

Chief Executive Officer
Louis Ward, MHA



Mayers Memorial Hospital District

Board of Directors
Regular Meeting
Agenda

October 24, 2018 – 12:00pm
Boardroom: Burney

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

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

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

Persons wishing to address the Board are requested to fill out a "Request Form" prior to the beginning of the meeting (forms are available from the Clerk of the Board, 43563 Highway 299 East, Fall River Mills, or in the Boardroom). If you have documents to present for the members of the Board of Directors to review, please provide a minimum of nine copies. When the President announces the public comment period, requestors will be called upon one-at-a time, please stand and give your name and comments. Each speaker is allocated five minutes to speak. **Comments should be limited to matters within the jurisdiction of the Board.** Pursuant to the Brown Act (Govt. Code section 54950 et seq.) **action or Board discussion cannot be taken** on open time matters other than to receive the comments and, if deemed necessary, to refer the subject matter to the appropriate department for follow-up and/or to schedule the matter on a subsequent Board Agenda.

Approx.
Time
Allotted

3 APPROVAL OF MINUTES

3.1	Regular Meeting – September 24, 2018	Attachment A	Action Item	2 min.
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4 DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS

4.1	Resolution 2018-12 – September Employee of the Month	Attachment B	Action Item	5 min.
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5 BOARD COMMITTEES

5.1	Finance Committee			
5.1.1	Committee Meeting Report		Report	10 min.
5.1.2	September 2018 Financial Review, AP, AR, and acceptance of financials		Action Item	5 min.
5.2	Strategic Planning Committee			
5.2.1	Committee Meeting Report		Report	10 min.
5.3	Quality Committee			
5.3.1	Committee Meeting Report		Report	10 min.

6 NEW BUSINESS

6.1	Annual Program Evaluation		Discussion	15 min.
6.2	Annual Board By-laws Review		Discussion	15 min.
6.3	Board Assessment Process		Discussion	15 min.
6.4	Acceptance of CEP	Sent as PDF	Action Item	5 min.
6.5	Policy & Procedure Summary	Attachment C	Information	5 min.
6.6	Combine November & December Regular Meeting		Action Item	5 min.
6.7	Retail Pharmacy Application		Discussion/ Action Item	15 min.
6.8	Laundry Van Purchase	Sent as PDF	Discussion/ Action Item	15 min.

7	ADMINISTRATIVE REPORTS			
7.1	Chief's Reports		Attachment D	
7.1.1	CEO – Louis Ward		Report	10 min.
7.1.2	CCO – Keith Earnest		Report	10 min.
7.1.3	CFO – Travis Lakey		Report	10 min.
7.1.4	CNO – Candy Vculek		Report	10 min.
7.1.5	COO – Ryan Harris		Report	10 min.
7.2	Construction Change Orders		Action Item	5 min.
8	OTHER INFORMATION/ANNOUNCEMENTS		Information	
9	ANNOUNCEMENT OF CLOSED SESSION			
9.1	Government Code Section 54962:			
	<ul style="list-style-type: none"> Quality Assurance: Quality Improvement Issues, Medical Staff Report 			
9.2	Personnel Government Code 54957			
	<ul style="list-style-type: none"> CEO Contract Review 			
9.3	Real Property Government Code 54956.8			
9.4	Pending Litigation Government Code 54956.9			
10	RECONVENE OPEN SESSION – Report Closed Session Action		Information	
11	ADJOURNMENT: Next Regular Meeting – TBA			

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.

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Mayers Memorial Hospital District

Board of Directors

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

**Board of Directors
Regular Meeting
Minutes**

September 24, 2018 1:00pm
Boardroom (Fall River Mills)

These minutes are not intended to be a verbatim transcription of the proceedings and discussions associated with the business of the board's agenda; rather, what follows is a summary of the order of business and general nature of testimony, deliberations and action taken.

- 1 **CALL MEETING TO ORDER:** Mike Kerns called the regular meeting to order at 1:00pm on the above date.

BOARD MEMBERS PRESENT:

Mike Kerns, President
Beatriz Vasquez, Vice President
Abe Hathaway, Secretary
Laura Beyer, Director

ABSENT:

Allen Albaugh, Treasurer

STAFF PRESENT:

Louis Ward, CEO
Travis Lakey, CFO
Ryan Harris, COO
Candy Vculek, CNO
Keith Earnest, CCO
John Grimmett
Daryl Schneider
Marlene McArthur
Moriah Padilla
Jessica Stadem, Board Clerk

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

None – James Elkins visitor

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- 3 **APPROVAL OF MINUTES**

3.1 A motion/second carried; Board of Directors accepted the minutes of August 22, 2018. Vazquez/Ward **Approved All**

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

4.1 A motion/second carried; Moriah Padilla was recognized as August Employee of the Month. Vasquez/Beyer **Approved All**

4.2 **401k Annual Report:** John Grimmett from Tri Counties Bank, works with Raymond James. Provided hard copy of 401k program statistical information.

4.3 **Addition of Service Line: Occupational Therapy:** Daryl Schneider presented PowerPoint. SNF consultant and DON both think that OT would be very beneficial to SNF especially, but all patients would benefit; recommend to the board to add this service line and start a search, would use recruitment firm to find candidates, possibly use long-term traveler; with the trouble of staffing PT, how do we keep up with staffing an OT? Could potentially see increase in swing patients with services, will report back in a few months.

A motion/second carried; will begin searching to increase outpatient services to include Occupational Therapy and Speech Pathology Hathaway/Vasquez **Approved All**

- 4.4 **IHF Quarterly Report:** Monday, Sep. 16 IHF board meeting, presented PowerPoint, had separate booth at the fair, intern volunteered time to create presentation for fair booth, \$22k net from golf tourney, participating in NSGT, project to be announced; shortening foundation name to Mayers Healthcare Foundation, new logo presented next year; reached \$3mil goal as of this year, campaign going to April 2019, still seeking donors and some room naming left.

