



Mayers Memorial Hospital District

Chief Executive Officer, Interim
Louis Ward, MHA

Board of Directors

Abe Hathaway, President
Michael D. Kerns, Vice President
Allen Albaugh, Treasurer
Beatriz Vasquez, PhD, Secretary
Art Whitney, Director

BOARD of DIRECTORS
MEETING AGENDA (amended)
April 26, 2016 1:00 PM
Board Room (Burney)

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.

1	CALL MEETING TO ORDER – Abe Hathaway, President	
2	<p>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 (M-W), 43563 Highway 299 East, Fall River Mills, or in the Board Room). 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.</p>	
3	<p>3.1 Resolution 2016-03 – March Employee of the Month (Exhibit 1) 3.2 Hospice Quarterly Report – Mary Ranquist, Hospice Manager</p>	ACTION ITEM Information
4	<p>APPROVAL OF MINUTES: 4.1 Regular Meeting – March 30, 2016 and April 12, 2016 Workshop (ATTACHMENT A)</p>	ACTION ITEM
5	<p>OPERATIONS ▶ Chief's Reports (CEO, CNO, CCO, IHF CEO) (ATTACHMENT B) WRITTEN REPORT PROVIDED – ADDITIONAL COMMENTS AS NEED VERBALLY</p>	Information
6	<p>BOARD COMMITTEES:</p> <p>6.1 Finance Committee – Chair Allen Albaugh 6.1.1 Committee Meeting Report (no meeting) 6.1.2 March 2016 Financial review, AP, AR and acceptance of financials (Dispersed Separately)</p> <p>6.2 Strategic Planning Committee – Chair Abe Hathaway 6.2.1 Committee Meeting Report (Board Workshop).....</p> <p>6.3 Quality Committee – Chair Mike Kerns 6.3.1 Committee Meeting Report..... 6.3.2 Policy & Procedure Approval – Severe Winter Storms (Attachment C).....</p>	Information ACTION ITEM Information ACTION ITEM

7	OLD BUSINESS 7.1 Building Project Update	Discussion
8	NEW BUSINESS 8.1 2016 Board Vacancy Information	Information
9	9.1 INFORMATION/REPORTS/BOARD EDUCATION/ANNOUNCEMENTS <ul style="list-style-type: none"> • Legislative Update – Val Lakey • Board Comments, Upcoming Events, etc. • Correspondence (Attachment D) 	
10	ANNOUNCEMENT OF CLOSED SESSION: 10.1 Government code section §54957 personnel: CEO Contract	ACTION ITEMS
11	RECONVENE OPEN SESSION: REPORT ACTIONS TAKEN DURING CLOSED SESSION	
12	ADJOURNMENT: Next Regular Meeting May 25, 2016, Fall River Mills	

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, 43553 Highway 299 East, Fall River Mills CA 95028.

This document and other Board of Directors documents are available online at www.mayersmemorial.com.

Posted/Distributed 04/20/16

Attachments: Quality, Finance Committee Meeting minutes



Mayers Memorial Hospital District

Always Caring. Always Here.

RESOLUTION NO. 2016-03

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

Nancy Boyce, RN, Burney Annex

AS MARCH 2016 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 Nancy Boyce, Burney Annex is hereby named Mayers Memorial Hospital District Employee of the Month for March 2016; and

DULY PASSED AND ADOPTED this 26th day of April 2016 by the Board of Trustees of Mayers Memorial Hospital District by the following vote:

AYES:
NOES:
ABSENT:
ABSTAIN:

Abe Hathaway, CHAIRMAN
Board of Trustees, Mayers Memorial Hospital District

ATTEST:

Valerie L. Lakey
Clerk of the Board of Supervisors

Date: March 30, 2016
Time: 1:00 P.M.
Location: Mayers Memorial Hospital
Fall River Mills, California

(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: President Hathaway called the regular meeting to order at 1:00 p.m. on the above date with the following present:

Abe Hathaway, President
Allen Albaugh, Treasurer
Art Whitney

Board Members Absent:

Mike Kerns, Vice President
Beatriz Vasquez, Secretary

Staff Present: Louis Ward, CEO; Valerie Lakey; Travis Lakey, CFO; Sherry Wilson, CNO; Keith Earnest, CCO; Libby Mee, Lisa Akin; Marlene McArthur, IHF CEO

2. CALL FOR REQUEST FROM AUDIENCE TO SPEAK TO ISSUES OR AGENDA ITEMS:

None

3.

3.1 Resolution 2016-02 February Employee of the Month (*Approved*)

3.2 Job Description Website HR Overview – Libby Mee

4. APPROVAL OF MINUTES – A motion/second and carried, the Board of Directors accepted the minutes of the February 25, 2016 Regular Board Meeting and March 8, 2016 Board Workshop (*Albaugh, Whitney*) – **Approved All**

5. OPERATIONS REPORT:

In addition to the written operations report included in the board packet, the following verbal reports and discussions are summarized below:

- ▶ **Louis Ward, CEO** – Reviewed Board Packet notes and additionally: Attended Ambulance meetings in Lookout and Adin. There was a panel available for discussion. (Louis, Gonzo, SEMSA representative, Dr. Rickert (Nor Cal) and a few others). Tax is \$65 per parcel – max of \$130. There will be a meeting in Bieber on April 6th.

Working on PRIME project. We are in the application period, due April 4th.

Reviewed Telemedicine as referenced in the board packet. Looking at Partnership "Tele-Med to You" program. County has paid for 2 mental health providers for 16 hrs per day at Mercy and Shasta Regional – potentially set up a telemed opportunity.

We have had several 5150's lately. Sitter are becoming an issue when the timeframe. Costly. Transportation is an issue. Try to work on solution with Sheriff's department.

Regional HIE

Clinic – What it will take to get building to OSHPD 3. Questions about parking, trees, etc.

- ▶ **Keith Earnest, CCO** – In addition to the written report: Highlighted the new PFT machine, new lab equipment. PT that will start in January. We will also be bringing in a PTA.
- ▶ **Sherry Wilson, CNO** – Very busy week with the state. Census is up. We should be at 83 by Friday. We are at 78. Dr. Watson has been a lot more available.

- ▶ **Travis Lakey, CFO** – Revenue and collections are up.
- ▶ **Marlene McArthur – IHF** – Board was meeting last week. Some of the highlights: Grant funding, submitted 6 grants worth \$60,000. Margaret Truan is moving. Jessica Stadem will be doing the grant writing. Thrift Store and resale store will be merged. Thrift Store needs renovation. We have written a \$20,000 grant for the project. Store revenues are used to award grants. Health Fair is April 9th. Golf Tournament is August. Already have \$4000 in sponsorships for golf tournament. Foundation Board approved minimum of \$25,000 award funding. Capital Campaign - Brochures are done. Meeting with Dicalite, SP, McConnell. There is \$340,000 in the bank

6. BOARD COMMITTEES:

6.1 Finance Committee – Chair Allen Albaugh

6.1.1 Committee Meeting – AP is about \$500,000; we are doing well. A/R looks good. Fixed the "ticklers" to restart again after 120 days. High ratio – 3.08. Will have some cash coming in. Keeping an eye on OB, things are progressing at the current time. Talked about in-house laundry. Potentially do the service in Burney – less water cost. Come up with a rotating inventory plan. Talked about the IDR meeting at CDPH. We are disputing the tag and the fine.

6.1.2 February 2016 Financials – (Albaugh, Whitney) – Approved All

6.1.3 Approval of Policies – (Albaugh, Whitney) – Approved All

- Prompt Pay Discount Policy
- Charity Care Policy
- Discount Payment Policy

6.2 Strategic Planning Committee – Chair Abe Hathaway

6.2.1 Committee meeting – No regular committee meeting

6.2.2 Next Workshop – April 12th – 9:30 am

6.2.3 Policy Manual Review – Pam Sweet will be sending prior to next board meeting

6.3 Quality Committee – Chair Mike Kerns

6.3.1 Committee Meeting Report – table to April

7. OLD BUSINESS

7.1 Building Project Update – not much new since last month, working with Tyler Davis at Porter. Working with USDA on RFP and RFQ. Cal Mortgage has to approve USDA loan. We should have that sign off by the end of April. Trying to negotiate old OSHPD fees down. RFQ should be out next month.

7.2 Clinic Grant Update – see above Title Company and the Zahn Estate are still disputing the title. There is title insurance.

