

Chief Executive Officer  
Louis Ward, MHA



Mayers Memorial Hospital District

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

Board of Directors  
**Regular Meeting**  
**Agenda**

February 28, 2018 – 1:00pm  
Boardroom (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** President Mike Kerns

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

Persons wishing to address the Board are requested to fill out a "Request Form" prior to the beginning of the meeting (forms are available from the Clerk of the Board (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.

3 **APPROVAL OF MINUTES**

3.1	Regular Meeting – January 24, 2018	Attachment A	<b>Action Item</b>
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4 **DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS**

4.1	Resolution – 2018-2 January Employee of the Month Presentation	Attachment B	<b>Action Item</b>
4.3	Director of Operations Report	Ryan Harris	Attachment C Report
4.4	Director of Public Relations & Legislation	Val Lakey	Report
4.5	Worker's Comp/Safety	Libby Mee	Attachment D Report

5 **BOARD COMMITTEES**

5.1	Finance Committee	Chair Allen Albaugh	
5.1.1	Committee Meeting Report		Report
5.1.2	January 2018 Financial Review, AP, AR, and acceptance of financials		Dispersed Separately <b>Action Item</b>
5.1.3	BOD Q Finance Review		<b>Action Item</b>
5.2	Strategic Planning Committee	Chair Mike Kerns	
5.2.1	Committee Meeting Report		Report
5.3	Quality Committee	Chair Beatriz Vasquez	
5.3.1	Committee Meeting Report		Report

6	<b>OLD BUSINESS</b>		
6.1	Expansion of Outpatient Services	Louis Ward	Report
7	<b>ADMINISTRATIVE REPORTS</b>		
7.1	Chief's Reports		Attachment E
7.1.1	CEO	Louis Ward	Report
7.1.2	CNO	Judy Jacoby	Report
7.1.3	CCO	Keith Earnest	Report
7.1.4	CFO	Travis Lakey	Report
7.1.5	IHF CEO	Marlene McArthur	Report
8	<b>OTHER INFORMATION/ANNOUNCEMENTS</b>		Information
9	<b>ANNOUNCEMENT OF CLOSED SESSION</b>		
9.1	<b>Government Code Section 54962</b> Quality Assurance: Quality Improvement Issues, Medical Staff Report (Dr. Tom Watson, Chief of Staff)		
9.2	<b>Personnel Government Code 54957</b>		
10	<b>RECONVENE OPEN SESSION</b> – Report Closed Session Action		Information
11	<b>ADJOURNMENT:</b> Next Regular Meeting – March 24, 2018 (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, 43563 Highway 299 East, Fall River Mills CA 96028. This document and other Board of Directors documents are available online at [www.mayersmemorial.com](http://www.mayersmemorial.com).

Mayers Memorial Hospital District  
Board of Directors – Regular Board Meeting

Date: January 24, 2018  
Time: 1:00 p.m.  
Location: Mayers Memorial Hospital  
Fall River Mills, CA

*(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.)*

**CALL MEETING TO ORDER:** President Kerns called the regular meeting to order at 1:00 p.m. on the above date with the following present:

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

**Board Members Absent:**

**Staff Present:** Louis Ward, CEO; Travis Lakey, CFO; Judy Jacoby, CNO; Ryan Harris, DOO; Marlene McArthur, IHF CEO; Jack Hathaway, DOQ; Jessica Stadem, Board Clerk; Marinda May; Tracy Bruce;

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

**2.1 Public Comment** – none

**3.1 APPROVAL OF MINUTES** – A motion/second and carried, the Board of Directors accepted the minutes of the December 20, 2017 Regular Board Meeting. **(Vasquez/Beyer) – Approved All – As corrected**

**Department/Operations Reports/Recognitions:**

**4.1 Resolution 2018-1 – December Employee of the Month:** Tracy Bruce was recognized, as December 2017 TEAM MAYERS MVP. **(Beyer/Albaugh) Approved All**

**\*Please Note:** Chief reports will now be at the end of the agenda in order to expand on discussion or answer questions regarding items that were addressed on the full agenda.

