

Chief Executive Officer
Louis Ward, MHA



Mayers Memorial Hospital District

Board of Directors
Jeanne Utterback, President
Beatriz Vasquez, PhD, Vice President
Tom Guyn, MD, Secretary
Abe Hathaway, Treasurer
Tami Vestal-Humphry, Director

Board of Directors
Regular Meeting Agenda
May 26, 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 and N-25-20, this meeting will be conducted entirely by teleconference. A physical location is set up for the Board Members, but due to social distance requirements, we ask that members of the public 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: 975 7792 8598

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.		
3	APPROVAL OF MINUTES			
	3.1 Regular Meeting – April 28, 2021	<i>Attachment A</i>	Action Item	2 min.
4	Introduction of Mayers Healthcare Foundation Executive Director Tracy Geisler			5 min.
5	DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS:			
	5.1 Resolution 2021-10 – April Employee of the Month	<i>Attachment B</i>	Action Item	2 min.
	5.2 Mayers Rural Health Clinic Update – Amanda Ponti, Manager	<i>Attachment C</i>	Report	2 min.
6	BOARD COMMITTEES			
	6.1 Finance Committee			
	6.1.1 Committee Meeting Report: Chair Hathaway		Report	5 min.
	6.1.2 April 2021 Financial Review, AP, AR and Acceptance of Financials		Action Item	5 min.
	6.2 Strategic Planning Committee			
	6.2.1 No May Committee Meeting – SP Session for Full Board on June 23 rd at 1:00 pm			
	6.3 Quality Committee			
	6.3.1 May 12 th Meeting Report – DRAFT Minutes Attached	<i>Attachment D</i>	Report	5 min.

7 NEW BUSINESS				
	Policy & Procedures			
7.1	1. Board Compensation & Reimbursement 2. Disposal of Surplus or Excess	Attachment E	Action Item	2 min.
8 ADMINISTRATIVE REPORTS				
8.1	ED of Community Relations & Business Development – Val Lakey	Attachment F	Report	5 min.
8.2	Chief's Reports – Written reports provided. Questions pertaining to written report and verbal report of any new items		Reports	
8.2.1	Chief Financial Officer – Travis Lakey		Report	5 min.
8.2.2	Chief Clinical Officer – Keith Earnest	Attachment G	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.
9 OTHER INFORMATION/ANNOUNCEMENTS				
9.1	Board Member Message: Points to highlight in message		Discussion	5 min.
10 ANNOUNCEMENT OF CLOSED SESSION				
	Medical Staff Credentials Government Code 54962			
	MEDICAL STAFF REAPPOINTMENT			
	1. Sean Pitman, MD, Pathology (Shasta Path.)			
	2. Mark Ramus, MD, Pathology (Shasta Path)			
	3. Michael Dillon, MD, Emergency Med. (Envision)			
10.1	MEDICAL STAFF APPOINTMENT		Action Item	2 min.
	4. Sophie Xu Teng, MD, Neurology (UCD)			
	5. Robert L. Muller, MD, Radiology (vRad)			
	6. Anne Marie McLellan, DO, Radiology (vRad)			
	7. Alap R. Jani, MD, Radiology (vRad)			
	8. Ronald D. Alexander, DO, Radiology (vRad)			
	9. Desiree Levyim, MD, Neurology (Telemed2U)			
10.2	Pending Litigation Government Code 54596.9			
	Mediation Proposal		Discussion	10 min.
11 RECONVENE OPEN SESSION – REPORT CLOSED SESSION ACTION				
12 ADJOURNMENT: Next Regular Meeting – June 23, 2021				

Posted 5/21/2021

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Tom Guyn, MD, Secretary
Abe Hathaway, Treasurer
Tami Vestal-Humphry, Director

Board of Directors
Regular Meeting
Minutes
April 28, 2021 – 10:33 am
Teleconference Only

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: Jeanne Utterback called the regular meeting to order at 10:33 am on the above date.

BOARD MEMBERS PRESENT:

Jeanne Utterback, President
Beatriz Vasquez, PhD, Vice President
Tom Guyn, MD, Secretary
Abe Hathaway, Treasurer
Tami Vestal-Humphry, Director

ABSENT:

STAFF PRESENT:

Louis Ward, CEO
Ryan Harris, COO
Keith Earnest, CCO
Travis Lakey, CFO
Val Lakey, ED of CR & BD
Amanda Ponti, Clinic Manager
Jessica DeCoito, Board Clerk

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 March 31, 2021.	Guyn, Hathaway	Guyn-Y Hathaway-Y Humphry-Y Utterback-Y Vasquez-Y
3.2	A motion/second carried; Board of Directors accepted the minutes of April 1, 2021 Emergency Meeting.	Guyn, Hathaway	Guyn-Y Hathaway-Y Humphry-Y Utterback-Y Vasquez-Y
3.3	A motion/second carried; Board of Directors accepted the minutes of April 14, 2021 Special Meeting.	Guyn, Hathaway	Guyn-Y Hathaway-Y Humphry-Y Utterback-Y Vasquez-Y

4 DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS

4.1	A motion/second carried; Pam Sweet was recognized as March Employee of the Month. Resolution 2021-09. Pam has been a huge help with the vaccination clinics with scheduling and keeping everyone in the know.	Hathaway, Guyn	Guyn-Y Hathaway-Y Humphry-Y Utterback-Y Vasquez-Y
4.2	Mayers Rural Health Clinic Update: Comments: things ran very well and nice, providers were exceptional. One thing that would be nice is to get chairs into each exam room. We need to make sure that the clinic phone number is included on all Clinic PR. We have seen 96 patients since we opened a just a week ago. We can now see Partnership patients which should increase patient load.		

