

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
July 28, 2021 at 10:30 am
Mayers Memorial Hospital District
Boardroom
43563 HWY 299 E
Fall River Mills, CA 96028
Zoom Meeting Information

[CLICK HERE TO ENTER](#)

Call In Number: 1-253-215-8782 Meeting ID: 857 7089 0164

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 – June 23, 2021	<i>Attachment A</i>	Action Item	2 min.
4	DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS:			
	4.1 Resolution 2021-14 – June Employee of the Month	<i>Attachment B</i>	Action Item	2 min.
	4.2 Mayers Rural Health Clinic Update – Amanda Ponti, Manager	<i>Attachment C</i>	Report	2 min.
	4.3 Director of Human Resources – Libby Mee	<i>Attachment D</i>	Report	2 min.
	4.4 Worker’s Comp – 6 month report – Libby Mee	<i>Attachment E</i>	Report	2 min.
	4.5 Mayers Healthcare Foundation Quarterly Report – Tracy Geisler	<i>Attachment F</i>	Report	2 min.
5	BOARD COMMITTEES			
	5.1 Finance Committee			
	5.1.1 Committee Meeting Report: Chair Hathaway		Report	5 min.
	5.1.2 June 2021 Financial Review, AP, AR and Acceptance of Financials		Action Item	5 min.
	5.2 Strategic Planning Committee			
	5.2.1 June 23 rd Notes from SP Workshop Attached	<i>Attachment G</i>	Report	2 min.
	5.2.2 SP Workshop following Regular Board Meeting 7/28/2021 at 1:00 PM			

5.3	Quality Committee			
5.3.1	July 14 th Meeting Report – DRAFT Minutes Attached	Attachment H	Report	5 min.
6	NEW BUSINESS			
6.1	Policy and Procedure Summary 6-30-2021	Attachment I	Action Item	2 min.
	Policies & Procedures:			
	Air Exchange in Operating Room	COO – Ryan Harris		
6.2	Bladder Scan Policy Using the PBS Bladder Scanner	CNO – Candy Detchon	Attachment J	Action Item 2 min.
	Disbursement of Funds	CFO – Travis Lakey		
	Scope Of Services MMHD	CEO – Louis Ward		
7	ADMINISTRATIVE REPORTS			
7.1	ED of Community Relations & Business Development – Val Lakey	Attachment K	Report	5 min.
7.2	Chief's Reports – Written reports provided. Questions pertaining to written report and verbal report of any new items		Reports	
7.2.1	Chief Financial Officer – Travis Lakey		Report	5 min.
7.2.2	Chief Clinical Officer – Keith Earnest	Attachment L	Report	5 min.
7.2.3	Chief Nursing Officer – Candy Vculek		Report	5 min.
7.2.4	Chief Operation Officer – Ryan Harris		Report	5 min.
7.2.5	Chief Executive Officer – Louis Ward		Report	5 min.
8	OTHER INFORMATION/ANNOUNCEMENTS			
8.1	Board Member Message: Points to highlight in message		Discussion	5 min.
9	ANNOUNCEMENT OF CLOSED SESSION			
9.1	Medical Staff Credentials Government Code 54962			
	AHP APPOINTMENT			
	1. Vadim Smirnov, CRNA			
	2. Sharon Hanson, NP – Family Medicine (Outpatient Only)			
	AHP REAPPOINTMENT			
	1. Marchita Masters, PsyD – Telemedicine			
	2. Adam Gardizi, CRNA			
	MEDICAL STAFF APPOINTMENT			
	1. Jesus Pereyra, MD – Radiology, Telemedicine			
	2. Denis Primakov, MD – Radiology, Telemedicine			
	3. Cierra McNair, MD – Radiology, Telemedicine			
	4. Larry Givens, MD – Radiology, Telemedicine			
	5. Barry Shibuya, MD – Rheumatology, Telemedicine			Action Item
	6. Pamela Ikuta, DO – Emergency Med			
	7. Richard Leach, MD – Emergency Med			
	8. Chuck Colas, DO – Family Medicine (Consulting Priv.)			
	9. Tawana Nix, DO – Family Medicine (Consulting Priv.)			
	10. Dan Dahle, MD – Family Medicine (Consulting Priv.)			
	11. Sheela C. Toprani, MD – Neurology, Telemedicine			
	12. Elizabeth Ekpo, MD – Neurology, Telemedicine			
	13. Jodi Nagelberg, MD – Endocrinology, Telemedicine			
	MEDICAL STAFF REAPPOINTMENT			
	1. Aaron Babb, MD – Family Med (Consulting Priv.)			
9.2	Personnel Government Code 54957: CEO Evaluation			Discussion
9.3	Pending Litigation Government Code 54596.9: Mediation Update			Information
10	ADJOURNMENT: Next Meeting August 25, 2021			

Posted 7/23/2021

Public records which relate to any of the matters on this agenda (except Closed Session items), and which have been distributed to the members of the Board, are available for public inspection at the office of the Clerk to the Board of Directors, 43563 Highway 299 East, Fall River Mills CA 96028. This document and other Board of Directors documents are available online at www.maversmemorial.com.

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Tami Vestal-Humphry, Director

Board of Directors
Regular Meeting
Minutes

June 23, 2021 – 10:30 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 10:31 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

STAFF PRESENT:

Louis Ward, CEO
Ryan Harris, COO
Travis Lakey, CFO
Candy Detchon, CNO
Val Lakey, ED of CR & BD
Jessica DeCoito, Board Clerk

ABSENT:

Keith Earnest, CCO (excused - working Pharmacy)

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

3 APPROVAL OF MINUTES

A motion/second carried; Board of Directors accepted the minutes of May 26, 2021. *Hathaway, Vasquez* **Approved by All**

4 DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS

- 4.1 A motion/second carried; Kristi Shultz was recognized as May Employee of the Month. Resolution 2021-12. Retail Pharmacy Technician. *Vasquez, Guyn* **Approved by All**
- 4.2 Mayers Rural Health Clinic Update: statistics with regards to financials can be found in the financial packet. We should focus on the statistics for the clinic not financials. CFO to include a note about clinic financials in the Financials. Include Clinic acronyms spelt out in report.

5 BOARD COMMITTEES

5.1 Finance Committee

5.1.1 **Committee Report:** financials were sound and solvent. Discussion took place around 340B and how this change will happen. Retail Pharmacy has inventory cycles that will appear as a hit but certain months won't have such a dramatic change.

5.1.2 **May 2021:** Discussion around Retail Pharmacy and 340B took place. *Hathaway, Humphry* **Approved by All**
Motion moved, seconded and carried to approve May 2021 Financials.

5.1.3 **Board Quarterly Finance Review:** recommendation from Finance Committee to approve the quarterly finance review. Motion moved, seconded and carried. *Hathaway, Humphry* **Approved by All**

5.1.4 **Annual Budget Hearing: 2022 Budget Approval (Resolution 2021-13):** *Hathaway, Humphry* **Approved by All**
positive bottom line and buffers have been built in with regards to increase in payroll/salaries. Motion moved, seconded and carried.

5.2 Strategic Planning Committee Chair Vasquez

5.2.1 **SP Planning Session:** following regular board meeting at 1:00 pm

5.3 Quality Committee Chair Utterback

5.3.1	Committee Meeting Report – Dr. Ikuta – new ER Doctor – has been working out great.		
5.3.2	Hazard Vulnerability Assessment: requirement in the 4-part emergency preparedness ruling in CMS. This report shows us what we need to prepare for: natural risks, human caused risks, etc. Safety Committee prepares the assessment and then provides the report to the Board and MMHD Staff to follow. This is required for when we are surveyed. Helps us gauge our trainings and competencies that we need to work on for the year. Annual requirement to complete. Recommended for approval from Quality Committee. Motion moved, seconded and carried for approval.	Guyn, Vasquez	Approved by All
6 NEW BUSINESS			
6.1	Appoint Ad Hoc Committee for CEO Evaluation: President Utterback has appointed Beatriz Vasquez, PhD to chair the committee. Also serving on the committee will be President Utterback. Previous process of CEO Evaluation was discussed. The process for this year will be the same format as last year.		Appointed by Chair
6.2	Resolution 2021-11 District Name Change: We are currently Mayers Memorial Hospital District. We have advanced beyond the hospital setting and broadened into a Retail Pharmacy and Rural Health Clinic. We would like to change from “Mayers Memorial Hospital District” to “Mayers Memorial Healthcare District.” This is the first step in the process of changing our name: we have a checklist of entities to contact to make the name change occur. Motion moved, seconded and carried for approval.	Vasquez, Humphry	Approved by All
7 ADMINISTRATIVE REPORTS			
7.1	ED of Community Relations & Business Development: Legislative session has been busy. AB749 – medical director certification: we want some language added in for alternative means of certifying – CHA is in support if this amended can occur. Marketing: met with MHF Director Tracy Geisler to work on collaborative efforts for both entities. Amanda Harris with Telemedicine has been working with marketing strategies to update on the website. Seismic bill will probably go through as a trailer bill in the budget as a Disaster Readiness bill. And would focus on disaster readiness for patients rather than preparing a building for a disaster. This would also provide us an extended timeline to 2037.		
7.2	Chief's Reports		
7.2.1	CFO: PPE forgiven loan was forgiven. Rate Range payment came in over what was expected which was a nice surprise.		
7.2.2	CCO: Biologics on the hood was tested and we are awaiting results. Physical Therapy created a relationship with Owens Pharmacy for equipment and devices that will support our local community.		
7.2.3	CNO: Lab Hood is still providing some issues with installation but we are doing this in house, rather than through the contractor. We are still meeting all patient needs with Microbiology down but soon we can pick back up. CNA classes will have one more round with Shasta College while we await out application to be approved to have our own. Working on a part time/temporary surgery department nurse to help us while we have an opening in our surgery department.		
7.2.4	COO: Daycare drawings have been received. Scope of work includes bathroom updates and some sink updates. We will submit to the county next week and hopefully have a quick turnaround. Work will be done in house by our Engineering team. Internet is back up to full capacity in FR but internet in Burney is only at half capacity after issues were found. Clinic had 39 patients yesterday. Soil Condition on Demolition site: two locations that have been found as an issue. First, the old lobby and parking area cannot pass compaction. One solution is to pull it out and bring to another site and take out moisture but we run into the risk for not passing compaction still. Another option is to assume the risk on making the area into parking with the potential of other issues that could come up. The soil under the Acute building is of concern. Soil Engineer is onsite today looking at soil condition and our hope is to just focus on the 3% of the Acute building that we are replacing with the new seismic wall. Laundry Facility: waiting on mop sink and then we can start calling for inspections and construction finals. We are working on a re-deployment plan for the laundry facility and the current relationship we have		

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with AlSCO. Legionella: we have our domestic and fire line being separated under the demo project. The new lines will be installed in zones so we don't have to shut down one wing to correct/clear/clean another wing.

7.2.5 **CEO:** New AFL (all facilities letter) came out from CDPH. We are looking at the differences between the SNF versus the other departments in the hospital. Once we reach 70% vaccination rate, we plan to put a new COVID Mitigation plan together to submit to CDPH. COVID vaccinations have declined but we are moving the vaccinations down to the Rural Health Clinic in Burney. Dr. Ikuta has joined our ER team to help out with some shifts. We have had conversations with other ER doctors that are interested in taking shifts as well. PG&E – big generator that was brought in for any PSPS events that would bring in power. Thank to Val for all the work done with PG&E and the state. We are looking at new EMR (electronic medical record) – EPIC. Nursing went through a test run and LOVED it. We will continue to research and discuss this moving forward with the hospital. Voucher Program for the District will be discussed in the SP Session. Site visit from CEO at John C. Fremont Medical Center and went over a multitude of services and updates we have done here at MMHD. CEO Ward shared a special thanks from the residents that includes a small album of photos and thank you cards.