8. NEW BUSINESS

8.1 July Regular Meeting Date – Change to July 20, 2016

9. INFORMATION/BOARD EDUCATION/ANNOUNCEMENTS

BOARD COMMENTS, UPCOMING EVENTS, ETC. – VAL GAVE AN UPDATE ON LEGISLATION AND IGT PROJECT

10.1 Announcement of Closed Session @ 2:15 PM

(Albaugh, Whitney)

MEDICAL STAFF REAPPOINTMENT

1. William Dykes, MD
2. Dale Syverson, MD

AHP STAFF APPOINTMENT

1. Jessica Miller, PA-C

AHP Staff Reappointment

1. Fred Jones, PhD

2:40 pm adjourned to closed session - All on agenda was approved

10. ADJOURNMENT: There being no further business, at the hour of 2:40 p.m., President Hathaway declared the meeting adjourned. Next meeting April 27, 2016 – Burney

Date: April 12, 2016
Time: 9:30 A.M.
Location: Mayers Memorial Hospital
Fall River Mills, California

(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: Secretary Vasquez called the workshop meeting to order at 9:35 am on the above date with the following present:

Abe Hathaway, President – arrived late
Mike Kerns, Vice President
Beatriz Vasquez, Secretary
Allen Albaugh, Treasurer

Board Members Absent:
Art Whitney

Staff Present: Louis Ward, Travis Lakey, Keith Earnest, Marlene McArthur, Valerie Lakey

2. CALL FOR REQUEST FROM AUDIENCE TO SPEAK TO ISSUES OR AGENDA ITEMS:

None

Board Workshop – Laura Dolman Facilitating – 9:30 am

Assigning **accountability** for each objective:

Objective 1 – CEO/CFO
Objective 2 – C Team – HR
Objective 3 – C Team
Objective 4 – CFO

Risk Management – Effect of *Uncertainty* of *Objectives*. There are uncertainties in operating environment – those are not necessarily risks.

Three Components of a risk

- Risk Event
- Cause
- Consequence/ Impact

Rate:

- Likelihood/Consequence – Is that acceptable?

Worked in workgroups to determine risk involved in each objectives.

Objective Risks:

Facilities

- Don't reach campaign goal amount due to lack of community and donor confidence leads to inability to go forward with project. **Likelihood – Low Consequence – High (acceptable)**
- Lack of qualified and financially stable bidders who understand OSHPD requirements due to changing nature of OSHPD leads to cost overruns and delays **Likelihood – moderate Consequence – high (not acceptable)**

Personnel

- Poor working environment due executive leadership/board overly focusing on operational issues leads to poor working environment that leads qualified staff to leaving at a higher rate. **Likelihood: Medium Consequence: High (acceptable)**
- Unable to keep up with market pay and benefits due to increasing costs but stable local population leads to high turnover in staff. **Likelihood: High Consequence: Medium (acceptable)**

Patient Services

- Inability to maintain ageing facilities due to costs to maintain and maintenance plan leads to reduce utilization. **Likelihood: High Consequences: Low (Acceptable)**
- Inability to attract qualified personnel leads to fewer services offered. **Likelihood: Medium Consequence: Medium (Acceptable)**

Financial

- Increase of costs due to increase in minimum wage, expansion overrun and maintenance of infrastructure leads to inability to keep goal of cash on hand. **Likelihood: Low Consequence: Medium (Acceptable)**

MONITORING:

To Whom: Strategic planning committee – then report to full board

How Often: Minimum of reporting is every 6 months

What: Basic template

- Tracking on success indicator
- Level of risk and what is being done (Risks & Mitigation)
- Are we on track? Summary
- Issues encountered/changes
- Attachments

Board: Overall progress & risk, changes from last report

Will present full report at May 25th board meeting and then present to management.

10. ADJOURNMENT: There being no further business, at the hour of 12:40 p.m. President Hathaway declared the meeting adjourned.

MAYERS MEMORIAL HOSPITAL DISTRICT 2016 – 2021 STRATEGIC PLANNING SESSION AGENDA (v2)

Facilitator: Laura Beyer

Date/Time	Activity	Details
March 8, 2016 9:30 – 9:45	Opening	<ul style="list-style-type: none"> • Welcome • Review agenda for the session • Review facilitator and participant roles • Review purpose of strategic planning • Review SMART objectives
9:45 – 10:30	Strategic Objectives (SMART)	<ul style="list-style-type: none"> • Each person will write down their desired 3-5 strategic objectives • Present all objectives and as a whole group, narrow/combine them down into 3-5 objectives to which the majority of the group agrees • Assign accountability to each objective (needs to be an individual, not a committee or work area)
10:30 – 12:00	Success Indicators (SMART)	<ul style="list-style-type: none"> • In small groups, write down 2-4 success indicators for each objective • Present all success indicators and as a whole group, narrow/combine them down into 2-4 indicators for each objective to which the majority of the group agrees
April 12, 2016		
9:30 – 11:30	Risk Management	<ul style="list-style-type: none"> • Overview of risk • In small groups, write down 2-3 key risks to achieving each objective • Present all risks and as a whole group, narrow/combine them down into 2-3 risks for each objective to which the majority of the group agrees • As a whole group, discuss and determine current risk level, mitigation strategies, and target risk level for each risk
11:30 – 12:30	Accountability and Monitoring Plan	<ul style="list-style-type: none"> • Assign accountability to each objective (needs to be an individual, not a committee or work area) • As a group, outline who, when and by what mechanism(s) the plan's progress of implementation and risk management will be monitored

Mayers Memorial Hospital District Strategic Plan 2016 – 2021

Vision: To become the provider of first choice for our community by being a leader in rural healthcare.

Mission Statement: To provide outstanding patient-centered healthcare to improve the quality of life of our patients through dedicated, compassionate staff and innovative technology.

Objectives

To progress toward the achievement of our Mission and Vision over the next five years, we will work toward the following four strategic objectives:

CEO/CFO

1. **Outstanding Facilities:** By 2020, we will open new square footage meeting all state and federal requirements that will house Emergency, Laboratory and Imaging Services.

C/HR

2. **Outstanding Staff:** By 2021, we will be seen as the employer of choice in the area by providing staff growth opportunities, flexible working arrangements and maintaining a turnover rate commensurate with similar hospitals.

C

3. **Outstanding Patient Services:** By 2021, we will be a five-star hospital and meet all HCAHP requirements.

CFO

4. **Outstanding Finances:** By 2021, we will maintain an average of 90 days cash on hand.

Success Indicators

To ensure we achieve our strategic objectives by 2021, the following are milestones that will indicate we are on a pathway to successfully achieving the objectives:

1. **Outstanding Facilities**

- a. USDA loan will be closed by August 2016
- b. Construction will begin by April 2018
- c. Construction will be completed by May 2019
- d. Wall will be completed by December 2019

2. **Outstanding Staff**

- a. Develop exit survey that measures satisfaction by mid-2016
- b. Develop educational/growth plan by 2017
- c. Meet turnover target by 2018

3. **Outstanding Patient Services**

- a. There will be no findings above a D on annual surveys
- b. Develop a quality data reporting plan by the end of 2016
- c. We will have a 3-star rating by 2017
- d. We will have a 4-star rating by 2018

4. **Outstanding Finances**

- a. Have an average of 45 days cash on hand by 2017
- b. Have an average of 70 days cash on hand by 2019



Mayers Memorial Hospital

Operations Report March 2016

Statistics	March YTD FY16 (current)	March YTD FY15 (prior)	March Budget YTD FY16
Surgeries (including C-sections)	84	85	101
➤ Inpatient	29	57	11
➤ Outpatient	55	28	90
Procedures (surgery suite)	167	154	155
Inpatient	1766	1575	1605
Emergency Room	3043	2972	2970
Skilled Nursing Days	19997	20033	20002
OP Visits (OP/Lab/X-ray)	13217	12302	12367
Hospice Patient Days	1291	947	765
PT	8132	9654	9390
Ambulance Runs	335	291	298

Operations District-Wide

Prepared by: Louis Ward, MHA, Chief Executive Officer

Mental Health

Mental Health has been one of the most pressing topics to the month, this month the Operations Team met with Lieutenant Lillibridge with the Shasta County Sheriff's Office. We spoke at length about the current state of affairs regarding mental health patients and the limited resources in the area to care for them. The hospital and the Sheriff's office has agreed to partner together in our efforts to educate the Counties mental health decision makers of our limited resources in the area as well as how we would like to work with the county to solve this pressing issue. As I have reported the county has funded staffing Caregivers specializing in mental health for 16 hours a day in both Redding Emergency Departments. I am working with County officials in an effort to amend the current contract that funds the above mentioned staff to mandate the Redding hospitals to accept an ER to ER transfer in the case it is necessary to find a more acceptable setting to provide treatment for mental health patients.

CMS Meaningful Use Medicare Reimbursement

As reported last month the hospital has once again met all of the quality initiatives set forth by the Centers for Medicare and Medicaid service's Meaningful Use Program. As a final step for the 2015 attestation year we are required to collect all meaningful use related invoices, sort them appropriately, and document on an approved excel worksheet. This task was completed this month and submitted to our intermediary, Noridian. At the moment we are estimating roughly a \$100K receivable for this attestation year. This amount is considerably lower than past years but so too was expenses related to meeting meaningful use so it is to be expected.

California Rural Health Symposium

Travis Lakey and I attended the California Hospital Association's Rural Health Symposium annual conference this Month. We gained valuable information that we will be sharing with the operations and management teams in the near future. The conference was full of great presenters, presenting on a spectrum of topics including: healthcare finance, quality, Board relations, creative recruitment and retention models, workforce violence, and a CEO roundtable. We are appreciative of our partnership with the California Hospital Association as they funded all expenses related to this conference.

PRIME Projects

We submitted our PRIME project application this month. DHCS now has 45 days to return their decision. If the project is denied, it will be denied with comments and they will allow us 3 days to revise and submit. We are happy and confident with what we submitted so we are hopeful we will receive approval soon. We are going to continue on working on the projects as if we have already been approved as we do have June 30th deadlines to receive the first year's payment of \$750,000.