5 BOARD COMMITTEES

5.1 Finance Committee

5.1.1	Committee Report: We heard from Acute Social Services, Activities, and Staff Development departments. We can now admit patients into the SNF. Activities is busy with keeping the residents schedule full with all sorts of different activities, while keeping social distancing measures a priority. Having a second van has been a huge help for Activities and getting patients to appointments. Relias has been a huge help with staff training and keeping everyone up to date during COVID. And we don't have certification lapses because Relias has been a huge help in keeping employees on tasks.		
5.1.2	March 2021: Retail Pharmacy showed a profit for this month. The consultant showed us we had inventory surplus and a reconciliation done to make our numbers best. We also discussed a 340B renegotiation with MVHC.	<i>Hathaway, Humphry</i>	<i>Guyn-Y Hathaway-Y Humphry-Y Utterback-Y Vasquez-Y</i>
5.1.3	Daycare Budget Increase: Recommendation from Finance to increase the budget an additional \$25,000 to take care of the additional TI Permit conditions that would include the updating of ADA features. Motion/seconded carried; approval to increase the budget for necessary ADA upgrades.	<i>Hathaway, Vasquez</i>	<i>Guyn-Y Hathaway-Y Humphry-Y Utterback-Y Vasquez-Y</i>
5.2	Strategic Planning Committee Chair Vasquez		
5.2.1	SP Planning Session: Rescheduled to June 23 rd .		
5.3	Quality Committee Chair Utterback		
5.3.1	Committee Meeting Report – Great accomplishment and kudos to the Physical Therapy department for having all staff members hired under MMHD – no travelers. Hospice End of Life Quality Rating: reported to our Electronic Health Records and CMS looks at the reports, but we have already improved the poor ratings. And these ratings have become a constant item being worked on.		
6	NEW BUSINESS		
6.1	Policy & Procedure Summary: A motion/second carried; Board of Directors accepted the Policy & Procedure summary.	<i>Vasquez, Hathaway</i>	<i>Guyn-Y Hathaway-Y Humphry-Y Utterback-Y Vasquez-Y</i>
6.2	Policy Manuals Requiring Signature: As a Board member you have the responsibility over policies. This process ensures that we, MMHD staff, follows the policy, reviews policies and adjusts policies when needed. A motion/second carried; Board of Directors accepted the Policy Manuals.	<i>No Action taken – Action will be review of manuals by individual Board Members and acceptance/approval in MCN Portal</i>	
6	ADMINISTRATIVE REPORTS		
6.1	ED of Community Relations & Business Development: Seismic Bill update: we should know more about our 2030 requirements within the next month. Other: There are a lot of bills on the table that would affect us financially if all passed. Lots of work on the Hazard Pay bill.		
6.2	Chief's Reports		
6.2.1	CFO: Hospital and Retail Pharmacy had a great month. HQAF Supplemental payment structure has been a priority for us. Louis will sit on a coalition with CHA to understand this and advocate for Critical Access Hospitals and District Hospitals.		
6.2.2	CCO: COVID Vaccinations have dropped off – was 180 a week and now we're barely reaching 90. 600 doses in the deep freezer. Additional outreach has begun and partnerships created with Mercy and Meals on Wheels to help those who are homebound. Johnson & Johnson vaccine is available again.		
6.2.3	CNO: Anticipation on moving back to Purple Tier in Shasta Co. this next week but doesn't stop our visitation with SNF residents. Mock Survey went very well with minor fixes that were fixed before mock surveyor left. Acute Mock Survey will take place in May and all departments are getting prepped. We are working to find ER nurses to hire on permanent positions. COVID screening is still in place and COVID testing for employees who are in direct patient care continue to occur. Radiology functionality is down with our main room. We have the		

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vendor on site working on a solution. A portable unit is being provided by the vendor to help us continue to provide our services.

6.2.4 **COO:** Demo project has started with trench being cut, gas lines being cut/capped, and lots of prep work. Laundry facility work has begun construction but we are waiting on the electrical contractor to give us a schedule update for his work.

6.2.5 **CEO:** \$150 Billion went to the state and they are trying to figure out how to spend that. Shasta Co. will receive \$31 million at this time – money has to be spent on COVID related reasons. Working with County Administrator and Shasta Co. Public Health on ideas of how to spend that. HVAC updates for hospitals and schools is one great thing we could use the money towards. Contract with a firm to do a Physician Search for both the hospital and clinic. Kudos to MMHD Staff on the presentation for Dr. Watson. SP Session reschedule date and time: June 23rd is a potential date, which would include moving the June Board meeting from the 29th to the 23rd. Location would be the Intermountain Fair Heritage Room. And use the same “day of” schedule.

9 OTHER INFORMATION/ANNOUNCEMENTS

9.1 Board Member Message: Employee of the Month, Clinic Update and include the telephone number, demolition of the 1953 building started, Relias training program, extra work for Covid vaccinations being done, end with honoring Dr. Watson with the new campus.

10 ANNOUNCEMENT OF CLOSED SESSION – 12:18 pm

10.1 **Pending Litigation Government Code 54596.9: Upcoming Mediation:** Discussion took place. A consensus was reached unanimously.

12 RECONVENE OPEN SESSION: 1:00 pm

13 ADJOURNMENT: 1:00 pm

Next Regular Meeting: May 26, 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
Always Caring. Always Here.

RESOLUTION NO. 2021-10

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

Kristy Blevins

As April 2021 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, Kristy Blevins is hereby named Mayers Memorial Hospital District Employee of the Month for April 2021; and

DULY PASSED AND ADOPTED this 26th day of May 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

Chief Executive Officer
Louis Ward, MHA



Mayers Memorial Hospital District

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Tom Guyn, M.D., Secretary
Abe Hathaway, Treasurer
Tami Vestal-Humphry, Director

Board Meeting

Wednesday May 26, 2021

Mayers Rural Health Center Report – Amanda Ponti, Clinic Manager

Statistics

The clinic has currently seen 324 patient as of 5/18/21 with 52 productive provider days.

Average patients per day by provider is currently: Corr 8.5, Haedrich 4.5, McKenzie 8.5, and Saborido 5.5.

Total billed charges out of the clinic by provider include Corr \$7,148.98, Haedrich \$13,536.50, McKenzie \$49,026.18, and Saborido \$18,054.96. Current total \$87,766.62.

Downstream revenue observed at the hospital by provider: Corr \$15,255, Haedrich \$15,311, McKenzie \$41,721 and Saborido \$23,164. Current total \$95,451.00

Survey Update

On 5/6/21 Partnership Health Plan of California conducted their initial site review survey. This survey covers everything from appropriate handicap parking and access into the building to proper staff training and policies. The survey occurred via zoom and took around three hours. We were able to pass the survey will only a few things outstanding that require a written correction plan, which will be completed by the June 5 deadline.

We currently are still waiting on our CLIA license in order to request The Compliance Team survey covered in last month's report.

Electronic Medical Record Implementation

Our partnership with OCHIN-EPIC continues to be productive as we move to the stabilization phase of this project.

We are still working on the interface with the hospital for lab and radiology orders and results. The radiology interface is going well and is currently being tested for approval. The lab interface has encountered many snags with limited support from the hospital's EMR vendor, but we are still hopeful that this will be established. IT has work tremendously hard on this project.

