. Discussed Alzheimer's staffing, etc. Look at expenses of this service and who we accept and see if it is financially feasible to bring in patients from out of the district. Keep an eye on this moving forward. It was recommended to do a cost study. Currently 21 in Alzheimer's unit. We don't get paid any more for this type of patient.

Beatriz Vasquez will be added to the signature *Beyer/Albaugh* *Approved All*

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5.1.2 A motion/second carried; acceptance of September 2018 Financial Review, A/P, A/R. *Albaugh/ Beyer* *Approved All*

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## 5.2 Strategic Planning Committee

5.2.1 Committee Meeting Report – No meeting – next meeting is November 16, 2018 – 9:00 am

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## 5.3 Quality Committee

5.3.1 Committee Meeting Report – Reports from Safety, Admitting, Imaging. NSGT funds will go to Imaging project (PACS). There was also a presentation on IT department. There will be a lot of training for IT over the next year.

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## 6 NEW BUSINESS

6.1 **ANNUAL PROGRAM EVALUATION:** The organizational Analysis will be presented at December 5, 2018 meeting. DRAFT copy will be sent prior to the meeting for review.

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6.2 **Annual Board By-Law Review:** Will be reviewed in 2019

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6.3 **Board Assessment Process:** Val Lakey will research what was done last year and report at December meeting. *(Note: no process was completed in 2017. Recommendations will be provided at 12-5-18 meeting)*

*Albaugh/Vasquez      Approved All*

6.4 **Acceptance of CEP**

Beyer asked about the priority rating. It is a hospital wide rating; reviewed by Operations Management team

6.5 **Policy & Procedure Summary**

May be looking at new Policy & Procedure software

*Information Only*

6.6 **Combine November & December Meeting –** December 5, 2018 at 3:00 pm – OMT dinner with Spouses to follow at Crumbs at 5:30 pm

*Beyer/Vasquez      Approved All*

6.7 **Retail Pharmacy Application**

Ward presented on the application. He worked with Modoc who just did an application. There are a lot of background checks included on the application. We would like to turn in the application before November 14<sup>th</sup>. Working with an independent contractor who will become an employee January 1<sup>st</sup>. The Building has been painted. The purchase will close soon. Contracting with McKesson Rx Solutions for design, etc. Staff: Pharmacist in charge – 2 techs under that license. One tech/ one tech, cashier. Conversations are being had about the hours. Would like to stay open in the evening. (Possibly 10 – 7). Should be open March 1st

*No Action needed*

6.8 **Laundry Van Purchase**

Approved in Finance – was included in Laundry facility budget

*Albaugh/Beyer      Approved All*

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## 7 ADMINISTRATIVE REPORTS

### 7.1 Chief's Reports

7.1.1 **CEO:** See written report – Ward reported on the DHLF meeting. There could be some changes in QUAF payments. Travis Lakey, CFO, represents MMHD very well at DHLF. Discussed Operations team feedback. No longer have the dog in the SNF. Scorecard goals are complete. MMHD received the Gem of the Year Award from BETA.

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7.1.2 **CCO:** See Written report

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7.1.3 CFO: Noted that the tax assessment was incorrect – county will be sending out corrected tax statements. CFO explained use of Bond monies and loan process. Payments March 1 and September 1. A flow chart explaining how the money and loans work will be created for board reference. We may want to put something in the paper to clarify the tax bills.

7.1.4 CNO: (Acute and ER reports handed out – *Exhibit A*) Acute numbers are down. Swing numbers are up. Length of stay is benefit of Swing program. Will be looking at numbers from 2009 to current. RN shortage – traveler costs are up. Recruiting efforts are being made. Discussion on observation patients, ER holds, payments and status. We are currently being surveyed. We are looking at a stroke program, to be completed by July 1, 2019. We are working with Mercy to train our ED nurses. The survey was discussed. We are putting together a binder of all of the requested information. So far, there hasn't been a lot of significant findings. Exit survey is today. A report will be provided. Some areas of concerns have been in surgery, ER staffing, etc.

SNF Diana Groendyke – Charge nurses in each facility – 2 at each facility. Currently have an NP working with the physician and it has helped a lot. Attended IOT in Redding for a job fair. Will be attending more. Acquired 6 LVN resumes. Flu vaccines have been mostly completed. Annex is getting security system. Shelley Lee and Diana talk each day. Binder is maintained for survey. Scheduling Coordinator is trying a new scheduling software. Admin office is being set up. On-site visits for potential intakes. 3<sup>rd</sup> Thursday for monthly meeting.

7.1.5 COO: Today was day one of the 2-day pour. Should be starting on steel next Tuesday. (See written report) Discussion of the seismic wall and the removal of the 1956 building. We have to have a lead, asbestos, etc. survey before the building can be demolished. There has not been a change regarding the seismic wall at this point. OSHPD 1-R Code – repurposing old buildings – Louis and Ryan will be attending a workshop. Laundry should open Feb. 2, 2019.

7.2 Construction Change Orders: None

## 8 OTHER INFORMATION/ANNOUNCEMENTS

None.

## 9 ANNOUNCEMENT OF CLOSED SESSION – 3:57pm

### 9.1 Government Code Section 54962:

Quality Assurance: Quality Improvement Issues, Medical Staff Report

None

### 9.2 Personnel Government Code 54957

CEO Contract –

9.3 None

9.4 None

## 10 RECONVENE OPEN SESSION: 5:00PM

## 11 ADJOURNMENT - 5:00 PM

Next Regular Meeting – December 5, 2018 – Fall River Mills

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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**Mayers Memorial Hospital District**  
*Always Caring. Always Here.*

**RESOLUTION NO. 2018-13**

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

**Wendy Williams**

**As October 2018 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, Wendy Williams is hereby named Mayers Memorial Hospital District Employee of the Month for October 2018; and

**DULY PASSED AND ADOPTED** this 5<sup>th</sup> day of December 2018 by the Board of Trustees of Mayers Memorial Hospital District by the following vote:

AYES:  
NOES:  
ABSENT:  
ABSTAIN:

\_\_\_\_\_  
Mike Kerns, CHAIRMAN  
Board of Trustees, Mayers Memorial Hospital District

ATTEST:

\_\_\_\_\_  
Val Lakey  
Clerk of the Board of Directors



## Building Inventory

1. **MMHD Main Campus**
  - a. Fall River Health Center
  - b. Riverview House
  - c. Finance / PT Clinic
  - d. 1956 Building
  - e. SNF – Fall River
  - f. Acute Wing 2030
2. **MMHD Burney Campus**
  - a. Clinic
  - b. SNF - Burney
3. **Off Site Buildings**
  - a. 5<sup>th</sup> Street House
  - b. Retail Pharmacy
  - c. Ole' Merc Space
  - d. Masonic Lodge