**4.2 Director of Operations Report** – In addition to written report. Layton will start sending monthly reports as we get closer to construction; OSHPD will accept alternate sewer compliance, won't accept alternate means of potable water, working on quotes for different possibilities, nothing yet regarding fire flows but it looks likely we will get exemption; created schedule for all thermostats that do not affect patients, hoping to see decrease in utility bill; SNF reno project has been delayed due to influenza lockdowns; researching nurse call vendors.

**4.3 Director of Nursing Report** – Written report provided, Judy Jacoby spoke on Theresa's behalf. PICC line – Michelle Peterson looking at contacting nurses in Redding; trainings, competencies, policies updated for insulin checking; those that did not attend skills training need to F/U with Theresa; Tamaflu was provided to patients on Saturday from Rite Aid.

**4.4 Hospice Quarterly Report** – 10/1/17 to 12/31/17 – Served 10 Pts, 310 patient days of home care, 4 patients admitted to SNF, total 99 patient days; working with finance on getting paid for hospice patients in SNF, medicare pays for hospice, medi-cal partnership pays for SNF; foundation made donation of \$40k to district for transportation, need to update policies regarding transportation.

**4.5 No One Dies Alone Presentation** – Handout provided, presented PowerPoint.

## 5. COMMITTEE MEETINGS

**5.1 Finance Committee** – IT and acute presented; concern about lab revenue reduction.

**5.1.1 Dec. 2017 Financial Review – (Albaugh/Hathaway) All approved**

**5.1.2 SNF Van Purchase** – Need to replace SNF Activities van, does not come 4x4 from manufacturer; haven't discussed trade in value of old van but will look into; approx. \$64k; no special requirements for driver's licensing since 10 or less seating capacity. **(Albaugh/Hathaway) All approved**

## 5.2 Strategic Planning Committee

**5.2.1 Committee Report – Chair Kerns** – Dialysis program doesn't seem to be a viable program, no possibility of partnership, recommend to full board to not move further on program, maybe revisit in a few years, will continue contact with other facilities to see if any changes; want to plan strategic planning retreat (when, where, who); discussed potentially opening assisted living in the future.

## 5.3 Quality Committee

**5.3.1 Committee Meeting – Chair Vasquez** – Hospice, infection control, safety, PRIME reported; discussed creating templates for managers to fill out before meetings to streamline efficiency.

## 6. New Business

**6.1 P&P Quarterly Summary – (Beyer/Hathaway) All approved**

**6.2 Org Chart Updates Approval** – Minor adjustments still need to be made, governance org chart would be helpful, Quality will work on, also discussed creating workflow chart **(Albaugh/Beyer) All approved**

**6.3 Compliance Committee** – Provided handout; it is not mandated that we have a compliance committee but it would be best practice; 2 items completed, rest in process; quarterly compliance meeting, monthly trainings via email; will discuss meeting structure, content, need to meet; committee structure, continue on agenda, add line item to committee agendas regarding content and frequency, further discussion needed, no vote today

**6.4 Meeting Agenda/Minutes Template Revisions** – will make changes to agenda and meeting template, work on adding time allotted to agenda items

## 7. ADMINISTRATION REPORTS:

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

**Louis Ward, CEO** – Intranet, working on getting out in next few months, one location for all employee info, secure employee website; SVMS continuing work on connecting HIE; employee meetings on Feb. 7 & 8; 2017 annual report is in the mail;

