

Chief Executive Officer  
Chris Bjornberg



Mayers Memorial Hospital District

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

## Strategic Planning Committee

### Meeting Agenda

March 7, 2022

1:00 PM

Zoom Meeting: [CLICK HERE](#)

Call In Number: 1-253-215-8782

Meeting ID: 830 2720 7581

#### Attendees

Beatriz Vasquez, Ph.D., Chair, Board Secretary

Abe Hathaway, Board Treasurer

Chris Bjornberg, CEO

1	CALL MEETING TO ORDER	Chair Beatriz Vasquez
2	CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS	
3	APPROVAL OF MINUTES	
	3.1 Regular Meeting – November 8, 2021	Attachment A <b>Action Item</b>
4	Strategic Plan Review	Attachment B Discussion
5	Future Planning	Discussion
6	OTHER INFORMATION/ANNOUNCEMENTS	Information
7	ADJOURNMENT	

Chief Executive Officer  
Louis Ward, MHA



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Board of Directors  
**Strategic Planning Committee**  
**Minutes**  
 November 8, 2021 at 1:00 PM  
 Fully Remote Zoom Meeting

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

- 1 CALL MEETING TO ORDER:** The meeting was called to order at 1:03 pm on the above date.

**BOARD MEMBERS PRESENT:**

Beatriz Vasquez, PhD, Chair  
 Abe Hathaway, Treasurer

**STAFF PRESENT:**

Louis Ward, CEO  
 Ryan Harris, COO  
 Travis Lakey, CFO  
 Jessica DeCoito  
 Lisa Zaech, Scribe

**Community Members Present**

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

None

- 3 APPROVAL OF MINUTES**

3.1	A motion/second carried; committee members accepted the workshop minutes of September 13, 2021	Hathaway, Ward	<b>Hathaway – Y</b> <b>Vasquez – Y</b>
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- 4 Full Board Strategic Planning Meeting**

**5 Construction Update:** Demo Project: closeout of new hospital wing. Structural engineering and FLS final sign off; still need OSHPD compliance officer signoff and there has been a change in personnel, Richard is new compliance office and still waiting on OSHPD; also an issue with signoff of micro-biology lab hood; 8 exceptions have been completed and requires inspection; no jeopardy with occupation; would just like to get the project closed out and it is holding out funding from USDA; will continue to push OSPHD and next step is to reach out to Mickey Fong; lots of internal changes with OSPHD becoming a department. Demo Project: change order for roof sheeting, contractor is asking for 20 additional days construction; requested and received OSHPD extensions; approval and new deadline is April 2022, Change Order (CO) is \$56k received this morning and Ryan, John Morris and engineering are reviewing before sending over to Louis; another CO coming for fire system; unforeseen conditions; looking at impact to nurses station and is required to have a fire rated corridor; may push completing date. Anticipating \$20-30K, well within the contingency budget. Day Care project received building permit and John is working on finding a contractor; expecting a challenge with phase 3 kitchen and HVAC project; meeting with Greenbough in December. design to discuss building methodology; also will be interviewing another architecture firm; laundry facility waiting on shelving, because of Uline shortage we can only order 1 shelf per day. Status of parking lot tear down, Ryan has requested an update from the contractor on paving of the parking lot in the ; will get Abe an update

**6 Administrative Report:** There is a lot of discussion around providers; lots of changes; currently working with Dr. Pitt to bring her in on the NHCS program; she is a scholar; due to a number of issues one being we are not cleared as a NHCS approved site by Medicare and have to wait until the clinic has been one 1 year and there is only a short window to apply in April. Working on a couple of scenarios, reaching out to various people at the state level. Travis has been working extensively on it and we have everything required to be turned in but have to wait until the application window opens. Dr. Watson has talked with Louis about his future and will share more at an upcoming session; nothing formal at this time. Dr. Magno has committed to moving to Intermountain area in June 2022. Louis is having discussions with Envisions; Scorecards are figured out; changes in COVID; positive resident at Station 2; confident that our efforts with administering 3<sup>rd</sup> doses. Candy reported that a family member/non-vaccinated employee visited a non-vaccinated and she came in