## Task List

1. **MMHD Main Campus**
  - a. Fall River Health Center minor renovation / framing project (1 Month)
    - i. 3 Engineers
  - b. Riverview house – full remodel (3 months)
    - i. 3 Engineers
  - c. Finance / PT Clinic
    - i. Still subject to BOD decision
      1. Possible Rural Health Center
        - a. 15 Months
          - i. Contracted out to CM Firm (0 MMH Staff)
  - d. 1956 Building
    - i. Still subject to further BOD discussion (Current approval to demolish)
      1. Possible Demolition
        - a. By 2020
          - i. Contracted out to CM Firm (0 MMH Staff)
      2. Renovate 1956 building (Admin & Storage)
        - a. By 2022
          - i. Contract out to CM Firm MMH Staff)
      3. Seismic Wall scheduled to be completed by 12/31/19
  - e. SNF – Fall River
    - i. Renovation project underway
      1. Phase 1 & 2 completed in 2018
      2. Phase 3





**Mayers Memorial Hospital District**  
*Always Caring. Always Here.*

## 2019 Board Calendar Report Schedule

January			February			March					
9	Wed	12pm	Quality Committee	11	Mon	12pm	Strategic Planning Committee	11	Mon	12pm	Strategic Planning Committee
			Patient Access	13	Wed	12pm	Quality Committee	13	Wed	12pm	Quality Committee
			Business Office				Cardiac Rehab				Emergency
			HIM				Dietary				Environmental Services
			Worker's Comp - Q Report				Safety - Q Report				Blood Transfusion - Q Report
			Patient Safety First - Q Report				CMS Core Measures - Q Report				Compliance - Q Report
14	Mon	12pm	Strategic Planning Committee	27	Wed	10:30am	Finance Committee (Burney)	27	Wed	10:30am	Finance Committee
23	Wed	10:30am	Finance Committee				Pharmacy				Purchasing
			Med Staff				Physical Therapy				Respiratory
			Outpatient	27	Wed	1pm	Board Meeting (Burney)	27	Wed	1pm	Board Meeting
			Board Meeting				Director of Public Relations				Director of Nursing - Acute
			Director of Human Resources				IHF Director - Q Report				Director of Quality
			Director of Nursing - SNF				Safety - 6-month				
			Hospice - Q Report				BOD Q Finance Review				
			Worker's Comp - 6-month								
April			May			June					
10	Wed	12pm	Quality Committee	8	Wed	12pm	Quality Committee	12	Wed	12pm	Quality Committee
			Director of Human Resources				Director of Public Relations				Director of Nursing - Acute
			Director of Nursing - SNF				Imaging				IT
			Worker's Comp - Q Report				Safety - Q Report				Blood Transfusion - Q Report
			Patient Safety First - Q Report				CMS Core Measures - Q Report				Compliance - Q Report
24	Wed	10:30am	Finance Committee (Burney)	13	Mon	12pm	Strategic Planning Committee	26	Wed	10:30am	Finance Committee (Burney)
			Social Services	22	Wed	10:30am	Finance Committee				Patient Access
			Staff Development				Surgery				Business Office
			Infection Control				BOD Q Finance Review				HIM
24	Wed	1pm	Board Meeting (Burney)	22	Wed	1pm	Board Meeting	26	Wed	1pm	Board Meeting (Burney)
			Hospice - Q Report				IHF - Q Report				Ad Hoc Committee - CEO Evaluation
							BOD Q Finance Review				Budget Adoption
July			August			September					
10	Wed	12pm	Quality Committee	14	Wed	12pm	Quality Committee	11	Wed	12pm	Quality Committee
			Lab				Med Staff				Pharmacy
			Maintenance				Outpatient Services				Physical Therapy
			Worker's Comp - Q Report				Safety - Q Report				Blood Transfusion - Q Report
			Patient Safety First - Q Report	28	Wed	10:30am	Finance Committee (Burney)	16	Mon	12pm	Strategic Planning Committee
15	Mon	12pm	Strategic Planning Committee				Emergency	25	Wed	10:30am	Finance Committee
24	Mon	11am	Finance Committee				Environmental Services				Imaging
			Cardiac Rehab				BOD Q Finance Review				IT
			Dietary	28	Wed	1pm	Board Meeting (Burney)	25	Wed	1pm	Board Meeting
			Board Meeting				Director of Public Relations				Director of Nursing - Acute
			Director of Human Resources				IHF - Q Report				Director of Quality
			Director of Nursing - SNF				Safety - 6-month				Board Bylaws Review
			Hospice - Q Report				BOD Q Finance Review				Assessment Process
			Worker's Comp - 6-month				401K Annual Report				
							CEO Annual Evaluation				
October			November			December					
9	Wed	12pm	Quality Committee	13	Wed	12pm	Quality Committee	11	Wed	12pm	Quality Committee
			Pharmacy				Social Services - Acute/SNF				Surgery
			Respiratory				Staff Development				Blood Transfusion - Q Report
			Worker's Comp - Q Report				Employee Health	25	Wed	10:30am	Finance Committee (Burney)
23	Wed	10:30am	Finance Committee (Burney)				Safety - Q Report				Director of Nursing - Acute
			Director of Human Resources	18	Mon	12pm	Strategic Planning Committee				Maintenance
			Director of Nursing - SNF	27	Wed	10:30am	Finance Committee				Independent Audit
			Board Meeting (Burney)				Director of Public Relations	25	Wed	1pm	Board Meeting (Burney)
			Hospice - Q Report				Laboratory				Organizational Meeting
			Program Evaluation				BOD Q Finance Review				Independent Audit
			Nominating Committee for Board Officers				Cost Report				
				27	Wed	1pm	Board Meeting				
							IHF - Q Report				
							BOD Q Finance Review				
							Cost Report				
							Election of Officers				



January			
8	Tue	2:30pm	Management Meeting
9	Wed	12pm	Quality Committee
14	Mon	12pm	Strategic Planning Committee
21	Mon	4pm	MHF Board Meeting
23	Wed	10:30am	Finance Committee
23	Wed	1pm	Board Meeting
Education/Conferences/Events			
Chocolate Festival			

February			
11	Mon	12pm	Strategic Planning Committee
12	Tue	2:30pm	Management Meeting
13	Wed	12pm	Quality Committee
13	Wed	6pm	Medical Staff Meeting
27	Wed	10:30am	Finance Committee (Burney)
27	Wed	1pm	Board Meeting (Burney)
Education/Conferences/Events			
ACHD Leadership Academy Western Healthcare Alliance			

March			
11	Mon	12pm	Strategic Planning
12	Tue	2:30pm	Management Meeting
13	Wed	12pm	Quality Committee
18	Mon	4pm	MHF Board Meeting
27	Wed	10:30am	Finance Committee
27	Wed	1pm	Board Meeting
Education/Conferences/Events			
CHA Health Policy Leg. Day Rural Healthcare Symposium			