8 OTHER INFORMATION/ANNOUNCEMENTS

8.1 Board Member Message: Employee of the Month, Annual Budget has been approved, SP updates, District Name Change.

Early Bird ACHD Meeting Registration: look at dates, location, and share information with Board Members.

9 ADJOURNMENT: 12:42 pm

Next Regular Meeting: July 28, 2021 – location TBD

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. 2021-14

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

Kathi Valencia

As June 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, Kathi Valencia is hereby named Mayers Memorial Hospital District Employee of the Month for June 2021; and

DULY PASSED AND ADOPTED this 28th day of July 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



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Board Meeting

Wednesday July 28, 2021

Mayers Rural Health Center Report – Amanda Ponti, Clinic Manager

Survey Update

On 6/18/2021, we received our Clinical Laboratory Improvement Amendments (CLIA) certificate and began running point of care lab tests in the clinic. This has been a long awaited process that we are glad is complete.

On 7/15/2021, the clinic staff participated in the unannounced Compliance Team survey. The staff handled the survey well and we were given great remarks from the surveyor. The Compliance Team has 10 business days to report their findings that need a plan of correction. In the exit portion of the survey only two findings were reported which included an expired medication in the emergency box (which was removed upon finding), and the need for a lid on the transport bin for sterilization instruments. Both of these items have been corrected.

The completion of this survey means we can finalize our Medicare enrollment, apply for our Provider Transaction Access Number (PTAN), complete our Partnership Health Plan (PHP) contract and apply for our visit rates.

Electronic Medical Record Interface Updates

Work on the laboratory interface between Mayers Hospital Lab and the Clinic was put into production 7/16. We are still working out the process modifications that are needed now that this is live, however it is very exciting to have provider ordered testing go directly to our lab and results return and file into EPIC.

The radiology interface is in the testing phase and will likely be live in the next few weeks.

The IT department has put a significant amount of work into these projects. I am grateful to have such reliable and engaged support from that entire team.

Outstanding Program Registration

Applications are still in process for the following programs to extend services offered at the clinic:

Child Health and Disability Prevention (CHDP)
Family Planning (FPACT)
Vaccinations for Children (VFC)

Statistics

The clinic has currently completed 1210 visits serving 546 patient as of 7/16/21 with 169 productive provider days.

Average patients per day for the last 30 days by provider are currently: Corr 11, Haedrich 6.25, Dr. McKenzie 13, Dr. Saborido 7, and Syverson 5.

The clinic has processed 547 outgoing referrals to the following services:

AUDIOLOGY	2	OPHTHALMOLOGY	1
BARIATRIC SURGERY	1	OPTOMETRY	2
BONE DENSITY TESTING	7	ORTHOPEDIC SURGERY	5
CARDIAC REHAB	2	ORTHOPEDICS	7
CARDIOLOGY	20	PAIN MANAGEMENT	4
CAROTID ULTRASOUND	1	PHY MED/REHAB	3
CHIROPRACTIC	2	PHYSIATRY	1
COLONOSCOPY	2	PHYSICAL THERAPY	49
CT	38	PLASTIC SURGERY	2
DERMATOLOGY	3	PODIATRY	2
Dexa Scan	14	PROSTHETICS	1
DIABETIC RETINAL EXAM	7	PSYCHIATRIST/PSYCHOLOGIST	2
EAR, NOSE AND THROAT	7	PSYCHOLOGY	3
ECHO	6	PULMONARY FUNCTION TEST	2
ELECTROMYOGRAPHY	1	PULMONOLOGY	3
GASTROENTEROLOGY	14	REFERRAL FOR WOUND CARE	1
GENERAL SURGERY	28	RHEUMATOLOGY	3
GYNECOLOGY	3	SLEEP STUDY	2
HEMATOLOGY	1	SPINE CLINIC	7
HOLTER MONITOR	3	SURGICAL CONSULT	1
HOME SLEEP STUDY	1	U/S OF KIDNEY/BLADDER	1
MAMMOGRAM	46	ULTRASOUND	56
MRI	42	UPPER GI	3
NEPHROLOGY	2	UROLOGY	7
NERVE CONDUCTION STUDY	2	US CAROTID DUPLEX COMPLETE BILATERAL	1
NEUROLOGY	5	VASCULAR SURGERY	1
NEUROSURGERY	3	X-RAY	113
OB/GYN	1		

Additionally the clinic has ordered 2,447 lab tests

Board Meeting

Wednesday July 28, 2021

Human Resources Report – Libby Mee, Director of Human Resources

The HR/Payroll department supports 261 employees

- Full Time – 223
- Part Time – 16
- Casual/Per Diem – 20
- Leave of Absence – 2

Staffing and Recruitment

The primary focus of the MMHD HR staff continues to be the recruitment and retention of qualified staff in the effort to eliminate the use of registry.

We continue to use registry for the following openings:

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

MMHD also continues to collaborate with Shasta College for our Certified Nursing Assistant program. There are currently 4 students enrolled in to the program starting in August. We have also submitted a plan to CDPH to bring the CNA program back in house and on site.

We have recently filled vacancies in the Foundation, Skilled Nursing Leadership and Med/Surg Acute team that will eliminate the use of registry in the department.

Unfortunately, we are also having difficulty filling vacancies in our Food and Nutrition Services, Housekeeping and Maintenance departments. We are

working with other local employers and will be hosting a career fair at the Tri Counties Community Network in efforts to recruit local community members.

Future Projects

The HR Department continues to collaborate with the Operations division on implementation of our Daycare program. Due to licensing and permitting requirements, the program has been delayed but we hope to have Daycare available to MMHD staff members by the end of the year.

On Friday July 30th I will be hosting a meeting with my local Human Resource Peer Group. HR professionals from Modoc Medical Center, Eastern Plumas, Plumas District, Seneca and Orchard Hospitals will be on site to tour and discuss relevant issues. We will be sharing resources on employee benefits, wellness programs, retention and recruitment efforts.

Employee Health

Employee COVID Exposure

First employee exposure - 08/03/2020

Last employee exposure - 06/18/2021

Currently, we do not have any employees out due to COVID exposures or health related concerns.

Total cases – 108

Isolation/Positive – 53

Quarantine – 55

Exposure related to work – 31

For the calendar year 2020, MMHD paid out 2,312 hours of COVID Supplemental Sick Time, totaling \$60,883.69.

For 2021, we have paid out 2,806 totaling \$65,360.60

Employee Immunization

Total Employees – 261

Employee's not actively working/on Leave of Absence/Working off site – 8

Adjusted Active Employees – 253

Active Employees that have received COVID vaccination – 169

Active Employees that have declined vaccination – 85

Employee vaccination rate – 67%

Of employee's that have declined, 52 work in direct patient care areas.

Board Meeting

Wednesday July 28, 2020

Work Comp Report

Presented by Libby Mee – Director of Human Resources

2020 Injuries and Illnesses

First Aide Injuries – 9 claims resulting in 1 day away from work.

Reportable Injuries – 6 claims resulting in 5 days away from work.

Of the 15 total cases for the year, 5 were related to patient/resident mobility.

BETA Employee Safety and Wellness Initiatives

MMHD was able to obtain validation from BETA for our recently implemented Employee Ergonomics program. BETA had 18 companies that attempted this program last year, and MMHD was 1 of 2 that were successful. The Ergonomics team will be attending the BETA Annual Symposium later this year to receive recognition for this validation.

We used \$1,600 of our BETA CAREFunds toward purchasing ergonomic equipment for the program as well as certification of our Employee Wellness Coordinator.

For the FY22 period, we will continue to work on obtaining validation for our Workplace Violence Prevention program. We will also be enrolling and will work to build and implement a Safe Patient Handling program in efforts to reduce claims related to patient mobility.



MAYERS HEALTHCARE FOUNDATION

Foundation Quarterly Report for MMHD

DATE: July 21, 2021

Below lists recent board meeting business and foundation activities.

1. Financial Reports

- Balance Sheet reviewed and accepted for July 16, 2021 (including variance supplemental and unrestricted account detail)
 - P&L reviewed and accepted for January 1-June 30, 2021 Previous Year Comparison (Including variance supplemental)
 - Gift by Date (5/1/2021 – 6/30/2021) including solicitation source and gift designations.
2. **New Bank Signature Authorization:** Both Plumas and Tri Counties bank signatures have been completed. The direction was to remove MM and add Tracy Geisler.
 3. **Plumas Bank Check Fraud:** May 17, 2021 MM reported the fraud on the Plumas account 573 in the amount of **\$16,975.00**. A new Plumas account was established 5150 due to fraud situation. The **\$16,975.00** total was refunded back to the new Plumas account 5150 on 6/23/2021. TG has launched an On-Line banking effort and will provide details for approval at the September Foundation Board meeting.
 4. **Scholarship Committee:** The committee met on May 25th, 2021 and reviewed and approved FRHS/BHS/Renewal – Community Scholarships for 9 applicants. **Total \$ 7000.00**. All applicants have received scholarship congratulations letters and instructions.
 5. **Board Finance Committee:** The committee met on June 9th 2021 and approved the MMH Award amount for the Annual 2021 awards cycle. **Award Total \$ 55,050.00**. TG sent award solicitation with instructions to submit applications out to MMHD – Management All on June 24, 2021 as an email with appropriate directions and forms. Due date deadline to the Foundation is July 31, 2021.
 6. **Edward Jones Investments:** TG met with Brandon J. Pereira, CFP on June 24, 2021 via conference call. High level financial review of the two standing accounts and % of Stock vs. Bonds/Cash was completed. Discussed getting paperwork organized for transfer of MM to Tracy Geisler. Required board signatures and approvals were approved at the July 19, 2021 4:00 p.m. board meeting.
 7. **Fundraising/Community Impact:** Thrift & Gift Shop is holding a Hot Summer Flash Tent Sale of MMHD & Thrift Shop furniture, filing cabinets, desks, dressers, books, tables, chairs and MORE, on August 3-6th 2021 in the thrift shop parking lot. This was a coordinated effort with Shay, Kandie and maintenance team. Flyers by Val in Marketing and true team work by all!
 8. **21st Annual “On the Green” Golf Tournament:** August 21, 2021, registration starts at 7:30 a.m. with Shotgun Tee at 9:00 a.m. Coordination efforts are successfully moving forward with sponsor and golf foursomes filling up fast. Volunteers needed, please contact MHF.
 9. **Board Member Resignation:** Mona Carr has submitted her resignation and will be terribly missed. TG will organize a Board Development Committee to socialize the opening next steps.
 10. **Volunteer Services & Event Coordinator:** Barbara Spalding retired July 2, 2021.
 11. **Volunteer Services & Event Coordinator:** Welcome Jeanine Ferguson on July 22, 2021.

PO Box 77, Fall River Mills California 96028 • 530-336-5211
www.supportmayersfoundation.org

Keith Earnest, PharmD, President • Steven B Raffin, MD, Vice President • Renee Coe, Secretary • Paul Kerns, Treasurer • Board Members: Linda Adams, James Hamlin, Randall L Harr, Martin Johnson, Elsie Matthews, Gail McClung • Ex-officio Directors: Tami Humphry, Louis Ward, MHA

A Nonprofit Public Benefit Corporation, Tax ID #: 91-1839151

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Board of Directors
**Strategic Planning Session
Minutes**

June 23, 2021 at 1:00 PM
IMF Heritage Room

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 1:00 pm on the above date.