SacValley Med Share HIE interface is still in full swing and going smoothly. The hopes is to have that interface live by September 30 in order to be eligible for grant funding available.

Patient Surveying

On 5/14/21, we began sending out post visit surveys to any patients enrolled in our text message program. The results are attached. We also received the following free text responses as well:

- ❖ Was very pleased with the ladies in the front office made you feel welcome.
- ❖ Very friendly!
- ❖ I got my admitting information in they scheduled me with in an hour.
- ❖ I have only been there 1 time and it was a good experience
- ❖ Short wait.
- ❖ I cannot say enough about the care I have gotten from my doctor and the staff. Thank you so much
- ❖ Tracy is very good.
- ❖ Particularly like the professional appearance of office staff
- ❖ The staff is very efficient, friendly and caring

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Board of Directors
Quality Committee
Minutes

May 12, 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 1:01 pm on the above date.			
	BOARD MEMBERS PRESENT:		STAFF PRESENT:	
	Jeanne Utterback, President Tom Guyn, MD., Secretary		Louis Ward, CEO Candy Detchon, CNO Jack Hathaway, Director of Quality Libby Mee, Director of Human Resources Val Lakey, ED of CR and BD Marina May, Social Services Sondra Camacho, Activities Brigid Doyle, Staff Development Jennifer Levings, Data Analyst Jessica DeCoito, Board Clerk	
	ABSENT: Dawn Jacobson, Infection Control			
	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 April 14,2021.	Guyn, Hathaway	Guyn – Y Utterback – Y Hathaway – Y Beyer – Y
4	No Reports for: Quality Facilities or Finances			
5	REPORTS: QUALITY			
	5.1	Marketing: Intern Interviews are taking place this afternoon which is a part of our Growing Our Own program. More clinic marketing went out today and the heat maps show lots of traffic on our website.		
	5.2	Safety Quarterly: Met with Mock Surveyor on Emergency Preparedness and Safety program. Small changes to make. Will have Hazard Vulnerability Assessment brought forward to Quality and then full Board for approval.		
6	REPORTS: QUALITY STAFF			
	6.1	Employee Health: Will start to combine employee health and worker's comp quarterly reports into the same month. Update: HR met with Mock Surveyor and very impressed with our current programs and tracking. As of Tuesday, May 11 th , our employee vaccination rate is at 60%. Continue to track the employees who have yet to get the vaccination and breaking them into categories. Employee Physicals are back up and running and conversations are taking place about moving them down to the Clinic.		
	6.2	Staff Development: (Written report provided during meeting – copy included in minutes): Working on the curriculum and lesson plans for the application for the CDPH Training Program Review Unit. This is a 25- day class that is in house and will help		

		with staffing shortages and provide opportunities to the community members who can't make it down to Redding or elsewhere for classes. Relias is no longer informing us of the folks who are not in compliance, so we are making adjustments to our process to keep everyone in compliance.
7	REPORTS: QUALITY PATIENT SERVICES	
	7.1	Social Services: Most of the report is focused on Long Term Care residents due to COVID presenting challenges to us. With some normalcy coming back, we've seen an uplift in the resident's spirits. Focus is to get our numbers back up into the 80s for LTC. A lot of extra activities have been helpful with moral and social interaction to help boost the wellbeing of our residents. Visitations opening back up has been very nice for residents and their families. Admissions process takes a while and we've been able to use the LEAN process to help streamline.
	7.2	Activities: Slowly opening up more opportunities for our residents. Residents took a field trip to Valley Hardware Nursey and purchased items to get gardens ready, took a trip to the Thrift Store and purchased some goods, and picked back up on the Resident Council meetings. We keep moving forward and coming up with activities for the residents to do. Hoping for a trip to the lake can happen soon, and give the residents a chance to throw in a fishing pole. We have also begun a recycling program that the residents are excited about.
	7.3	SNF Events/Survey: SNF Mock Survey went well. Currently going through a Mock Survey for the Acute side. So far, very minor issues that have already been solved. Really excited about the CNA program. Kudos to Social Services for their streamlined processes in admission. And thank you to Activities for their creative ideas for the residents.
	7.4	Infection Control: Vaccination numbers are decreasing.
8	DIRECTOR OF QUALITY	
	8.1	Director of Quality Update: Contracting Issue: review of patient service contracts need to be addressed – there is a process in place and most contracts are reviewed and handled but some are slipping through the cracks. A team has met up to discuss process solutions. Quality seems to be going very well hospital wide.
	8.2	CMS Core Measures: Patient Experience Measure: always the area we struggle because of volume of patients. 3M is going to be helping us with our coding in our DOG and surveys that will also increase our volume of patient surveys received to help boost our patient experience measure. Mortality Rate: death of heart attack patients and death of heart failure patients – we need to add two more into this measure with some options available, like death from stroke. Safety of Care: NHSN (CDC portal we report infection control through to CMS) is used to report to CMS but not all reporting goes through NHSN. Now that that is identified, we can make adjustments and start reporting out correctly. Discussion took place regarding the difference between JCO accreditation vs. Star Rating. More discussion to take place at the Strategic Planning Session on June 23 rd .
	8.3	5-Star Rating Monitoring – Quarterly Update: We are at 4 Stars with SNF. CMS has gone back to the Red Hand note on your facility when there is case of abuse. Seamlessly worked with CDPH on all issues in the last 18 months with no deficiencies and solved all issues.
9	ADMINISTRATIVE REPORT: COVID Vaccine: 12 to 15 year olds are now able to get vaccine. Working with FRJUSD Superintendent to plan a vaccine clinic at the schools. Working with county on a consent form and how the processes will work, along with picking out dates and times. Siskiyou County is a concern with numbers of COVID positive cases – a recent outbreak of 20 residents coming back positive even after getting the vaccine – turns out it is the South African strain. Watching this closely since Siskiyou neighbors our area. HIPPA retraining will be taking place. Maintenance ticketing system has been set up to help track all the work orders coming through – IT currently uses this program and has been a huge help with tracking all the issues as well as setting up schedules for the Maintenance team. Internet issues have been going on for both campuses – when the line was cut over during the Demo project, Frontier incorrectly connected us to a smaller line than what we need. Huge priority and working on getting this issue resolved ASAP. Outdoor improvements for residents and employees like a gazebo and new seating areas are being implemented. Hospital Week this week – lots of fun activities have already taken place and more to come. Spent time on a radio call in Redding with Shasta Regional CEO – focus was on the vaccinations and opportunities out there. Setting up new Patients for the clinic has been streamlined – online registration, hard copy packet, or call and start the process over the phone to get an appt. set up and during appt. you can finish your registration packet.	
10	OTHER INFORMATION/ANNOUNCEMENTS: None	
11	ANNOUNCEMENT OF CLOSED SESSION	
	Medical Staff Credentials: Government Code 54962 STAFF STATUS CHANGE 1. Scott Zittel, MD – Move to Inactive Medical Staff REAPPOINTMENT	