April			
9	Tue	2:30pm	Management Meeting
10	Wed	12pm	Quality Committee
10	Wed	6pm	Medical Staff Meeting
24	Wed	10:30am	Finance Committee (Burney)
24	Wed	1pm	Board Meeting (Burney)
Education/Conferences/Events			
ACHD Leg. Day Health Fair Hospice Dinner & Dance			

May			
8	Wed	12pm	Quality Committee
13	Mon	12pm	Strategic Planning Committee
14	Tue	2:30pm	Management Meeting
20	Mon	4pm	MHF Board Meeting
22	Wed	10:30am	Finance Committee
22	Wed	1pm	Board Meeting
Education/Conferences/Events			
AHA Annual Membership Meeting CA Congressional Action Program ACHD Annual Meeting			

June			
11	Tue	2:30pm	Management Meeting
12	Wed	12pm	Quality Committee
12	Wed	6pm	Medical Staff Meeting
26	Wed	10:30am	Finance Committee (Burney)
26	Wed	1pm	Board Meeting (Burney)
Education/Conferences/Events			

July			
9	Tue	2:30pm	Management Meeting
10	Wed	12pm	Quality Committee
15	Mon	12pm	Strategic Planning Committee
15	Mon	4pm	MHF Board Meeting
24	Mon	11am	Finance Committee
24	Mon	1pm	Board Meeting
Education/Conferences/Events			
ACHD Wellness Summit			

August			
13	Tue	2:30pm	Management Meeting
14	Wed	12pm	Quality Committee
14	Wed	6pm	Medical Staff Meeting
28	Wed	10:30am	Finance Committee (Burney)
28	Wed	1pm	Board Meeting (Burney)
Education/Conferences/Events			
Golf Tournament			

September			
10	Tue	2:30pm	Management Meeting
11	Wed	12pm	Quality Committee
16	Mon	12pm	Strategic Planning Committee
16	Mon	4pm	MHF Board Meeting
25	Wed	10:30am	Finance Committee
25	Wed	1pm	Board Meeting
Education/Conferences/Events			

October			
8	Tue	2:30pm	Management Meeting
9	Wed	12pm	Quality Committee
9	Wed	6pm	Medical Staff Meeting
23	Wed	10:30am	Finance Committee (Burney)
23	Wed	1pm	Board Meeting (Burney)
Education/Conferences/Events			
Hospice Chair-ity			

November			
12	Tue	2:30pm	Management Meeting
13	Wed	12pm	Quality Committee
18	Mon	12pm	Strategic Planning Committee
18	Mon	4pm	MHF Board Meeting
27	Wed	10:30am	Finance Committee
27	Wed	1pm	Board Meeting
Education/Conferences/Events			
North State Giving Tuesday			

December			
10	Tue	2:30pm	Management Meeting
11	Wed	12pm	Quality Committee
11	Wed	6pm	Medical Staff Meeting
25	Wed	10:30am	Finance Committee (Burney)
25	Wed	1pm	Board Meeting (Burney)
Education/Conferences/Events			
Employee Holiday Party			

# United States of America



STATE OF CALIFORNIA, County of Shasta

I, TRISHA BOSS, Deputy Clerk of the Board of Supervisors of the County of Shasta, State of California, do hereby certify that at a regular meeting of said Board, held in and for the County of Shasta, on the 13<sup>th</sup> of November, 2018, **JEANNE UTTERBACK** was duly appointed to the **MAYERS MEMORIAL HOSPITAL DISTRICT BOARD OF DIRECTORS** to serve a term to expire on **December 2022** as appears by the official record of said Board, now of record in my office.

IN WITNESS WHEREOF, I hereunto affix my hand and Seal of the Board of Supervisors of the said County of Shasta, State of California, this 13<sup>TH</sup> day of November, 2018.

TRISHA BOSS

Deputy Clerk of the Board of Supervisors of the County of Shasta, State of California

STATE OF CALIFORNIA }  
COUNTY OF SHASTA } ss.

I, **JEANNE UTTERBACK**, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

JEANNE UTTERBACK

Subscribed and sworn to before me, this 26<sup>th</sup> day of November, 2018.

Deputy Clerk of the Board



## Operations Report November 2018

Statistics	October YTD FY19 (current)	October YTD FY18 (prior)	October Budget YTD FY19
Surgeries (including C-sections)	29	40	40
> Inpatient	1	9	10
> Outpatient	28	31	30
Procedures (surgery suite)	15	8	62
Inpatient	642	665	736
Emergency Room	1443	1449	1465
Skilled Nursing Days	8796	9355	9056
OP Visits (OP/Lab/X-ray)	5292	5083	5236
Hospice Patient Days	711	320	416
PT	1074	1302	1100

### Operations District-Wide Louis Ward, MHA, CEO

#### **OSHPD 1R Repurposing Hospital buildings seminar**

The District COO, Ryan Harris and I attended an Office of Statewide Health and Planning Development (OSHPD) seminar in early November to better understand a new OSHPD 1(R) code. The new code directly deals with repurposing older hospital buildings; the District will face this challenge with many of our buildings in the upcoming months / years. Our most pressing issue related to the older sections of MMHD is the 1956 building which currently houses, ER / Imaging / Lab / Administration / Patient Access / and the Lobby. The District Board has approved the demolition of the 1956 building in an earlier 2018 BOD meeting.

MMHD Administration understands the complexities as well as the emotions surrounding demolishing an area landmark so we wanted to ensure all options were thoroughly researched before executing contracts with firms who will be responsible for the demolition and cleanup of the 56 building. After attending the OSHPD 1R workshop, listening and speaking with industry experts it is clear this new code will not be helpful in our efforts to salvage the building. District Staff will provide a full report to the BOD at the Nov/Dec Board meeting.

#### **Facility Master Planning**

BOD Strategic met this month to discuss the future of many of the District's aging buildings. Attached to the Dec. Board packet, a Draft document showing all current properties owned by the District as well as a proposed utilization for the District Board review and eventual approval. BOD strategic has voted to meet monthly for the next 3 months to continue our discussions surrounding a 5-year facility master plan, which will be presented to the full BOD in early 2019.

District Staff retained an Architectural and Design firm through an RFP process this month. Greenbough Design was chosen as the District's primary architectural firm, they will work closely with District staff

while we work towards a 5-year facility master plan. Greenbough's first task in this new role will be to perform a full building assessment on many of the District's properties.

#### **CDPH Acute Survey**

The California Department of Public Health (CDPH) surveyed the Acute Care facility during the month of November. The Acute facility was last surveyed in early 2017. At this point, we are awaiting the results of the survey; however, upon initial results provided by CDPH at the exit conference, the survey went very well. District staff, under Candy Vculek, CNO leadership have begun working together to respond to any deficiencies the state survey

#### **CDPH SNF Survey**

In late November, CDPH sent a survey team to perform MMHD's Skilled Nursing Facilities, both in Fall River and Burney annual recertification. At the time of writing this, the state survey team is actively surveying the facilities. More information to be shared with the full BOD in the Nov / Dec BOD meeting and will be reflected in the written minutes.

