

Board of Directors
Regular Meeting Agenda
 January 27, 2021 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: 926 2342 2621

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.

				Approx. Time Allotted
1	CALL MEETING TO ORDER			
2	2.1	CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS		
		Persons wishing to address the Board are requested to fill out a “Request Form” prior to the beginning of the meeting (forms are available from the Clerk of the Board, 43563 Highway 299 East, Fall River Mills, or in the Boardroom). If you have documents to present for the members of the Board of Directors to review, please provide a minimum of nine copies. When the President announces the public comment period, requestors will be called upon one-at-a time, please stand and give your name and comments. Each speaker is allocated five minutes to speak. Comments should be limited to matters within the jurisdiction of the Board. Pursuant to the Brown Act (Govt. Code section 54950 et seq.) action or Board discussion cannot be taken on open time matters other than to receive the comments and, if deemed necessary, to refer the subject matter to the appropriate department for follow-up and/or to schedule the matter on a subsequent Board Agenda.		
	2.2	Introduction of new Board Member Tom Guyn, MD and Tami Vestal-Humphry		
3	APPROVAL OF MINUTES			
	3.1	Regular Meeting – December 2, 2020	Attachment A	Action Item 2 min.
4	SPECIAL PRESENTATION: Facility Master Plan discussion: Kevin Robertson with Nichols, Melburg & Rossetto Architects & Engineers			Discussion 20 min.
5	DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS:			
	5.1	Resolution 2021-01 –December Employee of the Month	Attachment B	Action Item 5 min.
	5.2	Resolution 2021-02 – Recognition of Dr. Zittel’s Service	Attachment C	Action Item 5 min.
	5.3	Resolution 2021-03 – Recognition of Dr. Rasmussen’s Service	Attachment D	Action Item 2 min.
	5.4	Director of Human Resources	Attachment E	Report 2 min.
	5.5	Workers Comp 6 Month Report	Attachment F	Report 2 min.
	5.6	Director of Nursing - SNF	Attachment G	Report 2 min.
	5.7	Hospice Quarterly Report	Attachment H	Report 2 min.
6	BOARD COMMITTEES			
	6.1	Finance Committee		
	6.1.1	Committee Meeting Report		Report 5 min.

6.1.2	November-December 2020 Financial Review, AP, AR and Acceptance of Financials		Action Item	5 min.
6.1.3	Board of Director Signers: Recommendation from Finance Committee to full Board for approval. Draft Letter Attached.	Attachment I	Action Item	5 min.
6.1.4	Capital Expenditure Plan: Recommendation from Finance to Review and Accept	Attachment J	Review/ Accept	5 min.
6.2	Strategic Planning Committee			
6.2.1	January 11 th Meeting Report – DRAFT Minutes Attached	Attachment K	Report	5 min.
6.3	Quality Committee			
6.3.1	January 13 th Meeting Report – DRAFT Minutes Attached	Attachment L	Report	5 min.
6.3.2	Recommendation from Committee to include Laura Beyer as a Community Member on Quality Committee. Need full board approval.		Action Item	5 min.
7	NEW BUSINESS			
7.1	Policy & Procedure Summary 12-31-2020	Attachment M	Action Item	5 min.
7.2	Policy & Procedure: Employee Physical MMH395	Attachment N	Action Item	5 min.
8	ADMINISTRATIVE REPORTS			
8.1	ED of Community Relations & Business Development – Val Lakey	Attachment O	Report	5 min.
8.2	Chief's Reports – Written reports provided. Questions pertaining to written report and verbal report of any new items	Attachment P	Reports	
8.2.1	Chief Financial Officer – Travis Lakey		Report	5 min.
8.2.2	Chief Clinical Officer – Keith Earnest		Report	5 min.
8.2.3	Chief Nursing Officer – Candy Vculek		Report	5 min.
8.2.4	Chief Operation Officer – Ryan Harris		Report	5 min.
8.2.5	Chief Executive Officer – Louis Ward		Report	5 min.
8.3	Construction Change Orders – None			
9	OTHER INFORMATION/ANNOUNCEMENTS			
9.1	Board Member Message: Point to highlight in message			
9.2	Board Member Orientation			
10	ANNOUNCEMENT OF CLOSED SESSION			
	Personnel Government Code 54957: Medical Staff Credentials AHP REAPPOINTMENT Erica Haedrich, PA – Family Medicine			
10.1	MEDICAL STAFF REAPPOINTMENT Jeremy Austin, MD – Emergency Medicine Paul Davainis, MD – Emergency Medicine Javeed Siddiqui, MD – Infectious Disease Richard Granese, MD - Psychiatry		Discussion, Action Item	
	MEDICAL STAFF APPOINTMENT Danford Bickmore, MD – Radiology Gregory Shaw, MD – Radiology			
11	RECONVENE OPEN SESSION – Report Closed Session Action		Information	
12	ADJOURNMENT: Next Regular Meeting – February 24, 2021			

Posted 1/22/2021

Board of Directors
Regular Meeting
Minutes

December 2, 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 1:03 pm on the above date.

BOARD MEMBERS PRESENT:

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

Community Members Present:

Tom Guyn
Tami Humphry

STAFF PRESENT:

Louis Ward, CEO
Travis Lakey, CFO
Ryan Harris, COO
Keith Earnest, CCO
Candy Vculek, CNO
Jessica DeCoito, Board Clerk
Val Lakey, ED of Community Relations & Business Development
Marlene McArthur, MHF Executive Director

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 October 28, 2020. | <i>Hathway, Utterback</i> | <i>Albaugh - Y
Beyer - Y
Hathaway - Y
Utterback - Y
Vasquez - Y</i> |
|-----|---|---------------------------|---|

4 DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS: WRITTEN REPORTS SUBMITTED

- | | | | |
|-----|---|-----------------------|---|
| 4.1 | A motion/second carried; Nathan Glazzard was recognized as October Employee of the Month. Resolution 2020-18. Transferred from Environmental Services to Purchasing. Consistently received good news about Nathan's work in EVS and happy to have him in Purchasing. | <i>Beyer, Albaugh</i> | <i>Albaugh - Y
Beyer - Y
Hathaway - Y
Utterback - Y
Vasquez - Y</i> |
| 4.2 | Recognition of Outgoing Board Members – Allen Albaugh & Laura Beyer: Thank you to all your hard work, great ideas and never ending support through your years on the Board. Thank you to Laura for her time spent on the Quality Committee before becoming a member of the Board, and the countless extra work on reports and templates. Thanks to Allen for 12 years of commitment to MMHD and the members of the community. And thank you for always pushing us to strive for more and for better. | | |
| 4.3 | Mayers Healthcare Foundation Quarterly Report: Great North State Giving Tuesday with raising just shy of \$10,000, and waiting on our Power Hour funds to come in. A huge support locally. Sheba Sawyer has resigned as our Grant Writer, taking another job closer to her home. No fundraising events will be taking place, so make sure you hit up our Lucky Finds Thrift Store and the Retail Pharmacy. NHW Donor Recognition signage will be completed this week – very beautiful display of our donors. New re-designed website www.supportmayersfoundation.org . \$502,656 will be donated to MMHD. | | |

5 BOARD COMMITTEES

- 5.1 **Finance Committee**

5.1.1	Committee Meeting Report:		
5.1.2	October 2020 Financials: reviewed the financials, AP & AR. Long discussion about the Retail Pharmacy and 340B and how to improve the financial status. Motion to approve the financials was moved, seconded and approved.	<i>Hathaway, Utterback</i>	<i>Albaugh - Y Beyer - Y Hathaway - Y Utterback - Y Vasquez - Y</i>
5.1.3	Board Quarterly Finance Review: recommendation from Finance Committee to approve the Board Quarterly Finance, and Board President Vasquez will sign off.	<i>Hathaway, Albaugh</i>	<i>Albaugh - Y Beyer - Y Hathaway - Y Utterback - Y Vasquez - Y</i>
5.2	Strategic Planning Committee Member Albaugh		
5.2.1	Committee Meeting Report: November 18 th Draft Minutes Attached. Review of DRAFT minutes was provided. Status of Daycare Project: working on conditions provided by the County. This includes septic system conditions outdoor space, and ADA updates. Projected to spring or late spring of 2021. Stay tuned for more information on the building at January Board Meeting.		
5.3	Quality Committee Chair Beyer		
5.3.1	Committee Meeting Report: November 11 th Draft Minutes Attached. Review of DRAFT minutes was provided. Focus on the meeting was related to the STAR Rating Increase.		
6	OLD BUSINESS		
6.1	Board Assessment Review: As a result of the assessment from last year, we provided a Board Member Education Questionnaire that has played into this. And will be a part of the Board Member Orientation packets. Improvement in most of the areas. Shows progress and shows we are getting better. One area to review is adjusting the agenda to be more aligned with the Strategic Plan.		<i>Albaugh - Y Beyer - Y</i>
6.2	Board By Laws Review of DRAFT Changes: Review was completed by Directors. Motion was made, seconded and by-laws were approved.	<i>Albaugh, Hathaway</i>	<i>Hathaway - Y Utterback - Y Vasquez - Y</i>
7	NEW BUSINESS		
7.1	Policy & Procedures: None to approve this November-December meeting		
7.2	Organizational Analysis: THANK YOU to the whole team for the work they have done to continually approve on the analysis of the organization. Good indicator to what is going on, what is being accomplished and what needs improvement. Sentiments echoed on the great work done to get this together.	<i>Utterback, Beyer</i>	<i>Albaugh - Y Beyer - Y Hathaway - Y Utterback - Y Vasquez - Y</i>
7.3	Annual Organizational Process		
7.3.1	Officers & Committees: The Nominating Ad hoc Committee met to provide the attached report. Motion was made, seconded and approved to accept the Nomination Committee Report as provided.	<i>Hathaway, Albaugh</i>	<i>Albaugh - Y Beyer - Y Hathaway - Y Utterback - Y Vasquez - Y</i>
7.3.2	2021 Board Calendar: Please make sure that the Board Members are invited to the Med Staff Meetings. Motion was made, seconded and approved to accept the Board Calendar for 2021 as provided.	<i>Utterback, Hathaway</i>	<i>Albaugh - Y Beyer - Y Hathaway - Y Utterback - Y Vasquez - Y</i>
7.4	Resolution 2020-19: Skilled Nursing Facility Star Rating Increase. The SNF staff deserve recognition for all the extra work they did to raise the STAR Rating. This is a big focus in the Quality Committee. Congrats to all involved.	<i>Albaugh, Beyer</i>	<i>Albaugh - Y Beyer - Y Hathaway - Y Utterback - Y Vasquez - Y</i>

8 ADMINISTRATIVE REPORTS

8.1 **ED of Community Relations and Business Development:** Community Education and Messaging related to COVID – a lot of effort going into this. Updates go out on Wednesday to the email group which is growing every day. Continue to use social media to keep our community in the loop. Seismic Legislation is progressing but information is being kept out of the news stream while they determine the details. Continue to work on understanding the PPE bills and navigating those requirements. Region 3 in the North State is projected to be at capacity by end of December – working on getting additional beds created for non COVID patients to free up rooms for COVID positive cases. Redding area will gain 40 extra beds which would prove beneficial to small, rural hospitals like MMHD. Pfizer vaccine will be out sometime around December 11th. Shasta county will receive anywhere from 900 to 1000 doses for healthcare workers. Still working on how this process will work because there are so many unknowns still. Positive cases in Eastern Shasta has increased 35 in just 7 days. Purple Tiers could be moving into a Deep Purple Tier which would require a mandatory shutdown, and we hope to know more by the end of the week. Shasta County Surge Plan has been brought up for reopening but not needed at this time, because they are following the Region 3 Surge Plan. Personal Thank You to Allen and Laura.

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

8.2.1 **CFO:** Thank you to Allen and Laura. State provided funds are doing well, so we should be able to give some money back. Our audits are being delayed due to unknowns with the CARES Act. Be prepared to see a drop in revenue in the next few months – most likely the seasonal dip in revenue we typically see.