<p><b>Judy Jacoby, CNO</b> – SWOT and Gap analysis, working with mock surveyor &amp; quality consultants, focusing on outdated nursing policies, reporting for SNF to get back to 4 or 5 stars;</p> <p><b>Travis Lakey, CFO</b> – No additional comments.</p> <p><b>Marlene McArthur, IHF CEO</b> – IHF board meeting on 15<sup>th</sup>, discussed scholarships and finances; election of officers, no changes; option to change ex officio officer, welcome members from strategic planning; anonymous scholarship donor decided to re-fund for non-nursing schooling; will be doing Hawaii condo &amp; pig raffle at employee meetings; new grant writer hired as independent contractor; \$85k gift donations from appeal letter; \$8k in sponsors for Chocolate Festival, goes towards new wing campaign, so do funds from golf tournament; stores are doing great, 2017 net \$12k gift shop; 2017 net \$52k for thrift store; money goes to IHF mini grants for equipment;</p>
<p><b>8. Information/board education/announcements:</b></p> <p><b>Board comments, upcoming events, etc.</b></p> <p>ACHD Leadership conference in Feb, Val is presenting as a Bright Spot, Beatriz &amp; Jessica going</p>
<p><b>9. Announcement of CLOSED SESSION – 3:18 pm</b></p> <p><b>9.1 Personnel Government Code 54957</b></p> <p><b>MEDICAL STAFF REAPPOINTMENT</b></p> <ol style="list-style-type: none"><li>1. Paul Johnson, MD</li><li>2. Edward Richert, MD</li></ol> <p><b>MEDICAL STAFF STATUS CHANGE</b></p> <ol style="list-style-type: none"><li>1. Temoor Anwar, MD</li></ol>
<p><b>10. Reconvene Open Session – 3:40 p.m.</b></p> <p><b>Report Closed Session Actions –</b> Approved credentials Vasquez/Beyer - All Approved</p>
<p><b>12. Adjournment:</b> There being no further business, at the hour of 3:40 p.m. p.m., President Kerns declared the meeting adjourned.</p> <p>Next meeting Wednesday, February 28, 2018 – 1:00 pm Burney</p>



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

**RESOLUTION NO. 2018-2**

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

**Connie Naslund**

**As January 2018 EMPLOYEE OF THE MONTH**

**WHEREAS**, the Board of Trustees has adopted the MMHD Employee Recognition Program to identify exceptional employees who deserve to be recognized and honored for their contribution to MMHD; and

**WHEREAS**, such recognition is given to the employee meeting the criteria of the program, namely exceptional customer service, professionalism, high ethical standards, initiative, innovation, teamwork, productivity, and service as a role model for other employees; and

**WHEREAS**, the MMHD Employee Recognition Committee has considered all nominations for the MMHD Employee Recognition Program;

**NOW, THEREFORE, BE IT RESOLVED** that, Connie Naslund is hereby named Mayers Memorial Hospital District Employee of the Month for January 2018; and

**DULY PASSED AND ADOPTED** this 28<sup>th</sup> day of February 2018 by the Board of Trustees of Mayers Memorial Hospital District by the following vote:

AYES:  
NOES:  
ABSENT:  
ABSTAIN:

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

ATTEST:

