

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

Board of Directors  
**Regular Meeting Agenda**  
April 27, 2022 at 1:00 pm  
Burney Boardroom  
20647 Commerce Ave, Burney

**MICROSOFT TEAMS MEETING**

[Click Here to Join](#)

**Call In Number: 1-279-895-6380**

**Phone Conference ID: 108 066 716#**

**Mission Statement**

Mayers Memorial Hospital District serves the Intermountain area, providing outstanding patient-centered healthcare to improve quality of life through dedicated, compassionate staff, and innovative technology.

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

				<b>Approx. Time Allotted</b>
<b>1</b>	<b>CALL MEETING TO ORDER</b>			
<b>2</b>	<b>2.1 CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS</b>	Persons wishing to address the Board are requested to fill out a "Request Form" prior to the beginning of the meeting (forms are available from the Clerk of the Board, 43563 Highway 299 East, Fall River Mills, or in the Boardroom). If you have documents to present for the members of the Board of Directors to review, please provide a minimum of nine copies. When the President announces the public comment period, requestors will be called upon one-at-a time, please stand and give your name and comments. Each speaker is allocated five minutes to speak. Comments should be limited to matters within the jurisdiction of the Board. Pursuant to the Brown Act (Govt. Code section 54950 et seq.) action or Board discussion cannot be taken on open time matters other than to receive the comments and, if deemed necessary, to refer the subject matter to the appropriate department for follow-up and/or to schedule the matter on a subsequent Board Agenda.		
<b>3</b>	<b>APPROVAL OF MINUTES</b>			
	3.1 Regular Meeting – March 30, 2022	<b>Attachment A</b>	<b>Action Item</b>	2 min.
<b>4</b>	<b>DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS:</b>			
	4.1 Resolution 2022- 05– March Employee of the Month	<b>Attachment B</b>	<b>Action Item</b>	2 min.
	4.2 Director of Quality and Ancillary Services	<b>Attachment C</b>	Report	2 min.
	4.3 Hospice Quarterly Report	<b>Attachment D</b>	Report	2 min.
<b>5</b>	<b>BOARD COMMITTEES</b>			
	<b>5.1 Finance Committee</b>			
	5.1.1 Committee Meeting Report: Chair Hathaway		Report	5 min.
	5.1.2 March 2022 Financial Review, AP, AR and Acceptance of Financials		<b>Action Item</b>	5 min.
	5.1.3 Burney Annex Fire Alarm Project	<b>Attachment E</b>	<b>Action Item</b>	5 min.
	<b>5.2 Strategic Planning Committee</b>			
	5.2.1 No April Meeting			
	<b>5.3 Quality Committee</b>			
	5.3.1 April 13 <sup>th</sup> Meeting Report – DRAFT Minutes Attached	<b>Attachment F</b>	Report	5 min.

<b>6</b>	<b>OLD BUSINESS</b>			
6.1	Board Calendar and Department Reports to Board of Directors		Discussion/ <b>Action Item</b>	5 min.
<b>7</b>	<b>NEW BUSINESS</b>			
7.1	Policies & Procedures Summary 3/31/2022	<b>Attachment G</b>	<b>Action Item</b>	5 min.
7.2	Policy & Procedure Approval: Wound Care Privileges	<b>Attachment H</b>	<b>Action Item</b>	5 min.
7.3	Board Education & Development Proposal from Huron	<b>Attachment I</b>	<b>Action Item</b>	5 min.
<b>8</b>	<b>ADMINISTRATIVE REPORTS</b>			
8.1	ED of Community Relations & Business Development – Val Lakey	<b>Attachment J</b>	Report	5 min.
8.2	Chief's Reports – <b>Written reports provided. Questions pertaining to written report and verbal report of any new items</b>		Reports	
8.2.1	Chief Financial Officer – Travis Lakey		Report	5 min.
8.2.2	Chief Clinical Officer – Keith Earnest	<b>Attachment K</b>	Report	5 min.
8.2.3	Chief Nursing Officer – Candy Detchon		Report	5 min.
8.2.4	Chief Operation Officer – Ryan Harris		Report	5 min.
8.2.5	Chief Executive Officer – Chris Bjornberg		Report	5 min.
<b>9</b>	<b>OTHER INFORMATION/ANNOUNCEMENTS</b>			
9.1	Board Member Message: Points to highlight in message		Discussion	5 min.
<b>10</b>	<b>ANNOUNCEMENT OF CLOSED SESSION – PUBLIC WILL BE ASKED TO LEAVE</b>			
<b>11</b>	<b>CLOSED SESSION</b>			
	<b>Medical Staff Credentials – Govt Code 54962</b>			
	<b>Appointment</b>			
	1. Shelleen Denno, MD			
	2. Nicholas Schulack, DO			
	3. Nimeka Phillip, MD (Pit River Health)			
	4. Timothy Fisher, MD (vRad)			
11.1	5. Farzin Imani, MD (vRad)		<b>Action Item</b>	
	6. David Katz, MD (vRad)			
	7. Robert Murray, MD (vRad)			
	8. David Sarver, Md (vRad)			
	<b>Reappointment</b>			
	1. Tyler Barr, MD			
	2. Dale Syverson, MD			
11.2	<b>Personnel – Govt Code 54957</b> CEO Evaluation Process Discussion		Discussion	
<b>12</b>	<b>ANNOUNCEMENT OF OPEN SESSION</b>			
<b>13</b>	<b>ADJOURNMENT: Next Meeting May 25, 2022</b>			

Posted 4/22/2022

Chief Executive Officer  
Chris Bjornberg



Mayers Memorial Hospital District

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

Board of Directors  
Regular Meeting  
Minutes

March 30, 2022 – 1:00 pm  
FR Boardroom & Microsoft Teams

*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 1:02 PM on the above date.

**BOARD MEMBERS PRESENT:**

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

**STAFF PRESENT:**

Chris Bjornberg, CEO  
Ryan Harris, COO  
Travis Lakey, CFO  
Keith Earnest, CCO  
Candy Detchon, CNO  
Val Lakey, ED of CR & BD  
Theresa Overton, DON Acute  
Jessica DeCoito, Board Clerk

**ABSENT:**

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

**3 PRESENTATION: WIPFLI ANNUAL AUDIT SUMMARY**

Summary presentation of the Required Communication, Financial Statement Review, Financial Analysis, and Accounting Standards update was provided. Another clean audit with no findings and Mayers continues to better its financial ratios to increase financial stability. Thank you to Eric Volk from Wipfli for the in-person presentation. And a thank to the Wipfli team for helping get Mayers to our financial standings today.

**4 DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS**

4.1 A motion/second carried; Board of Directors accepted the minutes of February 23, 2022 **Guyn/Hathaway Approved by All**

**5 DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS**

5.1 A motion/second carried; Kevin Smith was recognized as February Employee of the Month. Resolution 2022-04. Works in EVS in the Annex. Really well liked by everyone in Burney. **Humphry/Guyn Approved by All**

5.2 Director of Nursing – Acute: glad to report that our COVID unit is currently closed. Thankful for our registry and traveler nurses. OPM has been very a beneficial service to our district. Cancer services have been very helpful for patients too. We are continuing our search for a CRNA and a provider that would replace Dr. Syverson when he retires in October. Conversations are taking place with Modoc Medical Center regarding sharing the services of a CRNA and Surgeon to provide both districts with our patient’s needs.

**6 BOARD COMMITTEES**

**6.1 Finance Committee**

6.1.1 **Committee Report:** Retail Pharmacy expenses are up with traveler helping cover shifts, and medications being ordered. We will be bringing a consultant back in to look at collections and what’s going on with that.

6.1.2 **February 2022 Financials:** motion moved, seconded, and carried to **Hathaway/Humphry Approved by All** accept the financials.