### **Chief Operating Officer Report**

**Prepared: Ryan Harris, COO**

#### **Hospital Expansion Project**

Construction has been steady over the last month with the steel erection being completed and the metal deck nearing completion. We have had little impact due to weather, but that is forecasted to change. The plan is to have the building dried in by January 8 so interior work can continue through the winter. With that said, below are a list of milestones and when they are scheduled to start and be completed for the next 30 days:

- Start pouring concrete on metal deck December 6 and completed on December 14.
- Start layout, frame exterior metal stud framing on December 6, and completed by December 27.
- Start exterior door & window framing on December 4 and completed by December 10.
- Start roof penetrations on November 29 and completed by December 5.
- Start installation of Densglass on December 11 and completed by January 2.
- Start installation of Roofing System on December 17 and completed by January 8.
- Start installing weather seal and Tyvek on exterior walls on January 3 and completed by January 9.

#### **Plant Operations, Maintenance, Other Construction Projects**

Louis Ward and I attended an OSHPD 1R conference in Santa Clara on November 14. The purpose of attending the conference was to help clarify what can be done with the 1956 building and the buildings attached to the non-seismically compliant building. Though not impossible, it will be very difficult to keep this building long term. We have had consultants and local contractors look at this building and with its environmental, structural, electrical, plumbing, and mechanical issues as well as the OSHPD requirements we would have to conform to in order to get it out of OSHPD jurisdiction or bring it up to OSHPD 1R code requirements - this building is too costly to save.



The Architect on Retainer committee has scored the Architect on Retainer Request for Proposal and Greenbough design was selected as our Facility Architect. The scoring between Greenbough design and Aspen Street was very close with the final score being 354 for Greenbough and 343 for Aspen Street.

Louis Ward, Michael Ryan of Greenbough Design, and I all met at the Burney Annex to look at the old clinic space. Michael Ryan is currently working on some concepts to improve this building to be used as future clinic space for Mayers Memorial.

Other Projects I am working on with Greenbough Design are closing out the 2015 fire panel project with OSHPD, AC 9 emergency replacement project, phase 3 of the SNF renovation, the demolition of the 1956 building and a facility wide building inventory and use project.

Some of the projects our Facilities and Engineering department are currently working on include finishing the Burney Annex Access Control project, finishing the Laundry Facility, installing a new center island at the Burney Annex, and reconfiguring the maintenance shop and the implementation of a stocking system through Grainger.

Some of the upcoming projects our Facilities and Engineering department will be working on are finishing the last phase of the SNF renovation project, renovation of the retail pharmacy building, Riverview House remodel into a sleep house, conversion of the MVHC clinic building into office space.

#### **IT**

Chris Broadway and our IT department have been busy over the last month with the largest project being the implementation of the Paragon EMR to its most current version 14.1.3. This is being finalized as I am writing this but the implementation went very well. The IT department worked through the night to have the least impact on employees.

Other IT department projects include: upgrading the network components throughout the facility, moving the telemedicine solution to the secure Telehealth network, setting up a bi-direction interface for Sac Valley Med Share Health Information Exchange (HIE), planning the implementation of a next generation firewall, as well as planning the networking and connection to the Fall River Campus onsite clinic space once MVHC moves, as well as the new pharmacy building.

#### **Purchasing**

Over the last month, Steve Sweet and I have been meeting with all of the departments that will be moving into the new building and have been reviewing the equipment list for the new building. The reason for these meetings are to ensure that the equipment listed is still needed and the right equipment is being ordered. Once these meetings are concluded, Steve will start working with vendors on pricing and equipment will start being ordered early next year.

#### **Dietary**

We continue to struggle with a high turnover rate in our dietary department. I am working with Susan Garcia and Libby Mee on the possibility of a career fair just for dietary to get an influx of new employees into the department.

Amber Bulcher, our Interim Director of Dietary Services, will complete her time here on December 10. Amber has been an asset to the dietary team over the last month. She has helped our dietary department get more survey ready, has done the acute register dietitian coverage, improved leadership within the

department by giving clear and decisive instructions and clarification that has helped with morale within the department. She has also worked with Susan on workflow improvements and modernizing our kitchens with a point of sale system. She has also brought our patient menus up to current standards with working with our Register Dietitian contractor. This position has brought a lot of value to our dietary and clinical staff and is a full time position I will look to be filling in the future.

We are also working on getting all of our dietary employees ServSafe Certificates, finishing the food and beverage portion of the Prime Project, looking into a new menu system, researching a different product for emergency food that have a longer shelf life and working to improve our orientation procedure for the department.

#### **Security**

We have had several break-ins into employee vehicles over the last month. Our access control system is 85% complete with the exterior of the building completely secure. The perpetrators are no longer coming in from the woods due to the presence of a fence, but instead coming in from the street through the main entrance. We will be upgrading our security cameras and adding an additional camera at the entrance that will capture the license plate and persons entering the facility each time.

#### **Environmental Services & Laundry (See Exhibit A)**

There has been steady progress on the new laundry facility in Burney. Over the last couple of months the exterior of the building, which included a new roof, water lines, gas lines, paint and repairs, were completed. Interior work that included reconfiguring the layout of the building, new HVAC system, new flooring, new interior plumbing and fixtures, new doors, drywall and paint has been completed. Our goal is to have the building complete and a fully functioning laundry facility by January 1, 2019 with an open date of February 1, 2019. In order to achieve this a generator, hot water heater, shelving system, and the two new washers and two new dryers need to be installed. I have attached a budget as of November 21, 2018. As you can see, we are still under budget on the project and have not yet needed any of the \$35,068 in contingency.

### **Chief Nursing Officer Report** **Prepared by: Candy Vculek, CNO**

#### **Acute Care (See Exhibit B, C)**

- October Acute ADC=1.97 and Swing ADC=4.68 with ALOS=14.5
- CDPH Acute Care Survey completed last month.
  - ✓ Have not received the plan of correction from CDPH but the preliminary results showed a number of moderate issues to correct (no harm tags).
  - ✓ Implementation plan created and work is in progress to correct identified gaps. Will finalize once MMHD receives the report (the work in process plan is attached for review).
    - Work Plan—Insulin Drip
    - Pain Management-Reassessment Work Plan
    - Multiple minor issues that were found in Surgery



- Fixed at time of survey
  - Read and Sign for staff.
  - Glucometer Daily Log—Assess expiration dates
  - Cardiac Log Book
- Validation of Physician Orders
- Transition of “ED Hold patients” to either admissions or ED Observation status
  - ✓ No longer accepting “E.D. holds” on inpatient unit.

Preliminary data shows slight increase in number of admissions and observation patients. This may be seasonal variation but we are no longer providing care that is not “billable”.

