

Chief Executive Officer  
Chris Bjornberg



**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**  
 July 27<sup>th</sup>, 2022 at 1:00 pm  
 Mayers Employee Housing (formerly Clearwater Lodge)  
 24500 Pit 1 Power House Rd, Fall River Mills

MICROSOFT TEAMS MEETING [Click Here to Join](#)  
 Call In Number: 1-279-895-6380  
 Phone Conference ID: 253 783 818 145  
 Passcode: tAKJoY

**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>
1	<b>CALL MEETING TO ORDER</b>			
2	2.1 <b>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.		
3	<b>APPROVAL OF MINUTES</b>			
	3.1 Regular Meeting – June 29, 2022	<b>Attachment A</b>	<b>Action Item</b>	2 min.
4	<b>DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS:</b>			
	4.1 Resolution 2022- 09– June Employee of the Month	<b>Attachment B</b>	<b>Action Item</b>	2 min.
	4.2 Outpatient Medical	<b>Attachment C</b>	Report	2 min.
	4.3 Surgery		Report	2 min.
	4.4 Safety Quarterly	<b>Attachment D</b>	Report	2 min.
5	<b>BOARD COMMITTEES</b>			
	5.1 <b>Finance Committee</b>			
	5.1.1 Committee Meeting Report: Chair Hathaway		Report	5 min.
	5.1.2 June 2022 Financial Review, AP, AR and Acceptance of Financials		<b>Action Item</b>	5 min.
	5.1.3 Mobile Rural Health Clinic	<b>Attachment E</b>	<b>Action Item</b>	5 min.
	5.2 <b>Strategic Planning Committee</b>			

5.2.1	No July Meeting			
5.3	<b>Quality Committee</b>			
5.3.1	No July Meeting			
6	<b>NEW BUSINESS</b>			
6.1	Policies & Procedure Summary 6-30-2022	<b>Attachment F</b>	<b>Action Item</b>	5 min.
6.2	Hazard Vulnerability Assessment	<b>Attachment G</b>	<b>Action Item</b>	5 min.
7	<b>ADMINISTRATIVE REPORTS</b>			
7.1	Chief's Reports – <b>Written reports provided. Questions pertaining to written report and verbal report of any new items</b>		Reports	
7.1.1	Chief Financial Officer – Travis Lakey		Report	5 min.
7.1.2	Chief Human Resources Officer – Libby Mee			
7.1.3	Chief Public Relations Officer – Val Lakey	<b>Attachment H</b>		
7.1.4	Chief Clinical Officer – Keith Earnest		Report	5 min.
7.1.5	Interim Chief Nursing Officer – Theresa Overton		Report	5 min.
7.1.6	Chief Operation Officer – Ryan Harris		Report	5 min.
7.1.7	Chief Executive Officer – Chris Bjornberg		Report	5 min.
8	<b>OTHER INFORMATION/ANNOUNCEMENTS</b>			
8.1	Board Member Message: Points to highlight in message		Discussion	5 min.
9	<b>ANNOUNCEMENT OF CLOSED SESSION – PUBLIC WILL BE ASKED TO LEAVE</b>			
10	<b>CLOSED SESSION</b>			
10.1	Personnel – Govt Code 54957		<b>Action Item</b>	
11	<b>ANNOUNCEMENT OF OPEN SESSION</b>			
12	<b>ADJOURNMENT: Next Meeting August 31, 2022</b>			

Posted 7/22/2022

Board of Directors  
**Regular Meeting**  
**Minutes**  
 June 29, 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 1:00 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  
 Travis Lakey, CFO  
 Keith Earnest, CCO  
 Val Lakey, ED of CR and BD  
 Libby Mee, Director of Human Resources  
 Jessica DeCoito, Board Clerk

**ABSENT:**

Ryan Harris, COO  
 Theresa Overton, Interim CNO

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

**3 DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS**

3.1 A motion/second carried; Board of Directors accepted the minutes of May 25, 2022 *Guyn, Vasquez* **Approved by All**

**4 DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS**

4.1 A motion/second carried; Nichole Strahorn was recognized as April Employee of the Month. Resolution 2022-08. She is a very upbeat energetic person. She works hard to make sure our residents needs are met. She goes above and beyond to make sure they have a good day full of smiles and laughter. *Hathaway, Guyn* **Approved by All**

**5 BOARD COMMITTEES**

**5.1 Finance Committee**

5.1.1 **Committee Report:** Some of our processes are still by paper due to COVID precautions. Business Office is pushing through the Clinic billing now that we have our Medicare, Medical, Partnership, etc. insurance profiles set up. Epic/OCHIN has continued to provide challenges for billing, and we are excited to migrate to our new system with CERNER.

5.1.2 **May 2022 Financials:** Questions and discussion took place regarding the financials shared. Motion moved, seconded and carried for approval. *Hathaway, Humphry* **Approved by All**

5.1.3 **Board Quarterly Finance Review:** motion moved, seconded and carried for approval. *Humphry, Hathaway* **Approved by All**

5.1.4 **Annual Budget Hearing: 2023 Budget Approval (Resolution 2022-09):** conservative numbers, our rate range will cover the whole year rather than partial compared to last year. One area of concern is always the COVID related expenses but those are so unknown – we took a conservative approach and averaged out the previous years. motion moved, seconded and carried for approval. *Humphry, Hathaway* **Approval by All**