6.1.3	<b>Board Quarterly Finance Review:</b> motion moved, seconded and carried to approve.	<i>Hathaway/ Humphry</i>	<i>Approved by All</i>
6.1.4	<b>EHR Selection:</b> Paragon and Epic will run for a couple of months past the go live date on the EHR. Every department in the hospital will go on CERNER with the exception of the Retail Pharmacy. Nursing staff brought up that CERNER understands the swing bed status for our rural CAH where Epic didn't. Annually \$643,000. Motion move, seconded and carried to move forward with CERNER for our new EMR.	<i>Hathaway/ Guyn</i>	<i>Approved by All</i>
6.1.5	<b>Retail Pharmacy Proposals:</b> Stewart Signs is a stock sign. Western Sign is a custom built. Significant difference in price for custom vs. stock. This sign provides a service to all MMHD services and to our district community events. No action taken to sign a proposal at this meeting. Motion moved, seconded and carried to have staff work to open a permit for the sign.	<i>Humphry/ Vasquez</i>	<i>Approved by All</i>
6.1.6	<b>HVAC Project:</b> Dietary HVAC will be pulled from this project. A temporary solution has been provided and staff will move forward with the fix on the current system. OR HVAC rough order of magnitude budget has been provided. Current staff recommendation is to not take action on a current HVAC project at this time. Master Planning will show everything we can do in Surgery to bring everything up to date including the HVAC unit. No action taken.		<i>No Action taken</i>
6.1.7	<b>Daycare Project:</b> Previous daycare model can longer go forward with Tri-County Community Network. At this time, MMHD is presented with running the daycare in house. We would have to hire a Daycare Director and our own staff. Models for other district hospital daycares show no profit on their operation. But they did note that it does help as an employee benefit and helped with staff morale. Staff was directed to continue the research and explore our options.		<i>No Action taken</i>
6.1.8	<b>Mindray Quote:</b> current proposal is for \$62,068 and we need the approval to push forward with the order. However, we are working with Mindray reps. to get the promised \$20,000 in return to take the price down to \$42,068. Motion moved, seconded and carried to proceed forward.	<i>Guyn/Hat haway</i>	<i>Approved but All</i>
6.1.9	<b>Annual Audit Summary Acceptance:</b> financially flexible. Motion moved, seconded and carried to accept the audit.	<i>Hathawa y/Humph ry</i>	<i>Approved by All</i>
6.2	<b>Strategic Planning Committee Chair Vasquez:</b>		
6.2.1	<b>Committee Meeting Report</b> – Draft minutes attached. Discussion about the 2030 requirements to meet. And carried into the HVAC project discussion.		
6.2.2	<b>Master Planning Process:</b> Suggested by legal counsel to look into hiring a firm that will provide a full master planning of the entire facility. This does include a community needs assessment that allows our community to voice their opinions of what they believe MMHD needs to do. Staff recommendation to proceed forward with setting up an RFP/RFQ to begin the Master Planning process with a firm. Motion moved, seconded and carried to move forward with the Master Planning process.	<i>Vasquez/H athaway</i>	<i>Approved by All</i>
6.3	<b>Quality Committee Chair Utterback</b>		
6.3.1	<b>Committee Meeting Report</b> – DRAFT minutes attached. Lab cultures are up and running and provide immediate information for our OPM patients. Dr. Syverson is a big part of our outstanding patient services, and we will be sad to seem him go. Quality statistics are becoming better and better each day. On going discussion regarding our requirements within Board Quality and if we need to restructure the unique way that we meet our requirements.		
<b>7</b>	<b>OLD BUSINESS</b>		
7.1	<b>Board Calendar:</b> still collecting data from other facilities to see what our requirements are and what we need to be reporting on. Our Burney and Fall River Boardroom rotations will pick back up. No action taken.		<i>No Action taken</i>

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.mayersmemorial.com](http://www.mayersmemorial.com).

- 7.2 **Leadership Development Education Opportunities:** research continues for leadership and educational opportunities. And a policy is being created that will be presented. This includes opportunities for both staff and board of directors.

**8 NEW BUSINESS**

- 8.1 **Policies & Procedures: CEO Compensation** **Vasquez/Guyn** **Approved by All**  
 Motion moved, seconded and carried with a change to the title to “Board Guidelines for CEO Compensation”
- 8.2 **Shasta Count COVID Report:** review of the report provided in the packet. Trends showed for Shasta County are like that of the country.

**9 ADMINISTRATIVE REPORTS**

- 9.1 **ED of Community Relations & Business Development:** written report submitted. Marketing is taking place on multiple outlets like TV, Pandora and Spotify, newspaper, and social media. Emergency Preparedness trainings went well. Beta representative was on site last week and things went great. ACHD email coming out from Val with information regarding bills going to legislature.
- 9.2 **Chief’s Reports**
- 9.2.1 **CFO:** Good work with the audit.
- 9.2.2 **CCO:** Respiratory Mask fit testing at Driscoll’s is taking place today. Take4 Mental Health is not being pursued through the school at the end of this grant.
- 9.2.3 **CNO:** CNA class just passed all of their state tests. Another class is taking off. Brigid and Jack were huge driving forces behind this CNA class and we are so excited to see it taking off. Ambulance coverage has been an issue with staff in Burney. There are discussions going on between MMHD staff and ambulance services.
- 9.2.4 **COO:** Update on med gas/alarm panel – upon reinstallation and exploratory work, we have found that this service needs to be repaired. We are awaiting on a bid from Intech to get this project done. We are working with HCAI on this. This will delay the final close out of the demo project. Rural Health Clinic expenses were up, and revenues were down. This can be attributed to extra COVID tests being purchased for patients. A consultant is onsite today to look at our billing and coding, that will help correct the swings in revenue. Our patient capacity with Partnership has been increased significantly.
- 9.2.5 **CEO:** Pi Day was really fun! Attended the Rotary meeting and answered a lot of questions. Employee Council met and discussed a lot of great things centered around our employees. One topic was “Employee of the Month” – and how this can change to give more than 12 employees kudos for their work. Conversations with Modoc Medical Center are taking place about working together to hire a CRNA to work at both locations. Met with MVHC CEO and conversed about our relationship and how we are going to work with each other going forward. Partnership issues are taking place within their system. Envision, who contracts our ER providers, is looking to negotiate our contract. We are looking at our options and discussing new structures.

**10 OTHER INFORMATION/ANNOUNCEMENTS**

- 10.1 Board Member Message: Employee of the Month, Audit results,

**11 ANNOUNCEMENT OF CLOSED SESSION**

**12 CLOSED SESSION**

- 12.1 **Personnel Govt Code 54957: Personnel Complaints**
- 12.2 **Personnel Govt Code 54957: CEO Probationary Period & Annual Evaluation Process** Discussion

**13 ANNOUNCEMENT OF OPEN SESSION**

**14 ADJOURNMENT:**

Next Regular Meeting: March 30, 2022

*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

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

**RESOLUTION NO. 2022-05**

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

**Angyl Vaughn**

**As March 2022 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, Angyl Vaughn is hereby named Mayers Memorial Hospital District Employee of the Month for March 2022; and

**DULY PASSED AND ADOPTED** this 27th day of April 2022 by the Board of Trustees of Mayers Memorial Hospital District by the following vote:

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

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

ATTEST:

\_\_\_\_\_  
Jessica DeCoito  
Clerk of the Board of Directors

## Board Report for Quality and Ancillary Services

### Quality:

Quality has been moving forward – the Promoting Interoperability submissions have been completed – it passed with a score of 57. Volumes continue to be low for submissions, however, because of the CAH status it is expected and allowed. 4 patients would have met the AMI (Acute Myocardial Infarction/Heart Attacks) and 5 patients would have met the Chest Pain measures respectively. This is not a surprise because CAHs deal with this issue all the time, low volume for specifically met measures – for instance there were 0 in the maternity measures – knowing Mayers does do not do OB. As the transition to Cerner continues, it will be interesting to see how the new EHR will help up potentially capture more of the initial populations who would potentially qualify for PI measures. There are 16 measures now in the PI group that can be worked toward, so there is time as Mayers transitions to see what is available and where focus should be for improvement.

SNF Blood Pressures – This process has been improving, trending down in the number of errors this month – that is moving the right direction.

### Radiology:

Rad is currently working to have the new Radiology group on boarded – IT is working hand in hand with the groups implementation team to get everything in line for the May 29 transition date. Rad is moving away from MDI and into a new partnership with Tahoe Carson Radiology (TCR). We believe it will be an advantageous move.

Pocket Health is a patient access and image sharing solution that Rad has been working on as well – it has hit a snag unfortunately. Ambra the PACs system (the place where Rad is currently keeping and sharing image studies taken in the facility) has been extremely difficult to work with as they will not return calls or email.

Tahoe Carson's team actually ran into this issue as well and it prompted Rad to create a work around that will leave Ambra out of the sharing loop with them so Rad can work with TCR directly if issues arise and need to be addressed.

Generally, Ambra has been showing Leadership that it is time to look for other options – and after the TCR setup complete Leadership will begin looking at the better solutions that are out there for serving the patient population.

### Lab:

Lab is still waiting to find an appropriate place for the new analyzer – Lab thought that there was a good place across from the old machine in the lab space, however, the engineer who came out to do PM raised some issues that showed it would not work. Currently, Maintenance is looking to find a place where the new machine could be placed meeting all of the requirements.

Please reach out with any questions.

JH

## Hospice Quarterly Report

01/1/2022—03/31/2022

The first quarter of the year started off a little rough. One staff member was recovering from Covid Virus followed by each staff member coming down with the virus. Each staff member was off work for at least 10 days. Our Social Worker was also off with surgery. Sara Fenn, our extra nurse, came to our rescue. Thank you, Sara for all the hard work.

By the end of the quarter, we are all well and going strong. Lindsey Crum has graduated with her RN. Her plans are to rejoin the hospice team. Congratulations to Lindsey. We are also interviewing another nurse for a part time job in the Hospice field. We have met the new nurse and she seems to be a good fit.

Our average daily census is 4.51 patients. This is an increase. Our average length of stay has increased to 53.52 plus days. This is at the National Average. Our admissions for this time period is 4 patients. We have 3 pending referrals currently. Our yearly census for last year has also increased.

Work is in progress at the “old trophy building” that will eventually house the Hospice. We have been working with the Mayers Foundation to make this a successful and smooth transition. The hospice has been organizing our supplies and equipment. Our goal is to have an efficient and organized hospice program.

We have also been working with Tracy and Janine on the Fundraising aspect of Hospice. They have some new and fresh ideas that we will be discussing at our future meetings.