MVHC –Mayers Collaborative Meeting

Staff from both Mountain Valleys Health Centers and Mayers met again this month to continue working on our shared goal of ensuring the intermountain area patients receive the best possible care right here at home. We have met numerous times over the past year and we all agree that with each meeting the group is becoming more productive working with each other while we navigate through many of our most complex issues. Mayers has implemented many new processes in an effort to respond to the concerns of providers and patients, the same can be said about Mountain Valleys. We will continue to keep open lines of communication and as a leadership team we will promote and foster continued collaboration.

Respectfully Submitted by,
Louis Ward, MHA
Chief Executive Officer

Chief Clinical Officer Report

Prepared by Keith Earnest, Pharm.D.--Chief Clinical Officer

Respiratory Therapy

- Pulmonary rehab now has 4 patients; this is the most we've had at one time.
- Revenue from outpatient pulmonary function testing has doubled from last year.
- Our pulmonologist, Dr Panossian, is very pleased with the quality of the studies and reports produced by the new pulmonary function testing machine. Our local physicians have expressed satisfaction with Dr Panossian's reviews and the quality of the tests.

Laboratory

- Results from the Health Fair have been mailed 4/15.
- Mayers 2015 antibiogram will be ready by April 21.
- The microscan machine donated by Fairchild Medical Center has arrived.
- Marsha Veldhuisen, CLS, has completed her micro training and is working independently.
- Chris Hall, CLS—lab manager, met with MVHC at the monthly joint meeting to work on fax issues and communication issues between MVCH and the lab department.
- Wendy Washburn, lead phlebotomist, is working directly with Susan Knoch, RN—MVHC, to resolve coding issues.

Physical Therapy

- Mayers has rehired Scott Platko PTA, which will increase our ability to see more patients.
- Our wait time for PT has reduced to approximately 21 days.
- Daryl Marzan, PT manager, is working with skilled nursing staff on our revision to our fall prevention and follow-up policies.

Cardiac Rehab

- Numbers for Q3 16 are up significantly over last year (see attached).
- Our volumes for Holter Monitors have increased.
- Trudi Burns, cardiac manager, is continuing to work with Partnership Health to get rehab patients covered.
- Training and orientation to the cardiac stress treadmill will start April 26th.

Pharmacy

- Mayers is expecting a 340B audit May 17'19. We have been on a call with the auditor and are preparing the documents they have requested. Our volumes have been minimal and we are exploring leaving the program.
- The pharmacy department is working on revising policies with input from the mock surveyors.

Critical Access Hospital

Prepared by: Sherry Wilson CNO/Acute

Outpatient Medical

Outpatient census remains high, > than 140 visits again this last month.

Dr. Zittel consistently brings in wound care patients. His time slots are filled and overfilled at his once monthly wound care clinic. New equipment needs, i.e. beds and the vital signs monitors are an ongoing need. We are still training an additional part time RN, Stephanie Heringer to assist on Dr. Zittel's wound care clinic days. In order to ensure that she gets enough experience for skill development, she is working in OPM 2 days a week. Staff Competencies have been underway for all outpatient staff during March and April.

Kay Shannon RN, Outpatient Manager

Surgery

- Autoclave Control Board continues to have issues as evidenced by Test Strips. My fear is that at some point soon, it will be irreparable. Greg Drummond continues to service Autoclave and is available via phone for trouble shooting. I am working with Margaret Truan on a Grant for a new Control Board.
- Due to a decrease in Surgeries/Procedures, the OR Staff has at times, voluntarily decreased staff hours.
- Upon scheduling, Patients receive a letter in the mail with information on their Pre-Op and Surgical Appointment. When and where to arrive and also what to bring with them. Patients continue to be very appreciative of the information.
- Occasionally, Patients will verbalize that Pre-Op appointments are an inconvenience. However, once Patients have attended the Pre-OP Clinic they verbalize appreciation.
- Dr. Guthrie performed another Total Knee Replacement with two nights spent on the Acute Nurses Station
- Surgery started sending home printed Out Patient Surgery Surveys with a Stamped, Addressed return envelope upon Discharge. The response has been overwhelming with numerous additional positive comments.
- Stacie Warnock will be sending these stats and information on the department from this time on.

Infection Control

- Beginning the implementation of Antimicrobial Stewardship in SNF
- Continuing to move forward with the ASP activities in Acute, ER & Outpatient Medical & Surgery
- Prime
- Improving Hand Hygiene Compliance

- Improving infection control monitoring in all departments by increasing surveillance according to the Rules of Participation for Medicare (department managers have been asked to help surveillance in their areas)
- Completed the annual staff and volunteer influenza vaccine compliance and submitted the report to NHSN
- Attended the 2016 IDAC Winter Symposium on ASP implementation for SNF
- Compiling information on laboratory draw carts for improved IC practice to be submitted to MIHF
- Participated in “Mock Survey” which was extremely helpful for preparation for future surveys for acute and SNF

Skilled Nursing Facility – Burney & FRM
Submitted By: Sherry Wilson, RN, CNO

- Census is at 82
- Both our Acute and Skilled Nursing participated in a mock survey the week of April 4, 2016. It went well, they gave us a lot of good feedback on areas that we could be doing better in as well as areas that they felt we were doing well in. We will be utilizing the resources that were given to us to improve our quality of care and the patient experience as a whole.
- The CNA program is going well, we are already beginning the process of registering students for the next semester that will start in August. Shasta College’s LVN students started their clinical rotations on our Acute floor this last month and will continue throughout the month of May. Our facility is very excited to have the opportunity to facilitate Shasta College’s students for these rotations and future classes.

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**THREE MONTH COMPARISON**

| <b><u>DATE</u></b> | <b><u>CARDIAC REHAB</u></b> | <b><u>MAINTENANCE</u></b> | <b><u>TOTAL</u></b> | <b><u>INCREASE</u></b> |
|--------------------|-----------------------------|---------------------------|---------------------|------------------------|
| 1/2015             | 22                          | 225                       | 247                 |                        |
| 1/2016             | 23                          | 244                       | 267                 | +20                    |
| <hr/>              |                             |                           |                     |                        |
| 2/2015             | 23                          | 203                       | 226                 |                        |
| 2/2016             | 38                          | 261                       | 299                 | +73                    |
| <hr/>              |                             |                           |                     |                        |
| 3/2015             | 25                          | 188                       | 213                 |                        |
| 3/2016             | 46                          | 300                       | 346                 | +133                   |
| <hr/>              |                             |                           |                     |                        |



**MAYERS MEMORIAL HOSPITAL DISTRICT**  
**POLICY AND PROCEDURE**  
**SEVERE WINTER STORMS**

Page 1 of 2

**DEFINITION:**

For all intents and purposes, the word “patient(s)” refers to all customers receiving health care services in our facilities, including inpatients, outpatients, residents and clients.

**Warnings and Watches:** Winter storm watches are issued by the National Weather Service when a significant storm is approaching an area. A watch is upgraded to a warning when heavy snow, sleet or freezing rain is expected. A blizzard warning will be issued when blizzard conditions are anticipated.

**POLICY:**

It is the Hospital's responsibility to keep the patients and staff safe at all times. If severe weather strikes, precautions will be taken to ensure their safety.

To educate and inform staff of weather conditions that warrant their attention.

In preparation for a severe winter storm the following provisions will be made (these all will be tested and maintained by the Safety and Disaster Coordinators):

- Routine testing of communication systems.
- Participation with Shasta County disaster planning in developing and maintaining emergency operations plans.
- Shelter in place plans, hospital provisions in place to maintain patients/staff dietary and medical needs for 96 hours.

**PROCEDURE:**

If a severe weather warning is issued by the National Weather Service, the following steps will be taken:

- Incident Command:
  - Activate the Emergency Operations Plan as appropriate.
  - Assess the need for activation of shelter in place plan.
  - Assess the need to close certain hospital wings based on severity of conditions.
  - Coordinate efforts with local agencies.

## Severe Winter Storms

Page 2 of 2

- Make sure adequate staff is available. Call back hospital staff to provide for emergency snow removal and building maintenance as needed.
- Make sure heating system is operable.
  
- **Nursing Staff:**
  - Account for all patients. Make sure everyone is inside.
  - Assemble extra blankets and keep patients as warm as possible.
  - Be prepared to evacuate residents if necessary.
  
- **All Staff:**
  - Advise visitors and patients not to leave the building, as necessary.
  
- **Receptionist/Charge Nurse:**
  - Announce "Attention all staff, we are in a severe weather warning, begin severe weather procedures at once."
  - If phones do not work, send runners to all areas.

### **REFERENCES:**

Hospital Incident Command System- Internal Scenarios, Scenario 12: Severe Weather.

ATTACHMENT D

Irwin Fust  
6774 Amber Ridge Dr  
Anderson, CA 96007  
(530) 351-8203 Cell - (530) 378-1801 Hm.

Mayers Memorial Hospital District  
P. O. Box 459  
Fall River Mills, CA 96028

To: Mayers Memorial Chairman and Board Members

Re: Election of Special District Representative to LAFCO

The election for your Special Districts Representative on LAFCO is coming up and you will be asked to vote on representatives. I am Irwin Fust and I am Vice Chairman of the Clear Creek Community Services District and presently your Alternate Special District Commissioner on LAFCO. I am asking for your vote to be your Regular Special District Member for either Seat 1 or Seat 2.

