

Chief Executive Officer  
Louis Ward, MHA



Mayers Memorial Hospital District

Board of Directors  
Beatriz Vasquez, PhD, President  
Abe Hathaway, Vice President  
Laura Beyer, Secretary  
Allen Albaugh, Treasurer  
Jeanne Utterback, Director

Board of Directors  
**Regular Meeting Agenda**  
December 2, 2020 at 1:00 pm

**Due to COVID-19 shelter in place orders and under the authority of the Governor's Executive Order N-29-20, this meeting will be conducted entirely by teleconference. No physical location will be available. Members of the public can attend and provide public comment via teleconference at the following link and number:**

Zoom Meeting: [LINK](#)

Zoom Call In Number: 1 669 900 9128, Meeting ID: 929 6117 5496

**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.

In observance of the Americans with Disabilities Act, please notify us at 530-336-5511, ext 1264 at least 48 hours in advance of the meeting so that we may provide the agenda in alternative formats or make disability-related modifications and accommodations. The District will make every attempt to accommodate your request.

				<b>Approx. Time Allotted</b>
<b>1</b>	<b>CALL MEETING TO ORDER</b>			
<b>2</b>	<b>CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS</b>			
—	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.			
<b>3</b>	<b>APPROVAL OF MINUTES</b>			
3.1	Regular Meeting – October 28, 2020	<b>Attachment A</b>	<b>Action Item</b>	2 min.
<b>4</b>	<b>DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS:</b>			
4.1	Resolution 2020-18 – October Employee of the Month	<b>Attachment B</b>	<b>Action Item</b>	5 min.
4.2	Recognition of Outgoing Board Members – Allen Albaugh & Laura Beyer		Information	5 min.
4.3	Mayers Healthcare Foundation Quarterly Report: Marlene McArthur	<b>Attachment C</b>	Report	2 min.
<b>5</b>	<b>BOARD COMMITTEES</b>			
5.1	<b>Finance Committee</b>			
5.1.1	Committee Meeting Report		Report	5 min.
5.1.2	October 2020 Financial Review, AP, AR and Acceptance of Financials		<b>Action Item</b>	5 min.
5.1.3	Board Quarterly Finance Review	<b>Attachment D</b>	<b>Action Item</b>	5 min.
5.2	<b>Strategic Planning Committee</b>			
5.2.1	November 18 <sup>th</sup> Meeting Report – DRAFT Minutes Attached	<b>Attachment E</b>	Report	5 min.
5.3	<b>Quality Committee</b>			
5.3.1	November 11 <sup>th</sup> Meeting Report – DRAFT Minutes Attached	<b>Attachment F</b>	Report	5 min.
<b>6</b>	<b>OLD BUSINESS</b>			

6.1	Board Assessment Review	<b>Attachment G</b>	Discussion	5 min.
6.2	Board By Laws Review of DRAFT changes	<b>Attachment H</b>	Review & Discussion <b>Action Item</b>	10 min.
<b>7</b>	<b>NEW BUSINESS</b>			
7.1	Policy & Procedures: None to approve for November-December Meeting			
7.2	Organizational Analysis	<b>Click Here</b> <a href="#"><u>Link Provided</u></a>	Review & Discussion 1 <sup>st</sup> Reading Approval <b>Action Item</b>	5 min.
7.3	Annual Organizational Process		Discussion	5 min.
	7.3.1 Officers and Committees	<b>Attachment I</b>	<b>Action Item</b>	5 min.
	7.3.2 2021 Board Calendar	<b>Attachment J</b>	<b>Action Item</b>	5 min.
7.4	Resolution 2020-19 – Skilled Nursing Facility Star Rating Increase	<b>Attachment K</b>	<b>Action Item</b>	5 min.
<b>8</b>	<b>ADMINISTRATIVE REPORTS</b>			
8.1	ED of Community Relations & Business Development – Val Lakey	<b>Attachment L</b>	Report	5 min.
8.2	Chief's Reports – <b>Written reports provided. Questions pertaining to written report and verbal report of any new items</b>	<b>Attachment M</b>	Reports	
	8.2.1 CFO – Travis Lakey		Report	5 min.
	8.2.2 CCO – Keith Earnest		Report	5 min.
	8.2.3 CNO – Candy Vculek		Report	5 min.
	8.2.4 COO – Ryan Harris		Report	5 min.
	8.2.5 CEO – Louis Ward		Report	5 min.
8.3	Construction Change Orders – None			
<b>9</b>	<b>OTHER INFORMATION/ANNOUNCEMENTS</b>			
9.1	Board Member Message: Who will draft message			
9.2	Board Member Orientation Materials: Discussion of what is being worked on			
<b>10</b>	<b>ANNOUNCEMENT OF CLOSED SESSION</b>			
10.1	<b>Personnel Government Code 54957:</b> Compensation for Star Rating Increase		Discussion, <b>Action Item</b>	
<b>11</b>	<b>RECONVENE OPEN SESSION</b> – Report Closed Session Action		Information	
<b>12</b>	<b>ADJOURNMENT:</b> Next Regular Meeting – January 27, 2020			

Posted 11/27/2020

Board of Directors  
**Regular Meeting**  
**Minutes**  
 October 28, 2020 – 1:00 pm  
 Teleconference Call – FULLY Remote

*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:** Beatriz Vasquez called the regular meeting to order at 1:04 pm on the above date.

**BOARD MEMBERS PRESENT:**

Beatriz Vasquez, President  
 Abe Hathaway, Vice President  
 Laura Beyer, Secretary  
 Jeanne Utterback

**ABSENT:**

Allen Albaugh, Treasurer

**STAFF PRESENT:**

Louis Ward, CEO  
 Travis Lakey, CFO  
 Ryan Harris, COO  
 Keith Earnest, CCO  
 Candy Vculek, CNO  
 Jessica DeCoito, Board Clerk  
 JD Phipps, Director of ED & Ancillary Services

**2 CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS: NONE**

**3 APPROVAL OF MINUTES**

3.1	A motion/second carried; Board of Directors accepted the minutes of September 30, 2020.	<i>Utterback, Beyer</i>	<i>Beyer – Y Hathaway – Y Utterback – Y Vasquez – Y</i>
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**4 DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS: WRITTEN REPORTS SUBMITTED**

4.1	A motion/second carried; Shelby Vaughn was recognized as September Employee of the Month. Resolution 2020-17	<i>Utterback, Beyer</i>	<i>Beyer – Y Hathaway – Y Utterback – Y Vasquez – Y</i>
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4.2 **Director of Emergency Department & Ancillary Services:** We have had individuals present themselves to the ER with COVID symptoms – having the Isolation Room has been very helpful in processing the COVID screening and tests. We have developed in house a pyramid of guidelines for staff to follow for COVID testing. Can we share the pyramid within the community? – We will work on some sort of community info graphic.

4.3 **Hospice Quarterly Report:** Need to spend time reviewing Measure 2 on CASPER Report for “Visits when death is eminent.” All other CASPER Measures are above national average.

**5 BOARD COMMITTEES**

**5.1 Finance Committee**

5.1.1 **Committee Meeting Report:** Reviewed reports from Imaging: communication issues occurring with MVHC and staff will continue to work on this, HR: continuing to try and fill all open positions and working with Infection Control on protecting our employees from COVID exposures, sick time, family sick time, etc., SNF: commended all staff with regards to all the work completed in the last two years.

5.1.2	<b>September 2020 Financials:</b> reviewed the financials, AP & AR. Motion to approve the financials was moved, seconded and approved.	<i>Hathaway, Utterback</i>	<i>Beyer – Y Hathaway – Y Utterback – Y Vasquez – Y</i>
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5.1.3	<b>Burney Clinic Electronic Health Records:</b> Recommendation from Finance Committee to proceed forward with OCHIN EHR for the Burney Clinic. Provides user and administration friendly processes. A	<i>Hathaway, Beyer</i>	<i>Beyer – Y Hathaway – Y Utterback – Y</i>
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motion was moved, seconded and carried to enter into contract and start implementation process.

*Vasquez - Y*

5.2 **Strategic Planning Committee Member Albaugh**

5.2.1 **Committee Meeting Report:** No October Meeting. Next meeting is scheduled for November 10<sup>th</sup>.

5.3 **Quality Committee Chair Beyer**

5.3.1 **Committee Meeting Report:** Great conversation with Respiratory department to branch out to the community for mask resources.

**6 OLD BUSINESS**

6.1 **Board Assessment Survey Due by November 2<sup>nd</sup>:** reminder that this is due next week. Please get your surveys done.

**Board By Laws Review:** need to include the HCD laws. Valerie Lakey will be able to update the by-laws. Discussion took place regarding moving the meetings to the last Wednesday of the month. Jessica to send over HCD Checklist to Director Vasquez and Director Hathaway.

**7 NEW BUSINESS**

7.1 **Policy & Procedure Summary: Quarter Ending 9/30/2020**

*Utterback, Hathaway*

*Beyer – Y  
Hathaway –Y  
Utterback –Y  
Vasquez - Y*

Policy & Procedure Approval:

1. Charity Care Policy
2. HHS Poverty Guidelines – 75% MMH388
3. HHS Poverty Guidelines MMH389
4. Hours Reduction Policy
5. Lactation Accommodation
6. Temporary Pandemic Attendance Policy
7. Temporary Pandemic Staffing Policy

7.2

*Beyer, Utterback*

*Beyer – Y  
Hathaway –Y  
Utterback –Y  
Vasquez - Y*

7.3 **Appointment of Ad Hoc Nomination Committee for 2021:** Chair appoints Director Vasquez and Director Utterback to Nomination Committee.

7.4 **Facility Master Plan Discussion:** Working on different options for MMHD for bringing the facilities up to date. Currently investigating 3 different options. Discussing the possibility of enlisting a firm to help understand the compliance for buildings, NPC and SPC ratings, etc. CEO and COO will proceed forward with investigating plans.

**8 ADMINISTRATIVE REPORTS**

8.1 **ED of Community Relations and Business Development:**

8.2 **Chief's Reports: written reports submitted.**

8.2.1 **CFO:** discussed the increase of employees from 2001 to 2020 which only increased by 10. And our net revenue from same years has changed for the good drastically. Traveler and Registry has decreased for the month.

8.2.2 **CCO:** Navigating the Purple and Red Tier restrictions placed on gyms. Making the case that our gym attendees are receiving necessary cardiac rehabilitation care as prescribed by their physician.

8.2.3 **CNO:** We just moved into a 3 Star Rating on Nursing Home Compare report. Commended on nursing staff efforts! We have a new long term interim Lab Manager at this time and has been a great addition to our team thus far.

8.2.4 **COO:** Burney Clinic work is moving along so nicely and quickly with approximately 70% complete. Purchasing Department is looking to add to their team.

8.2.5 **CEO:** Large increase in COVID cases in a month. We are revisiting the SNF visitation plans and following the guidelines that have been set by CDPH. Hope to open up for visitation by next week. Big Thank You to the Retail Pharmacy and Pharmacy teams for the work in the flu shot program. Continue to work on the clinic job descriptions, office plans, etc. Signed Dr. Syverson for another 2-year commitment.

8.3 **Construction Change Orders:** none

**9 OTHER INFORMATION/ANNOUNCEMENTS:**

**BOARD MEMBER MESSAGE:** flu shot clinic, EMR selection for the clinic, star update, challenges with COVID test procurement, working through the screening/testing process, historical finance trends.

Louis ward will serve on the CHA's Board of Directors and Executive Committee with the term January 1, 2021 through the end of 2023.

Telehealth survey from ACHD has been turned over to our telehealth coordinator, Amanda Harris and response has been submitted.

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10 **ANNOUNCEMENT OF CLOSED SESSION – 3:05 pm**

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**Government Section Code 54962: Medical Staff Credentials**

**AHP Appointment**

1. Lewis Furber, JR, FNP

**Medical Staff Reappointment**

1. David Panossian, MD – Pulmonary Care
2. Julia Mooney, MD – Pathology
3. Stephen McKenzie, MD – Family Medicine

10.1

**Medical Staff Appointment**

1. Kelly Kynaston, DO – Infectious Disease
2. Mietsy Woodburn, MD – Neurology
3. Stephen Hofkin, MD – Radiology
4. Don Chin, MD - Radiology

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A motion/second carried; acceptance of all credentials.

***Beyer, Utterback***

***All Approved***

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11 **RECONVENE OPEN SESSION: 3:28 pm**

A motion/second carried; acceptance of all credentials.

***Beyer, Utterback***

***All Approved***

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12 **ADJOURNMENT: 3:28 pm**

Next Regular Meeting: December 2, 2020

*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*

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Board Member

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Board Clerk



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

**RESOLUTION NO. 2020-18**

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

**Nathan Glazzard**

**As October 2020 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, Nathan Glazzard is hereby named Mayers Memorial Hospital District Employee of the Month for October 2020; and

**DULY PASSED AND ADOPTED** this 2nd day of December 2020 by the Board of Trustees of Mayers Memorial Hospital District by the following vote:

- AYES:
- NOES:
- ABSENT:
- ABSTAIN:

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Beatriz Vasquez, President  
Board of Trustees, Mayers Memorial Hospital District

ATTEST:

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Jessica DeCoito  
Clerk of the Board of Directors

## Foundation Update (dated 11/24/20):

Find below some of the meeting's business and recent foundation activities.

The *MHF board of directors met for business on November 16, 2020:*

- Financial Reports:
  - Balance Sheet as of November 11, 2020 (including \$10K variance supplemental report)
  - P&L January 1-October 31, 2020 (including \$10K variance supplemental report)
  - Gift by Date (9/1/20-10/31/20) including solicitation source and gift designation
- Fundraising:
  - **North State Giving Tuesday 12/1/20! – Giving Tuesday** is a movement that began in 2012 to promote charitable giving during the Thanksgiving holiday season. Now, an international phenomenon with billions of dollars donated online to nonprofits on the first Tuesday following Thanksgiving Day. NSGT, the 14-hour online giving platform, was developed and launched by the Community Foundation of the North State (formerly Shasta Regional Community Foundation). **NSGT will be held on December 1<sup>st</sup>, 6am-8pm PST.** For more information and/or to donate go to: [www.northstategives.org](http://www.northstategives.org). Enter “Mayers Healthcare Foundation” in the search bar “Find Organizations”. Thank you for your support!
  - MHF’s 2020 Annual Appeal: 12-page report and appeal letter mailed out to over 5,000 community members and to MHF donors. Thank you for your support!
  - Health Fair (discounted lab tests only) using voucher method offered during a specific time period to the community needing lab tests. Pending.
- MMHD District Report by director Jeanne Utterback and CEO Louis Ward.
- Board Action Items:
  - Endowment Fund to Be Established: MHF offers many ways for donors and volunteers to help MMHD fulfill its mission. Now, an Endowment Fund will be created to offer another gift-giving option to our constituents. Donors will be able to designate endowment gifts to a specific department, program, or to general support to be part of our legacy to benefit MMHD in perpetuity. Final guiding documents and investment policy to be developed.
  - 2021 MHF Operating Budget approved
  - 2021 Chocolate Festival cancelled
  - Appointment of Directors 4-Year Term 12/31/24: Paul Kerns and Linda Adams

Other foundation business:

- **Lucky Finds Thrift & Gift AND Mayers Pharmacy & Gifts:** new inventory arriving for the holidays: Snoozie slippers for adults and children, See’s chocolates, lovely-smelling candles, fun jewelry, Silver Forest earrings, home décor and bedding, and much more! Please come shop for yourself and gifts! I know you hear this often from me but our volunteers are just amazing—creative, brilliant, great at social media as well as marketing, hard-hard working, and committed! We very much appreciate what they do for Mayers! We’re getting creative in our fundraising efforts but need more space at the thrift store – and we could do even more! Yeah Rx team for helping our gift store operations! Kuddos also to Kandie and to Barbara!!

- Gift Acceptance Committee meetings held 10/6/20 & 10/20/20
  - Basin Street, Burney, gifted property sold 11/9/2
  - Pittville Road, McArthur, gifted property in escrow
- News & Announcements
  - Shannon Phillips, Chief Operations Officer, for The McConnell Foundation, was very instrumental in helping us acquire the \$1 million grant. She was up and toured the new hospital wing in October and expressed how pleased they were to have participated in such a beautiful project.
  - Dr. Roger & Mrs. Ecker, major donors of the NHW Campaign, were visiting the area and toured the NHW. He is a retired cardiologist from the Bay Area and was very impressed with new wing project.
  - Shasta County Executive Officer Matt Pontes will be touring December 7<sup>th</sup>. Great opportunity to have him tour and visit.
  - Unexpected \$5,000 gift from Tri Counties Bank, Community Development & Support Fund.
  - Website redesign has been launched... please check us out: [www.supportmayersfoundation.org](http://www.supportmayersfoundation.org) and like us on FB...it really helps us market and promote our stores!

Happy holidays to each and every one of you – and thank you for your service to our hospital and our community. Stay safe. Be well.

*Marlene McArthur, Chief Executive Officer*

Mayers Healthcare Foundation

Board of Directors  
**Strategic Planning Committee**  
**Minutes**  
 November 17, 2020  
 Fully Remote Zoom Meeting

*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:** The meeting was called to order at 1:08 pm on the above date.

**BOARD MEMBERS PRESENT:**

Allen Albaugh, Chair  
 Beatriz Vasquez, PhD, President

**STAFF PRESENT:**

Louis Ward, CEO  
 Ryan Harris, COO  
 Travis Lakey, CFO  
 Candy Vculek, CNO  
 Jessica DeCoito, Board Clerk  
 Sheba Sawyer, MHF Grant Writer

**Community Members Present**  
None

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

No public.

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**3 APPROVAL OF MINUTES**

- |     |   |                 |  |
|-----|---|-----------------|--|
| 3.1 | A motion/second carried; committee members accepted the minutes of September 14, 2020<br>Input on minutes content: please include more information with regards to what was actually discussed, who said what, etc. | Vasquez/Albaugh | <b>Albaugh – Y</b><br><b>Vasquez – Y</b> |
|-----|---|-----------------|--|

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- 4 Construction Update:** Burney Clinic walls are taped and textured, and the exterior looks amazing. Next steps are interior painting. Exterior stone is almost complete but we need to wait on the temperature to improve. The Fire Line that was leaking under the facility has now been fixed, and unfortunately OSHPD had to get involved. Thankful for our Maintenance crew stepping up to the challenge of fixing the leak, teaming up with the plumbing company and providing a flexible schedule change to provide fire watch 24 hrs. a day until the leak was fixed. This is a temporary fix and will need a permanent fix in a future project. Helipad is ready for concrete starting November 19<sup>th</sup> and 20<sup>th</sup>. Nurse Call was delayed due to Inspector on Record needing to switch to Emergency Water Leak project. Nurse Call will pick back up now that Emergency Water Leak is complete. Laundry Facility needs to get going, and pressure needs to be applied to parties involved. Insurance Claim will continue to grow as we continue to see delays in the processes in place with the contractor, insurance and other vendors involved. We had a meeting with the folks at the Church to talk about the Daycare. The Church has had to go to the county to get the property re-zoned, and the county came back with stipulations on what needed to be done including septic tank size and state, ADA compliance, etc. It's becoming a much longer and more difficult process to get this set up. The process and plans continue and we will keep everyone up to date. Riverview House is complete and we have medical staff members using it every day. One request has been to put in a carport next Riverview House and plans are being looked at. Long Street house is phasing out in the coming months. And a discussion has begun with rentals in Burney for staff working at the Burney Annex.
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- 5 FACILITY MASTER PLAN DISCUSSION:** We have set up a contract with NMR Engineering Firm to help us look at our opportunities with our facilities and making sure we meet all NPC, SBC ratings, etc. going into 2030. W
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- 6 Administrative report:** Working with Board Clerk on new Board Member Orientation packet, materials, meetings, etc. for the new Board Members and current Board Members who want a refresh. Board Clerk to send Director Vasquez contact information to new Board Members. Working with the School District to discuss distance learning, COVID safety precautions, etc. We have already begun the Christmas Decorating at both facilities. We will be providing Christmas and Hazard Bonus gifts to all Employees and this will begin today – includes a personal note from Louis and the Board Members. If there is anything else that the Board Members can do to help boost morale, please keep Directors in the loop to help out. Each employee will also receive a Christmas gift from MMHD that will go out closer to Christmas. All dates where Christmas events will occur, we will share with Directors. Upcoming for Monday, November 23<sup>rd</sup> – CEO Ward will meet with Shasta County CAO and other Shasta County staff to go through our facilities – both new and old, issues with the county permits on our Laundry Facility project, COVID restrictions, etc. MMHD has purchased a fridge to hold COVID vaccines. The plan for distribution of vaccines is yet to be published but Keith Earnest, PharmD and Chief Clinical Officer at MMHD is taking lead on this to keep MMHD in the works and in the loop. We will register with CDPH. Phases for classification of individuals have been set up by CDPH and are published. Details for vaccination storage, brands of vaccinations, number of vaccinations provided to MMHD, and logistics were discussed. A lot of unknown still to clarify and get confirmed details on. Hopefully will have more information by the December 2<sup>nd</sup> Board meeting to report on.
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- 7 OTHER INFORMATION/ANNOUNCEMENTS:** Director Albaugh brought up for discussion an article regarding COVID 19 and the effects on our memory care and aging patients. With the government aide provided for long term patient care, will we see effects on that aide and require healthcare to get creative with the care of our patients. Telemedicine has been helpful in providing care to our long term patients. Can Hospice become an evolved mix with Home Health Care? We need to consider the future of long term care, assisted living care facilities and home health care opportunities. CEO Ward provided insight into the opportunities the Burney Rural Health Clinic will provide to our community with regards to home health care, long term care patients, etc. Facility Master Plan discussion does include the potential to add in an additional assisted living care space, but at this time it continues to just be a discussion and not planned. As CEO Ward begins his Directorship with CHA, he will continually think about and bring up what the rural health care systems need. Director Albaugh would like to create a resolution at the next Board Meeting for our staff in the SNF units – Director Vasquez to call Director Hathaway to work out the details (include hazard work, Star Rating increase, decrease in Registry Staff use, etc.) Director Albaugh would like CEO Ward and CNO Vculek to reach out to Dr. Chris Camarata to discuss care of our long term care residents.
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- 8 ADJOURNMENT** – 10:18 AM – Next Strategic Planning meeting is TBD.
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Board of Directors  
**Quality Committee**  
**Minutes**  
November 11, 2020 @ 1:00 PM  
Fully Remote Zoom Meeting

*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	<b>CALL MEETING TO ORDER:</b> Board Chair Laura Beyer called the meeting to order at 1:00 pm on the above date.		
<b>BOARD MEMBERS PRESENT:</b>		<b>STAFF PRESENT:</b>	
Laura Beyer, Secretary Jeanne Utterback, Director		Candy Vculek, CNO Jack Hathaway, Director of Quality Jessica DeCoito, Board Clerk Val Lakey, ED of CR & BD Brigid Doyle, Staff Development Barbara Spaulding, Volunteer Services Sondra Camacho, Activities	
<b>ABSENT:</b>			
2	<b>CALL FOR REQUEST FROM THE AUDIENCE – PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS</b>		
	None		
3	<b>APPROVAL OF MINUTES</b>		
	3.1	A motion/second carried; committee members accepted the minutes of October 14, 2020	<b>Utterback, Hathaway</b> <b>Beyer – Y</b> <b>Utterback – Y</b>
4	<b>REPORTS: QUALITY FACILITIES: NO DEPARTMENT REPORTS</b>		
5	<b>REPORTS: QUALITY FINANCES: NO DEPARTMENT REPORTS</b>		
6	<b>REPORTS: QUALITY</b>		
	6.1	<b>MARKETING:</b> A lot of education and messaging on COVID has been the focus. Community Newsletter goes out every Wednesday with a lot of links for more information, county information – 5 people in last week and now we are up to 52 people from around the community who are receiving this newsletter. Text message group with updates has been created. Helping Social Services and Activities and all other departments to help keep our residents, resident families, patients and community members up to date.	
	6.2	<b>SAFETY QUARTERLY REPORT:</b> COVID report is completed each day of the week. PPE Bill AB2537 will go into effect soon and we must have reports available and stock pile set up soon. Dana Hauge has been a huge help in the safety planning for employees. Installing a PANIC button in certain locations throughout the facility.	
	6.3	<b>VOLUNTEER SERVICES:</b> Not a whole lot going on because of the COVID restrictions. Keeping everyone up to date with things. Worries are what our volunteer numbers will look like after COVID restrictions are taken down.	
7	<b>REPORTS: QUALITY STAFF</b>		
	<b>STAFF DEVELOPMENT:</b> 100% re-certified with our CNA staff. Lots of adjustments in trainings and learning have been made with COVID restrictions. COVID content is provided and required for staff and it has been seen in the data that staff choose more		