Thank you for your time and attention,

Hospice Manager



End of Month Census Report  
 For 01/01/22 Thru 03/31/22  
 Program : Hospice Care  
 Team: <MAYERS>

	EOM Census	EOM Pending	EOM NH Census	EOM Non Cancer Census	Avg Daily Census	Current Month Avg LOS	12 Month Avg LOS	Admits	Discharges	Deaths
Hospice Team	3	25	0	3	4.51	100.44	53.52	4	4	5
Totals	3	25	0	3	4.51	100.44	53.52	4	4	5

QUARTER  
CENSUS



Hue & Cry, Inc. (Corporate Office)  
P.O. Box 548  
Anderson, CA 96007  
Tel: 1(800)762-3196 Fax:

**Proposal**

**Client Information**

MAYERS MEMORIAL HOSPITAL  
20647 COMMERCE ST  
BURNEY CA 96013

**Proposal Number** 50659  
**Date** 4/14/2022  
**Salesperson** BRICE COCHRAN

Qty	Description
1	ADDRESSABLE FIRE ALARM CONTROL PANEL
1	EXPANSION MODULE
1	REMOTE ANNUNCIATOR
1	CELLULAR COMMUNICATOR
1	USB INTERFACE CARD
92	SIGNATURE SERIES OPTICAL SMOKE DETECTOR
4	INTELLIGENT FIXED TEMPERATURE HEAT DETECTOR
96	SMOKE AND HEAT DETECTOR BASES
2	POWER SUPPLY BOOSTER
2	MONITOR MODULE
10	DOUBLE ACTION MANUAL PULL STATION
4	1 CIRCUIT INPUT MODULE
26	CONTROL RELAY MODULE
8	DUCT DETECTOR
4	CHIME
20	CHIME STROBE
2	12V 18AH SLA BATTERY
4	12V 9AH SLA BATTERY
2	LABOR TO HOOK UP TO WATERFLOW
1	LABOR TO HOOK UP TO TAMPER SWITCHES
13	LABOR FOR DOOR HOLDERSS
1	LABOR FOR ANSUL
48	FIRE ALARM PLANS DESIGN & SUBMITTALS
24	FINAL INSPECTION WITH AHJ
1	MISCELLANEOUS MATERIALS & HARDWARE
1	TRIP CHARGE



Hue & Cry, Inc. (Corporate Office)  
P.O. Box 548  
Anderson, CA 96007  
Tel: 1(800)762-3196 Fax:

***Proposal***

**Client Information**

MAYERS MEMORIAL HOSPITAL  
20647 COMMERCE ST  
BURNEY CA 96013

**Proposal Number** 50659  
**Date** 4/14/2022  
**Salesperson** BRICE COCHRAN

Qty	Description
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**Total This Proposal** \$53,016.00



**Hue & Cry, Inc. (Corporate Office)**  
**P.O. Box 548**  
**Anderson, CA 96007**  
**Tel: 1(800)762-3196 Fax:**

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***Proposal***

**Client Information**

MAYERS MEMORIAL HOSPITAL  
20647 COMMERCE ST  
BURNEY CA 96013

**Proposal Number 50659**  
**Date 4/14/2022**  
**Salesperson BRICE COCHRAN**

**SCOPE of WORK:**

The above proposal is for the replacement of the existing fire alarm system. We will replace the control panel and all devices on the system excluding the wiring. Plans will be drafted and submitted to oshpd for approval.

**CLARIFICATIONS:**

Pricing assumes wiring is all in good working condition.

**EXCLUSIONS:**

Any additional requirements by OSHPD.

**PAYMENT TERMS:**

25% due upon acceptance, progress payments thereafter.

**TERMS and CONDITIONS**

The provisions herein contained constitute all of the terms and conditions of this contract. No changes or additions hereto shall be binding upon Seller unless in writing and signed by an authorized representative of Seller. Any terms or conditions of Purchaser's order inconsistent herewith or in addition hereto shall be of no force and effect and are hereby expressly rejected and Purchaser's order shall be governed by only the terms and conditions appearing herein.

**PROPOSALS AND CONTRACT**

Seller's proposals, when accepted, and any resulting contract, are not subject to cancellation, suspension or reduction in amount, except with Seller's written consent and upon terms, which reimburse Seller for work performed, reasonable overhead and lost profit.

**PAYMENT**

Terms of payment are as listed above. A service charge will be charged and added to the prices on all payments past due on the date of the invoice and owed by the Purchaser under this contract, at a rate of 25% per annum, or if such rate is prohibited under applicable law, then at such maximum rate as is under applicable law. Purchaser shall pay all attorney's fees incurred in the collection of past due accounts.

**DELAYS**

Seller shall not be liable for any damage or penalty for delays in work due to acts of God, acts or omissions of the Purchaser, acts of civil or military authorities, Government regulations or priorities, fires, floods, epidemics, quarantine restrictions, war, riots, strikes, differences with workmen, accidents to machinery, car shortages, inability to obtain necessary labor, materials or manufacturing facilities, delay in transportation, defaults of Seller's subcontractors, failure of or delay in furnishing correct or complete information by Purchaser with respect to location or other details of work to be performed hereunder, impossibility or impracticability of performance or any other cause beyond the control of Seller, whether or not similar to the foregoing. In the event of any delay caused as aforesaid, the completion shall be extended for a period equal to any such delay, and this contract shall not be void or avoidable as a result of any such delay. In case work is temporarily discontinued by reason of any of the foregoing, all unpaid installments of the contract price less an amount equal to the value of material and labor not furnished shall be due and payable upon receipt of the invoice by Purchaser.

**SITE FACILITIES**

Purchaser shall furnish all necessary facilities for performance of its work by Seller, adequate space for storage and handling of material, light, water, heat, local telephone, watchman and crane and elevator service, if available, and necessary permits. Where wet pipe system is inspected/tested, Purchaser shall supply and maintain sufficient heat to prevent freezing of the system.

**STRUCTURE AND SITE CONDITIONS**

While employees of Seller will exercise reasonable care in this respect, Seller shall be under no responsibility for loss or damage due



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**P.O. Box 548**  
**Anderson, CA 96007**  
**Tel: 1(800)762-3196 Fax:**

***Proposal***

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MAYERS MEMORIAL HOSPITAL  
20647 COMMERCE ST  
BURNEY CA 96013

**Proposal Number 50659**  
**Date 4/14/2022**  
**Salesperson BRICE COCHRAN**

to the character, condition or use of foundations, walls, or other structures not erected by it or resulting from excavation in proximity thereto, nor for damage resulting from concealed piping, wiring, fixtures or other equipment or conditions or water pressure. All shoring or protection of foundations, walls, or other structures subject to being disturbed by any excavation required hereunder shall be the responsibility of the Purchaser unless otherwise specified. Purchaser warrants the sufficiency of the structure to support the fire alarm and/or fire sprinkler system and its related equipment. The purchaser shall have all things in readiness for inspection/test, including, but not limited to, other materials, floor or suitable working base, connections, and facilities at the time technician is onsite. In the event the purchaser fails to have all things in readiness for inspection/test at the jobsite, the Purchaser shall reimburse Seller for any and all expenses caused by such failure to have such things in readiness. Failure to make areas available to Seller during performance in accord with schedules, which are the basis of Seller's proposal, shall be considered a failure to have all things in readiness for erection in accord with the terms of this contract.

**LIMITATIONS OF LIABILITY**

The Seller makes NO WARRANTIES, EXPRESS, OR IMPLIED, INCLUDING, WITHOUT LIMITATION, WARRANTIES OF MERCHANTABILITY AND WARRANTIES OF FITNESS FOR A PARTICULAR PURPOSE. No promise not contained herein or affirmation of fact made by any employee, agent or representative of the Seller shall constitute a warranty by the seller or give rise to any liability or obligation. Seller's liability to Purchaser for personal injury, death, or property damage arising from the performance under this contract shall be limited to the contract price. Purchaser shall hold Seller harmless from any and all third-party claims for personal injury, death or property damage, arising from Purchaser's failure to maintain these systems or keep them in operative condition, whether based upon contract, warranty, tort, strict liability or otherwise. In no event shall Seller be liable for any special, indirect, incidental, consequential or liquidated, penal or any economic damage of any character, including but not limited to loss of use of the Purchaser's property, lost profits or lost production, whether claimed by the Purchaser or by any third party, irrespective of whether claims or actions for such damages are based upon contract, warranty, negligence, tort, strict liability or otherwise.

**SEVERABILITY**

Should any part, term, or provision of this contract be found by the courts to be illegal or in conflict with any law of the state where made, the validity of the remaining portions or provisions shall not be affected thereby.

**ASSIGNMENT**

Any assignment of this contract by Purchaser without the written consent of Seller shall be void. Seller may assign this contract to its subsidiaries and affiliates.

**CHANGES, ALTERATIONS, ADDITIONS**

Changes, alterations, and additions to the plans, specifications, or construction schedule for this contract shall be invalid unless approved in writing by Seller. Changes approved by Seller, which increase or decrease the cost of work to Seller, shall constitute a corresponding increase or decrease in the contract price as herein provided. The value of additional work shall be agreed upon in writing prior to the performance of said work. However, if no agreement is reached prior to the performance of additional work approved in the manner herein described, and Seller elects to continue performance so as to avoid delays, then the estimate of Seller's Estimating Department as to the value of the work shall be deemed accepted by the Purchaser.

**PRICES**

In addition to the prices specified herein, Purchaser shall pay for all extra work requested by Purchaser or made necessary because of incompleteness of or inaccuracy in plans or other information submitted by Purchaser with respect to location, type of occupancy, or other details of work to be performed hereunder. In the event the



**Hue & Cry, Inc. (Corporate Office)**  
**P.O. Box 548**  
**Anderson, CA 96007**  
**Tel: 1(800)762-3196 Fax:**

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***Proposal***

**Client Information**

MAYERS MEMORIAL HOSPITAL  
20647 COMMERCE ST  
BURNEY CA 96013

**Proposal Number 50659**  
**Date 4/14/2022**  
**Salesperson BRICE COCHRAN**

---

layout of Purchaser's facilities has been altered, or is altered by Purchaser prior to completion of this contract, Purchaser shall advise Seller, and prices, delivery, and completion dates quoted herein shall be changed by Seller as may be required.