#### **Surgery**

- MMDH has secured two more CRNA’s; this gives the facility 4 to draw from and provides better coverage for the surgery days every month.
- The surgery department will be closed for the month of December due to Dr. Syverson’s vacation time and the first week of January due to the New Year’s Holiday.

#### **SNF**

- CDPH SNF annual recertification survey is in process 11/26 to 11/29. Will bring an update to the board meeting.
- Christmas decorations are up at both facilities and look terrific!
- Resident Family Christmas Parties are scheduled for each site:
  - Burney - December 12 at 2 pm
  - Fall River - December 20 at 2 pm
- Census
  - ✓ Burney Facility is at 48 (four admissions in November).
  - ✓ Fall River Facility is at 31 (three admissions in November including one hospice patient).
  - ✓ Fall River has rearranged rooms to maximize bed usage. Now had room for two male and two female residents.
- Falls have increased over the past month at both facilities.
- Continuing to track occurrences.
- Working to identify the root causes through our quality process.
- Will put a QUAPI plan in place to mitigate identified gaps.
- Staffing and Scheduling
  - ✓ Scheduling coordinator has moved the SNF portion of MMHD to an electronic process.

- ✓ Will be picking up the acute care staffing starting in January (will work to learn it in conjunction with the nurses who are scheduling now). Will assume full responsibility in February and the Acute Care will move to an electronic format at that time.
- ✓ Continue to use registry across all areas to supplement staffing.

**Surgery**

Prepared by: Stacie Warnock

**Surgery Stats: FY 2018-2019**

Surgeries YTD	Nov	TYD 2018
IP	0	1
OP	10	28
Total	10	29

**Surgeries YTD FY 2018**

IP	1	15
OP	5	81
Total	6	96

**Budgeted Surg YTD FY 19**

IP	2	24
OP	6	72
Total	8	96

**Procedures**

FY 19	15	62
FY 18	8	150

<b>Budgeted Procedures YTD FY19</b>	16	192
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**Chief Clinical Officer Report**

Prepared by: Keith Earnest, Pharm.D., CCO

**Pharmacy**

- As part of the Infection Control Program, a system for review of construction projects that affect the current hospital structure has been implemented. A permit has been issued for the exterior service door for purchasing (Room 409) construction process. When the connector to the expansion proceeds the project will be reviewed and a permit issued.
- The first month of data (October) for SNF antibiotic stewardship has been collected and analyzed. Improvements over baseline were achieved for the focus area of urinary tract infections.

- A Paragon implementation consultant was on site to help us maximize the system. Pharmacy reports for high-risk medications and reversal agents were successfully created. Pharmacy daily report on anti-infectives is still being worked on.

#### **Telemedicine**

- See (Exhibit D)

#### **Imaging**

- We are in a process to upgrade the ultrasound machine with a machine that meets the standards of the radiologists performing the reading.
- We are reviewing radiology groups and examining options. A presentation will be made in December to OPS team.

#### **Physical Therapy**

- To bring Occupational Therapy to Mayers, we are working on completing the GACH002 General Acute Care Hospital change of services checklist for CDHS. Adding a service requires an OSPD space survey.
- The physical therapy department has been working on improving throughput and reducing cancelations / no shows. The October numbers have improved dramatically. Expect a Q1-2 report in January.

#### **Laboratory**

- The Laboratory Department is experiencing staffing struggles in the area of Clinical Laboratory Scientists. We are working with several staffing agencies to meet our needs.

Expense	Budget	Total To Date	Balance
Right Roads Remodel	\$ 100,000.00	\$ 76,152.00	\$ 23,848.00
Equipment/Supplies	\$ 32,800.00	\$ 40,047.00	\$ (7,247.00)
Linen	\$ 22,540.00	6,904.89	\$ 15,635.11
Transportation	\$ 20,000.00	\$ 43,314.13	\$ (23,314.13)
<b>Total</b>	<b>\$ 175,340.00</b>	<b>\$ 166,418.02</b>	<b>\$ 8,921.98</b>
Contingency	\$ 35,068.00	\$ -	\$ 35,068.00
<b>Total w/ Contingency</b>	<b>\$ 210,408.00</b>	<b>\$ 166,418.02</b>	<b>\$ 43,989.98</b>

CDPH Acute Care Survey Project Plan

Solution	Task Name	Assigned to:	Est. Start	Actual Start	Est. Finish	Actual Finish	% Complete	NOTES	Last Updated
1	O.R Nursing Findings						50%		
1.1	Items stored under the sink in the OR	Theresa	10/25	10/25	10/25	10/25	100%	Completed	
1.1a	Remove items from under the sink	Jeanette	10/25	11/26	10/31	11/26	100%	Needs to be done on all units	
1.1c	Educate staff in staff meeting about need to keep underneath sinks clear	Theresa	10/25	10/29	10/29	10/29	100%	Completed	
1.1d	Check with Ryan to see if we can lock the sink cabinets	Candy	10/29	10/29	10/29	10/29	100%	In process	
1.1e	Lock all under sink cabinets	Alex	10/29	11/5	12/1		50%		
1.1f	Document plan of correction and give to Jack	Theresa	10/28	10/28	11/1		0%		
1.1f	PACU code cart only checked on days it is open. Closed days not defined on checklist	Theresa					0%		
1.2	Review policy and validate it matches practices	Krissy	10/25	10/25	10/25	10/25	100%	Policy states to mark log for closed days	
1.2a	Review policy and validate it matches practices	Theresa	10/25	10/25	10/31		100%		
1.2b	Educate staff ( create a read and sign)to document dates PACU is closed on the code cart log rather than leaving them blank	Theresa	10/25	11/7	11/1	11/10	100%	Plan includes a signed list from the education plan	
1.2c	Document plan of correction and give to Jack	Theresa	10/28	10/20	11/1	11/10	100%		
1.3	Laryngoscope blade and handles packaged together causing contamination. Need different process and policy	Theresa					0%		
1.3a	Establish process for stocking and ordering disposable laryngoscope sets for the OR	Theresa	10/25	11/13	10/31	11/13	100%		
1.3b	Define number of laryngoscope sets to be stocked and add to the routine order process	Jeanette	10/25	11/13	10/31	11/13	100%		
1.3c	Remove old blades and handles from the O.R.	Theresa	10/25	10/28	11/1		0%	Waiting for new blades validate with or staff	
1.3d	Document plan of correction and give to Jack	Theresa	10/28				0%		
1.4	Oral airways not individually packaged	Theresa					0%		
1.4a	Remove contaminated airways	Jeanette	10/25	10/25	10/31	10/31	100%		
1.4b	Replace with individually packaged airways	Jeanette	10/25	10/25	10/31	10/31	100%		
1.4c	Document plan of correction and give to Jack	Theresa	10/25	10/25	10/31	10/31	100%		
1.5	Roller board propped on floor	Theresa					0%		
1.5a	Remove from floor a find a temporary spot to house	Jeanette	10/25	10/25	10/25	10/25	100%		
1.5b	Educate staff via a read and sign process about the infection control risks related to equipment residing on the floor	Theresa	10/25	11/7	10/31	11/15	100%		
1.5d	Document plan of correction and give to Jack	Theresa	10/28	11/1	11/6	11/10	100%	Roller board relocated permanently	
1.6	Tongue blades unwrapped	Theresa					0%		
1.6a	Remove unwrapped tongue blades	Jeanette	10/25	10/25	10/25	10/25	100%		
1.6b	Replace with individually packaged airways	Jeanette	10/25	10/25	10/25	10/25	100%		
1.6c	Educate staff about need utilize wrapped blades	Theresa	10/26	10/26	10/26	10/26	100%		
1.6d	Document plan of correction and give to Jack	Theresa	10/26	10/26	10/26	10/26	100%		