8.2.2 **CCO:** Allen & Laura – thank you. Val & Retail Pharmacy clerk Traci worked together to send a mass text message about Retail Pharmacy hours during the holiday. COVID Vaccine has taken a large amount of my time. We are working hard to be completely prepared to receive and administer the COVID Vaccine.

8.2.3 **CNO:** We've been very busy. Staff is working very hard. 3 positive COVID SNF residents from Burney and 1 positive community member – which has hit max capacity in our COVID ward. Maintenance and Nursing has worked together to create more isolation areas should our population see a surge in COVID. Plans are in place to increase bed space and isolation areas for patients if we need to open up for more. Staffing is an issue with multiple employees out on quarantine. Initial COVID plans are being brought out, adjusted and activated to help with staffing as we manage our Acute and COVID floor. All Nursing Directors are stepping in to take shifts on the floor to help with staffing. Registry staff and 13-week staff are being sought after to help out. These individuals are being tested weekly and we require their test results. Our staff is testing weekly right now and per regulation we may need to change that to twice a week if we get more positive cases.

8.2.4 **COO:** Thank you to Allen & Laura. Update on Temporary Fix on water leak to the Fire Line provided. We have been brought aware of the Fire Riser Room, the Domestic Water Line and Fire Line being out of compliance and will have to get those fixed to bring everything into compliance. We will add these to the Demo Project. We hired on NM&R Engineering firm to help us with our Facility Master Plan. Laundry Facility maps and permits are with the County for review and approval. CFO, COO and Insurance Company have been working together with the laundry service vendor and a contract to provide linen service. Burney Health Clinic is going very well – paint on the walls, flooring in this week, working on monument signs, and fire riser room is next. Construction should be completed ahead of schedule. Commerce Avenue property next to clinic could be for parking. Further discussion can take place. Helipad is being poured tomorrow.

8.2.5 **CEO:** Since Oct. 28th we have seen an increase in ~3000 positive cases in COVID. Deaths have increased from 31 to 50. FR Elementary has had one positive, FR High School has had 1 positive with 39 exposed and now in quarantine. Big Valley Schools have elected to move into distance learning with increase in cases. Constant communication between CEO and Superintendent. We will make plans for schools going into distance learning and being flexible for staff affected by this. Val has done great with keeping the community and MMHD staff up to date with COVID facts. Surgery is closed for the remainder of the year to help on the floors with patients. Hospice has also been approached to help step in. Other plans are in place if we see a surge that requires more staff. Testing strategies are always changing as resources become more available. Conversation will take place with regards to address the businesses in the area that are considered essential and see hundreds of people every day – like grocery stores. Surge plans are being brought back out for review and revising with today's situations. Staffing seems to be the biggest issue because we can't staff more beds than what our staff can handle. If needed, we can put things into place to have more beds with staffing numbers taken into account. Shasta Co. CAO meeting will take place next week. Amanda Ponti, Clinic Manager, is managing the EMR project for the Clinic. Employee Council being created – 10 non-management hospital employees who are nominated by their peers. This council will discuss a myriad of items – want to get a better understanding of our employees, our patients, our needs, etc. Employee of the Year has been selected and an announcement will be made soon. Thank you for the Employee Hazard Support and Christmas Bonus that was

distributed out this past month. We are hopeful to get some of the Pfizer vaccines that are allotted to Shasta co. Tiers are evolving and realization is that we might not have vaccinations at our site until Christmas or later.

8.3 **Construction Change Orders:** none

9 **OTHER INFORMATION/ANNOUNCEMENTS:**

Board Member Message: Laura Beyer will help create the message with Jessica.

Board Member Orientation Materials: Packet will hopefully be ready beginning of January and ready for review. Input from all is encouraged.

Two letters send to Abe: one concerning cancer research and one for Board Clerk, that Abe will be forwarding to Jessica.

December 10th: ACHD Webinar for new laws in 2021. Join in for those interested.

Appreciation to Board President for a wonderful year of service.

Appreciation from Director Albaugh to everyone throughout his 12 years of service on the Board. Happy to have a dedicated management team. And excited to see what happens with MMHD in the future. We have gone in the right direction and appreciate all those who have taken criticism and made things happen.

10 **ANNOUNCEMENT OF CLOSED SESSION – 3:25 PM**

10.1 **Government Section Code 54957: Personnel. Compensation/Award for SNF Star Rating**

Compensation for SNF Star Rating was approved. A motion/second carried to provide an **Hathaway, Utterback All Approved** award to staff involved in the Star Rating Increase

11 **RECONVENE OPEN SESSION: 3:45 pm**

12 **ADJOURNMENT: 3:45 pm**

Next Regular Meeting: January 27, 2021

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

Board Member

Board Clerk



Mayers Memorial Hospital District
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RESOLUTION NO. 2021-01

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

Logan Young

As December 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, Logan Young is hereby named Mayers Memorial Hospital District Employee of the Month for December 2020; and

DULY PASSED AND ADOPTED this 27th day of January 2021 by the Board of Trustees of Mayers Memorial Hospital District by the following vote:

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

Jeanne Utterback, President
Board of Trustees, Mayers Memorial Hospital District

ATTEST:

Jessica DeCoito
Clerk of the Board of Directors



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RESOLUTION NO. 2021-02

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

Scott R. Zittel, DO

**For his 12 years of commitment, service, kindness and expertise in advance wound care to
the Intermountain Community**

WHEREAS, the Board of Trustees recognizes efforts and commitments that go above and beyond; and

WHEREAS, such recognition is given in appreciation of consistent advanced wound care treatment for patients for the past 12 years in the Intermountain Community with professionalism, high ethical standards, and serves as role model and mentor to clinical staff; and

WHEREAS, the board recognizes the increased level of care for chronic wounds, advance treatments provided by Scott R Zittel, DO;

NOW, THEREFORE, BE IT RESOLVED that, the Board of Trustees wish to commend and thank Scott R. Zittel for his commitment to MMHD over 12 years; and this resolution is

DULY PASSED AND ADOPTED this 27th day of January 2021 by the Board of Trustees of Mayers Memorial Hospital District by the following vote:

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

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

ATTEST:

Jessica DeCoito
Clerk of the Board of Directors



Mayers Memorial Hospital District
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RESOLUTION NO. 2021-03

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

Robin K. Rasmussen, MD

**For his 2 years of commitment, service, kindness and expertise in advance woundcare to
the Intermountain Community**

WHEREAS, the Board of Trustees recognizes efforts and commitments that go above and beyond; and

WHEREAS, such recognition is given in appreciation of consistent advanced woundcare treatment for patients for the past 2 years in the Intermountain Community with professionalism, high ethical standards, and serves as role model and mentor to clinical staff; and

WHEREAS, the board recognizes the increased level of care for chronic wounds, advance treatments provided by Robin K. Rasmussen, MD;

NOW, THEREFORE, BE IT RESOLVED that, the Board of Trustees wish to commend and thank Robin K. Rasmussen, MD for his commitment to MMHD over 2 years; and this resolution is

DULY PASSED AND ADOPTED this 27th day of January 2021 by the Board of Trustees of Mayers Memorial Hospital District by the following vote:

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

Jeanne Utterback, President
Board of Trustees, Mayers Memorial Hospital District

ATTEST:

Jessica DeCoito
Clerk of the Board of Directors

Board Meeting

Wednesday January 27, 2021

Human Resources Report – Libby Mee, Director of Human Resources**Staffing and Recruitment**

The primary focus of the MMHD HR staff continues to be the recruitment and retention of qualified staff in the efforts of elimination of registry use. Due to COVID, we have attempted to add additional Nursing support.

We continue to use registry for the following openings:

- Emergency Department – RN
- Med/Surg Acute - RN
- Skilled Nursing Burney – LVN and CNA
- Skilled Nursing Fall River - LVN and CNA
- Laboratory – CLS
- Radiology - Tech

MMHD has partnered with 9 different companies to support our registry, travel and permanent recruitment needs. Prior to COVID, MMHD primarily worked with 3 companies to fill our needs.

We have recently hired a Radiology Tech, that once on-boarded, will eliminate registry use in that department.

MMHD also continues to collaborate with Shasta College for our Certified Nursing Assistant program. From the fall semester, we have added 8 CNAs to our team and we currently have 5 in the first cohort of the Winter semester.

We have also recently supported 2 current CNAs through their LVN program and are still actively supporting a current LVN through her RN program through our Education Assistance Programs.

The HR/Payroll department is currently tracking 13 employees out of Leave of Absences. Of the 13 employees, 3 are out due to “age or health related concerns due to COVID”. We have had some employees recently return to work due to health concerns related to COVID after receiving the immunization.

Future Projects

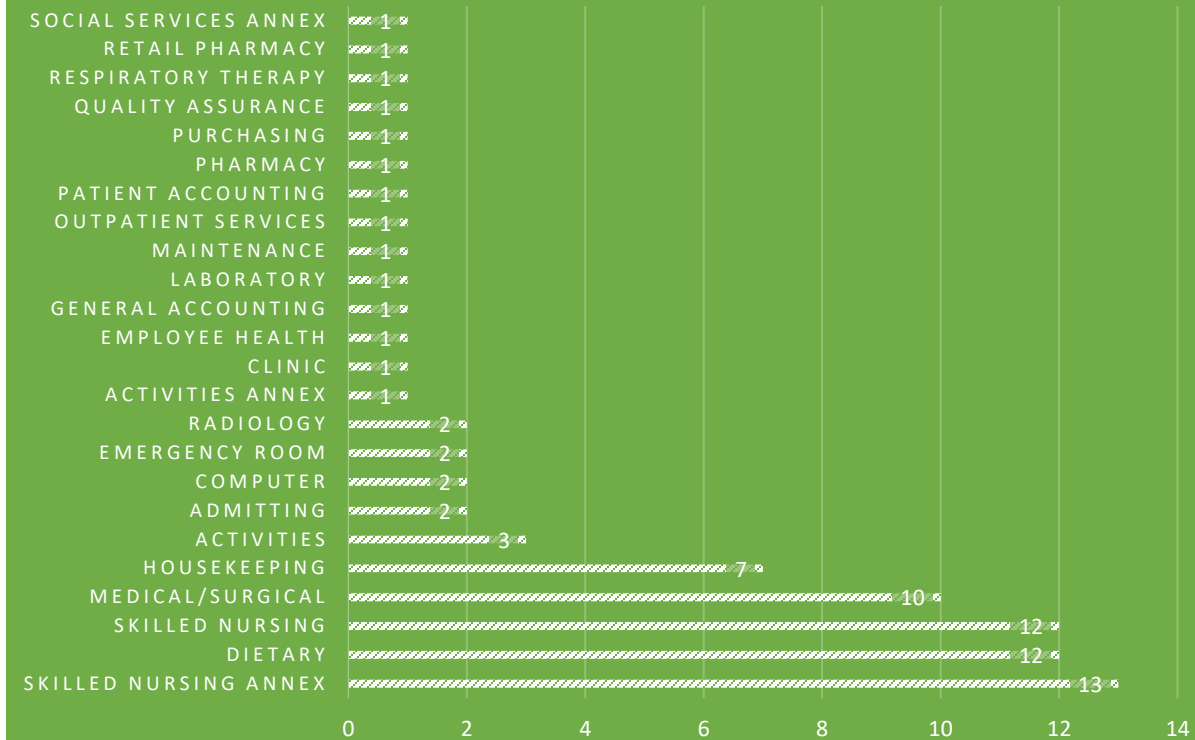
We continue to work with our Clinic Committee as we move closer to opening our Clinic. In the last meeting with the clinic manager, we evaluated job descriptions and staffing models. We anticipate posting, interviewing and hiring for the clinic positions early March. The Intermountain community and current MMHD employees seem eager to see the job postings as the HR department gets calls and applications weekly related to interest in the clinic employment opportunities. We also discussed the logistics of moving some Employee Health and Work Comp components to the Clinic.

The HR Department will also partnering with the Operations division on full implementation of our Daycare program. We would like to have Daycare available to MMHD staff members by this summer.