**LEGAL NOTICE**

For the purposes of any notice permitted or required to be given hereunder, such notice or notices shall be deemed given when received.

**CLAIMS**

Any claims against Seller arising hereunder shall be deemed waived unless they are presented in writing, with particulars, within ten (10) days after they arise.

**TERMS AND CONDITION/TECHNICAL SPECIFICATIONS**

The terms and conditions specified herein shall be in addition to those put in Seller's technical specifications and Seller's authorized representative shall resolve any inconsistencies.

**ARBITRATION**

At the option of the Seller, any controversy or claim arising out of or relating to this contract, or the breach thereof, shall be settled by arbitration in accordance with the Rules of the American Arbitration Association, and judgment upon the award rendered by the Arbitrator(s) may be entered in any court having jurisdiction thereof. Any arbitration proceeding shall be held in California.

**OVERTIME**

Unless otherwise specified by Purchaser, all service work will be performed during regular working hours. If Purchaser shall require any overtime labor, Purchaser agrees to reimburse Seller for the overtime premium cost including all related payroll costs, plus Seller's overhead and profit, payable monthly, one (1) month after overtime expense was incurred.

**PROPRIETARY DATA**

All specifications, drawings, designs, descriptive matter, and other data furnished by Seller to Purchaser pertaining to the work proposed herein shall be deemed proprietary and shall be kept in confidence by Purchaser and shall not be disclosed to any third party except as may be necessary in the performance of any contract with the Seller. In the event Seller requests the return of any such proprietary material and/or any reproductions thereof, Purchaser shall promptly return the same to Seller.

**DEFAULT**

In case of any default by Purchaser, Seller shall be entitled to payment for all work performed, all termination costs incurred, and any other costs incurred by Seller, including overhead and profit. All such remedies of Seller are cumulative and not exclusive. Default by Purchaser shall consist of: Failure to pay any installment of price when due, no demand being necessary, or any act or omission on the part of Purchaser whereby Seller is prevented from completing said service, or receivership, bankruptcy, assignment for the benefit of creditors or any other form of insolvency proceedings by or against Purchaser or in case said premises or said system shall be attached, lien or seized by process of law and such attachment or lien shall not be vacated or seizure terminated within ten (10) days after its occurrence.

**BACK CHARGE**

No charges shall be levied by the Purchaser against the Seller unless (48) hrs prior written notice is given to Seller to correct any alleged deficiencies/ clean-up which necessitates such charges and unless deficiencies are the direct fault of Seller.



Hue & Cry, Inc. (Corporate Office)  
P.O. Box 548  
Anderson, CA 96007  
Tel: 1(800)762-3196 Fax:

***Proposal***

**Client Information**

MAYERS MEMORIAL HOSPITAL  
20647 COMMERCE ST  
BURNEY CA 96013

**Proposal Number 50659**  
**Date 4/14/2022**  
**Salesperson BRICE COCHRAN**

**OSHA**

Purchaser will indemnify and hold harmless the Seller from and against any claims, demands or damages resulting from the enforcement of the Occupational Safety Health Act (Public Law 91-596), unless said claims, demands or damages are a direct result of causes within the exclusive control of Seller.

This agreement between HUE & CRY, INC. and (Purchaser's) \_\_\_\_\_

The parties hereto agree:

That PURCHASER has requested HUE & CRY to sell and install equipment at PURCHASER's premises as described above. PURCHASER agrees to pay to HUE & CRY the price as shown above and under the above terms and conditions.

Approximate date work to begin: \_\_\_\_\_ Estimated date work to be substantially completed: \_\_\_\_\_

\_\_\_\_\_

Hue and Cry, Inc.-Print Name

\_\_\_\_\_

Hue and Cry, Inc - Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Please print name here

\_\_\_\_\_

Please sign name here

\_\_\_\_\_

Date Approved

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, MD, Director

Board of Directors  
**Quality Committee**  
**Minutes**

April 13, 2022 @ 1:00 PM  
Fully Remote Teams Meeting

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

1	<b>CALL MEETING TO ORDER:</b> Board Chair Jeanne Utterback called the meeting to order at 1:01 pm on the above date.			
	<b>BOARD MEMBERS PRESENT:</b>		<b>STAFF PRESENT:</b>	
	Jeanne Utterback, President Tom Guyn, MD., Director		Chris Bjornberg, CEO Candy Detchon, CNO Keith Earnest, CCO	
	<b>Excused ABSENT:</b> Trudi Burns, Cardiac Rehab David Ferrer, Respiratory		Jack Hathaway, Director of Quality Libby Mee, Director of HR Daryl Schneider, PT Manager Amanda Harris, Telemedicine Jessica DeCoito – Board Clerk	
	<b>COMMUNITY MEMBERS PRESENT:</b>			
	Laura Beyer			
2	<b>CALL FOR REQUEST FROM THE AUDIENCE – PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS</b>			
	None			
3	<b>APPROVAL OF MINUTES</b>			
	3.1	A motion/second carried; committee members accepted the minutes of March 9, 2022	<b>Guyn, Hathaway</b>	<b>Approved by All</b>
4	<b>REPORTS: QUALITY STAFF</b>			
	4.1	Employee Health & Workers Comp: No employees out on COVID leave currently. Working on making the booster eligible employee list smaller.		
5	<b>REPORTS: QUALITY PATIENT SERVICES</b>			
	5.1	Telemedicine: patients are really enjoying that they can see their primary and specialty providers in the same location. Our school program is ending, with some options to keep the program going with some leftover funds. Current appointments for Neurology and Rheumatology are a week to two weeks out – quick turnaround for specialists. Telemedicine is our key to getting access to specialty providers.		
	5.2	Cardiac Rehab: great to see that our issues can be solved from within our own organization. Departments helping departments.		
	5.3	Respiratory: very helpful to have the pulmonary services available for our community. Growing the program within our Cardiac Rehab, Retail Pharmacy and even in Modoc. Great work – can't wait to see this program grow.		
	5.4	Pharmacy: would like to report out to next month. Will present graphs and charts.		
	5.5	Physical Therapy: Congrats to PT on having a full staff with no registry members for the last 3 years. Equipment maintenance or wear and tear is always something we are looking at. And researching whether pieces are replaceable, or do we need to have a brand-new piece of equipment ordered.		
	5.6	SNF Events/Survey: two surveyors in for self-reported issues. Two tags: one due to timeframe of reporting issue and the other related to a hearsay issue that we are working with the state on getting waved. We are in survey season, so we are on our toes waiting for their arrival. Another survey was done on Acute, related to a charging issue – which our Acute Nursing Leadership is working on. Green status in both facilities! Our team is busy with admitting and getting our numbers back up.		



6	<b>DIRECTOR OF QUALITY</b>	
6.1	Director of Quality: written report submitted. Radiology will have night, weekend, and holiday coverage. We will begin testing the new modality for the Radiology vendor that we are transitioning into. Med errors that have occurred have seen a noticeable drop because our Hospitalist has found confusion in provider orders – white papers on parameters have been used as references to help correct these issues going forward. Analyzer challenge in the lab has been a priority to solve.	
7	<b>OLD BUSINESS</b>	
7.1	Meeting Calendar Discussion: Joint Commission will provide specific Quality measures for each department, and specific elements within that measure. An internal committee will be set up to manage all the quality measures and metrics with staff. Then the Director of Quality will report out to this Board Quality Committee meeting, with a dashboard of data and graphs, and follow all HIPPA guidelines for our residents and patients. Introduction for the new pieces will start to occur over the next few months. July is our goal for rolling out the new format. We will have a new time of meeting to have a provider available at the meeting. Staff will make sure this aligns with the bylaws and committee structures.	
8	<b>OTHER INFORMATION/ANNOUNCEMENTS:</b> RMOMS grant was submitted two weeks ago. We should hear back on this grant around August. Includes 10 partners in collaboration. Requested just under the grant amount and submitted one page short of the max page limit. Congrats to Laura on this amazing feat and good luck! Great job on the health fair!	
9	<b>ANNOUNCENMENT OF CLOSED SESSION: 2:11 pm</b>	
9.1	<b>MEDICAL STAFF CREDENTIALS GOVERNMENT CODE 54962</b>	<b>ACTION ITEM</b>
	<p><b>STAFF STATUS CHANGE</b>  ALAP JANI, MD – INACTIVE  ROBERT BUSHELL, DO – INACTIVE  GARY BELAGA, MD – INACTIVE  ANDREW LIN, DO – INACTIVE  ERIC KRAEMER, MD – INACTIVE</p> <p><b>STAFF APPOINTMENT</b>  NIMEKA PHILLIP, MD – FAMILY MEDICINE, PIT RIVER HEALTH  NICHOLAS SCHULACK, DO – EMERGENCY MEDICINE  SHELLEEN DENNO, MD – HOSPITALIST  TIMOTHY FISHER, MD – RADIOLOGY  FARZIN IMANI, MD – RADIOLOGY  DAVID KATZ, MD – RADIOLOGY  ROBERT MURRAY, JR. MD – RADIOLOGY  DAVID SARVER, MD – RADIOLOGY</p> <p><b>STAFF REAPPOINTMENT</b>  DALE SYVERSON, MD – GENERAL SURGERY  TYLER BARR, MD – EMERGENCY &amp; FAMILY MEDICINE</p>	
	Med staff credentials approved unanimously.	
10	<b>RECONVENE OPEN SESSION: 2:13 pm</b>	
11	<b>ADJOURNMENT: at 2:14 pm</b> Next Regular Meeting – May 11, 2022	

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.mayersmemorial.com](http://www.mayersmemorial.com).