		COVID modules than the others. New Staff Orientation was created through Relias to help with COVID restrictions in on boarding.		
8	<b>REPORTS: QUALITY PATIENT SERVICES</b>			
	8.1	<b>ACTIVITIES:</b> Hand glove visit is a huge success with residents and families. A lot of parades have been set up so we can provide an activity and an opportunity to families to see their loves ones from afar. Still doing window visits, Zoom calls and we now have a lap top set up for families and residents to send emails back and forth. Competency assessment and validation has been a huge priority.		
	8.2	<b>SOCIAL SERVICES:</b> no questions or comments from submitted written report.		
	8.3	<b>SNF Events/Survey:</b> Hope to begin communal in person visits with residents and families. Still lots of restrictions that will have to be followed. Plans are being put into place. Prepping for survey – double checking and working through new processes. With more COVID positives in the area, we are being extra careful and planning on extra staff with the help of Registry.		
	8.4	<b>INFECTION CONTROL &amp; EMPLOYEE HEALTH:</b> High participation in the flu shot for employees.		
9	<b>DIRECTOR OF QUALITY</b>			
	9.1	CMS Core Measures: HCAHPs is the persistent issue and getting it worked out. Our HCAHPS numbers look really good. STARS: made it to 3 stars!! Great job team! To get to 4 stars we have three measures we are going to focus on 1) Residents with a decline in Activities of Daily Living 2) Antipsychotics prescribed 3) loss of mobility. So close to 4 Stars – just need to focus on making more improvements.		
10	<b>New Business</b>			
	10.1	<b>Policies:</b> Conflict of Interest	<i>Utterback, Beyer</i>	<b>Beyer – Y</b> <b>Utterback – Y</b>
	10.2	<b>Patient Safety First:</b> complete some more research and return to next meeting with additional thoughts. Is this required? Are we already reporting on this in another report?		
11	<b>ADMINISTRATIVE REPORT:</b> NO REPORT THIS MONTH. LOUIS WARD IS IN A HOSPITAL COUNCIL MEETING.			
12	<b>OTHER INFORMATION/ANNOUNCEMENTS:</b>			
13	<b>ADJOURNMENT: 2:24pm</b> - Next Regular Meeting – December 9 <sup>th</sup>			

**2020 Board Assessment Survey**

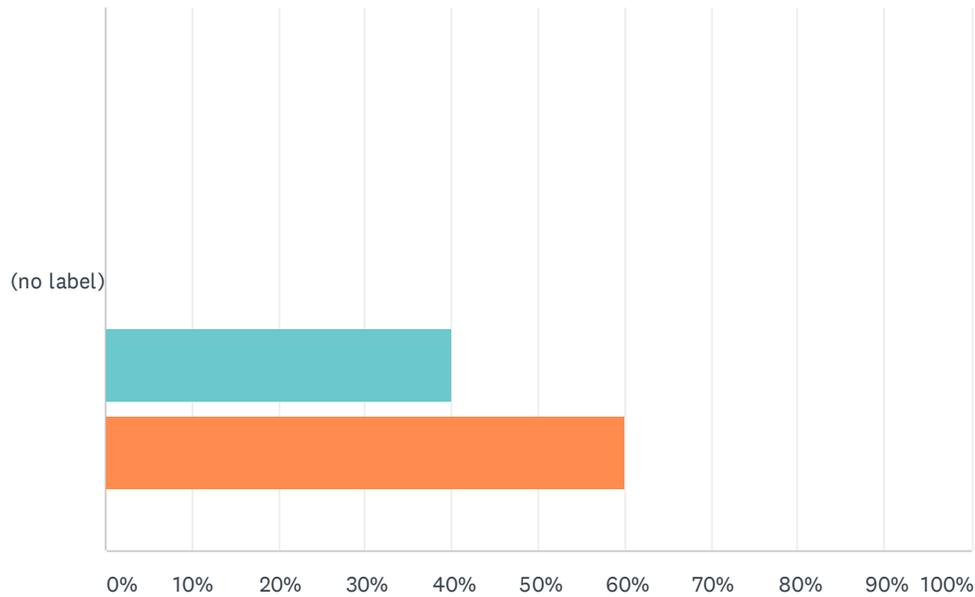
<b>CATEGORY</b>	<b>EXCELLENT</b>	<b>VERY GOOD</b>	<b>GOOD</b>	<b>SATISFACTORY</b>	<b>POOR</b>
<b>SP &amp; PRIORITIES</b>	0%	80%	20%		
<b>EXPECTATIONS &amp; ACTIONS</b>	60%	0%	40%		
<b>CEO INTERACTIONS</b>	40%	20%	40%		
<b>CONDUCT</b>	60%	40%	0%		

**2019 Board Assessment Survey**

<b>CATEGORY</b>	<b>EXCELLENT</b>	<b>VERY GOOD</b>	<b>GOOD</b>	<b>SATISFACTORY</b>	<b>POOR</b>
<b>SP &amp; PRIORITIES</b>	20%	80%	0%		
<b>EXPECTATIONS &amp; ACTIONS</b>	40%	40%	20%		
<b>CEO INTERACTIONS</b>	40%	40%	20%		
<b>CONDUCT</b>	40%	60%	0%		

### Q1 Our organization has a three to five-year strategic plan or a set of clear long range goals and priorities.

Answered: 5 Skipped: 0

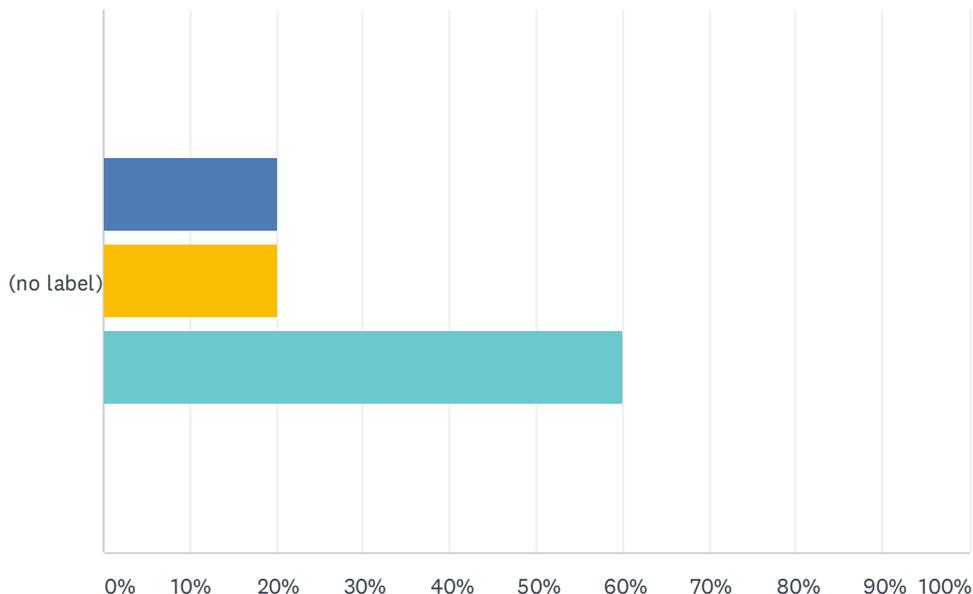


■ Strongly Disagree = 1   
 ■ Disagree = 2   
 ■ Maybe or Not Sure = 3  
■ Agree = 4   
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	40.00% 2	60.00% 3	5	4.60

## Q2 The Board's meeting agenda clearly reflects our strategic plan or priorities.

Answered: 5 Skipped: 0

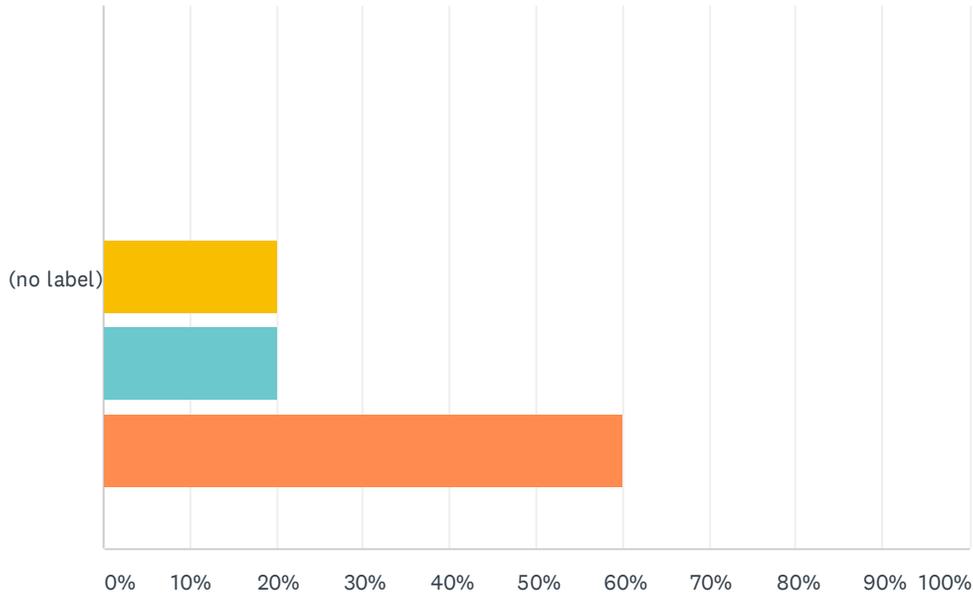


■ Strongly Disagree = 1   
 ■ Disagree = 2   
 ■ Maybe or Not Sure = 3  
■ Agree = 4   
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	20.00% 1	20.00% 1	60.00% 3	0.00% 0	5	3.40

### Q3 The Board has insured that the organization also has a one-year operational or business plan.

Answered: 5 Skipped: 0

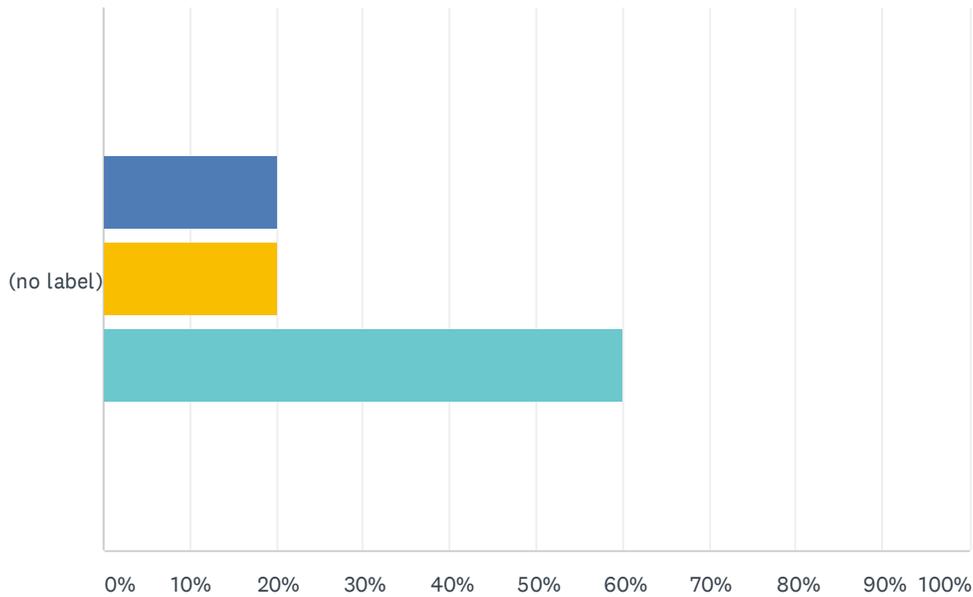


■ Strongly Disagree = 1   
 ■ Disagree = 2   
 ■ Maybe or Not Sure = 3  
■ Agree = 4   
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	20.00% 1	20.00% 1	60.00% 3	5	4.40

### Q4 The Board gives direction to staff on how to achieve the goals primarily by setting or referring to policies.

Answered: 5 Skipped: 0

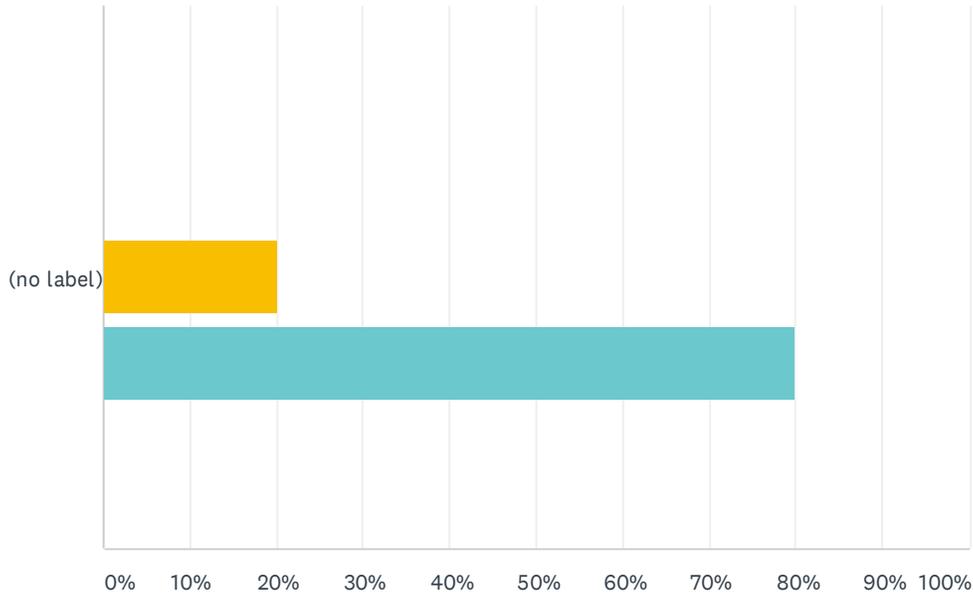


■ Strongly Disagree = 1   
 ■ Disagree = 2   
 ■ Maybe or Not Sure = 3  
■ Agree = 4   
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	20.00% 1	20.00% 1	60.00% 3	0.00% 0	5	3.40

### Q5 The Board ensures that the organization’s accomplishments and challenges are communicated to members and stakeholders.

Answered: 5 Skipped: 0

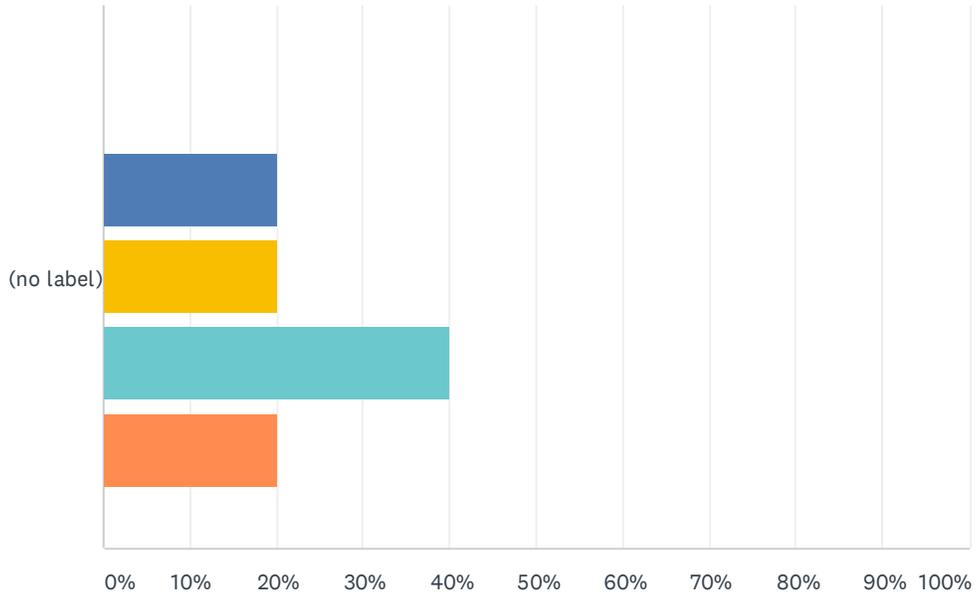


■ Strongly Disagree = 1   
 ■ Disagree = 2   
 ■ Maybe or Not Sure = 3  
■ Agree = 4   
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	20.00% 1	80.00% 4	0.00% 0	5	3.80

**Q6 The board has ensured that members and stakeholders have received reports on how our organization has used its financial and human resources.**

Answered: 5 Skipped: 0

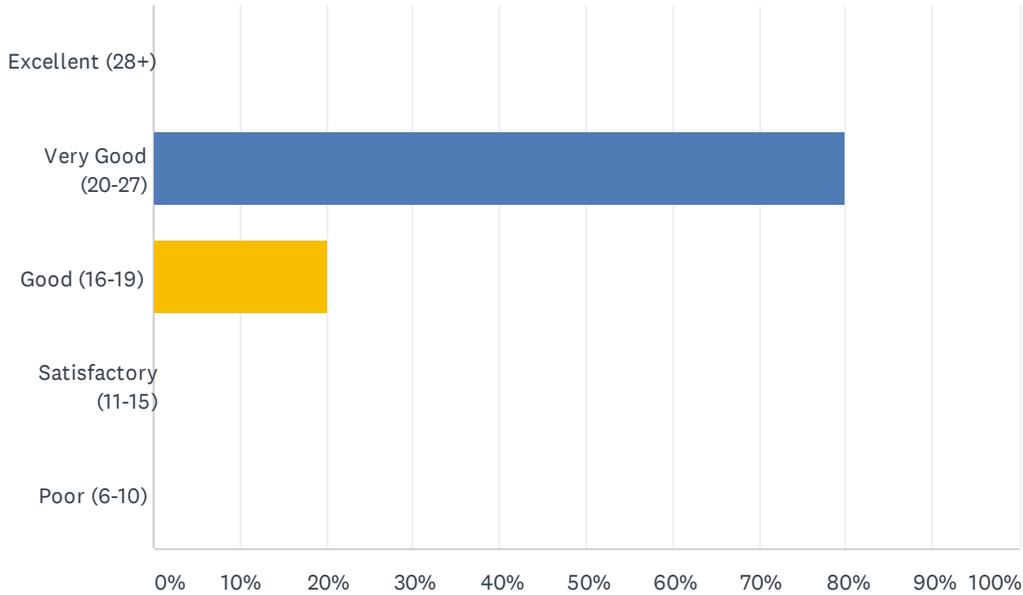


■ Strongly Disagree = 1   
 ■ Disagree = 2   
 ■ Maybe or Not Sure = 3  
■ Agree = 4   
 ■ Strongly Agree = 5

	<b>STRONGLY DISAGREE = 1</b>	<b>DISAGREE = 2</b>	<b>MAYBE OR NOT SURE = 3</b>	<b>AGREE = 4</b>	<b>STRONGLY AGREE = 5</b>	<b>TOTAL</b>	<b>WEIGHTED AVERAGE</b>
(no label)	0.00% 0	20.00% 1	20.00% 1	40.00% 2	20.00% 1	5	3.60

## Q7 Add together your ratings for Section A and select the matching overall rating.

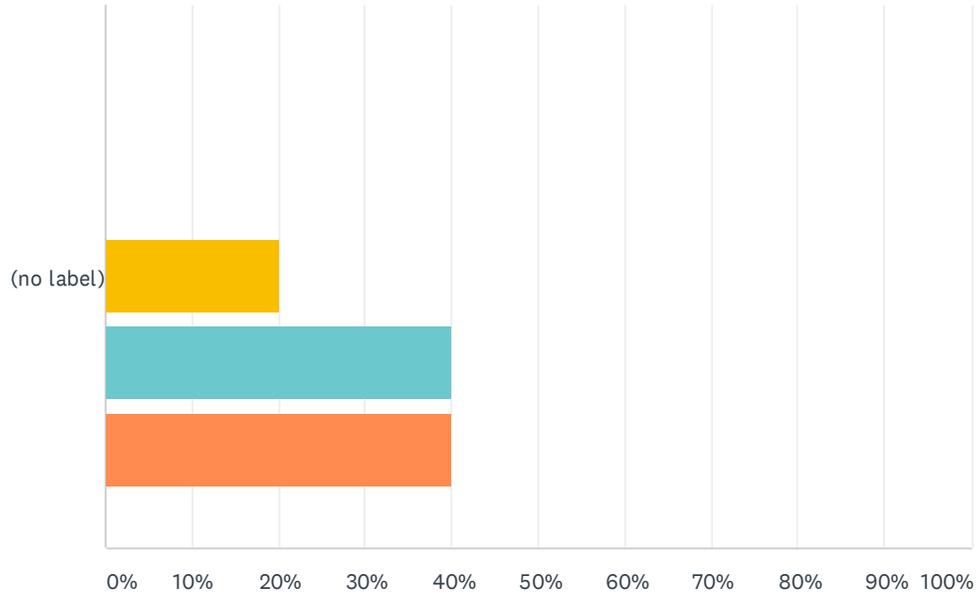
Answered: 5 Skipped: 0



ANSWER CHOICES	RESPONSES
Excellent (28+)	0.00% 0
Very Good (20-27)	80.00% 4
Good (16-19)	20.00% 1
Satisfactory (11-15)	0.00% 0
Poor (6-10)	0.00% 0
Total Respondents: 5	

### Q8 Board members are aware of what is expected of them.

Answered: 5 Skipped: 0

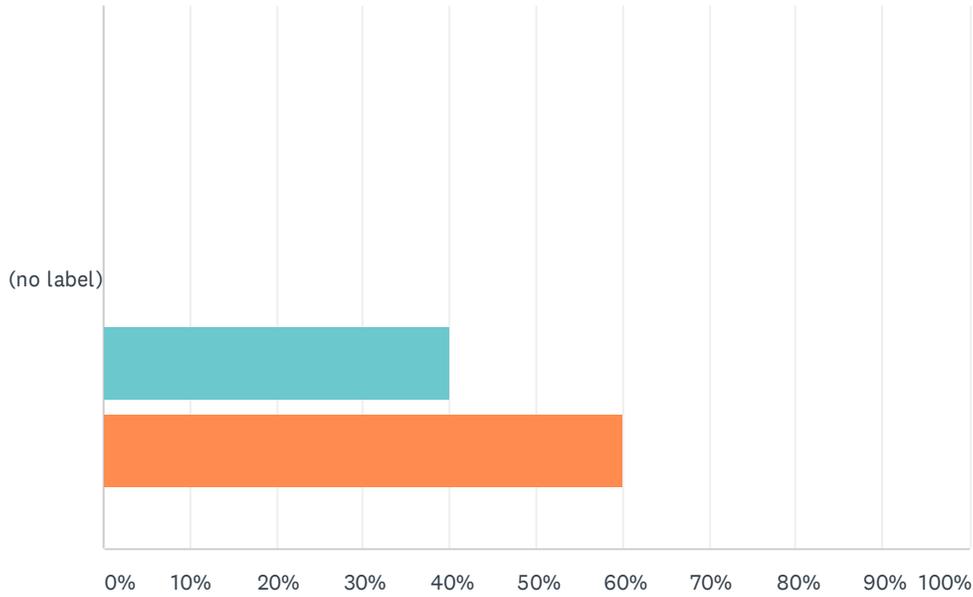


■ Strongly Disagree = 1  
 ■ Disagree = 2  
 ■ Maybe or Not Sure = 3  
■ Agree = 4  
 ■ Strongly Agree = 5

	<b>STRONGLY DISAGREE = 1</b>	<b>DISAGREE = 2</b>	<b>MAYBE OR NOT SURE = 3</b>	<b>AGREE = 4</b>	<b>STRONGLY AGREE = 5</b>	<b>TOTAL</b>	<b>WEIGHTED AVERAGE</b>
(no label)	0.00% 0	0.00% 0	20.00% 1	40.00% 2	40.00% 2	5	4.20