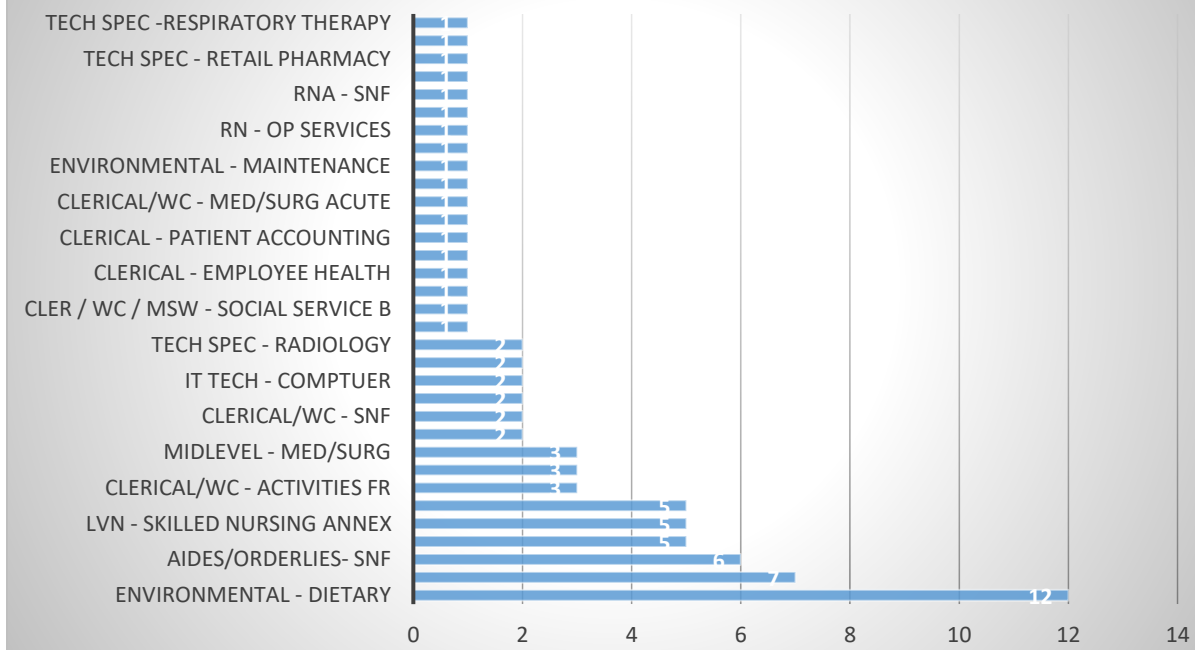
2020 Employment and Turnover Statistics

For the calendar year 2020, the HR department hired on 104 employees and separated employment with 55 employees. This compares to 81 hires and 87 terminations in 2019. Please see attached for a breakdown of our 2020 Hires by department and title and separations by department and reason.

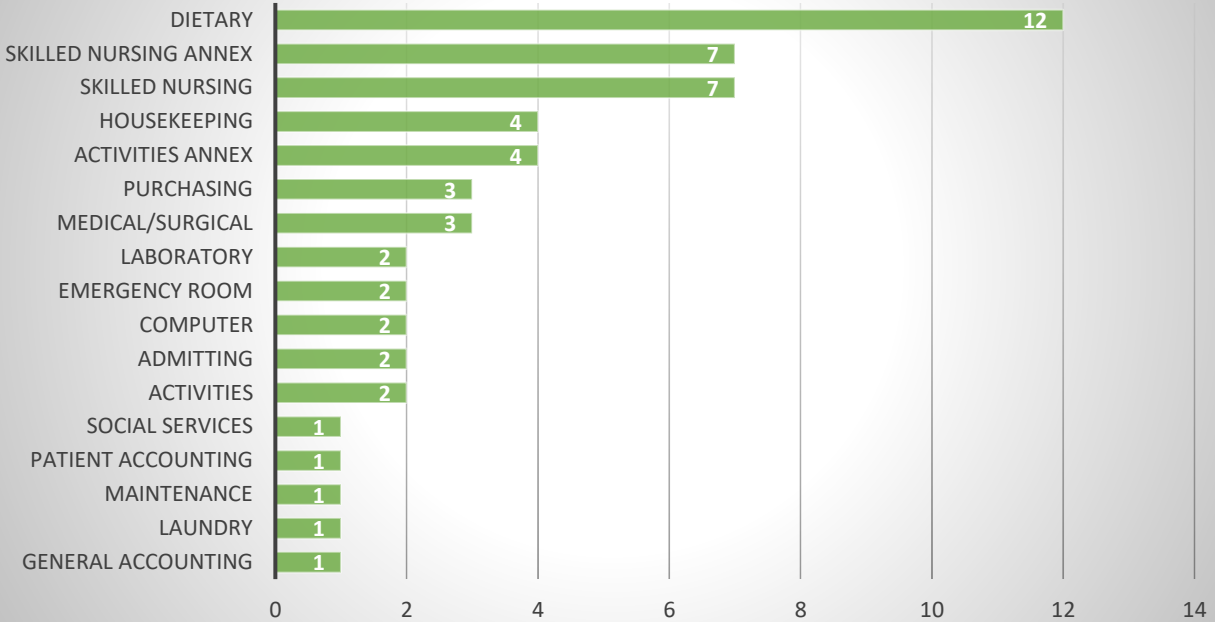
2020 NEW HIRES BY DEPARTMENT



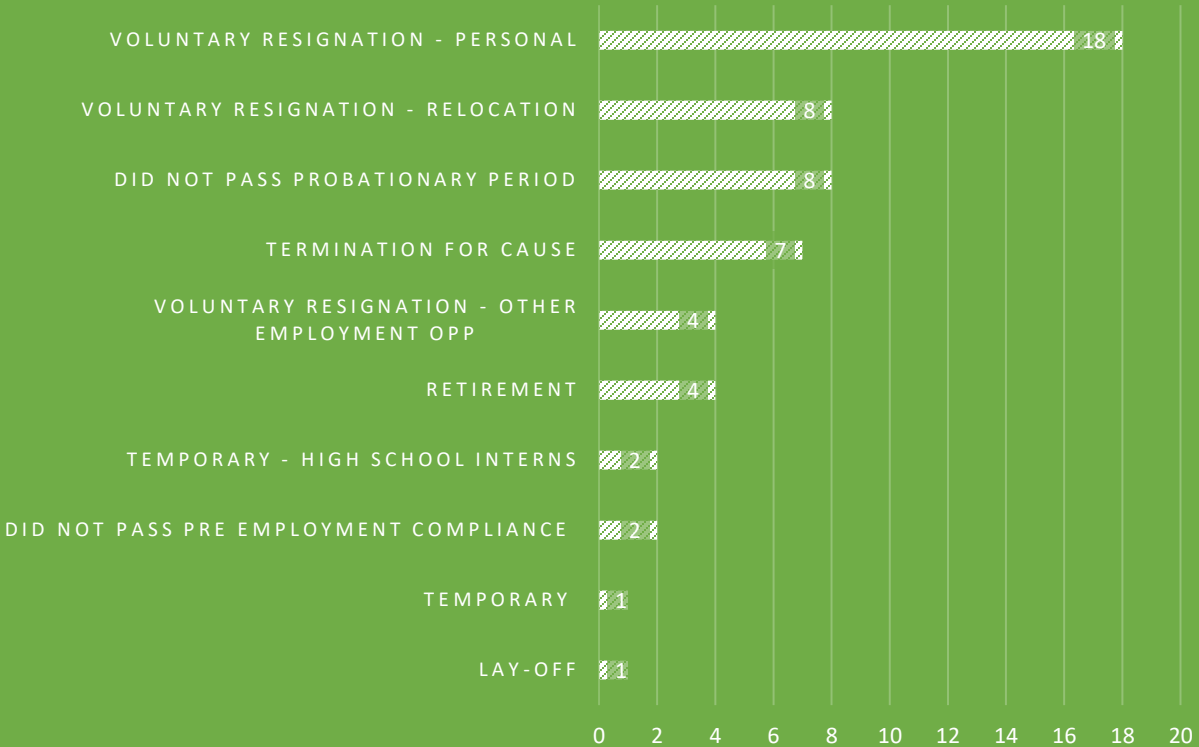
2020 NEW HIRES BY TITLE



2020 TERMINATIONS BY DEPARTMENT



2020 REASON FOR SEPERATION



Board Meeting

Wednesday January 27, 20201

Work Comp Report

Presented by Libby Mee – Director of Human Resources

2020 Injuries and Illnesses

First Aide Injuries – 14 claims resulting in 5 days away from work.

Reportable Injuries – 8 claims resulting in 70 days away from work.

Injuries Compared to previous years

	2020	2019	2018
First Aid	14	12	13
Reportable	8	5	4
Days Away from Work	70	59	31

MMHD is required to record and report employees that are COVID positive, due to a work related exposures, to CALOSHA. Our Work Comp Insurer, BETA, is only requiring MMHD file claims for staff that are COVID positive, due to a work related exposure, that have exhausted their COVID Supplemental Sick Time. Of the 70 days away from work last year, 20 days were to do COVID exposures. These 20 days, were from 2 employee claims.

HR contacts every employee that is COVID positive to request they clarify the nature of their exposure. If the employee alleges the exposure is work related, they are provided the resources to file a Work Comp claim.

One of my primary daily duties is communicating with the Infection Control team for any new employee exposures. I am keeping a dashboard of employee exposures so I can track follow-up testing, return to work dates and nature of exposure. Data from this dashboard or sent out daily for our reporting metrics.

As of Wednesday January 20, 2021, we have 11 employees away from work on Isolation and 4 employees off due to Quarantine. Since August of 2020 we have recorded 41 Isolation cases and 44 Quarantines for a total of 85 cases. Of the 85 employee's cases of COVID Isolation or Quarantine, 20 have claimed their exposure was related to work.

Employees that are off work due to Isolation or Quarantine are eligible to use hours from their COVID Supplemental Sick bank supplied by the District. For 2020, MMHD has paid out \$60,884 in COVID Supplemental Sick Time. This program's was set to expire on 12/31/2020, but MMHD has opted to continue the program at this time.

Additional Employee Health Projects

MMHD is actively working on implementation of BETA's Employee Safety & Wellness Initiatives. We have selected the Ergonomics and Workplace Violence Prevention Domains. As part of this Ergonomics Domain, BETA as paid for our Employee Wellness Coordinator, Dana Hauge, to become certified as an Ergonomic Assessment Specialist. This certification will equip Dana with the knowledge to evaluate employees in the workspace and provide solutions and recommendations to employees to be sure their workspace in conducive to safe and quality work. Successful implementation of both of these programs will result in a maximum of a 4% credit on our annual policy renewal. In addition to the savings on our annual policy, we hope to see less injury, illness and exposure in the workplace resulting in lower claims rates, less days away from work and an overall healthier and happier staff.

MMHD Work Comp renewal period is in July, so I will plan to report updates to our policy renewal at the July Board Meeting

SNF BOARD REPORT

01/19/21

1. Census = 73 Residents (Burney Annex = 38; Station 2 Fall River Mills = 35); Due to Covid-19 we have not been able to admit until now. There are several potential Residents being prepared for admission to the Annex at this time.
2. SNF Covid-19 Numbers: A total of 23 SNF Residents have contracted Covid-19 (8 from Fall River Mills Station 2 and 15 from Burney Annex). The total number of Staff in SNF who contracted Covid-19 totals 18 employees (5 from Station 2 Fall River Mills and 13 from the Burney Annex).
3. One of our most difficult challenges at this time remains 'Staffing'—for both SNF Units. We have hired a second Scheduler who will work the opposite days of Elizabeth Wickham, Scheduler.
4. The expansion of the Ward Clerk position to CNA / Ward Clerk is proving to be extremely helpful.
5. Our number One challenge is, of course, handling Covid-19. We remain vigilant-- following all CDC Guidelines as well as State and Federal mandates for Covid-19 prevention/protection, quarantining. At this time we have 5 Residents in the Covid Unit.
6. MMHD has an excellent Covid-19 Vaccine Program in place (many employees have been vaccinated). 53 Residents were vaccinated 1/9/21 with the first step of the vaccine at both Station 2 and Burney Annex. We had a total of 10 flat out refusals (3 from Station 2 and 7 from the Burney Annex). The second step of the vaccine for Residents will be administered

1/30/21. We are striving to reach all who did not respond as well as 'revisiting' those who declined to obtain consent. Several of those Residents have since declining become positive for the virus. Also we must ensure our recent Admissions are consented for the vaccine.