**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:**  
**April 1, 2022**

**For Quarter Ending**  
**March 31, 2022**

Department	Document	New/Revised/Retired
Acute - Med Surg	Admission Information MMH460	Revised
Acute - Med Surg	Assessment and Reassessment of the Medical Surgical Patient	Revised
Acute - Med Surg	Baths, Bed, Partial, Shower for Acute and Long Term Care	Revised
Acute - Med Surg	BILI LITE FLOW SHEET and I O MMH411	Revised
Acute - Med Surg	CIWA - Alcohol Scale (Revised)	Revised
Acute - Med Surg	Colostomy Irrigation	Revised
Acute - Med Surg	Communicating with the Deaf and Hearing Impaired	Revised
Acute - Med Surg	Death	Revised
Acute - Med Surg	Do Not Resuscitate-Do Not Attempt to Resuscitate	Revised
Acute - Med Surg	EKG Policy, Fall River	Retired
Acute - Med Surg	Enemas	Revised
Acute - Med Surg	Foley Catheter Care	Revised
Acute - Med Surg	Hospital Report of Newborn Screening Specimen Not Obtained	Retired
Acute - Med Surg	Hydraulic Lift, HOYER	Revised
Acute - Med Surg	Hydraulic Lift, Vera Lift II	Revised
Acute - Med Surg	Injection, Intradermal	Revised
Acute - Med Surg	Nursing IV Certification	Revised
Acute - Med Surg	Nutrition Screening: Prealbumin	Retired
Acute - Med Surg	Paracentesis, Assisting with Abdominal	Revised
Acute - Med Surg	Pediatric Crash Cart Monthly Check List MMH717	Retired
Acute - Med Surg	Pediatric Monthly Check List MMH540	Revised
Acute - Med Surg	Physician Orders - Medication Reconciliation & Order Form MMH156	Revised
Acute - Med Surg	Prisoner Precautions MMH59	Retired
Acute - Med Surg	RELEASE OF A CHILD UNDER 8 YEARS OF AGE OR UNDER THE HEIGHT OF 4 FEET	Revised
Acute - Med Surg	Shaving, Nonsurgical	Revised
Acute - Med Surg	Sling Inspection Checklist - Monthly MMH147	Revised
Acute - Med Surg	UNUSUAL EVENT ROOT CAUSE ANALYSIS TOOL MMH303	Revised
Acute - Med Surg	Use of Restraints or Seclusion (Physical Restraints) in Acute Care	Revised
Acute - Med Surg	Utilization Review and Discharge Planning	Revised
Anesthesia	Malignant Hyperthermia	Revised
CAH	Comprehensive Care Plans - Swing Bed	Revised
CAH	Provision of Services, Critical Access Hospital	Revised
CAH	Status and Location - CAH	Revised
Disaster	Assigning Disaster Responsibilities to Volunteer Licensed Practitioners	Revised
Disaster	Communications - Patients and Families - Disaster Management	Revised
Disaster	Communications Plan	Retired
Disaster	Medical Records Tracking During Emergency	Revised
Disaster	Privileging of Licensed Independent Practitioners During an Emergency or Disa:	Revised
Disaster	Security - Emergency Management	Revised
Disaster	Workplace Violence Prevention Plan	Revised
Disaster	Workplace Violence Prevention Policy	Revised
Emergency Department	Triage of Emergency Department Patients	Revised
Human Resources	Artificial Nails	Retired
Human Resources	COVID Vaccine Consent Employee Form MMH680	Retired
Human Resources	Hepatitis B-What You Should Know - English and Spanish	Retired
Human Resources	Respiratory Therapist Call-Back	Revised
Imaging	Foot and/or Toes X-Ray	Revised

Department	Document	New/Revised/Retired
Imaging	Sacrum And Coccyx X-Ray	Revised
Infection Control	Animals in the Hospital	Revised
Infection Control	Control of Gastroenteritis Outbreaks in LTC - SNF	Revised
Infection Control	Covid 19 Vaccination Declination Form MMH698	Retired
Infection Control	COVID 19 Vaccine Consent Form - Public MMH690	Retired
Infection Control	COVID 19 Vaccine Consent Spanish -- Public MMH690S	Retired
Infection Control	Immunization Program Employee	Revised
Infection Control	Influenza Vaccine Consent - Employee MMH316A	Revised
Infection Control	It's Federal Law-You Must Give Your Patients Current VISs	Retired
Infection Control	Outpatient/ER Influenza Vaccine MMH685	Revised
IV-Med	Ferric Carboxymaltose Administration Guidelines (Injectafer)	Revised
Medical Staff	Application for AHP Reappointment	Revised
Medical Staff	Application for Medical Staff Reappointment	Revised
Medical Staff	Bylaws, Medical Staff	Revised
Medical Staff	Endocrinology Core Privileges Telemedicine	Revised
Medical Staff	Rules, Medical Staff	Revised
Medical Staff	Scope of Service Med Staff	Revised
Medical Staff	Surgery, General Core Privileges	Revised
Outpatient Medical	Central Venous Catheter Site Care	Revised
Outpatient Medical	Phlebotomy; Therapeutic	Revised
Outpatient Medical	Pressure Injury - Acute and SNF	Revised
Outpatient Medical	Pressure Injury Prevention Guidelines	Revised
Outpatient Medical	Rhophylac Consent Form MMH711	Revised
Outpatient Medical	Rhophylac During Pregnancy	Revised
Preprinted Orders	PHYSICIAN ORDERS - Monoclonal Antibodies for Covid 19 MMH703	Revised
Purchasing	ASSIGNING ITEM NUMBERS	Revised
Purchasing	Contract Management	Revised
Purchasing	Donated Medical Goods	Revised
Purchasing	Group Purchasing Organization (GPO)	Revised
Purchasing	Inventory Data Entry	Revised
Purchasing	Paragon Issuing Process	Revised
Purchasing	Personal Protective Equipment AB 2537 PPE Stockpile	Revised
Respiratory Therapy	Discharge Six Minute Walk Distance Test MMH620	Revised
Safety	Active Shooter Policy	Revised
Skilled Nursing	Alarms, Exits And Entrances, Memory Care Unit	Revised
Skilled Nursing	Baths: Bed, Partial, Shower, Tub, SNF	Retired
Skilled Nursing	Controlled Substance Medication Cart Count Procedure	Revised
Skilled Nursing	Discharge Summary, SNF	Revised
Skilled Nursing	Discharge With Medications, SNF	Revised
Skilled Nursing	Patient Care Policy Committee	Revised
Skilled Nursing	Patient Lift Policy	Revised
Skilled Nursing	Post Fall Standard Work Flowsheet	Retired
Skilled Nursing	Psychotropic Drug Evaluation MMH234	Revised
Skilled Nursing	Recertification for Medi-Cal SNF	Revised
Skilled Nursing	Revised McGeer Criteria for RTI MMH624	Revised
Skilled Nursing	Scheduling, Nursing Staff SNF	Retired

# MAYERS MEMORIAL HOSPITAL DISTRICT

## Privileges in Advanced Wound Care

Name: \_\_\_\_\_  
(Please Print)

### Qualifications

To be eligible for core privileges in Wound Care, the applicant must meet the following qualifications:

- Continually maintain certification by the relevant American Board of Medical Specialties, American Osteopathic Board or American Board of Podiatry Surgery;  
OR
- Successful completion of an ACGME or AOA accredited post-graduate training program or podiatric surgical residency program with active participation in the examination process leading to certification by the relevant board. Board certification is required within three (3) years of eligibility and continually maintained thereafter.

### Staff Status Requested *(please check one)*

- Active: must admit at least 10 inpatients per year to the Hospital
- Consulting: may not admit patients to the Hospital
- Courtesy: may not admit more than 10 inpatients per year to the Hospital
- Telemedicine Affiliate: may not admit patients to the Hospital

<b>ADVANCED WOUND CARE</b>			
<ul style="list-style-type: none"> <li>• Requires current national certification in wound care through the American Academy of Wound Management (AAWM) or the American Professional Wound Care Association (APWCA).</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• Completion of an approved advanced wound management course (minimum 12 contact hours) including TCOM module or separate TCOM certification</li> </ul>			
Requested	Please delete and initial any privileges in the “Core” that you are not requesting	Indicate # performed in prior 24 months	Where performed
<input type="checkbox"/>	Diagnosis and therapeutic management of complex wound conditions utilizing advanced wound care treatment modalities. These treatment modalities include, but are not limited to: standard wound care protocols, complex wound management protocols, TCOM measurement and interpretation, negative pressure wound therapy, wound biopsy, minor surgical debridement (skin and subcutaneous tissue to fascia), compressive therapy, etc. (DPM privileges limited to the foot and ankle.)		
<input type="checkbox"/>	Necrotic tendon, muscle or bone debridement in open wounds.		
<input type="checkbox"/>	Silver nitrate cauterization of hypergranulation tissue.		
<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended <input type="checkbox"/> Recommended with the following modification(s) and reason(s):			

**Additional Privileges Requested** (write in below):

To be eligible for the additional privilege(s) requested, the applicant must demonstrate acceptable experience and/or provide documentation of competence in the privileges requested consistent with the criteria set forth in the medical staff policies governing the exercise of specific privileges (see attached “Supporting Documentation Form”).

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- Recommended
- Not Recommended
- Recommended with the following modification(s) and reason(s):

Name \_\_\_\_\_

**Acknowledgement of Practitioner**

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise at Mayers Memorial Hospital District, and;

I understand that:

- (a) In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- (b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

**Recommendations**

We have reviewed the requested clinical privileges and supportive documentation for the above named applicant and recommend action on the privileges as noted above.