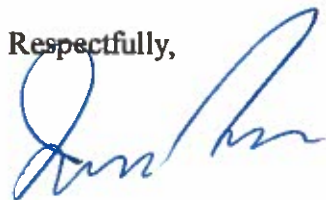
As your Alternate for the past four years I have sat as an acting commissioner only when one of the other two representatives has not been able to be present at a meeting. These are the rules set up by LAFCO law. I have attended most of the LAFCO meetings in the past 4 years but have not always agreed with the votes taken by the commission. As your Alternate, I cannot, by commission policy, engage in the discussion of an issue. I can only express my thoughts at the Public Comment part of the meeting, which I do. I have not agreed with this policy but that is how the meetings are conducted.

I have had and still have great concerns about how the finances of the commission have been handled. I have felt in the past, and still do feel, that your contribution to LAFCO has not been well spent and, in fact, could be reduced. We simply do not have enough LAFCO business in this county to have to employ a full time LAFCO Executive Officer. A part time contract EO would work fine for our county. I was able to sit on the commission as a voting representative when we recently hired a part time contract firm to handle our future business. I think this arrangement could allow for LAFCO contributions to be reduced in the future.

I have been an advocate for Special Districts because, in the recent past, that's where the growth of services has been. LAFCO is charged with updating a district's Municipal Service Review and Sphere of Influence boundaries and I feel the commission has finally adopted a schedule for updates that can be managed by a part time contract EO. LAFCO is now in a position to handle any business your district may have in the future in an expeditious and efficient manner. I would like your vote to insure that this efficiency continues.

Thank you for your consideration.

Respectfully,



Irwin Fust  
irwin378@gmail.com



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# **COMMITTEE MEETING MINUTES**

- **FINANCE**
  - **QUALITY**
-

**MAYERS MEMORIAL HOSPITAL DISTRICT**  
**BOARD FINANCE COMMITTEE MEETING**  
**MINUTES – MARCH 30, 2016 9:00 A.M.**

BFC Attendance:  
 Allen Albaugh  
 Art Whitney

**DRAFT**  
**Attachment A**

Louis Ward, CEO  
 Travis Lakey, CFO

Valerie Lakey, Clerk of the Board

Other:  
 Marlene McArthur  
 Beatriz Vasquez

*(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.)*

| SUBJECT                         | DISCUSSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |
|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| CALL TO ORDER                   | The meeting was called to order by Albaugh at 9:06 AM in Fall River Mills.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |
| Requests from Audience to Speak | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
| Minutes                         | The minutes from the BFC meeting held 02.25.16 were approved.<br><i>(Whitney, Ward)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Approved</b> |
| Financials                      | Approval of February Financials, A/R, A/P <i>(Whitney/Albaugh)</i> <ul style="list-style-type: none"> <li>• A/R is looking good</li> <li>• Goal was \$1.78 mil for the month; we have collected \$1.86 mil as of 3/29/16</li> <li>• LTC is billed once a month now</li> <li>• Anova is not on the 120+ list – Lakey will check on that</li> <li>• Lakey noted that cash has been good</li> <li>• Collections are 57% versus 55% last year – we are trending in the right direction</li> <li>• Albaugh asked if we have made any progress with OSHPD? We are still negotiating and hoping to get on a payment plan that starts after August. We are trying to negotiate from our \$220,000 balance to \$170,000 range</li> <li>• We are not recognizing the Armor Steel debt – the attorney is drafting a letter.</li> <li>• R &amp; S is on a payment plan. \$10,000/month</li> <li>• A/P looks good</li> <li>• Currently we have 20 days cash</li> <li>• \$237,000 to show up in April – DP-NF Partnership</li> <li>• Looking at EHR liability – we have discussed it with WiPFLI</li> <li>• We have a current ratio of 3.08</li> <li>• PG &amp; E balance is \$19,000 for the retrofit</li> </ul> | <b>Approved</b> |

MAYERS MEMORIAL HOSPITAL DISTRICT

BOARD FINANCE COMMITTEE MEETING  
MINUTES – MARCH 30, 2016 9:00 A.M.

|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p>Department Reports</p> | <p><b>OB, Holly Green</b> – Green presented a power point. <i>(Exhibit A)</i> We have been being paid at the new Partnership rate. We are about 65% Partnership. We have been doing Trial of inductions and non-stress testing. We received a grant award for infant sleep sacks. The census is up by 2 at the current time. There have been some questions on how to receive payment on Birthing Classes. The presentation addressed challenges including increasing census, equipment update, and Policy &amp; Procedure update. The fundraising efforts toward Electronic Fetal Heart Monitor. Shasta First 5 may do equipment grants.</p> <p>We received a very positive comment about the department. <i>(See attached)</i> Committee members had some questions regarding population we serve. Spanish speaking clinical staff would be a plus.</p> <p>Finances are tied to surgery because of CRNA. (5/7 – CRNA goes to surgery) We have not changed the surgery schedule yet – need to work out details with the surgeon. CRNA rate has been renegotiated – savings of \$80,000/year. Reduced the staff CRNA’s PTO rate.</p> <p>Goals – staffing, education, etc. We are working on a plan, staffing model, explore other avenues. We will see what we look like 6 months from now. Albaugh asked for some demographic information to be presented at a later date.</p> <p><b>Environmental Services, Sherry Rodriguez</b> – <i>(Exhibit B)</i> written report. This is a non revenue department. Rodriguez reports they are working on decreasing expense and eliminating waste. There are 14 employees in housekeeping and 2 in maintenance. The retention has been good over the last 3 years. There are two employees that have been in the department for over 20 years. The largest department expense is employees. SNF resident laundry is in-house. Ward suggested looking at grant opportunity through foundation for new laundry equipment. Linens are delivered Monday, Wednesday and Thursday. Inventory needs to be done daily to keep up on needs. Minimum Wage increases will affect this department significantly. Rodriguez researched numbers for doing all laundry in house. Potential location could be in Riverview or Burney. Whitney and Albaugh said we need to look into the possibility.</p> <p><b>Lab, Chris Hall</b> – Provided new information she just received that some insurance providers are sending out letters to have patients not use MMHD – not confirmed. We will have to follow up on the validity of this. Albaugh had questions about our contracts. Lakey will make a phone call.</p> |  |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

MAYERS MEMORIAL HOSPITAL DISTRICT


BOARD FINANCE COMMITTEE MEETING  
MINUTES – MARCH 30, 2016 9:00 A.M.

|                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                        |
|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| <p>USDA<br/>Capital Campaign<br/>Building Project</p> | <ul style="list-style-type: none"> <li>• Ward gave an update – still working with Tyler Davis of Porter. Trying to reduce OSHPD fees. Working with USDA on RFQ and RFP language. Hopefully they will go out in April. We should have a contractor picked by the end of June. Cal Mortgage will have to sign-off on our USDA loan.</li> </ul>                                                                                                                                                                                                                            |                        |
| <p>Policies &amp; Procedures</p>                      | <ul style="list-style-type: none"> <li>• Prompt Pay Discount</li> <li>• Charity Care Policy</li> <li>• Discount Payment Policy</li> </ul> <p><i>(Whitney/Albaugh)</i></p>                                                                                                                                                                                                                                                                                                                                                                                               | <p><b>Approved</b></p> |
| <p>Administrative Report</p>                          | <ul style="list-style-type: none"> <li>• Louis met at Adin and Lookout Ambulance meetings. Served on a panel to provide information.</li> <li>• Paramedicine pilot programs in the state – rural areas a model would well</li> <li>• PRIME – Albaugh had questions. Future will be with quality indicators</li> <li>• IDR – with CDPH regarding a “G” tag – from March 2015. Just received it February 26, 2016. Regarding a combative patient.</li> <li>• CALF Organization</li> <li>• Discussion about nursing structure – possibility of a need for a DON</li> </ul> |                        |
| <p>Adjournment</p>                                    | <p>Meeting was adjourned at 11:40 am</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |

By: Valerie Lakey



**Obstetrics Department Finance Board  
Report  
March 30, 2016**



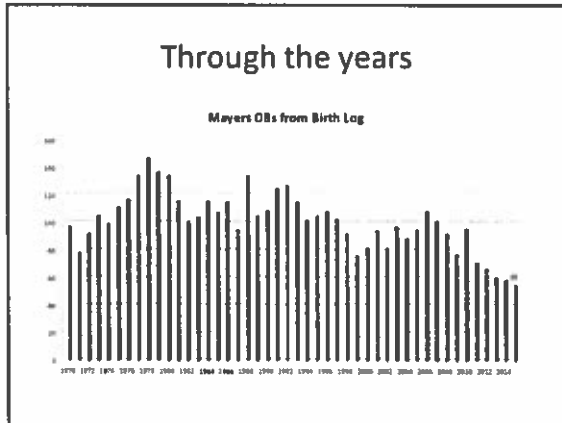
© 2011 C. Lopez - www.illustrations.com 08-124 020-1000@photos.state.ca.us

**ACCOMPLISHMENTS**

- ❖ Increased rate for care of OB patients by partnership.
  - Old rate \$ 6,500 per delivery, new rate \$11,000 per delivery.
- ❖ Initiation of more Obstetrical out patient procedures, ie Trial of induction of labor & non-stress testing (NSTs) for added revenue to the OB department. \$1500-\$2000 and \$488, respectfully.
- ❖ Grant reward for \$1,500 from Shasta 1<sup>st</sup> five to obtain Halo sleep sacks to gift to our mom/baby couplets.
- ❖ Increase in census to date is up by 2 deliveries from last FY March 2015
- ❖ Revenue FY 2015 to Feb. and 2016 FY to Feb. has remained roughly the same and should exceed 2015 with March's increased census.