### Q9 The agenda of board meetings is well planned to that we are able to get through all necessary board meetings.

Answered: 5 Skipped: 0

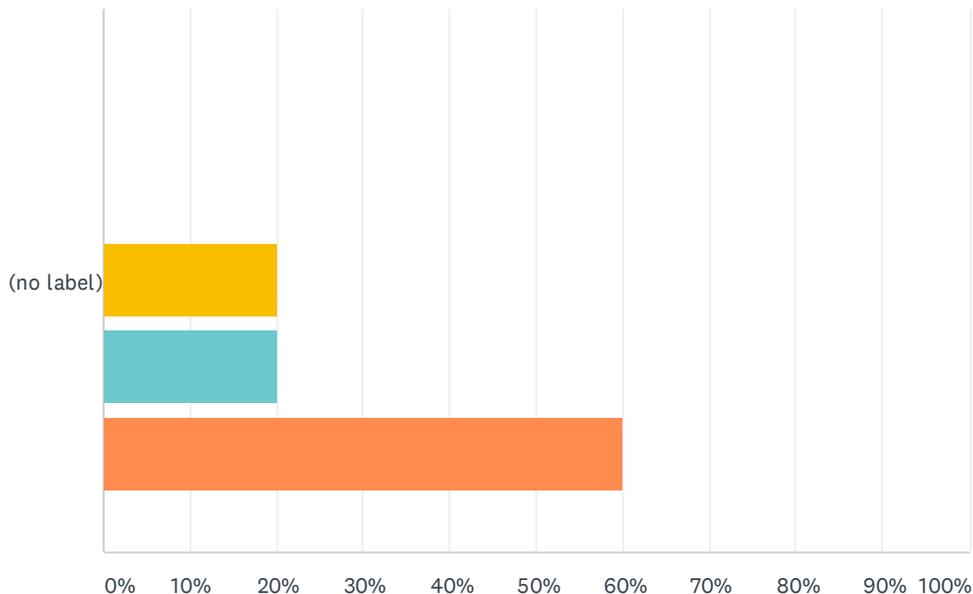


■ Strongly Disagree = 1  
 ■ Disagree = 2  
 ■ Maybe or Not Sure = 3  
■ Agree = 4  
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	40.00% 2	60.00% 3	5	4.60

### Q10 It seems like most board members come to meetings prepared.

Answered: 5 Skipped: 0

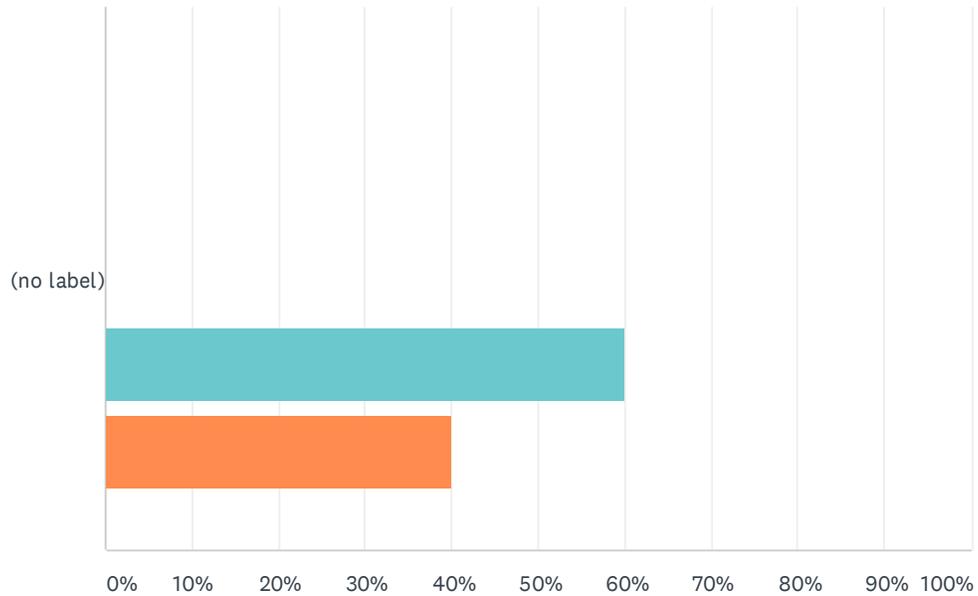


■ Strongly Disagree = 1   
 ■ Disagree = 2   
 ■ Maybe or Not Sure = 3  
■ Agree = 4   
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	20.00% 1	20.00% 1	60.00% 3	5	4.40

### Q11 We receive written reports to the Board in advance of our meetings.

Answered: 5 Skipped: 0

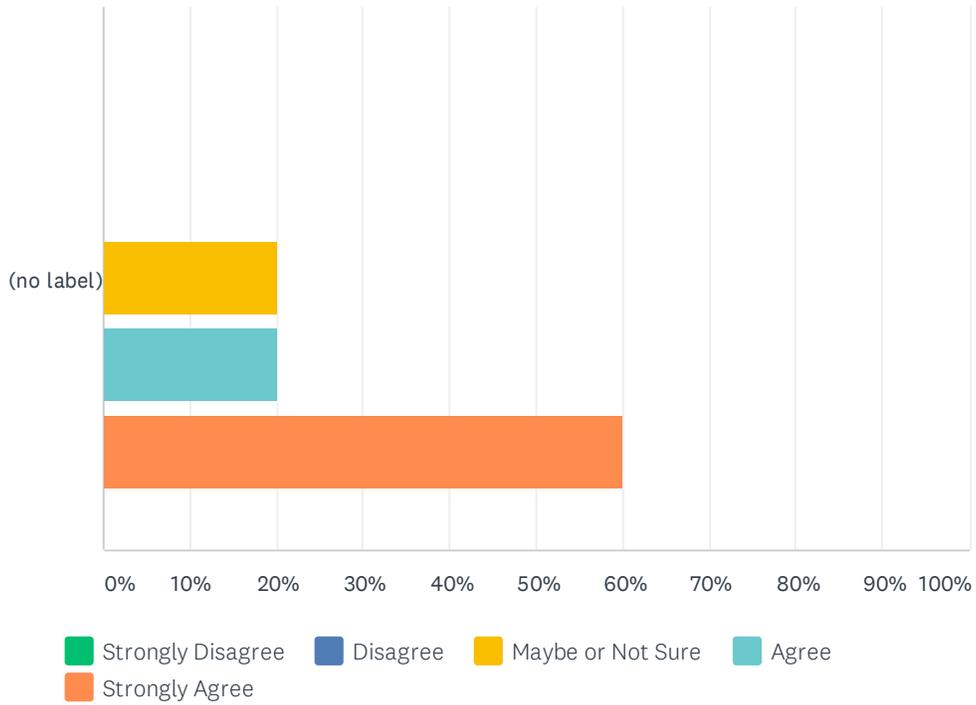


■ Strongly Disagree = 1  
 ■ Disagree = 2  
 ■ Maybe or Not Sure = 3  
■ Agree = 4  
 ■ Strongly Agree = 5

	<b>STRONGLY DISAGREE = 1</b>	<b>DISAGREE = 2</b>	<b>MAYBE OR NOT SURE = 3</b>	<b>AGREE = 4</b>	<b>STRONGLY AGREE = 5</b>	<b>TOTAL</b>	<b>WEIGHTED AVERAGE</b>
(no label)	0.00% 0	0.00% 0	0.00% 0	60.00% 3	40.00% 2	5	4.40

### Q12 All Board members participate in important board discussion.

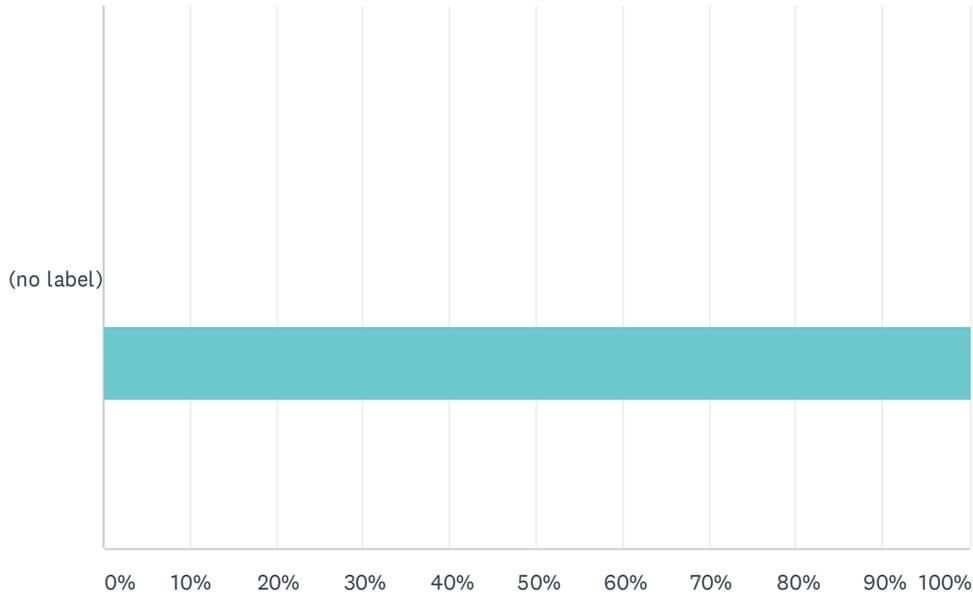
Answered: 5 Skipped: 0



	STRONGLY DISAGREE	DISAGREE	MAYBE OR NOT SURE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	20.00% 1	20.00% 1	60.00% 3	5	4.40

### Q13 We do a good job encouraging and dealing with different points of view.

Answered: 5 Skipped: 0

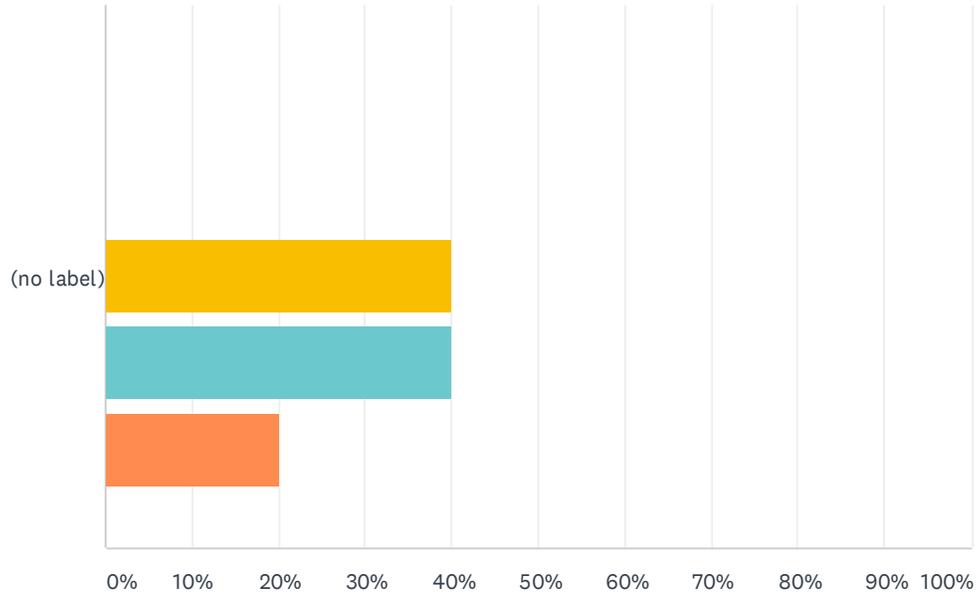


■ Strongly Disagree = 1   
 ■ Disagree = 2   
 ■ Maybe or Not Sure = 3  
■ Agree = 4   
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	100.00% 5	0.00% 0	5	4.00

### Q14 We all support the decisions we make.

Answered: 5 Skipped: 0

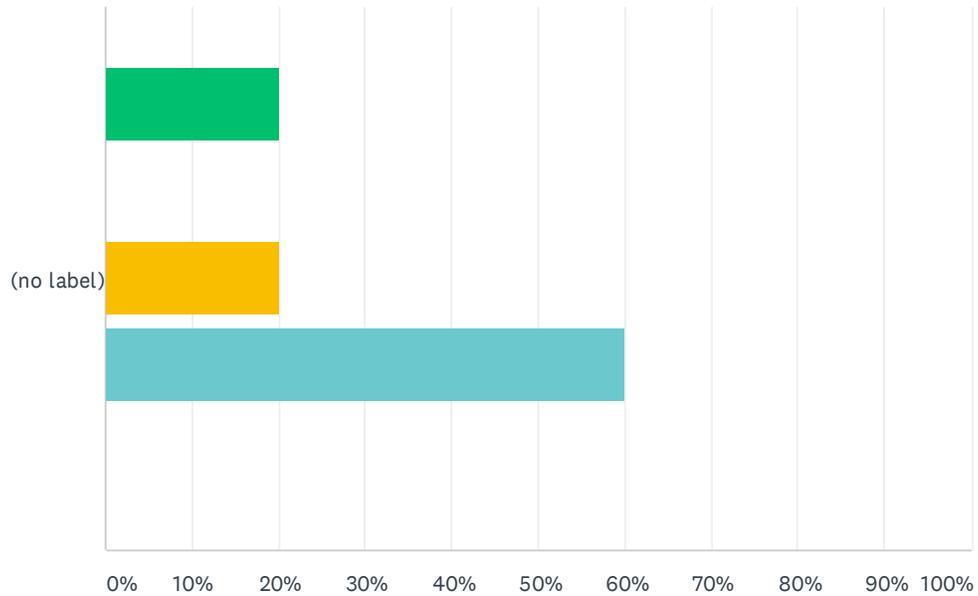


■ Strongly Disagree = 1  
 ■ Disagree = 2  
 ■ Maybe or Not Sure = 3  
■ Agree = 4  
 ■ Strongly Agree = 5

	<b>STRONGLY DISAGREE = 1</b>	<b>DISAGREE = 2</b>	<b>MAYBE OR NOT SURE = 3</b>	<b>AGREE = 4</b>	<b>STRONGLY AGREE = 5</b>	<b>TOTAL</b>	<b>WEIGHTED AVERAGE</b>
(no label)	0.00% 0	0.00% 0	40.00% 2	40.00% 2	20.00% 1	5	3.80

### Q15 The Board has taken responsibility for recruiting new board members.

Answered: 5 Skipped: 0

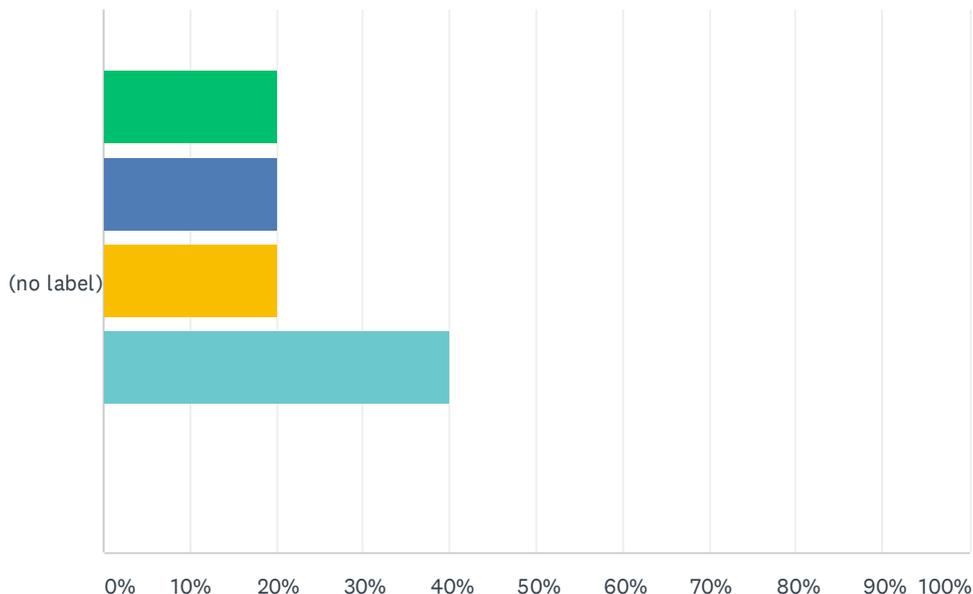


■ Strongly Disagree = 1  
 ■ Disagree = 2  
 ■ Maybe or Not Sure = 3  
■ Agree = 4  
 ■ Strongly Agree = 5

	<b>STRONGLY DISAGREE = 1</b>	<b>DISAGREE = 2</b>	<b>MAYBE OR NOT SURE = 3</b>	<b>AGREE = 4</b>	<b>STRONGLY AGREE = 5</b>	<b>TOTAL</b>	<b>WEIGHTED AVERAGE</b>
(no label)	20.00%	0.00%	20.00%	60.00%	0.00%	5	3.20
	1	0	1	3	0		

### Q16 The Board has planned and led the orientation process for new board members.

Answered: 5 Skipped: 0

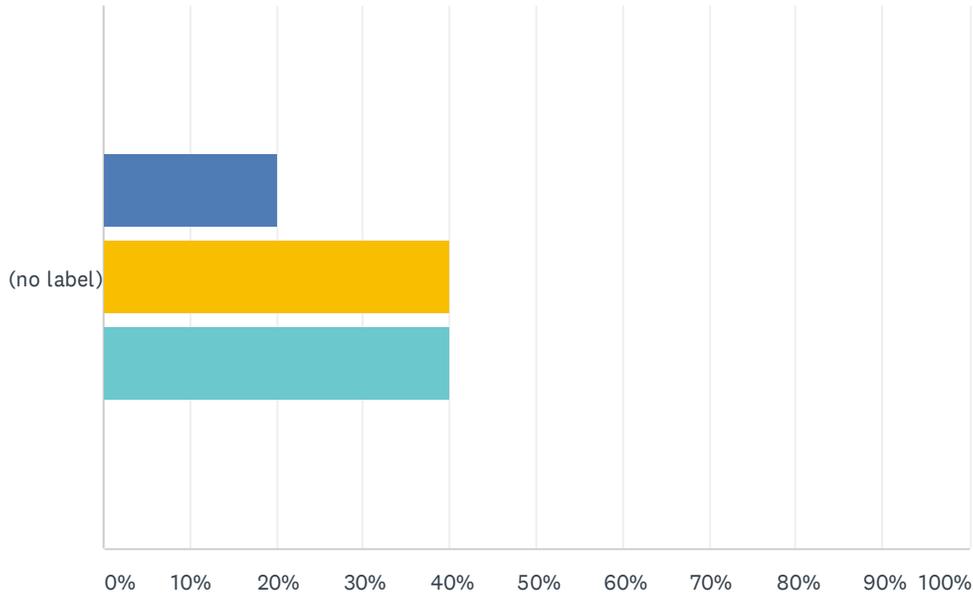


■ Strongly Disagree = 1   
 ■ Disagree = 2   
 ■ Maybe or Not Sure = 3  
■ Agree = 4   
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	20.00%	20.00%	20.00%	40.00%	0.00%	5	2.80
	1	1	1	2	0		

### Q17 The Board has a plan for director education and further board development.

Answered: 5 Skipped: 0

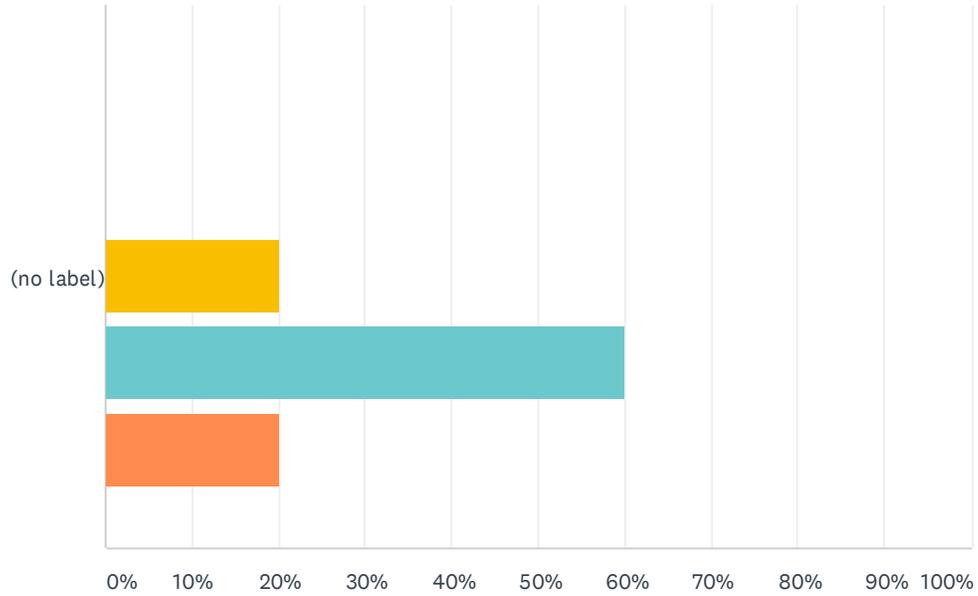


■ Strongly Disagree = 1   
 ■ Disagree = 2   
 ■ Maybe or Not Sure = 3  
■ Agree = 4   
 ■ Strongly Agree = 5

	<b>STRONGLY DISAGREE = 1</b>	<b>DISAGREE = 2</b>	<b>MAYBE OR NOT SURE = 3</b>	<b>AGREE = 4</b>	<b>STRONGLY AGREE = 5</b>	<b>TOTAL</b>	<b>WEIGHTED AVERAGE</b>
(no label)	0.00% 0	20.00% 1	40.00% 2	40.00% 2	0.00% 0	5	3.20

### Q18 Our Board meetings are always interesting.

Answered: 5 Skipped: 0

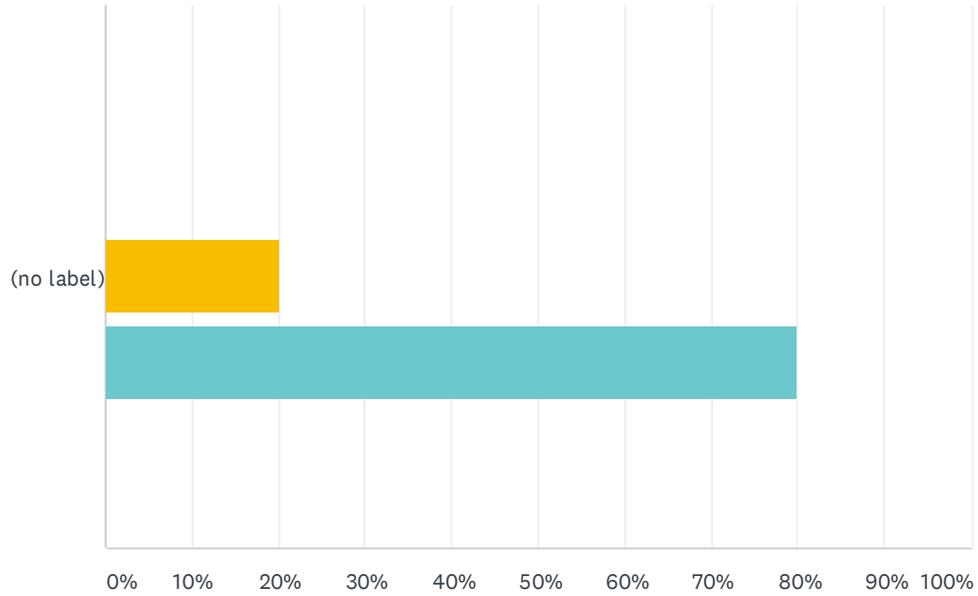


■ Strongly Disagree = 1  
 ■ Disagree = 2  
 ■ Maybe or Not Sure = 3  
■ Agree = 4  
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	20.00% 1	60.00% 3	20.00% 1	5	4.00