5 BOARD COMMITTEES			
5.1 Finance Committee			
5.1.1	Committee Meeting Report: Nothing pressing to report.		
5.1.2	A motion/second carried; acceptance of August 2018 Financial Review, A/P, A/R.	Hathaway/Beyer	Approved All
5.2 Strategic Planning Committee			
5.2.1	Committee Meeting Report – Discussed project status; modified employer of choice section of Strategic Plan, will continue discussion about how to better measure that section.		
5.3 Quality Committee			
5.3.1	Committee Meeting Report – Keith presented on the sterile compounding inspection; Jack reported on compliance training and PRIME; infection control reported about hand washing phone apps.		
6 NEW BUSINESS			
6.1	JPIA: Collab between MMHD, Lakeview, Modoc, Surprise valley, joint powers of agreement for trainings, contracts, etc. great relationships have been made; will not dissolve, but will put on hold, too many changes have been made and are going to happen, all CEOs will continue to meet and collaborate		
6.2	Employee Health Benefits: Keeping CSAC, 4% increase to total cost, employees see \$12 increase per month; self-funded dental plan, Cypress still 3 rd party administrator, minimal risk, will have buy-up option for increased coverage; offering extra options through Unum, much like Aflac.		
6.3	A motion/second carried; approved all, except for the following: did not approve Social Media policy, will take to Operations and then to Quality, needs revision.	Hathaway/Beyer	Approved All
	<ul style="list-style-type: none"> • Employee Referral Bonus Program • Ergonomics Program • Organizational Code of Conduct • Patient Right to Access, Inspect and Copy Medical Records • Patient Right to Request Restrictions • Policy Documentation • Protection from Malicious Software • Psychotherapy Notes • Right to Amend • Sanctions Policy • Social Media – Did not approve • Workplace Violence Prevention Plan 		

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7 ADMINISTRATIVE REPORTS

7.1 Chief's Reports

7.1.1 CEO: Presented Ryan with framed first OSHPD building permit. Continuing discussions regarding pharmacy space, toured Modoc's pharmacy, discussing staffing models; SEMSA is potentially looking at moving their airbase to the hospital, meeting with CEO and COO, and COO of Air Methods next week; attended ACHD annual meeting with Beatriz and Theresa, several helpful presentations, will be available on ACHD website; Wipfli cost report conference with Travis and Abe, appreciate the straightforward approach to the presentations;

7.1.2 CCO: Have hired CLS for lab. Nothing additional to report.

7.1.3 CFO: A/R days should start to go down, discussed new Experian software issues with other hospitals, low revenue month.

7.1.4 CNO: Written report provided. Hired Marla Elkins, FNP, for SNF, will help providers with rounding in both facilities, will also manage Infection Control, also looking at bringing on a consultant; Activities department working on introducing Senior TV, provides extra channels for residents, as well as 2 special channels for specific information regarding the facility activities, menu, staff profiles, and a movie channel, will start in Fall River in November.

7.1.5 COO: Ryan sending daily updates on status of building; laundry facility room is being put on, opening date should be February 1, will order equipment and linens next month; no security incidents since the fence has gone up, access control installation has begun, started handing out key cards, front doors will be open during business hours unless security issues arise; hired interim Director of Dietary Services, she is a registered dietician, will help with staffing and flow in the department, still struggling with staff, Libby looking at staffing agencies for help with dietary, will contact culinary school recent grads.; RFP for architect on retainer, 3 year contract, hoping to get out by end of September, returned by end of Oct, mid-November for selection;

7.2 Construction Change Orders: A motion/second carried; board approves Hathaway/Beyer Approved All \$10,300 addition from Berg Electric to run conduit from back of new building to provide power for other services, such as MRI, in the future.

7.3 Job Site Tour: Will do job site tour every board meeting in Fall River. OSHPD onsite for concrete pour on Wednesday.

8 OTHER INFORMATION/ANNOUNCEMENTS

None.

9 ANNOUNCEMENT OF CLOSED SESSION – 3:57pm

9.1 Government Code Section 54962: Quality Assurance: Quality Improvement Issues, Medical Staff Report

Medical Staff New Appointments:

Robin Rasmussen, MD – Wound Care

Medical Staff Reappointments:

Todd Guthrie, MD – Orthopedic Surgery

Thomas Watson – Emergency and Family Medicine

Allied Health Professional Reappointments:

Darla Schmunk, FNP

Ben Nuti, CRNA

9.2 Personnel Government Code 54957

9.3 Real Property Government Code 54956.8

9.4 Pending Litigation Government Code 54956.9

10 RECONVENE OPEN SESSION: 5:33PM

A motion/second carried; all credentials approved.

Vasquez/Beyer **Approved All**

A motion/second carried; board approves purchase of property at 43471 Highway 299E, Fall River Mills, CA 96028 up to \$170k

Kerns/Hathaway **Approved All**

Completed review of CEO annual evaluation

Foundation & District organizational understanding, by-laws, on next agenda

CEO contract review on next agenda, closed session action item

11 ADJOURNMENT – 5:39pm

Next Regular Meeting – October 24, 2018 (Burney)

I, _____, Board of Directors _____, certify that the above is a true and correct transcript from the minutes of the regular meeting of the Board of Directors of Mayers Memorial Hospital District

Board Member

Board Clerk



Mayers Memorial Hospital District
Always Caring. Always Here.

RESOLUTION NO. 2018-12

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

Britany Hammons

As September 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, Britany Hammons is hereby named Mayers Memorial Hospital District Employee of the Month for September 2018; and

DULY PASSED AND ADOPTED this 24th day of October 2018 by the Board of Trustees of Mayers Memorial Hospital District by the following vote:

AYES:
NOES:
ABSENT:
ABSTAIN:

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

ATTEST:

Val Lakey
Clerk of the Board of Directors

The following are the new and Revised Policies and Procedures that have been approved by the Policy and Procedure Process. These policies and procedures have been put in the appropriate hospital manuals.