7. Any Staff or Vendor entering the SNF's are screened upon entering. Everyone wears N95 masks with face shields when performing patient care or interacting with Residents in SNF.
8. Residents continue to be screened morning and evening for fever and/or any changes in condition. Staff continue to be screened upon entering the building for their shift as well as testing weekly for Covid-19.
9. "Covid-19" SNF Survey Report is filled out and sent daily and weekly to CDPH keeping them up to date on MMHD Status.

Respectfully Submitted,

DIANA GROENDYKE, RN, DON SNF

Hospice Quarterly Report
FY21 Q1

Referrals

The Admissions to Hospice has increased for this quarter. We had 16 patients admitted. The patients were from all three counties that we serve. We had 5 patients admitted to Hospice through our Long Term Care facility. We are able to help with the nursing responsibilities and increase our patient census. Hospice hopes this trend continues.

Webpage

The Hospice Webpage was launched in November as planned. The page is linked to the Foundation Webpage.

Quality Committee

The Hospice Quality Quarterly Meeting was held in early December. The Hospice form, "Rights and Responsibilities" was completed and updated as per regulatory standards. Our next quarterly meeting will be in March.

COVID-19

Due to recent increases of cases in our community, hospice staff wears N95 masks when interacting with patients/families in their home or in the SNF facility. To maintain social distancing Hospice Interdisciplinary Team meets via Zoom.

Chief Executive Officer
Louis Ward, MHA



Mayers Memorial Hospital District

Board of Directors
Jeanne Utterback, President
Beatriz Vasquez, Ph.D., Vice President
Tom Guyn, M.D., Secretary
Abe Hathaway, Treasurer
Tami Vestal-Humphry, Director

January 27, 2020

Tri Counties Bank
Fall River Mills Branch
Attn: Manager
43308 State HWY 299 E
Fall River Mills, CA 96028

Subject: Change in Authorized Signatory
Reference: Mayers Memorial Hospital District Account

Dear Manager,

The Board of Directors of Mayers Memorial Hospital District (MMHD) in its meeting held on January 27th, 2021 approved a change to the authorized signatories. Please accept this letter as notification to remove Allen Albaugh as a signer on the MMHD Account and replace with Jeanne Utterback. Jerry "Abe" Hathaway is to remain as a signer on the account.

If you have any questions, please feel free to reach out at 530-336-5511.

Sincerely,

Louis Ward
CEO
Mayers Memorial Hospital District

Capital Expenditure Plan
(Tool for Grant Planning AND Equipment Acquisitions)

Department	Current Manager:	Item Description	Priority	Estimate	Status	Possible Funding Source	Submit Date	Board Reviewed	Notes
Acute	Theresa Overton	Hill-Rom Versa Care Beds (7) (replacement)	Med	\$0,000.00			12/9/2020		Purchased 14 beds in 2012 and needs replaced; total approximately \$1
		Hill-Rom Versa Care Beds (7) (replacement)	Low	\$50,000.00			12/9/2020		Purchased beds in 2012 -- these are replacement beds.
		Work Stations (4) (replacement)	Med	\$28,000.00			12/9/2020		Last purchase 11/2011--these are replacements. New \$7K/unit
Administration	Louis Ward	HVAC units (24 units)	High	\$3,000,000.00			2/11/2015	3/25/2015	\$2-\$4 million.
		Electronic Sign (Front of FR)	PLANNED	\$8,000.00			2/16/2015	3/25/2015	
		OSHDP 3 Code Compliance OP Clinic Burney	High	\$2,000,000.00	In Process		2/11/2015	3/25/2015	\$2M-\$4M: \$1.5 CHFFA Loan 2% 20 years; balance funding needed.
Cardiac Rehab	Trudi Burns	Holter Monitor (3)	High!!	\$3,300.00	In Process	Donor-Advised FUNDING	8/7/2020		Total Quote: \$3,300 for 3 monitors w/trade in
Clinic (Hospital-Based) Burney	Amanda Ponti	UltraSound (Burney Clinic)	High	\$60,000.00			12/31/2020		\$50K-\$60K. MHF may have \$10K today to put toward project (12.31.20).
Food & Nutrition	Susan Garcia	3-compartment sink (FRM)	Medium	\$8,000.00			11/21/2019	4/22/2020	Efficiency, safety (sanitize), workflow,
		Dishwasher	Low	\$15,000.00			6/15/2011	6/27/2012	Needed for Burney facility.
		Emergency Food Supplies (20-25 year shelf life)	High	\$30,000.00		Grant denied '19.	10/24/2018	10/24/2018	FRM & Burney Facilities (\$30K for both).
		Walk in Refrigerator (FRM) w/Shelving Racks	High	\$20,000.00		PRIME?	10/10/2016	11/30/2016	Safety (flooring), more and efficient storage.
		Freezer	Low	\$24,000.00			10/10/2016	11/30/2016	Needed for both Burney* (1st) and FR (2nd): more storage, efficiency, safety
Emergency	JD Phipps	Work Stations (3) (replacement)	Low	\$21,000.00			12/9/2020		Last purchased 11/2011--these are replacements. New \$7K/unit (LW).
Environmental Services	Sherry Rodriguez								
HR	Libby Mee								
Imaging	Alan Northington	Automated door opening system/CT room	High	\$6,000.00			11/23/2020		JD
		Point Click Care	High	\$25,000.00			6/27/2017	12/20/2017	?? Project deferred to IT 2.11.19
		Paragon Interface		\$10,000.00			6/27/2017	12/20/2017	?? Project deferred to IT 2.11.19
		C-Arm (Portable) (digital vs analog)	High!!	\$169,000.00			10/15/2015	12/16/2015	Impacts: clinic outpatient, ED, surgery, etc.
IT	Ryan Nicholls	HIPAA security data destruction:		\$11,100.00			12/5/2019	4/22/2020	Garner HD-2XT Hard Drive Degausser – erases data off drives \$3695. Garner PD-5 Solid State and Flash Destroyer – data disk and media destruction NSA compliant \$7395Prices from- https://www.markertek.com/
		SIEM (Security Information & Event Mgmt) Tool	Medium						AlienVault (now AT&T Cybersecurity) vendor; "Regular" plan @ \$1695/mo + install and training. https://cybersecurity.att.com/pricing
Laboratory									
Facility Operations	Alex Johnson	Keypad/Access Control Exterior Door Locks / FRM	Medium	\$30,000.00			10/10/2016	11/30/2016	\$17,500 each (FRM & Burney done \$30K)
		New Vacuum Pump System	High	\$10,000.00			10/10/2016	11/30/2016	Project pending completion of NHW.
		Curtain Upgrade - Patient Rooms (Infection Control)	High				11/21/2019	4/22/2020	What patient areas?
		New ADA Doors in PT (2)	High	\$25,000.00			12/9/2020		Replace 2 doors (LW).
		Resurface Parking Lot in Burney	High	\$200,000.00			10/10/2016	11/30/2016	With new clinic project in Burney. \$175K-\$250K
		New Boilers in Burney (need 2)	Low	\$5,000.00			10/10/2016	11/30/2016	Heats water - needs replaced. Better efficiency.

Capital Expenditure Plan
(Tool for Grant Planning AND Equipment Acquisitions)

Outpatient Medical / Wound Care	Michelle Peterson	Pressure Injury Prevention Equipment (pillows, wedges, cushions)	High	\$30,000.00	Partial/In Process	Donor-Advised FUNDING	11/23/2020		Low Air Loss Bed mattress, glide or slide sheets, pillows, posey boots, cradles, wedges, seat cushions	
		Wound & Skin Assessment Tool (hardware/software)	Medium	\$35,000.00	Pending	Donor-Advised FUNDING	11/21/2019	4/22/2020	Advanced, intuitive, and affordable technology for better wound care and patient outcomes. Hardware/Software solutions that streamline workflows and evaluate treatment effectiveness	
		Bariatric Wheelchair	Medium	\$1,000.00			11/11/2020			
Pharmacy	Keith Earnest	PCA for Acute	Low-Med	\$3,000.00			11/12/2015	12/16/2015	Pain control pumps. LW reaching out to KE.	
Physical Therapy	Daryl Schneider	PhysioMill Rehabilitation Treadmill	High	\$5,500.00	In Process	Donor-Advised FUNDING	11/16/2020			
		Shuttle MiniPress	Medium	\$900.00			11/16/2020			
		Shuttle MVP Elite Plus Leg Press System	Low	\$7,000.00			11/16/2020			
		SportsArt Leg Extension/Leg Curl	Low	\$3,500.00			11/16/2020			
		Metron Value Convertible Staircase	Medium	\$2,250.00			11/16/2020			
		NuStep T4R (Burney Annex SNF)	Medium	\$4,160.00			4/18/2019	4/22/2020		
Quality	Jack Hathaway	McKesson InterQual Quality Software & Training	High	\$85,000.00			10/10/2016	11/30/2016		
Respiratory		Neonatal High Flow	High	\$4,700.00			12/9/2020		New to department. Without equipment, transfer. Used <1 year.	
Skilled Nursing	Diana Groendyke	Recliner Chairs (Burney x 4)	Medium	\$1,596.00		Possible donor-advised	6/27/2012	6/27/2012	Need 4 @ cost of \$400/ea. (Golden Technologies?)	
		Hoyer Lift (up to 500#)	High	\$6,512.00			4/14/2020	4/22/2020	1 Lift (Burney)	
		EverFlow Oxygen Concentrators (2)	High	\$2,000.00			4/14/2020	4/22/2020	\$835/provide oxygen for residents vs. wall oxygen (more \$)...need some we own otherwise some insurance pays some do not. Brand: Respironics	
		ADA Compliant Automatic Doors/Burney	Medium				3/25/2015	3/25/2015	Verified need RH/4.14.20.	
		SNF Refresh Décor Project (FRM)				In Process	MHF Funds/District	12/20/2017	12/20/2017	
		Resident Room Decor: Privacy curtains, window blinds	Medium					6/27/2017	12/20/2017	(49 beds/preferred color greens, creams)
SNF - Activities	Sondra Camocho	KwickScreen-Pro (4-2-B/2-FRM)	High	\$2,590.00			7/23/2020		Candy request--at least 2 now but best to get 4. See brochures from Candy.	
		SNF Activities Social Distancing Events		\$2,500.00			9/9/2020		Sondra is to respnd with more details, \$, and priority status.	
		Sidewalk Trail					9/9/2020		Sondra is to respnd with more details, \$, and priority status.	
		Gazebo					9/9/2020		Sondra is to respnd with more details, \$, and priority status.	
Clinical Education / Staff Development	Brigid Doyle	Greenhouse					9/9/2020		Sondra is to respnd with more details, \$, and priority status.	
Safety/EP	Val Lahey									
Surgery	Theresa Overton	Flooring	High	\$30,000.00			6/27/2017	12/20/2017	Safety/Infection Control. Ryan has quote	
		Stryker Refurb Insufflator & Refurb Cameras & New Light Source	High	\$86,778.49			10/8/2018	10/24/2018	General & orthopedic surgeries	
		Stryker Ortho Power System w/Battery Pack (New)	High	\$37,085.90			10/8/2018	10/24/2018	Ortho only surgeries	
		Work Stations 1) (replacement)	Low	\$7,000.00			12/9/2020		Last purchase 11/2011--these are replacements. New \$7K/unit. (LW)	
		(2) DPM-6 Cardiac Monitors	High	\$19,600.00			10/2/2013	3/25/2015	need one for each room - already have 2	
Telemedicine	Amanda Harris	COVID-19 Telehealth (services/devices/equipment)				HRSA Grant?	4/13/2020	4/22/2020		

Updated Mgmt: 7/5/2020, 9/2/20, 11/12/20, 12/31/20 (m.mcarthur)

\$6,136,072.39

Board Review/Acceptance: District Board 12/20/17, 10/24/18, 04/22/20, 2021

Foundation Board Finance Review: 6/24/20

Board of Directors
Strategic Planning Committee
Minutes
 January 11, 2021 at 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 CALL MEETING TO ORDER:** The meeting was called to order at 1:01 pm on the above date.