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the back door not wearing PPE and brought in a child also not wearing a mask. FR is red status and Burney is yellow. Have moved the resident to the COVID unit; most residents have had 3<sup>rd</sup> does and hopeful the spread will be limited; moved back to testing weekly starting today or more often if needed. If it does spread, we will have to move to the plan in place from last year; will continue to closely monitor and manage. Still looking a Phase 3 and Phase 4 for decisions financial impact; in communication with Clearwater Lodge about provider housing options. Looking at cost of fire insurance with is estimated at about \$4k per year. EMR; continuing to review as OCHIN/Epic builds out more; Travis is setting up a potential site visit with Plumas. CNA program is rolling along and the first class beginning 2<sup>nd</sup> week of Jan; defined what will be advertised; finalizing paperwork; have 4 applicants.

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**7 OTHER INFORMATION/ANNOUNCEMENTS: None**

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**10 ADJOURNMENT – 1:48 PM**

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# Mayers Memorial Hospital District

## Strategic Plan 2022 – 2027

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Approved 09/29/21

## Message from the Board of Directors

The original 2016-21 Strategic Plan for Mayers Memorial Hospital District was written as a living document and is regularly reviewed and updated. Great progress has been made during that time including the new hospital wing, a retail pharmacy, a rural health clinic and strong financial indicators. This, the latest version (2022-2027) of the Strategic Plan is a result of a number of new challenges our district faces, from aging facilities to a world-wide pandemic. The Plan focuses on continuing to enhance healthcare and resources for our community and serves as a guide for the District board and administration for the next five years.

Jeanne Utterback, Board President

## Introduction

The purpose of this Strategic Plan is to outline the key strategic objectives that the Board of Directors intends to accomplish by 2027. The Strategic Plan helps provide a link between the Vision and Mission of Mayers Memorial Hospital District to the everyday operational duties of the very hard-working and dedicated staff.

### Vision

To become the provider of first choice for our community by being a leader in rural healthcare.

### Mission Statement

To provide outstanding patient-centered healthcare to improve the quality of life of our patients through dedicated, compassionate staff and innovative technology.

This Plan will outline the strategic objectives, the milestones needed to be achieved to ensure success toward those objectives (success indicators), the risks to the objectives, implementation, monitoring and evaluation. Reporting templates are also attached.

## Strategic Objectives

To progress toward the achievement of our Vision and Mission over the next five years, we will work toward the following four strategic objectives:

1. Outstanding Patient Services: By 2027, we will be an active facility with The Joint Commission (TJC) and achieve the joint commission's requirements. We will increase our outpatient service line within the District by increasing access to local specialty services including increased imaging and surgical services. Develop and implement an innovative local healthcare discount voucher program.
2. Outstanding Facilities: By 2027, we will open a new rural wellness center incorporating a Rural Health Clinic, PT and Cardiac space in the Intermountain area, update the skilled nursing facility living space at the Fall River campus and implement the District's plan to replace the FR kitchen, and Acute facility.

3. Outstanding Staff: By 2027, we will be seen as an employer of choice in the area by providing and maintaining staff growth opportunities, flexible and safe working arrangements, and reducing the use of registry staff.
4. Outstanding Finances: By 2027, we will have in place and utilize financial tools to actively develop and forecast long-term expenditures. We will establish, implement and operate an innovative local healthcare discount voucher program.

## Success Indicators

To ensure we achieve our strategic objectives by 2027, the following are milestones that will indicate we are on a pathway to successfully achieving the objectives:

### *Objective 1. Outstanding Patient Services*

- a. There will be no findings above a D on annual surveys
- b. We will have a 3-star rating by 2023
- c. We will have a 4-star rating by 2025
- d. Increase our imaging services to include MRI by 2023
- e. Implement The Joint Commission (TJC) Project