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	<ol style="list-style-type: none"> 1. Sean Pitman, MD, Pathology (Shasta Path) 2. Mark Ramus, MD, Pathology (Shasta Path) 3. Michael Dillon, MD, Emergency Med. (Envision) <p>MEDICAL STAFF APPOINTMENT</p> <ol style="list-style-type: none"> 1. Sophie Xu Teng, MD, Neurology (UCD) 2. Robert L. Muller, MD, Radiology (vRad) 3. Anne Marie McLellan, DO, Radiology (vRad) 4. Alap R. Jani, MD, Radiology (vRad) 5. Ronald D. Alexander, DO, Radiology (vRad) 6. Desiree Levyim, MD, Neurology (Telemed2U)
10	RECONVENE OPEN SESSION – REPORT CLOSED SESSION ACTION: Medical Staff Credentials were moved, seconded and carried. Unanimous consent to approve credentials.
11	ADJOURNMENT: Next Regular Meeting – June 9, 2021

DRAFT

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MAYERS MEMORIAL HOSPITAL DISTRICT
POLICY
COMPENSATION AND REIMBURSEMENT
BOARD OF DIRECTORS

Page 1 of 2

POLICY:

Directors shall receive no fee for attending meetings of the District Board of Directors.

The District shall reimburse Directors for actual necessary traveling and incidental expenses incurred in the performance of official duties as Directors, subject to the requirements of these Policies and Procedures and the law.

The following types of occurrences qualify for reimbursement if attended in the performance of official duties as Directors of the board and if prior approval is obtained.

- Training workshops, seminars, and conferences.
- Educational workshops, seminars, and conferences.
- Meetings of or sponsored by ACHD (the Association of California Health Care Districts), by CSDA (the California Special Districts Association), by CHA (California Hospital Association), and by other state or national organizations relevant to the purposes of the District.
- Meetings of local governmental entities and bodies and Ad Hoc committees thereof.
- Meetings of local nonprofit organizations.
- Meetings of community or civic groups or organizations.
- Meetings of advisory groups and Ad Hoc committees organized or conducted by District staff.
- Meetings with District consultants, advisors, and other professionals.
- Any other activity approved by the Board in advance of attendance, whether the request for attendance was initiated by the Board or by a Director.

If there is no Internal Revenue Service rate established for an expense such expense shall not be reimbursed unless the District board approved such expense in a public meeting before the expense was incurred.

No expense shall be reimbursed except pursuant to an expense report meeting the requirements of this Policy and submitted by the Director to (and received by) District staff, within four weeks after the final date of the occurrence in connection with which the expense was incurred. The expense report shall include receipts for all expenses for which reimbursement is being requested.

No reimbursement shall be paid unless, at the next regular meeting of the board following the occurrence for which the expense report was submitted, the Director submitting the expense report makes a brief report on the occurrence attended. If the Director is not in attendance at such next regular board meeting, a written report submitted by the Director and read aloud by staff or another Director shall suffice as the required brief report.

REFERENCES:

Sequoia Health Care District policy Reimbursable Expenses policy (adopted 6/24/14)
Sequoia Health Care District policy Remuneration and Reimbursement (8/24/14)

APPROVALS:

QI: 6/14/2017

MAYERS MEMORIAL HOSPITAL DISTRICT

POLICY & PROCEDURE

DISPOSAL OF SURPLUS OR EXCESS PROPERTIES

Page 1 of 1

POLICY:

To comply with State of California District Law, Disposal of Surplus Property #32121.2, surplus or excess properties belonging to Mayers Memorial Hospital will be disposed of following the procedure below.

PROCEDURE:

1. The department manager of the area where the equipment is used will determine the market value. That value will be included for review by the CEO or COO in the notice to administration that surplus or excess equipment exists. The department head will give a brief description of the item, original approximate price and fair market value.
2. Administration will list equipment for disposal in the employee newsletter and post the list on the hospital website for 14 days. The department owning the equipment will make the equipment available for inspection for interested buyers, without regard to whether the prospective buyer is an employee of the district.
3. Prospective buyers may make a bid for the surplus item in writing and leave the sealed envelope with administration. The Bio must identify the item and include, the date of submission, the buyer's name and telephone number.
4. Administration will notify the high bid. In the event of equal bids, the earliest submitted bid will be honored. Payment must be made within 7 days of notification or the next highest bidder will be contacted.
5. All checks will be made out to the "Mayers Memorial Hospital District General Fund."
6. Any other district hospital submitting a bid on surplus or excess properties will have precedence and will be awarded the equipment without regard to fair market value or other bids, per section 32121.2 of district law.
7. An informational item listing any excess properties sold in the previous month will be included in the Board Packet.
8. Finance notification of equipment disposal will occur monthly by administration, for inventory and depreciation schedule adjustment.
9. All sales are final; equipment is sold without any warranty.

REFEENCES:

State of California District Law, Disposal of Surplus Property #32121.2,

COMMITTEE APPROVALS:

Chiefs: 4/28/2021



Mayers Memorial Hospital District

Always Caring. Always Here.

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

Legislation/Advocacy

With many bills in appropriations, budget hearings underway and floor hearings about to begin, the push for advocacy is at the busy point. Most of the bills we are following closely are being heard in appropriations May 20th and will likely hit the floor the next week.

Letters and direct meetings and phone calls are being made concerning [AB650](#), [SB213](#), [SB642](#) and [AB1130](#).

I am on the AB650 Coalition committee and working with CHA and ACHD in participating in meetings with legislators regarding the bills.

Assembly Bill (AB) 650 (Muratsuchi, D-Torrance) — Oppose. The bill would mandate private and district hospitals pay up to \$10,000 each in “retention bonuses” to all non-managerial staff, including subcontracted employees such as housekeeping staff, security guards, food services workers, and laundry workers. The bill would conservatively cost California hospitals \$6 billion.