4.8a	Develop an annual review-reevaluation process that meets the CDPH standards	Keith	10/25	10/26	10/27	10/28	100%	
4.8b	Document plan of correction and give to Jack	Kath	11/1		11/3		0%	
5	Emergency Department Findings Need flex request for the waiting room as there is not a defined one specifically for the emergency department	Jack	11/1		11/8		54%	
5.1	Complete flex request for lack of waiting room	Jack	11/1		11/8		0%	Waiting for the 2657 to write flex request
5.2	No eyes on the patients within the E.D. waiting room						0%	Hold until we see if we receive a tag
5.3	Patient pain not being adequately reassessed after medication						0%	Use SNF Education for time
5.3a	Utilize correction plan from SNF and tweak to fit acute care	Theresa	11/1	11/12	11/16	11/25	100%	
5.3b	Implement standard work	Moriah/Krissy	11/19	11/20	11/30/2018	11/30	100%	
5.3c	Distribute and track completion of standard work packet that includes standard work, policy, post test	Moriah/Krissy	11/5		12/10		75%	In process
5.3d	Order timer lights	Candy	10/20	10/31	10/31	10/31	100%	
5.3e	Develop and implement daily rounding process to validate compliance	Moriah/Krissy	11/10		11/25		0%	W/ra use the daily rounding to do the spot audits to validate compliance
5.3f	Complete return demonstrations with all staff after post test completed	Moriah/Krissy/Theresa	11/19		12/10		0%	
5.3g	Design an audit form and implement audit of 20 charts per month to validate documentation of accurate and timely pain reassessment 100% of the time until 3 consecutive months of compliance is reached	Jack	11/10		11/25		0%	
5.3h	Conduct monthly audits by the 15th of each month and submit to Jack for review and tracking	Moriah/Krissy	12/15		ongoing		0%	This is to be completed daily and submitted monthly to Jack on the 15th of each month Compliance has been met for 3 consecutive months.
5.4	Document plan of correction and give to Jack Incident of patient with very high blood pressure not being reassessed	Candy	11/10		11/15		100%	How JACK TOOK ALL SNF PLAN AND DROUGHT TO match work done on acute care
5.4a	Identify and audit 20 E.D. charts for patients with hypertension. Assess percentage of patients who had a reassessment of the BP	Krissy	11/1	11/10	11/7	11/13	100%	
5.4b	Develop a read and sign with attached policy that states all patients who have been medicated for HTN will have their vital signs taken and reassessed within 1 hour of the medication administration	Krissy	11/7		11/19		100%	completed not being done. Will be added into the read and sign for vital sign compliance
5.4c	Distribute and discuss with all ED. Staff members	Theresa	11/19		11/30		0%	
5.4d	Track all signatures on spreadsheet.	Theresa	11/8		11/17		0%	
5.4e	Document plan of correction and give to Jack	Theresa	11/10		11/16		0%	
5.5	Vital signs are not consistently being done every two hours as stated in policy						0%	
5.6	Vital signs are not being completed prior to discharge						0%	
5.6a	Audit 20 patients records and review the vs for completion within 1 hour of discharge	Krissy	11/1	11/2	11/3	11/4	100%	
5.6b	Develop a read and sign with attached policy that all patients cared for in the ED will have vitals reassessed at a minimum of every two hours and more frequently if needed	Krissy	11/10		11/15		0%	In process
5.6c	Develop a monthly audit to validate compliance with policy. Will audit every month until 90% compliance for 3 consecutive months	Jack	11/10		11/15		0%	
5.7	Oxygen placed on patient without an order	Theresa	11/19		11/20		0%	
5.7a	Create a read and sign regarding physician order needed for O2 administration	Theresa	11/19		11/20		0%	
5.7b	Educate Providers that orders for O2 is mandatory	Jack	11/20		12/1		0%	Jack can you reach out to Dr. Watson??





7.1	List of who is privileged is not available to all staff members	Hamp/Val							0%	
7.1a	Post list of providers and their privileges on the Intranet	Pam/Val	11/15		11/30				0%	Pam is meeting with Val to get it posted
7.2	Physicians who oversee RN's in the OR who perform procedural sedation must be credentialed	Pam	11/16		12/1				0%	Credentialing is in process
7.2a	Follow current credentialing process to have provider authorized to supervise RNS who are performing procedural sedation	Pam							0%	Awaiting required activity report
7.3	Orthopedic physician did not have enough validated procedures	Pam							0%	Awaiting required activity report
7.31	Complete standard credentialing process and obtain the validated procedures	Pam							0%	Awaiting required activity report
8	Advance Directives								0%	
8.1a	Develop standard work for advance directives	Candy	11/1	11/1	11/15	11/13			100%	
8.1b	Educate staff and validate new process	Amy Parker	11/15	11/13	11/20				0%	
8.1c	Document plan of correction and give to Jack	Candy							0%	
9	Policy								0%	
9.1	Policy for glucometer was 5 years out of date. Current policy written but not reviewed and put out to staff	Jack/Candy	10/25	10/25	10/25	10/25			100%	
9.1a	Review and put appropriate policy out to staff	Theresa	11/2	11/8					0%	
9.1b	Instruct staff to review new policy as a read and sign								0%	
9.2	Policies not consistently updated or approved - no set policy or accountability in current processes								0%	This is the root cause of the above problem
9.2a	Pull list of all outdated policies that have not been reviewed and where they are in the process	Pam	11/2	11/3	11/6	11/6			100%	
9.2b	Review list and determine which policies should be pushed out immediately and which need to be moved forward in the review process without being put out	Candy	11/2	11/5	11/13	11/13			100%	Give list to other C team members for them to review for their departments
9.2c	Spread the review among the nursing management team and complete review of policies	Candy	11/2	11/5	11/13	11/13			100%	All past due policies will be reviewed by 11/1/19
10	Orientation of perm and temp staff								0%	
10.1	Temporary staff orientation incomplete or missing								0%	Working with Registry to get a process created where they validate their employees competency
10.2	Temporary staff management of documents is broken. Housed everywhere and nowhere								0%	
10.3	There is no competency evaluation for registry staff. Documents sent by registry only include staffs self evaluation.								0%	
10.4	Employee health titers on staff is not documented well enough								0%	
11	Patient Rights								100%	
11.1	Signs not posted -should be posted in both English and Spanish	Jack	10/24	10/24	10/24	10/24			100%	Completed
	Do we need to validate periodically that they are still there??	Jack	10/24	10/24	10/24	10/24			100%	calendar to be checked regularly
12	Observation patients								0%	
12.1	Notice of admission not given to patients.								0%	
12.1a	Add notice of admissions to MOON form	Amy	11/3	11/10	11/10				0%	
12.1b	Educate staff to give both documents to Observation Patients	Travis	11/3	11/10	11/10				0%	Travis will manage
12.1c	Design an audit form and implement audit of up to 10 charts per month(may not have 10 obs patients) to validate completion of notice of admission in 100% of observation patients until 3 consecutive months of compliance	Jack	11/3	11/10	11/10				0%	
12.1d	Document plan of correction and give to Jack	Travis	11/10	11/11					0%	
12.2	No conditions of admission for an observation patient.	Travis							0%	