\_\_\_\_\_  
Credential Committee Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Executive Committee Chair or Vice-Chair

\_\_\_\_\_  
Date



# DRAFT BOARD OF DIRECTORS EDUCATION AND DEVELOPMENT

Mayers Memorial Hospital District

April 21, 2022

**SUBMITTED TO:**

Jeanne Utterback  
Board President  
Mayers Memorial Hospital District  
[jutterback@mayersmemorial.com](mailto:jutterback@mayersmemorial.com)

**SUBMITTED BY:**

John Tiscornia  
Managing Director  
Huron  
206-310-6500  
[jtiscornia@hcg.com](mailto:jtiscornia@hcg.com)

# Cover Letter

April 21, 2022

Jeanne Utterback  
Board President  
Mayers Memorial Hospital District  
43563 Highway 299E  
Fall River Mills, California 96028

*Re: Board of Directors Education and Development*

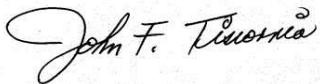
Dear Ms. Utterback:

Huron would be pleased to work with Mayers Memorial Hospital District (Mayers Memorial) Board of Directors (Board) as they engage on the education and development of the Board to meet the disruptive environment and the challenges of the future. The Board members are leaders and can provide high-level oversight and guidance. We believe our capabilities and expertise with regard to board education and development make us well qualified to work with Mayer Memorial's Board.

In our proposal, we have provided a description of our expertise, workplan, and deliverables. We have defined an approach that is inclusive of the Board members. Our process will compare Mayers Memorial's governance practices to leading practices as well as provide an overall summary for governance.

We have extensive experience with Board development and education. We are excited about the opportunity to partner with Mayer Memorial's Board on this very important engagement.

Sincerely,



John Tiscornia  
Managing Director  
Huron  
206-310-6500  
jtiscornia@hcg.com



# Project Overview

## OUR UNDERSTANDING

We understand the Board of Director's (Board) objective is to educate and develop the Board to best meet the challenges of the future. This includes comparing Mayers Memorial's governance practices to leading governance practices and making summary comments for the Board's consideration.

## OUR EXPERTISE

We are leaders in Board education and development. Our experts annually present 15 to 20 governance presentations in formal education sessions and are current on governance leading practices. Our experienced professionals conduct numerous Board reviews and assessments with the objective of improving governance practices. Through practical experience and knowledge of current trends, we understand that each Board has its own specific culture that may impact the Board. We have worked with healthcare district hospitals in California.

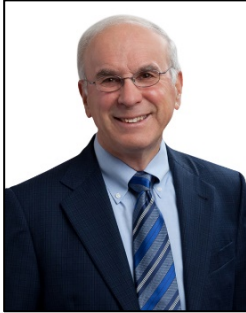
We understand the Board's responsibilities for strategic direction and oversight. Our Board curriculum is generally designed to enhance the effectiveness of the Board. We have presented on numerous Board and governance topics. We have in-depth expertise in facilitating Board discussions.

## WORKPLAN AND APPROACH

1. Meeting with Board President to discuss desired outcomes, deliverables, and timeline for board education and development session. The Board President may serve as sponsor of the project.
2. Meeting with Board President and CEO to confirm approach.
3. Draft the board member discussion questionnaire to understand board member's ideas and insights and understand how governance and culture functions at Mayers Memorial and how it could be more effective.
  - a. Review the draft of the discussion questionnaire with the Board President and CEO.
4. Conduct one-on-one virtual discussions with each member of the Board.
5. Summarize themes from discussions to determine the specific educational direction.
6. Review Board meeting minutes, articles, policies and procedures, by-laws, bios, committee charters, and the 2021 MMHD Board Assessment Survey Results.
7. Compare Mayers Memorial governance practices to leading practices to highlight effective and efficient governance.
8. Prepare overall summary.
9. Review overall summary with the Board President and CEO to confirm final outcomes and deliverables for board education and development session.
10. Conduct education and development session and present overall summary to the Board (1/2 day session).

## KEY PROJECT DELIVERABLES

1. Themes from board member discussions
2. Comparison to leading practices
3. Overall summary
4. Half day Board education session
  - a. Potential topics:
    - i. Board Roles and Responsibilities
    - ii. Board Effectiveness
    - iii. Board Communications



## John Tiscornia, MBA, CPA

**CLIENT SERVICES EXECUTIVE**

**206-310-6500**

• Throughout his career, John has been involved in the healthcare industry's financial, business strategy and regulatory challenges. His expertise covers governance issues and Board development, management interface between CEOs and Boards, performance assessments, and implementing healthcare providers' improvement plans. John also has experience in performance improvement, conversion to non-profit organizations, strategic planning, consolidations, mergers and collaborations, and issues related to healthcare. John is on the Board of the Estes Park Institute and has responsibility for the Board governance education program. He is also a clinical professor at the University of Washington School of Public Health, Department of Health Services. John has been on the board of a large healthcare system. He has also been on the board of a regional healthcare system. He has worked with and conducted education sessions for various healthcare district hospitals in California.

## Fees

Considering the anticipated scope, duration, staff requirements, and our strong desire to partner with you — our professional fees for this project are \$10,000. We will work with Mayers Memorial to mutually agree upon a payment schedule.

We will also bill Mayers Memorial for reasonable, actual out-of-pocket expenses incurred, including airfare, ground travel, lodging, usual and customary per diems, and communication costs. Actual expenses will be submitted to Mayers Memorial and due monthly. Our team will make every effort to minimize our expenses.



[huronconsultinggroup.com](http://huronconsultinggroup.com)



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

**Executive Director of Community Relations & Business Development – Valerie Lakey  
 April 2022 Board Report**

**Legislation/Advocacy**

**AB 2080** (Wood D) Health Care Consolidation and Contracting Fairness Act of 2022.

*In Assembly Health committee: Hearing postponed by committee.*

This bill would create the Health Care Consolidation and Contracting Fairness Act of 2022, pertaining to contracts issued, amended, or renewed on or after Jan. 1, 2023, between a health plan or insurer and a health care provider or facility. It would prohibit these contracts from containing terms that — among other things — restrict the payer from steering patients to other providers or facilities, or that require the payer to contract with other affiliated providers or facilities. AB 2080 would also create additional attorney general oversight for transactions undertaken by investor-owned hospitals, medical groups, payers, and pharmacy benefit managers. Additionally, it would expand the Department of Managed Health Care’s authority over health plan mergers and acquisitions.

**SB 1339** (Pan, D-Sacramento) — Support If Amended

SB 1339 would require hospitals with SPC 2 buildings to provide the location of each service in that building. In addition, the Department of Health Care Access and Information would be required to provide the Legislature with an assessment of projected costs to retrofit each hospital building to meet the 2030 seismic requirements. Passed Senate Health Committee April 20, 2022. Val Lakey is working closely with CHA on this bill and will be providing testimony as the bill moves forward.

**Community Benefits Requirements:** The governor’s budget includes a proposal to require hospitals that provide community benefits to dedicate 25% to social determinants of health (SDOH). Revised trailer bill language was recently released. While hospitals have dedicated millions in resources to addressing many of the SDOH, mandating a percentage requirement limits the flexibility of hospitals to meet the needs of their communities that may not be included in the definition of SDOH. We join CHA who is opposed to any strict requirement for the use of these resources.

**ACHD Legislative Visits:** I will be in Sacramento on April 27 (Board meeting day) visiting a list of legislators. As a member of the ACHD Advocacy Committee, I will be joining our other healthcare district colleagues in advocating for or against legislation that will have effects on our district.

As part of National Hospital Week, CHA is hosting a reception with California’s state senators and Assembly members on the state Capitol grounds on May 9. Ryan and Chris will join me for this function. Following on May 10<sup>th</sup>, I will be joining other members of the Legislative Startegy Group in Sacramento for an in person meeting to discuss and strategize on the many bills that we are working on.



I attended the CHA Rural Health Meeting with Chris, Ryan and Travis - This day focused on seismic strategy, changes to MediCal and other financial directives, as well as key legislative issues. There was also time allotted for sharing, reacquainting, and roundtable discussions with issues specific to small and rural hospitals. This was a very productive day with rural healthcare staff from around the state.

### **Marketing/Public Relations**

**Mayers Minute** – We began publishing the Mayers Minute video each Tuesday and Thursday to provide ALL staff information at the same time. It is sent via email and text. So far we have received positive reviews. You can view this video and the “**It Pays to Know**” newsletters on the **Employee Intranet**. Another great resource is the **Wellness Wisdom** published every two weeks.

**Tri Counties Community Network Community Helpers Luncheon** MMHD was proud to be a sponsor of the Community Helpers Lunch in Burney. We focused on our clinic staff and had providers available to meet the small children and their parents. It was very well attended and a successful day. We provided “Swag” to the kids, had an obstacle course and the providers gave the little “patients” a lolly-pop. Parents were provided with marketing materials and information on the clinic.



**Tri Counties Community Network Career Fair** – MMHD participated in the Career Day at the Tri Counties Community Network. We were a sponsor and were included in all of the advertising and marketing. The event was not attended as well as last year, but it was a great opportunity to advertise our CNA program and current job openings.

**Doctor’s Day** MMHD presented our providers with a gift card and custom BBQ set for Doctor’s Day. We also provided a new BBQ over at the Riverview House.