5.2	<b>Strategic Planning Committee Chair Vasquez:</b> no meeting in June. Discussion about Master Planning RFP took place.		
5.3	<b>Quality Committee Chair Utterback</b>		
5.3.1	<b>Committee Meeting Report</b> – DRAFT minutes attached. New format begins in July. July 13 <sup>th</sup> is the Quality Committee meeting and we will have our Board Quality Meeting on July 20 <sup>th</sup> .		
<b>6</b>	<b>NEW BUSINESS</b>		
6.1	<b>Organizational Chart Approval:</b> Provided to BOD was a master. A subset version will be set up after this master is approved. We will have each team split out so you can see the departments as a whole. This chart shows growth opportunities for internal candidates and opportunities for those outside of our organization. Motion moved, seconded and carried for approval.	<i>Hathway, Vasquez</i>	<i>Approved by All</i>
6.2	<b>DRAFT Reporting Frequency for Departments:</b> Proposed department reporting would be 3 to 4 departments at each meeting. The proposed shows the departments required to report and their frequency. For Director of Quality should report once a year and Risk Management should be on an as needed basis. Discussion about the Strategic Planning Priorities took place. Motion moved, seconded and carried for approval.	<i>Guyn, Humphry</i>	<i>Approved by All</i>
6.3	<b>Lodge Name Change:</b> narrowed down list was provided to the BOD. Name options were offered up by the employees of MMHD. A designation of “employee housing” will be added to the sign so the public know that this lodge is not open to the public. Motion moved, seconded and carried to make the list (1) Pit River Lodge, (2) Pit River Inn, (3) Pit River Canyon Lodge, which will be sent to the employees out for a vote.	<i>Hathaway, Guyn</i>	<i>Guyn – Y Hathaway – Y Humphry – Y Utterback – Y Vasquez - N</i>
<b>7</b>	<b>OLD BUSINESS</b>		
7.1	<b>District Name &amp; Logo Change:</b> DBA change has been filed with the county. We are looking at doing a refresh with our logos, designs and colors. Our plan begins on July 1 <sup>st</sup> . Motion moved, seconded and carried to start with a refresh of the logo.	<i>Humphry, Guyn</i>	<i>Approved by All</i>
<b>8</b>	<b>ADMINISTRATIVE REPORTS</b>		
8.1	<b>ED of Community Relations &amp; Business Development:</b> written report submitted. Big wins this week. SB1339 and AB1882 related to seismic reporting on status for compliance. Senator Pan wants to know what our state’s status and costs are looking like so they can make a more informed decision (report to be due by Jan. 1, 2024) – if passed. Retention Pay is now a 3 <sup>rd</sup> party agreement with a proposed budget signature on the 1 <sup>st</sup> of July. CHA was onsite this morning for a statewide campaign for California Hospitals. SHIP grant was received for \$250,000 – both for our hospital and community wellness. BETA is here tomorrow to give us our Workplace Violence certification. Active Shooter training is being planned with the Shasta Co. Sheriff’s office.		
8.2	<b>Chief’s Reports</b>		
8.2.1	<b>CFO:</b> financials shared with BOD. No further questions.		
8.2.2	<b>CCO:</b> We sadly lost our Hospice Chaplain last month. We have opened up the position and entertaining possible replacements. Hospice surveyors are here right now. Inventory is occurring in both the hospital and retail pharmacy. Baby Covid vaccine order has been placed through the county. Covid therapeutics have increased. Met with the 340B consultant on Monday for Retail and Hospital Pharmacy. We have some individuals signed up for Pulmonary Function Testing through Modoc Medical Center.		
8.2.3	<b>CNO:</b> submitted written report. Currently no COVID patients. ED transfers are still challenging because a decrease in staffing has caused a decrease in beds for our Redding counterparts.		
8.2.4	<b>COO:</b> Written report submitted. We are occupying the nurse’s station.		
8.2.5	<b>CEO:</b> PTO program changes are possible. Discussions with departments is ongoing. We hope to gather as much feedback from the employees to put together a plan for them, including a cheat sheet that shows what the current program is and what the new one will be. The proposed option would decrease our liability. A new program has begun called the Employee Spotlight – we pull a name out at random and spotlight those employees and honor them for who they and what they do.		

**9 OTHER INFORMATION/ANNOUNCEMENTS**

- 
- 9.1 Board Member Message: Employee of the Month, District Name Change, updating organizational documents, CHA video highlight, landscape area and donation of bench and metal artwork, employee spotlight.
- 
- 9.2 ACHD Annual Event is scheduled for September in southern California. Please let Jessica know if you are wanting to attend and she will get registration and hotel/travel finished.
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**10 ANNOUNCEMENT OF CLOSED SESSION: 3:11 pm**

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**11 CLOSED SESSION**

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**11.1 Medical Staff Credentials Government Code 54962**

*Unanimously  
approved*

**Medical Staff Appointment**

Matthew Moore, DO – Emergency Medicine

**Medical Staff Reappointment**

Ivy Nguyen, MD – Neurology (UC Davis)

David Bissig, MD – Neurology (UC Davis)

Tom Watson, MD – Family & Emergency Medicine

Motion moved, seconded and carried to approve the med staff credentials.

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**12 ANNOUNCEMENT OF OPEN SESSION: 3:12 pm**

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**13 ADJOURNMENT: 3:12 pm**

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Next Regular Meeting: July 27, 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



**RESOLUTION NO. 2022-09**

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

**Daryl Schneider**

**As June 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, Daryl Schneider is hereby named Mayers Memorial Hospital District Employee of the Month for June 2022; and

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

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

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

ATTEST:

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Jessica DeCoito  
Clerk of the Board of Directors

**Updates:**

- RN for OPM- RN cut back hours to 4 days.
- OPM is able to borrow, an LVN from LTC for wound clinic days 1X month, which has been helpful and hopefully interesting and educational for staff. Her training helps with continuity of care in LTC.
- **New** Part time MMHD employee in orientation started July
- The Outpatient Census (*110 approx. a month*), April patients 114, with 149 procedures, May 93 patients 118, procedures, June 83 patients, 111 procedures (These counts currently do not include seeing LTC residents with wounds in Burney and FR but will be going back to billing for Medicare Part B soon).

**Continuing Work:**

1. **Start working with LTC to work on our referral plan for wound care. We will be getting residents to come to OPM for wound care appointments soon. The plan will be created and sent out to all LTC staff. Residents will be seen in OPM under Medicare part B. Not getting a lot of feedback from the Rural Health Clinic regarding space available to use for Burney LTC residents.**
2. **Dr Syverson is retiring in October and we have a new physician in negotiation for OPM to continue wound clinics. Thank you for a great team recruitment effort.**
3. Started ABI's in OPM again (ankle brachial index) Machine was purchased through grant monies. Chargeable service. Still tweaking learning curve with device.
4. Wound nurse went to Pacific Coast Wound Conference. Has brought back information for different departments on wounds. Meeting with different assistant managers to discuss pressure injury prevention.
5. Placing several skin substitutes which are showing favorable wound healing outcomes. Our company representative explained MMHD is one of the only Critical Access Hospitals doing this service.
6. Administration has announced Cerner as our EMR system. Looking forward to getting started on the integration process for OPM. **Looking forward to an update on implementation phases and dates.**
7. OPM employees continue taking online wound courses to stay current on standards of wound care. Since covid they have streamlined some conferences to an online platform so now we can offer this easier to staff. July OPM has classes during downtime.
8. OPM has been providing antibody infusions to patients of privileged providers. We have had no antibody infusion orders lately. The covid space is available and ready if we should receive antibody orders from privileged providers.

9. **Covid contingency planning- OPM to move back to space “eventually” with an update from administration with increase covid number updates (if opening covid space) and operations finishing rooms on Acute.**
10. Marketing: Updated website with updated order forms. Continue working on patient testimonials for website.
11. Referrals- We continue to send out email reminders. We have placed OPM order sets and referral forms on our website and send out a password/link for: Provider Resources on the MMHD website
12. Wound care nurse continues to be a part of weekly weights and wounds meeting in LTC to have a team approach to keep everyone updated on significant changes with patient care.

**13. Issues/Needs:**

- OPM is waiting for new Cerner EMR software before we can utilize money given to us from MHF for a wound documentation system. We will purchase what is needed for wound care documentation with monies allocated from MHF.