**Successes met with challenges**

- ❖ Increasing census
  - Necessary to increase staff availability to support the needs of the community.
  - 24 hour OB RN call cannot be met with just one RN
- ❖ Equipment Update
  - To provide best evidenced based practice for the patients in which we serve.
  - Attractive for RN obtain and retain
  - Fund raisers so far for Electronic Fetal heart Monitor system have raised \$ 25,000.00
  - Other grants obtainable for assistance in gaining needed equipment updates.
- ❖ Policy and Procedure update for best recommended safe practice
  - Provider resistance to change
  - Progress achieved over time




**Goals for Success**

**PRODUCTIVITY**



**Growth for Growth**

- Increased census requires increased staffing.
- Ongoing staff education – gain and retain
- Modernization of facility
- Updated equipment
- Updated P&P to reflect recent best practices.
- Community education and networking
- Positive change



**PLAN**

- \*Recent hire of RN with OB background - **SCORE!**
- \*to have 24 TRUW OB RN coverage
- \* Currently partnering with ENL/DIE for staff to obtain training in obstetrical services with higher census to commence April-May, 2016
  - Contract negotiations in progress
- \*Monies allocated to training in place from partnership recognizing importance of service
- \*Ongoing education and conferences for staff to remain in the "NOW" of best practices
- \*Facility update for more aesthetic appearance
  - Station III newly remodeled offering a welcoming appearance
- \*Grants and Fundraisers in progress for assistance with equipment needs
- \*P&P being updated ongoing
- \*Community outreach projects scheduled ie Career fairs, health fairs, networking etc
- \*Creating positive patient experiences leaves lasting impressions!



**CONCLUSION**

In order for successful growth in any business it is necessary to be able to accommodate growth. Having the necessary components to run the business is imperative.

- ✓ Staffing
- ✓ Education
- ✓ Equipment
- ✓ Facility
- ✓ Advertising
- ✓ Outcomes

It is the balance of these components that create **success!**



x

EXHIBIT B

MAYERS MEMORIAL HOSPITAL  
DISTRICT

ENVIRONMENTAL SERVICES DEPARTMENT

FINANCE REPORT

SHERRY RODRIGUEZ,  
ENVIRONMENTAL SERVICES MANAGER



**HOUSEKEEPING DEPARTMENT**

**FY15**

| <b>ACTUAL</b> | <b>BUDGETED</b> |
|---------------|-----------------|
| \$266,191.73  | \$268,457.56    |

**DECREASE EXPENSES**

- By eliminating waste of supplies
- Evaluate current supplies to meet the hospitals needs

**CHALLENGES**

- Utilizing my current staffs skills to be more efficient
- Infection control trainings throughout the year



## **LAUNDRY**

### **FY15**

| <b>ACTUAL</b> | <b>BUDGETED</b> |
|---------------|-----------------|
| \$29,099.80   | \$20,424.28     |

### **FY16 TD**

| <b>ACTUAL</b> | <b>BUDGETED</b> |
|---------------|-----------------|
| \$26,128.38   | \$32,687.00     |

### **DECREASE EXPENSES**

- By keeping equipment in good working order
  - Researching supplies for better prices

### **CHALLENGES**

- Keeping the residents happy with this service





**LINEN**

**FY15**

| <b>ACTUAL</b> | <b>BUDGETED</b> |
|---------------|-----------------|
| \$170,270.66  | \$154,382.00    |

**FY16 TD**

| <b>ACTUAL</b> | <b>BUDGETED</b> |
|---------------|-----------------|
| \$162,470.77  | \$171,258.00    |

**DECREASE EXPENSES**

- By cutting inventories where it is needed.
- Getting reimbursed for damaged items that we receive

**CHALLENGES**

- Inventories change constantly so keeping track of what we need to get to meet the hospitals needs



**MAYERS MEMORIAL HOSPITAL DISTRICT  
QUALITY COMMITTEE MEETING  
MINUTES – APRIL 13, 2016**

|                               |
|-------------------------------|
| <b>DRAFT<br/>Attachment A</b> |
|-------------------------------|

QC Attendance

Mike Kerns, Board Chair  
Beatriz Vasquez, PhD, Committee  
Sherry Wilson  
Theresa Overton  
Laura Dolman-Beyer, Community

Other Staff Present

Sherry Rodriguez  
Trudi Burns  
Travis Lakey  
Adam Dendauw  
Libby Mee  
Valerie Lakey

Absent

Louis Ward

*(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.)*

| SUBJECT                           | DISCUSSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |
|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| CALL TO ORDER                     | The meeting was called to order at 12:03pm by Kerns in Fall River Mills                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |
| Public Request to Speak           | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |
| Opening Remarks by Chairman Kerns | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |
| Minutes                           | Minutes from the March 9, 2016 quality committee meeting were approved. <b>M/S/C (Vasquez/Overton)</b> . All Approved                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Approved</b> |
| Department Reports                | <p><b>Med/Surg/Swing – Theresa Overton</b> - New communication boards in each patient room and at Station 1. New boards for outside of the rooms are ordered too. There have been some charting issues on Station 1 and we have gone over these at staff meetings. Ward clerks are reviewing charting each shift. Care Plans are in place – but need to work on specific for each patient. Lani Martin is working with staff on nutritional care plan. Increased census and have had to use travelers. Improving quality of care by cross-training nursing staff. Added a place to document showering, etc.</p> <p><b>Environmental Services – Sherry Rodriguez – (Exhibit A)</b> Rodriguez works with Shelley Lee once a week on random rooms and does the attached survey. Findings are reported to department and the surveyed room, etc. will be re-cleaned and checked again by Shelley Lee. There is a binder for each facility. Station 2 requires more attention. “Dusty” is a problem. Complaints are documented on the same form. This chart has been in use for 18 months. Most complaints are legitimate. Quality of linen is the largest complaint. Rodriguez tries to keep good track of that and it is documented and tracked. Reports are sent to Aramark for a credit. This is done weekly. Slight improvement.</p> | <b>Reports</b>  |

**MAYERS MEMORIAL HOSPITAL DISTRICT  
QUALITY COMMITTEE MEETING  
MINUTES – APRIL 13, 2016**

|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
|                          | <p><b>Cardiac Rehab – Trudi Burns</b> – Participated in the Health Fair. Had a patient fall on the treadmill, was not connected to the safety clip. Staff is checking on each patient to be sure of the safety. Quick staff response. Several machines with issues and we had them serviced. One machine is close to end of life. Have a “New Step” machine. There is a grant request in for \$15,000 – we will add a commercial grade machine and a new treadmill if the grant is received. Numbers are increasing. Working on Million Hearts initiative. – At risk patients, etc. Last 3 months (<i>Exhibit B</i>)<br/>Dr. Dahle will be doing stress treadmill testing – Erla Reed will be helping. Will be scheduled on Tuesdays. He will be completing his training July 23-24<sup>th</sup> in Texas. Aiming to start in August. Also doing Holter Monitor – did about 7 last month. Dendauw complimented Trudi on her patient care.</p> <p><b>Marketing – Val Lakey</b> – Showed the Qualitick survey program for monitoring Quality in ER for use in PR and marketing. (<i>Exhibit C</i>)</p> <p><b>Imaging</b> – move to May</p> |                |
| <p>Quarterly Reports</p> | <p><b>Patient Safety First:</b> Move to May</p> <p><b>CMS Core Measures, Holly Green:</b> Absent</p> <p><b>Safety</b> – Lakey gave a report on recent safety issues. Parking lot safety has been addressed as well as Dining room chairs that have recently presented safety problems.</p> <p><b>Worker’s Comp – Libby Mee</b> – (<i>Exhibit D</i>)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p>Reports</p> |
| <p>Standing Reports</p>  | <p><b>SNF Events/Surveys, Sherry Wilson:</b><br/>Mock survey was last week. The area of focus was on toughest patients on the long term care side, falls, care plans on acute side. There were some findings, all fixable. There were a lot of paper related issues. We will get a report. We will do an exit with Ward and operations staff over the phone. They will prioritize the issues we need to address. LTC surveyor is willing to come back and help us put some processes in place.</p> <p>Anthem Blue Cross surveyor is here now.</p> <p>No word on IDR – April 14<sup>th</sup> is their deadline to respond.</p> <p><b>Administrative Report - none</b></p> <p><b>Quality/Performance Improvement Holly Green:</b> Absent</p> <p><b>Infection Control</b> – (<i>Exhibit E</i>)</p>                                                                                                                                                                                                                                                                                                                                          | <p>Reports</p> |