## Planting Seeds...Growing Our Own

I was asked to give a presentation on our Planting Seeds, Growing Our Own program to the Western Healthcare Alliance (WHA) for their Workforce Summit.

Inspire, Collaborate, Innovate

**Virtual Workforce & Housing Summit**  
April 22, 2022  
10:30 am - 12:00 pm

**WHA**

Since 2016, the average hospital turned over about 90% of its workforce and 83% of its RN staff.

In 2020, the turnover rate for staff RNs was 18.7%, up 2.8% from 2019.

The graphic features a background of newspaper clippings and a large 'WHA' logo in blue and white. The text is presented in a clean, sans-serif font, with key statistics highlighted in white boxes with black text.

As a rural healthcare provider, it can be overwhelming to wade through news headlines surrounding recruitment, retention, and the state of our healthcare workforce. How do you make the right decisions in a world trying to recover from the Covid pandemic and an unprecedented workforce market? Did you know that the average cost of turnover for a bedside RN is over \$40k and causes a hospital to lose \$3.6m to \$6.5m a year? Once you hire staff, where do they live? Housing continues to be a significant challenge for our rural healthcare providers. We can help!

Please join us on April 22nd from 10:30 am - 12:00 pm for our Virtual Workforce and Housing Summit to collaborate and share innovative stories. The Summit provides an opportunity for HR and other leaders interested in solving these issues to hear from a panel of experts and peer-to-peer collaboration to help guide you through these challenging issues. The panel will be facilitated by **Sara Leahy, Director of Member Services, Colorado Rural Health Center** ([meet Sara](#)). Our fabulous experts include:

**Val Lahey, Executive Director of Community Relations Business Development, Mayers Memorial Healthcare District** ([meet Val](#))

Val is recognized nationally for her work in the remote rural community of Fall River Mills, CA. Val and her team developed the successful "Planting Seeds and Growing Our Own" partnership with their community to ensure a pipeline of future healthcare workers committed to healthcare in Fall River Mills. She will provide an overview of their program, the perseverance, and long-term commitment of their community to keeping healthcare local.

The application deadline for the Senior Intern Program is May 1<sup>st</sup>. We completed visits at the local high schools with our last visit at Burney High School.

We are scheduled to do programs at the Elementary schools in May. We are very excited to get back into the schools with our programs. We even sponsored a "Jog a Thon" at the Intermountain Preschool Co-Op to start establishing healthy relationships with children and parents at an even earlier age.

## Emergency Preparedness

We are preparing for Survey season, wildfire education, and focusing on the upcoming Workplace Violence certification visit.





## Operations Report April 2022

Statistics	February YTD FY22 <i>(current)</i>	February YTD FY21 <i>(prior)</i>	February Budget YTD FY22
Surgeries			
➤ Inpatient	2	1	18
➤ Outpatient	32	20	54
Procedures** ( <i>surgery suite</i> )	95	79	144
Inpatient	1860	1477	1304
Emergency Room	3208	2841	3165
Skilled Nursing Days	20,065	20,732	20,565
OP Visits (OP/Lab/X-ray)	15,904	16,083	10,560
Hospice Patient Days	1327	847	988
PT	1883	1898	1910

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

\*\*Procedures: include colonoscopies

### **Chief Clinical Officer Report**

**Prepared by: Keith Earnest, CCO**

#### ***Pharmacy***

- COVID Vaccines
  - Mayers Rural Health Center in Burney is offering second boosters to adults age 50 and over who have received their first booster at least 4 months ago.
- Pharmacy is navigating shortages; sterile water and saline flushes are very hard to get right now.
- I spent a day at Mercy Redding pharmacy to observe Cerner.

#### ***Retail Pharmacy***

- Although volumes are strong, revenue has fallen. The CCO and CFO had an initial discussion with a consultant, and we found that the drop in revenue is primarily due from the change from Partnership (Medi-Cal managed care) to Medi-Cal Rx. We are looking at steps to offset the change.

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

- Daryl Schneider, PT, Manager, spent a day at Mercy Redding observing Cerner in their PT department. Mercy does not have outpatient PT but she was able to see how it works in the inpatient setting.
- At the request of an ER physician, PT staff is putting together a binder with resources for outpatient DME referrals. Daryl has reviewed the system that Mercy uses. The binder will be reviewed by Dr. Ikuda and then be implemented.

### ***Cardiac Rehab***

- Trudi Burns, RN, Cardiac Rehab Manager, has been working closely with Pit River Clinic to facilitate referrals for maintenance and rehab patients.
- A two new monitored rehab patient will start next week and another is in the insurance clearance process. Referrals appear to be returning to pre-pandemic numbers.
- Cardiac maintenance patients are returning post pandemic.

### ***Respiratory Therapy***

- The meta-neb machines have been replaced. Staff is orienting on the new machines.
- David Ferrer, RT, respiratory manager, performed pulmonary screenings at Mayers Health Fair and has plans to perform additional pulmonary screenings for the public at Cardiac Rehab, Mayers Pharmacy and at Modoc Medical Center.
- David Ferrer, RT, respiratory manager, will be presenting at Modoc Medical Center's medical staff meeting. Modoc Medical Center does not have a Pulmonary Function Lab and we hope to obtain referrals from the Alturas area.
- David has a day scheduled at Mercy, Redding, to observe Cerner is use.

### ***Telemedicine***

- See attached report.

## **Chief Nursing Officer Report** **Prepared by: Candy Detchon, CNO**

- MMHD continues to work towards a more satisfactory ambulance solution for the district. Staff met with a representative from REMSA this month who has an expertise in EMS in the rural setting. He had several viable options that are now being explored further.
- COVID -MMHD and the intermountain district continues to see a lull in COVID activity. There have been no admissions related to COVID since early March and no reported cases in the employees.
- Several surveyors have been in the SNF over the last month, reviewing a large number of self-reported issues. Two low level tags are anticipated as a result of their focused surveys.

- CDPH has resumed the routine survey process and MMHD anticipates a survey in the near future.

### ***SNF Report***

- Both the Burney Annex and Station 2 remain in “green” status. The team continues to focus on rebuilding the census. There have been several discharges this month. The majority of potential admissions at present are waiting for a memory care bed.
- Current Census: Burney 49 Fall River 27.
- The first CNA class has finished orientation and the new employees are now fully in the count. The second class is well underway and there is a large amount of interest in the June class.
- Several surveyors have been in the SNF over the last month, reviewing a large number of self-reported issues. Two low level tags are anticipated as a result of their focused surveys

### ***SNF Activity Report***

- A new van driver has been hired to transport the SNF Residents.
- A Cosmetologist has been hired to groom hair at both SNF locations. She is a hospital employee and will be working about two days a week to provide this service to the residents.
- 12 hour shifts in the activities department continue to go well and offer help for the staff in the evenings and a set schedule that offers more time off for the activity aides.
- Residents are enjoying the increased freedom now that both units are in the green status. They are coming out of their rooms, socializing and attending group programs.

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

- February 2021 Dashboard
- Acute: ADC 2.29, LOS 4.92
- Swing: ADC 4.82, LOS 15.00
- OBS days: 10.34
- March Staffing: Required 9 FTE RN/LVN’s, 4 FTE CNA’s & 2 FTE Ward Clerks (dropped from need of 3 RN’s to 2 RN’s per shift with change in covid unit status)
- MMH RN’s: 3 FTE, 1 PTE (alternates OPS), 1 PTE (alternates LTC), 2 per diem, & 1 Asst. Manager
- MMH CNA’s: 4 FTE, 1 per diem
- MMH Ward Clerks: 2 FTE & our per diem CNA can cover this position as well.
- Acute care continues to have a consistent need for registry support.
- Upcoming Events
- April Staff Meeting: emergency preparedness with Val Lakey, chart education with ward clerk staff, and possibly infection control handwashing results with Dawn Jacobson (depending upon her return).
- April 11<sup>th</sup> & 12<sup>th</sup>: 2-day educational event–recognizing the patient in distress, Sepsis, ARDS, etc.
- All areas recognized as gaps of care by administration, providers, and staff.
- Covid Unit closed early March

### ***Outpatient Surgery***

- GI procedures being conducted in OR 2 with use of RN Moderate Sedation.
- Some training to OR staff has been provided by ED RN's for Moderate Sedation. There are safety concerns as none of the currently available nursing staff have a critical care or ED background and the ED RN's have limited availability. Alternate solutions are being explored.
- MMHD continues to search for CRNA coverage but have been unsuccessful.
- Surgery stats - 6-patients/7-procedures.
- Dr. Syverson on vacation second half of April. No cases for the rest of April.

### ***Outpatient Medical***

- The Outpatient Census (*110 approx. a month*), 114 patients, with 142 procedures, February 107 patients, with 147 procedures, March 102 patients, with 127 procedures (These counts do not include seeing LTC residents with wounds in Burney and FR).
- OPM is in the testing phase of ABI (ankle brachial index) machine before using on patients.
- Worked the MMHD health fair to promote OPM to the community.
- OPM is placing several skin substitutes which are showing favorable wound healing outcomes. The company representative explained MMHD is one of the only Critical Access Hospitals doing this service.

### ***Emergency Department***

- The Emergency Department treated 331 patients in March
- 22 patients were admitted to MMHD
- 12 patients were transferred to a higher level of care
- 69 patients were pediatric. This is 21% of the total volume.
- 3 patients left against medical advice
- 2 patients left without being seen
- 2 patients left prior to treatment
- 33 patients presented to ER via EMS (ambulance)
- The E.D. continues to have three vacant RN positions. All are on night shifts and one is a nursing supervisor position.
- ED transfers to other facilities have become easier due to the decline in COVID cases. Currently, most patients can be transferred to Redding hospitals.