BOARD MEMBERS PRESENT:

Beatriz Vasquez, PhD, Chair
 Abe Hathaway, Treasurer

STAFF PRESENT:

Louis Ward, CEO
 Ryan Harris, COO
 Travis Lakey, CFO
 Candy Detchon, CNO
 Jessica DeCoito, Board Clerk

Community Members Present

-
- 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; committee members accepted the minutes of
 November 18, 2020

Ward, Vasquez

Vasquez – Y
Ward - Y

-
- 4 Construction Update:** Daycare: Don Garloff is working on the plot plan, which is one of the conditions the county set up. Alex Johnson is working on the fire safety check list and the inspection date is being set up with the Chief. License application is being completed. Burney Clinic: moving along very well. We did add in a transfer switch in the event we have a power shutoff by PG&E. The new gas line will require a special inspector as we dig into and backfill the new line – working on finding someone with the specific certification OQ to help us out. Burney Fire Chief, Water District Manager, Engineer, Architect, Contractor and MMHD met up to plan a new fire line. Equipment is starting to be installed and things are getting really close. Laundry Facility: we ended up signing a 2-year contract with ALSCO for our laundry service needs. Potential to bring remodel in house, conversations beginning. Demolition Project: OSHPD approved plans. Meeting with legal counsel to formulate RFP and RFQ. Anticipated start date is April 19th. This project includes a new fire riser room and separation of domestic and fire lines. Working on communication to community about DEMO project with FAQs, what is happening, etc. We want to be as transparent as possible. Helistop pour has been completed and paint is done. We will seal the pad when the temperature rises, and then lights and windsock will be placed and ready for use. Carport for Riverview House has begun. Nurse Call project has been able to pick back up, and getting pretty close to finishing this project, granting a COVID surge doesn't take place.

-
- 5 Facility Master Plan Discussion:** continuing to work with NM&R on looking at our 2030 requirements and what we will need to accomplish by then. A presentation will take place at the full board meeting. Currently, we are (1) working on a space plan to see what 2030 could look like (2) working with our counterparts at other hospitals to see if we can get some relief with the 2030 deadline, and low cost financing. We also need to consider EMR in our master planning to keep our outstanding patient care a priority going forward. Request for an update to be provided about EMR.

-
- 6 Administrative Report:** Clinic Staffing plan has been planned and we hope to have them starting at the end of March with training planned for a rollout by April 19th. 3 Provider contracts being worked on right now for the clinic. 8917 cases from
-

March 2020 to today. Deaths are 99 as of January 8th. 4 COVID in-patients here at MMHD. If we get our 5th patient, our 20 bed COVID unit will open back up. The SNF residents were vaccinated on Saturday, January 9th. Thank you Keith and Val for their work with the county. 53 have been vaccinated, some have declined. Second dose will be provided to our SNF residents on the 30th of January. Employees have started their second round of doses last week. Vaccination Rollout: Phase 1A: Tier 1 – healthcare employees, Tier 2 – clinics, home health care, etc. Tier 3 – working getting specialty clinics together including dental, optometrist. Then we move into Phase 1B Tier 1 – which will move us into our community. Click [HERE](#) for more information. Our freezer has arrived and Maintenance is getting it installed. Continue to receive phone calls regarding when the public can get their vaccine – creating a form online that public can complete online so we have an ongoing list. Notifications go out through text messaging and emailing. CHA call on Saturday – discussion included vaccination rollout and problems we see in the rural areas. If State tell us to, we must accept patients from other areas to help with bed shortage. 340B work – potential firm that will help us navigate this arrangement with the ER, new clinic and current plan. Medical Staff meeting in on January 12th at 3:30 pm. Managers Meeting is scheduled for January 12th. January 18th is the first Employee Council meeting.

7 OTHER INFORMATION/ANNOUNCEMENTS:

- Need to schedule a full board strategic planning meeting. Early March?
-

8 ADJOURNMENT – 1:58 PM

Board of Directors
Quality Committee
Minutes
 January 13, 2021 @ 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	CALL MEETING TO ORDER: Board Chair Jeanne Utterback called the meeting to order at 1:00 pm on the above date.			
	BOARD MEMBERS PRESENT:		STAFF PRESENT:	
	Jeanne Utterback, President Tom Guyn, MD., Secretary		Louis Ward, CEO Travis Lakey, CFO Candy Detchon, CNO Keith Earnest, CCO Jack Hathaway, Director of Quality JD Phipps, Director of ED & Ancillary Services Neil Coplea, Lab Manager Diana Groendyke, Director of Nursing Lori Stephenson, HIM Danielle Olson, Business Office Alan Northington, Radiology Jessica DeCoito, Board Clerk	
	ABSENT:			
	Community Members Present: Laura Beyer			
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; committee members accepted the minutes of November 11, 2020	Hathaway, Utterback	Hathaway – Y Utterback – Y Ward-Y
4	REPORTS: QUALITY FACILITIES: NO DEPARTMENT REPORTS			
5	REPORTS: QUALITY STAFF			
	5.1	PERSONNEL: Will be presenting to the full board meeting on January 27 th where updates will be provided and more detail will be given. The COVID world has been a challenge but we have an ongoing tracking spreadsheet to keep us up to date and everyone is aware of the isolation and quarantine periods.		
	5.2	WORKER'S COMP QUARTERLY: Dana's program relating to the ergonomics is really exciting and close to roll out for our employees. Annual totals for 2020 were up from 2019. 2020 reportable injuries do include the COVID positive numbers for employees who had a work related exposure. Programs that Dana is working on benefit Mayers not only from a wellness standpoint but also financially with our BETA insurance plan.		
6	REPORTS: QUALITY PATIENT SERVICES			
	6.1	EMERGENCY DEPARTMENT: Our audit process in the last year and half has proved beneficial to our department in making improvements. Two areas of focus are on sepsis and stroke. Protocols will be shared with Board of Directors.		

6.2	LABORATORY: Working on getting policies, procedures, and guidelines up to date or created. Making sure we are meeting all regulatory guidelines with work flows, maintenance and processes is the goal. The end result it to make sure everything is of QUALITY. Updating equipment, especially in microbiology with regards to blood culture sampling. TAT= turnaround time LOS = length of stay. Neil is a new member to the team and we are very grateful to have him and his experience brought to MMHD.		
6.3	RADIOLOGY: Working on lots of projects. Including getting a working platform for the ED Physicians to get into images for patients. vRAD, organization that reads our images past 5:00 pm, worked on completing the digital information link on January 12 th . Lighting in the X-ray and CT suites needs to be adjusted to a lower setting. Automatic door opener on the CT Suite needs to be installed. CD Burner needs to be purchased to download the images onto CD's. Looking at ways to perform the x-rays on patients in isolation rooms.		
6.4	HIM: Discussion taking place regarding allowing the HIM clinic access into our EMR. An example would be allowing access to a primary physician at the clinic for one of their patients who had a visit to the ER and the ER physician recommended a follow up visit with primary physician. Issues of concern that was brought to attention regards when a clinic is accessing data outside of their patients.		
6.5	SNF: In spite of these challenging times with COVID, we still have some great things going on. Vaccination program for the residents has gone very well – 53 out of 71 residents have vaccinated. We will continue to work on consent forms and phone calls. Both facilities are working very diligently to keep COVID-19 out of the SNF's but we have had a couple of positives that are being isolated. Continue to be on top of infection control and surveys have been great. Our star rating has been increased from 2 to 3 stars and will continue to be a focus for the staff to continue to rise.		
6.6	SNF EVENTS/SURVEY: Surveys have been focus surveys surrounding COVID. No tags on any of the surveys. Thanks to Jack for his work with the state on surveys. We are starting to look at plans for visitation when Shasta Co. is pulled out of the purple tier. And we are working on keeping families up to date with vaccination concerns and how it will help the visitation process. Our isolation process has been efficient and helpful in keeping those non-affected COVID patients safe and positive case levels low. Gratitude to the SNF teams in keeping our residents safe.		
6.7	INFECTION CONTROL: We have 136 vaccinations, 86 of those have received their second dose. We have begun employee physicals again. We have two employees on isolation, 7 on quarantine. 30 employees on isolation and 30 employees on quarantine since the beginning of COVID.		
7	REPORTS: QUALITY FINANCES		
7.1	BUSINESS OFFICE: Working on the implementation of Epic for the Clinic. Billing for COVID related hospital stays is very difficult to navigate but we are working through that. AR Days are up due to COVID related patient stays but we have seen that number go down throughout the last few months and anticipate it to go down soon.		
7.2	FINANCE: About to wrap up our district audit which was more difficult this year with CARES Act and how to report it. Audit should be ready for the February Board Meeting. CARES Act reporting opens up on Friday, January 15 th but little is known about how that will go and if they will delay it. Once open, we have a month to file our reporting.		
8	DIRECTOR OF QUALITY		
8.1	Compliance Quarterly: Review of the whole year provided with the survey information. Currently working on a platform to track complaints from the public and intake. 15 surveys this last year and only 3 tags out of all surveys. Able to remedy the tags.		
9	OLD BUSINESS		
9.1	PATIENT SAFETY FIRST REPORT: The belief is that we are encompassing the Patient Safety aspect in almost all of our departments already. We have electronic reporting platform for patient safety errors, and multiple tracking methods are being used to track falls and events. Committees within the medical departments are addressing patient safety issues and solutions already as well. It is believed that we do not need another report.		
10	New Business		
10.1	Policies: Hospice Patient Bill of Rights A Consult came in summer of 2020 and asked that we provide the policy attached.	<i>Hathaway, Guyn</i>	<i>Guyn – Y Utterback – Y Ward-Y Hathaway-Y</i>
10.2	ENV SERVICES REPORT: we passed the Biological Sampling Report.		
10.3	Community Member Appointment to Quality Committee: The Quality Committee recommends to the full board for approval, to include Laura Beyer on the Quality Committee as a community member.	<i>Guyn, Ward</i>	<i>Guyn –Y Utterback-Y Ward-Y</i>

				Hathaway-Y
11	<p>ADMINISTRATIVE REPORT: Previous meeting, the positive case number was 2740 and as of yesterday, 9315 positive cases. 34 deaths in November and as of yesterday we have 103. Thank you to Val, Candy and Keith for all working so hard on the vaccination program we have going on here at MMHD for both employees and residents. And for getting ready for the community rollout. Shasta Co. COVID-19 Vaccine Rollout graphic was shared. Graphic can be found HERE. Lots of questions at MMHD concerning moving into the next Phase and Tier when we are ready, even if the urban areas in the county are not. The biggest challenge with going into Phase1B will be staffing the vaccination days and keeping those folks informed of their second dose date. We have some measures in place to help already like PDF forms online that can be filled out and returned to MMHD to be put on the list, and then a text/email message reminder for the second dose appointment. We are working with MVHC to plan a vaccination clinic. Community messaging with requirements and recommendations from CDPH and Shasta Co. Public Health with regards to vaccination is going out soon. PPE is being worked on right now with AB2537 and required 90-day stock on hand. Employee Council has been kicked off – 10 members of staff with non-management roles serve on this council. Meetings once a month regarding all this hospital. Clinic construction is on schedule, EMR schedule is on track, and working on 340B contract. We are establishing clinic rates and working to get staff hiring started soon. Physician contracts are being created and we are working with a physician that would like to work in women’s health. Nurse Call Project is back underway and is at 90% completion. And we are ready to open the 20 Bed COVID Ward when or if the time calls.</p>			
12	OTHER INFORMATION/ANNOUNCEMENTS:			
13	CLOSED SESSION			
		<p>Medical Staff Credentials Government Code 54962 List of Credentials:</p> <p>STAFF STATUS CHANGE: Dan Dahle, MD – Move to Inactive</p> <p>AHP REAPPOINTMENT: Erica Haedrich, PA – Family Medicine</p> <p>13.1 MEDICAL STAFF REAPPOINTMENT: Jeremy Austin, MD – Emergency Medicine Paul Davainis, MD – Emergency Medicine Javeed Siddiqui, MD – Infectious Disease Richard Granese, MD – Psychiatry</p> <p>MEDICAL STAFF APPOINTMENT: Danford Bickmore, MD – Radiology Gregory Shaw, MD – Radiology</p>	<i>Guyn, Ward</i>	<p>Guyn – Y Utterback –Y Ward - Y</p>
14	Reconvene CLOSED Session. Credentials have been approved to reviewed at full board.			
15	Adjournment: Next Regular Meeting – February 10, 2021			