Date:
September, 2018

For Quarter Ending
September 30, 2018

Manual Name	Document Name/Policy	New/Revised
Acute - Med Surg	Acuity, Staffing by	Revised
Acute - Med Surg	Assessment and Reassessment of the Medical Surgical Patient	Revised
Acute - Med Surg	Colostomy Care	Revised
Acute - Med Surg	Colostomy Irrigation	Revised
Acute - Med Surg	Communicating with the Deaf and Hearing Impaired	Revised
Acute - Med Surg	Hospital Report of Newborn Screening Specimen Not Obtained	Revised
Acute - Med Surg	Hydraulic Lift, HOYER	Revised
Acute - Med Surg	Hydraulic Lift, Vera Lift II	Revised
Acute - Med Surg	Newborn Hearing Screen Not Done MMH276	Revised
Acute - Med Surg	Newborn Screening	Revised
Acute - Med Surg	Phlebotomy; Therapeutic	Revised
Acute - Med Surg	Prisoner Precautions MMH59	Revised
Acute - Med Surg	Sling Inspection Checklist - Monthly MMH147	Revised
Acute - Med Surg	UNUSUAL EVENT ROOT CAUSE ANALYSIS TOOL MMH303	Revised
Anesthesia	Anesthesia Questionnaire and Informed Consent MMH29	Revised
Anesthesia	Anesthesia, Documentation of Medical Necessity of MMH480	Revised
Anesthesia	Malignant Hyperthermia	Revised
CAH	CAH - Physical Plant and Environment	Revised
CAH	Compliance with Fed State and Local Laws and Regs	Revised
CAH	Compliance With Hospital Requirements at Time of Application	Revised
CAH	Dental Services - Swing Bed	Revised
CAH	Number of Beds and Length of Stay, CAH	Revised
CAH	Organ, Tissue and Eye Procurement	Revised
CAH	Physical Plant and Environment - Life Safety From Fire	Revised
CAH	Provision of Services, Critical Access Hospital	Revised
CAH	Resident Behavior and Facility Practices	Revised
CAH	Status and Location - CAH	Revised
Emergency Department	ER Culture Follow Up Form MMH603	New
Emergency Department	ER Culture Follow Up Letter MMH604	New
Employee	Annual Performance Evaluations	Revised
Employee	Harassment Discrimination and Retaliation Prevention	Revised
Employee	Reporting Concerns MMH462	Revised
Environmental Services	Carts Cleaning, Housekeeping	Revised
Environmental Services	Corridor Cleaning	Revised
Environmental Services	Mopping	Revised
Hospice	Admission to Hospice Care-Eligibility (Medicare)	Revised
Hospice	Assessments-Content of the Comprehensive Assessment	Revised
Hospice	Marketing Materials - Hospice	Revised
Hospice	Physician Services - Hospice	Revised
Hospice	Professional Boundaries	Revised
Hospice	Revocation of the Medicare Hospice Benefit, Hospice	Revised
Hospice	Scope of Services, Hospice	Revised
Imaging	Acromio-Clavicular Articul	Revised
Imaging	Pelvis X-Ray	Revised
Imaging	Sacrum And Coccyx X-Ray	Revised
Imaging	Thoracic Vertebrae (T-Spine) X-Ray	Revised
Infection Control	Infection Control Monthly Tracking Letter MMH505	Revised
Infection Control	Medical Waste Management Guidelines Chart MMH70	Revised
Infection Control	MEDICAL WASTE MANAGEMENT PLAN CERTIFICATION	Revised
Infection Control	Monthly Infection Tracking Report MMH506	Revised
Infection Control	Needles Sharps, Handling & Disposal	Revised
Lab	Blood Component Administration	Revised
Medical Staff	Flow Chart for Approval of Policies and Procedures	Revised
Medical Staff	Policies & Procedures; Development, Revision & Approval	Revised
Medical Staff	Policies and Procedures Usable Template	Revised
Medical Staff	Policy and Procedure Summary MMH288	Revised
Obstetrics	Hepatitis Immunization Consent Form MMH347	Revised
Obstetrics	Newborn Hearing Screen Log MMH79	Revised
Patient Access	Skilled Nursing Facility Advance Beneficiary Notice MMH564	Revised
Pharmacy	Controlled Substance Cassette Tracking Form MMH83	Revised
Pharmacy	Immediate Medication Regimen Review MMH618	Revised

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Date:
September, 2018

For Quarter Ending
September 30, 2018

Manual Name	Document Name/Policy	New/Revised
Pharmacy	Recalled Medications	Revised
Pharmacy - Sterile Com	Compounding Personnel MMH602	Revised
Pharmacy - Sterile Com	Pharmacy Technician Clean Room Training and Assessment MMH607B	Revised
Pharmacy - Sterile Com	STERILE ADMIXTURE: Immediate-Use Compounded Sterile Products (Admixture Performed by Nursing Staff)	Revised
Purchasing	Donated Medical Goods: Esperance	New
Quality & Performance	EMR Outage - Unplanned/Planned	Revised
Respiratory Therapy	Pulse Oximetry	Revised
Respiratory Therapy	Small Volume Nebulizer and Aerosol Treatment	Revised
Respiratory Therapy	Tracheostomy Care and Suctioning	Revised
Skilled Nursing	Gastrostomy Feeding Tube Placement	Revised
Skilled Nursing	Revised McGeer Criteria for RTI MMH624	Revised
Skilled Nursing	Revised McGeer Criteria for SSTI MMH626	Revised
Skilled Nursing	Revised McGeer Criteria for UTI MMH623	Revised
Surgery	Physician Orders - Preoperative & Postoperative Esophagogastroduodenoscopy MMH8	Revised