Respectfully submitted,

Michelle Peterson RN CWCN  
Outpatient Medical Assistant Manager  
Mayers Memorial Hospital District





### **Safety/ Emergency Preparedness Quarterly Report**

July 2022 Regular Board Meeting

Presented by: Valerie Lakey

Since we have our annual Hazard Vulnerability Analysis/Assessment (HVA) up for approval, this is a good time to review the process. Please note that other components of Safety are highlighted in the regular board report.

Hospitals are required to conduct and annually review their Hazard Vulnerability Analysis (HVA). The HVA provides a systematic approach to recognizing hazards that may affect demand for the hospitals services or its ability to provide those services. The risks associated with each hazard are analyzed to prioritize planning, mitigation, response and recovery activities. The HVA serves as a needs assessment for the Emergency Management program.

A hazard vulnerability analysis is a process for identifying the hospital's highest vulnerabilities to natural and man-made hazards and the direct and indirect effect these hazards may have on the hospital and community. An HVA provides the hospital with a basis for determining the most likely standards and potential demands on emergency services and other resources that could occur during a crisis so that effective preventive measures can be taken and a coordinated disaster response plan can be developed.

Hospitals should develop specific mitigation and event specific response plans for the top 3 to 5 hazards they have identified and should emphasize training and exercises around responding to those hazards.

MMHD uses a widely used tool developed by Kaiser Permanente that can help identify and assess the most common hazards. We use our Safety Committee to gather information for our HVA. The Safety Committee represents all departments of the hospital and works to gather information and complete the assessment. We then take the data and average the responses to determine the ranking of each potential hazard.

It is not surprising that Wildfires are at the top of the list. Epidemics have worked the way up the rankings (higher than in the past).

We will use this report to develop our annual training plan to make sure we are preparing, educating and training for the highest probability events.



# Mayers Memorial - 38 Dual Exam

## Mayers Memorial Hospital District

43563 California 299  
Fall River Mills, CA 96028  
United States

## Ryan Harris

Chief Operations Officer  
rharris@mayersmemorial.com  
(530)336-7556

## Reference: 20220718-160231846

Quote created: July 18, 2022  
Quote expires: August 17, 2022  
Quote created by: Rett Haigler  
Director, Strategic Partnerships  
rhaigler@missionmobile.com

### Comments from Rett Haigler

Current build time is 120-150 days from receipt of deposit, depending on production queue and supply chain volatility at time of contract execution. Pricing is for a turnkey build including all requested equipment.

## Products & Services

Item & Description	SKU	Quantity	Unit Price	Total
38' Base Vehicle 38' Pre-Owned Class A RV Platform Base Vehicle	BV-38	1	\$176,471.00	\$176,471.00
Dual Exam Build All costs for building out a new and custom Dual Exam Mobile Medical Unit build on a pre-owned 38' Class A RV base vehicle platform. Includes all costs for new floor, wall, and Ceiling Coverings.  Custom Cabinetry/Storage.  Standard Furniture/Equipment.  One Exam in Rear and One Exam in Front with waiting/reception/work area on entry.	MM-DEB	1	\$127,667.00	\$127,667.00

One Bathroom.

Includes all costs for full vehicle wrap with Graphics.

<b>Delivery/Training</b> Delivery to client location. Includes 1 day of Operator Training for Client Team on location & 1 Paid Client Seat to Mission Mobile Headquarters Operator Certification Course.	MM-DV	1	\$5,294.00	\$5,294.00
<b>Mission Mobile Service &amp; Maintenance Program</b> 2 Years - Mission Mobile Medical Preventative Service & Maintenance Program. Mission Mobile handles all costs and scheduling for all routine, preventative maintenance, for the first 2 years after vehicle purchase.	MM-SMP	1	\$20,000.00	\$20,000.00
<b>Mission Mobile Medical Warranty</b> Industry-Leading 10-Year Warranty	MM-W	1	\$35,294.12	\$35,294.12
<b>Wheelchair-Lift</b> Interior mounted Wheelchair-Lift and Custom Fabricated Door	MM-WHLCHLFT	1	\$15,000.00	\$15,000.00
<b>Base Network Package</b> This system is intended for the user that needs basic cellular internet connectivity and Wi-Fi networking. The system is more powerful than smartphone tethering and provides better signal strength. Hardware <ul style="list-style-type: none"> <li>• Winegard Connect 2.0 4G2: Single LTE modem with a single SIM slot. Includes Wi-Fi booster to connect to Wi-Fi networks further away.</li> <li>• Antenna: Roof mounted to allow a better connection with LTE and Wi-Fi networks.</li> <li>• OFE (Owner Furnished Equipment) SIM Card: Client to supply one SIM cards.</li> </ul> Professional Services	MM-BMNP	1	\$892.00	\$892.00

- System design and documentation.
- Installation of hardware.
- Basic Configuration.