\_\_\_\_\_  
Jessica Stadem  
Clerk of the Board of Directors

## Mayers Memorial Hospital District Operations Board Report

Respectfully Submitted by Ryan Harris, Director of Operations

February 2018

### Hospital Expansion Project

- OSPD Backcheck # 2 Comments
  - We received these comments sooner than expected and were able to move the start of construction up from May 23<sup>rd</sup>, 2018 to May 9<sup>th</sup>, 2018. This has put us closer to our original start date of May 2<sup>nd</sup> and decreased some of the delay caused by our CT vendor.
  - Consultants and subcontractors are working through the comments now and have a deadline for a response back to Greenbough Design by February 23<sup>rd</sup>.
  - Greenbough Design will need a few days to coordinate the responses before submission to OSHPD.
  - Submission to OSHPD is tentatively scheduled for February 26<sup>th</sup> or 27<sup>th</sup>.
- Domestic Cold Water Storage
  - As it seems the project's plan for domestic cold water holding tank exceptions will not be approved by OSHPD, we will be required to have either a 5000-gallon tank with an alternate means of compliance (AMOC) for water rationing or a 11,700-gallon tank with no AMOC. Our mechanical designer and contractor are working on pricing for this and we are expecting to have to price by Wednesday the 21<sup>st</sup> of February.
  - One approach we are exploring is an on-site well as a backup water supply. This would be an AMOC and a mechanical reviewer with OSHPD is currently reviewing its likelihood of being approved. Once we know the odds of getting this approved by OSHPD we will make the decision to pursue it or not.
  - Please note that both the holding tank and well options are not currently included in the design.
- Fire Water Flow
  - We did not receive approval of our reduction in fire flows but were asked for further clarification. Warren engineering is now spearheading this process to clarify questions by OSHPD and to paint a clearer picture of what we are trying to achieve.
- PG&E Design
  - The Electrical design is not complete at this time. Layton Construction has issued payment to PG&E to start the design and coordination process. A kick-off meeting with PG&E, Layton, Mayers, Porter and Berg is tentatively planned for March 5<sup>th</sup>, 2018. PG&E will also be providing us with a schedule so we can better understand when work will begin.
- Nurse Call
  - We have begun meeting with nurse call vendors and will continue to do so until March 15<sup>th</sup>, 2018. Once meetings have been completed with vendors we can determine next steps to incorporate the features we would like into the plans. This is a decision that will not affect the project start date.

- Encroachment Permit
  - Layton has received the encroachment permit back from the earthwork subcontractor but is still awaiting the insurance certificate before submitting.
- Site Logistics
  - I will be meeting onsite with Portor and Layton on March 6<sup>th</sup>, 2018 to go over site logistics. Layton Visual Development team will be putting together a logistic plan for us to review on the 6<sup>th</sup>. This will give Mayers a better understanding of workflows and disruptions so we can better prepare for them before construction start.
- Upcoming Milestone Dates
  - Submit Second Backcheck Drawings                      February 27<sup>th</sup>, 2018
  - Third OSHPD review comments                              April 26<sup>th</sup>, 2018
  - OSHPD Approval    May 8<sup>th</sup>, 2018
  - Construction Start    May 9<sup>th</sup>, 2018

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

- Fire Life & Safety, State, and Federal Surveys
  - We had 8 tags for our Fire Life & Safety survey, which is a significant reduction in tags from previous surveys.
  - We received 1 tag for our State and Federal Surveys for the physical environment. This again is a considerable reduction in tags given in previous surveys.
  - I am very proud of our Maintenance, Dietary, and Environmental services staffs for the way they handled the surveys and the work that was done over the last year to achieve these results.
- Pelican Wireless Thermostat System
  - With the implementation of the new pelican wireless thermostat system, our year over year therm usage went from 9,161 therms in February 2017 to 4,931 therms in February 2018. That translates to a year over year savings of \$3,956.00. Our month over month usage went from 7,608 therms in January 2018 to 4931 therms in February 2018. This translates to a month over month savings of \$2,062.00. This project has also improved response time to repairs by giving real-time notification of critical failures.
- SNF Refresh
  - Phase 2 of the SNF refresh project will start March 5<sup>th</sup>, 2018. This will include all new rigid sheet, cove base and chair rail in all resident rooms in Fall River.
- Expansion of Outpatient Services
  - Greenbough design has presented preliminary drawings for the expansion of outpatient services located at station III. These drawings gave us a good starting point but have minimal staff input so there will be changes coming once all appropriate parties are involved.



## Dietary

- Surveys
  - The dietary staff did very well during our State and Federal Surveys and did not receive any tags.