### Q19 Our Board meetings are frequently fun.

Answered: 5 Skipped: 0

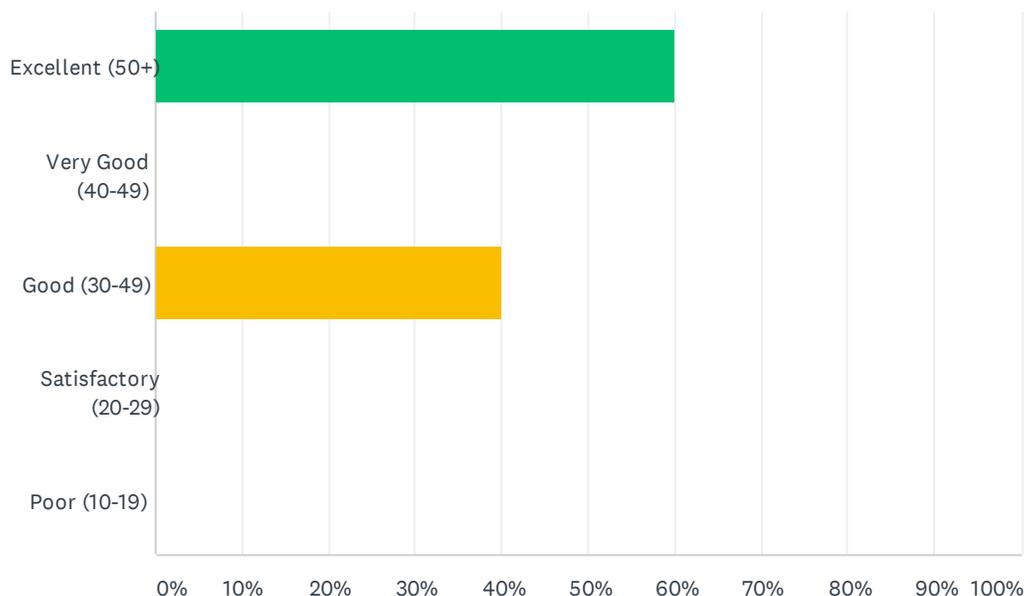


■ Strongly Disagree = 1   
 ■ Disagree = 2   
 ■ Maybe or Not Sure = 3  
■ Agree = 4   
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	20.00% 1	80.00% 4	0.00% 0	5	3.80

## Q20 Add together your ratings for Section B and select the matching overall rating.

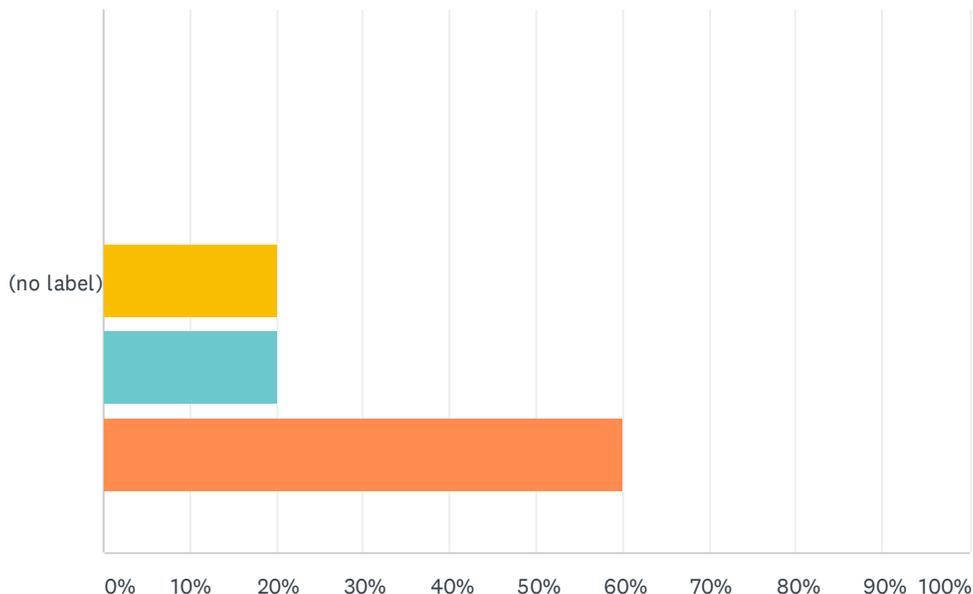
Answered: 5 Skipped: 0



ANSWER CHOICES	RESPONSES
Excellent (50+)	60.00% 3
Very Good (40-49)	0.00% 0
Good (30-49)	40.00% 2
Satisfactory (20-29)	0.00% 0
Poor (10-19)	0.00% 0
Total Respondents: 5	

## Q21 There is a clear understanding of where the Board's role ends and the CEO's begins.

Answered: 5 Skipped: 0

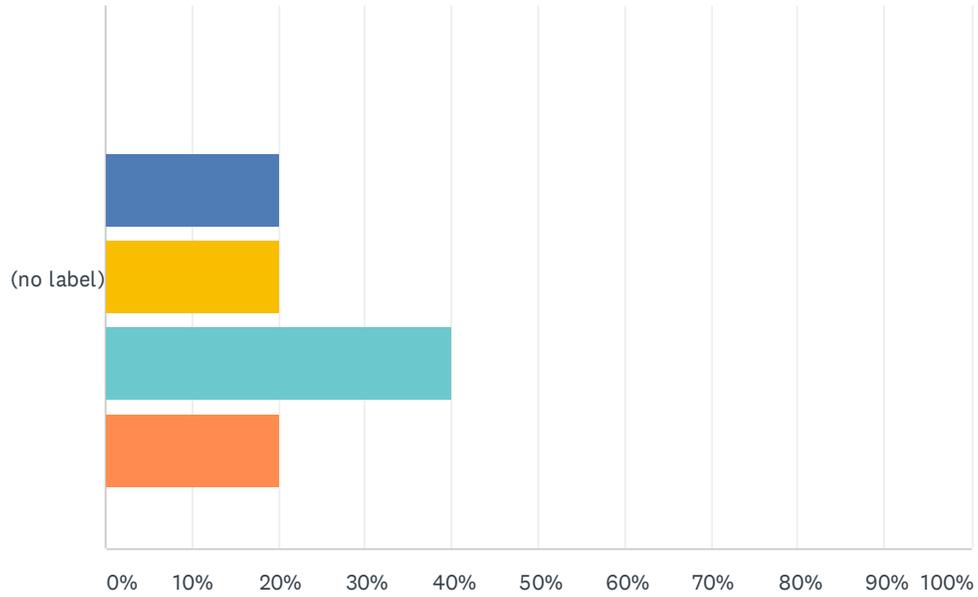


■ Strongly Disagree = 1   
 ■ Disagree = 2   
 ■ Maybe or Not Sure = 3  
■ Agree = 4   
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	20.00% 1	20.00% 1	60.00% 3	5	4.40

## Q22 There is good two-way communication between the Board and the CEO.

Answered: 5 Skipped: 0

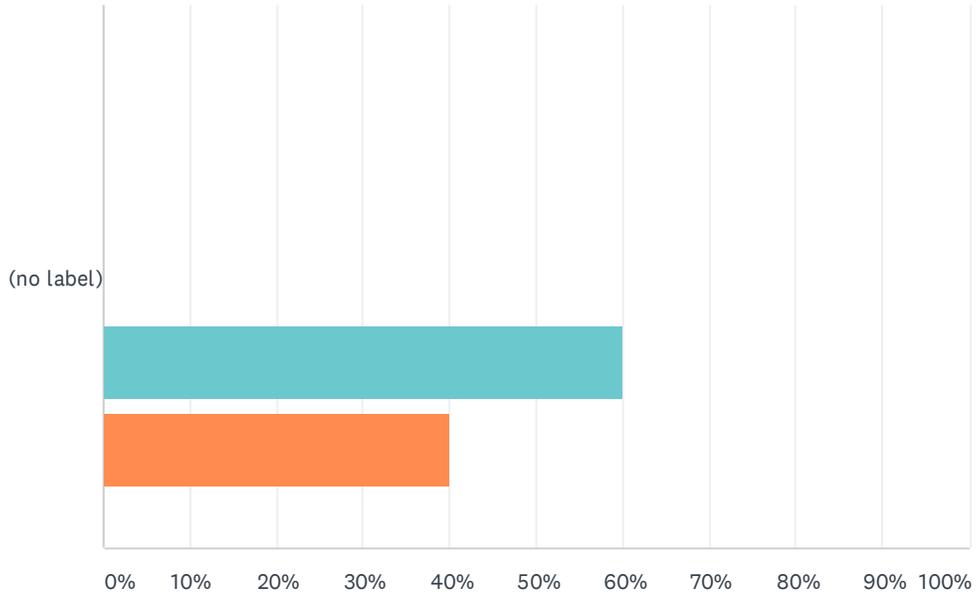


■ Strongly Disagree = 1   
 ■ Disagree = 2   
 ■ Maybe or Not Sure = 3  
■ Agree = 4   
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	20.00% 1	20.00% 1	40.00% 2	20.00% 1	5	3.60

## Q23 The Board trusts the judgement of the CEO.

Answered: 5 Skipped: 0

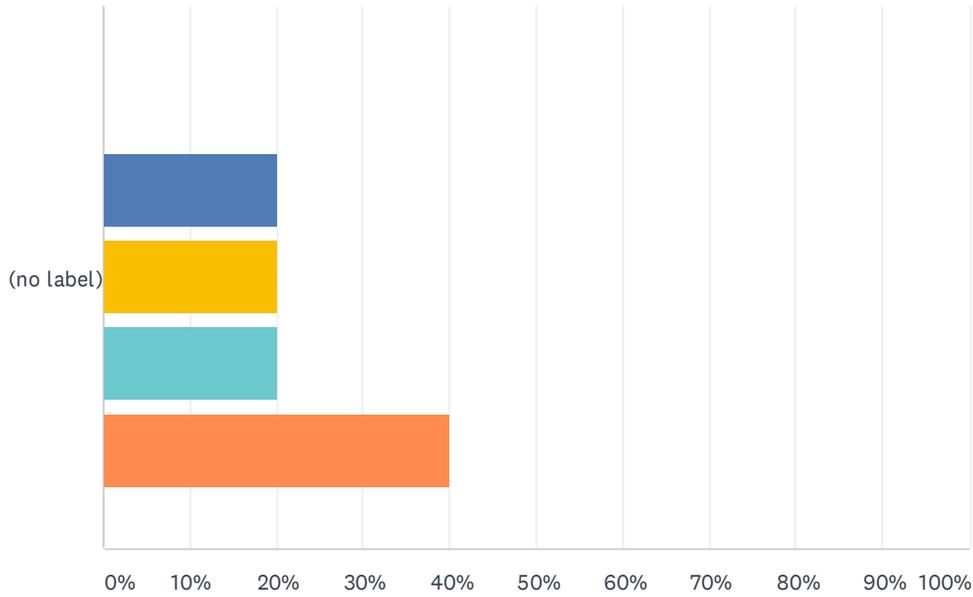


■ Strongly Disagree = 1  
 ■ Disagree = 2  
 ■ Maybe or Not Sure = 3  
■ Agree = 4  
 ■ Strongly Agree = 5

	<b>STRONGLY DISAGREE = 1</b>	<b>DISAGREE = 2</b>	<b>MAYBE OR NOT SURE = 3</b>	<b>AGREE = 4</b>	<b>STRONGLY AGREE = 5</b>	<b>TOTAL</b>	<b>WEIGHTED AVERAGE</b>
(no label)	0.00% 0	0.00% 0	0.00% 0	60.00% 3	40.00% 2	5	4.40

### Q24 The Board provides direction to the CEO by setting new policies or clarifying existing ones.

Answered: 5 Skipped: 0

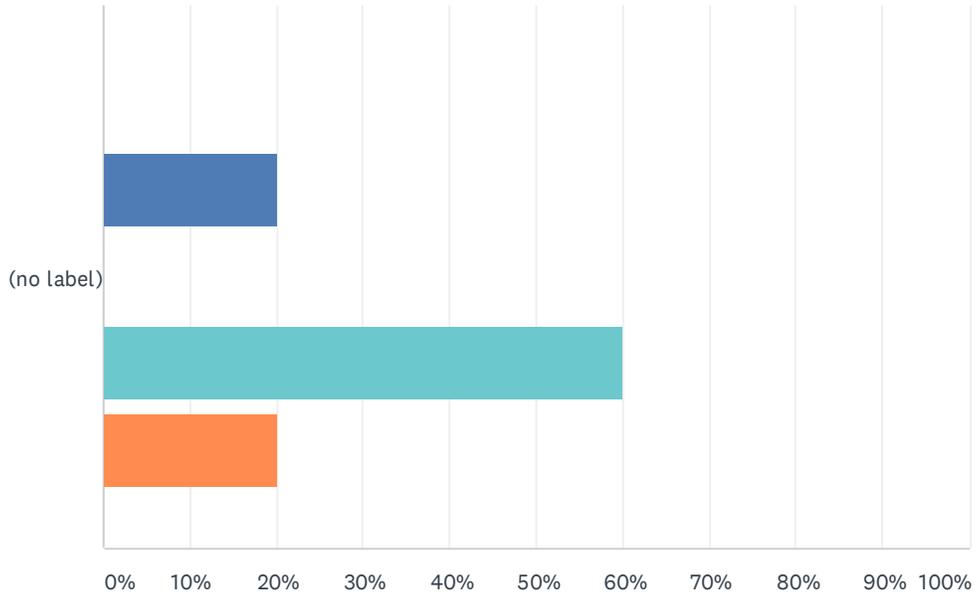


■ Strongly Disagree = 1   
 ■ Disagree = 2   
 ■ Maybe or Not Sure = 3  
■ Agree = 4   
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	20.00% 1	20.00% 1	20.00% 1	40.00% 2	5	3.80

Q25 The Board has discussed as communicated the kinds of information and level of detail it requires from the CEO on what is happening in the organization.

Answered: 5 Skipped: 0

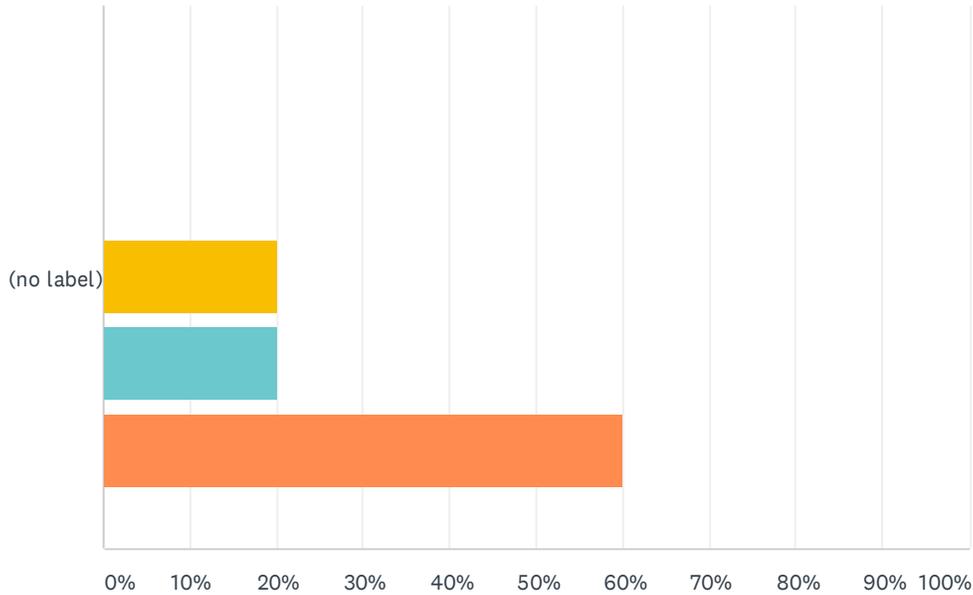


■ Strongly Disagree = 1   
 ■ Disagree = 2   
 ■ Maybe or Not Sure = 3  
■ Agree = 4   
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	20.00% 1	0.00% 0	60.00% 3	20.00% 1	5	3.80

## Q26 The Board has developed formal criteria and a process for evaluating the CEO.

Answered: 5 Skipped: 0

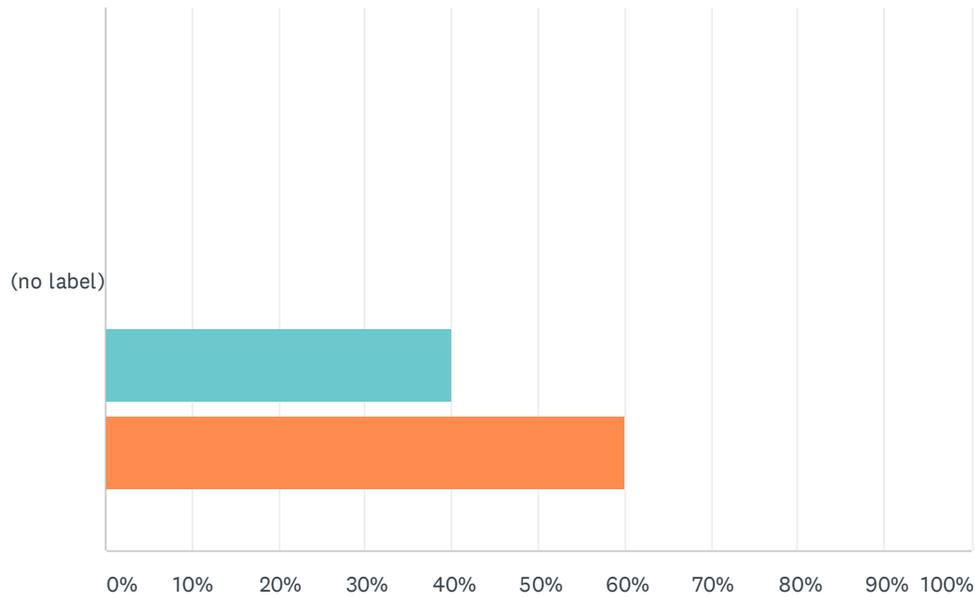


■ Strongly Disagree = 1   
 ■ Disagree = 2   
 ■ Maybe or Not Sure = 3  
■ Agree = 4   
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	20.00% 1	20.00% 1	60.00% 3	5	4.40

### Q27 The Board, or a committee of the Board, has formally evaluated the CEO within the last 12 months.

Answered: 5 Skipped: 0

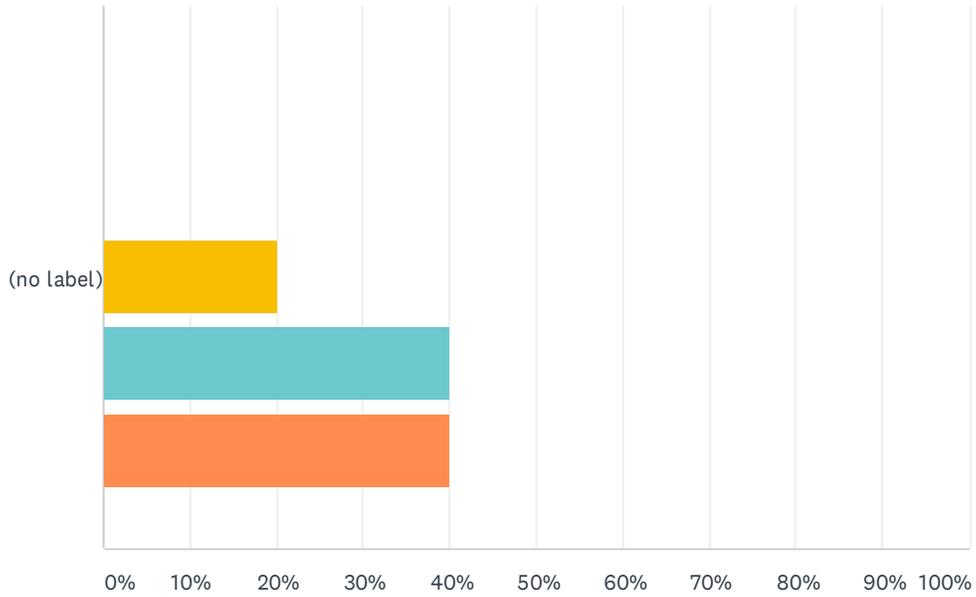


■ Strongly Disagree = 1  
 ■ Disagree = 2  
 ■ Maybe or Not Sure = 3  
■ Agree = 4  
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	40.00% 2	60.00% 3	5	4.60

Q28 The Board evaluates the CEO primarily on the accomplishment of the organization’s strategic goals and priorities and adherence to policy.

Answered: 5 Skipped: 0

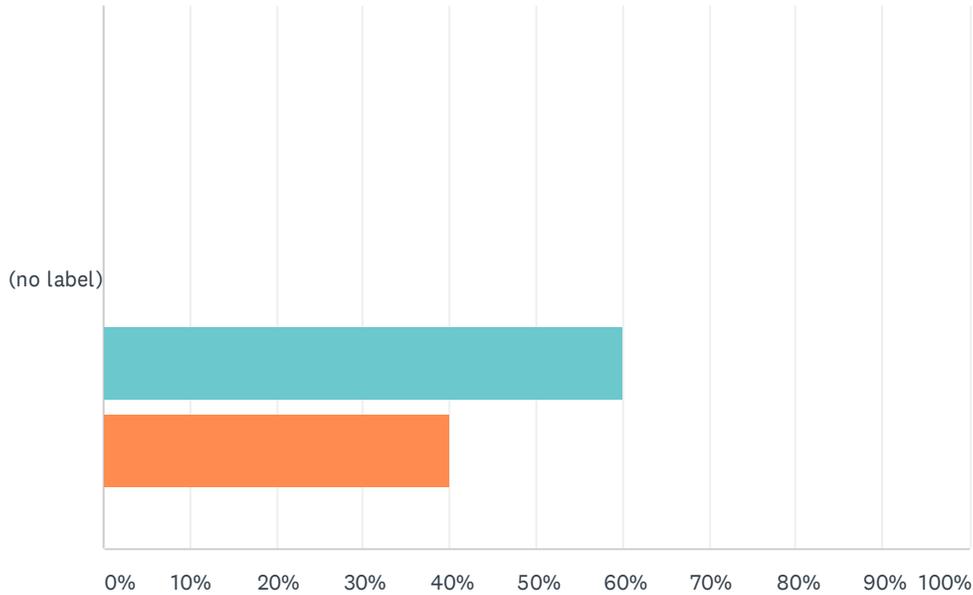


■ Strongly Disagree = 1   
 ■ Disagree = 2   
 ■ Maybe or Not Sure = 3  
■ Agree = 4   
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	20.00% 1	40.00% 2	40.00% 2	5	4.20

## Q29 The Board provides feedback and shows its appreciation to the CEO on a regular basis.

Answered: 5 Skipped: 0

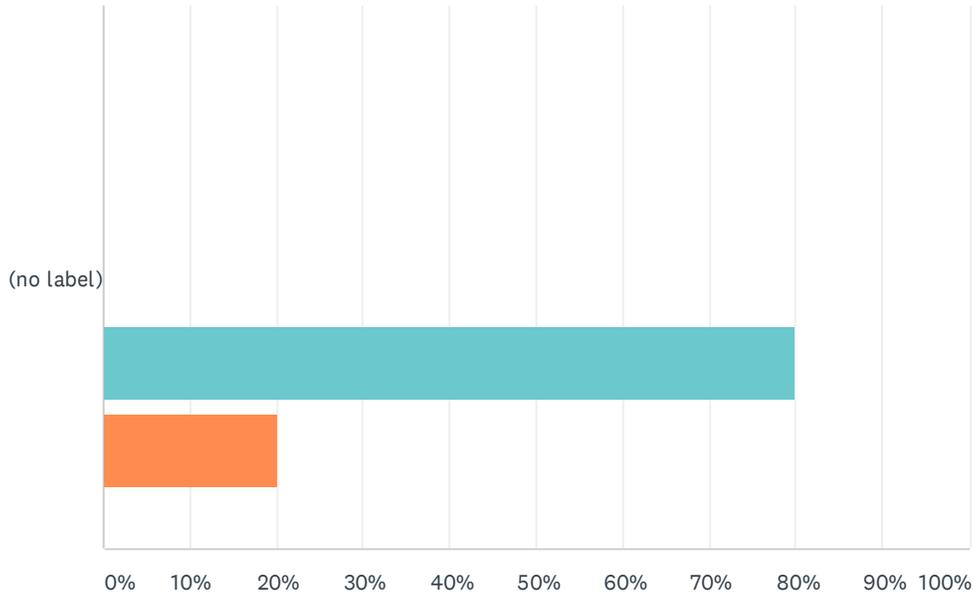


■ Strongly Disagree = 1  
 ■ Disagree = 2  
 ■ Maybe or Not Sure = 3  
■ Agree = 4  
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	60.00% 3	40.00% 2	5	4.40