**MAYERS MEMORIAL HOSPITAL DISTRICT  
QUALITY COMMITTEE MEETING  
MINUTES – APRIL 13, 2016**

| <b>Policies and Procedures</b> | <b>Severe Winter Storms (Vasquez/Kerns)</b>               | <b>Action</b> |
|--------------------------------|-----------------------------------------------------------|---------------|
| Announcements;                 | Next meeting: Wednesday, May 11, 2016 in Fall River Mills |               |
| Adjournment                    | Meeting adjourned 1:30pm                                  |               |

Minutes By: Valerie Lakey

**Future Agenda Items:**

Business Continuity

Ransom Ware

Full Board tutorial – IT security

EXHIBIT (A)

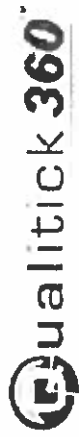
QUALITY IMPROVEMENT SURVEY- ENVIRONMENTAL SERVICES

FACILITY: \_\_\_\_\_ LOCATION: \_\_\_\_\_ DATE: \_\_\_\_\_

| A) PATIENT ROOM: # _____                                                |  | RATING | B) LOBBY/ WAITING ROOM                                                  |  | RATING |
|-------------------------------------------------------------------------|--|--------|-------------------------------------------------------------------------|--|--------|
| 1. DOORS/ KICK PLATE                                                    |  |        | 1. DOORS/ KICK PLATE                                                    |  |        |
| 2. WALLS                                                                |  |        | 2. WALLS                                                                |  |        |
| 3. WINDOWS (GLASS, BLINDS)                                              |  |        | 3. WINDOWS (GLASS, BLINDS)                                              |  |        |
| 4. VENTS                                                                |  |        | 4. VENTS                                                                |  |        |
| 5. BASEBOARD                                                            |  |        | 5. BASEBOARD                                                            |  |        |
| 6. FLOORS                                                               |  |        | 6. FLOORS                                                               |  |        |
| 7. DUSTING (SILLS, T.V., DISPENSERS, PICTURES, SHELVES, LIGHTS, BLINDS) |  |        | 7. DUSTING (SILLS, T.V., DISPENSERS, PICTURES, SHELVES, LIGHTS, BLINDS) |  |        |
| 8. COBWEBS                                                              |  |        | 8. COBWEBS                                                              |  |        |
| 9. TRASH CONTAINERS                                                     |  |        | 9. TRASH CONTAINERS                                                     |  |        |
| 10. SINK/ TOILET                                                        |  |        | 10. SINK/ TOILET                                                        |  |        |
| 11. SUPPLY/ DISPENSING CONTAINERS                                       |  |        | 11. SUPPLY/ DISPENSING CONTAINERS                                       |  |        |
| 12. PRIVACY CURTAINS                                                    |  |        | 12. READING MATERIAL                                                    |  |        |
| 13. FURNITURE (BEDS, RECLINERS)                                         |  |        | 13. FIRE EXTINGUISHER                                                   |  |        |
| 14. PHONES                                                              |  |        | 14. PAYPHONE                                                            |  |        |
| 15. OTHER _____                                                         |  |        | 15. PLANTS/ DISPLAY CASES                                               |  |        |
|                                                                         |  |        | 16. FURNITURE (CHAIRS, TABLES)                                          |  |        |
|                                                                         |  |        | 17. OTHER _____                                                         |  |        |
| C) OFFICE _____                                                         |  |        | D) NURSING STATION # _____                                              |  |        |
| 1. DOORS/ KICK PLATE                                                    |  |        | 1. WALLS                                                                |  |        |
| 2. WALLS                                                                |  |        | 2. WINDOWS (GLASS, BLINDS)                                              |  |        |
| 3. WINDOWS (GLASS, BLINDS)                                              |  |        | 3. VENTS                                                                |  |        |
| 4. VENTS                                                                |  |        | 4. BASEBOARD                                                            |  |        |
| 5. BASEBOARD                                                            |  |        | 5. FLOORS                                                               |  |        |
| 6. FLOORS                                                               |  |        | 6. DUSTING (SILLS, DISPENSERS, PICTURES, SHELVES, LIGHTS)               |  |        |
| 7. DUSTING (SILLS, DISPENSERS, PICTURES, SHELVES, LIGHTS, BLINDS)       |  |        | 7. COBWEBS                                                              |  |        |
| 8. COBWEBS                                                              |  |        | 8. TRASH CONTAINERS                                                     |  |        |
| 9. TRASH CONTAINERS                                                     |  |        | 9. SUPPLY/ DISPENSING CONTAINERS                                        |  |        |
| 10. WORKSITE DIVIDERS                                                   |  |        | 10. COMPUTERS/ MONITORS                                                 |  |        |
| 11. COMPUTERS/ MONITORS                                                 |  |        | 11. PHONES                                                              |  |        |
| 12. PHONES                                                              |  |        | 12. OTHER _____                                                         |  |        |
| 13. OTHER _____                                                         |  |        |                                                                         |  |        |
| CORRIDORS                                                               |  |        | F) RESIDENT DINING ROOM                                                 |  |        |
| 1. DOORS/ KICK PLATE                                                    |  |        | 1. DOORS/ KICK PLATE                                                    |  |        |
| 2. WALLS                                                                |  |        | 2. WALLS                                                                |  |        |
| 3. WINDOWS (GLASS, BLINDS)                                              |  |        | 3. WINDOWS (GLASS, BLINDS)                                              |  |        |
| 4. VENTS                                                                |  |        | 4. VENTS                                                                |  |        |
| 5. BASEBOARD                                                            |  |        | 5. BASEBOARD                                                            |  |        |
| 6. FLOORS                                                               |  |        | 6. FLOORS                                                               |  |        |
| 7. DUSTING (SILLS, DISPENSERS, PICTURES, SHELVES, LIGHTS, BLINDS)       |  |        | 7. DUSTING (SILLS, T.V., DISPENSERS, PICTURES, SHELVES, LIGHTS, BLINDS) |  |        |
| 8. COBWEBS                                                              |  |        | 8. COBWEBS                                                              |  |        |
| 9. TRASH CONTAINERS                                                     |  |        | 9. TRASH CONTAINERS                                                     |  |        |
| 10. SUPPLY/ DISPENSING CONTAINERS                                       |  |        | 10. SUPPLY/ DISPENSING CONTAINERS                                       |  |        |
| 11. OTHER _____                                                         |  |        | 11. OTHER _____                                                         |  |        |

THREE MONTH COMPARISON

| <u>DATE</u> | <u>CARDIAC REHAB</u> | <u>MAINTENANCE</u> | <u>TOTAL</u> | <u>INCREASE</u> |
|-------------|----------------------|--------------------|--------------|-----------------|
| 1/2015      | 22                   | 225                | 247          |                 |
| 1/2016      | 23                   | 244                | 267          | +20             |
| <hr/>       |                      |                    |              |                 |
| 2/2015      | 23                   | 203                | 226          |                 |
| 2/2016      | 38                   | 261                | 299          | +73             |
| <hr/>       |                      |                    |              |                 |
| 3/2015      | 25                   | 188                | 213          |                 |
| 3/2016      | 46                   | 300                | 346          | +133            |
| <hr/>       |                      |                    |              |                 |



Report: Top Box Score Rolling 12 Months

Survey: Mayers Memorial. CA

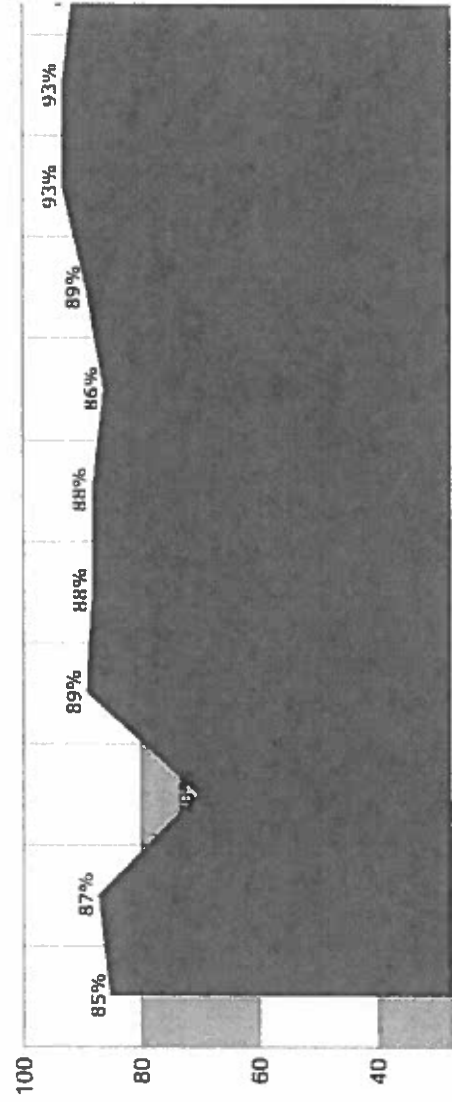
Reporting Interval: 3/1/2015 - 3/1/2016

Reported Questions: Nursing Level of Care, Physician Level of Care, Pain Management, Explanations/Instructions, ER Cleanliness, Overall Satisfaction