BOARD MEMBERS PRESENT:

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

STAFF PRESENT:

Louis Ward, CEO
Ryan Harris, COO
Travis Lakey, CFO
Keith Earnest, CCO
Candy Detchon, CNO
Val Lakey, ED of BD and CR
Libby Mee, Director of HR
Tracy Geisler, MHF Executive Director
Jessica DeCoito, Board Clerk

Community Members Present

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

None

-
- 3 Concept & Goal of the Day**

3.1 CEO Louis Ward opened meeting with plans for the day and what will we be discussing. Current strategy, review of mission statement and vision.

-
- 4 Current Strategic Plan:** Adopted in 2016, amended in 2018. Living document with regular reviews by staff and the Strategic Planning Committee. Plan currently carries us through 2024 with objectives lined out with Facilities, Finances, Staff and Patient Services.

-
- 5 Current Achievements:**

a. Patient Services

i. Prescriptions: discharge with meds (meds to beds) and prescriptions delivery

1. Meds to Beds was a goal for FY21 but with COVID we were delayed. We should see this goal to be met by FY22 in the first quarter
2. Pharmacy does do a mail order system for patients at no cost
3. After hours' prescription refill or new prescription service: leave message, email, text, etc.

ii. Medical Transportation

1. Partnership Health Plan does provide transportation services for PHP patients – Outpatient Services include helping OPM patients with scheduling this medical transportation

-
- iii. Occupational Therapy
 - 1. Completed a form to change services, CDPH and OSHPD could get involved, which would change our discussion around the PT building improvements or FR Clinic space
 - iv. Joint Commission
 - 1. More inclusive, higher standards, well known across the health care industry
 - v. MRI
 - 1. Model shown is for a 1 to 2 day a month service brought onsite
 - 2. Would be at the same location that the CT Trailer was in
 - vi. Obstetrics
 - 1. Things have not changed since the OB department closed in 2016
 - b. Health Clinic
 - i. Over the next year we will learn about:
 - 1. Home health
 - 2. Mammography
 - 3. Transportation
 - 4. Dexa Scan
 - 5. Mobile Lab
 - 6. MRI
 - 7. ECHO
 - 8. Additional Surgical Offerings
 - 9. Increased Telemedicine services
 - c. Finance
 - i. Currently using a number of metrics available to us from Flex Monitoring Team (consortium of Rural Health Research Centers) to analyze our financial status
 - d. Health Voucher Program
 - i. Increase utilization of services
 - ii. Tax payers feel more value when paying annual taxes
 - iii. Patient loyalty
 - iv. Researching and reviewing ways to assess the value of the booklet and setting up policies to follow
 - e. Outstanding Staff
 - i. We've been able to check off most of these items and will be checking off more by the end of the year (daycare)
 - f. Outstanding Facilities
 - i. Needs to have a separate meeting in itself to cover just facility updates
 - ii. Frontier Internet – making healthcare facilities a priority for them

6 Information: Notes from today's meeting will be distributed to each Board Member for review. We will plan on a second session to focus on MRI, Voucher Program, EMR in Hospital and Facility projects list. Facilities project list should include cost, timing and resources to help prioritize.

7 Next Meeting: Please send out information ahead of time so we may review all materials. Looking at August dates for session.

8 ADJOURNMENT: 4:39 PM

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Chief Executive Officer
Louis Ward, MHA



Mayers Memorial Hospital District

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

Board of Directors
Quality Committee
Minutes

July 14, 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		Candy Detchon, CNO Jack Hathaway, Director of Quality Lori Stephenson, HIM	
	ABSENT: Louis Ward, CEO Dawn Jacobson, Infection Preventionist		Danielle Olson, Business Office Libby Mee, Director of Human Resources Amy Parker, Patient Access Jessica DeCoito, Board Clerk	
	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 June 9, 2021.	Guyn, Utterback	Guyn – Y Utterback – Y
4	No Reports for: Quality Facilities			
5	REPORTS: QUALITY FINANCES			
	5.1	Finance: Kudos to the Finance team. PPE loan has been forgiven. Looking at the hospital moving into EPIC, which would require us to look at other programs to use for Finance and Purchasing because EPIC doesn't have that capability.		
	5.2	Business Office: waiting on the Rural Health Clinic survey – 60 days to have survey from June 28 th . Once we get this certification then we can file for our PTAN, which could take up to 90 days.		
6	REPORTS: QUALITY STAFF			
	6.1	Personnel: Hosting 6 Human Resource (HR) counterparts here at MMHD. Agenda is being set up and created to network with others in the healthcare HR world. Migrating to a new EMR would affect HR, but we are excited to take on the challenge and find something that is more streamlined for all of us. Comparatively to other facilities, we are doing well with our full time employee numbers vs. registry.		
	6.2	Worker's Comp Quarterly: Working with the Clinic is still ongoing for our Worker's Comp program. We had around \$10,000 in savings with the Ergonomics program. We will receive an award for our Ergonomics program at the BETA conference, which we will be in attendance for.		
7	REPORTS: QUALITY PATIENT SERVICES			

7.1	Patient Access: Some bad habits were developed during COVID restrictions and we have now moved back into a process that checks off all boxes for the patients account and records, which can take a bit longer but at the end of the visit, the patient and MMHD are all set.												
7.2	Health Information Management: ER visits have picked up a lot in the last few months. ROI: release of information – average about 55 to 60 requests a week – could be patients or other medical facilities requesting these records. Continue to have some difficulty with medical facilities on the release of their information to our providers. Jessica to report to Louis this concern and to have an update/report at the next Board Meeting on July 28 th .												
7.3	<p>SNF Events/Survey: Transition in leadership on SNF and Shelley Lee has assumed the role of the Director of Nursing and Britany Hamons has assumed the role of Assistant Director of Nursing. LVNs and RNs are stepping up to new roles during the transition and staff morale is great. Survey window is now and we are anticipating a visit from state any day.</p> <p>Scorecard Goals Report: COVID hit our goals hard in the previous fiscal year. 22 goals outlined and we have fully accomplished 10 of these goals with all the trials thrown at our Nursing team with COVID and staff concerns.</p> <ul style="list-style-type: none"> - Ready to implement a formal complaint process and management procedure for patients. This will allow us to track the issues and make improvements. - Radiology has provided plans to enhance our imaging services with MRI. - Activities was able to keep our residents engaged and active, especially during COVID with 4 or more large events. - Staff Development was able to improve the CNA training through Relias to help keep our CNA's certified during COVID. - Director of Nursing developed a reference binder for the new employees as well as competency checklists and an orientation process. - Director of Nursing and Activities Director have been able to get Boards up in the SNF's that include artwork from both residents, family members, kids, etc. and other fun visual pieces. - Acute Nursing: Mock Survey was conducted and most of the opportunities to improve have already been solved. - Acute Nursing: Identified gaps in education for the nurses and was able to close those gaps with internal teaching methods with the nursing staff themselves. Boot Camp learning opportunities were also created to help get nurses fully educated. 												
7.4	Infection Control: Vaccines have been moved to the clinic. Getting caught up with tracking and reporting. Working on the Antibiotics Tracker within the facility.												
8	DIRECTOR OF QUALITY												
8.1	Director of Quality Update: Excited to work on the Time Study in the Skilled Nursing Facility and the opportunities to improve our resident's care. Planning to work on an A1C measure in the QIP Program – one of two measures we committed to but could meet 6 to 8 measures easily. Looking into TJC (The Joint Commission) – will discuss in Strategic Planning session.												
9	NEW BUSINESS												
9.1	<p>Legality of Vaccine Mandate: it is legal and has been tested through courts throughout the country and world. An area that can be attacked is that the vaccines are under Emergency Use and not FDA Approved yet. But we also consider the operational aspect of placing a mandate on this vaccine and whether a facility of our size would be able to handle the adverse effects. Speculation is that we could lose a lot of our employees. There is potential to create a policy that looks at declining the vaccine and what your options are; like wearing an N95 while you work. The discussion would be legally vs operationally. Discussion can continue on this with the full Board and the staff. To be included as a discussion item on Board agenda and HR to provide some statistics.</p>												
10	OTHER INFORMATION/ANNOUNCEMENTS: Quality Committee Meetings: continue with virtual meetings.												
11	ANNOUNCEMENT OF CLOSED SESSION: 2:34 PM went into Closed Session												
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Medical Staff Credentials Government Code 54962</td> <td style="width: 15%;">Moved to</td> <td style="width: 15%;">Approved by</td> </tr> <tr> <td>AHP APPOINTMENT</td> <td>Accept All</td> <td>Unanimous</td> </tr> <tr> <td>1. Vadim Smirnov, CRNA</td> <td>Med Staff</td> <td>Consent</td> </tr> <tr> <td></td> <td>Credentials</td> <td></td> </tr> </table>	Medical Staff Credentials Government Code 54962	Moved to	Approved by	AHP APPOINTMENT	Accept All	Unanimous	1. Vadim Smirnov, CRNA	Med Staff	Consent		Credentials	
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	<p>2. Sharon Hanson, NP – Family Medicine (Outpatient Only)</p> <p>AHP REAPPOINTMENT</p> <ol style="list-style-type: none"> 1. Marchita Masters, PsyD – Telemedicine 2. Jill Reed, LCSW – Telemedicine 3. Adam Gardizi, CRNA <p>MEDICAL STAFF APPOINTMENT</p> <ol style="list-style-type: none"> 1. Jesus Pereyra, MD – Radiology, Telemedicine 2. Denis Primakov, MD – Radiology, Telemedicine 3. Cierra McNair, MD – Radiology, Telemedicine 4. Larry Givens, MD – Radiology, Telemedicine 5. Barry Shibuya, MD – Rheumatology, Telemedicine 6. Pamela Ikuta, DO – Emergency Med 7. Richard Leach, MD – Emergency Med 8. Chuck Colas, DO – Family Medicine (Consulting Priv.) 9. Tawana Nix, DO – Family Medicine (Consulting Priv.) 10. Dan Dahle, MD – Family Medicine (Consulting Priv.) 11. Sheela C. Toprani, MD – Neurology, Telemedicine 12. Elizabeth Ekpo, MD – Neurology, Telemedicine 13. Jodi Nagelberg, MD – Endocrinology, Telemedicine <p>MEDICAL STAFF REAPPOINTMENT</p> <ol style="list-style-type: none"> 1. Aaron Babb, MD – Family Med (Consulting Priv.) 		
12	RECONVENE OPEN SESSION: 2:36 pm moved back to Open Session		
13	ADJOURNMENT: at 2:37 pm Next Regular Meeting – August 11, 2021		

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The following are the New, Revised and Retired 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:
July 1, 2021**