### Q30 The Board ensures that the CEO is able to take advantage of professional development opportunities.

Answered: 5 Skipped: 0

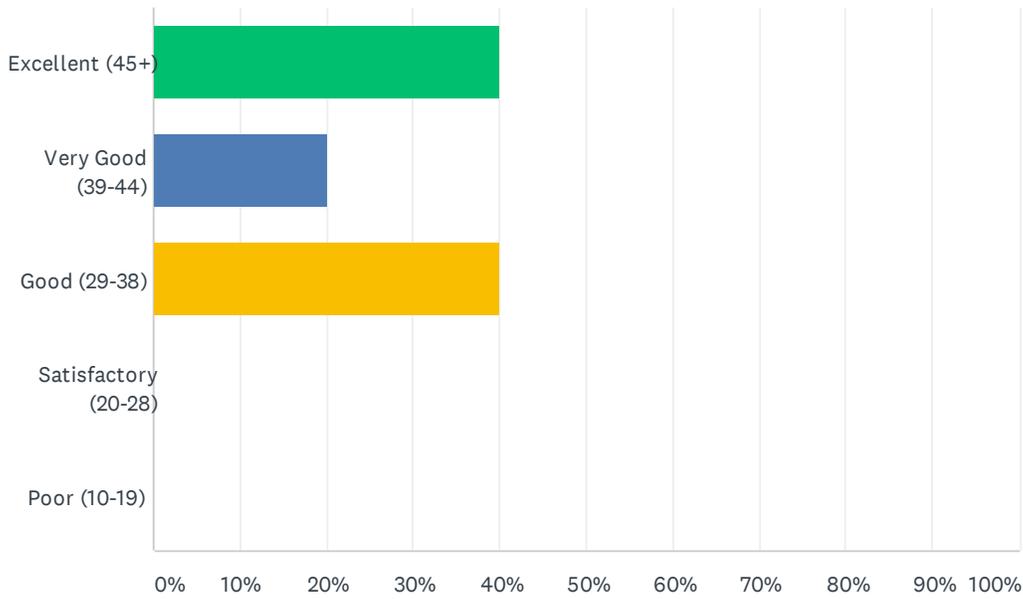


■ Strongly Disagree = 1  
 ■ Disagree = 2  
 ■ Maybe or Not Sure = 3  
■ Agree = 4  
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	80.00% 4	20.00% 1	5	4.20

### Q31 Add together your ratings for Section C and select the matching overall rating.

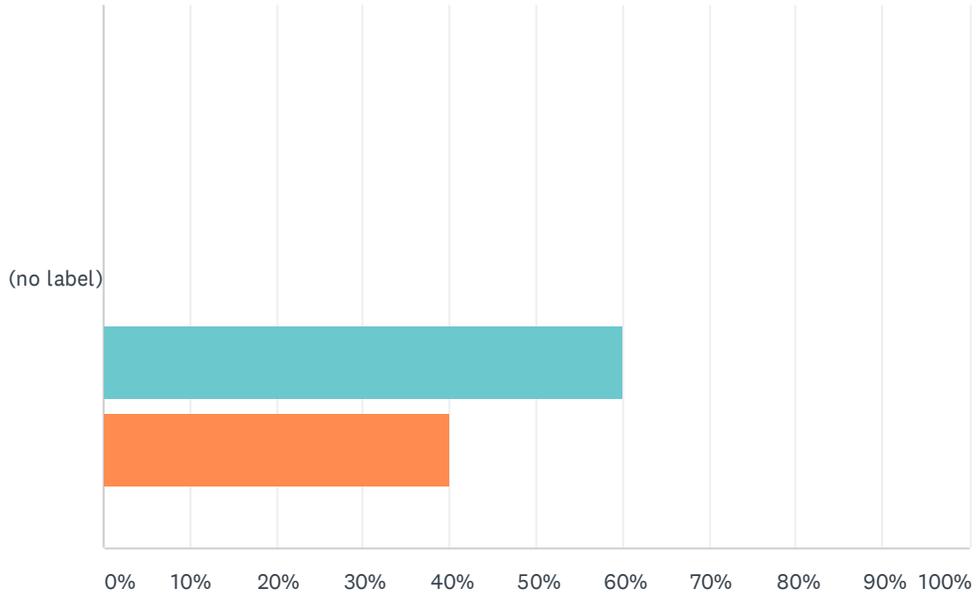
Answered: 5 Skipped: 0



ANSWER CHOICES	RESPONSES
Excellent (45+)	40.00% 2
Very Good (39-44)	20.00% 1
Good (29-38)	40.00% 2
Satisfactory (20-28)	0.00% 0
Poor (10-19)	0.00% 0
Total Respondents: 5	

### Q32 I am aware of what is expected of me as a Board member.

Answered: 5 Skipped: 0

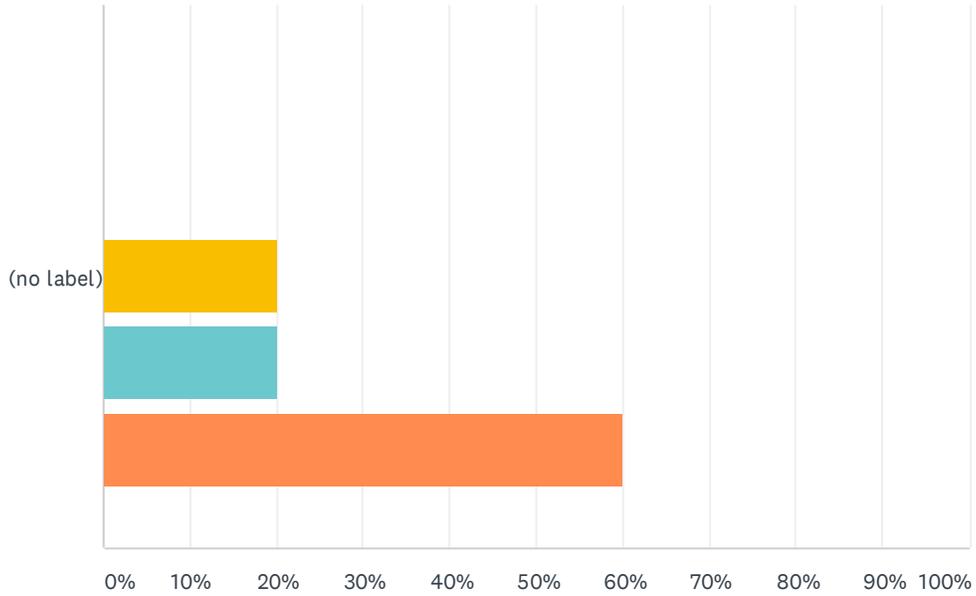


■ Strongly Disagree = 1  
 ■ Disagree = 2  
 ■ Maybe or Not Sure = 3  
■ Agree = 4  
 ■ Strongly Agree = 5

	<b>STRONGLY DISAGREE = 1</b>	<b>DISAGREE = 2</b>	<b>MAYBE OR NOT SURE = 3</b>	<b>AGREE = 4</b>	<b>STRONGLY AGREE = 5</b>	<b>TOTAL</b>	<b>WEIGHTED AVERAGE</b>
(no label)	0.00% 0	0.00% 0	0.00% 0	60.00% 3	40.00% 2	5	4.40

### Q33 I have a good record of meeting attendance.

Answered: 5 Skipped: 0

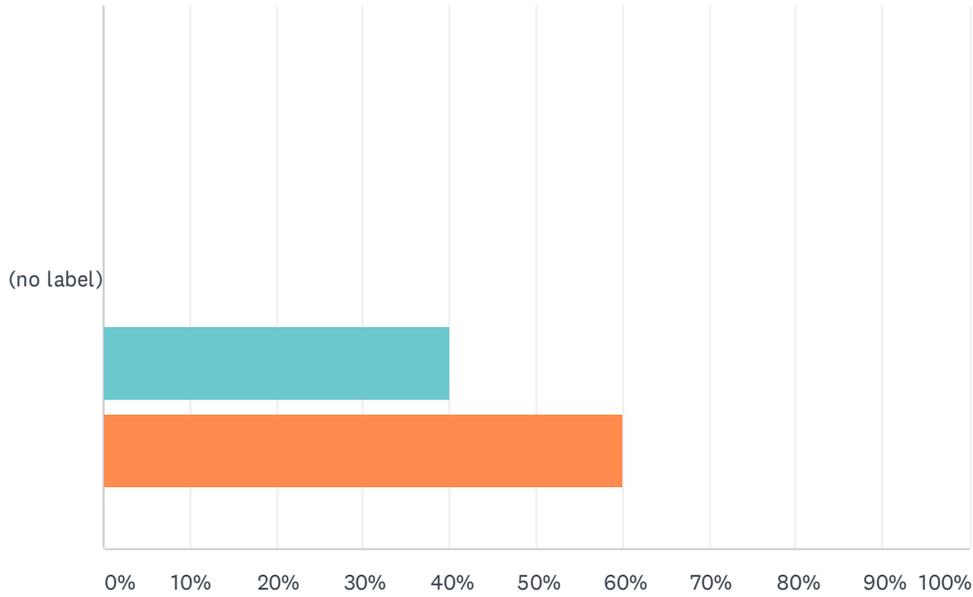


■ Strongly Disagree = 1  
 ■ Disagree = 2  
 ■ Maybe or Not Sure = 3  
■ Agree = 4  
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	20.00% 1	20.00% 1	60.00% 3	5	4.40

### Q34 I read the minutes, reports and other materials in advance of our Board meetings.

Answered: 5 Skipped: 0

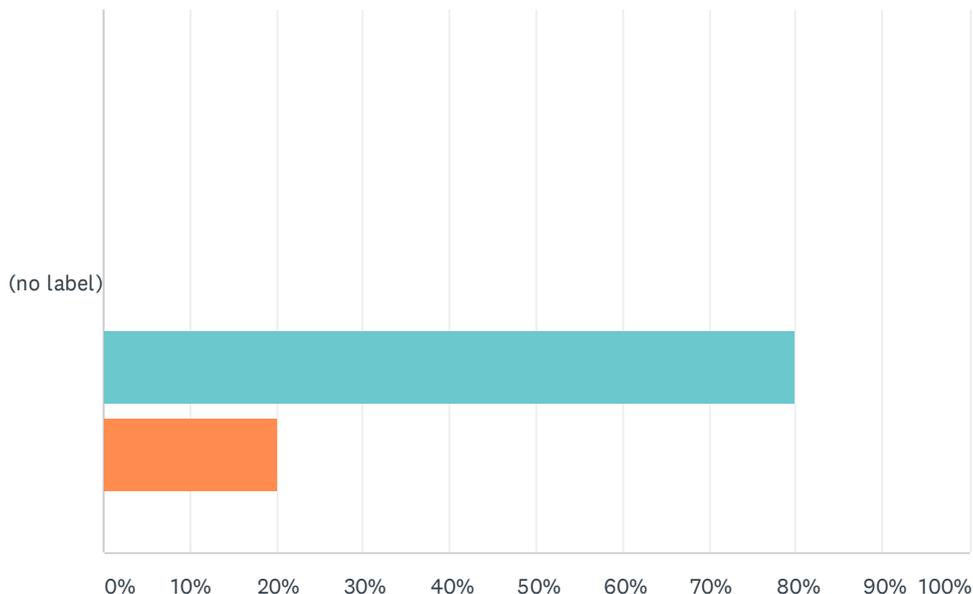


■ Strongly Disagree = 1  
 ■ Disagree = 2  
 ■ Maybe or Not Sure = 3  
■ Agree = 4  
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	40.00% 2	60.00% 3	5	4.60

### Q35 I am familiar with what is in the organization’s by-laws and governing policies.

Answered: 5 Skipped: 0

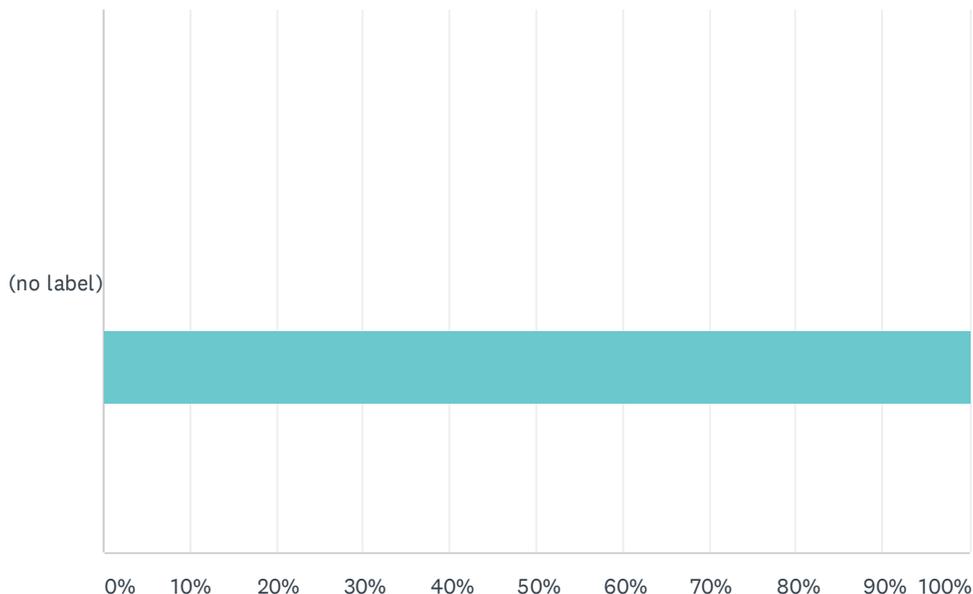


■ Strongly Disagree = 1  
 ■ Disagree = 2  
 ■ Maybe or Not Sure = 3  
■ Agree = 4  
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	80.00% 4	20.00% 1	5	4.20

### Q36 I frequently encourage other Board members to express their opinions at Board meetings.

Answered: 5 Skipped: 0

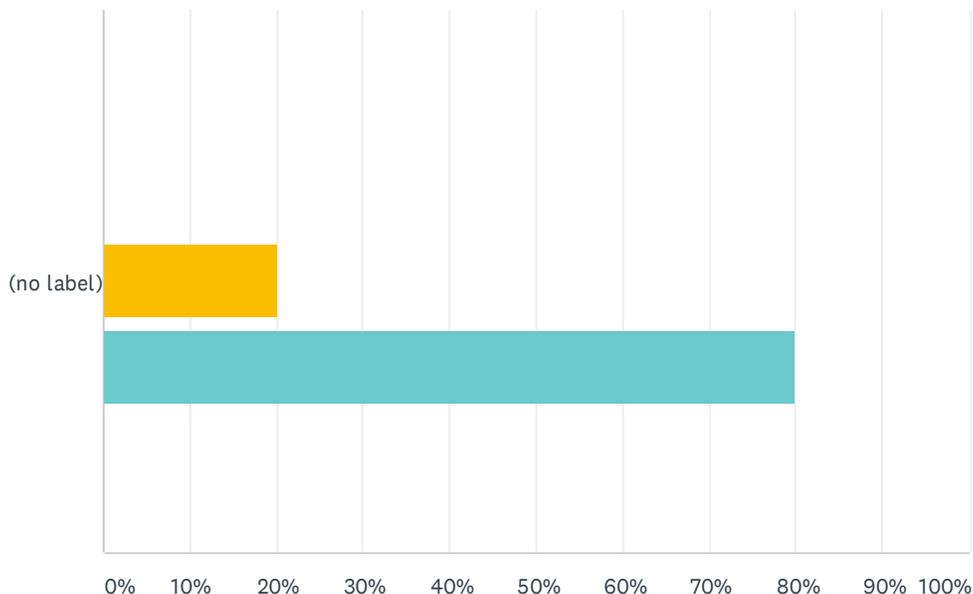


■ Strongly Disagree = 1  
 ■ Disagree = 2  
 ■ Maybe or Not Sure = 3  
■ Agree = 4  
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	100.00% 5	0.00% 0	5	4.00

### Q37 I am encouraged by other Board members to express my opinions at Board meetings.

Answered: 5 Skipped: 0

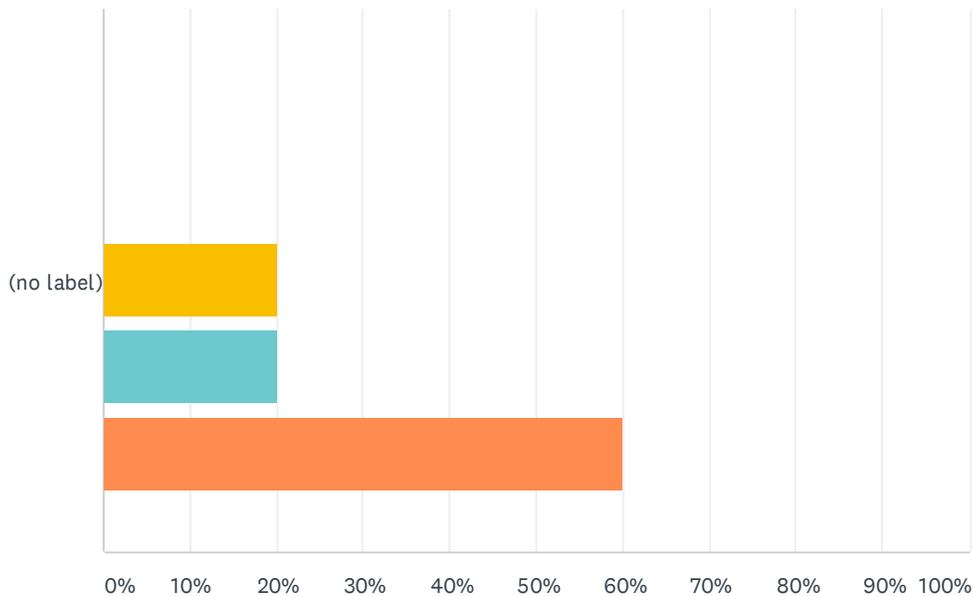


■ Strongly Disagree = 1   
 ■ Disagree = 2   
 ■ Maybe or Not Sure = 3  
■ Agree = 4   
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	20.00% 1	80.00% 4	0.00% 0	5	3.80

### Q38 I am a good listener at Board meetings.

Answered: 5 Skipped: 0

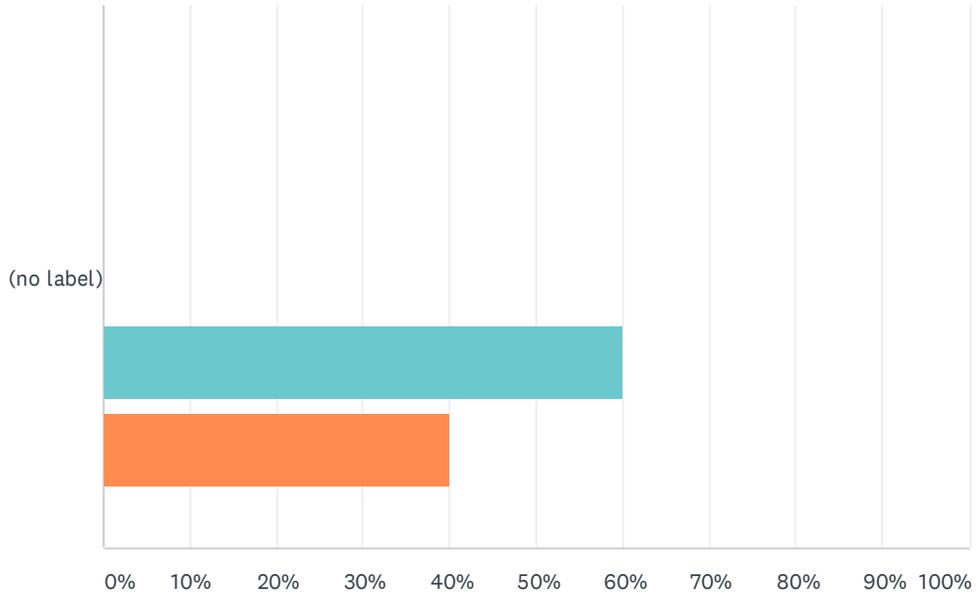


■ Strongly Disagree = 1  
 ■ Disagree = 2  
 ■ Maybe or Not Sure = 3  
■ Agree = 4  
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	20.00% 1	20.00% 1	60.00% 3	5	4.40

### Q39 I follow through on things I have said I would do.

Answered: 5 Skipped: 0

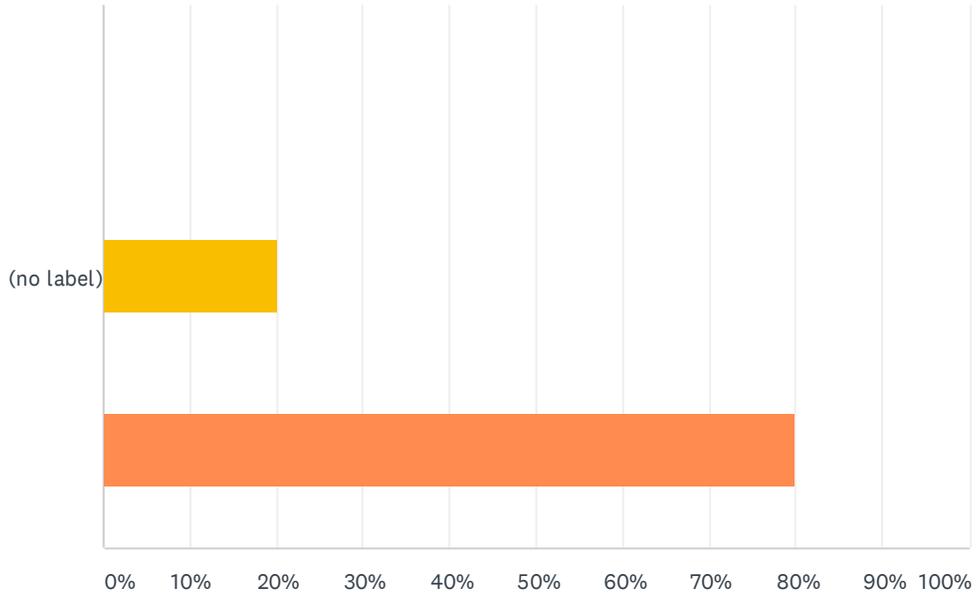


■ Strongly Disagree = 1  
 ■ Disagree = 2  
 ■ Maybe or Not Sure = 3  
■ Agree = 4  
 ■ Strongly Agree = 5

	<b>STRONGLY DISAGREE = 1</b>	<b>DISAGREE = 2</b>	<b>MAYBE OR NOT SURE = 3</b>	<b>AGREE = 4</b>	<b>STRONGLY AGREE = 5</b>	<b>TOTAL</b>	<b>WEIGHTED AVERAGE</b>
(no label)	0.00% 0	0.00% 0	0.00% 0	60.00% 3	40.00% 2	5	4.40

### Q40 I maintain the confidentiality of all Board decisions.

Answered: 5 Skipped: 0

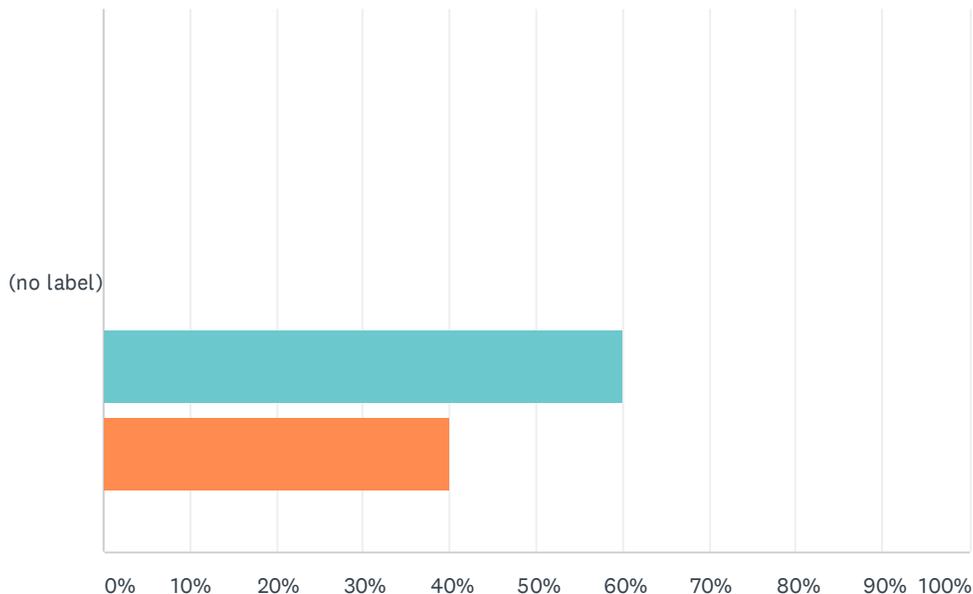


■ Strongly Disagree = 1   
 ■ Disagree = 2   
 ■ Maybe or Not Sure = 3  
■ Agree = 4   
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	20.00% 1	0.00% 0	80.00% 4	5	4.60