Operations Report October 2018

Statistics	September YTD FY19 <i>(current)</i>	September YTD FY18 <i>(prior)</i>	September Budget YTD FY19
Surgeries <i>(including C-sections)</i>	6	7	8
➤ Inpatient	4	3	2
➤ Outpatient	2	4	6
Procedures <i>(surgery suite)</i>	22	18	16
Inpatient	436	489	552
Emergency Room	1116	1087	1095
Skilled Nursing Days	6517	6979	6792
OP Visits (OP/Lab/X-ray)	4375	4030	3927
Hospice Patient Days	576	203	312
PT	705	1005	825

Operations District-Wide

Louis Ward, MHA, CEO

Retail Pharmacy

Considerable progress has been made on the Retail Pharmacy project throughout the months of September and October. The District has purchased a building in Fall River Mills in early October, which will house our new pharmacy. Administration has spoken with a potential candidate for our Retail Pharmacist; the candidate will be available for full-time employment in January 2019, until that point the candidate will serve in an Independent Contractor relationship to assist with the development of the pharmacy. District Administration is researching vendors to assist with the interior design, workflow, staffing, 340B, 3rd Party insurance contracting, initial inventory order, and a business plan. A vendor for the above-mentioned items to be selected in late October. The Pharmacy is planned to open in Spring 2019.

DHLF Meeting

The District CFO, Travis Lakey and I attended the District Hospital Leadership Forum held in Sacramento mid October. Multiple topics were covered at the one-day meeting all related to the \$350 million dollars to be divided up amongst District hospitals. There is already logic decided on how the funds are divided amongst the Districts, which come in the form of Intergovernmental Transfer payments (IGT) however with proposed new funds as well as potential for loss of funds it is imperative all Districts participate in this process. We will continue to watch this item closely and report to the District Board if there are any changes to the programs.

Department Feedback to Operations Team

Throughout the month of August and September Administration has instituted a new policy that all Departments must meet at least once a month and report any concerns or questions on a standard template which will be reviewed and responded to by the Operations Team. All Departments have been required to meet monthly since 2015; however in an effort to strengthen the communication loop Administration is now requiring minutes from each of these meetings in an effort to better respond to employee, manager, and patient needs.

Management Scorecard Goals

Since the start of FY19 District, staff have diligently worked to develop and agree to FY19 scorecard goals aligning directly with overall 2021 strategic plan the District Board approved in 2016 and amended in 2018. A full list of all goals will be included in the Board packet and discussed at the Oct board meeting.

OSHPD 1R Repurposing Hospital buildings seminar

The District COO, Ryan Harris and I will attend an Office of Statewide Health and Planning Development (OSHPD) seminar in early November to better understand a new OSHPD 1(R) code. The new code directly deals with repurposing older hospital buildings which of course the District will be faced with this challenge in the upcoming months / years. The Board has approved the demolition of the 1956 building, the proposed plan for the building however with the passage of AB2190 signed into law late 2018 (attached in the board packet) allowing extensions for 2020 hospitals as well as a new OSHPD 1(R) code change the District may have additional options that were not available to us at the time of the vote to demolish the 1956 building. District Staff will provide a full report to the BOD at the Nov. Board meeting.

Beta GEM Award: Your Life

Mayers Memorial Hospital District is the recipient of the 2019 BETA GEM award for the districts "Your:Life" initiative. The initiative seeks to improve the health and wellness of our employees in a number of ways including: healthy food options in our cafeteria, reduced cost salad lunches, a host of fitness activities throughout the year, a phone app incentivizing and assisting employees (GO 365), annual bio metric screenings, wellness education, and prizes for wellness challenges. The initiative has gained statewide attention as it seeks to improve employee morale and reduce sick days throughout the year while employees participate in a fun and innovative program.

Chief Operating Officer Report

Prepared: Ryan Harris, COO

- The building project has been making steady progress since work resumed with construction personal and progress being made every day that the site was not shut down due to rain. We have had some minor delays with the rain and some materials, but besides the 1 full day we lost to rain the other delays did not impact the entire project. I have noted some milestones below for the next month.
 - Site Grading Completed by October 22nd
 - Base rock and compaction completed by October 29th
 - Slab on Grade (SOG) base rock and vapor barrier completed by October 21st.
 - Structural Steel will Start October 25th and has an estimated completion date of November 7th.
 - The roof joists and decking will start on November 5th and has an estimated completion date of November 17th.
 - The concrete pour for the roof deck is scheduled for November 17th and has an estimated completion date of November 21st.
 - Additional information will be reported verbally.

Chief Nursing Officer Report
Prepared by: Candy Vculek, CNO

Will report verbally.

Surgery
Prepared by: Stacie Warnock

- 1 – inpatient surgery (Guthrie); 9 – outpatient surgeries (Guthrie 2, Watson 1, Syverson 6)
- 11 – outpatient endoscopies
- Patient cancellations continue to be an issue:
 - 09-26-2018 - We started the week off with 10 patients scheduled for scope procedures and by endoscopy day we only had 4 patients left. There is no specific reason or pattern to why and since these are elective procedures, all we can do is to offer to reschedule at a later date.
- The surgery housekeeping position remains open at this time.
- MMH has acquired a contract CRNA, David Nicholson. We are still, however, needing to seek a Locum CRNA to fill in.
- Theresa Overton will be handling the management of the Surgery department, as I have opted to take another position within the facility. I will continue to work as the OR Circulating Nurse every other week per the surgery schedule.

Chief Clinical Officer Report
Prepared by: Keith Earnest, Pharm.D., CCO

Laboratory

- Interfacable FSG machines are here and initial steps towards integration with Paragon and PointClickCare have begun.
- We received a quote from Allscripts to interface microbiology to Paragon. The cost of the install was more than anticipated. We have inquired about lower cost install options. Currently microbiology is listed under chemistry making reports difficult to read, to find and impossible to trend.
- The Lab Tech that we hired last month unfortunately took another position so we have a registry tech scheduled to start October 29th.