### ***Quality***

The Quality Department is working on creating spreadsheets for the Joint Commission work that is ahead of us. To align the TJC metrics with our quality program moving forward. This update will also change the district's QAPI (Quality Assurance and Performance Improvement) Program. The goal there being that the new QAPI Program and the spreadsheets will all be available for use by the hospital as a whole by July 1. The Quality department will have some of

the work done before the next quality meeting – the first of the new meetings under the changes brought forward to the board a few months ago.

### ***Radiology***

- The work for the new automatic hinge on the CT door has been approved, the department is thrilled as that CT door has been a pain (literally painful for the techs to use on their own, as the door always swings back and hits them as they attempt to keep the door from hitting patients or beds – and figuratively as a hindrance to smooth transitions in and out of the CT room with beds and gurneys) for some time now.
- There will be a walk through with a potential Ultrasound Tech the last week of April, and a walk through with a potential manager on the 22<sup>nd</sup> of April – this manager would be a temporary solution as MMHD continues to search for a permanent manager. A new traveler starts the beginning of May which will bring the department to full staffing.

### ***Laboratory***

- Laboratory staffing is adequate. Mayers facilities team is working very hard with the Siemens team to get our new Analyzer in the building, with the intention being that the new machine be delivered ASAP.
- The Lab manager working to get the iStat program up and running for the ED by July 1.

## **Chief Operating Officer Report**

**Prepared by: Ryan Harris, COO**

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

- We are wrapping up our final inspections and punch list items for the demo project in order to get occupancy of the space. We conducted and passed our fire alarm inspection on 4/19. Existing penetrations in our fire wall were discovered by HCAI during the inspection of our fire alarm and will need to be repaired by facilities prior to occupancy. MedGas/Vacuum alarm panel work is the next activity of priority. MMH is going to ask for occupancy of the new nurse station location while there are still punch list items that need to be finalized. Room 102 will not be used for patient care until after the final inspection of the project.
- We were able to find a door contractor to install the CT door actuator. The proposal has been approved and we are estimating a 4-week lead time on hardware. John Morris is working with our Imaging department on scheduling.
- We have engaged with Butler Engineering to do the Fall River Arts & Trophies remodel construction documents and permitting. We will do a design walk with Butler in approximately 1 month to determine the scope of the project. Their proposal will come back to the board for approval to proceed. The plan is to house the hospice office, the foundation office, education, with the possibility of home health offices in the future.

- The replacement of the Burney Fire alarm system will be discussed at board finance and the board meeting this month. We have received a proposal for a full replacement of the system. We have been experiencing more and more technical issues with the system over the last couple of years and are taking the proactive approach of a full replacement prior to us having a complete failure of the panel.
- We have almost completed painting the entire interior of the building. Once we are done with the hallway at Station 1, we will have everything painted and all the cove base in the corridors replaced. We should be close to done with it this week barring any issues.
- We are skinning all the doors from Station 1 to the new wing to match its design style. We are using our leftovers from the doors to skin the cabinets in the rooms as we go. It is making a big difference in the appearance of our patient care areas and helps with infection control because we are eliminating porous surfaces.
- The Burney crew has done a nice job of landscaping around the laundry facility. They trimmed up some of the trees and added bark and rocks to match what we have done around most of our buildings. They also planted shrubs to match.
- John Morris has engaged with Stewart Signs to get drawings and permitting done for the pharmacy sign. We are awaiting a new proposal from them to do the project in three phases. The phases will include 1. Design and permitting 2. Once permitted, fabrication of the sign 3. Installation of the sign. Fabrication of the sign will not begin until after permits are issued.
- Facilities and Engineering is currently fully staffed.

## ***IT***

- The Helpdesk has seen lower volume this month, down 13% to 351 tickets received. This has been helpful in allocating time to projects, of which we currently have 25 and are actively working on 9.
- We are very close to finishing out our migration to office 365, and there will be a handful of outages scheduled to accommodate the final cutover in the next month or so.
- We are also hard at work ramping up our security initiatives to ensure we are compliant with insurance requirements in July.
- There is also some pre-requisite work being done for our Cerner migration, including scheduling some network readiness surveys and our work on redundant internet for our Fall River, Retail, and Burney sites.
- Our SOC is currently going through an acquisition, and we have not received data regarding our security incidents for this month due to a shift in account managers.

## **Purchasing**

- The team has completed the transition from the old shed to a new and larger shed. This should help with finding items easier and keeping overflow items more organized.

- The medical supply room has been organized with minor details being worked on. The team continues to work through labeling items, stickering important patient care items and setting new PAR levels.
- Purchasing will begin a committee process with Nursing leadership to identify alternatives for products should the original items be unavailable. The committee will meet up every other month to discuss items.
- At this time, the new sticker process has been very useful for Purchasing and Nursing staff. Nursing has made comments that capturing patient chargeable items is now easier to do.
- Purchasing is currently fully staffed.

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

- F&NS is has made great improvements over the last couple of months on staffing and is getting close to being fully staffed. Susan is currently working on getting the new staff up to speed.
- With both SNF's being in green our cafeterias have reopened to staff. The square system has been a great tool for our staff to use and has streamlined our dietary process.
- Susan and Sherry are continuing their work on the new EVS/Dietary cross training program.

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

- Laundry facility reopened in March. Our linen is in great shape and up to par, so we don't have any more linen shortages. Sherry has had many compliments on how the linen feels, how clean it smells and how its folded nice and neat.
- Susan Garcia and Sherry have worked out a cross training program for Housekeeping and Dietary departments so that staff can be cross trained when there are staff shortages.
- We need to hire a floor maintenance staff member. Staffing is up and getting everyone trained and setting routines is the focus.
- EVS may have job openings coming up with a couple team members joining the CNA program.

### ***Rural Health Clinic***

- We are now signed up with GeneSight® to perform genetic testing for patients taking psychotropic medications (i.e anxiety, anti-depressants). This is a covered benefit for Partnership and Medicare patients. Private insurance and self-pay patients will be contacted if services are over \$330 to be given the option to proceed or enroll in one of the financial assistance programs they offer. The average fee for this service is \$330. There is no cost to the clinic at all. Testing kits are ordered through the online portal and mailed directly to us

at no cost. GeneSight® will send prepaid shipping labels and do all the billing for the services. The provider is then notified when the results are ready to be viewed through the portal. This is a great option for patients who have been struggling to have successful results with their current psychotropic medication(s).

- We have applied to be a vaccine for children (VFC) provider. The application has been received and is now in processing to be assigned a representative.
- We are looking at possibly adding a Saturday clinic twice a month for a half day. Currently in talk with staff to see what the availability is.
- We now have phones installed in room 7 & 3 so that translation services are available for our non-English speaking patients.
- We also received an iPad and stand from Partnership that will be used for video translation services. This option is only available to Partnership patients. Thank you to Amanda Harris for facilitating this for the clinic.
- We have increased our Partnership patient capacity from 2,625 to 3,600 which is max capacity for the number of providers in the clinic. We are currently at 108 members, which we should start seeing a large increase now that the Partnership website is back up and running after the breach.
- Our outpatient visits stayed consistent month over month with 571 patients being seen in March an increase of 31 patients in April. Revenue was also up over 17k month over month. Our no-show appointment rate was up 1.9% to 8.4% in April. Our average new patient appointment lead time was consistent month over month at 6.47 days up from 6.41 days in March. Our schedule utilization was also consistent month over month with 60.3 percent schedule utilization in April.

### **Operations District-Wide**

**Prepared by: Chris Bjornberg, CEO**

**Report will be provided during meeting.**



Telemedicine Program Update as of April 12, 2022

Respectfully submitted by Amanda Harris for Keith Earnest, CCO and Tommy Saborido, MD

We have completed a total of 1691 live video consults since August 2017(start of program).

Endocrinology:

- We had 15 Endo appointments in March. Dr. Bhaduri is out of the country this month and will be back in May.
- We've had 543 consults since the start of this specialty in August 2017.

Nutrition:

- We had three Nutrition patients seen in March and three were seen this month.
- We've had 123 consults so far since we started this specialty in November 2017.

Psychiatry:

- Dr. Granese saw eight patients in March. There are 17 on the schedule for April.
- Hospitalist Jody Crabtree again provided a summary of each patient's status at the time of the appointments and her input was greatly appreciated.
- We've had 517 consults since the beginning of the program in August 2017.

Infectious Disease:

- One patient began Hep C treatment this month. On-treatment labs and follow-up appointments are being scheduled.
- We've had 93 consults since the start of this specialty in September 2017.

Neurology:

- Dr. Levyim saw 18 patients in March, a new record for Neurology. Yay! She's seen two patients so far in April and has nine more on the schedule for this month.
- We've had 277 consults since the start of the program in November 2018.

Rheumatology:

- Dr. Shibuya saw two patients in March, saw one earlier this month and still has two on the schedule for the rest of April.
- We've had 47 consults since the start of the program in May 2020.

FRJUSD/Mayers/MVHC Take Four Counseling Grant:

- To date, about 1215 consults have taken place with this program.
- This will be the last year of counseling services via Telemed offered within the school district with the Take Four program. The school district has decided to go with another company for therapy service connections in the future. But they have also applied for their own grant funds to continue the program a little longer.

**Health Fair**

- The Outpatient Telemedicine Program was represented at the Health Fair on Saturday, April 9.

**PHC/UCD Pediatric services:**

- We still have yet to have a single Peds Gastroenterology referral for this service.