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## Subtotals

One-time subtotal \$380,618.12

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**Total \$380,618.12**

## Purchase Terms

50% Due at Signing  
25% Due at 45 Days  
Final Payment Due Before Delivery

## Questions? Contact me

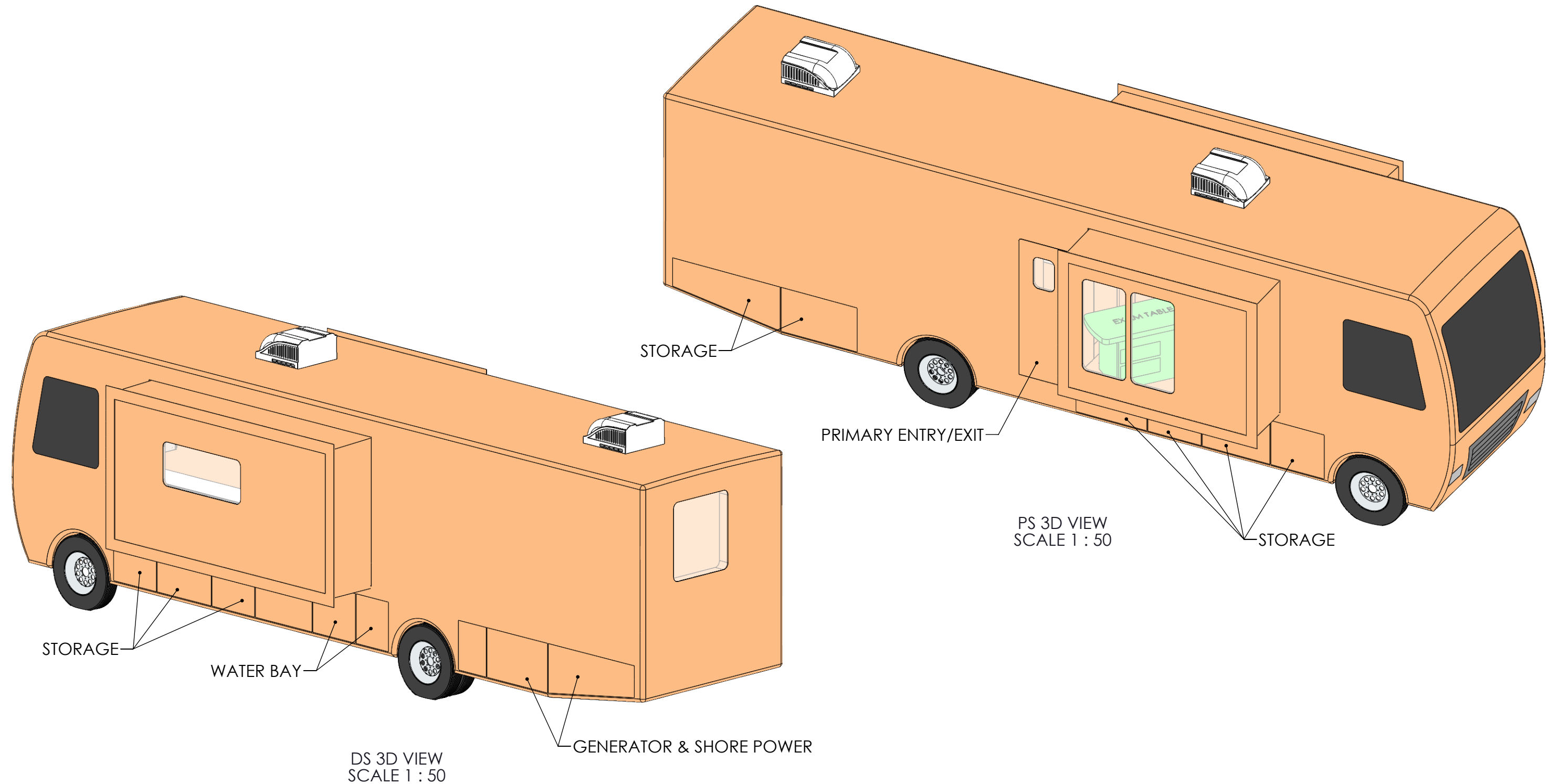


Rett Haigler  
Director, Strategic Partnerships  
rhaigler@missionmobile.com

Mission Mobile Medical Group, Inc.  
7700 Boeing Drive  
Greensboro, North Carolina 27409  
United States

[Download quote](#) [Print quote](#)

REVISIONS			
ZONE	REV.	DESCRIPTION	DATE



NOTE: PS SHADE AWNING NOT SHOWN.

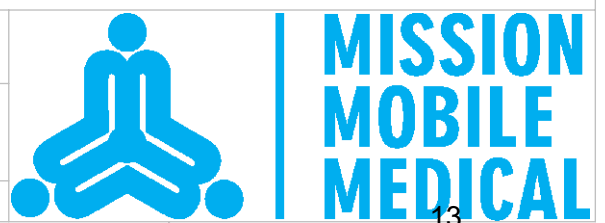
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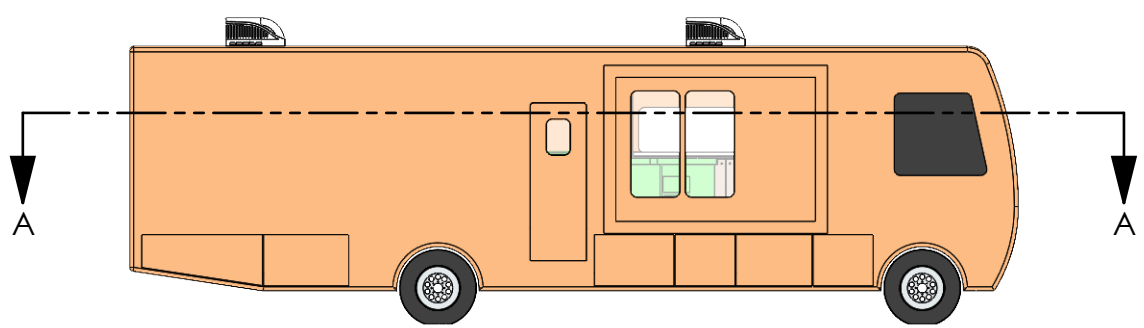
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DRAWN	Justin S	7/19/2022
CHECKED		
ENG APPR.		
MFG APPR.		
Q.A.		

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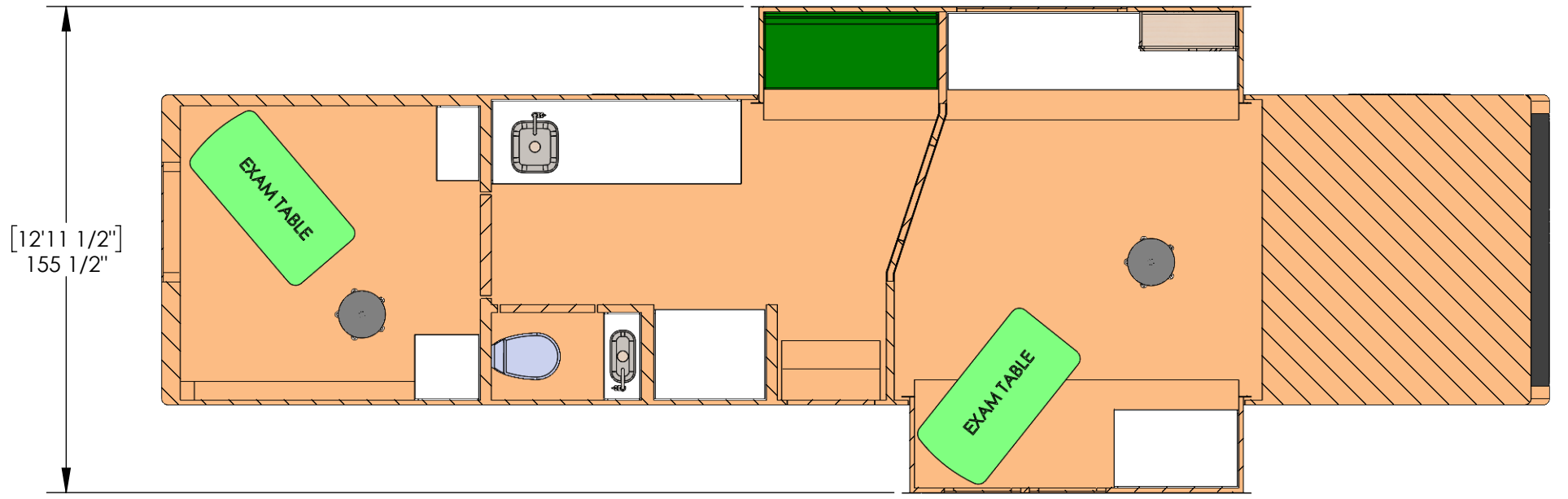