### Q41 When I have a different opinion than the majority, I raise it.

Answered: 5 Skipped: 0

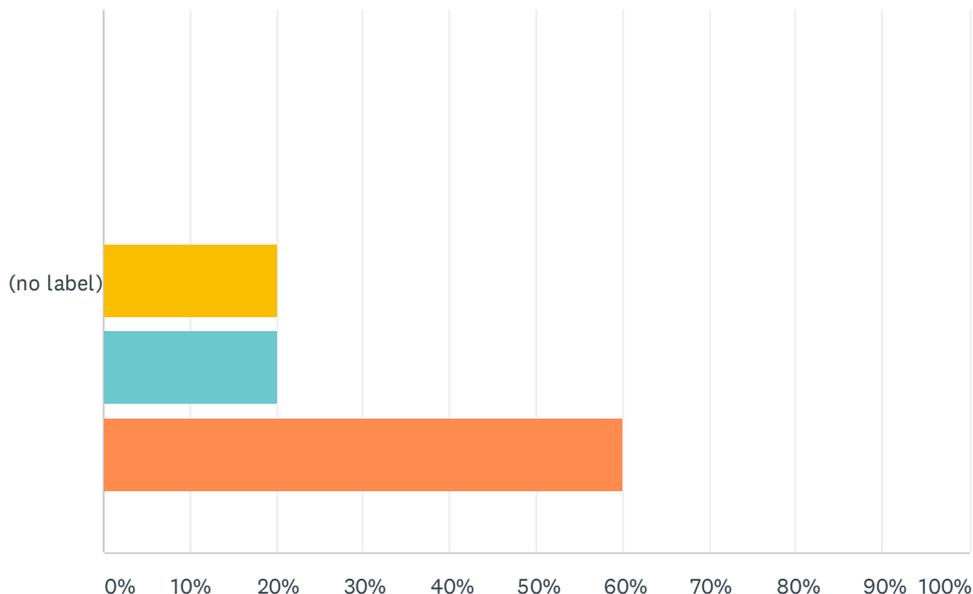


■ Strongly Disagree = 1  
 ■ Disagree = 2  
 ■ Maybe or Not Sure = 3  
■ Agree = 4  
 ■ Strongly Agree = 5

	<b>STRONGLY DISAGREE = 1</b>	<b>DISAGREE = 2</b>	<b>MAYBE OR NOT SURE = 3</b>	<b>AGREE = 4</b>	<b>STRONGLY AGREE = 5</b>	<b>TOTAL</b>	<b>WEIGHTED AVERAGE</b>
(no label)	0.00% 0	0.00% 0	0.00% 0	60.00% 3	40.00% 2	5	4.40

### Q42 I support Board decisions once they are made even if I do not agree with them.

Answered: 5 Skipped: 0

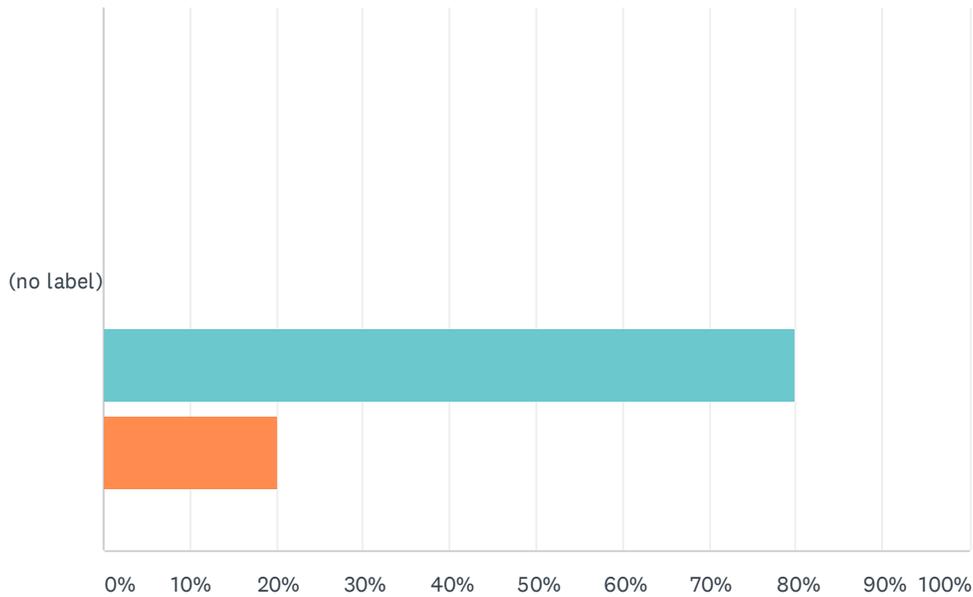


■ Strongly Disagree = 1   
 ■ Disagree = 2   
 ■ Maybe or Not Sure = 3  
■ Agree = 4   
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	20.00% 1	20.00% 1	60.00% 3	5	4.40

### Q43 I promote the work of our organization in the community whenever I have a chance to do so.

Answered: 5 Skipped: 0

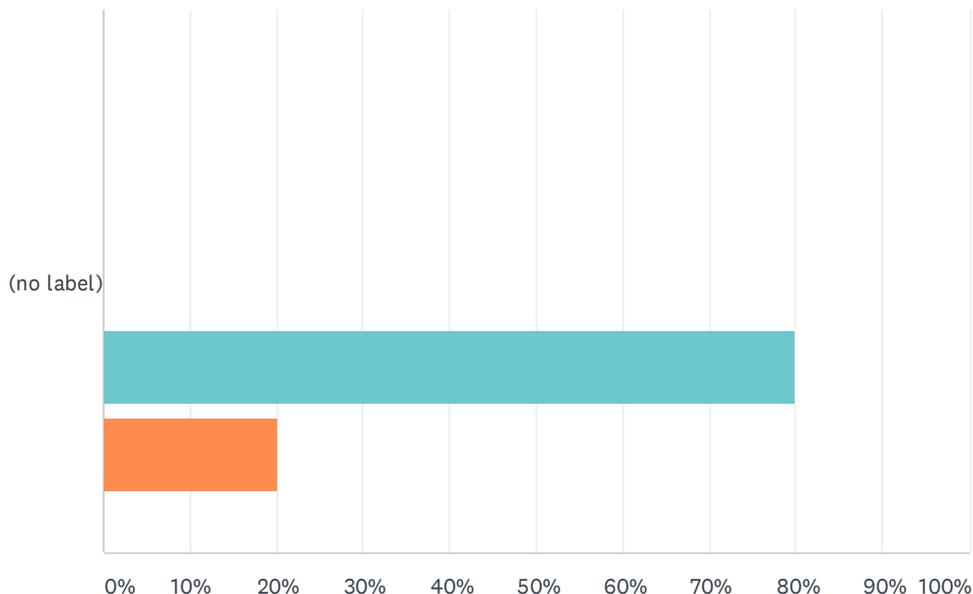


■ Strongly Disagree = 1   
 ■ Disagree = 2   
 ■ Maybe or Not Sure = 3  
■ Agree = 4   
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	80.00% 4	20.00% 1	5	4.20

### Q44 I stay informed about issues relevant to our mission and bring information to the attention of the Board.

Answered: 5 Skipped: 0

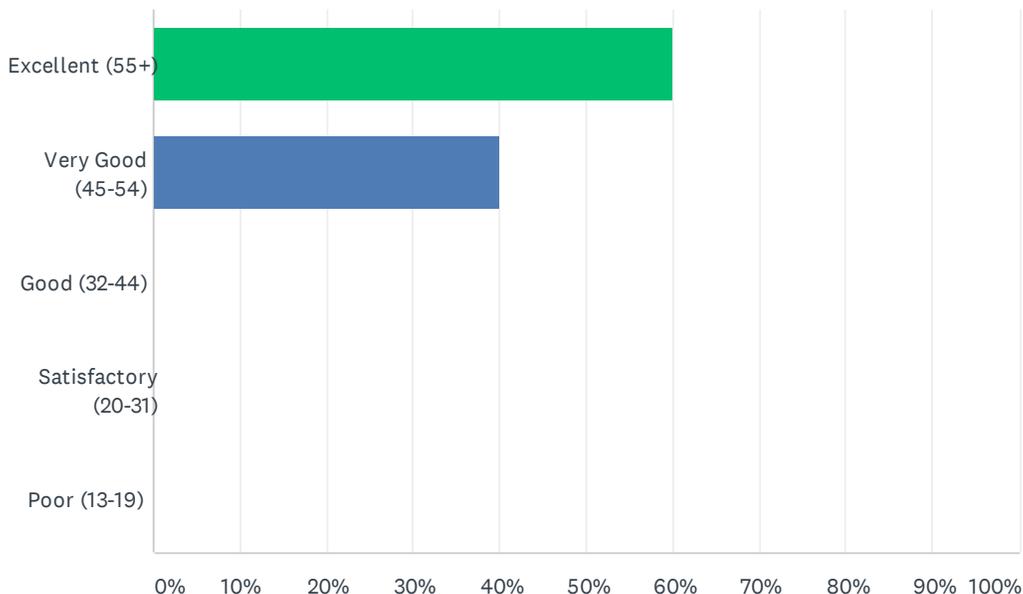


■ Strongly Disagree = 1  
 ■ Disagree = 2  
 ■ Maybe or Not Sure = 3  
■ Agree = 4  
 ■ Strongly Agree = 5

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	80.00% 4	20.00% 1	5	4.20

### Q45 Add together your ratings for Section D and select the matching overall rating.

Answered: 5 Skipped: 0



ANSWER CHOICES	RESPONSES
Excellent (55+)	60.00% 3
Very Good (45-54)	40.00% 2
Good (32-44)	0.00% 0
Satisfactory (20-31)	0.00% 0
Poor (13-19)	0.00% 0
Total Respondents: 5	



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

# BYLAWS OF THE MAYERS MEMORIAL HOSPITAL DISTRICT

REVISED DECEMBER 2020

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## **ARTICLE I     PREAMBLE**

These District Bylaws are adopted by the Mayers Memorial Hospital District Board of Directors (the "Board") pursuant to and consistent with Division 23 of the California Health and Safety Code, known as the Local Health Care District Law. These District Bylaws are established to further enable the Board to faithfully exercise its powers and fiduciary duties in accordance with applicable law. All provisions contained herein shall conform to and comply with all applicable federal, state, and local laws and regulations. Medical Staff Rules that have been approved by the Board shall be used to further assist in implementing the responsibilities of the Board.

- 1.1     Mission.** 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.
- 1.2     Offices.** The principal office of the District is fixed and located within Mayers Memorial Hospital at 43563 Highway 299 East, Fall River Mills, California, 96028. Branch or subordinate offices may be established by the Board at any time or place.
- 1.3     Definitions.**
  - 1.3.1** "Board" means the Board of Directors of the District.
  - 1.3.2** "Director" means a duly elected or appointed member of the Board of Directors of the District.
  - 1.3.3** "District" means the Mayers Memorial Hospital District.
  - 1.3.4** "Facilities" means the Hospital as well as other health care facilities and services operated by the District.
  - 1.3.5** "Hospital" means Mayers Memorial Hospital.
  - 1.3.6** "Medical Staff" or "Staff" means the organized medical staff of Mayers Memorial Hospital.
  - 1.3.7** "Medical Staff Bylaws" means the Bylaws of the Medical Staff, as approved by the Board.
  - 1.3.8** "Medical Staff Rules" means the Medical Staff Bylaws, Rules and Regulations, and Policies .
  - 1.3.9** "Practitioner" means a person who is eligible to apply for or who has been granted privileges in the Hospital, or another District Facility.

## ARTICLE II POWERS AND PURPOSES

The only actions of the Board are those agreed to by a majority of the Board of Directors in publically noticed meetings that are consistent with all applicable laws and regulations. The Board shall have accountability and authority for those powers as set forth in the Local Health Care District Law **Code Sections 32121 through 32138 inclusive**, that are necessary for fulfilling the District's mission. These include but are not limited to the following:

- 2.1 General.** The Board is the governing body of the District. All District powers shall be exercised by or under the direction of the Board. The Board is authorized to make appropriate delegations of its powers and authority to officers and employees. The Board shall evaluate the performance of the CEO and its own performance. The Board may do any and all things which an individual might do that are necessary or advantageous to the District or the Facilities for the benefit of the communities served by the District, or that are necessary to accomplish any purpose of the District.
- 2.2 Dissolution.** Any proposal for dissolution of the District shall be subject to confirmation by the voters of the District in accordance with Cortese-Knox Local Government Reorganization Act of 1985 (Gov. Code, § 56000 et seq.).
- 2.3 Authority of District Bylaws.**
  - 2.3.1 Amendment.** These District Bylaws shall be reviewed biannually at the beginning of even numbered years. They may be changed by an affirmative vote of at least three Directors at a regularly scheduled board meeting.
  - 2.3.2 Conflict.** If there is a conflict between the District Bylaws and any other bylaws, the District Bylaws shall be controlling.
- 2.4 Facility Operation.** The Board shall be responsible for the operation of all Facilities owned or leased by the District, according to the best interests of the public health. The Board shall make and enforce all rules, regulations and bylaws necessary for the administration, government, protection and maintenance of Facilities and District property under their management. The Board may prescribe the terms upon which patients may be admitted to the Facilities. Minimum standards of operation as prescribed by the Medical Staff Rules shall be established and enforced by the Board.
- 2.5 Trade Membership.** The District may maintain membership in any local, state, national, or global group or association organized and operated for the promotion of the public health and welfare or the advancement of the efficiency

of hospital and health care administration, and in connection therewith pay any necessary dues and fees.

### **ARTICLE III THE BOARD OF DIRECTORS**

The Board shall consist of five (5) Directors, each of whom shall be a registered voter residing in the District and whose term shall be four (4) years. Terms shall be staggered such that three (3) Directors shall be elected in years evenly divisible by four, and two (2) Directors shall be elected in alternating even-numbered years. Elections of the Board Members shall be consolidated with the statewide general election as indicated by Health & Safety Code section 32499.3.

#### **3.1 Directors.**

**3.1.1 Fiduciary Responsibilities.** Directors have fiduciary responsibilities to the District, and those living in the District trust the Board to act on their behalf.

- (a) The duty of care requires that Directors act toward the District with the same watchfulness, attention, caution, and prudence as would a reasonable person in the same circumstances.
- (b) The duty of loyalty requires that Directors not place their personal interests above those of the District.
- (c) The Board shall respect privacy of information by not requesting or seeking to obtain information that is not authorized or necessary for conducting the business of the Board. Directors respect confidentiality by not revealing information to others who are not legally authorized to have it or which may be prejudicial to the good of the District. Directors respect information security by requesting and monitoring policies that protect the privacy of individuals served by or doing business with the District.

**3.1.2 Orientation.** The Board shall ensure an orientation process that familiarizes each new Director with his or her duties and responsibilities, including the Board's responsibilities for quality care and the Facilities' quality assurance programs. Continuing education opportunities shall be made available to Directors.

**3.1.3 Resignation and Removal.**

- (a) Any Director may resign effective upon giving written notice to the President, the Secretary, or the Board, unless the notice specifies a later time for the effectiveness of such resignation.

- (b) The term of any Director shall expire if the Director is absent from three consecutive regular meetings or from three of any five consecutive meetings of the Board and if the Board by resolution declares that a vacancy exists on the Board, except when prevented by sickness, or when absent with permission required by law.
- (c) All or any of the Directors may be recalled at any time by the voters following the recall procedure set forth in Division 16 of the Elections Code.
- (d) A Director shall cease to hold Committee membership upon ceasing to be a Board member.

**3.1.4 Vacancies.** When a vacancy occurs on the Board of Directors, the remaining Board Members may fill it by appointment as outlined in Government Code Section 1780.

## **3.2 Officers.**

**3.2.1 President.** The President shall be the principal officer of the District and the Board, and shall perform all duties incident to the office and such other duties as may be prescribed by the Board including but not limited to:

- (a) Serve as the Board's primary liaison with the Chief Executive Officer, the press, and the public;
- (b) Prepare the Board agenda and request necessary support materials for meetings;
- (c) Conduct meetings of the Board;
- (d) Sign documents as authorized by the Board;
- (e) Appoint Directors to Committees subject to approval by a majority of the Board;

**3.2.2 Vice President.** The Vice President shall serve in the capacity of the President when necessary or as delegated.

**3.2.3 Secretary.** The Secretary shall provide for the keeping of minutes of all meetings of the Board. The Secretary shall give, or cause to be given, appropriate notices in accordance with these Bylaws or as required by law and shall act as custodian of District records, reports, and the District's seal.

**3.2.4 Treasurer.** The Treasurer shall be charged with the safekeeping and disbursal of the funds in the treasury of the District.

**3.3 Committees.** All Committees, whether Standing or Special (ad hoc) shall be appointed by the President. The chairman of each Committee shall be appointed by the President. All Committees shall only be advisory to the Board unless otherwise specifically authorized to act by the Board. Authorized action requires Committee quorum and a majority vote, unless such action is approved in writing by the absent members. A Committee chairman may invite additional individuals with expertise in a pertinent area to meet with and assist the Committee. Such consultants shall not vote or be counted in determining the existence of a quorum and may be excluded from any Committee session.

**3.3.1 Standing Committees.** When it is deemed necessary by the Board, Standing Committees may be appointed by the President with the concurrence of the Board. Standing Committees shall limit their activities to the accomplishment of the task for which they are created and appointed. Standing Committees shall continue in existence until discharged by the Board.

- (a) Standing Committees shall be:
  - (1) Finance Committee
  - (2) Quality Committee
  - (3) Strategic Planning Committee
- (b) Standing Committee Participation. Other Directors may attend standing Committee Meetings as members of the public but may not participate in the discussions. The President may remove any member at any time, or designate other Directors to serve in the capacity of any absent Committee members. All appointed members of Committees, including ex officio appointments and recognized alternates, shall be voting members and shall count toward establishing a quorum. Additional members from within the district may be recommended to serve on the committee as a voting member with board approval.

**3.3.2 Special (Ad Hoc) Committees.** A Special Committee is an advisory committee composed solely of Directors that represent less than a quorum of the Board, does not have continuing authority, and does not have a meeting schedule fixed by resolution or formal action of the Board. Special Committees may be appointed by the President for special tasks as circumstances warrant, and upon completion of the task for which appointed, such Special Committee shall stand discharged. Special Committee action may be taken without a meeting by a writing setting forth the action so taken signed by each member of the committee entitled to vote.

**3.4 Meetings.** All meetings of the Board and its Standing Committees are conducted in accordance with the Ralph M. Brown Act (the Brown Act). Public comment will be invited and considered at all open meetings and meeting agendas, support materials, and minutes will be available to the public.

**3.4.1 Quorum.** A majority of the Directors of the Board or Committee members shall constitute a quorum.

**3.4.2 Types of Meetings.**

(a) An annual organizational meeting shall be held on the first meeting in December at the place designated in a resolution by the Board. This meeting shall include the election of the President, Vice President, and Secretary, as well as the appointment of a Treasurer, and appointment of Standing Committee members.

(b) Regular monthly meetings shall be held on a consistent basis, alternating sites between the Burney Annex and the Fall River Mills campus, in the boardroom, except as otherwise specified by a resolution of the Board. Meeting dates and times are set at the annual meeting in December and if changed will be legally noticed. In the event the regular meeting date falls on a legal holiday, the meeting shall be held on the following day, except as otherwise specified by a resolution of the Board.

**3.5 Compensation.** The Board shall serve without compensation except that by resolution of a majority vote, the Directors may authorize the payment of up to one-hundred dollars (\$100) per meeting for a maximum of six (6) meetings per month as compensation to each Director as authorized by the Local Health District Law (Health & Saf. Code, § 32103). Each Director shall be allowed the Director's actual necessary traveling and incidental expenses incurred by the performance of official business of the District as approved by the Board.

**3.6 Indemnification.** All instances of indemnification shall adhere to the California Government Code beginning at Section 825. Nothing contained herein shall be construed as providing indemnification to any person in any malpractice action or proceeding arising out of or in any way connected with the practice of such person's profession.

**3.6.1 District Agent Indemnification.** The District shall, to the maximum extent permitted by law, indemnify each of its agents against expenses, judgments, fines, settlements and other amounts actually and reasonably incurred in connection with any proceeding arising from any act or omission occurring within the agent's scope of authority, as determined

by the District. A District agent includes any person who is or was a director, officer, employee or other agent of the District.

- 3.6.2 Scope of Indemnification.** The District may not provide unconditional indemnification to non-employee members of its medical staff involved in litigation arising out of peer review committee activities.

#### **ARTICLE IV DELEGATION OF AUTHORITY**

The Board honors the distinction between governance and management and is authorized to make appropriate delegations of its powers and authority to officers and employees at its discretion. The Board shall exercise its responsibilities for oversight by operating at the policy level, setting strategic direction and goals, monitoring key outcomes, and taking corrective action where needed.

- 3.7 Chief Executive Officer ("CEO").** The District shall employ or contract with a CEO for the Hospital who acts on behalf of the District within the constraints of all District bylaws and policies. The Board delegates to the CEO the authority to perform the following functions:

- 3.7.1 Operation of the District and Its Facilities.** The CEO is responsible for coordination among the Facilities to control costs and to avoid unnecessary duplication in services, facilities and personnel. The CEO is responsible for ensuring the soundness of financial, accounting and statistical information practices including budgets, forecasts, special studies and reports, and proper maintenance of statistical records. The CEO is responsible for data collection as required by governmental, licensing, and accrediting agencies. The CEO shall maintain adequate insurance or self-insurance covering the physical property and activities of the District and the Board. The CEO is responsible for the negotiation and administration of contracts necessary for District operations. The CEO shall maintain all District records including the minutes of Board and Committee meetings.
- 3.7.2 Communication.** The CEO shall be liaison among the Board, the Medical Staff, and District personnel.
- 3.7.3 Compliance.** The CEO shall assist the Board in planning services and facilities and informing the Board of governmental legislation, regulations and requirements of official agencies and accrediting bodies, that affect the planning and operation of the Facilities. The CEO is to perform as liaison with governmental, licensing, and accrediting agencies, and shall implement actions necessary for compliance.

- 3.7.4 Delegation.** The CEO shall designate other individuals by name and position who are authorized to act for the CEO during any period of absence. To the extent the CEO deems appropriate, the CEO shall delegate to management personnel in the Facilities the authority to manage the day-to-day operations of the Facilities, hire and terminate Facility personnel, and administer professional contracts between the District and Practitioners.
  - 3.7.5 Human Resources.** The CEO is responsible for ensuring the soundness of all personnel. The CEO shall provide the Board and its Committees with adequate staff support.
  - 3.7.6 Policy Implementation.** By working with Standing and Special Committees of the Board and joint committees of the Medical Staff, the CEO is to participate in the elaboration of District policies.
  - 3.7.7 Public Relations.** The CEO shall coordinate community relations activities, including public appearances and communications with the media.
  - 3.7.8 Reporting.** The CEO shall prepare and distribute to the Board and Medical Staff periodic reports on the overall activities of the District, the Hospital or other Facilities, and pertinent federal, state and local developments that affect the operation of District Facilities.
  - 3.7.9** Any other duties as the Board may direct from time to time.
- 3.8 Medical Staff.** There shall be a Medical Staff for the Hospital established in accordance with legal, regulatory and accreditation requirements, including California Local Healthcare District Law, that is responsible and accountable to the Board for the discharge of those duties and obligations set forth in the Medical Staff Rules and as delegated by the District. The Medical Staff shall be self-governing with respect to the professional work performed in the Hospital and shall have those rights recognized by the California legislature in Senate Bill 1325 (2004). The Board and the Medical Staff shall have the mutual rights and responsibilities as described in that legislation.
- 3.8.1** The Medical Staff is responsible for and accountable to the Board for the quality of care, treatment and services rendered to patients in the Hospital. The Medical Staff shall implement mechanisms to assure the consistent delivery of quality care such that patients with the same health problem all receive the same level of care. The Medical Staff shall be responsible for investigating and evaluating matters relating to Medical Staff applications, membership status, clinical privileges, and corrective action, except as provided by the Medical Staff Rules. The Medical Staff shall adopt and forward to the Board specific written recommendations, with appropriate supporting documentation, that will

allow the Board to take informed action. Board procedures for appeals shall comply with procedures set forth in the Medical Staff Rules and applicable law, including the Local Healthcare District Law (Health and Safety Code Section 32150 et seq.).