## Environmental Services

- In-House Laundry Facility
  - We will be starting the remodel of the Right Roads building in Burney in the next couple of months. We will not be contracting this project out to a General Contractor, but instead will do the work and manage any subcontractors in-house. This is the first step in bringing laundry and linen in-house which will provide a better product for residents, patients and provide more jobs in the community. We have been conducting meetings at the site with Sherry Rodriguez (EVS manager), Alex Johnson (Maintenance Lead) and I to discuss the building layout, work to be done, and the permitting process.

## IT

- Phone Servers
  - On Sunday, February 11<sup>th</sup> we had a critical failure event in our phone system. The Mirror RAID which is supposed to keep data saved between the 2 drives to prevent total failures had failed along with both drives on the system. IT staff worked until 10 pm to recover the backup and restore the system but was not able to do so. On Monday, February 12<sup>th</sup> analog lines were restored to get communication back to the hospital and SNF. That day vendor support also arrived and it was determined that we would not be able to recover the backup. At this time IT staff started to rebuild the system. By end of shift on Monday, February 12<sup>th</sup> basic phone services were restored. Due to the age of the system, a new system was purchased and will be installed in the near future. IT Staff and I are working on a risk assessment for all our critical hardware systems. This will include, the purchase date, end of life date, warranty status, and risk priority. This will help us come up with a strategy for replacing critical components to our IT infrastructure before end of life to help prevent critical failures like this in the future.

## **MMHD Board Meeting**

Wednesday February 28, 2018

### **Work Comp Report**

**Written presentation by Libby Mee – Director of Human Resources**

#### To date 2018

2 First Aide Injuries resulting in 0 days away from work

1 Reportable Injuries resulting in 0 days away from work

No patient related work related injuries

#### 2017 in Review

Total of 19 First Aide Injuries resulting in 9 days away from work

Total of 7 Reportable Injuries resulting in 200 days away from work

○ Of the 7 Reportable Claims

▪ 4 Closed

▪ 3 Denied

#### Compared to 2016

Total of 23 first aide injuries resulting in 4 days away from work

4 Reportable claims resulting in 4 days away from work

#### 2017 Initiatives

CARE Program \$2,200.00 - Monies need to be used to increase the effectiveness of Mayers Safety Programs. I will work with BETA Loss Prevention Specialist and MMHD Safety/Disaster Committee to see how we would like to utilize funds.

Will have full Fiscal report from BETA in July



# Operations Report February 2018

**Attachment E**

Statistics	January YTD FY18 <i>(current)</i>	January YTD FY17 <i>(prior)</i>	January Budget YTD FY18
Surgeries <i>(including C-sections)</i>	12	5	8
➤ Inpatient	1	2	2
➤ Outpatient	11	3	6
Procedures <i>(surgery suite)</i>	21	11	16
Inpatient	1291	1321	1266
Emergency Room	2442	2389	2362
Skilled Nursing Days	16180	16540	16800
OP Visits (OP/Lab/X-ray)	9485	9157	9396
Hospice Patient Days	763	606	910
PT	2090	1686	1790

**Operations District-Wide**  
**Prepared by: Louis Ward, MHA, CEO**

**Organizational Governance Chart**

Over the past month, the leadership team at the District has spent time discussing the development of an Organizational Governance Chart. This document will portray a visual representation of each of the districts committees, teams, taskforces, and Board led committees. Staff seeks to provide the viewer of the document an easy and visually appealing way to view how each group interacts with each other, what positions/roles serve in each committee and the oversight structure for each committee, team, and taskforce. A draft version of the Organizational Governance Chart will be shared at the February BOD meeting.

**Chocolate Festival**

Once again, the Mayers Intermountain Healthcare Foundation exceeded expectations at this year’s Chocolate Festival. There was great turn out on behalf of the community and employees and as always lots of great deserts to choose from. A huge thank you to Barb Spalding, Marlene McArthur, Michelle King, Chris Broadway, Keith Earnest, Kandie Decker and many other employees and hospital volunteers at the event. Thanks to all of the MMHD Departments who donated baskets to the raffle. A big thanks to Hal and Kathy’s and our own Ellie Joraanstad, RN for the donation of great soups and coffee for the event.