Senate Bill (SB) 213 (Cortese, D-Silicon Valley) — Oppose. Similar to many unsuccessful efforts over the past decade, SB 213 would create a rebuttable presumption in the workers’ compensation system that an infectious disease, musculoskeletal injury, or respiratory disease arose out of work for any hospital direct patient care worker. Aside from recent COVID-19-specific and time-limited workers’ compensation presumptions that cover all industries, presumptions have been limited to the public sector. Because it is virtually impossible to overcome a workers’ compensation presumption, hospitals would be required to accept more claims with little to no evidence that they are work-related. Such claims can reach hundreds of thousands of dollars in temporary and permanent disability payments and medical costs for a single case. The bill is on the Senate Appropriations Committee suspense file.

AB 1130 (Wood, D-Santa Rosa) — Oppose Unless Amended. This bill would establish, within the Office of Statewide Health Planning and Development (OSHPD), the Office of Health Care Affordability (OHCA). The office would analyze the health care market for cost trends and drivers, develop policies for lowering health care spending costs for consumers, set and enforce cost targets, and create a state strategy for controlling the cost of health care and ensuring affordability for consumers and purchasers.

SB 642 (Kamlager, D-Los Angeles) — Oppose. This bill seeks to empower individual physicians to dictate to a hospital what treatments and services the hospital will offer. It seeks to give each individual physician this power despite the fact that physicians have no financial responsibility or liability exposure for the consequences of these decisions. For nonprofit transactions subject to Attorney General review, this bill would also add to the factors that may be considered by the Attorney General in determining whether to consent to the transaction and whether it would create a reduction or limitation in the availability of the full range of health care services, including reproductive and end-of-life care, to any group of individuals based on their membership in a protected class.

Marketing/Public Relations/Recruiting

The Clinic marketing calendar is full. At this time we are scheduled to send a bulk mailing for the clinic (the postcard is being done now). Materials for the Admitting desk, Emergency Department and the Retail Pharmacy are being completed. These include materials for scheduling follow-up appointments for patients coming from the ED, materials for patients with no designated primary care provider and supplemental materials for the pharmacy. There have been several print ads published over the last month and we are working on a few other advertising Medias. I have been doing short video clips of providers and bio pieces on staff. We have also established a monthly calendar for promotions and healthcare observance highlights that we can promote through the clinic.

I have been meeting with Department managers to work through pages on the website and do department specific marketing.

COVID Messaging/Vaccination Program

We made contact with Fall River Joint Unified School District Superintendent regarding the Pfizer vaccine being available to ages 12 and older. They were not interested in doing on-site school vaccination clinics, but agreed to provide information to students. We sent scheduling information and consent forms to the superintendent to distribute. Additionally, we have been publicizing the availability of 12 and older vaccines.

Disaster/Emergency Preparedness/Safety

We participated in the Mock Survey and evaluated the Emergency Management portion. We identified some opportunities for improvement including “closing some loops” on identified training opportunities found in After Action Reports. We are currently working to remedy this. Additionally, we are working to ensure all documents and policies are current and have appropriate approvals. There are many components to be prepared for in relation to survey. It is the goal to have all documents available digitally and corresponding to the appropriate survey tag.

We have added cybersecurity to the monthly safety meetings and Jeff Miles from IT will be reporting on different topics each month.

We have begun the Code Knowledge training and education. For the month of May we have focused on general Code knowledge of all of the Code Colors. A Relias training of the Code

Binder has been sent to all staff. Additionally, a short test sent via email and text was sent to test knowledge of codes and also test the communication process. This doubled as a virtual drill which we can complete an after action report on. Staff response so far is over 50% (I am still tallying collecting the submissions at the writing of this report).



Operations Report May 2021

Statistics	April YTD FY21 <i>(current)</i>	April YTD FY20 <i>(prior)</i>	April Budget YTD FY21
Surgeries <i>(incl. C-sections)</i>	24	35	80
➤ Inpatient	2	5	20
➤ Outpatient	22	30	60
Procedures <i>(surgery suite)</i>	72	116	128
Inpatient	1,520	1,262	1,688
Emergency Room	3,117	3,357	3,350
Skilled Nursing Days	22,971	23,432	23,117
OP Visits (OP/Lab/X-ray)	18,151	10,939	13,336
Hospice Patient Days	1,092	842	1,170
PT	2,151	2,104	2,500

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

Chief Clinical Officer Report

Prepared by: Keith Earnest, CCO

Pharmacy

- Activity surrounding acquiring and administering COVID vaccines.
 - We are vaccinating the general public ages 12 and above. We have attempted to collaborate with local schools to do on campus vaccinations but at this time, students will need to come to us.
 - Persons wanting vaccinated at Mayers have to option to enroll through the MyTurn platform or the Mayers webpage. As of 5/19 no one has signed up through MyTurn.
 - We collaborated with Mercy Redding and Shasta County Public Health to have a vaccine event for homebound individuals and other underserve members of the community of Johnson Park on May 6th. We will be doing second doses on May 27th.
 - Mayers went onsite a Sierra Pacific in Burney on May 13 to finish up 2nd doses. This was Mayers 3rd trip to Sierra Pacific.
 - As of May 19, we have given 1327 first doses and 1221 second doses of COVID vaccines.
- Mayers Rural Health Clinic
 - A quarterly med room inspection will be conducted in June.
 - Dosage charts for some target drugs were created to meet Partnership Health's Standards.
 - Refrigerator is on order and expected to arrive the week of May 24.
- In August, Mayers will be changing out the now obsolete Pyxis 3500 machines for Pyxis ES machines. Pyxis ES will have remote access to add users, expanded capacity, and more advanced reports and tracking.

- The barrier isolator is out of service due to a motor failure on one of the fans. The certification technicians were on site to troubleshoot the issue on April 20 and the problem was different from what was initially thought. Parts are on order and we are anticipating it being fixed by the end of June.

Physical Therapy

- The referral process from the Burney Clinic to PT is going very well. The justification notes are clear and received quickly giving the department the ability to get therapy scheduled and approved quickly.
- The new PT treadmill is in place and it getting used daily. This equipment is a big asset to the department.
- The PT department and Skilled Nursing in Burney worked with the foundation grant writer to obtain a grant for a NuStep for the Burney Annex. Daryl
- A college student who graduated from Fall River High, Johnny Iniguez, is exploring going into Physical Therapy or a related field. He will be shadowing in the department this summer.