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

Date:
January 4, 2021

For Quarter Ending
December 31, 2021

Department	Document	New/Revised/Retired
Business Office	Charity Care Policy	Revised
Emergency Department	Admission of Emergency Department Patients	Revised
Emergency Department	Sitz Bath, Use in Obstetrics	Retired
Environmental Services	Bed Making	Revised
Environmental Services	Training Program, Housekeeping	Revised
Environmental Services	Walkthrough Survey - Environmental Services	Revised
Human Resources	Attendance Policy	Revised
Human Resources	Employee COVID Vaccine Consent Form MMH680	New
Human Resources	Employee Relief Fund	Revised
Human Resources	Hours Reduction Policy	Revised
Human Resources	Internal Complaint	New
Human Resources	Lactation Accommodation	New
Human Resources	PTO Cash Out Request MMH684	Revised
Human Resources	Temporary Pandemic Attendance Policy	New
Human Resources	Temporary Pandemic Staffing Policy	New
Imaging	Administration of Intravenous IV Contrast Media for Imaging Examinations	Revised
Imaging	Imaging Competency Assessment	Revised
Imaging	Multislice Computed Tomography (CT) Examinations	Revised
Medical Staff	Cardiology Privileges	Revised
Medical Staff	Dermatology Telemedicine Privileges	Revised
Medical Staff	Family Medicine Core Privileges	Revised
Medical Staff	Infectious Disease Core Privileges	Revised
Medical Staff	Initial Application Process to the Medical Staff	Revised
Medical Staff	Internal Medicine Core Privileges	Revised
Medical Staff	Manual Review & Approval Master MMH289	Revised
Medical Staff	Medical Staff Committee Structure	Revised
Medical Staff	Pain Management Telemedicine Privileges	Revised
Medical Staff	Physician-to-Physician Consultation Procedure	Revised
Medical Staff	Psychiatry Telemedicine Privileges	Revised
Medical Staff	Radiology Core Privileges, Vascular and Interventional	Revised
Outpatient Medical	Administration of Cathflo Activase (Alteplase) in a CVAD	Revised
Outpatient Medical	Central Venous Catheter Removal	Revised
Outpatient Medical	Injectafer (carboxymaltose) Preprinted Order Sheet MMH535	Revised
Outpatient Medical	Integration of Outpatient Medical Services to Inpatient and ER	Revised
Outpatient Medical	IV Catheter Maintenance Guidelines MMH162	Revised
Outpatient Medical	IV Therapy Flow Sheet MMH64	Revised
Outpatient Medical	OP Med Treatment Consent MMH296	Revised
Outpatient Medical	OPS Treatment Progress Note MMH292	Revised
Outpatient Medical	Outpatient Forms - Nursing Documentation	Revised
Outpatient Medical	Photographic Wound Documentation MMH78	Revised
Outpatient Medical	Physicians Order - IVIG Therapy/Central Line Care MMH421	Revised
Outpatient Medical	Scope of Services, OP Medical Services	Revised
Outpatient Medical	Types of IV Access MMH386	Revised
Patient Access	HHS POVERTY GUIDELINES MMH389	Revised
Pharmacy	Sanitizing Barrier Isolator During COVID-19	New

Department	Document	New/Revised/Retired
Pharmacy	Unnecessary Drugs - SNF	Revised
Physical Therapy	Clinical and Administrative Integration with Other Hospital Services PT	Revised
Physical Therapy	Gait Training	Revised
Preprinted Orders	Physician Orders - IV Therapy Injections MMH66	Revised
Preprinted Orders	Physician Orders - Swing Bed Admission MMH25	Revised
Preprinted Orders	Physician Orders - Unscheduled Cesarean Section MMH550	Retired
Preprinted Orders	Physician Orders - Zoledronic Acid Reclast Referral MMH270	Revised
Preprinted Orders	Postpartum Assessment Flow Sheet MMH1017	Retired
Purchasing	Burney Annex Process - Purchasing	Revised
Respiratory Therapy	Ventilation, Weaning & Extubation with the LTV 1200 Transport Ventilator	Revised
Skilled Nursing	Admission of Resident Checklist SNF	Revised
Skilled Nursing	Allergies	Revised
Skilled Nursing	Comfort Care	Revised
Skilled Nursing	Dentures Care and Cleaning	Revised
Skilled Nursing	Diabetic Foot Care	Revised
Skilled Nursing	Discontinued Controlled Substances Log MMH583	Revised
Skilled Nursing	Gastrostomy Feeding Tube Placement	Revised
Skilled Nursing	Hair and Scalp Care - SNF	Revised
Skilled Nursing	Medication Administration	Revised
Skilled Nursing	Narcotic Control Sheet for Fentanyl MMH582D	Revised
Skilled Nursing	Physicians Orders, SNF	Revised
Skilled Nursing	Restorative Care Flow Sheet MMH125	Revised
Skilled Nursing	SNF Antibiotic Control Sheet MMH644	New
Staff Development	Inservice Education Program	Revised
Staff Development	Inservice Training Program Nursing Assistant	Revised
Staff Development	Nurse Assistant Clinical Skills Competency	Retired
Staff Development	Student Performance Evaluation Nursing Assistant Training Program	Retired

EMPLOYEE PHYSICAL

_____ Annual _____ Supervisor Referral

If physical is due to a supervisor referral, state reason: _____

TO BE FILLED OUT BY EMPLOYEE:

Date: _____

Name: _____ Job Title: _____

Male Female Personal Physician: _____

Previous Injuries (including back): _____

Chronic Illnesses: _____

Past Surgeries: _____

This job requires you to: Lift Bend Squat Stand long periods

TO BE FILLED OUT BY NURSE/ASSISTANT:

Age: _____ Height: _____ Weight: _____ BMI: _____

Temp: _____ Pulse: _____ Respirations: _____ Blood pressure: _____

U/A Dipstick: PH: _____ Pro: _____ Glu: _____ Ketone: _____ Blood: _____

Leukocytes: _____ Nitrates: _____

Additional comments: _____

Signature: _____ Date: _____

TO BE FILLED OUT BY PHYSICIAN/PA/FNP ONLY:

ENT: _____

Neck: _____

Heart: _____

Lungs: _____

Abdomen: _____ Hernias: _____

Musculoskeletal: _____

Back Problems

Past: _____

Present: _____

Extremities: _____

Reflexes: _____

Physical Disabilities and Handicaps: _____

Pregnant: YES NO

Individual appears free of Communicable Diseases: YES NO

Individual appears: Physically suited for job indicated and has no health condition that would create a hazard to himself, fellow employees, patients or visitors.

Physically not suited for the job indicated.

Has a health condition that would create a hazard to himself, fellow employees, patients or visitors

Additional Comments: _____

Additional tests or referrals: _____

Physician/PA/FNP Signature _____

Date: _____

Employee Health Physician Signature _____

Date: _____



Mayers Memorial Hospital District
Always Caring. Always Here.

Executive Director of Community Relations & Business Development – Valerie Lakey
January 2021 Board Report

Legislation/Advocacy

It is a new year and there are many of the same topics on the table. Advocacy priorities for CHA include potential legislation on Seismic, Affordability, Surprise Billing, Telehealth and Behavioral Health.

There will be a change in the political environment at both the state and federal levels, so advocacy will be very important in the coming year. We are involved with CHA and ACHD on several levels to stay informed and engaged on legislation and regulations that will affect rural healthcare.

CHA's legislative strategy group (LSG) which I am a part of has just drafted legislation pertaining to seismic. I am happy to report the committee heard what we were saying and the initial DRAFT includes exemptions for Critical Access Hospitals and extend the requirements out to 2040. It is just a starting point. I will keep you informed as we work through the process.

I have been in contact with our Assembly and Senate members to discuss priorities in the coming year.

I am serving on CHA's PPE Workgroup to help provide information for CalOsha's guidance on AB2537 (PPE Bill). The first requirements of the bill were effective this month and the stockpile requirement will be in April. The "normal consumption" in which the stockpile criteria will be based has yet to receive a definition. CHA, CNA, SEIU and CalOES will meet with CalOSHA this month to determine what that definition will be. The challenge for the January 15th reporting criteria has been that hospitals statewide really did not track accurate usage of PPE in the year 2019. (This is the year in which we are to provide high 7-day average of 7 different items of PPE). I was able to set up a call for rural facilities to discuss a proxy for reporting. CHA facilitated the call and helped us come up with a formula to use for reporting. This report does not have to be submitted, just available upon a CalOSHA inspection.

The Virtual Legislative Tour was successful. There were about 65 member/staff from the Assembly and Senate listening in on the tour. It was a great opportunity to talk about our facility, special districts and some of the challenges we face. Of course, there was a lot of discussion around COVID.

Marketing/Public Relations/Recruiting

We have started actively working on the Mayers website redesign. We will aim for completion to coincide with the opening of the new clinic. The website has been very active with the community seeking information on COVID and vaccinations.

Much of public relations has been managing the COVID education and messaging.

We have redesigned the [It Pays to Know](#) newsletter and the daily social media posts for a fresh look. Amidst all of the challenges of the past year, we try to maintain a focus on positive and providing education, activities and resources for staff and the community.

Staff received a Logo tumbler this month with items related to REFRESH and RESET. Wellness Coordinator, Dana Hauge has been doing a great job maintaining contact with staff and addressing many of their wellness needs. Self-care is especially important during this “trying” time. There are a lot of resources on the [your:life](#) page on the Intranet.

COVID Messaging

COVID messaging has taken on a new meaning with the release of the COVID vaccine. We have been utilizing the email and text notifications and working to keep the website up to date.

The [COVID newsletter](#) update is sent every Wednesday. We now have 154 people on the newsletter email list.

Text Message updates are received by 98 community members.

We built a [COVID vaccine form](#) in which community members can sign up to receive the vaccine. This has worked very well and has decreased the call volume. The form allows us to generate reports by category. Submissions have a timestamp, which has been very important to community members, who want their “place in line” for the vaccine. The form has been up on the website since January 11 and as of January 19, we had over 300 submissions.

We have used the form to make contact to schedule vaccinations within the appropriate Tier and/or Phase. At the time this report was written, we had 4 afternoon clinics (Tues – Friday) scheduled for age 75+

We are aware that some people do not have access to a computer or internet, in that case, we have been filling the form out for them when they call in.

Disaster/Emergency Preparedness/Safety

Panic buttons for admitting and other key staff at FR and Annex are in place. This is for emergent use only if all other systems are down to contact law enforcement and 911. It is set up to include direct numbers for AOC and house supervisor.

The Wellness Coordinator has been working on the ergonomics program, Injury and Illness Prevention Plan (IIPP) and essential functions testing. Additionally she is being trained and certified in this area.

We continue to do 7-day a week COVID reporting for state and federal requirements. Data for this report changes often. This is a requirement of our facility.

You have any questions or concerns, please contact me anytime.