**Hospital Council Northern Section CEO Meeting.**

Early this month, the administrators of many of the North State hospitals met in Chico to discuss a variety of topics. As many of our hospitals largest insurance payer is Medicare, a great deal of time and importance was placed on discussing the federal budget and how we view proposed bills affecting rural healthcare. We also discussed each of our hospitals relationship with the California Department of Public Health (CDPH) as well as staffing shortages created by a lack of CNA schools. Our next project we have decided to work together on is examining the impacts to patients and our communities when rural hospitals are penalized by CDPH when they remove the ability for hospitals to provide onsite CNA training. Our next meeting on this topic is in late February. More information to be reported verbally at the February BOD meeting.

### **MMHD Fall River Facility Lockdown**

On Thursday, February 1, the facility promptly reacted to a threat by enacting our facility lockdown protocols. Nursing staff in the Emergency Room reported to Administration a discharged patient had made a verbal threat to return to Fall River facility with a firearm. This threat was considered a credible threat until Administration consulted with the Shasta County Sheriff's Office per facility protocol. Per the emergency preparedness plan the exterior doors of the facility were locked, maintenance staff were posted at each exterior door, pictures of the individual who made the threat was securely shared amongst staff, and a facility alert was sent out through our all staff text notification system. The staff worked very well together throughout this experience and I am happy to report this turned out to be a good test on our preparedness plan as the Sheriff's Office gave administration the all clear a few hours after the event began. Administration lifted the lockdown and alerted key staff to be very observant throughout the remainder of the day.

### **Safety and Security at the Burney Annex.**

Over the past few months there have been a string of vehicle break-ins and suspicious people entering the MMHD Burney campus reported to administration. We have worked closely with local law enforcement, providing the authorities with video tape evidence of the crimes as well as requesting more frequent patrol of the parking lot. The local law enforcement has responded to the events in a timely manner and staff has noticed more frequent patrolling of the parking lot; however, this has not deterred the criminals. My administrative team and I feel strongly about the need for our employees to feel they and their belongings are safe while they are caring for our residents and patients. For the first time ever we are considering staffing a security guard at the Burney annex throughout the evening and early morning hours of each shift. We are exploring a number of options and continue to be mindful swift action is needed on this matter. More information will be reported verbally at the Feb BOD Meeting.

### **CDPH Surveys**

Over the past couple of months District staff have participated in a Centers of Medicare/Medicaid Services (CMS) Federal survey, a California State Re-licensing survey, and a CDPH Fire Life & Safety survey. Factually, there were a number of additional surveys but the three above are the more notable surveys. The Chief Nursing Officer, the Director of Operations, and Directors of Nursing (Acute & SNF) will report the results of the above surveys at the February BOD meeting. I am very proud of the team here at Mayers as these surveys are very stressful and each and every time we are visited by a survey team I am reminded how passionate and caring our staff is. They continue to strive to achieve better results each year, learning from past years, and developing and implementing solutions in an attempt to advance healthcare within the district.

### **Employee Meetings**

In early February, administration hosted four meetings (2 in FRM and 2 in Burney) in which a slide show was presented outlining the successes of 2017 and what we seek to achieve in 2018. As I have mentioned in past BOD meetings, these employee meetings are some of the most valuable minutes I personally spend at the hospital each quarter. The meetings were well attended with a little more than 1/3 or 80 employees attending. The next employee meetings will be held in May.

### **Chief Clinical Officer Report**

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

#### **Laboratory**

- Vitamin D levels are now live and being performed on site.
- The 2017 antibiogram has been issued. (An antibiogram is a chart that shows past sensitivity patterns of bacteria to various antibiotics to guide responsible antibiotic selection.)
- Chris Hall, CLS—Lab manager, is training/reorienting all the nurses that work in SNF on the finger stick glucose machines as part of the plan of corrections of the recent survey.