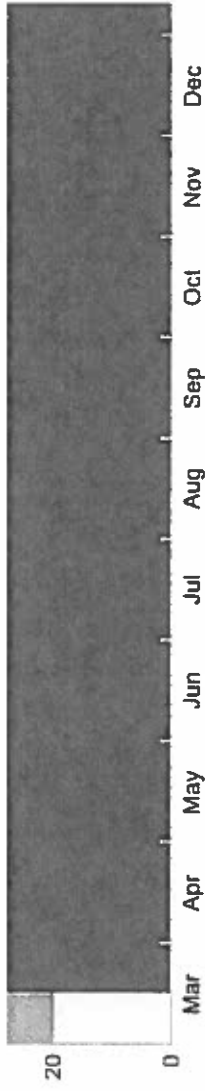
EXHIBIT C

|                                                                                                              | Mar |    | Apr |    | May |    |
|--------------------------------------------------------------------------------------------------------------|-----|----|-----|----|-----|----|
|                                                                                                              | %   | N  | %   | N  | %   | N  |
| How satisfied were you with the level of care shown by the nursing staff?                                    | 85% | 33 | 87% | 23 | 70% | 10 |
| How satisfied were you with the level of care shown by your Doctor or Physician Assistant?                   | 82% | 33 | 65% | 23 | 80% | 10 |
| How satisfied were you with how we addressed your pain?                                                      | 76% | 33 | 52% | 23 | 50% | 10 |
| How satisfied were you with the explanations and instruction you were given on what to do when you get home? | 81% | 32 | 70% | 23 | 70% | 10 |
| How satisfied were you with the cleanliness of the ER?                                                       |     |    |     |    |     |    |
| Overall, how were you satisfied with your visit today?                                                       |     |    |     |    |     |    |

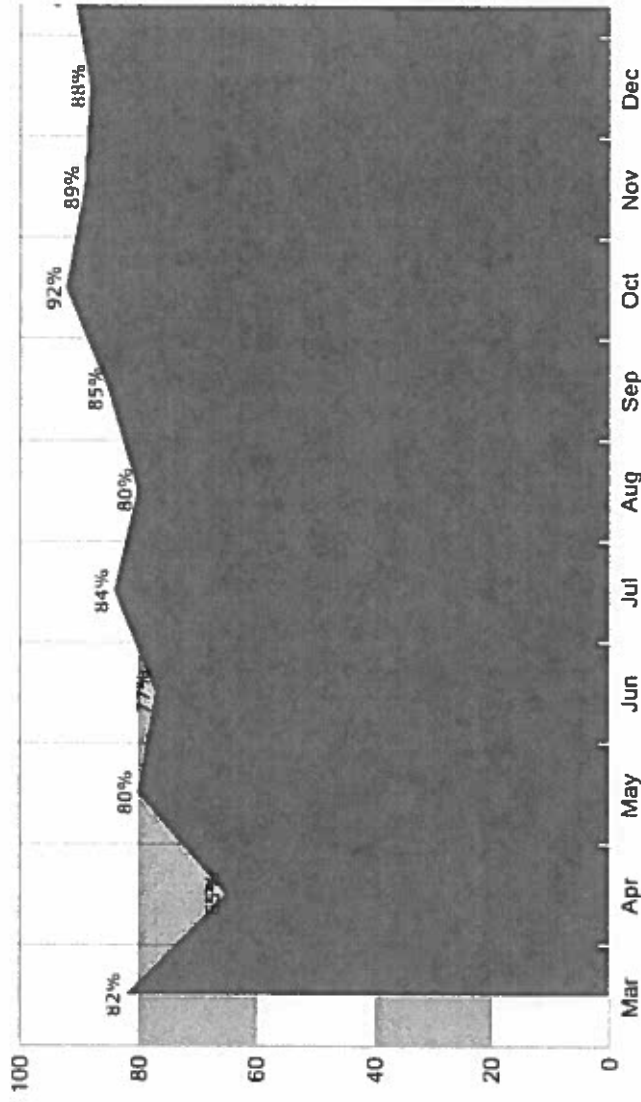
How satisfied were you with the level of care shown by the nursing staff?



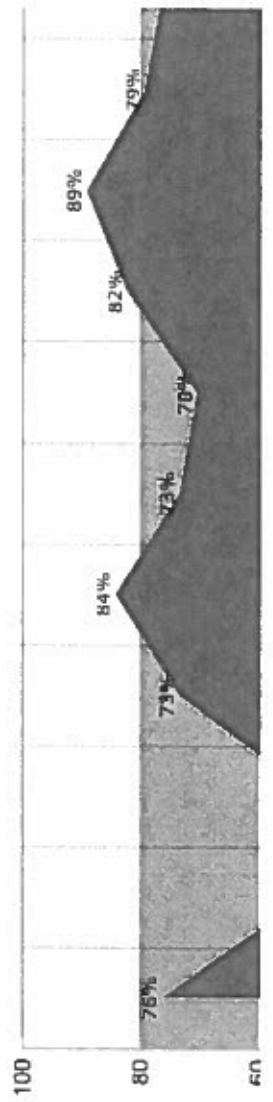




How satisfied were you with the level of care shown by your Doctor or Physician Assisist.



How satisfied were you with how we addressed your pain?





**Quality Committee Meeting**

Wednesday April 13, 2016

**Work Comp Quarterly Report**

**Presented by Libby Mee – Human Resource Manager**

For 1<sup>st</sup> Quarter 2016:

7 First Aide injuries resulting in 2 days away from work

0 Reportable Injuries

Received MOD Analysis from Alpha Fund

Currently at .88 for FY16 – went to .96 for FY17



# Mod Analysis

**Mayers Memorial Hospital District**  
Effective Date - 7/1/2016

Prepared by ALPHA Fund  
PO Box 619084  
Roseville, CA 95661

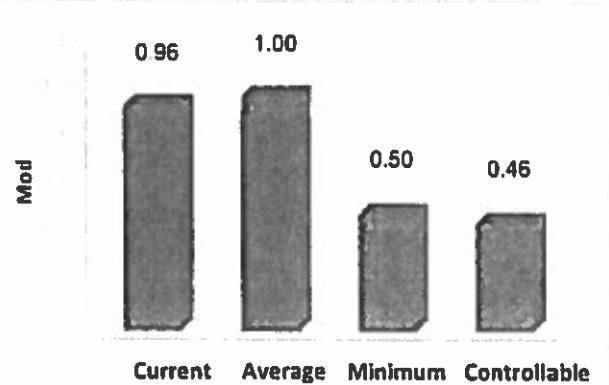
# Mod Snapshot

Effective date: 7/1/2016

## The Key Numbers

|                               |           |
|-------------------------------|-----------|
| Total expected losses         | \$281,315 |
| Total expected primary losses | \$63,339  |
| Total expected excess losses  | \$217,976 |
| <br>                          |           |
| Total unlimited losses        | \$263,372 |
| Total limited/adjusted losses | \$263,372 |
| Total actual primary losses   | \$55,408  |
| Total actual excess losses    | \$207,965 |
| <br>                          |           |
| Credibility primary           | 1.00      |
| Credibility excess            | 0.35      |
| Modification factor           | 0.96      |

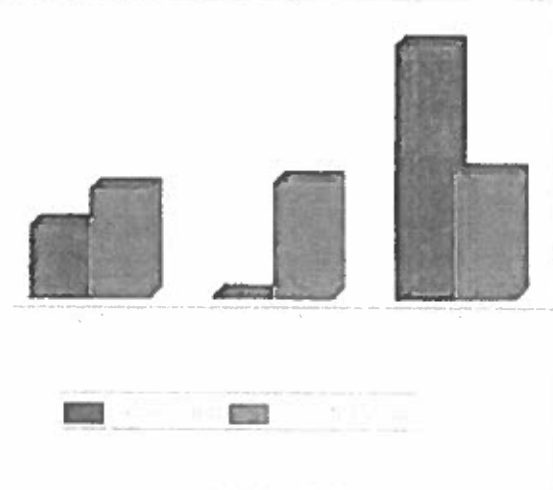
## Mod Breakdown



## Impact of Top Itemized Losses

| State | Injury Date | Incurred Loss | Impact on Mod | Mod w/e Loss |
|-------|-------------|---------------|---------------|--------------|
| CA    | 1/29/2015   | \$71,031      | 0.1045        | 0.8548       |
| CA    | 3/9/2015    | \$56,415      | 0.0864        | 0.8729       |
| CA    | 6/30/2013   | \$49,372      | 0.0776        | 0.8817       |
| CA    | 12/21/2014  | \$35,570      | 0.0604        | 0.8989       |
| CA    | 11/21/2014  | \$24,438      | 0.0466        | 0.9127       |
| CA    | 11/21/2014  | \$13,140      | 0.0325        | 0.9268       |
| CA    | 12/25/2012  | \$3,514       | 0.0125        | 0.9468       |
| CA    | 6/24/2013   | \$2,215       | 0.0079        | 0.9514       |
| CA    | 12/5/2013   | \$2,000       | 0.0071        | 0.9522       |
| CA    | 5/26/2013   | \$1,474       | 0.0052        | 0.9541       |