### *Objective 2. Outstanding Facilities*

<b>Project Name</b>	<b>Estimated Project Valuation</b>	<b>Design Start</b>	<b>Design/Bid Completion</b>	<b>Construction Start</b>	<b>Construction Completion</b>
MMHD Phase III Hospital Renovation (Dietary/HVAC/HW Heaters, Change of Use)	\$7,000,000	Jan 2022	Jun 2023	Jul 2023	Dec 2024
Wellness center (FR Clinic, Cardiac Rehab, PT)	\$5,000,000	Jul 2023	Jul 2024	Aug 2024	Dec 2025
MMHD Phase IV Renovation (New Acute, Expanded Radiology, Pharmacy, Courtyard)	\$13,000,000	Aug 2024	Aug 2026	Sep 2026	Sep 2028
Burney Annex Kitchen Remodel	\$2,500,000	Sep 2026	Dec 2027	Jan 2028	Jun 2029

### *Objective 3. Outstanding Staff*

- a. Hospital-supported day care to open by 2022
- b. Reduce EOFY 2019 registry staff use rate by another 20% by EOFY 2023
- c. Reduce EOFY 2019 registry staff use rate by another 30% by EOFY 2025

- d. Employ sufficient number of providers to fully staff the hospital and clinics by 2025

*Objective 4. Outstanding Finances*

- a. Have a long term expenditure list by department by 2023
- b. Continue to meet benchmarks against top 100 CAH flex report
- c. Explore community campaign for new Acute building in 2024

## Risk Management

All goals come with risks. Few risks can be completely eliminated but most can be managed in a way that minimizes the likelihood of it occurring and/or the level of impact on the success of the relevant goal.

Each key risk outlined in the table below was given likelihood, consequence, and overall risk ratings based on the consensus of the Board Members. In addition, the Board Members determined whether the current risk was acceptable relative to the objective. It is important to note that the risk rating alone does not determine acceptability. See the Responsibility and Monitoring sections of this Plan for information on the management of these risks.

<b>Objective 1:</b> By 2027, we will be an active facility with The Joint Commission (TJC) and achieve the joint commission’s requirements. We will increase our outpatient service line within the District by increasing access to local specialty services and innovative local healthcare discount voucher program.				
Risk	Likelihood	Consequence	Risk Rating	Acceptable
Inability to implement new Electronic Medical Record due to costs resulting in poor reporting capability necessary to meet TJC metrics.	High	Low	Medium	Yes
Inability to attract qualified personnel due to location, pay, benefits, etc. leads to less services offered.	Medium	High	High	No
Unable to attain The Joint Commission (TJC) accreditation due to not having qualifying metrics leads no/low rating and/or loss of potential funds/program participation.	Medium	High	Medium	No
<b>Objective 2:</b> By 2027, we will open FR rural health clinic with space for PT and Cardiac Rehab, update the skilled nursing facility living space at the Fall River campus, design and construct new FR dietary space, Design and start construction of new OSHPD 1 Acute space, and Design a new Burney dietary space.				
Risk	Likelihood	Consequence	Risk Rating	Acceptable
Loss of/diminished support by community of new/renovated infrastructure due to expenditure of projects leads to negative media/commentary.	Medium	Low	Low	Yes
<b>Objective 3:</b> By 2027, we will be seen as an employer of choice in the area by providing and maintaining staff growth opportunities, flexible and safe working arrangements, and reducing the use of registry staff.				
Risk	Likelihood	Consequence	Risk Rating	Acceptable
Poor working environment due to executive leadership/Board overly focusing on operational issues leads to qualified staff leaving at a high rate.	Medium	Medium	Medium	Yes
Inability to keep up with market pay and benefits due to increasing costs but stable	High	Medium	High	Yes

local population leads to high turnover in staff.				
<b>Objective 4:</b> By 2027, we will have in place and utilize financial tools to actively develop and forecast long-term expenditures. We will establish, implement and operate an innovative local healthcare discount voucher program.				
Risk	Likelihood	Consequence	Risk Rating	Acceptable
Poor understanding of tool(s) due to turnover of staff and/or board leads to low utilization and inability to accurately forecast.	Medium	Medium	Medium	Yes

The following basic risk-rating matrix was used in the rating of the risks. The value of each rating was subjective to the individual raters.