<b>1</b>	<b>O.R. issues</b>			
1.a	Unsealed wood in the OR needs to be resealed or removed			
1.b	Items stored under the sink in the OR			
1.c	PACU code cart only checked on days it is open.. Closed days not defined			
1.d	Laryngoscope blade and handles packaged together causing contamination. Need different process and policy			
1.e	Oral airways not individually packaged			
1.f	blank Biomed sticker			
1.g	Roller board propped on floor			
1.h	Tongue Blades unwrapped			
1.i	Hair removal occurring within the surgical suite			
1.j	Missing crash cart checks and closed days not documented			
1.k	No process to check lead aprons yearly for cracks			
1.l	Policy and procedure for cleaning flexible endoscope does not give adequate detail regarding the process and needs to be updated			
1.m	Do not have a program flex ( I missed what it was for!!!)			
1.n	There is a lack of documentation regarding the required "time out" to validate the surgery prior to starting the procedure.			
1.o	History and Physicals not completed correctly			
1.p	need to apply for a flex for outdates.			
<b>2</b>	<b>Pharmacy Issues</b>			
2.a	Certain medications not protected from lights			
2.b	Crash carts with expired items (not on check list)			
2.c	Crash carts with incomplete logs- not following hospital policy			
2.d	Expired medications (mixed abx) in pharmacy fridge			
2.e	Insulin drip hung in the ED and managed without appropriate orders			
2.f	MERP plan has no annual review/re-evaluation			
<b>3</b>	<b>Medical Staff Issues</b>			
3.a	List of who is privileged is not available to everyone			
3.b	Dr Severson not credentialed for procedural sedation			
3.c	Orthopedic physician did not have enough validated procedures			
<b>4</b>	<b>Purchasing</b>			
4.a	Exposed bare wood in purchasing needs to be sealed			
4.b	Purchasing supplies are too close to the ceiling			
<b>5</b>	<b>Emergency Department</b>			
5.a	Need flex request for the waiting room as there is not a defined one specifically for the emergency department			
5.b	No eyes on the patients within the E.D.			
5.c	Patient pain not being adequately reassessed after medication			
5.d	Incident of patient with very high Blood Pressure not being reassessed			
5.e	Vital signs are not consistently being done every two hours as stated in policy			
5.f	Vital signs are not being completed prior to discharge			
5.g	Oxygen placed on patient without an order			
5.h	Visible dust on top of items within the E.D.			
5.i	Incident of patient with very high Blood Pressure not being reassessed			
5.j	IV started in the ED and not dated			
5.k	Controls for glucometers not dated			



<b>6</b>	<b>Advance Directives</b>			
6.a	Process is not working. Some patients have them and some do not			
6.b	Checklist will document presence of an advance directive and none in chart			
6.c	No clear process for procuring and placing advance directives in charts			
<b>7</b>	<b>Radiology</b>			
7.a	No documentation of lead aprons being checked yearly for cracks			
<b>8</b>	<b>Acute Care</b>			
8.a	Ice machine cleaning not documented			
8.b	Patient discharge without discharge orders ( and charting)			
8.c	Valuables are not being adequately documented-IT issue? No check box for acute patients			
8.d	No order in record for immobilizer that was on for a lengthy period			
8.e	No plan of care on a patient			
8.f	No activity orders on a patient			
8.g	Controls for glucometers not dated			
8.h	Patient acuity tool is not reviewed annually			
<b>9</b>	<b>Policies</b>			
9.a	Policy for glucometer was 5 years out of date			
9.b	Policies not consistently updated or approved- no set policy or accountability.			
<b>10</b>	<b>Biomed</b>			
10.a	Biomed equipment outdated or lacking documentation throughout the house			
10.b	blank biomed stickers on equipment			
<b>11</b>	<b>Education/orientation/ HR</b>			
11.a	Temporary staff orientation incomplete or missing			
11.b	Temporary staff management of documents is broken. Housed everywhere and nowhere!!			
11.c	Employee health titers on staff is not documented well enough			
<b>12</b>	<b>Patient Rights</b>			
12.1	Need to be in english and spanish. Not present in usual spots			
<b>13</b>	<b>Observation Patient protocols</b>			
13.1	Notice of admission not given to patients			
13.2	No conditions of admission for an observation patient.			

Telemedicine Update as of November 27, 2018

Respectfully submitted by Amanda Harris for Keith Earnest, CCO and Dr. Aaron Babb, Medical Director.

**Endocrinology:**

- We only had 2 Endo consults this month, I believe in part because we saw 12 patients last month. We have our block filled for December already.
- We are in the process of switching back to Dr. Bhaduri. We had Dr. Arambulo for quite some time as Dr. Bhaduri was moving/building her new home but we're very excited that she'll be back soon.
- We've had 96 consults since the start of this specialty in August 2017.

**Nutrition:**

- We had one Nutrition appointment this month with two last minute cancelations.
- This specialty continues to be very beneficial for the patients in managing their diabetes, however generating no ancillary revenue. But they all tend to love Diana.
- We've had 46 consults so far since we started this specialty in November 2017.

**Psychiatry:**

- Dr. Granese had a small clinic this month, seeing only 5 patients. Next month is currently filled with 11 patients on the schedule and I just (right before completing this update) received referrals for three new patients so it will be a busy block.
- We've had 78 consults since the beginning of the program in August 2017.

**Infectious Disease:**

- We continue to have small ID clinics a couple times a month. Dr. Siddiqui is much more flexible with his schedule and understands that once on treatment patients need to be seen different times per month (everyone has a different start date).
- ID continues to have the most consistent benefit as far as ancillary revenue.
- We've had 33 consults since the start of this specialty in September 2017.