Statistics	November YTD FY21 (current)	November YTD FY20 (prior)	November Budget YTD FY21	December YTD FY21 (current)	December YTD FY20 (prior)	December Budget YTD FY21
Surgeries (<i>incl. C-sections</i>)	17	20	40	17	22	48
➤ Inpatient	1	3	10	1	3	12
➤ Outpatient	16	17	30	16	19	36
Procedures (<i>surgery suite</i>)	59	77	80	59	84	96
Inpatient	595	666	844	894	822	1013
Emergency Room	1653	1818	1675	1929	2169	2010
Skilled Nursing Days	12390	11406	11558	14689	13743	13870
OP Visits (OP/Lab/X-ray)	7934	6129	6858	10286	7130	8071
Hospice Patient Days	237	531	585	290	614	702
PT	1011	1129	1250	1157	1312	1500

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

*Surgery CLOSED for December 2020 and January 2021 due to COVID

Chief Clinical Officer Report

Prepared by: Keith Earnest, CCO

Pharmacy

- Most of my activity has surrounded acquiring and administering COVID vaccines.
 - Mayers enrolled in CovidReadi and CalVax which are the ordering and tracking system for COVID vaccines.
 - Mayers is enrolled in COVID vaccine finder where our daily inventories are shared with the CDC and the public.
 - The ultracold freezer was installed in the pharmacy and is holding temperature. Temp is monitored electronically and text alerts are sent if it is out of range.
 - Mayers has been following the vaccination tiers as established by the state and the CDC, moving through the tiers at the county's direction. We have vaccinated healthcare professionals and are currently vaccinating the 75 plus population.
 - Employee vaccinations started December 16. Mayers was the first vaccination site in the county to initiate vaccinations.
 - Reporting of vaccinations to the California Immunization Registry (CAIR) is done electronically through Paragon.
 - The county allocated vaccine doses for SNF residents to the COVID partnership program. On Saturday January 9th, 53 residents were vaccinated by Walgreens' pharmacists. We were the first nursing home in the region to have residents vaccinated.
- Remdesivir is stocked at Mayers. Remdesivir is the antiviral medication for hospitalized patients with COVID.

- Mayers received Bamlanivimab from the national strategic stock pile and has used one dose., the Bamlanivimab is a monoclonal antibody treatment for COVID for outpatient therapy only. It is for COVID patients not on oxygen who do not meet admission criteria.

Physical Therapy

- The department was awarded \$5500 from a community member through the foundation for a treadmill. The treadmill is not expected until February due to supply chain delays.
- December numbers did not meet expectations. Referrals have been down due to decreased elective surgeries, staff shortages, patient cancellations due to the holidays and patient cancellations due to COVID. So far January's numbers are better.

Retail Pharmacy

- Volumes have been steady. Our record day was December 27th with 210 fills. We are meeting our volume goals and are working on improving the bottom line. There is some reworking and renegotiating to do with 340B and inventory control.
- With help from Val Lakey in marketing, the pharmacy is sending out blast bulletin text messages to customers with information on the pharmacy, holiday schedules, and maintaining health.

Telemedicine

- See attached report for Telemedicine statistics.

Respiratory Therapy

- Mayers was awarded four ventilators from the Federal Office of Rural Health Policy (FORHP). The ventilators have arrived and will be in use when the stands and disposables are in stock.

Cardiac Rehab

- The foundation awarded funds for the purchase of new holter monitors. We were down to one monitor and replacing the monitors at end of life will increase efficiency.
- The foundation awarded cardiac rehab monies for new equipment. The department has been rearranged as the physicians' weight equipment has moved to River View. We are excited to get to use the new equipment.
- Trudi Burns, RN, manager is working on a maintenance schedule on existing equipment so we can avoid breakdowns.

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 many employees have been off due to having COVID. The staffing has been very difficult to manage. The cost of long-term travel nurses has skyrocketed. Even with offering the higher wages, there have been almost no applicants.
- Burney has moved out of the COVID yellow status and admissions are being accepted into the facility. FRM remains in the yellow category and at this time there are five COVID positive residents who are in the COVID unit.

- All residents are being COVID tested weekly at FRM 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.
- Sixty-three residents have received their first COVID vaccination. The second dose will be given on January 30th. Nursing management continues to work with families in an attempt to increase the number of approvals.
- The Burney Clinic remains on schedule. The EPIC build is going as planned. Job descriptions are complete and hiring will begin next month.

SNF Report

See Diana Groendyke' s report

Acute Care Report

- Nov 2020 Acute ADC 1.53, Swing ADC 2.23; LOS 8.38, OBS days: 11.83
- Two RN's are out on a medical leave of absence. One returning very soon. There have been two resignations
- On Dec. 10th, acute care moved from Station 1 to Station 3. We opened up the existing (OPM-4 beds) COVID unit and carried it out to Station 1. This allowed for a larger COVID unit to accommodate COVID positive LTC patients from Burney Annex. It remained open for several weeks during the height of the outbreak and then shrank back into the smaller 4 bed unit. The larger unit can be utilized again if necessary
- Additional staffing was needed to run the second unit. MMHD utilized staff from Burney Annex, Acute care, and registry. Nursing administration has been pulling multiple patient care shifts.
- Surgery has been cancelled since the end of November due to the COVID surge. Anticipating a reopening in early February

Emergency Department

- Through the Emergency Department, we treated 275 patients in the month of December
- Staffing – We were unable to increase staffing by an additional traveler as there were extremely few applications to the Medifis post. This has been reposted with revised rates but response may be very low due to extensive money opportunities available through extreme contract offers for COVID nurses.
- COVID Operations update – Operations are smooth with use of the isolation room and rapid testing. Non-acute patients are being asked to wait in the car pending COVID swab if symptomatic and isolation room not available. This is working. The trailer is available if needed or delay is anticipated to be prolonged
- Board Quality – ED has reported to Board Quality that the next 6 months we will audit our Stroke and Sepsis protocols. JD will work with Jack on setting up how that should look.
-

Laboratory

- Staffing – Interim lab manager has started. Significant work is being done to get the policies and procedures up to standard. It was determined upon review that we were significantly deficient in this realm. We have two open CLS positions. We have one permanent applicant in discussion regarding benefits. This would be a previous employee returning. We have another posted

Medifis position that we have received very little return on during the holidays. Our current traveler is willing to come onboard in a temporary and part time basis through May. This helps but still leaves the department pretty short. HR is continuing the lab manager candidate search

- New wing – 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
- COVID testing – Lab staff have compensated to accommodate weekly staff testing. This has been taxing but doable.
- The interim manager is working to streamline ordering and supply control to assure a smoother process that will decrease both ordering and the risk of running out of critical supplies

Radiology Board Report

- Staffing: There is a new permanent hire for Radiology. This will reduce registry usage and cost
- Purchasing a radiology CD burner – this will ease with sending to facilities that are outside of our usual referral pattern
- Old CT trailer – The potential buyer coming Friday this week to examine the trailer. Challenges in keeping the trailer warm have been an issue. Space heaters are being used to warm the trailer so that all systems will boot appropriately for his arrival

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 90% complete as of 12/31/2020. All Site Amenities, Monument Signs, Plumbing & Fire Suppression, HVAC, Sheet Metal, Electrical & Fire Alarm, Painting, and Floor Coverings are nearing completion. The General Contractor has submitted pay applications through December 31st 2020 in the amount of \$1,996,176.91 with \$99,808.84 in retainage and change orders in the amount of \$181,989.84. The projects balance to completion is \$318,622.03. The project is scheduled to be completed on February 12th 2021. At this time, we are tracking three issues that may cause a delay to the project.
 - The first is we added a manual transfer switch late in the project after multiple PSPS power shut offs during the summer. During the design we decided that the clinic would close as it is a business that has normal business hours but after seeing the amount of shut offs, it was decided to add the transfer switch. All of the power runs through this transfer switch, and adding this has delayed us connecting our permanent power. The transfer switch is due in on Friday, January 22nd 2021 and installation will begin on January 25th 2021.
 - The second issue we are tracking is the PG&E gas hook up. We had several issues on the PG&E side with our application, and PG&E is now enforcing their OQ (Operator Qualification) certification that requires anyone working on a trench with PG&E power or gas to have this certification. As this is newly enforced, it took some time to find a company to do the trenching for PG&E that has this certification. On Thursday, January 21st 2021 MMHD, PG&E, Trent Construction and Axner (trenching company) are having a preconstruction meeting and then will begin trenching afterword. PG&E has still yet to commit to a date to do the gas tie in. This has the potential to delay our commissioning and

startup of our HVAC units. Temporary heat has been installed to condition the space for interior finishes.

- The last issue we are tracking is the fire line tie in. After several back and forth emails between Warren Engineering (Civil Engineer), Burney Water District and Burney Fire District, an onsite meeting was held with all parties to figure out a path forward. The Burney Fire District is committed to stamp the plans but requires calculations from a fire protection engineer showing that the one fire main can handle both sites. The argument is that the one 6" fire main has always supplied both sites and the only changes is the relocation of the tie in point and a couple of sprinkler heads in the clinic are not sufficient. In speaking with a fire protection engineer, the engineer would have to come out and verify all pipe sizes in both buildings, flows, and sprinkler heads before they can start their assessment and do the calculations. There is also the small chance that the engineer will not be able to make the calculations work. This was the case in the Burney clinic and the reason we have a new riser room and tie in location. Due to the time, cost, and the possibility of the calculations not being favorable, we have decided to do a new 4" tie in on the water districts main and have two separate fire lines feeding the Burney Annex and the clinic.
- The Demo project is moving along with preparations for the RFP and RFB. 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. The biggest challenge of this project right now is finding office space for the staff that are currently in that building. With the demolition of this building and another 6800 sq feet dedicated to a Covid unit, and multiple departments relocated, space is now at a premium. If the Covid unit can shrink back to its original 1500 sq foot space, that will free up enough space for offices. If it does not, then we will have to get creative with space and the use of offsite locations will be necessary. We have also started the process with CDPH to get their approval to leave our Acute floor at Station 3 during this project. This will significantly help with dust, noise and other impacts to our patients and staff.
- The new riser room and separation of our domestic and fire lines has been approved by OSHPD with the demolition project. This work will be done at the same time as the demo project and will be included in the same bid documents. The temporary system is currently functional with no issues.
- The Acute Nurse Call project is ongoing with an anticipated completion of February 2021. We were able to get a significant amount of work done during the two weeks that the larger Covid unit was closed. With it now reopened, the project is delayed until we can get back in and finish. There is 1-2 weeks left to finish this project.
- 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.
- The Helipad project is 95% complete with, lighting left to complete.
- 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 still have not been submitted to the county as the engineer was still waiting on information from the contractor. The engineer now has all the information they need on the washers and dryers and submittal to the county will be done soon.
- Alex Johnson has compiled a list of items that need to be taken care of for the church to approve. These items need to be completed before the fire inspection can happen. All are minor in nature. The plot plan for the county is close to be completed. Once these items are done they will be submitted to the licensing board for the day care.

- 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

- Since December 2nd we have seen a 13% increase in ticket submissions with only a 10% increase in resolutions. Our backlog has shrunk to 59 but is trending back up due to that. Kyle is acclimating well and due to Shelby's reduced hours, we are having Brandon Wolter shadow the helpdesk part-time starting 1/22 to help out with creating and triaging tickets.
- We have completed the vRad interface project, but also activated the Demo Project, added Office365 Migration, and added Pyxis MedStation ES Upgrade. Both PointClickCare Interfaces have been moved to inactive due to constraints in Lab and Radiology. Unfortunately, this puts our total active project count back at 11.

Purchasing

- I am pleased to announce that the Purchasing Department is fully employed with two Stock Clerks, a Buyer and a Manager. The team is working through department trainings as well as an update of space to accomplish a great workflow area. Updating the space has been difficult as we are trying to keep both purchasing supply rooms open while remodeling in the space.
- 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 presented at the board meeting.

Environmental Services & Laundry

- We have signed a two-year contract with AlSCO for our laundry service. We are still adjusting to not doing our own linens and we are having some minor issues with getting our own linens back as well as quantity of linens. This shows the importance of having our own laundry facility that we manage. The staff and I are looking forward to getting it reopened.

Operations District-Wide
Prepared by: Louis Ward, CEO

COVID – 19

At the District’s last meeting of the Board of Directors on December 2nd, I reported Shasta County had had a total of 5,187 positive Covid-19 cases and 50 deaths. At the time of this written report, Shasta County reports 9,776 positive Covid-19 cases and 122 deaths, since the beginning of the pandemic. Unfortunately, we have had more than a death a day related to Covid-19 in Shasta County since our last meeting. The positive news related to Covid-19 is hospitalizations in Shasta County remain steady and generally manageable.

We are working very closely with Shasta County while we work through the Tiers for the vaccine rollout. At the time of this report, we are continuing to work on vaccinating healthcare workers, law enforcement, In-Home-Health-Workers, fire fighters, and most recently 75 year olds and above. By the time, the board meets for the January meeting the hospital will be moving towards vaccinating 65 year olds and above. Per the State and County tiers, we will then move to teachers and agriculture workers.