**For Quarter Ending
June 30, 2021**

Department	Document	New/Revised/Retired
Acute - Med Surg	Alcohol Withdrawal Syndrome	Revised
Acute - Med Surg	ALCOHOL WITHDRAWAL SYNDROME PHYSICIANS ORDERS MMH687	Retired
Acute - Med Surg	AM Care - Med Surg & Swing	Retired
Acute - Med Surg	Car Seat Restraints-Pediatric; Safety	Revised
Acute - Med Surg	Catheterization Male/Female Indwelling (Foley) with Closed Drainage Syste	Retired
Acute - Med Surg	Colostomy Care	Revised
Acute - Med Surg	Concurrent Review Worksheet MMH229	Retired
Acute - Med Surg	Discharge Planning Record - MMH228	Retired
Acute - Med Surg	HS Care, Acute	Retired
Acute - Med Surg	Inpatient Admission Certification Statement MMH523	Revised
Acute - Med Surg	Lumbar Puncture, Assisting with	Revised
Acute - Med Surg	Outpatient Surgery Status Change	Revised
Acute - Med Surg	Prison Inmates, Care of	Revised
Acute - Med Surg	Rounds Sheet, Physicians and Nursing Supervisor	Retired
Acute - Med Surg	Scheduling, Nursing Staff- Acute and ED	Retired
Acute - Med Surg	Shampoo of Hair, In Bed	Retired
Acute - Med Surg	Sling Application	Retired
Acute - Med Surg	Ureterostomy Care	Revised
Acute - Med Surg	Venipuncture Considerations for Infants and Small Children	Retired
Anesthesia	Anesthesia Administration - Informed Consent	Revised
Anesthesia	Anesthesia Procedure - Block Record MMH521	Revised
Anesthesia	Anesthesia Record, Completion of	Revised
Anesthesia	Daily Epidural/Intrathecal (E/I) Orders MMH427	Retired
Board of Directors	Board Compensation & Reimbursement	Revised
Cardiac Rehab	Cardiac Stress Testing (CST) - Exercise	Retired
Disaster	Code Triage for Respiratory Care	Revised
Emergency Department	Ambulance Call Report MMH432	Revised
Emergency Department	Delivery Record MMH032	Retired
Emergency Department	ER Culture Follow Up Letter MMH604	Retired
Emergency Department	Sedation Flow Sheet MMH164	Revised
Emergency Department	Sitz Bath, Use in Obstetrics	Retired
Emergency Department	Trauma Team Activation	Retired
Emergency Department	TRAUMA TEAM ACTIVATION LOG MMH356	Retired
Emergency Department	Umbilical Cord Gas, Drawing of	Retired
Environmental Services	Imaging Department Cleaning	Revised
Environmental Services	Unit Cleaning	Revised
Hospice	Perception of Care And Service -- Family MMH678	Retired
Human Resources	Disposal of Surplus or Excess Properties	Revised
Human Resources	Ergonomics Program	Retired
Human Resources	PTO Hours Employee to Employee for Hardship Transfer of	Retired
Human Resources	PTO Request Form	Retired
Human Resources	PTO Transfer	Retired
Human Resources	Reorientation	Retired
Human Resources	Safety Guidelines, General	Retired
Human Resources	TRANSFER OF PTO HOURS FORM MMH327	Retired

Department	Document	New/Revised/Retired
Imaging	Acromio-Clavicular Articulations	Revised
Imaging	CT Sinuses w contrast	Revised
Imaging	Femur X-Ray	Revised
Imaging	Fluoroscopy Quality Control	Revised
Imaging	Hip Injection, Materials (Dr. Bleazard)	Retired
Imaging	IV CONTRAST ADVERSE REACTION TREATMENT	Revised
Imaging	Pelvis X-Ray	Revised
Infection Control	Bamlanivimab Consent MMH692	New
Infection Control	Cleaning Disinfection and Sterilization	Revised
Infection Control	Communicable Disease Information for Pregnant HCWs MMH472	Retired
Infection Control	Environmental Sampling	Retired
Infection Control	Health Care-Associated Infection Line Listing	Retired
Infection Control	Health Care-Associated Infection Worksheet by Site and Organism	Retired
Infection Control	Health Care-Associated Surgical Site Infections Worksheet by Surgical Servi	Retired
Infection Control	Immunization Program Employee	Revised
Infection Control	Infection Control Procedures for Pandemic Influenza	Retired
Infection Control	Influenza A H1N1 Control Plan	Retired
Infection Control	Influenza in California LTC Facilities, Recommendations for the Prevention,	Retired
Infection Control	Influenza Religious Accommodation Form MMH446	Retired
Infection Control	Influenza Vaccination Reasonable Accommodation Form MMH448	Retired
Infection Control	Influenza Vaccination Received Elsewhere Form MMH445	Revised
Infection Control	Influenza Vaccine Consent - Non-Employee MMH316B	New
Infection Control	Needles Sharps, Handling & Disposal	Retired
Infection Control	PANDEMIC INFLUENZA Stop-Attention Signs	Revised
Infection Control	Pneumococcal Vaccine - Acute	Retired
Infection Control	Seasonal Influenza Vaccination for Employees, Contracted and Volunteer S	Retired
Infection Control	Sharps Injury Log MMH410	New
Infection Control	Varicella Vaccination Consent Form MMH381	Retired
Infection Control	Varicella Vaccination Declination Form MMH376	Retired
IV-Med	Saline Lock and Flush	Retired
Lab	Authorization to Perform	Retired
Lab	Donor Unit Release Record MMH691	New
Lab	Fire Safety Management - Laboratory	Retired
Lab	Laboratory Staffing Plan Management	Retired
Lab	Laboratory Tests and Methods	Retired
Lab	Sterility Monitoring Log, End Product Testing MMH41	Retired
Lab	Storage Instructions for Blood from Blood Bank Refrigerator	Retired
Medical Staff	Flow Chart for Approval of Policies and Procedures	Revised
Medical Staff	Infectious Disease Clinical Privileges	Retired
Medical Staff	Policies & Procedures; Development, Revision & Approval	Revised
Medical Staff	Policies and Procedures Usable Template	Revised
Medical Staff	Policy and Procedure Summary MMH288	Retired
Outpatient Medical	Charge Sheets, Out Patient Medical Services	Revised
Outpatient Medical	Lidocaine, Topical Use of in Wound Care	Revised
Outpatient Medical	Outpatient Medical Referral Form MMH614	Revised
Outpatient Medical	Outpatient Services- Ostomy Care Documentation Sheet MMH477	Revised
Outpatient Medical	Rabies Confidential Morbidity Report - Form A	Revised
Outpatient Medical	Request to Be Cleared for Scheduling MMH493OPM	Revised
Outpatient Medical	Standard Work Sheet for OP Med Charting MMH683	New
Outpatient Medical	TB Skin Test & Consent MMH571OPM	Revised
Outpatient Medical	Wound Assessment and Reassessment	Revised
Pharmacy	Emergency Drug Supply, Burney Facility	Retired
Pharmacy	PHARMACY AFTER HOURS ENTRY LOG MMH597	Retired
Pharmacy	Preventing And Detecting Adverse Consequences And Medication Errors	Retired

Department	Document	New/Revised/Retired
Pharmacy - Sterile Compou	Barrier Isolator, Sanitizing and Cleaning and Segregated Compounding Area	Retired
Pharmacy - Sterile Compou	Mopping the IV Room (Pharmacy)	Retired
Physical Therapy	Outpatient Physical Therapy Referrals	Retired
Preprinted Orders	Physician Orders - Postpartum MMH15	Retired
Preprinted Orders	Physician Orders - Unscheduled Cesarean Section MMH550	Retired
Preprinted Orders	Physician Orders - Wound Care MMH291	Revised
Preprinted Orders	Postpartum Assessment Flow Sheet MMH1017	Retired
Purchasing	Vendor Evaluation	Retired
Respiratory Therapy	MetaNeb Therapy System	Revised
Respiratory Therapy	Non Invasive Ventilation for Acute Respiratory Distress	Revised
Respiratory Therapy	Oxygen Hoods, Infant	Retired
Respiratory Therapy	Pulmonary Function Testing (PFT) Order Form MMH273	Revised
Respiratory Therapy	Small Volume Nebulizer and Aerosol Treatment	Revised
Safety	Safety Program	Revised
Skilled Nursing	Administration of Ear Drops, Ear Lavage and Ear Irrigation	Revised
Skilled Nursing	Admission Intake MMH232	Retired
Skilled Nursing	AM Care SNF	Revised
Skilled Nursing	Call System - SNF	Revised
Skilled Nursing	CARE PLANS - SNF	Revised
Skilled Nursing	Daily Nurse Staffing, CMS	Revised
Skilled Nursing	Dental Care Services - SNF	Revised
Skilled Nursing	EKG Policy, SNF, Burney Annex	Revised
Skilled Nursing	Investigation Tool Form SNF MMH314	Retired
Skilled Nursing	Long Term Care/Medicare SNF Resident Discharge Summary Plan MMH379	Revised
Skilled Nursing	Mail	Revised
Skilled Nursing	Medication, Burney Annex Locked Pharmacy Transportation Box	Revised
Skilled Nursing	Nail Care	Revised
Skilled Nursing	Neuro Check Sheet MMH154	Revised
Skilled Nursing	Neurologic Checks	Revised
Skilled Nursing	Notification to Interdisciplinary Team MMH187	Revised
Skilled Nursing	Oral Care and Hygiene	Revised
Skilled Nursing	Perineal Care	Revised
Skilled Nursing	Physicians Orders, SNF	Retired
Skilled Nursing	SKIN EVALUATION AND ASSESSMENT MMH128	Revised
Social Services	Admission Intake Form-SNF	Retired
Social Services	No One Dies Alone (NODA)	Revised
Staff Development	Nurse Assistant Clinical Skills Competency	Retired
Staff Development	Student Performance Evaluation Nursing Assistant Training Program	Retired
Surgery	Assistants for Surgery	Revised
Surgery	Dress Code Surgery	Revised
Surgery	Event Related Guidelines and Responsibilities for Central Sterile Technician	Revised
Surgery	HAND SCRUB SURGICAL	Revised
Surgery	History and Physical Short Form for Surgery MMH378	Revised
Surgery	Physician Orders - Hernia MMH488	Retired
Surgery	Physician Orders - Preoperative and Postoperative Colonoscopy MMH9	Retired
Surgery	Physician Referral Letter MMH588	Revised
Surgery	Request to Be Cleared for Scheduling MMH493Surg	Revised
Surgery	Scope of Services - Surgical Services Department	Revised
Volunteer	Request Form Thrift Store Community Service MMH562	Revised
Volunteer	Volunteer Benefits	Revised
Volunteer	Volunteer Records	Revised

MAYERS MEMORIAL HOSPITAL DISTRICT
POLICY AND PROCEDURE
AIR EXCHANGE IN OPERATING ROOM (OR)

Page 1 of 1

POLICY:

In the event that air exchange in the Operating Room (OR) is outside of requirements, the contractor will be contacted to perform the necessary testing and inspecting in order to provide improvements.

PROCEDURE:

Air Exchange should be at a minimum of 15 air exchanges per hour per the building code year of which the OR was constructed. If air exchange is outside of requirements call Cal Starr Energy Company: (530) 246-7700

REFERENCES:

<https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html>

Accessed 6/7/2021

Ref: S&C: 13-25-LSC & ASC

COMMITTEE APPROVALS:

P&P: 6/3/2021

MAYERS MEMORIAL HOSPITAL DISTRICT

POLICY AND PROCEDURE

**BLADDER SCAN
USING THE PBS BLADDER SCANNER**

Page 1 of 2

DEFINITION:

The bladder scan measures ultrasonic reflections within the patient's body to differentiate the urinary bladder from the surrounding tissue. It is a noninvasive portable tool for diagnosing, managing and treating urinary outflow dysfunction.

Bladder scans—

- Determine the need for catheterization.
- Reduce the unnecessary placement of a urinary catheter.
- Provide quick measurements for postvoid residual (PVR) and/or bladder capacity.

POLICY:

- 1) A bladder scan should be considered for use with patients exhibiting acute or chronic urinary dysfunction.
- 2) A bladder scan should not be used if the patient has open skin or a wound in the suprapubic region, or if the patient is pregnant.
- 3) A bladder scan should not be used in the presence of flammable anesthetics.
- 4) If a bladder scan is used to assess for postvoid residual (PVR)—
 - a. The amount voided should be documented on the report.
 - b. If the PVR is greater than 300 ml, the patient should initially be straight catheterized (per physician order), avoiding urinary catheterization (Foley) placement if at all possible.
 - c. If straight catheterization is performed after the scan, the amount of urine obtained should be recorded.

PROCEDURE:

- 1) Put on clean (nonsterile) gloves.
- 2) Clean off scanner head before and after each patient use according to manufacturer instructions using hospital approved Sonogram Wipes or Cavi-wipes
- 3) Check that battery pack is in place and probe is plugged in.
 - a. Batteries are rechargeable with their own charging station.
- 4) Lay patient down in the supine position.