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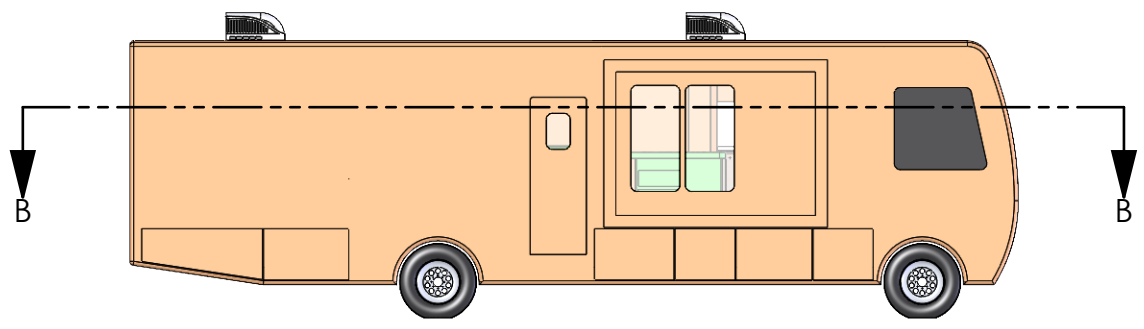
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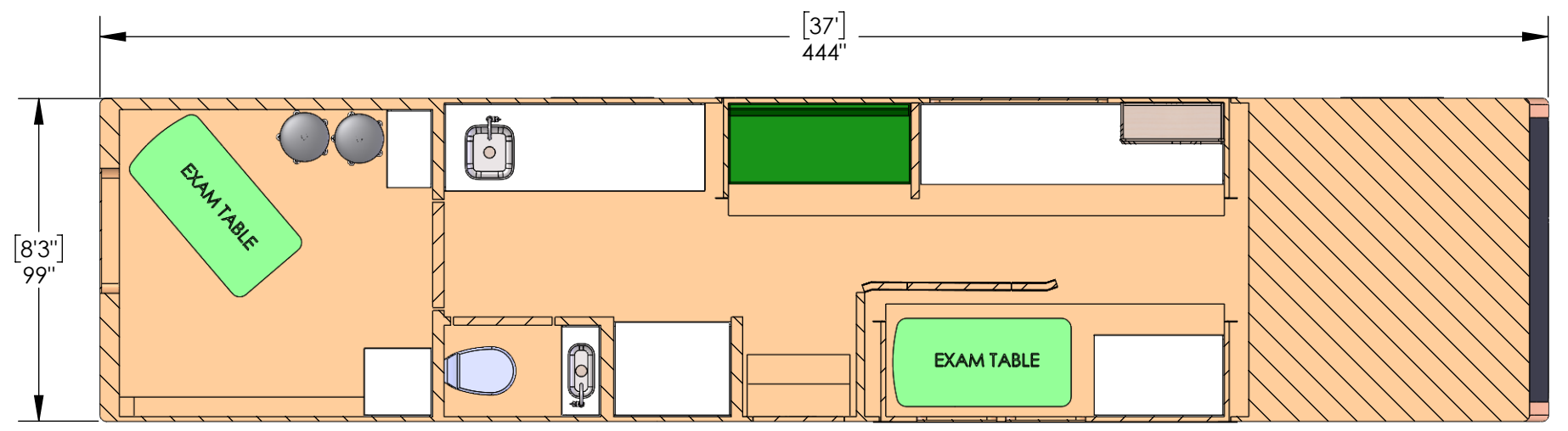
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PS VIEW CLOSED



SECTION B-B  
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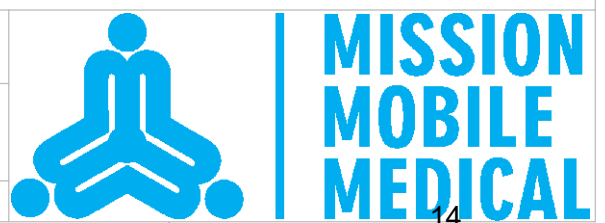
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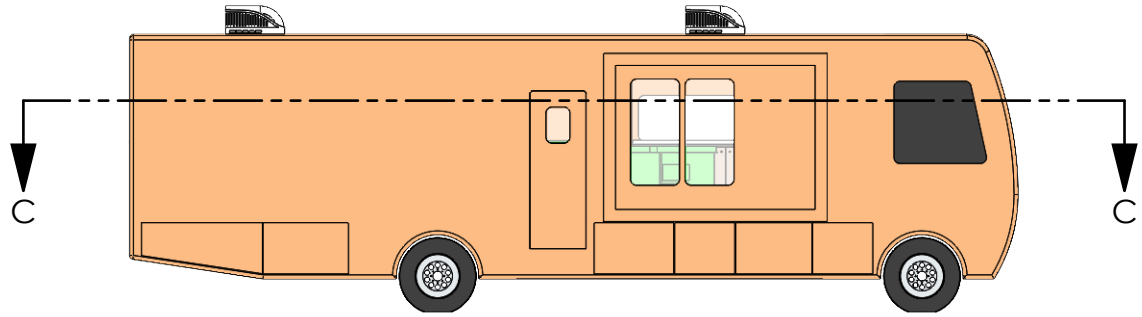
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THREE PLACE DECIMAL: ±.005  
INTERPRET GEOMETRIC TOLERANCING PER: ASME Y14.5M-1994

	NAME	DATE
DRAWN	Justin S	7/19/2022
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MFG APPR.		
Q.A.		

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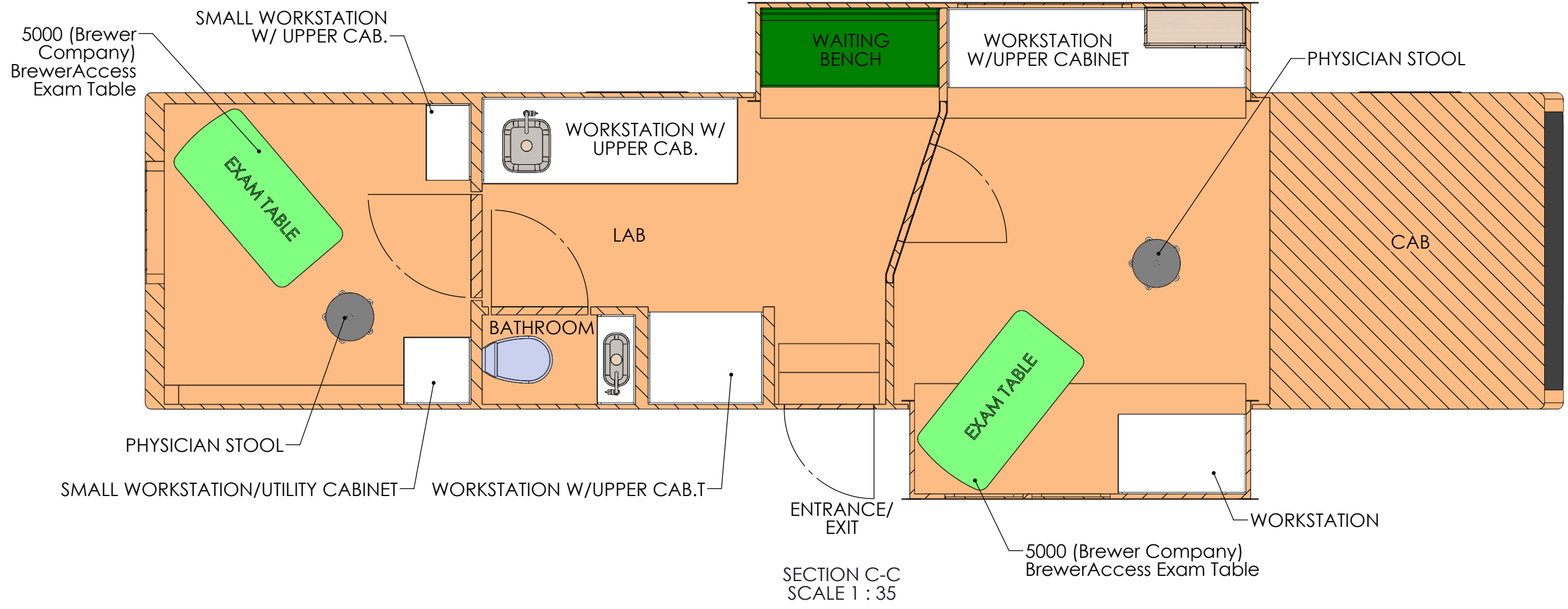