Retail Pharmacy

- We are awaiting the full report from the 340B consultant who was onsite April 21-22. Inventory control measures have been put in place for high dollar items. Another area of the consultant's focus was Mayers 340B contract with MVHC.
- We are working with Bay Alarm to add two cameras to the security system. A representative from Bay Alarm has worked with the CCO and IT department to train on the video system.

Telemedicine

- See Attached.

Respiratory Therapy

- The Respiratory Therapy department is receiving referrals from the new clinic.
- The respiratory therapists have worked very hard making sure patient care was not compromised due to the wall oxygen interruption due to the demolition project.
- Respiratory Therapist will be onsite at a local strawberry company to do mask fitting on employees.

Chief Nursing Officer Report
Prepared by: Candy Vculek, CNO

- MMHD had a mock survey completed this month on the Acute Care. The formal report has not been received yet but there were a number of non-critical findings. Acute care and ED management has already rectified the issues shared in the preliminary report.

- The Acute Care RN vacancies have dropped to only one position. Three new RNs will be starting over the next couple of weeks. ED staffing continues to be thin and there have been no applicants for the three vacancies LVN staffing remains stable across the organization.
- The CNA program application has been submitted to CDPH and MMHD is ready to start running our own program as soon as it is approved.
- There have been a couple of transitions of leadership roles in the facility.
- Diana Groendyke has separated from MMHD.
- Shelley Lee who has been the SNF ADON will be serving as the Interim DON for the SNF
- Jack Hathaway has assumed additional duties as the Interim Director for Laboratory and Radiology.
- COVID Flex waivers are being rolled back by CDPH. MMHD will be working through the impact over the next several weeks to see what changes are needed.
- New scheduling software is being rolled out through the hospital. It is part of the new timecard system that was implemented last year and is included in the cost. Once it is in place, the contracts for the old system will be cancelled. The new system integrates with the timecard software and will improve the ability of the managers to quickly review changes when processing payroll

SNF Report

- Census = 78 Residents (Burney Annex = 47; Station 2 Fall River Mills = 31). There are several potential admissions pending.
- The activity director took a number of residents on outings this month. They went to both the local nursery and to the hospital's thrift store. These outings and the increased visitations have greatly improved the morale.
- Three new CNA's have been hired and are all working the night shift.

Acute Care Report

- Stats were unavailable at time of report but census was very low for a significant period in April. It has bounced back and the department has recently been very busy.
- Staffing has improved significantly this month. The new staff will all start orientation within the next few weeks.
- Outpatient Medical census was also a bit low in April with 122 patients seen and 152 completed procedures.

Emergency Department

- The Emergency Department census was low in April with a total of 270 patients seen. 13 patients were transferred to a higher level of care and 14 were admitted to MMHD acute care.
- Staffing- There are currently 3 vacant night positions. It has been difficult to get travelers to cover the vacancies and staff has been working a significant amount of overtime.

Laboratory

- The lab consultant and lab manager have worked together and point of care testing has been established for the ED. This will reduce the call back time for the CLS group once the ED staff is fully trained and the facility has received the additional supplies.

Radiology

- The equipment problems from last month carried over for a period of time. They do all seem to be resolved.
- Staffing- There is one vacant Radiology Tech position. It is being filled by a traveler.

Chief Operating Officer Report

Prepared by: Ryan Harris, COO

Facilities, Engineering, Other Construction Projects

- The Mayers Rural Health Center has completed the landscaping and the County has signed off on official occupancy. The Mayers RHC project came in on time and under budget. Paperwork from the contractor is still pending before we can issue final payment as well as some HVAC punch list items that will be addressed the weekend of May 21st.
- The Demo project is moving along with major demo work planned to begin on Wednesday, May 26th. Other work happening over the next couple of weeks is the roof framing for the new HVAC unit, potholing to identify utilities and med gas lines, abatement, water tank foundation, rerouting of existing med gas line, and interior demo at the nurse's station. Alex, Jessica, and I continue to meet with the Contractor, Inspector of Record, and Architect weekly to go over any issues. Daily reports are being managed by Alex, Jessica, and me to document project progress and issues.
- 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.
- Work continues on the Laundry facility with All MEP (Mechanical, Electrical, Plumbing) trades all now working on the project.
- An Engineer has been retained to develop the drawings for the daycare project. Once completed these will go into the county for approval.
- Alex and the maintenance team are starting work on an outdoor eating area for our residents' patients and staff. This will be located at the old helipad and will include 2 gazebos with concrete pads overlooking the bluff, several picnic tables, and concrete walkways.
- Alex and IT have finished their maintenance ticketing system and the system is now live for staff to use. This has been announced at several meetings over the last month and staff is excited to use the new system.
- Alex and I are working with the construction teams to get our final on the expansion project by June 18th. The remaining outstanding items are the removal of the water fountain which Greenbough design is working to remove from the project, the microbiology hood and refrigerator which Alex and his team are working on installing the week of 5/17, and the completion of the emergency water tank that is being done by the demo project construction team and Intech mechanical.
- Preliminary discussions have started in regards to a chlorine system to help purify any contaminants in the hospital's water system. With the push from CMS and CDPH to test for legionella in hospital

water systems and the remediation efforts it takes to remove it from a system a chlorine system may be the hospital district's best long-term solution to any future problem unless the CSD decides to chlorinate our water supply.

- Alex continues to work with PG&E on the long-term hospital and skilled nursing facilities resiliency plan. I also have talked with a microgrid and solar company to see how their solutions could cut our electricity bill and make our facilities more resilient when PG&E turns the power off.

IT

Helpdesk

- Since April 21st, we have seen a 12% increase in received tickets and a 10% increase in resolved tickets. Our backlog has increased by 70%. Response Time has increased by 31%, and Resolution Time has increased by 42%. These numbers are likely correlated with our Frontier fiasco, which resulted in many tickets being created while the team was out and about repairing infrastructure and not at the helpdesk.
- We received a survey response on 10% of our tickets. 90% of our responses were 5/5, and 10% 4/5. We received no 3/5, 2/5, or 1/5.

Projects

- We are currently on hold until the week of June 7th at which point we will perform our annual security audit with BancSec. We will be adding on a few new projects after that, including refreshing our Med and Supply Stations and replacing Lab's glucometers.
- Jeff is continuing interface work for the Clinic during this hold.