- 5) Remove or adjust patient's clothing to expose abdominal area.
- 6) Turn bladder scanner on. Self-testing will display on panel.
- 7) Choose gender. (Note: if the patient is female and has had a hysterectomy, use the male key for gender. If the patient is very thin or obese, use more ultrasound gel. For patients with large amounts of lower abdominal hair, apply the gel directly to the skin. Advise the patient the gel will be cool).
- 8) Apply gel to the probe, being careful to remove air bubbles.
- 9) Press scan on control panel.
- 10) Place probe about 1 inch above symphysis pubis, pointing slightly down toward the expected bladder location. Make sure the head of icon on the scan head is pointed towards the patient's head.
- 11) Sway the probe to left or right, let the straight red line in the center of the bladder.
- 12) Press the scan button again on the control panel or the "smiling face" button on the probe. Do not disturb device while scanning. Scanning process will be displayed through the course of the scan. It will display 1-12 and then enter calculation screen 1-12. It takes approximately 10 seconds for 12 images.
- 13) Scan result screen displays results.
- 14) Press Save/Edit if you wish to Save.
- 15) Press Next to toggle between scanned images.
- 16) Press print for current images.

SPECIAL CONSIDERATIONS:

- 1) Choose the right mode for measuring.
 - a. If volume larger than 100ml, you can only use Male or Female mode.
 - b. If the female is without a uterus, you can only use Male or Pediatric mode.

REFERENCES:

PBS V4.1 Bladder Scanner User's Manual

COMMITTEE APPROVALS:

M/P&T: 4/14/2021
P&P: 6/8/2021
MEC: 7/13/2021

**MAYERS MEMORIAL HOSPITAL DISTRICT
POLICY AND PROCEDURE
DISBURSEMENT OF FUNDS**

Page 1 of 1

POLICY:

It is the policy of the Mayers Memorial Hospital District's Board of Directors to prudently disburse funds of the District in order to maintain Board-level oversight.

The objective is to maintain Board-level oversight of financial transactions and require Board Approval only on projects of infrequent, high dollar amount and unbudgeted disbursements.

It is intended that this policy cover all accounts and disbursement activities of the District.

GUIDELINES:

Authorized signers on District bank accounts are to be all board members, the Chief Executive Officer and the Chief Financial Officer.

Checks over \$250,000 are to have to a secondary approval in the AP system.

Checks payable to a check signer are to be approved in the AP process by either CEO, CFO, or Chief Operating Officer (COO) who isn't the recipient of check.

PROCEDURE

Payables:

At a weekly accounts payable meeting, the CEO, CFO, or COO review the current payables.

The agreed upon payables are then authorized by the CEO, CFO or COO.

The checks are signed electronically with the Board member signature image on file.

Check Summary is reviewed by the CFO or Controller, and then mailed.

Payroll:

Checks are entered by the HR Department

Reviewed and signed off by Controller

REFERENCE

Beach Cities Health Districts P&P #6140 Disbursement of Funds approved 11/03/2010

COMMITTEE APPROVALS:

Chiefs: 7/7/2021

**MAYERS MEMORIAL HOSPITAL DISTRICT
SCOPE OF SERVICES**

Section: Critical Access Hospital
Topic: Scope of Services/Services Provided
Date Adopted: July 25, 2012 (Board of Directors)
REVISIONS: 7/16/12, 7/15/13, 1/5/2017, 1/14/2019, 6/19/2020, 6/21/2021
Authorized by: Louis Ward, MHA, CEO

PURPOSE – to delineate basic scope of services provided by Mayers Memorial Hospital District

A. ACUTE CARE SERVICES

Mayers Memorial Hospital District provides inpatient medical care to moderate acuity, acutely ill patients including: newborn, pediatric, adolescent, adult and geriatric. Medical care generally includes: medical history, physical examination, specimen collection, assessment of health status, diagnosis and treatment of a variety of medical conditions. The anticipated length of stay average is less than 96 hours. **Primary diagnoses** include but not limited to:

Acute pancreatitis	Exacerbation of COPD
Anemia	Fever
Blood in stool	Gastroenteritis
Cellulitis	Hypertension
Chest pain	Intestinal obstruction (bowel obstruction)
Cholelithiasis with cholecystitis (Gall Stones)	Infections
Congestive heart failure	Pneumonia
Convulsions (seizures)	Septicemia
Dehydration	Unspecified cerebral artery occlusion w/cerebral infarction (Stroke)
Diabetes	Urinary track infection (UTI)

Acute patients have access to the following services:
**Medical Imaging ~ Laboratory ~ Therapeutic Services ~ Other Diagnostics ~ Pharmacy Services ~
 Dietary Services ~ Professional Services**

Services provided through agreement or arrangement:
 Patient conditions requiring a higher level of care than can be provided by the CAH are transferred to facilities with such capabilities and services. Top five referral hospitals include:

- Shasta Regional Medical Center, Redding
- Mercy Medical Center, Redding (Dignity Health)
- Mercy Medical Center, Mt. Shasta (Dignity Health)
- UC Davis Medical Center, Davis
- Renown Medical Center, Reno, Nevada

Scope of Services, MMHD

B. SWING BED SERVICES

Mayers Memorial Hospital District provides extended stay/intermediate stay medical care that includes: medical history, physical examination, specimen collection, assessment of health status, diagnosis and treatment of a variety of medical conditions. Swing bed services are available to patients whose conditions require continued in-patient services at a lesser acuity.

Swing Bed Services:	Primary diagnoses are:
IV therapy	Acute renal failure
Medication regimen management/adjustment	Aftercare traumatic fractured hip
Physical therapy/rehabilitation	Aftercare traumatic fractured upper leg
Wound care	Atrial fibrillation
Non-hospice palliative care	Chronic obstructive pulmonary disease (COPD)
Evaluation for facility placement (not to exceed five days)	Congestive heart failure
	Pneumonia
	Type II diabetes
	Unable to care for self
Swing bed patients have access to the following services: Medical Imaging ~ Laboratory ~ Therapeutic Services ~ Other Diagnostics ~ Pharmacy Services ~ Dietary Services ~ Professional Services ~ Respiratory Therapy	
Services provided through agreement or arrangement: Patient conditions requiring a higher level of care than can be provided by the CAH are transferred to facilities with such capabilities and services. In return, MMHD agrees to accept patients back once they meet Swing-bed criteria. Top five referral hospitals include: <ul style="list-style-type: none"> • Shasta Regional Medical Center • Mercy Medical Center Redding • Mercy Medical Center Mt. Shasta • UC Davis Medical Center • Renown Medical Center 	

C. SURGICAL

The Surgical Services Department of Mayers Memorial Hospital District provides services for operative and other invasive procedures. Immediate postoperative care is available on a 24-hour basis. Services are provided to pediatric, adolescent, adult and geriatric patient populations.

Staffed to Operate:	
Operating room (OR) suite	
Outpatient surgery suite	
PAR (post anesthesia recovery room)	
Procedure room	
Scope and Complexity of Patient Care Needs:	
Category:	Frequently Performed Procedures:
Endoscopy	Colonoscopy – with or without biopsy

Scope of Services, MMHD

	Colonoscopy with polypectomy Esophagogastroduodenoscopy – with or without biopsy Esophagogastroduodenoscopy with H-Pylori biopsy
General	Hernia Repair Hernia Repair with mesh placement Laparoscopic Cholecystectomy Fistulectomy Incision and Drainage of Abscess Appendectomy Laparoscopic Appendectomy Groshong Catheter Placement Excision of Lesions
Gynecological	Dilation and Curettage Laparoscopic
Orthopedic	Knee Arthroscopy – with or without: <ul style="list-style-type: none"> - Meniscetomy - Lateral extensor retinacular release Shoulder Arthroscopy – with or without: <ul style="list-style-type: none"> - Open Rotator Cuff Repair Carpal Tunnel Release Thumb Carpometacarpal Joint Reconstruction
Surgical patients have access to the following services: Medical Imaging ~ Laboratory ~ Therapeutic Services ~ Other Diagnostics ~ Pharmacy Services ~ Dietary Services ~ Professional Services ~ Respiratory Therapy	
Services provided through agreement or arrangement: <ul style="list-style-type: none"> • General Surgeon • Orthopedic Surgeon • CRNA Anesthesia Providers 	

D. EMERGENCY SERVICES

Emergency Services provides stabilization, diagnosis, and treatment, or transfer, of any pediatric, adolescent, adult or geriatric patient who enters the facility requesting emergency services. These services are provided 24 hours/day – 7 days/week – 365 days/year:

Available Resources:	Services Provided (Included but not limited to):
Emergency room	Airway management
	Resuscitation
	Oxygen therapy
Physician on duty	Pharmacological therapy
	Intravenous therapy
	Cardiac monitoring
	Trauma care
	Minor surgical procedures
	Tetanus and other anti-microbial prophylaxis
	Pain management

Scope of Services, MMHD

<p>Emergency Room patients have access to the following services: Medical Imaging ~ Laboratory ~ Other Diagnostics ~ Pharmacy Services ~ Professional Services ~ Respiratory Therapy</p>
<p>Services provided through agreement or arrangement:</p> <ul style="list-style-type: none"> • Emergency physician provider contract • Sierra-Sacramento Valley Emergency Medical Services Agency – Modified Base Hospital Agreement (Shasta County); • Nor-Cal Emergency Medical Service Agency – Base Hospital Agreement (Lassen and Modoc Counties) <p>Base Station Hospital functions for multiple local pre-hospital emergency medical providers, including but not limited to:</p> <ul style="list-style-type: none"> • Sierra Medical Services Alliance (SEMSA) • Burney Fire Department Emergency Medical Service • Soldier Mountain Fire Department Emergency Medical Service • Hat Creek Fire Department Emergency Medical Service • Adin Fire Protection District (non-transport) • Lookout Fire Protection District (non-transport)

E. AMBULANCE SERVICE

Mayers Memorial Hospital District provides ambulance services for sick and injured patients within our response area 24 hours/day – 7 days/week – 365 days/year. Services provided by District or via contract.

Services Provided:
9-1-1 Advanced Life Support
9-1-1 Basic Life Support
Critical Care Transportation
Inter-facility Transfers
<p>Patient transfers to tertiary facilities are provided by contracted ground ambulance services or arranged air ambulance. The selection of transportation is made in conjunction with the receiving physician with regard to patient's condition, weather conditions and availability.</p>
Licensed and Regulated by:
<ul style="list-style-type: none"> • Sierra-Sacramento Valley Emergency Medical Services Agency • California Highway Patrol • State of California Department of Transportation

F. OUTPATIENT MEDICAL CARE UNIT

The Outpatient Care Unit renders non-emergency health care services to patients who remain in the hospital for less than 24 hours. Nursing services are available Monday through Friday 9:00 am to 4:00 pm. Nursing services may be performed beyond these hours upon special arrangement and according to available resources. Physician services are available twice a month.

Services Include (but are not limited to):

Scope of Services, MMHD

Blood and blood product transfusions
Therapeutic phlebotomy
Central and PICC line care/education
Ostomy care
Parenteral medication administration
Wound Care including dressing changes, Wound-Vac treatment, and debridement

G. CLINICAL LABORATORY IMPROVEMENT ADMENDMENTS (CLIA)

Mayers Memorial Hospital provides clinical laboratory testing services for both inpatients and outpatients of the hospital. Acute hospital laboratory testing is available seven (7) days a week from 6:00 am to 6:00 pm. A Clinical Laboratory Scientist (CLS) is available on-call for emergency testing seven (7) days a week 6:00 pm to 6:00 am. Outpatient laboratory testing is available seven days a week (7) 7:00 am to 5:00 pm.