Likelihood	Consequence		
	Low	Medium	High
High	Medium	High	High
Medium	Low	Medium	High
Low	Low	Low	Medium

## Responsibility and Accountability

The Strategic Plan is the five-year plan set forth by the Board of Directors. As a Board elected by the public in the Hospital District, the Board Members are accountable to their constituents. One mechanism by which the public can measure the success of their elected Board Members is the success of the Strategic Plan. As such, the first layer of accountability in this Plan is the Board of Directors to the public.

The second layer of accountability is the Chief Executive Officer (CEO) to the Board of Directors. The Board has developed this Plan with the expectation that the CEO will implement it successfully. As such, the CEO has the ultimate responsibility for each of the objectives outlined in this Plan and for the management of the risks to those objectives. It is the responsibility of the CEO to assign management of specific aspects of the Plan to other managers/teams and for the reporting of the progress of the Plan to the Board on a regular basis. Although the CEO can assign management further down the line, the CEO remains the single accountable position to the Board regarding the implementation of this Plan.

## Implementation

A Strategic Plan can only be successful if all layers of management and staff are aware of the Plan and working to ensure the objectives will be met. Successful implementation of this Plan requires the following:

- Departmental annual business plans that have operational objectives that aligns to the strategic objectives.
- Management/Departmental meetings regularly remind staff of their valuable and essential contribution to the success of the strategic objectives.
- Regular review of operational plans and leadership scorecard goals.
- Regular review of risk management plans and a culture of reporting risks.
- Open levels of communication throughout the management ladder to ensure effective top-down and bottom-up communication.



- Regular communication from the Board and/or CEO to all staff regarding the progress of the Plan.
- Effective monitoring system (outlined in the next section).

## Monitoring

To ensure this Plan is being implemented successfully, it is necessary to have monitoring mechanisms in place. At the Board level, monitoring consists of reporting. At the operational level, more detailed monitoring mechanisms will need to be developed/utilized as relevant to the specific work being undertaken. These mechanisms are the responsibility of the CEO and/or other management and staff as designated by the CEO.

The monitoring of this Plan will be done in two layers: first, to the Strategic Planning Committee and second, to the Board of Directors. The reporting requirements of each layer are described in more detail below.

### *Reporting to the Strategic Planning Committee*

The CEO will report to the Strategic Planning Committee at least every six months. The Committee may request reporting more often as deemed necessary.

The CEO will provide the Committee with a report on the progress of each Strategic Objective utilizing the reporting template at Attachment A of this Plan or a verbal report to the Strategic Plan Committee. The report will include:

- Tracking on current success indicator.
- Risk management, including the mitigation strategies for unacceptable risks, any changes in risk and reporting of any emerging risks.
- Issues encountered.
- Relevant documentation.

The Committee will determine whether any specific issues in the report from the CEO need to be reported to the Board of Directors.

### *Reporting to the Board of Directors*

In conjunction with the Strategic Planning Committee Board Members, the CEO will provide an overall report annually to the Board following reporting to the Committee regarding the progress of the Plan utilizing the template at Attachment B of this Plan or a verbal report to the Board of Directors. The report will include:

- Overall progress.
- Changes in risk.
- Issues of note as determined by the Committee.

The Board will determine whether any changes in risk level and/or new risks are acceptable or not.

The Board may request additional reporting on any aspect of the Plan as deemed necessary.

## Evaluation

It is the responsibility of the Board of Directors to evaluate the overall success of the Plan. This Plan is not static and as such, the Board must evaluate whether any changes are required. At a minimum, the Board will evaluate this Plan as its midway point (mid-2024) to determine whether it still meets the needs of the Board.

At the end of the Plan, in 2027, the Board will conduct a thorough evaluation of the success of this Plan. This evaluation will be included in the next iteration of the Strategic Plan as part of the statement from the President of the Board of Directors. The evaluation will include:

- Statement of successes.
- Statement of unanticipated/poorly managed risks.
- Lessons learned.

In addition to the other elements of this Plan described above, a thorough evaluation will lead to even stronger and more successful Strategic Plans in the future, which will ultimately lead to better services for those in the Mayers Memorial Hospital District.