**3.8.2** The Medical Staff is responsible for the development, adoption, and periodic review of the Medical Staff Rules consistent with these District Bylaws, applicable laws, government regulations, and accreditation standards. The Medical Staff Rules and all amendments, shall become effective only upon approval by the Medical Staff and the Board.

**3.8.3** Membership in the Medical Staff shall be comprised of physicians, surgeons, dentists, and podiatrists who meet the qualifications for membership as set forth in the Medical Staff Rules and who are duly licensed and privileged to admit or care for patients in the Hospital. Membership shall be a prerequisite to the exercise of clinical privileges in the Hospital, except as otherwise specifically provided in the Medical Staff Rules.

#### **CERTIFICATION**

It is hereby certified that attached hereto is a true, complete and correct copy of the current Bylaws of the Mayers Memorial Hospital District, duly adopted by the Board of Directors on **December 2, 2020**.

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**Beatriz Vasquez, Ph.D., President**

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Date

December 2, 2020

The Ad Hoc Nominating Committee is proposing the following assignments for approval to fill Board of Directors positions in the 2021 calendar year:

**Board:**

**President** – Jeanne Utterback

**Vice President** – Beatriz Vasquez, Ph.D.

**Secretary** – Tom Guyn, M.D.

**Treasurer** – Abe Hathaway

**Director** – Tami Vestal Humphry

The President of the Board, complying with the By Laws job duties, is making the following appointments to be approved for the 2021 calendar year:

**Committees:**

**Quality:** Utterback (Chair), Guyn

**Strategic Planning:** Vasquez (Chair), Hathaway

**Finance:** Hathaway (Chair), Vestal Humphry

**Ex Officio Director to the Mayers Healthcare Foundation:** Vestal Humphry

Thank you,

Beatriz Vasquez, Ph.D.

MMHD Governing Board President



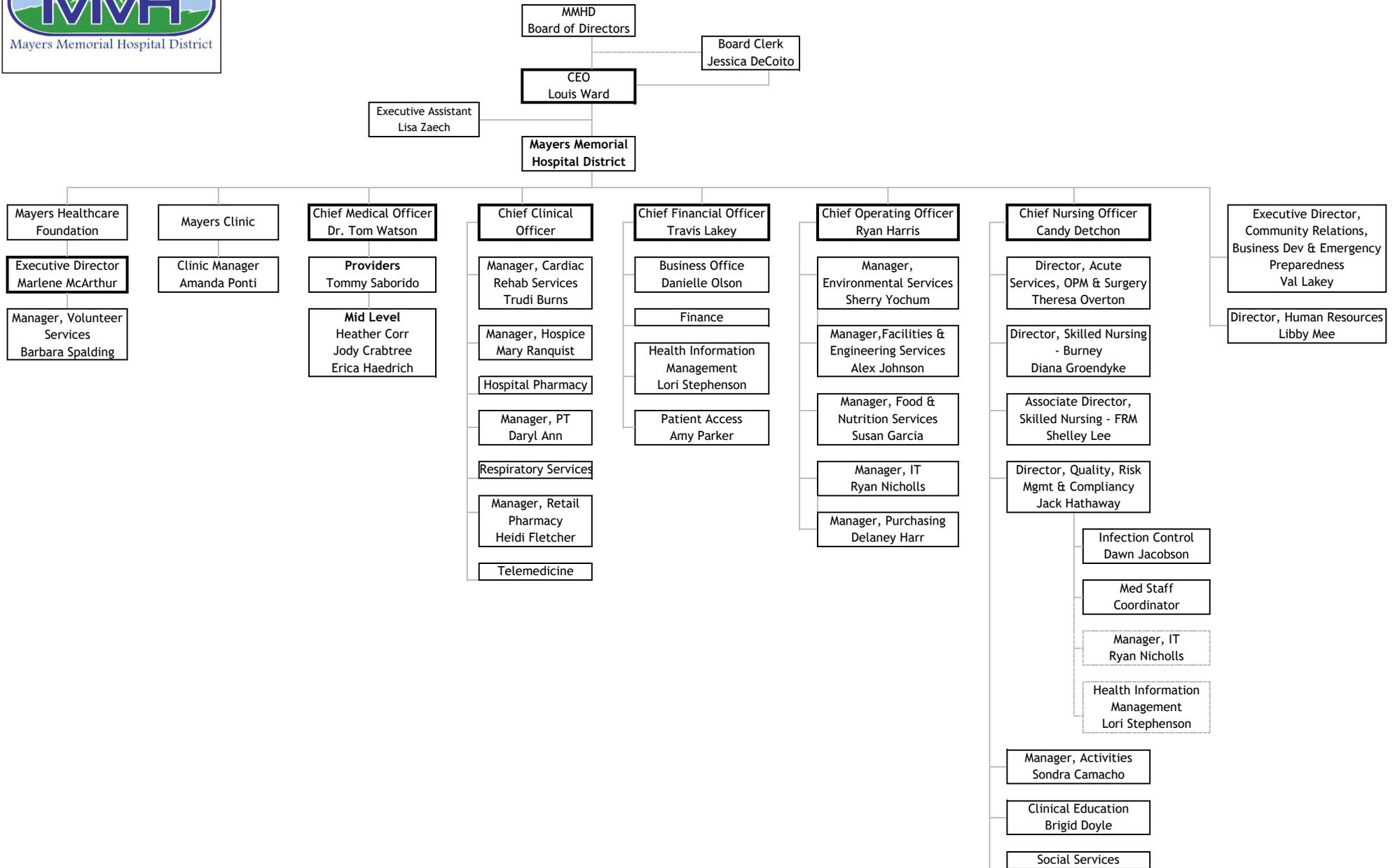
January				February				March			
12	Tue	5pm	Med Staff Meeting (Beatriz)	10	Wed	1pm	Quality Committee	9	Tue	5pm	Med Staff Meeting (Abe)
13	Wed	1pm	Quality Committee				Food & Nutritional Services	8	Mon	1pm	Strategic Planning Committee
			Finance				Environmental Services	10	Wed	1pm	Quality Committee
			Patient Access				IT				Surgery/Anesthesia
			Business Office				Facilities & Engineering				Med-Surg/Swing
			HIM				Purchasing				Outpatient Services
			Personnel				Infection Control - Monthly Report				Med Staff
			Infection Control - Monthly Report				Safety - Q Report				Infection Control - Monthly Report
			Worker's Comp - Q Report				CMS Core Measures- Q Report				Blood Transfusion - Q Report
			Patient Safety First - Q Report				5-Star Rating Monitoring - Q Report				Compliance - Q Report
11	Mon	1pm	Strategic Planning Committee	24	Wed	10:30am	Finance Committee (Burney)	31	Wed	10:30am	Finance Committee
27	Wed	10:30am	Finance Committee				Pharmacy				Purchasing
			Med Staff				Physical Therapy				Respiratory
			Outpatient				BOD Q Finance Review	31	Wed	1pm	Board Meeting
							Independent Audit				Director of Nursing - Acute
27	Wed	1pm	Board Meeting	24	Wed	1pm	Board Meeting (Burney)				Director of Quality
			Director of Human Resources				MHF Director - Q Report				
			Director of Nursing - SNF				Safety - 6-month				
			Hospice - Q Report				BOD Q Finance Review				
			Worker's Comp - 6-month				Independent Audit				
April				May				June			
14	Wed	1pm	Quality Committee	4	Tue	5pm	Med Staff Meeting (Tami)	9	Wed	1pm	Quality Committee
			Cardiac Rehab	10	Mon	1pm	Strategic Planning Committee				SNF
			Hospice	12	Wed	1pm	Quality Committee				Emergency Dept
			Pharmacy				Marketing				Laboratory
			Physical Therapy				Activities				Radiology
			Respiratory				Social Services - Acute/SNF				Infection Control - Monthly Report
			Retail Pharmacy				Staff Development				Blood Transfusion - Q Report
			Telemedicine				Employee Health				Compliance - Q Report
			Infection Control - Monthly Report				Volunteer Services	30	Wed	10:30am	Finance Committee (Burney)
			Worker's Comp - Q Report				Infection Control - Monthly Report				Patient Access
			Patient Safety First - Q Report				Safety - Q Report				Business Office
28	Wed	10:30am	Finance Committee (Burney)	26	Wed	10:30am	Finance Committee				HIM
			Social Services				Surgery				Budget Adoption
			Activities				BOD Q Finance Review	30	Wed	1pm	Board Meeting (Burney)
			Staff Development								Ad Hoc Committee - CEO Evaluation
			Infection Control								Budget Adoption
28	Wed	1pm	Board Meeting (Burney)	26	Wed	1pm	Board Meeting				
			Director of ED & Ancillary Services				MHF - Q Report				
							BOD Q Finance Review				
July				August				September			
6	Tue	5pm	Med Staff Meeting (Tom)	11	Wed	1pm	Quality Committee	8	Wed	5pm	Med Staff Meeting (Jeanne)
9	Wed	1pm	Quality Committee				Food & Nutritional Services	8	Wed	1pm	Quality Committee
			Finance				Environmental Services				Surgery/Anesthesia
			Patient Access				IT				Med-Surg/Swing
			Business Office				Facilities & Engineering				Outpatient Services
			HIM				Purchasing				Med Staff
			Personnel				Infection Control - Monthly Report				Infection Control - Monthly Report
			Infection Control - Monthly Report				Safety - Q Report				Blood Transfusion - Q Report
			Worker's Comp - Q Report				CMS Core Measures- Q Report				Compliance - Q Report
			Patient Safety First - Q Report				5-Star Rating Monitoring - Q Report	13	Mon	1pm	Strategic Planning Committee
14	Mon	1pm	Strategic Planning Committee	25	Wed	10:30am	Finance Committee (Burney)	29	Wed	10:30am	Finance Committee
28	Wed	10:30am	Finance Committee				Emergency & Lab				Environmental Services
			Cardiac Rehab				Radiology				IT
			Food & Nutritional Services				BOD Q Finance Review	29	Wed	1pm	Board Meeting
			Telemedicine				401K Annual Report				Director of Nursing - Acute
28	Wed	1pm	Board Meeting	25	Wed	1pm	Board Meeting (Burney)				Director of Quality
			Director of Human Resources				MHF Director - Q Report				Board Bylaws Review
			Director of Nursing - SNF				Safety - 6-month				Assessment Process
			Hospice - Q Report				BOD Q Finance Review				
			Worker's Comp - 6-month				401K Annual Report				
							CEO Annual Evaluation				
October				November				December			
13	Wed	1pm	Quality Committee	2	Tue	5pm	Med Staff Meeting (Beatriz)	1	Wed	10:30am	Finance Committee
			Cardiac Rehab	8	Mon	1pm	Strategic Planning Committee				Director of Nursing - Acute
			Hospice	10	Wed	1pm	Quality Committee				Facilities & Engineering
			Pharmacy				Marketing				BOD Q Finance Review
			Physical Therapy				Activities	1	Wed	1pm	Board Meeting
			Respiratory				Social Services - Acute/SNF				MHF - Q Report
			Retail Pharmacy				Staff Development				BOD Q Finance Review
			Telemedicine				Employee Health				Election of Officers
			Infection Control - Monthly Report				Volunteer Services				Organizational Meeting
			Worker's Comp - Q Report				Infection Control - Monthly Report	8	Wed	1pm	Quality Committee
			Patient Safety First - Q Report				Safety - Q Report				SNF
27	Wed	10:30am	Finance Committee (Burney)				CMS Core Measures- Q Report				Emergency Dept
			Director of Human Resources				5-Star Rating Monitoring - Q Report				Laboratory
			Director of Nursing - SNF								Radiology
27	Wed	1pm	Board Meeting (Burney)								Infection Control - Monthly Report
			Director of ED & Ancillary Services								Blood Transfusion - Q Report
			Program Evaluation								Compliance - Q Report
			Nominating Committee for Board Officers								



January	February	March
11 Mon 1pm Strategic Planning Committee 12 Tue 5pm Medical Staff Meeting (Beatriz) 12 Tue 2:30pm Managers Meetings 13 Wed 1pm Quality Committee 27 Wed 10:30am Finance Committee 27 Wed 1pm Board Meeting	9 Tue 2:30pm Management Meeting 10 Wed 1pm Quality Committee 24 Wed 10:30am Finance Committee (Burney) 24 Wed 1pm Board Meeting (Burney)	8 Mon 1pm Strategic Planning 9 Tue 2:30pm Management Meeting 9 Tue 5pm Medical Staff Meeting (Abe) 10 Wed 1pm Quality Committee 31 Wed 10:30am Finance Committee 31 Wed 1pm Board Meeting
Education/Conferences/Events	Education/Conferences/Events	Education/Conferences/Events
April	May	June
14 Wed 1pm Quality Committee 13 Tue 2:30pm Management Meeting 28 Wed 10:30am Finance Committee (Burney) 28 Wed 1pm Board Meeting (Burney)	4 Tue 5pm Medical Staff Meeting (Tami) 10 Mon 1pm Strategic Planning Committee 11 Tue 2:30pm Management Meeting 12 Wed 1pm Quality Committee 26 Wed 10:30am Finance Committee 26 Wed 1pm Board Meeting	8 Tue 2:30pm Management Meeting 9 Wed 1pm Quality Committee 30 Wed 10:30am Finance Committee (Burney) 30 Wed 1pm Board Meeting (Burney)
Education/Conferences/Events	Education/Conferences/Events	Education/Conferences/Events
July	August	September
6 Tue 2:30pm Management Meeting 6 Tue 5pm Medical Staff Meeting (Tom) 9 Wed 1pm Quality Committee 14 Mon 1pm Strategic Planning Committee 28 Wed 10:30am Finance Committee 28 Wed 1pm Board Meeting	10 Tue 2:30pm Management Meeting 11 Wed 1pm Quality Committee 25 Wed 10:30am Finance Committee (Burney) 25 Wed 1pm Board Meeting (Burney)	8 Tue 5pm Medical Staff Meeting (Jeanne) 8 Wed 1pm Quality Committee 13 Mon 1pm Strategic Planning Committee 14 Tue 2:30pm Management Meeting 29 Wed 10:30am Finance Committee 29 Wed 1pm Board Meeting
Education/Conferences/Events	Education/Conferences/Events	Education/Conferences/Events
October	November	December
12 Tue 2:30pm Management Meeting 13 Wed 1pm Quality Committee 27 Wed 10:30am Finance Committee (Burney) 27 Wed 1pm Board Meeting (Burney)	2 Tue 5pm Medical Staff Meeting (Beatriz) 8 Mon 1pm Strategic Planning Committee 10 Wed 1pm Quality Committee 16 Tue 2:30pm Management Meeting	1 Wed 10:30am Finance Committee (Fall River) 1 Wed 1pm Board Meeting (Fall River) 8 Wed 1pm Quality Committee
Education/Conferences/Events	Education/Conferences/Events North State Giving Tuesday	Education/Conferences/Events



# MMHD Organization Chart





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

**RESOLUTION NO. 2020-19**

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

**Skilled Nursing Facility Staff**

**For their efforts in raising the Star Rating**

**WHEREAS**, the Board of Trustees has recognized the MMHD Skilled Nursing Staff as exceptional employees who deserve to be recognized and honored for their contribution to Star Rating increase; and

**WHEREAS**, such recognition is given to the Skilled Nursing Staff who have identified areas of improvement, worked to formulate solutions, and implemented improvements to create an efficient, safe, clean and healthy department;

**NOW, THEREFORE, BE IT RESOLVED** that, Skilled Nursing Facility Staff is hereby recognized for their efforts in raising the Star Rating for our facility.

**DULY PASSED AND ADOPTED** this 2nd day of December 2020 by the Board of Trustees of Mayers Memorial Hospital District by the following vote:

AYES:  
NOES:  
ABSENT:  
ABSTAIN:

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Beatriz Vasquez, President  
Board of Trustees, Mayers Memorial Hospital District

ATTEST:

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Jessica DeCoito  
Clerk of the Board of Directors



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

**Executive Director of Community Relations & Business Development – Valerie Lakey  
 November-December 2020 Board Report**

**Legislation/Advocacy**

There is a lot of legislation to work through from the last session. I have attended several meetings and workshops to review this legislation. The Legislative Strategy Group (LSG) which I am a part of has begun to meet again to formalize advocacy priorities and start developing a plan for the seismic legislation. I will verbally report on some proposed seismic language.

Additionally, I am serving on CHA's PPE Workgroup to help provide information for CalOsha's guidance on AB2537 (PPE Bill). Once we tackle AB2537, we will see how it works with SB275, which isn't implemented until 2023.

I will be representing MMHD on a Virtual Legislative Tour in December through ACHD. We have been working through content and have had a dress rehearsal. There will be about 65 member/staff listening in on the tour.

I will be serving on ACHD's Advocacy and Governance committees again this year.

Here is a summary of some of the most important legislation.

**AB1897 – COVID Supplemental Paid Sick Leave** – Sunsets December 31, 2020 unless Families First (Federal) is extended or executive order at the state level.

**SB1159 – Workers Comp Presumption for COVID. Workers' compensation system for employees that test positive for COVID-19.** The bill is retroactive to July 6, 2020 and expires on January 1, 2023.

**SB1383 - Extends California Family Rights Act** to employers with five or more employees. Expands family care leave to include grandparent, grandchild, adult child, sibling and domestic partner. Unclear whether it applies to "parent-in-law."

**AB685 - Requires all employers to provide notice of potential exposure to COVID-19 in the workplace.**

While there are special provisions with respect to notice to employees whose job duties necessarily bring them into contact with individuals who are known to have COVID-19 or are persons under investigation, the new law does apply to all employers including health facilities. In addition, the law allows CalOSHA to use an expedited process for citing serious violations related to COVID-19.

**AB2537 - Requires general acute care hospitals to create a stockpile of specified personal protective equipment beginning April 1, 2021.** The stockpile represents 90 days of normal consumption. Hospitals

may be relieved of the obligation as to specific PPE if it can show it placed an order that was not fulfilled or the items were damaged or stolen. Also requires general acute care hospitals to be prepared as of January 15, 2021, to report to the department, under penalty of perjury, its highest seven-day consecutive daily average consumption of personal protective equipment during the 2019 calendar year, upon request by the department. CHA is working with CALOSHA to determine specifics of the bill.

**SB275** - Creates a Personal Protective Equipment Advisory Committee to make recommendations about the state’s personal protective equipment (PPE) stockpile and health facility PPE inventory requirements. Requires Cal/OSHA to develop regulations for health facility PPE inventory requirements based on the Advisory Committee recommendations. Health facilities must comply with the inventory requirements by January 1, 2023 or one year after the regulations are final.

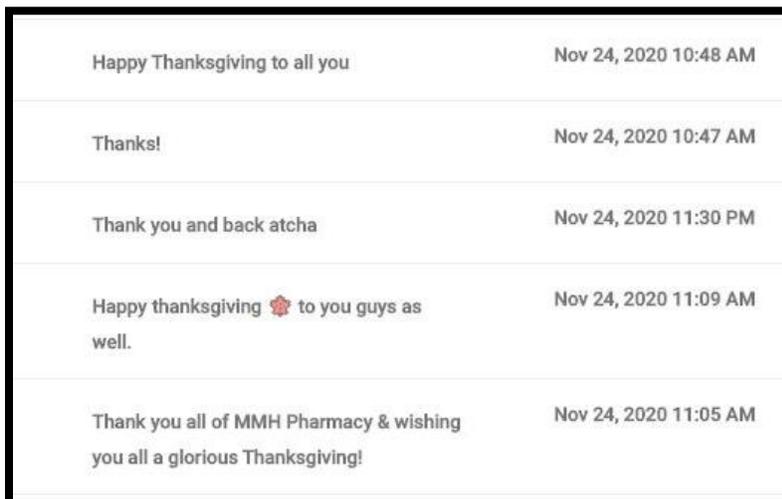
**AB890** – Nurse Practitioner Bill - AB 890 creates two new categories of NPs (103 NP & 104 NP) to function independently without standardized procedures. Hospitals and NPs may continue their current practice arrangements (physician supervision and standardized procedures) for NPs who do not meet the criteria, or who choose not to pursue independent practice  
In order for NP eligibility to practice independently, certain provisions of the law need further refinement through promulgation of regulations by the BRN. There are a lot of specifics to work through on this bill that will take some time

**Marketing/Public Relations/Recruiting**

The Hospice webpage is complete and we are working through a few corrections and changes. It really looks great and the department’s vision has shown through. We are continuing to make some small changes to get it perfect. A website is a fluid document, so changes will occur often. When reviewing, if you find anything that needs correcting, please let me know. <https://www.mayershospice.com/>. The site can be accessed through its own address or from the Mayers page.

We have started on plans for the Mayers website redesign. We will aim for completion to coincide with the opening of the new clinic.

We have started a mass texting notification for the Retail Pharmacy. We even received responses from the first message and only 20 “opt-outs” of the 925 messages sent. This will be a valuable tool for messaging things like Gift shop sale, flu-shots, special promos and important information.



Happy Thanksgiving to all you	Nov 24, 2020 10:48 AM
Thanks!	Nov 24, 2020 10:47 AM
Thank you and back atcha	Nov 24, 2020 11:30 PM
Happy thanksgiving 🍁 to you guys as well.	Nov 24, 2020 11:09 AM
Thank you all of MMH Pharmacy & wishing you all a glorious Thanksgiving!	Nov 24, 2020 11:05 AM

My new direct report, the Wellness Coordinator, has been working hard at connecting with employees to provide health and wellness resources. In the month of October in her 12 hours per week she had:

- 59 specific conversations with employees, casual, email and appointment
- 4 goal setting employees
- 7 planned meetings with employees

I would encourage you to look at the [your:life](#) page on the Intranet where you will find the resources that have been provided to staff just since the inception of this position. The Wellness Wisdom newsletter are an amazing resource and we have received great feedback from staff.

<https://intramayers.fasthealth.com/getpage.php?name=yourlifego365>

Additionally, the position is working on an ergonomics program, Injury and Illness Prevention Plan (IIPP) and essential functions testing. In the past week, she has been developing resources for quarantined and isolated staff.

### **COVID Messaging**

Most of the marketing and PR work since the last meeting has been based on COVID and kept us very busy. We have been having good success with getting COVID education and messaging out through Facebook. Posts link to our webpage. Here is an example of a post made in regard to why we cannot share zip code data specific to the towns of the Intermountain area.



We continue to do regular posts, as they too get a lot of “hits.” The community is craving COVID information, but they are still looking for some positives in life.



Our website hits are at over 25,000 in the last 30 days. We are working on getting our Google Analytics functioning properly.

## **COVID UPDATE NEWSLETTERS**

This newsletter is sent every Wednesday. We now have 70 people on the newsletter email list.

[MMHD COVID Update November 25, 2020](#)

[MMHD COVID Update November 18, 2020](#)

[MMHD COVID Update November 11, 2020](#)

[MMHD COVID Update November 4, 2020](#)

We have had very successful open rates for the newsletters.