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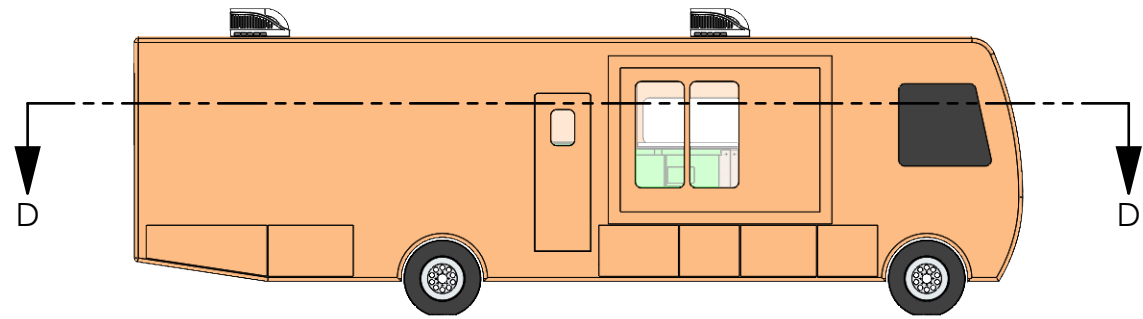
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	<p>FRACTIONAL &lt;20ft: ±1/16" FRACTIONAL &gt;20ft: ±1/8" ANGULAR: ±1° TWO PLACE DECIMAL: ±.01 THREE PLACE DECIMAL: ±.005</p>	DRAWN	Justin S	7/19/2022	SIZE	CLIENT:	
	<p>INTERPRET GEOMETRIC TOLERANCING PER: ASME Y14.5M-1994</p>	CHECKED			<b>B</b>	STANDARD BUILD	REV
		ENG APPR.			SCALE: 1:96	WEIGHT: lbs	SHEET 3 OF 5
		MFG APPR.					
	Q.A.						