Laboratory tests performed in-house include (but are not limited to):	
Arterial Blood Gases	
Blood Bank & Transfusion Service: blood bank antibody screening, cross-match, transfusion	
Cardiac Testing	
Coagulation Testing	
Comprehensive Chemistry	
Hematology	
Microbiology	
Pathology Services	
Prenatal Testing	
Serology	
Therapeutic Drug Monitoring	
Urinalysis	
Urine Drug Screening and DOT collections	
Mayers Memorial Hospital CLIA provides contracted services for the following sample of companies:	
<ul style="list-style-type: none"> • Carpenter Trucking • Burney Mountain Power • California Department of Transportation • Constellation Engineering • Del Oro Water Company • Dicalite • EBI • Frontier Phone Company • Hostess 	<ul style="list-style-type: none"> • E-Screen • Pacific Gas and Electric • United States Forest Service • Pacific Corp • Rite-Aid • Rays Supermarket • Shasta Green • Gepetto's Restaurant • Sierra Pacific Industries
Services provided through agreement or arrangement:	
<ul style="list-style-type: none"> • Blood Bank of the Pacific ~ Shasta Blood Bank – provides blood and blood products • Shasta Pathology Associates – provides diagnostic pathology assessments for specimens obtained through procedures performed at the hospital 	

Scope of Services, MMHD

- Lab Corp – provide specialty testing for labs the hospital is unable to perform.

Most common specialty laboratory tests performed for Mayers Memorial Hospital by Lab Corp include:

- | | |
|---|--|
| <ul style="list-style-type: none"> • Vitamin D, 25-Hydroxy • Lead, Blood (Pediatric & Adult) • Antinuclear Antibodies Direct • Testosterone, Serum • HBsAg Screen • PTH, Intact • Vitamin B12 and Folate • Ova + Parasite Exam • Testosterone, Free and Total • Tacrolimus (FK506), Blood | <ul style="list-style-type: none"> • Triiodothyronine, Free, Serum • FSH, Serum • Valproic Acid (Depakote, S) • Estradiol • Hep C Antibody • Iron, Serum • Hepatitis Panel (4) • Prolactin • Lithium (Eskalith [R]), Serum • LHd |
|---|--|

H. MEDICAL IMAGING (GENERAL DIAGNOSTICS):

Mayers Memorial Hospital District provides medical imaging services for both inpatients and outpatients of the hospital. Medical imaging services are available for acute hospital patients Monday through Friday 7:00 am to 5:00 pm. Medical imaging services are available on-call Monday through Friday 5:00 pm to 7:00 am and twenty-fours (24) hours per day Saturday and Sunday.

Services Provided (but not limited to):

X-Radiation (X-Ray) imaging CT Scan (24/7) (diagnostic reads through contracted services)

Fluoroscopy imaging Echocardiography (diagnostic over-reads contracted service)

Sonography

Computed Tomography (CT) Scanning

Services provided through agreement or arrangement:

- General diagnostic radiological group

I. OTHER DIAGNOSTICS

Mayers Memorial Hospital provides the following additional diagnostic services:

Ambulatory Electrocardiography Monitoring (Holter Monitoring)

Pulmonary Function Testing

Services provided through agreement or arrangement:

Holter monitor diagnostic interpretation

Scope of Services, MMHD

J. THERAPEUTIC SERVICES

Physical Therapy
Respiratory Therapy and Pulmonary Rehab
Cardiac Rehabilitation & Maintenance Programs

K. OTHER PROFESSIONAL SERVICES

Dietary Services – provides nutritional assessments and meals for acute and skilled inpatients
Nutritional Counseling – provides professional dietary assessment and counseling on an outpatient basis
Pharmacy <ul style="list-style-type: none"> ➤ Medication distribution ➤ Medication Management/Monitoring ➤ Parenteral Therapy ➤ Retail Pharmacy
Social Services: Hospice, Acute, Swing & SNF
Health Information Management
<p>Services provided through agreement or arrangement:</p> <ul style="list-style-type: none"> • Registered Dietician – provides healthcare dietary consulting services, which include, but are not limited to: dietary department assessments and monitoring, patient nutritional assessments and counseling, dietary staff in-servicing, menu approval, and policy and procedure review. • Tele-pharmacy – provides after-hours medication review and therapeutic dosing • Outpatient Telemedicine services in the areas of Endocrinology, Nutrition/Diabetic Education, Infectious Disease, Neurology, Rheumatology, and Psychiatry. This includes both live video appointments as well as asynchronous services. • Inpatient Telemedicine services in the areas of Endocrinology, Infectious Disease, Cardiology and Gastroenterology (rolling out 2021). This includes both live video appointments as well as asynchronous services. • Emergency Telemedicine services in the areas of Neurology and Pediatric Care via live video appointments. These services are also available to acute patients. • Dermatological, Neurological, and Pediatric tele-health evaluation and consulting • Health Information Management Services – provides healthcare services coding • Accounting services – provides hospital business office/patient accounting • Medical copying services – provides medical record copying services

L. SKILLED NURSING CARE

Mayers Memorial Hospital District provides skilled nursing care. Skilled nursing care patients may receive diagnostic and therapeutic services through the critical access hospital (CAH).

24-Hour Nursing
Alzheimer’s Unit – Burney Facility
Activities

Scope of Services, MMHD

Hospice Care
Podiatrist
Registered Dietitian
Pharmacy
Vision
Dentist/Hygienist
Audiology
Respite Care
Social Services
Skilled Nursing Care patients have access to the following services: Medical Imaging ~ Laboratory ~ Therapeutic Services ~ Other Diagnostics ~ Pharmacy Services ~ Dietary Services ~ Professional Services
Services provided through agreement or arrangement:
<ul style="list-style-type: none"> Registered Dietician – provides healthcare dietary consulting services, which include, but are not limited to: dietary department assessments and monitoring, patient nutritional assessments and counseling, dietary staff in-servicing, menu approval, and policy and procedure review.

M. HOSPICE

Mayers Memorial Hospital District provides hospice service 24 hours/day – 7 days/week – 365 days/year with anticipated length of stay average less than 6 months:

Services:	Primary Diagnoses:
Bereavement Services	Cancer
Chaplain	Heart (Cardiac Conditions)
Dietary	COVID
Durable Medical Equipment (DME)	HIV/AIDS
Home Health Aide in the home	Kidney disease excluding cancer
Social Worker	Amyotrophic Lateral Sclerosis (ALS)
Nursing care in the home	GI disease excluding cancer
Volunteer Services	Brain stroke and late effects
Pharmacy	Multiple Sclerosis (MS)
	Lung disease excluding cancer
	Liver disease excluding cancer
	Coma with or without brain injury



Mayers Memorial Hospital District
Always Caring. Always Here.

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

Legislation/Advocacy

The state legislature is on recess and will be back in Sacramento on August 16th. Before they recessed, the state budget was passed, but there will be many trailer bills coming after the recess and the final version will not be complete until September. Two key items, the Office of Healthcare Affordability and the Disaster Readiness/Seismic proposals should be included in one of those trailer bill packages.

In the meantime, we continue to make contact with our own representatives as well as other members in regard to key issues including:

AB 1130 (Wood, D-Santa Rosa) — Oppose Unless Amended

AB 1130 would establish, within the Office of Statewide Health Planning and Development (OSHDP), 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

AB 1105 (Rodriguez, D-Pomona) — Oppose Unless Amended

AB 1105 would require general acute care hospitals to provide personal protective equipment to direct patient care employees and employees who directly support patient care, regardless of their vaccination status. It would also require general acute care hospitals to develop and implement a program to offer weekly COVID-19 screening, testing, and notification.

Senate Bill (SB) 637 (Newman, D-Fullerton) — Oppose

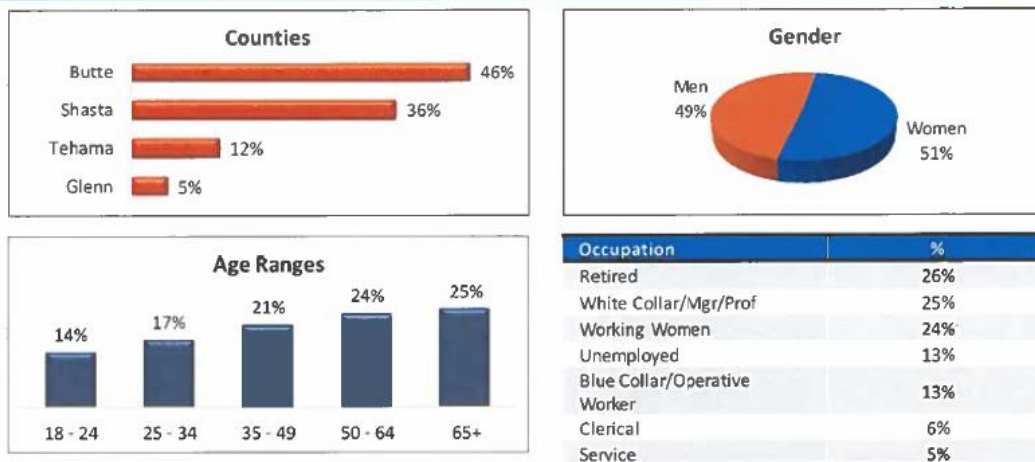
SB 637 would require hospitals to report to the California Department of Public Health (CDPH) on a weekly basis, during any statewide health-related state of emergency, the number of suspected and confirmed COVID-19-positive staff and any COVID-19 staff deaths; whether the hospital is experiencing a nurse staffing shortage; and whether there have been any nurse layoffs, furloughs, or repeated canceled shifts. At other times, hospitals would be required to report that information to CDPH on a monthly basis.

Marketing/Public Relations/Recruiting

- Our media campaign has begun and has a focus on the clinic and continuity of care and ease of flow with referrals, telemedicine specialties, pharmacy, hospital outpatient/ancillary services and procedures. The new commercial spot will air on KRCR and Fox20, as well as be on “On-Demand Television”. All of this is accompanied with digital advertings on KRCR website. View the commercial [HERE](#). This was a great project and we spent a lot of time trying to capture our desired message.

Below is a graphic on the market composition we will reach. We will have 66+ targeted television spots, 11,600+ On Demand Spot and 50,000 web impressions per month.

MARKET COMPOSITION



- The Mayers “branded” television service in the Clinic and Hospital lobbies will be set up by the beginning of the month. We are working on getting the televisions set-up. The content is customized to our needs and can feature our own videos, etc. about services.
- We are currently working on the marketing that will be included at this year’s Inter-Mountain Fair. We will be doing a collaborative booth with the foundation. We are also Fair Sponsor again this year.

Disaster/Emergency Preparedness/Safety

We have continued the Code Knowledge training and education. For the month of July we have focused on CODE RED. Again, we have been providing education materials, quizzes and mock drills all related to the CODE. Chief Keady for Burney Fire Protection District attended our last Manager’s meeting to present Fire Extinguisher training to managers.

There are several department presentations scheduled to review Emergency Preparedness.