Pharmacy

- Flu shots are in. Skilled nursing residents have been vaccinated and staff and volunteers will be vaccinated by the end of October.

Telemedicine

- Neurology becomes available via telemedicine on October 30th. Current referrals are in-house (SNF residents). Amanda has been directly contacting providers to get referrals from the local clinics.
- Amanda Harris, Telemedicine Manager, is working on an inventory of past equipment that is obsolete.

Therapy

- The Respiratory Therapist Department is staffed with a respiratory therapist and a registry therapist. Full on-call coverage is in place.

- Pulmonary Rehab will be relaunching in the next couple of weeks. Direct marketing to each clinic will take place prior to relaunch.

Imaging

- We are in a process to upgrade the ultrasound machine with a machine that meets the standards of the radiologists performing the reading.

Physical Therapy

- Administration is working to add Occupational Therapy to the hospital license. The position is posted and Human Resources is working with recruiting agencies to obtain an Occupational Therapist.

Assembly Bill No. 2190

CHAPTER 673

An act to add Sections 130062 and 130066 to the Health and Safety Code, relating to hospitals.

[Approved by Governor September 22, 2018. Filed with
Secretary of State September 22, 2018.]

LEGISLATIVE COUNSEL'S DIGEST

AB 2190, Reyes. Hospitals: seismic safety.

Existing law, the Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983, establishes, under the jurisdiction of the Office of Statewide Health Planning and Development, a program of seismic safety building standards for certain hospitals constructed on and after March 7, 1973. A violation of any provision of the act is a misdemeanor.

Existing law provides that, after January 1, 2008, a general acute care hospital building that is determined to be a potential risk of collapse or to pose significant loss of life in the event of seismic activity be used only for nonacute care hospital purposes, except that the office may grant 5-year and 2-year extensions under prescribed circumstances, except as specified. Existing law requires an owner of a general acute care hospital building that is classified as nonconforming to submit a report to the office no later than November 1, 2010, describing the status of each building in complying with the extension provisions, and to annually update the office with any changes or adjustments. Existing law authorizes certain hospital owners who do not have the financial capacity or other reasons to bring certain buildings into compliance by the January 1, 2013, deadline to instead replace those buildings or take other action by January 1, 2020, as specified.

This bill would require all hospitals with buildings subject to the January 1, 2020, deadline described above and that are seeking an extension for their buildings to submit an application to the Office of Statewide Health Planning and Development by April 1, 2019, that specifies the seismic compliance method each building will use, as specified. The bill would require the office to grant an additional extension of time to an owner who is subject to the January 1, 2020, deadline if specified conditions are met. The bill would authorize the additional extension to be until July 1, 2022, if the compliance plan is based upon replacement or retrofit, as defined, or up to 5 years if the compliance plan is for a rebuild, as defined. The bill would require the office, before June 1, 2019, to provide the Legislature with a specified inventory of the hospital buildings. The bill would authorize the office to promulgate emergency regulations as necessary to implement these provisions.

Existing law requires, no later than January 1, 2030, the owner of an acute care inpatient hospital to either demolish, replace, or change to nonacute care use a hospital building that is not in substantial compliance with certain seismic safety regulations and standards developed by the office, or to seismically retrofit the building so that it is in substantial compliance.

This bill would require, before January 1, 2020, the owner of an acute care inpatient hospital whose building does not substantially comply with the above-described seismic safety regulations or standards to submit to the office an attestation that the board of directors of that hospital is aware that the hospital building is required to meet the January 1, 2030, deadline for substantial compliance with those regulations and standards.

By imposing new requirements under the act for owners of hospitals with regard to extension applications and the above-described attestation, this bill would expand the scope of a crime, thereby imposing a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

The people of the State of California do enact as follows:

SECTION 1. Section 130062 is added to the Health and Safety Code, to read:

130062. (a) For the purposes of this section, the following terms have the following meanings:

(1) “Rebuild plan” means a plan to meet seismic standards primarily by constructing a new conforming SPC-5 building for use in lieu of an SPC-1 building.

(2) “Removal plan” means a plan to meet seismic standards primarily by removing acute care services or beds from the hospital’s license.

(3) “Replacement plan” means a plan to meet seismic standards primarily by relocating acute care services or beds from nonconforming buildings into a conforming building.

(4) “Retrofit plan” means a plan to meet seismic standards primarily by modifying the building in a manner that brings the building up to SPC-2, SPC-4D, or SPC-5 standards.

(b) All hospitals seeking an extension for their SPC-1 buildings shall submit to the office an application, in a manner acceptable to the office, by April 1, 2019. At a minimum, the application shall state which of the seismic compliance methods described in subdivision (a) will be used for each SPC-1 building.

(c) A hospital owner that has been granted an extension pursuant to subdivision (g) of Section 130060 or subdivision (b) of Section 130061.5

may request, and the office shall grant, an additional extension of time as set forth in this section.

(d) (1) For a hospital that seeks an extension for compliance based on a replacement plan or retrofit plan, the owner shall submit a construction schedule, obtain a building permit, and begin construction by April 1, 2020.

(2) Using the construction schedule submitted pursuant to paragraph (1), the hospital and the office shall identify at least two major milestones relating to the compliance plan that will be used as the basis for determining whether the hospital is making adequate progress toward meeting the seismic compliance deadline.

(3) Failure to comply with the requirements described in paragraph (1) or (2), or to meet any milestone agreed to pursuant to paragraph (2), shall result in the assessment of a fine of five thousand dollars (\$5,000) per calendar day until the requirements or milestones, respectively, are met.

(4) Final seismic compliance shall be achieved by July 1, 2022.