Security

- We completed the installation of our NextGen Firewall recently, which has granted us a vast amount of visibility and control at our network edge.
- We optimized our third-party patching schedule to ensure fewer conflicts with regular Windows patching.
- No new facilities security incidents to report.

Purchasing

- Delaney and her team are preparing for our fiscal year inventory at the end of June. Delaney has been working on identifying issues with Paragon that have been throwing inventory off as well as some old processes of receiving items before they are delivered that have caused inventory issues in the past.

Food & Nutrition Services

- Susan and her team participated in Mock Survey for the Acute and Swing Bed departments. A few flags were brought up regarding emergency food supply, diet orders, and competencies in training. Working on solutions for when the survey occurs.

Environmental Services & Laundry

- Sherry and her team also participated in Mock Survey for the Acute and Swing Bed departments. A few flags were brought up regarding exposed wood cabinets for linens, terminal cleans in surgery, and eyewash station logs. We are working on solutions for when the survey occurs.
- Sherry and Jessica have been organizing and creating a process to keep Material Safety Data Sheets (MSDS) for all the products Environmental Services utilizes up to date in the online MSDS system.

Rural Health Clinic

- Amanda Ponti our Clinic Manager will be giving a more detailed monthly report to the board.

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

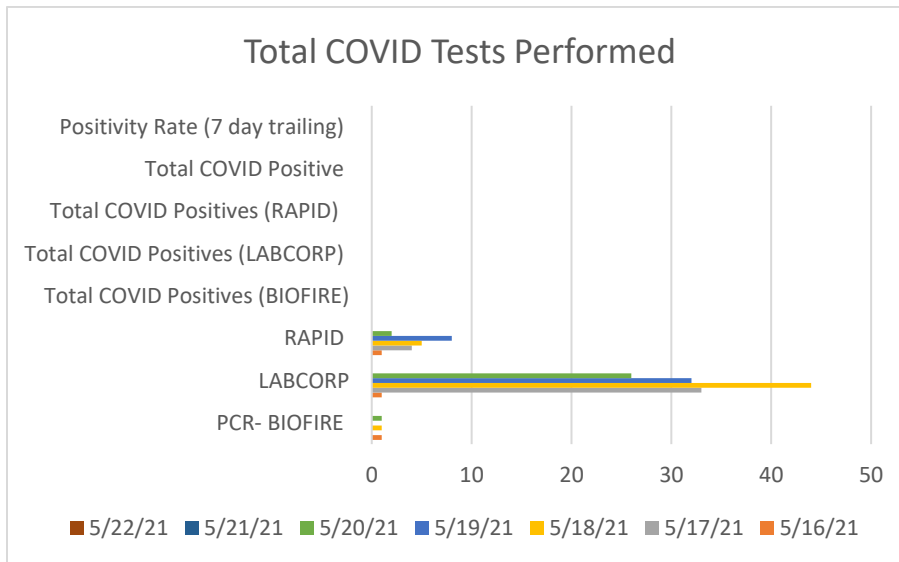
Mayers Rural Health Center

The clinic has started off with a bang. It's first month was very successful with expected numbers and great feedback from patients. I also have received great feedback of how continuity of care is shifting in our community. I too was a patient of the clinic this month and before I left the clinic I had already received a text message from Mayers Pharmacy that my medication was ready to pick up. This feeling of convenience and efficiency is exactly why we set our course on this healthcare model and I am excited to see it beginning to become a reality for the residents of the Intermountain community. Amanda Ponti, Clinic Manager has provided detailed statistics in her report this month however, I want to highlight the great work of the staff at the clinic. The responses below are directly from patients collected from a post appointment patient survey. The team is doing a great job and the word will spread.

- ❖ ***Was very pleased with the ladies in the front office, made you feel welcome.***
- ❖ ***Very friendly!***
- ❖ ***I got my admitting information and they scheduled me within an hour.***
- ❖ ***I have only been there 1 time and it was a good experience***
- ❖ ***Short wait.***
- ❖ ***I cannot say enough about the care I have gotten from my doctor and the staff. Thank you so much***
- ❖ ***Tracy is very good.***
- ❖ ***Particularly like the professional appearance of office staff***
- ❖ ***The staff is very efficient, friendly and caring***

COVID – 19

Things are slowly returning to normal here at Mayers after 14 months of continued change and reacting to the unknown. We have not had a COVID inpatient in the hospital for over 2 months now which is something to celebrate for all. We continue to work with our partners to increase vaccination rates within the community. We have communicated with the Fall River Joint Unified School District regarding 12 years and up now able to receive the vaccines, additional marketing materials on this has been circulated. We are awaiting a revised All Facilities Letter regarding mask wearing within the hospital as well as weekly employee testing. We expect to see relief for hospitals in the coming weeks. Throughout the week of 5/16 – 5/20 we performed 159 COVID tests which is way down from earlier this year. Of those 159 tests, we had zero positive cases, which is great news.



PG&E

This month I was able to speak with Patti Poppe, CEO of PG&E, about a number of items affecting our hospital district and its power plans. Most notable, we spoke at length about the Intermountain areas planned power shutoffs (PSPS) and how it will affect the hospital, our residents, our patients, our hospice patients, and citizens in the community in need of oxygen generation. I was happy to hear she does have a long-term plan that will move us further away from PSPS events as PG&E continues to invest in battery technology. Patti comes from the world of auto executives and utility executives and that pairing I find her to be very innovative while trying to tackle this very large job. I look forward to providing additional details at the board meeting.

Mobile CT Trailer

The Mobile CT that has serviced the CT needs of the community for many years prior to MMHD purchasing a new CT and placing it in the new hospital wing, will be moved off campus in the coming days. The CT will find its new home at Surprise Valley Healthcare District. Bill Bostic, CEO of SVHD and I worked out the arrangements with the assistance of a broker. Much work was needed prior to the relocation of the CT including, registration, department of transportation check for road readiness,

closure of the trailer slide-out, repositioning of the CT machine for travel, de-installation of electric, and removal of all MMHD patient protected health information. We are happy to see it go to its new home where the patients of our neighboring community can benefit.