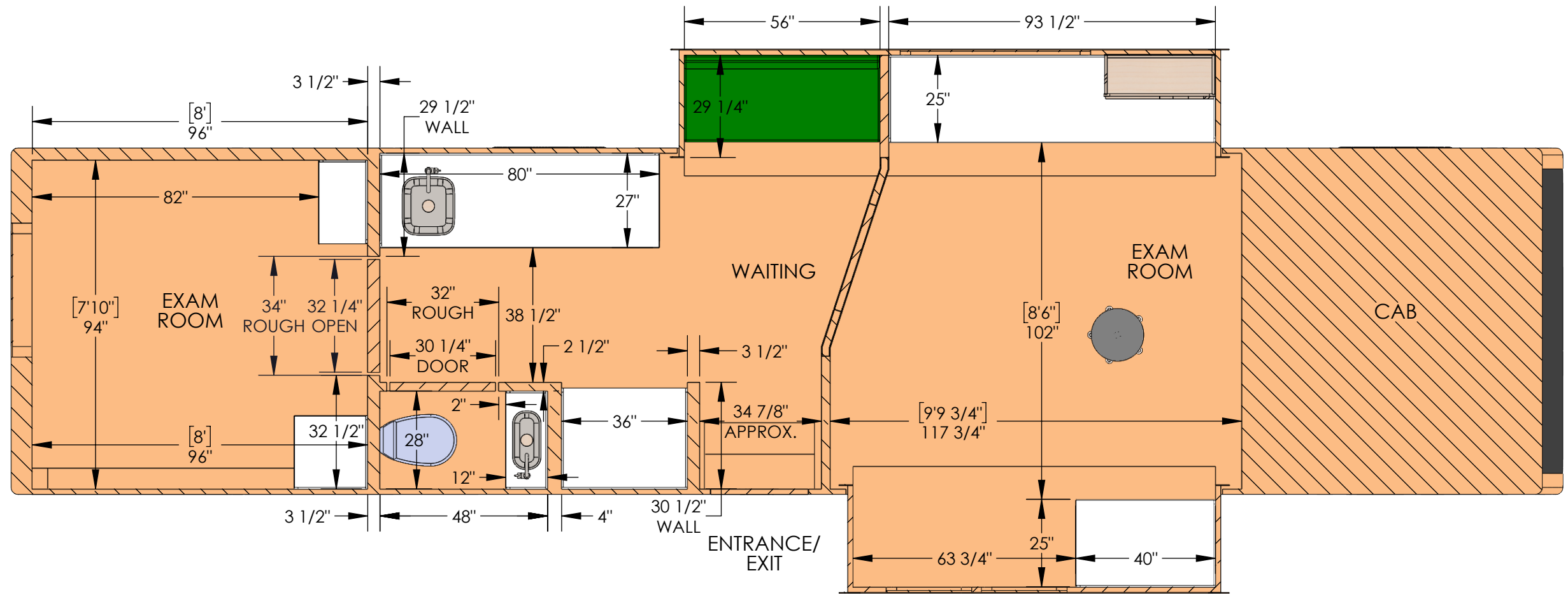


8 7 6 5 4 3 2 1


D  
C  
B  
A



PS VIEW OPEN



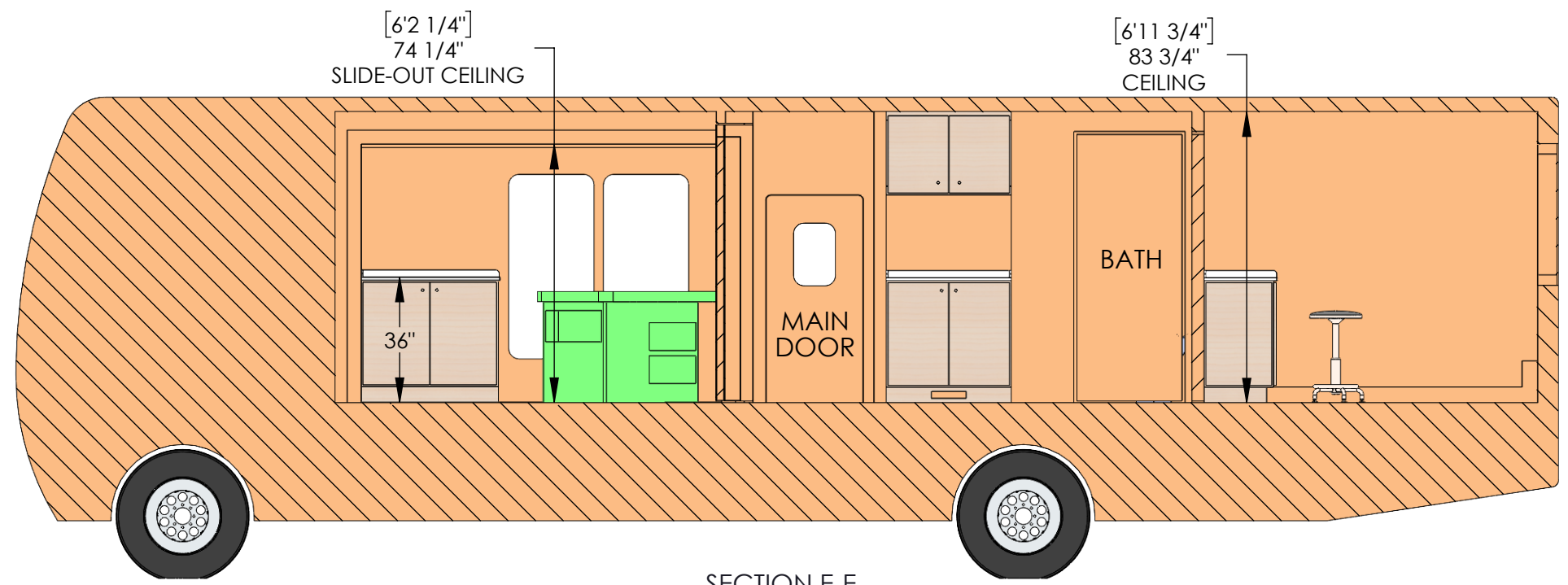
SECTION D-D  
SCALE 1 : 35

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	<p>FRACTIONAL &lt;20ft: ±1/16" FRACTIONAL &gt;20ft: ±1/8" ANGULAR: ±1° TWO PLACE DECIMAL: ±.01 THREE PLACE DECIMAL: ±.005</p>	<p>DRAWN</p>		<p>SIZE <b>B</b></p>	<p>CLIENT: STANDARD BUILD</p>
	<p>INTERPRET GEOMETRIC TOLERANCING PER: ASME Y14.5M-1994</p>	<p>CHECKED</p>		<p>REV</p>	
		<p>ENG APPR.</p>		<p>SCALE: 1:96</p>	<p>WEIGHT: lbs</p>
		<p>MFG APPR.</p>		<p>SHEET 4 OF 5</p>	