(e) (1) For a hospital that seeks an extension for compliance based on a rebuild plan, the office shall grant an extension of up to five years. The owner shall submit, in a manner acceptable to the office, no later than July 1, 2020, the rebuild plan, deemed ready for review, and shall submit a construction schedule, obtain a building permit, and begin construction no later than January 1, 2022.

(2) The hospital and the office shall identify at least two major milestones, agreed upon by the hospital and the office, that will be used as the basis for determining whether the hospital is making adequate progress toward meeting the seismic compliance deadline.

(3) Failure to comply with the requirements described in paragraph (1) or (4), or to meet any milestone agreed to pursuant to paragraph (2) or (4), shall result in the assessment of a fine of five thousand dollars (\$5,000) per calendar day until the requirements or milestones, respectively, are met.

(4) For a hospital that has previously submitted to the office a rebuild project under construction, the office may accept certification from the hospital that it has obtained appropriate building permits consistent with an approved incremental plan review and that construction thereunder has commenced and is continuing. The previously approved construction schedule shall be amended to reflect the extension being requested, and at least two new major milestones shall be identified. The owner shall not be required to resubmit construction plans previously submitted to the office, and the office may not impose new or different requirements for any increment already approved or building permit already issued by the office as a condition for granting an extension.

(5) Final seismic compliance shall be achieved, and a certificate of occupancy shall be obtained, by January 1, 2025.

(f) The office may grant an adjustment to the requirements described in paragraph (1) or (2) of subdivision (d) or paragraph (1) or (4) of subdivision (e), or the milestones agreed to pursuant to paragraph (2) of subdivision (d) or paragraph (2) or (4) of subdivision (e), as necessary to deal with contractor, labor, or material delays, or with acts of God, or with

governmental entitlements, experienced by the hospital. If that adjustment is granted, the hospital shall submit a revised construction schedule, and the hospital and the office shall identify at least two new major milestones consistent with the adjustment. Failure to comply with the revised construction schedule or meet any of the major milestones shall result in penalties as specified in paragraph (3) of subdivision (d) and paragraph (3) of subdivision (e). The adjustment shall not exceed the corresponding final seismic compliance date specified in paragraph (4) of subdivision (d) or paragraph (5) of subdivision (e).

(g) The duration of an extension granted by the office pursuant to this section shall not exceed the maximums permitted by this section. Moreover, within that limit, the office shall not grant an extension that exceeds the amount of time needed by the owner to come into compliance. The determination by the office regarding the length of the extension to be granted shall be based upon a showing by the owner of the facts necessitating the additional time. It shall include a review of the plan and all the documentation submitted in the application for the extension, and shall permit only that additional time necessary to allow the owner to deal with compliance plan issues that cannot be fully met without the extension.

(h) No extension shall be granted pursuant to this section for SPC-1 buildings unless the owner has submitted to the office, by January 1, 2018, a seismic compliance plan.

(i) An extension shall not be granted pursuant to this section for seismic compliance based upon a removal plan.

(j) In lieu of the reporting requirements described in Section 130061, a hospital granted an extension pursuant to this section shall provide a quarterly status report to the office, with the first report due on July 1, 2019, and every October 1, January 1, April 1, and July 1 thereafter, until seismic compliance is achieved. The office shall post the status reports on its Internet Web site.

(k) Before June 1, 2019, the office shall provide the Legislature with an inventory of the SPC category of each hospital building. A report submitted to the Legislature pursuant to this subdivision shall be submitted in compliance with Section 9795 of the Government Code.

(l) (1) The office may revoke an extension granted pursuant to this section for a hospital building where the assessment for a penalty exceeds 60 days.

(2) Notwithstanding any other law, any penalties assessed pursuant to this section shall be deposited into the General Fund within 45 days of assessment or within 45 days following a determination on appeal, if any. A hospital assessed a penalty pursuant to this section may appeal the assessment to the Hospital Building Safety Board, provided the hospital posts the funds for any penalties with the office, to be held pending the resolution of the appeal.

(3) The office shall not issue a construction final or certificate of occupancy for the building until all assessed penalties accrued pursuant to this section have been paid in full or, if an appeal is pending, have been posted subject to resolution of the appeal. Penalties deposited by the hospital

pursuant to paragraph (2) shall be considered paid in full for purposes of issuing a construction final or certificate of occupancy. This paragraph is in addition to, and is not intended to supersede, any other requirements that must be met by the hospital for issuance of a construction final or certificate of occupancy.

(m) The office may promulgate emergency regulations as necessary to implement this section.

SEC. 2. Section 130066 is added to the Health and Safety Code, to read:

130066. Before January 1, 2020, the owner of an acute care inpatient hospital whose building does not substantially comply with the seismic safety regulations or standards described in Section 130065 shall submit to the office an attestation that the board of directors of that hospital is aware that the hospital building is required to meet the January 1, 2030, deadline for substantial compliance with those regulations and standards.