As expected, there is a great deal of demand for the vaccine and thus there are many phone calls from the community seeking information. We are happy to field these calls, however in the best interest of everyone we have created a link online, located at our website in which the community member can provide very limited information and sign up for the vaccine. Once the community member is signed up, Administration will then create lists based on the tiers California have set-forth.

We are also encouraging all community members who call in to the hospital seeking to be placed on the vaccination list, that they also call other vaccination sites such as their primary care provider and be placed on their list also. Considering the high demand and the low supply, we encourage our community and patients who would like to be vaccinated to sign up in multiple locations.

Rural Health Clinic

Our Rural Health Clinic is progressing nicely and still on track for an April opening. The construction phase of the project is nearing an end; in the coming months all work per the scope of work documents is expected to be completed. We are now moving to the licensing phase of the project, we do however need to receive an occupancy certificate prior to applying with the California Department of Public Health licensing branch.

We are also making great progress on implementing our clinic electronic medical record. The administrative team met this month with the executive team from OCHIN (EMR company) where we discussed project milestones. At this point all milestones necessary to be completed by this point in the project have been completed appropriately.

Administration is having ongoing discussions with the provider group on how their schedules will look once the clinic opens. We expect to have the provider schedules completed in the month of February. We are also on track to begin marketing and hiring for the clinic in the month of March. More information related to the clinic project will be reported verbally at the board meeting.

Facility Master Planning (2030 Seismic Legislation)

Administration spent time this month discussing the district’s 2030-facility master plan. We spent time discussing the districts needs with an architectural and engineering firm who then took those needs and

developed a number of options for the board to consider. A visual presentation for the district board will be available at the January meeting for discussion amongst the group. The need for a 2030 facility master plan comes from the same legislation that required our new ER, Lab, and Imaging expansion, SB1953. At this time, we are working on both sides of tackling this challenge, working with lawmakers to pass legislation exempting critical access hospitals from the 2030 seismic work considering the burden of cost, as well as planning a project in the case legislation is not granted.

MMHD Employee Council

This month the newly formed Employee Council met for the first time. It was great for us to get together to discuss the role of this new council. I was very excited to hear of their willingness and excitement to represent their coworkers while discussing many topics that affect the entire staff. We discussed at length the best methods of communication for the group, as well as we began discussing low hanging fruit they would like to assist in making better. I will discuss this in more detail at the meeting of the board.

Telemedicine Update as of January 19, 2021

Respectfully submitted by Amanda Harris for Keith Earnest, CCO, Dr. Aaron Babb, Medical Director and Louis Ward, CEO (included quarterly).

We have completed a total of 1069 live video consults via Telemedicine since August 2017.

Endocrinology:

- We had 14 Endo consults in December. That's the most consults we've ever had for this specialty in one month.
- Endo is now the lead specialty in total ancillary revenue.
- We've had 337 consults since the start of this specialty in August 2017.

Nutrition:

- We had two Nutrition patients in December.
- Because demand has increased again we're back to regular blocks of time with Jessica.
- We've had 87 consults so far since we started this specialty in November 2017.

Psychiatry:

- We had 11 patients seen for Psych in December and six in January. I notice that we have a large volume of follow-up appointments set for next month with our skilled nursing residents.
- We've had 336 consults since the beginning of the program in August 2017.

Psychology:

- Dr. Jones reached out to Dr. Watson to maintain services via video. He and I work together to figure out times that I can help facilitate services for him to see our skilled nursing residents. We've only had one block so far (2 residents seen), but I'm available to him to help when he'd like to see residents.

Infectious Disease:

- Dr. Siddiqui saw one patient in December and two so far in January.
- We've had 86 consults since the start of this specialty in September 2017.

Neurology:

- Dr. Woodburn saw six patients in December and four so far in January (she still has another block later this month).
- Dr. Woodburn has been extremely well received and liked by the patients.
- We've had 142 consults since the start of the program in November 2018.

Rheumatology:

- Dr. Butts saw three patients in December and one so far in January.
- We've had 13 consults since the start of the program in May 2020.

FRJUSD/Mayers/MVHC Take Four Counseling Grant:

- To date, about 536 consults have taken place with this program.

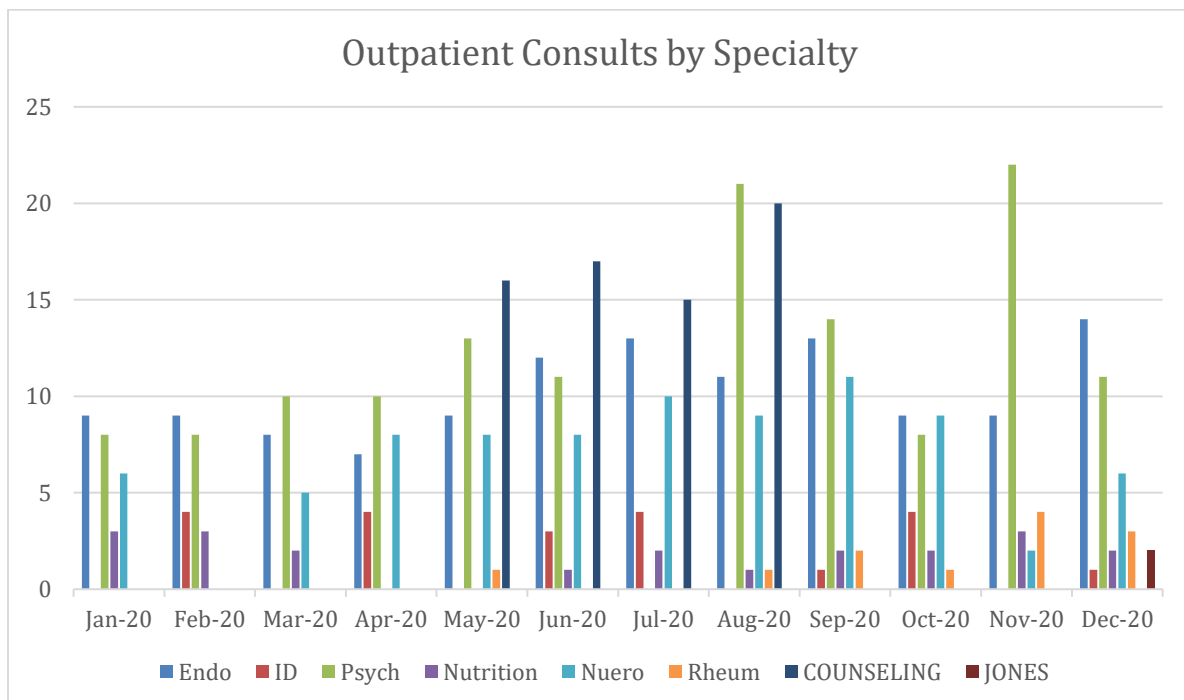
- Counseling services at all six sites are up and running. I'm currently running the block at Burney Elementary due to lack of staff.
- Our carryover funds request was approved. This will fund additional services like counseling for faculty and staff, special flyers to be sent home to families regarding mental health (one already completed), and additional counseling hours over the summer months here at Mayers.

Inpatient Telemed Services:

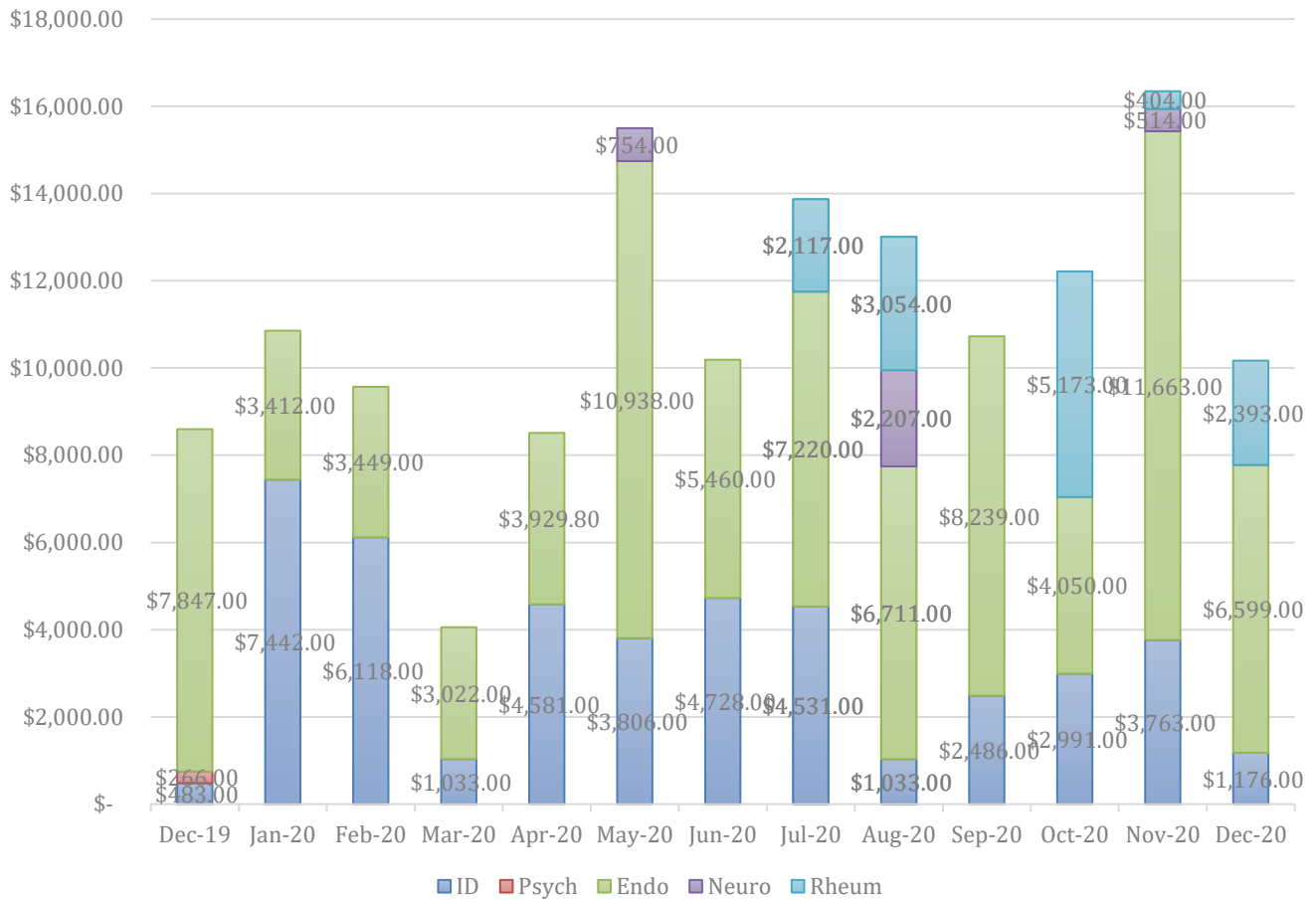
- We are moving forward with the Inpatient Telemed services contract with TeleMed2U. Multiple service agencies were vetted but all others had a flat monthly fee AND a utilization fee. T2U bills us only based on the services we actually use which is much more feasible. We will be rolling out specialties in phases but the specialties we requested are: Infectious Disease, Endocrinology, Gastroenterology, Cardiology and Urology
- T2U offers three forms of consultations:
 - Video consult – this presents like a regular Telemed live video consult. This would be helpful for patients/families that want to communicate with the specialist and we can bill for the service on our side as well.
 - Phone (curbside) consult: literally a phone call for advice from hospitalist to specialist
 - Econsult – this is the same version of HIPAA compliant message (including labs/imaging/records) to the specialist but it would be available for all payers, not just partnership patients like outpatient

PHC/UCD Pediatric services:

- Partnership Healthcare has approached us about being a part of a pilot program with UC Davis for Peds Telehealth services. Only the GI service is available right now per UCD – we're working with PHC to move forward with offering hours quarterly.



Telemed Ancillary Billing by Specialty



TOTAL VISITS

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