We are emphasizing to staff the importance of “knowing what you need to know before you need to know it”. We have provided many resources and are encouraging staff to be familiar with processes and where to go for emergency information and resources. (See links below)

- [Emergency Things to Know](#)
- [MMHD Code Binder](#)
- [Emergency Contact List](#)
- [Disaster Call Tree](#)
- [My EOP App](#)

We have also been providing resources for [Survey Readiness](#)



Operations Report July 2021

Statistics	June YTD FY21 <i>(current)</i>	June YTD FY20 <i>(prior)</i>	June Budget YTD FY21
Surgeries (<i>incl. C-sections</i>)	34	42	96
➤ Inpatient	1	5	24
➤ Outpatient	33	37	72
Procedures (<i>surgery suite</i>)	119	157	192
Inpatient	1,782	1,375	2,026
Emergency Room	3,822	3,913	4,020
Skilled Nursing Days	27,907	28,233	27,740
OP Visits (OP/Lab/X-ray)	21,759	12,950	16,045
Hospice Patient Days	1,411	950	1,404
PT	2,519	2,595	3,000

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

Chief Clinical Officer Report

Prepared by: Keith Earnest, CCO

Pharmacy

- The barrier isolator was repaired June 10th and is back in service. Biological sampling passed. End product testing, glove tip testing, and qualitative and quantitative assessments all passed.
- The State Board of Pharmacy performed their annual Sterile Compounding Inspection on July 12th. The findings were minimal and included:
 - Need to convert the hand sanitizer in the designated compounding area to a persistent sanitizer (which has since been ordered) and revise associated policies specifying the change.
 - Update the Immediate Use Compounding policy (completed).
 - Review cleaning agents to minimize exposure to staff (on site consultation with manufacturer scheduled.)
- Shasta County performed a Hazardous Waste Handling Inspection on June 30th. The inspections found issues with medication disposal in sharps containers and handling of narcotic disposal. We are currently reviewing secure narcotic disposal systems.
- Signups for COVID vaccinations have fallen. Vaccination has moved to Mayers Rural Health Clinic in Burney. The process has gone smoothly and staff are proficient at using the MyTurn platform. We are working with Shasta County to do on site vaccinations at the USFS Hat Creek Ranger Station starting July 27.
- 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. We are performing validation in the test environment

Physical Therapy

- The NuStep for the Burney Facility has been ordered and is expected to arrive in about two weeks. We are excited to have this equipment at the annex.
- Several students interested in careers in physical therapy are shadowing in the department this summer.
- Daryl Schneider, PT, department manager is in initial discussions with OIT in Klamath Falls to be a clinical site for Doctor of Physical Therapy students. OIT Plans to launch the program in the next couple of years.
- Last month report detailed the program developed by Daryl Schneider, PT, department manager, to store DME onsite for use when a patient is discharged. We have had our first patient benefit from this service.
- Automatic doors have been installed at the entry to the PT building. Easier access is much appreciated by our patients.

Retail Pharmacy

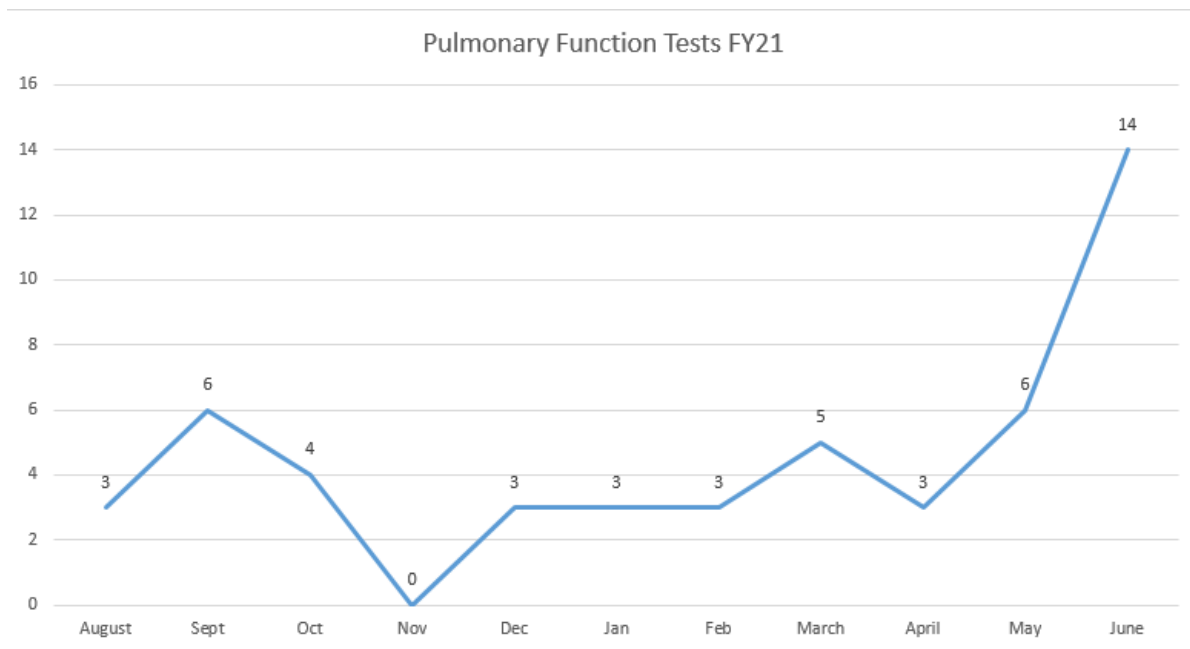
- Annual inventory was complete with help from a summer intern. Interns have been working at the pharmacy and are very much appreciated.
- Louis Ward, CEO, has begun preliminary discussions with MVHC on revising the 340B contract.

Telemedicine

- See attached report.

Respiratory Therapy

- The respiratory therapy department received a grant for high flow oxygen on babies and pediatrics. The equipment was ordered July 21.
- The Respiratory Therapy Department plans to have their first Pulmonary Rehab patient in the next two weeks. The program consists of targeted exercise and education to stabilize or improve pulmonary function. David Ferrer, RT, Respiratory Lead, has built a comprehensive resource and education binder for patients.
- Referrals for Pulmonary Function Tests have increased since the opening of the Rural Health Clinic. See graph below:



Chief Nursing Officer Report
Prepared by: Candy Vculek, CNO

- Both the Emergency Department and the SNF continue to have staffing challenges. The ED has 3 vacant RN positions. Recruitment of travel RN's has been difficult. One permanent RN has been hired but will require extensive training. The SNF continues to have multiple C.N.A. vacancies. Acute care vacancies are filled with several in orientation. Laboratory Staffing is stable at present with use of per diem and travel CLS.
- Radiology has significant staffing problems this month and has been unable to backfill with travelers.
- The SNF is beginning to build a psychotropic review committee that will work to reduce psychotropic usage in the resident population.

SNF Report

- Interviews for ADON and Charge Nurse positions have been completed and three positions have been filled. Orientation for all three has begun this week. We are moving forward with building a strong SNF Leadership team.
- ADON and DON will continue to work at both facilities splitting their time between the two.
- Current census is 79. The Memory Care unit is full. The General Population at Burney has 1 male bed with the remainder of the bed openings at Fall River.
- All staff, residents and visitors continue to be monitored for temperature and signs or symptoms of or exposure to COVID. Masks continue in place for protection of residents and staff. Visitors are encouraged to wear masks and practice social distancing.

- Vaccinated staff are no longer required to swab weekly for COVID. Unvaccinated will continue weekly swab testing.

Acute Care Report

- Acute ADC .1.35, Swing ADC; 3.0, LOS 15.50, OBS days: 11.78.
- FTE: RN's 7, includes Acute Asst. Mgr. Per diem: RN's 3. LVN-1. RN Traveler-1, RN Registry-2. FT CNA's: 4, 1 on LOA. 1 newly graduated RN will start orientation on Acute July 16th and one FTE RN to start within the month.
- Covid unit permanently shut down.
- Acute Asst Mgr dedicated June staff meeting to a project based around education. Each staff member including licensed personnel and CNA's presented based on areas of weakness noted in department. Staff did a wonderful job; being both supportive and encouraging of one another.
- Acute Asst Mgr has 2-day event labeled *Acute Care Boot Camp* scheduled for July 21st and 22nd, in which all full time staff members will be attending to promote more education. July 21st will be dedicated to RN's and LVN's with focuses on recognizing the patient in distress, respiratory management and more. The morning of July 22nd will include all staff and is scheduled to focus on mock survey plan of corrections, process improvement and standard work. The afternoon of July 22nd will be for CNA's and discussing expectations of care.

Outpatient Surgery

- Continuing to look for a new OR Circulator. Am in communication with Modoc Medical Center to share staff and to train our current staff.
- CRNA's booked through November.

Outpatient Medical Unit

OPM has relocated back into the main hospital.

Emergency Department

- The Emergency Department treated 353 patients, 16 transferred to higher level of care and admitted 17 to acute, in the month of June. Per SSV-EMS (Sierra Sacramento EMS Agency), 54 patients were brought to Mayer's ER via ambulance in the month of June.
- Mayer's ED department was on ADVISORY/DIVERSION of ambulance patients meeting trauma or stroke protocol for 19 days from 6/4-6/23 due CT and the internet issues.
- The ED currently has 3 full time NOC RN positions. Two are being filled by travelers. We have seen some "new" to us MD's in the ER, they seem to be coming along nicely.
- COVID Operations update – Operations are smooth with use of the isolation room and rapid testing. We are seeing some patients who "refuse" to wear a mask. We have been dealing with this on a case by case basis there is no "one answer". Non acute patients are being asked to wait in the car pending COVID swab if symptomatic and the isolation room not available. This is working.

- ED Audits -The ESI scoring- Staff is still falling short on but significant improvement has already occurred over baseline. The ED manager has been working with Jack to develop guidelines and the presses to audit for Stroke, Sepsis, and STEMI as the “big 3” and start them.

Laboratory

- Microbiology continues to be outsourced as the department is working through some issues with the hood installation. Maintenance is working on the project and thinks all the issues will be resolved within a few weeks. Once it is resolved, the lab will resume in-house microbiology testing.
- The external laboratory management consultant will be on sight next week – It is likely to be the last on sight visit as the new lab manager is feeling very positive and ready to take on role. He is doing well and reaching out appropriately when he has questions.
- The department is beginning to find a workable staffing mix with CLS – currently 3 full time and 1 per diem CLS’ are employed with the District. There are still two vacancies that are covered by travelers.

Radiology

- Slow Internet speeds continue to be an issue. Some studies take a very long time to get to the cloud system so that they can be sent for reading. Some times are better than others, however, there could be a long potential delay – and that could in turn affect care.
- The department is still actively recruiting for technologists, currently there are 2, the department would be well situated with 2 more, however, could function well with just 1 more (allowing for a more livable call schedule and work/life balance).
- Calls have been made to Simmons to try to connect and get an idea for what would be needed for the addition of mammography, however, the sales contact has yet to respond to repeated attempts of contact.

Quality

- Working on project plans for Hospice, Acute and Skilled as we move into survey season. The department is finishing work on launching an electronic system for intake of grievances (should be on line by June 30), and has completed the update for RL6 and that will go live on 6/21.

Risk

- General risk training has been created and will be available on Relias soon (should be ready by June 30) in order to better help employees understand their role in risk. The education was created by BETA and should be very understandable (and I think engaging) for all.