**Neurology:**

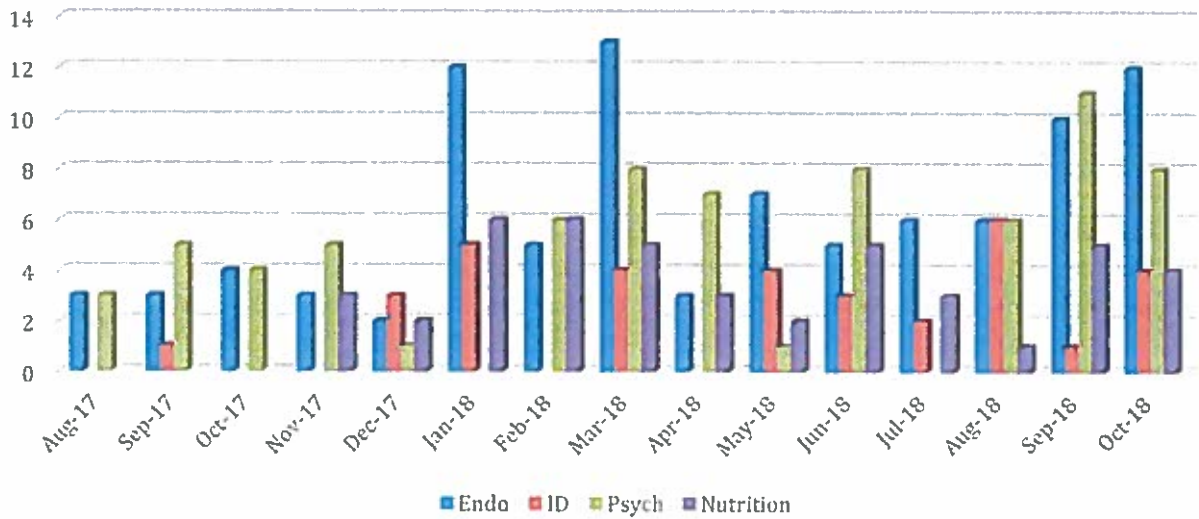
- We had to cancel our Neurology block for October due to lack of referrals. Providers felt great disappointment that they were only able to refer for straight Partnership patients. Mayers solved this problem by generating contracts with Telemed2U for all of our specialties that now allow us to see all adult patients, regardless of payer. We pay T2U per consult and are granted the ability to bill for pro fees.
- We are scheduled to have two Neurology patients on 11/27 and two more are on the schedule for 12/11.

**Peds ER:**

- The cart has yet to be used since its successful testing on July 4, 2018.
- Krissy Eades and I are working with UCD on a possible second use for the cart involving a connection for consult to administer TPA here before transfer.

- MVHC requested a peds patient be seen for numerous specialties due to a genetic defect. We agreed, have undergone testing but UCD is still sorting out the best route of care for the patient.

Telemed Consults by Specialty



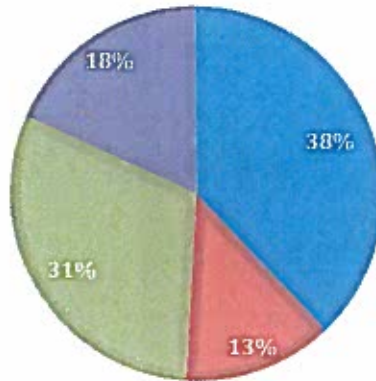
Total Telemed consults



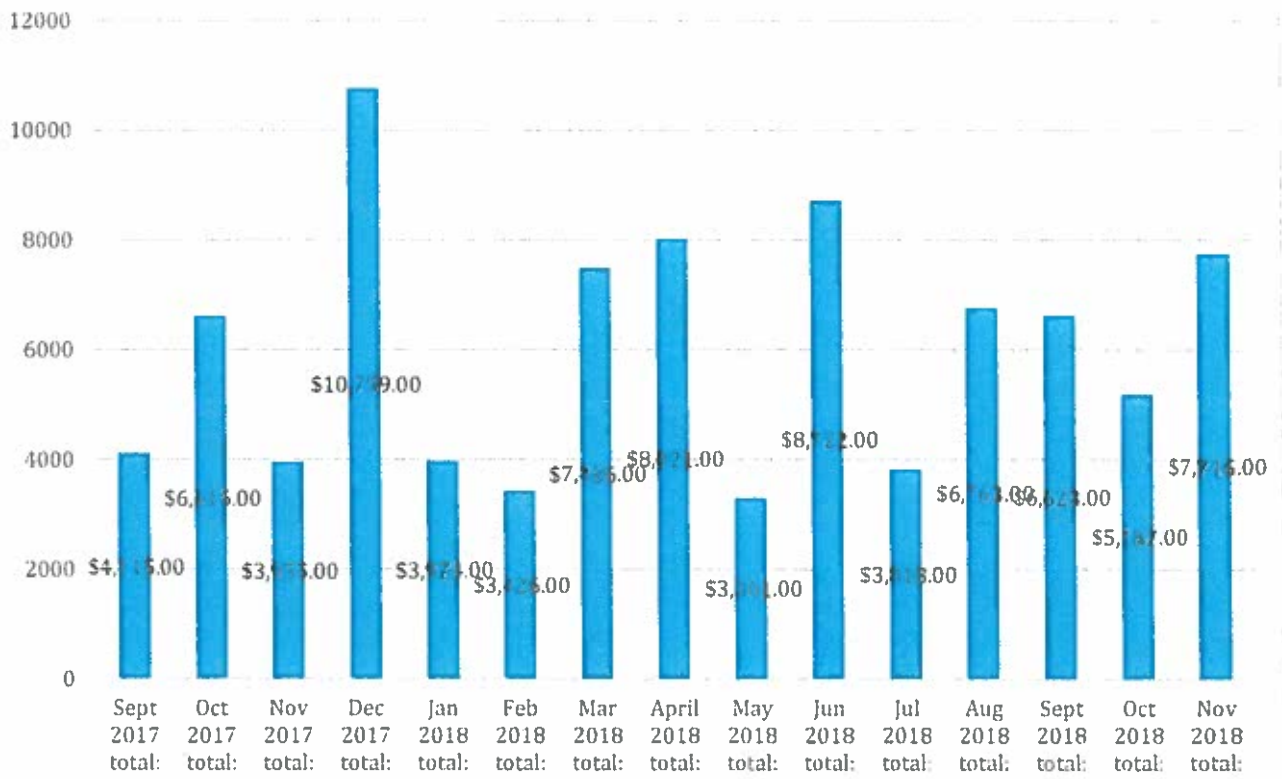


### TOTAL VISITS

■ Endo ■ ID ■ Psych ■ Nutrition



### Total ancillary services billed post-Telemed services



## Ancillary billing by specialty