SEC. 3. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

FY19 Scorecard Goals

Name	Goal
ADMINISTRATION	
Val Lakey	1 Consistent Branding – Implement the 2018-19 Marketing plan consisting of branding/messaging, patient care, and discharge items. Develop and implement branding/messaging materials for new hospital wing by FYE '19.
	2 Receiving Evacuees Policy – Develop an Emergency Preparedness Plan consisting of tracking education provided to staff, assigning one member of department with emergency planning, organizing and documenting inventory in Emergency Planning tracker, plan and participate in functional drill with IPG at MMHD by FYE '19.
HUMAN RESOURCES	
Libby Mee	1 Revamp orientation & re-orientation process; develop new manager orientation & re-orientation by FYE'19. Introduce Mayers-specific videos via YouTube channel
	2 Develop & utilize HR information tab with Paragon payroll system. Provide regular feedback and quarterly reports to MMHD Leadership by FYE'19. (check with Louis'; the first one signed with her is for \$1000)
FOUNDATION	
Marlene McArthur	1 Personal Letter Writing – Annual Appeal. Increase communication with external donors in an effort to retain donors with the use of personalized letters, testimonials from departments/recipients of funds/equipment, videos, pictures, and in person meetings. Presentation to District Board by FYE'19.
Barbara Spalding	1 Recruitment of 10 volunteers minimum – 50% sustained by FYE'19
	2 Complete volunteer database for more consistent communications through mailings, emails, cell, etc. by FYE'19
	3 Re-organize event folders and re-do timelines for improved efficiency with planning and organization by FYE'19
OPERATIONS	
Ryan Harris	1 Laundry – Develop and implement a facility wide Laundry Plan allowing MMHD to cancel current vendor contract <ul style="list-style-type: none"> • Plan will consist of creation of new laundry facility to be completed by February 2, 2019 • Plan will also consist of hiring new staff, purchase of appropriate laundry transport, inventory process, laundry information system research, cost report implications, quality reports, and cost control • Presentation to BOD Finance and BOD Quality by FYE'19
	2 Uniforms – Develop and implement a facility wide Uniform Program consisting of policy and procedures related to inventory, payroll deductions, consistent branding, accountability structure (non-compliance). Operations Departments will all be in hospital approved uniforms compliant with hospital policies by April 1, 2019 <ul style="list-style-type: none"> • Present to Operations and BOD Quality on plan and progress prior to July 1, 2019
	3 All Direct Reports will meet 8 of 10 goals for FYE'19

FY19 Scorecard Goals

Name		Goal
Susan Garcia	1	By FYE'19 all dietary employees will have completed the competencies for food and nutrition services packet with all new employees as of 9/1/18 completed within 90 days of hire. All packets must be turned into HR to go into employee's file.
	2	Dietary assigned task numbers 1-8 for the Prime project will be completed by December 31, 2018.
Sherry Rodriguez	1	<p>Laundry – Working with the COO to develop and implement a facility wide Laundry Plan allowing MMHD to cancel current vendor contract</p> <ul style="list-style-type: none"> • Plan will consist of creation of a new laundry facility to be completed by Feb 2, 2019 • Plan will also consist of hiring new staff, purchase of appropriate laundry transport, inventory process, laundry information system research, cost report implications, quality reports and cost control <p>Presentation to the BOD Finance and BOD Quality by FYE'19</p>
	2	<ul style="list-style-type: none"> • Create training videos/PowerPoint presentations to orient and re-orient staff by FYE'19 • Create tests based on material in videos by FYE'19 • Present to Board Quality by FYE'19 • Implement and use in orientations by FYE'19 <ul style="list-style-type: none"> o Deep cleaning after contact precautions or infectious patient o General room cleaning o What chemicals are used and when and where to use them o Procedures of doing laundry at new laundry facility o Monthly deep cleanings
Steve Sweet	1	Have a program in place with a process to order all owner installed and purchased equipment for the hospital expansion project by December 31, 2018. The program will include pricing for all equipment and the optimal order date for each piece.
	2	All owner purchased and installed equipment on a PO and ordered by FYE 2019 for the Hospital expansion project
Alex Johnson	1	Complete Laundry Facility Remodel by February 1, 2019
	2	<p>Complete one of the following 3 projects by FYE'19</p> <ul style="list-style-type: none"> • Riverview house remodel into a sleep house • Retail Pharmacy project • Fall River Clinic building into office space
	1	Respond to all line items and comments provided by the IT consultant with either a completion and how it was completed, or if one of the recommendations is not being completed provide a description of why.

FY19 Scorecard Goals

Name	Goal
Chris Broadway	<p>Complete a minimum of 20 hours of training for each IT employee. Training must include the following and be completed by FYE '19. Chris is to complete Cyber/Network Security SANS training and certification (https://www.sans.org/) with the goal to improve security measures, procedures and infrastructure.</p> <ul style="list-style-type: none"> • Variety of specialized training courses designed to increase competence, awareness, and assessment of network security and threats. <p>James is to complete CompTIA A+ with the goal to improve customer service and hands on technical skill. This is the preferred qualifying credential for technical support and IT operational roles. It is about much more than PC repair.</p> <ul style="list-style-type: none"> • Candidates are better prepared to troubleshoot and problem solve • Technicians understand a wide variety of issues ranging from networking and operating systems to mobile devices and security • A+ supports the ability to connect users to the data they need to do their jobs regardless of the devices being used <p>Ryan is to complete the Veeam Certified Engineer course with the goal to improve backup performance and disaster recovery resilience utilizing best practices. VMCE course is a technical deep-dive that provides extensive information on Veeam solutions.</p> <ul style="list-style-type: none"> • The VMCE certification is documented proof that an engineer possesses the necessary level of expertise to correctly deploy, configure and administrate Veeam® Availability Suite™ V9. It is a great investment for an IT professional looking to increase productivity, reduce operating costs, propel personal career advancement and achieve industry recognition. • The VMCE exam includes 50 randomized questions from each of the course modules. The exam must be taken at a Pearson VUE local testing facility. The VMCE certification is awarded to scores of 70% or higher.