#### **Physical Therapy**

- The Medicare Part B therapy cap at \$2100 has been repealed. Modifiers and clinical justification will be required to exceed the cap.
- Institute of Technology in Redding is planning on starting a Physical Therapist Assistant (PTA) training program launching Fall 2019. Mayers has expressed interest in being a precepting site. Being a training site will help us recruit PTA's and the students will help with the work load.

#### **Pharmacy**

- The Pyxis® refill bar-coding has gone live.
- We are working on the interface between the pharmacy and Point Click Care and are looking forward to the efficiencies it will provide.
- The ER label issue is yet outstanding. Multiple service orders have been issued.

#### **Respiratory Therapy**

- Gina Lobo, Respiratory Manager, is working with Healthstream to bring a comprehensive CPR, ACLS, and PALS education and training system to Mayers. She is working on the financial aspects and exploring grant funding.
- She is also working on grant funding for a non-invasive auto adaptive ventilator.

### **Chief Nursing Officer Report**

**Prepared by: Judy Jacoby, CNO**

- 40 Patients in Burney; 29 Patients in Station 2 (one patient transferred to Station 1)
- 2 RNs hired in acute (1 per diem and the other is FTE in acute)
- PICC Training done on February 22, 2018 for licensed nursing staff

## **ER**

**Prepared by: Krissy Eades, ER Lead**

- We treated 354 patients in the Emergency Department in the month of January.
- We are expecting our Welcome Packet in the next couple of weeks for the Pediatric Readiness Quality Collaborative. Our Training site, UC Davis, is currently in the orientation phase of the collaborative (January – May 2018). As an affiliate site, we will begin our orientation phase in June 2018. Linda Sawyer, RN, one of our Resource and Acute Care nurses, has volunteered to be the Co-Champion for this project and will serve as my substitute while I'm on maternity leave over the summer.
- I will be attending the Pediatric Nurse Liaison Kick-Off training, originally set for late January, now rescheduled for March 21<sup>st</sup> at Mercy Redding.
- We had two Resource nurses that were able to attend the Trauma Nurse Core Course (TNCC) in early February held at Banner Lassen. All Registered Nurses that are regularly scheduled to work in the Emergency Department at Mayers are now TNCC certified.
- I have been working with the CNO, DON, and Director of Quality to set quality measures for the Emergency Department for the 2018 year, as well as implement effective means of capturing the data through chart audits for reporting purposes. Our efforts continue in identifying and modifying processes as needed to effectively capture data pertaining to ER throughput through the electronic health record.
- Under the direction of our CNO, we have implemented a new electronic shift report that is to be completed each shift by the Nursing Supervisor on duty to help relay important information to the Leadership/Admin Team.
- The majority of our nursing staff was able to attend and complete the Skills Fair held January 17<sup>th</sup> & 18<sup>th</sup> to review annual competencies. A mandatory PICC Line training for all acute nursing staff is scheduled for Feb 22<sup>nd</sup>.
- Dates have been set in late March for a Nursing Documentation Class provided by an EmCare/Envision representative.
- A group of ER staff members was pleased to help with the balloon decorations at the annual Chocolate Festival in late January.
- I continue to participate in the monthly Intermountain Preparedness Group meetings. The most recent meeting was February 1<sup>st</sup>, with the next meeting set for the end of February. We continue to gain vision for the mission/purpose of the group and are working to organize our first group Emergency Preparedness training/drill.

## **Surgery**

**Prepared by: Stacie Warnock, Surgery Lead**

- 1 inpatient emergent surgery
- 11 outpatient surgeries
- 9 Syverson
- 3 Guthrie (2 scheduled, 1 add-on)
- 21 endoscopy procedures
- CRNA coverage was made by Gabe and Rhett
- Continue to have patient questions in regards to medications. These patients are referred back to their PCP.
- Housekeeper is in need of further training and observation before they are released on their own.