<input type="checkbox"/>	Wed, Nov 18, 2020, 11:23 AM	COVID 19 Community Update November 18	63	47 75%	18 38%	0 0%	0 0%
<input type="checkbox"/>	Wed, Nov 11, 2020, 11:32 AM	COVID 19 Community Update November 11	52	35 69%	13 37%	1 2%	0 0%
<input type="checkbox"/>	Wed, Nov 4, 2020, 11:44 AM	COVID 19 Community Update	12	7 58%	4 57%	0 0%	0 0%

Text Message Notification Sign-Ups – 64 community members have signed up to receive COVID updates via text.

**Disaster/Emergency Preparedness/Safety**

The Regional Tabletop drill planned for November has been rescheduled to February.

It is planned to completely digitize all EP manuals and have the files correspond with survey tags. Hopefully work on this can begin soon.

Security for new facility. We are going to be providing panic buttons for admitting and other key staff at FR and Annex. Panic Button installation will be December 1. Panic fobs will be distributed to outbuildings, admitting, and the clinic when it opens. This will be for emergent use only if all other systems are down to contact law enforcement and 911. Will also be set up to include direct numbers for AOC and house supervisor.

Statistics	October YTD FY21 (current)	October YTD FY20 (prior)	October Budget YTD FY21
Surgeries (including C-sections)	13	12	32
➤ Inpatient	0	2	8
➤ Outpatient	13	10	24
Procedures (surgery suite)	50	69	64
Inpatient	482	543	675
Emergency Room	1331	1522	1340
Skilled Nursing Days	9988	9208	9247
OP Visits (OP/Lab/X-ray)	5693	5116	5542
Hospice Patient Days	207	449	468
PT	856	935	1000

\*Note: numbers in RED denote a value that was less than the previous year.

### **Chief Clinical Officer Report**

**Prepared by: Keith Earnest, CCO**

#### ***Pharmacy***

- Remdesivir is stocked at Mayers. Remdesivir is the antiviral medication for hospitalized patients with COVID.
- Mayers does not qualify for Bamlanivimab, the monoclonal antibody treatment for COVID. Bamlanivimab is for outpatient therapy only and Mayers does not qualify under the Emergency Use Authorization to carry this treatment.

#### ***COVID VACCINE***

- An under counter ultra-low freezer has been ordered to accommodate COVID vaccine with an estimated ship date of December 15<sup>th</sup>. Maintenance will be altering existing pharmacy casing and adding power for the freezer. The ultra-low is needed for the Pfizer vaccine. A standard freezer has also been ordered and will be used in the new clinic. The standard freezer can store the Moderna vaccine. Temperature sensors for the freezers have been ordered as well.
- We have enrolled with a nationwide program for COVID vaccination of skilled residents. Skilled residents are in the second round of vaccinations.
- For vaccinations of hospital staff, we are enrolled in the state's COVIDreadi program (to receive vaccine), vaccine finder (to report daily inventory of vaccine), and CAIR, California Immunization Registry (to report vaccinations to the state and the CDC).

#### ***Physical Therapy***

- Mobility Research Inc will be doing onsite Lite-Gait training for our staff on December 10<sup>th</sup>.

- Our referrals have been highly variable due to COVID and other factors. Some patients have delayed their therapy due to the increases of COVID in the area.
- Daryl Schneider, PT manager, is working with nursing administration on a plan to increase services through PTAs in the skilled facility. We need to increase our services to get to four stars.

### ***Retail Pharmacy***

- The server and internet connection has been upgraded. So far the connection has been more reliable and the speed is much improved.
- Flu Shots were given and patient's physicians have been faxed immunization information. The reporting to CAIR is almost complete.

### ***Telemedicine***

- Partnership Health has invited Mayers to be a part of their pilot program with the pediatric services at UC Davis. This program would be very similar to the program T2U (telemedicine to you) but through UC Davis. Amanda Harris, Telemedicine Coordinator, is moving forward with this opportunity.
- Amanda is facilitating using tablets for remote talk therapy between SNF residents and Dr. Jones.
- Amanda is also facilitating using technology for providers to see patients in the COVID isolation unit.
- See attached report for Telemedicine statistics.

### ***Respiratory Therapy***

- Mayers submitted a request to the Federal Office of Rural Health Policy (FORHP) for ventilators that would replace the ones we current rent. FORHP is looking to obtaining portable and/or fixed ventilators at no cost to CAH hospitals. The program coordinator has been in touch with us to select the ventilators we would like so we are hopeful we are awarded through this program.

### **Chief Nursing Officer Report**

**Prepared by: Candy Vculek, CNO**

- COVID-19 continues to impact MMHD. Multiple staff members have been off work due to COVID exposures and several employees have been off due to having COVID. The positive employees exposed residents at both facilities.
- To date two residents have tested positive for COVID and are being isolated and treated in the COVID unit at Fall River.
- All residents are being COVID tested weekly according to CMS protocols due to the positive employees and residents. This will continue until MMHD achieves two complete cycles of testing with no positive employees or residents.
- There is a shortage of supplies for the COVID-19 rapid analyzer. MMHD has develop protocols for when the rapid test will be used vs when a test will be sent out for a 48-hour turn around test.
- Work continues towards the opening of the Burney Clinic. The plans for the EHR implementation are underway. Policies and procedures are being developed as well.

### ***SNF Report***

- Census = 78 Residents (Burney Annex = 43; Station 2 Fall River Mills = 35). Admissions are on hold based on CMS protocols until the COVID testing cycles are completed.
- The Activities Department has had a Thanksgiving parade for the Residents at Station 2, and Burney Annex out in the Parking Lot. Families were encouraged to join.

### ***Acute Care Report***

- Oct: Acute ADC 2.23, Swing ADC 3.33; LOS 11.1, OBS days: 8.15
- A number of leaves of absence are in place on Station 1 resulting in an increase in registry usage
- 1-CNA is out on Medical LOA; 1-CNA is out on maternity leave.
- 1-RN out on Medical LOA, 1-RN out for COVID quarantine 24 days.
- A new unit assistant has been hired and orientation is underway
- The COVID surge in Shasta County has resulted in an increase in the use of the COVID unit. This increases staffing needs and increases registry usage

### ***Emergency Department***

- Through the Emergency Department, we treated 319 patients in the month of Oct.
- Covid Operations update – We now have two rapid testing (15min) options. The Sofia and the BioNax from Abbott that we get from the county. The supply chain for test kits is still an unknown. The contract with Quidell was signed which increases our ability to get the Sofia's but still not a large quantity – it will remain on allocation but one that hopefully will continue to meet our immediate needs. We are no longer using the trailer for Covid patients. We are using the negative isolation room and testing patient's early to assure those who are negative are removed from the negative isolation room ASAP so it's available for the next one. If that room is unavailable and the next patient is stable they will be treated in their vehicle until the room becomes available.
- The new ED is working exceedingly well. Staff and physicians are VERY happy with the facility and equipment. The IT issue with importing vital signs directly into the EHR has been solved
- ED Audits –The ESI scoring we are still falling short on but significant improvement has already occurred over baseline. Alexis is continuing ESI education by sending out individual test cases via email and response is good. Ongoing audit necessary

### ***Laboratory***

- Staffing – An additional phlebotomist position has been posted. This is not a new position but the Burney staff member that was not refilled upon a resignation. Now that we are closer to the clinic opening and COVID ops are up we are looking to fill the position again. Manager position remains open. We are working to fill with an interim until a permanent candidate can be hired.
- New wing – staff are happy with the new environment and equipment. One thing that has been noted is that it is much noisier in the new lab. We are going to evaluate some noise cancelling paneling that can be attached to the wall behind the chemistry analyzer to see if this helps.

## ***Radiology Board Report***

- CT/RF – Lighting remains an issue and is being worked on with Ryan. Lighting control needs to allow full dimming capability from 0-100% which it currently does not.
- PCC interface for Radiology is still in testing phase
- Purchasing a radiology CD burner – this will ease with sending to facilities that are outside of our usual referral pattern
- Discovered a protocol for performing chest films of isolation room patients shooting through the glass window. Will decrease staff exposure, equipment cleaning, and PPE use

## **Chief Operating Officer Report**

**Prepared by: Ryan Harris, COO**

### ***Facilities, Engineering, Other Construction Projects***

- The Mayers Burney Rural Health Clinic continues to make good progress with the project over 80% complete as of 11/23/2020. All underground, asphalt, site work, site concrete, demolition, structural concrete, under slab utilities, rough carpentry, and structural steel are 100% complete. All Roofing, plumbing, and fire suppression are nearing completion. Work starting this month includes interior trim, paint, casework, electrical panel back feed, doors, hardware, and flooring. The General Contractor has submitted pay applications through October 31<sup>st</sup> 2020 in the amount of \$1,550,161.95 with \$81,587.47 in retainage and change orders in the amount of \$142,655.44. The projects balance to completion is \$625,493.49. The project is scheduled to be completed on 2/12/2021 and at this time there are no pending delays that will push the project out past that date. I am very pleased with the aesthetics of the building, the pace of the project, and the lack of issues to date.
- The Demo project is moving along. Our back check 2 response will be submitted to OSHPD soon. During the Back check 1 review, OSHPD called out that our dictation room was originally permitted as a medication room and there had been no change of use done converting the space to be a dictation room. The options presented to us were to make the room bigger to make it code compliant or to remove it. Nursing leadership and our providers decided to remove the dictation room from the space. The milestones that we must meet are as follows: Completion of the new hospital wing by 9/25/20 (completed), start partial demolition of the existing hospital by 4/15/21, completion of the demolition project by 12/15/21. This project is still on schedule. An RFB will be sent out upon approval of the contract documents by OSHPD.
- The district has had a significant water leak for several months. We have spent a significant amount of time trying to locate this leak. We finally determined that it was more than likely our fire line that was leaking under the new electrical back feed from the NHW to the old building. Due to the amount of underground high voltage and gas lines in the area it was decided for safety reasons we would not try and excavate around them to expose the fire line. At this time, I contacted our inspector of record (IOR) and the OSHPD Fire Marshall and Regional compliance officer. The IOR, regional fire marshal and state fire marshal made an emergency visit to our campus on 11/9/2020. At that time, we were put on fire watch and on 11/12/2020 we did an emergency rerouting of our fire line through our Fire department connection. This has stopped the leak and an investigation of what caused the leak is ongoing. During this time several items were identified as not being code compliant. First, with the addition of the 1976 building our fire riser room is located too far into the building and will need to be relocated. Second, the old buildings fire line and the entire Fall River campus domestic water lines

all feed off of the same line. Per code these two services should be separated. As the rerouting of the fire line is only a temporary solution, a more permanent solution of adding a new riser room and separating the two lines has been added to the demolition project.

- The Acute Nurse Call project is ongoing with an anticipated completion of January 1<sup>st</sup> 2020.
- SNF Refresh project will include the updating of all sinks to be ADA compliant. This project has also been put on hold because of the facility's COVID-19 restrictions. No changes to this project.
- Construction of the helistop started on 10/22/20. We expect this project to take 2-3 weeks to complete. Due to the fire line repair this concrete pour has been rescheduled for the week of November 30<sup>th</sup>.
- Facilities and Engineering crews have been working closely with nursing leadership to ensure that our facilities can meet the demands of COVID-19 including rooms for a patient surge, isolation rooms, negative air pressure, monitoring, and HEPA filtration. Operations and Nursing Leadership worked together to upgrade our isolation room standard of work after identifying gaps in our processes.
- Drawings for the laundry facility have been submitted to the county and are awaiting approval.
- A meeting was held between church leadership, Tri County Community Network leadership and Louis and myself on 11/5/2020. We discussed next steps and have assigned tasks to the group.
- Louis and I have been discussing how to best approach the HVAC project. Within the facilities master plan, we are working on, we are addressing our HVAC issues at the time we are upgrading that part of our facility.

## *IT*

- Helpdesk:
  - October saw a healthy decrease in tickets received, allowing us to regroup and reduce our backlog from 65 to 40, for a total of 432 resolved tickets. While we are still meeting our target metrics, we did slip this month on response and resolution times by about 3 hours and 2 hours respectively.
- Projects:
  - We currently have 14 Active Projects.
  - Jeff has been hard at work remediating items from the security assessment. We completed 2 remediation's in October, specifically applying EternalBlue patches for domain-joined devices and enabling SMB Signing for our entire domain.
  - The Citrix project is progressing well, with a total of 39 Windows 7 devices remaining between all sites.
  - Our projects involving Allscripts have been bumpy due to reduced staffing on the Paragon team, especially with the vRad/MDI migration, and the Ambra integration into PCH. We are pressing Allscripts regularly to maintain traction on these projects.
  - The Clinic is full steam ahead and we are working on making the infrastructural changes necessary to accommodate the increased workload in Burney. We are also working on equipment lists for hardware that will work best with Epic so we can get them ordered early and avoid any supply-chain complications.
  - We are still seeing performance issues with the Liberty Software at the Retail Pharmacy, and plan to install a physical server on-site to rule out any network bottlenecks that may be present, per Liberty's recommendation.
  - We will be refreshing all of our printers soon in an effort to reduce the frustrations they cause staff on a daily basis. We plan to proceed with our current vendor under a re-negotiated contract and lower price.

### ***Purchasing***

- I am pleased to announce that Delaney Harr has accepted the position of purchasing manager. We have also hired a stock/receiving clerk and will be hiring a new buyer in the coming weeks. I look forward to working with Delaney to help revamp our purchasing department.
- Jessica continues diligently in getting us daily inventory counts of PPE and other high demand items. They input this data into a burn rate calculator that the CDC provided. This shows us based on our usage of how many days' supply we have and which items we should be focusing on procuring. This has been a great tool for us to identify and prioritize PPE we are getting low on. There are still items such as N95's, procedural masks, gloves, and toilet paper that are difficult to procure.
- Purchasing has done a wonderful job of ensuring we do not run out of PPE and I am pleased to announce that we have not run out of any PPE to date.

### ***Food & Nutrition Services***

- Maintenance of the kitchen continues to be a struggle. We still are having difficulties with the aging kitchen infrastructure including, the dishwasher, water heater, evaporative cooler, and both the walk-in refrigerator and freezer. I have identified this area of the hospital as a pressing need for a remodel or a new build. This project will be something discussed further in the outstanding facilities master plan.
- Menu changes were made and we had great successes.

### ***Environmental Services & Laundry***

- Sherry and I have been working with AlSCO to continue linen service for us until our laundry facility is rebuilt. At this time AlSCO wants a two-year contract to continue to do this for us. We are working with our insurance company to see if this is covered or not.

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

**Verbal Report will be provided at the meeting**

Telemedicine Update as of November 3, 2020

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

We have completed a total of 975 live video consults via Telemedicine since August 2017.

Endocrinology:

- We had 9 Endo consults in October.
- Endo is now the lead specialty in total ancillary revenue.
- We've had 310 consults since the start of this specialty in August 2017.

Nutrition:

- We had two Nutrition patients this month.
- I've now switched Jessica to a PRN schedule, meaning I'll request time when I need it for Nutrition instead of regular blocks.
- We've had 82 consults so far since we started this specialty in November 2017.

Psychiatry:

- We had 8 patients seen for Psych in August (a lighter month for Dr. Granese).
- We're exploring the ability to expand Dr. Granese's services to treating 5150 holds on the acute floor in the future. This is very much in the planning phase but the workflow would be easy to adapt and it would allow those patients to follow-up with him after discharge.
- We've had 297 consults since the beginning of the program in August 2017.

Infectious Disease:

- Dr. Siddiqui saw four patients in October.
- We've had 83 consults since the start of this specialty in September 2017.

Neurology:

- Dr. Woodburn saw 9 patients in October.
- We've had 130 consults since the start of the program in November 2018.

Rheumatology:

- Dr. Butts saw one patient this month and has three appointments scheduled for next month.
- We had another patient scheduled in October but there was a scheduling error on the T2U side. This is the first time this has happened to an outpatient.
- Rheum was the highest earner in ancillary billing this month (as projected by Dr. Babb when adding the service).
- We've had 5 consults since the start of the program in May 2020.

COVID-19:

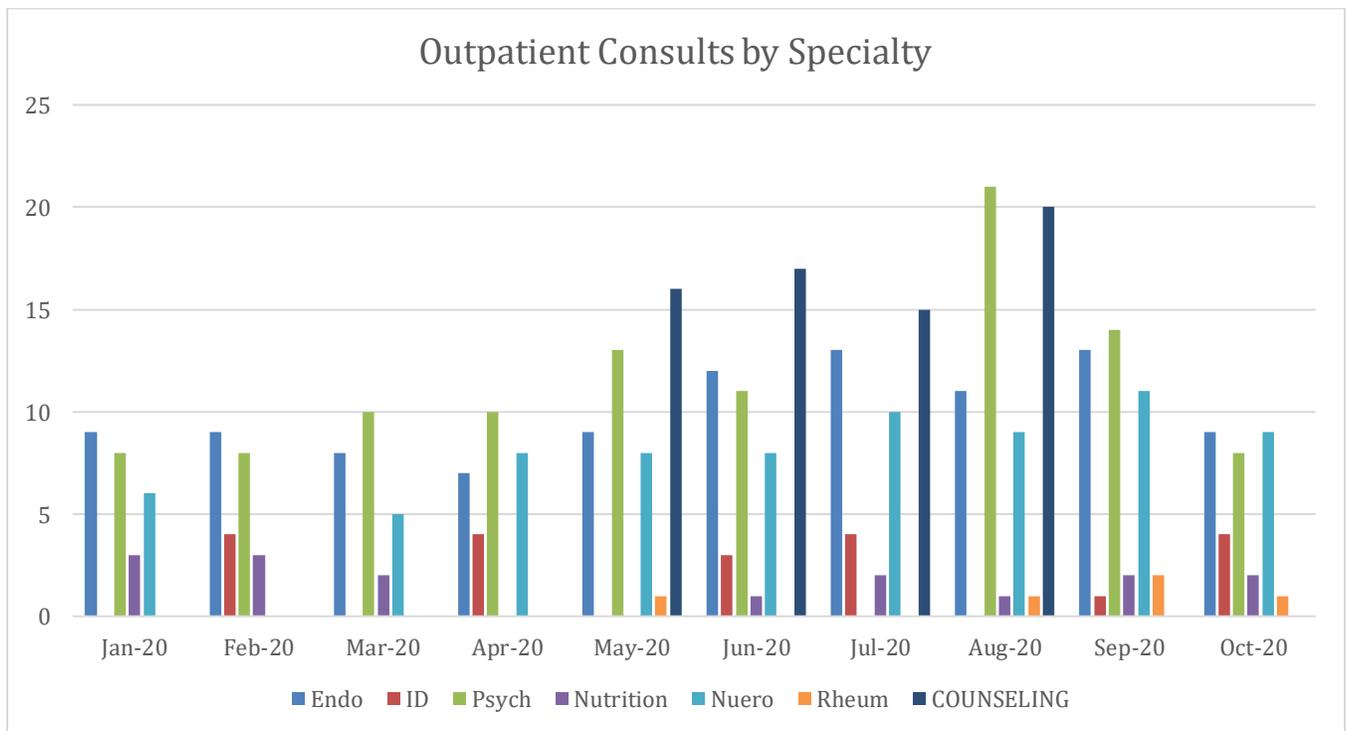
- Sheba submitted the FCC funds request on May 1. This request was for reimbursement of funds spent on ipads and connection needed to limit in person interaction with suspected COVID patients saving PPE and physician exposure. We still have no word on the outcome of this application.

FRJUSD/Mayers/MVHC Grant:

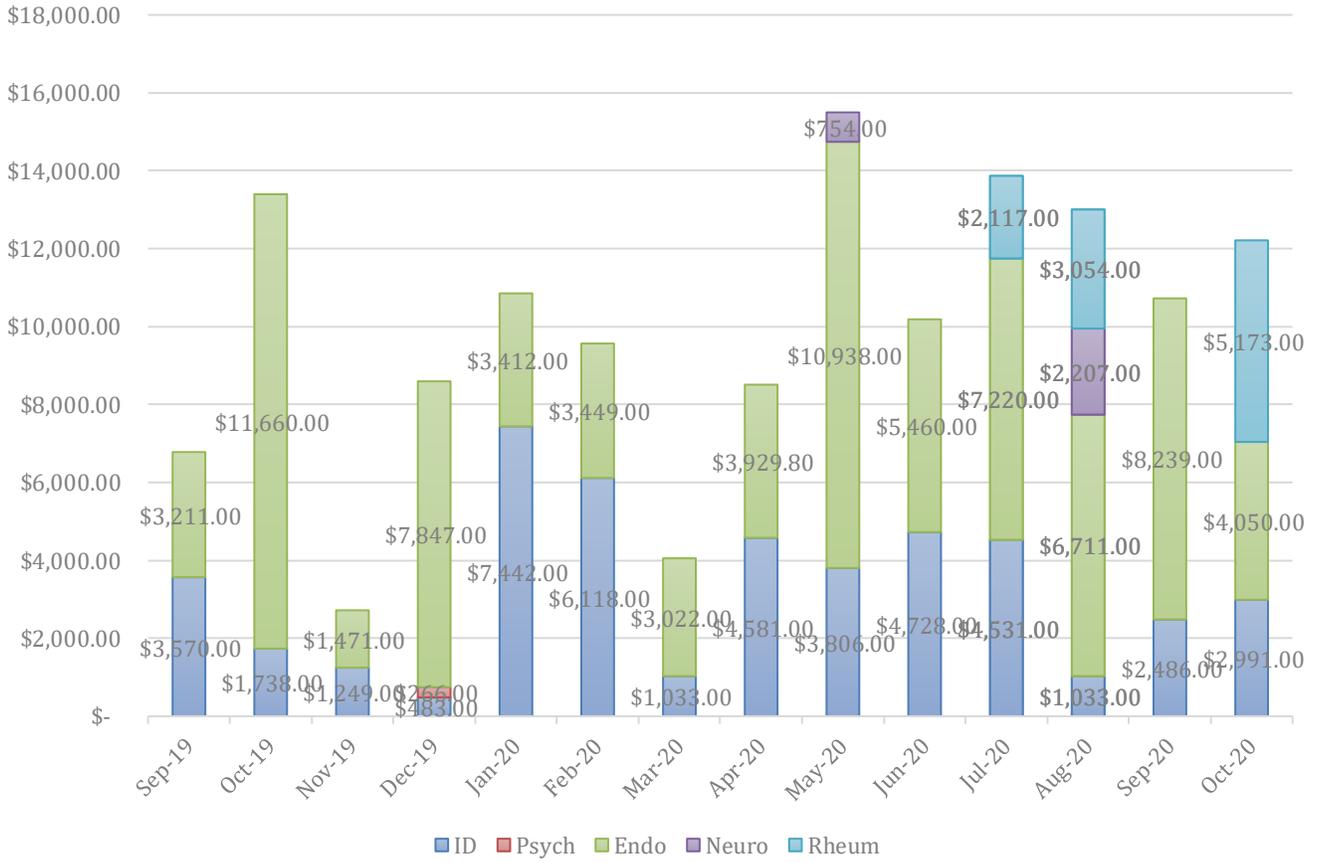
- To date, about 434 consults have taken place with this program.
- Counseling services at all six sites has commenced. I'm currently running the block at Burney Elementary due to lack of staff.
- The staff and faculty of the school district have been surveyed regarding need for counseling services for staff. Sheba and I are currently working on our annual reports and carryover requests in order to find some funds to offer this service.
- Our Year One Federal Financial Report was due in October and successfully submitted. We have to submit that report so that we can submit our carryover request. The funds carried over would help support faculty/staff services if we offer them, go-home flyers and materials for the students and additional counseling hours as needed.

Inpatient Telemed Services:

- Dr. Saborido has inquired about having Telemed consults available on the inpatient side of the hospital. The specialties he's interested in would be Infectious Disease, Endocrinology, Cardiology, Gastroenterology, and Dr. Watson requested Urology.
- Telemed2U provided a quote. I'm currently vetting other companies and availability. We're also running reports regarding patient numbers by diagnosis to help estimate projected cost. We also have to evaluate whether this service would be reimbursable on the inpatient side.



## Telemed Ancillary Billing by Specialty



## TOTAL VISITS

■ Endo 
 ■ ID 
 ■ Psych 
 ■ Nutrition 
 ■ Nuero 
 ■ Rheum 
 ■ COUNSELING