Hospital Week

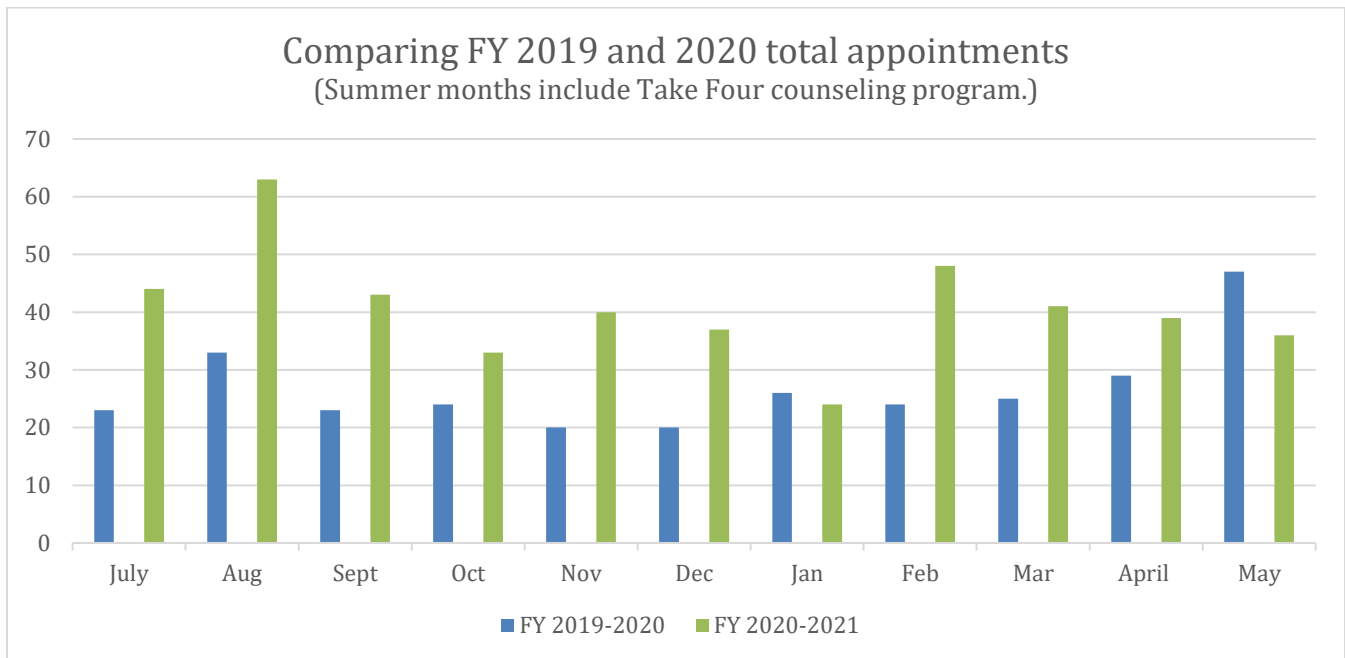
In the month of May, we celebrate Nurses Week and Hospital Week throughout the U.S Hospitals. We here at Mayers planned a fun week with lots of prizes and food. Considering COVID protocols, we have had to be more creative over the past 2 years to keep the fun going while staying in compliance. We played trivia throughout the week, provided pizza from local pizza parlors, an ice cream giveaway, a golden ticket chocolate bar giveaway, and finally a little fun with 52 card draw complete with prizes. Thanks to the Administration team for chipping in to pull off another great hospital week.

Telemedicine Update as of May 20, 2021

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

We have completed a total of 1240 live video consults via Telemedicine since August 2017.

We're now at 129% of patient consults completed compared to all of the last fiscal year. (Last year in total we had 346 patient consults, we are currently at 448 with a couple months left in the year.)



Important note: There has been a significant drop in outpatient Telemed new referrals from outside Mayers. In the last month we've received two total. That is not the norm. We are receiving referrals from our own clinic and new patients are being seen in a timely manner, but I want us all to be aware. I'm happy to discuss this should anyone copied on this be interested.

Endocrinology:

- We had 16 Endo consults in March. Our first block in May was poorly attended but I believe that's due to change in location. I'm positive our second block this month will be better.
- We've had 388 consults since the start of this specialty in August 2017.

Nutrition:

- We had two Nutrition patients in April.
- We've had 94 consults so far since we started this specialty in November 2017.

Psychiatry:

- We had 13 residents seen by Dr. Granese in April and 18 so far in May. We actually ran out of time in his regular block so he will be seeing four more residents on Friday, May 21.
- We've had 399 consults since the beginning of the program in August 2017.

Psychology:

- Dr. Jones has attempted some in-person consults and has not asked for assistance as of this time.
- We are working on options for talk therapy to be available for both our skilled nursing residents and outpatients on a more permanent basis, potentially via Telemedicine.

Infectious Disease:

- Dr. Siddiqui didn't see any patients in April and currently doesn't have any slated for May. We have no patients currently on treatment.
- We've had 89 consults since the start of this specialty in September 2017.

Neurology:

- So far this month Dr. Levyim has seen 11 patients and Dr. Woodburn has seen four. We are SO PLEASED to have Dr. Levyim join the team. She has been very pleasant, the patients seem to really enjoy her (based on post appointment surveys) and she has vastly more availability than we had with Dr. Woodburn.
- It's important to note that Dr. Levyim is very pregnant right now so we may have a spell without her in the near future for a short bit while she takes maternity leave.
- We've had 176 consults since the start of the program in November 2018.

Rheumatology:

- Dr. Butts saw three patients in April and has 1 so far in May.
- We may be credentialing/privileging a new provider, Dr. Shibuya, soon.
- We've had 23 consults since the start of the program in May 2020.

FRJUSD/Mayers/MVHC Take Four Counseling Grant:

- To date, about 792 consults have taken place with this program.
- Counseling services at all six sites are up and running. I'm still running the block at Burney Elementary due to lack of staff.
- An additional flyer created by Dr. Masters was distributed amongst the school sites as part of the Take Four Program. This one was focused on ways to improve mental health using outside activities since the weather is improving. We are currently working out the summer schedule for counseling hours and logistics.

Inpatient Telemed Services:

- Inpatient services have taken a bit of a backseat this month due to outpatient program rollout at the new Mayers Rural Health Clinic but we will resume work on this side in the coming months.

PHC/UCD Pediatric services:

- We had no referrals for Peds GI services for our first block in May so we canceled it. Our next block will be available in August and we hope to be able to use it.

Outpatient Telemedicine is moving to RHC:

- Almost all outpatient appointments this month have taken place in the new clinic - 35 appointments so far. The exception being our Skilled Nursing residents that see Dr. Granese in Fall River. He currently still sees them via video in Fall River. New workflows are being established and overall the patients are adjusting well to the new location.