## Actual vs. Expected Losses by Policy Period



## The Mod Formula

$$\frac{\left( \left( \frac{\text{Actual primary losses}}{\text{Expected primary losses}} \times \text{Credibility primary value} \right) + \left( \frac{\text{Expected primary losses}}{\text{Expected primary losses}} \times (1 - \text{Credibility primary value}) \right) \right) + \left( \left( \frac{\text{Actual excess losses}}{\text{Expected excess losses}} \times \text{Credibility excess value} \right) + \left( \frac{\text{Expected excess losses}}{\text{Expected excess losses}} \times (1 - \text{Credibility excess value}) \right) \right)}{\text{Expected Losses}} = \text{Current mod}$$

$$\frac{\left( \left( \frac{\$55,408}{\$63,339} \times 1.00 \right) + \left( \frac{\$63,339}{\$63,339} \times (1 - 1.00) \right) \right) + \left( \left( \frac{\$207,965}{\$217,976} \times 0.35 \right) + \left( \frac{\$217,976}{\$217,976} \times (1 - 0.35) \right) \right)}{\$281,315} = 0.96$$

# Workers' Compensation Experience Rating Form

Mayers Memorial Hospital District

Bureau number

Page 1 of 2

P.O. Box 459

Effective date: **7/1/2016**

Fall River Mills, CA, 96028

Experience modification **96 %**

Experience period **10/1/2011 to 10/1/2014**

### Summary of Payroll and Expected Losses

### Summary of Claims and Actual Losses

| Class Code | Payroll | Expected Loss Rate per \$100 Payroll | Expected Losses | D - Ratio | Expected Primary Losses | Expected Excess Losses |
|------------|---------|--------------------------------------|-----------------|-----------|-------------------------|------------------------|
|------------|---------|--------------------------------------|-----------------|-----------|-------------------------|------------------------|

| Claim Number | Injury Type / # of Claims | Open/ Closed | Actual Losses | Actual Primary Losses | Actual Excess Losses |
|--------------|---------------------------|--------------|---------------|-----------------------|----------------------|
|--------------|---------------------------|--------------|---------------|-----------------------|----------------------|

Policy Period: **7/1/2014 to 7/1/2015**

|               |                  |      |                |      |               |               |
|---------------|------------------|------|----------------|------|---------------|---------------|
| 8829          | 2,331,664        | 2.10 | 48,965         | 0.22 | 10,772        | 38,193        |
| 9043          | 6,965,537        | 0.75 | 51,492         | 0.23 | 11,843        | 39,649        |
| <b>Totals</b> | <b>9,197,201</b> |      | <b>100,457</b> |      | <b>22,615</b> | <b>77,842</b> |

|               |          |        |                |               |                |
|---------------|----------|--------|----------------|---------------|----------------|
| 14001832      |          | Open   | 35,570         | 7,000         | 28,570         |
| 14001851      |          | Open   | 13,140         | 7,000         | 6,140          |
| 14001914      |          | Open   | 24,438         | 7,000         | 17,438         |
| 15000307      |          | Open   | 56,415         | 7,000         | 49,415         |
| 15000530      |          | Closed | 1,424          | 1,424         | 0              |
| 15000731      |          | Open   | 71,031         | 7,000         | 64,031         |
| <b>Totals</b> | <b>6</b> |        | <b>202,018</b> | <b>36,424</b> | <b>165,594</b> |

Policy Period: **7/1/2013 to 7/1/2014**

|               |                  |      |               |      |               |               |
|---------------|------------------|------|---------------|------|---------------|---------------|
| 8829          | 2,126,422        | 2.10 | 44,655        | 0.22 | 9,824         | 34,831        |
| 9043          | 6,478,681        | 0.75 | 48,590        | 0.23 | 11,176        | 37,414        |
| <b>Totals</b> | <b>8,605,103</b> |      | <b>93,245</b> |      | <b>21,000</b> | <b>72,245</b> |

|               |          |        |              |              |          |
|---------------|----------|--------|--------------|--------------|----------|
| 13001865      |          | Closed | 2,000        | 2,000        | 0        |
| 14000481      |          | Closed | 1,204        | 1,204        | 0        |
| <b>Totals</b> | <b>2</b> |        | <b>3,204</b> | <b>3,204</b> | <b>0</b> |

Policy Period: **7/1/2012 to 7/1/2013**

|               |                  |      |               |      |               |               |
|---------------|------------------|------|---------------|------|---------------|---------------|
| 8829          | 2,032,595        | 2.10 | 42,684        | 0.22 | 9,390         | 33,294        |
| 9043          | 5,990,482        | 0.75 | 44,929        | 0.23 | 10,334        | 34,595        |
| <b>Totals</b> | <b>8,023,077</b> |      | <b>87,613</b> |      | <b>19,724</b> | <b>67,889</b> |

|               |          |        |               |               |               |
|---------------|----------|--------|---------------|---------------|---------------|
| 12000784      |          | Closed | 106           | 106           | 0             |
| 12001605      |          | Closed | 3,514         | 3,514         | 0             |
| 12001624      |          | Closed | 1,172         | 1,172         | 0             |
| 13000855      |          | Closed | 2,215         | 2,215         | 0             |
| 13000938      |          | Open   | 49,372        | 7,000         | 42,372        |
| 13000939      |          | Closed | 1,474         | 1,474         | 0             |
| 13001176      |          | Closed | 299           | 299           | 0             |
| <b>Totals</b> | <b>7</b> |        | <b>58,152</b> | <b>15,780</b> | <b>42,372</b> |

|                          |                  |                         |                        |             |               |                       |                      |
|--------------------------|------------------|-------------------------|------------------------|-------------|---------------|-----------------------|----------------------|
| Experience Period Totals | Expected Losses  | Expected Primary Losses | Expected Excess Losses | # of Claims | Actual Losses | Actual Primary Losses | Actual Excess Losses |
|                          | <b>A 281,315</b> | <b>B 63,339</b>         | <b>C 217,976</b>       |             | <b>15</b>     | <b>263,374</b>        | <b>D 55,408</b>      |

(S) Subrogation

Proprietary and Confidential. ModMaster software provides for an ESTIMATE of an experience modification factor. Your official experience modification factor is issued solely by the applicable workers' compensation rating bureau.

# Workers' Compensation Experience Rating Form

Mayers Memorial Hospital District

Bureau number: \_\_\_\_\_  
 Effective date: **7/1/2016**  
 Experience modification: **96 %**  
 Experience period: **10/1/2011 to 10/1/2014**

Page 2 of 2

| Credible Primary Loss                                                                                                                       |        |                                                                                                                                              |   | Credible Excess Loss                                                                                                                     |      |                                                                                                                                           |         |                       |                             |         |      |                           |      |         |
|---------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------------|---|------------------------------------------------------------------------------------------------------------------------------------------|------|-------------------------------------------------------------------------------------------------------------------------------------------|---------|-----------------------|-----------------------------|---------|------|---------------------------|------|---------|
| $\left[ \left( \frac{\text{Total Actual Primary Losses (D)}}{\text{Credibility Primary}} \right) \times \text{Credibility Primary} \right]$ |        | $+ \left( \frac{\text{Total Expected Primary Losses (B)}}{\text{(1 - Credibility Primary)}} \right) \times \text{(1 - Credibility Primary)}$ |   | $\left[ \left( \frac{\text{Total Actual Excess Losses (E)}}{\text{Credibility Excess}} \right) \times \text{Credibility Excess} \right]$ |      | $+ \left( \frac{\text{Total Expected Excess Losses (C)}}{\text{(1 - Credibility Excess)}} \right) \times \text{(1 - Credibility Excess)}$ |         | Total Adjusted Losses | / Total Expected Losses (A) |         |      |                           |      |         |
| D                                                                                                                                           | 55,408 | 1.00                                                                                                                                         | B | 63,339                                                                                                                                   | 0.00 | E                                                                                                                                         | 207,988 | 0.35                  | C                           | 217,976 | 0.55 | 269,881                   | A    | 281,315 |
| Loss-Free Rating: 50 %                                                                                                                      |        |                                                                                                                                              |   |                                                                                                                                          |      |                                                                                                                                           |         |                       |                             |         |      | = Experience Modification | 96 % |         |

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April 2016

Quality Board Report

Infection Control & Antimicrobial Stewardship

Infection Control quarterly report will be submitted in May after recommended changes are made per suggestion of HEALTHTECHS strategy solution support team (Mock Survey Team)

Projects

- Attended the 2016 IDAC Winter Symposium on ASP implementation for SNF.
- Implementation of Antimicrobial Stewardship in SNF, beginning in May 2016.
- Improving Hand Hygiene Compliance (current rate for March 2016 is 75%).
- Increase Hand Hygiene monitoring to include at least 30 observations of staff per month per department, starting with Acute, and all areas of SNF. SNF to be separated out into the 3 distinct nursing areas. Further distinct departments will be added throughout the year.
- According to the Rules of Participation for Medicare, improving infection control monitoring by increasing rounds with Infection Control and Environmental Services to weekly. And in all departments by increasing surveillance, department managers have been asked to help surveillance in their areas.
- Completed the annual staff and volunteer influenza vaccine compliance and submitted the report to NHSN (compliance rate 76% for season 2015-2016).
- Compiling information on mobile laboratory draw carts for improved IC practice to be submitted to MIHF.
- Participated in "Mock Survey" which was extremely helpful in preparation for future surveys for Acute and SNF.

Shelley Lee RN IP  
Infection Control