CLINICAL

Keith Earnest	1	TBD - Per Keith; pending Leslie's report
	2	TBD - Per Keith; pending Leslie's report
Mary Ranquist	1	Implement one patient enrichment volunteer program (such as pet therapy, aroma therapy or music therapy) by FYE'19
	2	Implement 4 onsite hospice trainings for skilled nursing staff (2 in FR; 2 in Burney) and implement a paper hospice orientation program for travelling nurses by FYE'19
Daryl Schneider	1	TBD - Per Keith
	2	TBD - Per Keith

FY19 Scorecard Goals

Name	Goal	
Alan Northington	1	Review 3 or more quotes to replace the PACs system, review with Imaging medical director, review with medical staff and make recommendations on replacement to Operations Team or Financial Review Committee by December 31, 2018
	2	Review other options for Radiologist group, have an RFP published, considering billing options (i.e. performing in house pro-fee billing) and present to Operations Team by December 31, 2018
<i>Keith noted that if these goals were met that Louis may set an additional goal for FYE</i>		
Chris Hall	1	Implement replacement finger stick glucose machines that interface to paragon by FYE'19
	2	Complete PCC interface with lab, and implement training, author, and approve policies by FYE'19
Trudi Burns	1	Present to providers at 3 MVHC sites (Big Valley, Fall River, Burney) and Pit River Indian Health promoting and educating the cardiac rehab program by FYE'19 <ul style="list-style-type: none"> • Work with marketing department to create a complete marketing plan
Amanda Harris	1	Continue to develop telemedicine program; program will have 260 patient visits between July 1, 2018 – June 30, 2019
	2	Develop and implement Neurology as a new specialty service by FYE'19
FINANCE / BUSINESS OFFICE / HIM / ADMITTING		
Travis Lakey	1	150 Days Cash on Hand & AP under \$650k (excluding capital projects)
	2	AR Days at 54 and credit balance under \$200k by FYE'19
	3	Develop and implement an electronic registration process consisting of e-signatures, electronic privacy practice notice consents, and other documents for paperless Admit process by FYE'19
Linda Eastman	1	150 Days Cash on Hand & AP under \$650k by FYE'19
Lori Stephenson	1	Work with the CFO to develop and implement an electronic registration process consisting of e-signatures, electronic privacy practice notice consents, and other documents for paperless Admit process by FYE'19
HIM	1	CRC list below \$125k at the end of each month; additional incentive if under \$75k at the end of each month
Danielle Botorff	1	AR Days at 58 by December 31, 2018
	2	AR Days at 54 and credit balance under \$200k by FYE'19
Business Office	1	Collect 58.25% of gross revenue based off the prior 2 months average gross
	2	AR Days at 58 by December 31, 2018

FY19 Scorecard Goals

Name		Goal
	3	AR Days at 54 by FYE'19
Amy Parker	2	Work with the CFO to develop and implement an electronic registration process consisting of e-signatures, electronic privacy practice notice consents, and other documents for paperless Admit process by FYE'19
Admitting	1	Fix all errors on accounts to have a 100% accuracy verified by OneSource report
NURSING		
Candy Vculek	1	Develop a competency-based orientation that will be divided into three levels by FYE'19 1. Information all nursing staff need to know 2. Information that is multi-unit specific 3. Information that is specific to one unit or specialty
	2	Collaborate with a higher-level care facility to develop and implement a telemedicine management model that provides state of the art stroke care for MMHD patients by FYE'19
	3	Implement Employee Rounding by management, High-Middle-Low employee evaluations, Stoplight Reports and AIDET usage by staff by FYE'19
	4	All Direct Reports will complete 70% of their goals <i>(Louis wants to set as a number of the total goals instead of percentage; need to determine the total # of goals for Nursing) (This is pending whether goals will be set for Dawn, Marla & Moriah)</i>
Jack Hathaway	1	<ul style="list-style-type: none"> • Create electronic systems for collection and analysis of required data metrics by FYE'19 • Use electronic system for collection and analysis of required data metrics; run reports for baseline data (internally monthly and externally as required for reporting) by FYE'19
	2	Risk Goal by FYE'19 <ul style="list-style-type: none"> • Report to Operations and Management • Communication to employees (1 page) • Include in New Hire orientation and re-orientation
	3	Develop a communication plan pertaining to Compliance and the enforcement of Compliance by FYE'19
Dawn Jacobson	1	Candy is checking with Jack to determine if Dawn submitted any goals
BJ Burks	1	Keep bed Census at average 80 for per month FY 19
	2	Senior TV implementation to be completed for both facilities for resident's use and staff trained by FYE'19
	1	Develop a "Recruitment and Retention" program to increase our number of RNs and LVNs as well as to maintain our own staff by FYE'19

FY19 Scorecard Goals

Name		Goal
Diana Groendyke	2	Keep bed Census at average 80 per month for FY19
	3	Implement Employee Rounding by management, High-Middle-Low employee evaluations, Stoplight Reports and AIDET usage by staff by FYE'19
Shelley Lee	1	Develop a "Recruitment and Retention" program to increase our number of RNs and LVNs as well as to maintain our own staff by FYE'19 <i>(Check with Louis if this is to be removed or to add a bonus amount)</i>
	2	Keep bed Census at average 80 per month for FY19
	3	Implement Employee Rounding by management, High-Middle-Low employee evaluations, Stoplight Reports and AIDET usage by staff by FYE'19
Theresa Overton	1	Develop a "Recruitment and Retention" program to increase our number of RNs and LVNs as well as to maintain our own staff by FYE'19
	2	Develop a competency-based orientation that will be divided into three levels by FYE'19 1. Information all nursing staff need to know 2. Information that is multi-unit specific 3. Information that is specific to one unit or specialty
	3	Implement Employee Rounding by management, High-Middle-Low employee evaluations, Stoplight Reports and AIDET usage by staff by FYE'19
Krissy Eades	1	Implement and maintain competency-based orientation that encompasses skills checklist, competencies, and standard of operations for Emergency Department specific by FYE'19
	2	Define and operationalize a stroke program/protocol for the Emergency Room department at Mayers by FYE'19
Michelle Peterson	1	Implement and maintain competency-based orientation that encompasses skills checklist, competencies, and standard of operations for Outpatient Medical specific by FYE'19
	2	Develop pre and post care knowledge assessment to be utilized to identify potential gaps in order to improve educational content of future patient's knowledge base by 20% by FYE'19. 25 Patients to get baseline
Moriah Padilla	1	TBD by Theresa
	2	
Marla Elkins	1	TBD by Candy
	2	