Chief Operating Officer Report

Prepared by: Ryan Harris, COO

Facilities, Engineering, Other Construction Projects

- The Demo project is continuing to make progress with the CMU block wall being installed this week. The biggest hurdle of the last month, was OSHPD field staff determined that the new fire line, even though approved did not meet current requirements. I was given two options for a solution. Both of these options will cost the project significant time and money. Both of these options could have been brought up during plan review so I could get an accurate bid from contractors to do this work. Instead, they were coming up after the fire line had been installed, per plan and is below a new footing and embedded in a concrete slab. I brought this to the OSHPD State Fire Marshall and OSHPD Deputy Director of Engineering and in the end was able to keep the 4" fire line as it is code compliant. The existing main was 4" and did not supply a hydrant and the riser is 4" or less. The new line is being installed the same. This information complies with NFPA 24 5.2.1, 5.2.2 and OSHPD remodel CAN 2-102.6.
- Work continues on the laundry facility project. The contractor is targeting a completion date of October 15th 2021. Here is a rundown of the next few weeks' work: 7/19-23 - Insulation/start drywall, 7/26-30 – hanging Drywall, 8/2-8/6 - Tape and Texture, 8/9-8/13 - Finish drywall / start paint prep, 8/16-8/20 - Interior paint, 8/23-8/27 - Finish paint / start flooring (underlayment).
- The daycare plans have been submitted to the county for approval. So far the only comment has been that we need two loading zones outside of our ADA parking. The engineer is working to update the site plan to reflect those changes.
- Alex and the maintenance team have completed the gazebo project and I have enjoyed watching the residents and their families enjoying this new outdoor space.
- We received a 60-day extension for the final on the expansion project. The remaining outstanding items are: First, the removal of the water fountain. Greenbough design has removed this from the project. Second, the microbiology hood that Alex and his team are working on installing. The hood base has been installed and the bolts have been torqued to specs. The IOR has inspected the anchor bolts and it has passed. The hood will be installed on its base on Thursday, July 22, 2021. Once the hood is attached to the base we will provide the measurements to Intech to fabricate the plenum to connect the ductwork to the hood. The plenum will need to be fabricated, installed, and inspected. I have until August 17th to have all this completed per my extension with OSHPD to close out that project. Lastly, the completion of the emergency water tank has been tasked to the demo project construction team and Intech mechanical. The team is working on pressure testing and chlorinating the system the week of 7/19 with final electrical and inspections happening the week of the 26th.
- Legionella issues were brought up during the Acute Mock Survey. Current plans are Phase 1: separate the domestic and fire lines in the demolition project and chlorinate the system. This is in the current OSHPD demo project. We received approval on an ACD to reroute all of our domestic water lines into the new riser room. This will give us three zones in our facility. Each zone will have its own injection point of entry. This will help us as we will only have to shut down a zone at a time to do work on or chlorinate the system.

IT

Helpdesk

- Since June 16th, we have seen a 14% decrease in received tickets and a 17% decrease in resolved tickets. We continue to resolve more than we receive. Our backlog increased by 95%. Response time has decreased by 35%, and resolution time has decreased by 40%. This puts us back in our expected range for both and I am very impressed by our ability to turn this around from last month.
- We received a survey response on 11% of our tickets. 92% of our responses were 5/5, 6% 4/5, and 2% 1/5. We received no 3/5, or 1/5.

Projects

- Clinic/Lab Interface is now live.

Security

- BancSec Audit completed, full report expected early August.
- Based on preliminary findings during BancSec's audit we are looking into partnering with a Security Operations Center to improve our security posture as we do not have throughput in-house to effectively manage everything we should be.
- Establishing a Security and Risk Committee to help select this vendor as well as keep tabs on all of our security initiatives moving forward.

Purchasing

- Delaney is beginning to reorganize stock rooms starting with Station 1.

Food & Nutrition Services

- Staffing continues to be an area of concern in Dietary. We have implemented a gift card incentive for those employees who can pick up an extra shift.
- Purchased two iPads to provide staff convenience in meeting Relias Training requirements and provide another location to check email accounts.
- Discussions and plans are taking being formulated to prepare for a reopening of the cafeteria to MMHD Staff.

Environmental Services & Laundry

- Sherry has updated the Spill Kit Policy to include all outbuildings. She has also purchased new Spill Kits to replace the outdated versions.

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

COVID – 19

I am happy to report there have been no major changes from that of my June report concerning Covid. Of course, the above statement refers to our local area as we have begun to see a rise in cases nationally due to the Delta variant and low vaccination rates amongst some communities. It does seem California is beginning to be proactive to a potential surge in CA later in the year, much like what we saw last year. The state has delayed its enforcement of healthcare facilities returning all physical space back to what the space was originally intended and approved for from what was to be July 15th to now Sept 30th.

Housing

The housing market for prospective employees has continued to be a challenge but seems to be compounded now considering the current real estate market. With higher prices and lower inventory many of our prospective employee's report finding housing as a challenge to accepting employment with Mayers. This of course is not a new issue however, I do believe now is the time to strongly consider purchasing a multi-unit housing solution. I do intend to bring some options to the Board for a discussion and consideration.

Board Clerk

After the August meeting of the Board of Directors, Jessica DeCoito, Board Clerk will be beginning her maternity leave. She will be temporarily replaced by Valerie Lakey while she is out. Thanks to Val for stepping up and performing this important duty. Pamela Sweet and Lisa Zaech will assist when needed with the board committee meetings while Val will primarily clerk at the full board meetings.

Golf Tournament

We are all looking forward to the upcoming Mayers Golf Tournament on August 21st. I have met with Tracy Geisler a number of times to discuss plans over the past 60 days or so. We have established a committee to work on the plans for the golf tournament, as well as be there to assist on the day of. Meetings have taken place with the Golf Course staff and the foundation leadership. Signup and sponsorship forms have been sent out and already are being returned. Thanks to all who are participating in this fun event, we are excited to see it returning in 2021.

In person conferences returning

Conferences are planned to return to in person for the remainder of the calendar year. I will be attending the District Hospital Leadership Forum (DHLF) executive team meeting on August 20th and returning home that night to attend the golf tournament in the morning. Travis, Ryan, and I will be attending the WIPFLI RHC and Cost Report conference in mid-September. The month will finish with the ACHD Conference, which we will also have a presence there.

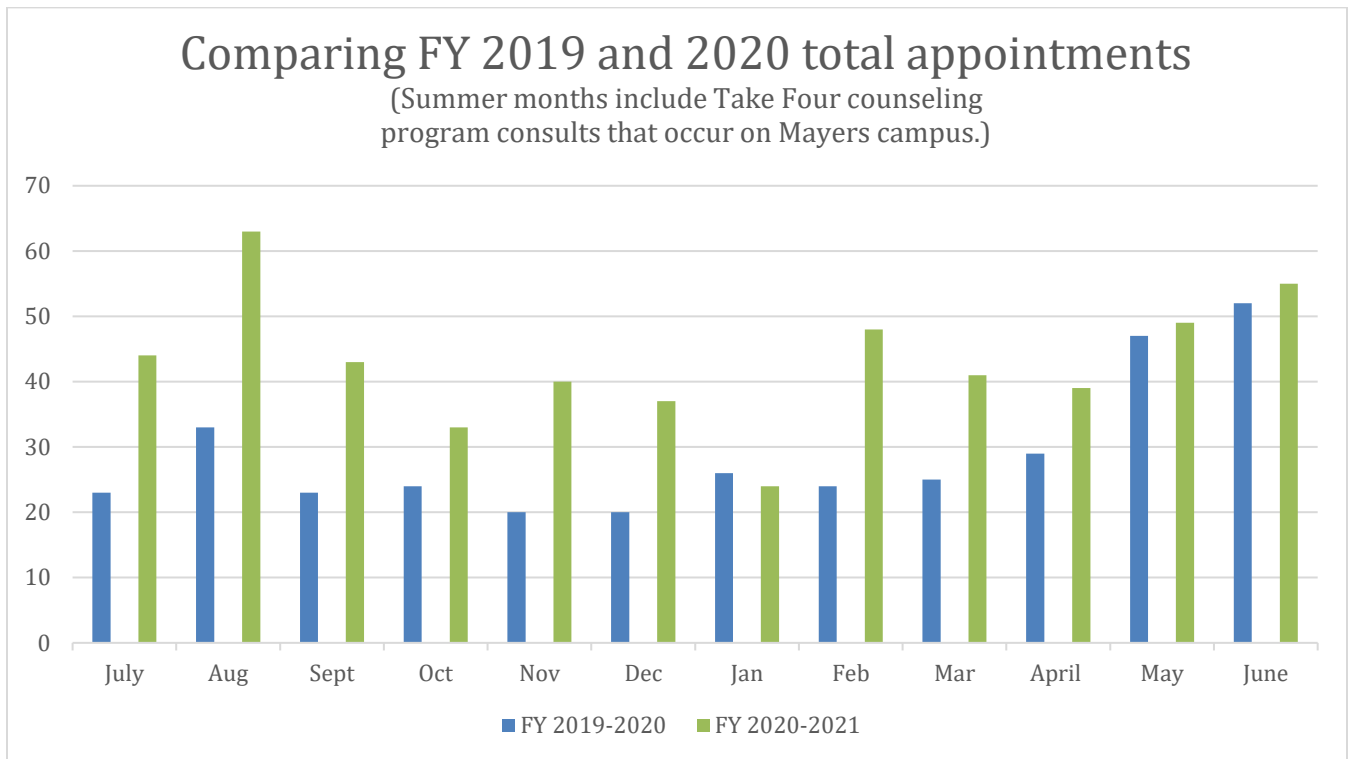
New ER Doctors

I am again happy to announce this month; we have had two new Emergency Room Doctors join the team here at Mayers. We would like to welcome Dr. Leach and Dr. Bushell. They will both be joining the team for intermittent shifts throughout the monthly schedules. They both have many years of working in Emergency Rooms in rural settings. Dr. Bushell has expressed some interest in also assisting in the hospital in the future as he continues to learn more about the area. We are happy to have them join the team and provide great care to the patients we serve.

Telemedicine Update as of July 13, 2021

Respectfully submitted by Amanda Harris for Keith Earnest, CCO and Louis Ward, CEO (included quarterly).

We have completed a total of 1327 live video consults via Telemedicine since August 2017.



Important note: Dr. Babb has resigned as Medical Director of the Telemedicine Program due to contract renewal at MVHC and new stipulations there. There has been only one referral from MVHC since the last Telemed update and it was for an existing Endo patient that was requesting a referral to Nutrition with us.

Endocrinology:

- We had 16 Endo consults in June. Patients have adjusted well to the new Burney clinic location.
- We've had 419 consults since the start of this specialty in August 2017.

Nutrition:

- We had two Nutrition patients in May and two in June.
- We've had 98 consults so far since we started this specialty in November 2017.

Psychiatry:

- We had 21 residents seen by Dr. Granese in May and 15 seen in June. Dr. Granese took the month of July off so his next block will be scheduled for August 17.

- Hospitalist Jody Crabtree met with Dr. Granese before his block in June to further discuss the overall goal of reducing the usage of psychotropic medications used in our Skilled Nursing. She explained that leadership felt that the current percentage was too high and stated the goals we were working toward. Dr. Granese understood, shared some concern about patient quality of life and safety but agreed to advise with this in mind.
- We've had 417 consults since the beginning of the program in August 2017.

Infectious Disease:

- Dr. Siddiqui has his first block of time scheduled at the new rural health clinic on July 20.
- We've had 89 consults since the start of this specialty in September 2017.

Neurology:

- Neurology with Dr. Levyim has been going wonderfully. She saw 16 patients in May and 16 more in June which is quite a few more than Dr. Woodburn was able to accommodate in previous months. Patients very much enjoy her and she's been very responsive in patient follow-up.
- She is due to have her baby around July 26 so she will be out the month of August, returning the week after Labor Day. Dr. Woodburn has agreed to provide us with one block of time in August to help out. She is only doing this for Mayers because she enjoys working with us so much. Her last block was supposed to be in June.
- We've had 196 consults since the start of the program in November 2018.

Rheumatology:

- Dr. Butts saw two patients in May and three in June.
- We may be credentialing/privileging a new provider, Dr. Shibuya, soon. I'm anticipating switching patients to him in September and opening up for all payers then. Rheum has been strictly for Partnership patients until now.
- We've had 27 consults since the start of the program in May 2020.

FRJUSD/Mayers/MVHC Take Four Counseling Grant:

- To date, about 850 consults have taken place with this program.
- Counseling services are being offered over the summer at both Mayers locations (in Fall River and Burney) with both providers. Sheri Crane is one of the Site Coordinators during the school year but grant funded as a casual employee at Mayers to help out over the summer.
- The mandatory meeting that would normally take place at HRSA in Maryland has been changed to a virtual meeting on July 14-15 so Jack Hathaway and I will be attending to represent Mayers and the Take Four program.

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.