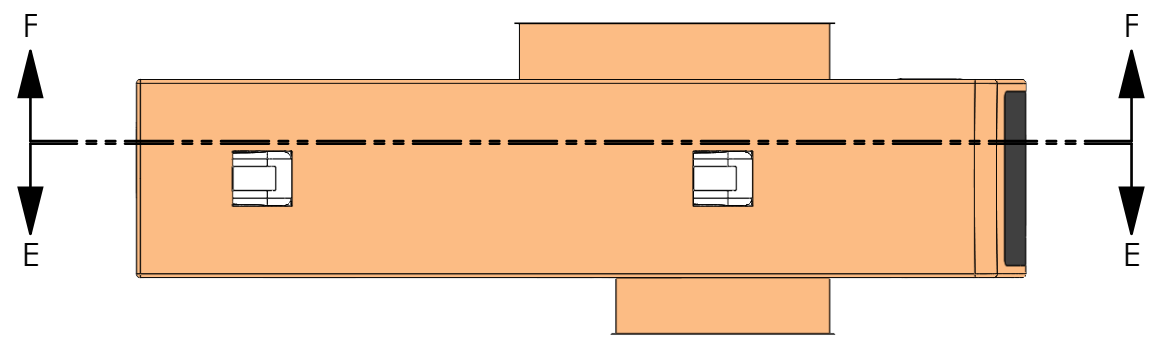
8 7 6 5 4 3 2 1

D



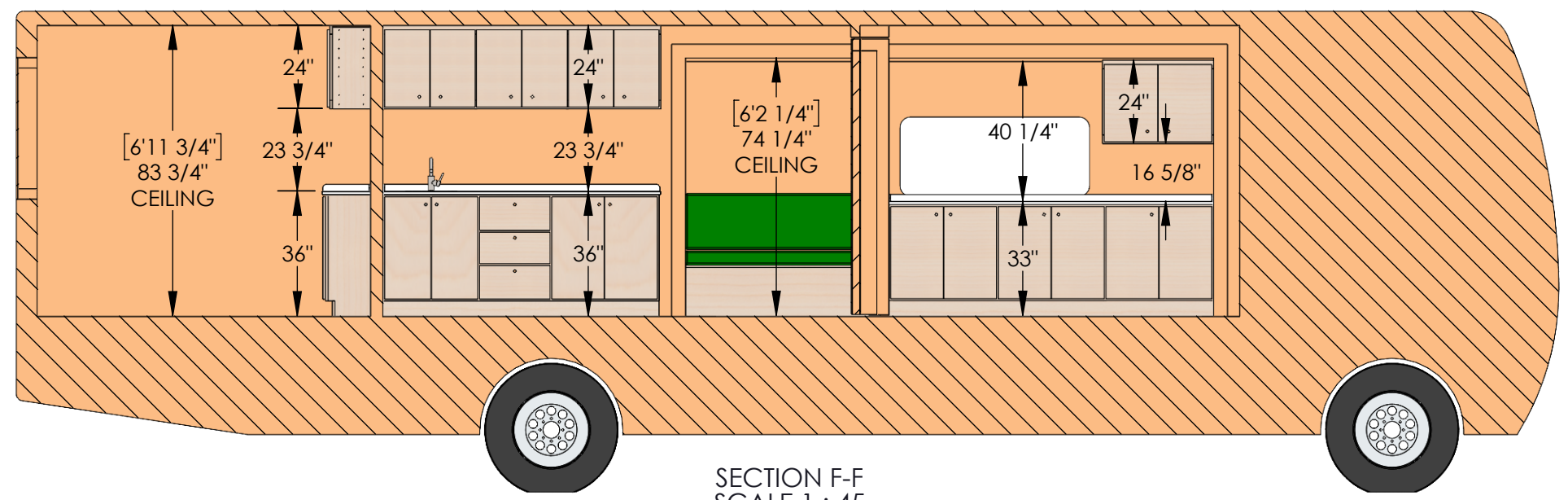
SECTION E-E  
SCALE 1 : 45

C




TOP VIEW OPEN

B



SECTION F-F  
SCALE 1 : 45

A

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	<p>FRACTIONAL &lt;20ft: ±1/16" FRACTIONAL &gt;20ft: ±1/8" ANGULAR: ±1° TWO PLACE DECIMAL: ±.01 THREE PLACE DECIMAL: ±.005</p>	<p>DRAWN</p>	<p>CHECKED</p>	<p>SIZE <b>B</b></p>		<p>CLIENT: STANDARD BUILD</p>	<p>REV</p>	
	<p>INTERPRET GEOMETRIC TOLERANCING PER: ASME Y14.5M-1994</p>	<p>ENG APPR.</p>	<p>MFG APPR.</p>	<p>SCALE: 1:96</p>		<p>WEIGHT: lbs</p>	<p>SHEET 5 OF 5</p>	
	<p>Q.A.</p>	<p>Q.A.</p>	<p>Q.A.</p>	<p>Q.A.</p>		<p>Q.A.</p>	<p>Q.A.</p>	
	<p>JOB #: N/A</p>	<p>8</p>	<p>7</p>	<p>6</p>		<p>5</p>	<p>4</p>	<p>3</p>

8 7 6 5 4 3 2 1

# MISSION MOBILE MAINTENANCE

KEEPING YOUR TEAM ON THE ROAD

## HOW OUR MISSION MOBILE MAINTENANCE PLAN ADDS VALUE TO YOUR PROGRAM



By taking the risk out of maintaining specialty vehicles, we increase access to care for the people you serve.

Your mobile unit is a critical asset to your program and maintaining it should be a top priority for your team. If you are looking for daily support or are purchasing your first vehicle, our maintenance plan is the perfect way to maintain peace of mind on the road.

## HOW A MISSION MOBILE MAINTENANCE PLAN ADDS VALUE TO YOUR CRITICAL MISSION.

### MINIMIZED RISK

Maintaining a complex, expensive piece of equipment that is vital to your program's success and keeping it in service can be a challenge. Neglecting your vehicle service needs can lead to costly equipment replacement and catastrophic failures on the road. At Mission Mobile, we design a pre-paid maintenance plan specific to your mobile unit to help you stay on top of your vehicle's needs and let you focus on your clients.



### MAINTENANCE PARTNERS

We know that maintenance needs on a specialized mobile unit are unique and require a particular level of care. In addition to our very own Mission Mobile Roadshow technician and our experienced on-staff technicians, we carefully select qualified third-party providers to supplement our service. Our network includes over 1,800 vetted, third-party providers located throughout the continental United States, ready to provide a wide scope of services, including towing and roadside service.



### REDUCE DOWNTIME

Equipment failures on your vehicle can be devastating to your program. By designing a custom service plan based on your usage and specific vehicle, we can prevent many of the frustrating events that will derail your program. At Mission Mobile, we focus on preventive maintenance, and by being proactive, we can limit wear, malfunctions and breakdowns.

### PREDICTABILITY

Our pre-paid Mission Mobile Maintenance Plan locks in the cost of your scheduled services for 3 years from the date of purchase, providing predictability for the terms of the contract. Oil changes, tire rotations, inspections and other routine maintenance will be covered under our service plan.



### COST SAVINGS

You have made a significant investment in your program and neglecting your service needs can lead to a shorter lifespan for your vehicle. Our maintenance plan will increase your vehicle life expectancy, so you'll spend fewer dollars in the long run.





# MISSION MOBILE ACADEMY

HELPING YOU SAVE THE DAY

## HOW OUR MISSION MOBILE ACADEMY ADDS VALUE TO YOUR PROGRAM



We dedicate time with every client to make sure their team has the knowledge and skills needed to thrive. We also offer a two-day on-site extensive training course to ensure safe and efficient missions.



## CONFIDENCE IS ON THE ITINERARY AT MISSION MOBILE ACADEMY

Our certification program is a valuable mixture of classroom and field training to ensure your team is equipped to properly operate and maintain your mobile unit. Attendees will discover what it takes to operate a mobile unit and how they perform on the road.



## SELF-ASSURANCE

In order to feel comfortable and confident driving your specialized vehicle, you need to know how it operates. The size and characteristics of a mobile unit built on an RV platform present challenges on the road since it handles very differently from a regular sized vehicle. Once your vehicle becomes familiar, you'll start to feel more and more comfortable in the day-to-day operation.



## EXPERIENCE

At Mission Mobile we strongly believe that experience is the best form of training. Through our program, your operators will leave with the experience needed to make your program a success. Our instructors provide valuable knowledge in a variety of ways about how to operate specialized motor vehicles through classroom-based learning, proven curricula and hands on experience including on-the-road driving



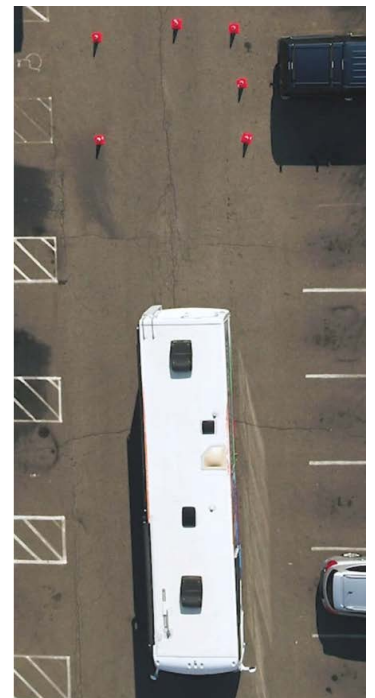
## EXPERTISE

Our team at Mission Mobile has 175+ years of experience in the specialized vehicle and RV industry and we are excited to share that knowledge with your team. We want to provide your team with the crucial information they need to be a successful operator for your team.



## LEADERSHIP

We arm your operator with the skills and resources needed to lead others in your organization through the training process to successfully operate your mobile unit, enabling your team to confidently deploy your vehicle for years to come.





## ESSENTIAL TO YOUR MISSION

At Mission Mobile, we are here to serve our customers, providing world class specialty vehicles and service programs to our customers so that they can be ready to serve their communities.

*We started in my driveway, but we're not there anymore. We are big, we impact the world, and we are far from perfect. We must be humble and thoughtful about even the secondary effects of our actions. Our local communities, planet, and future generations need us to be better every day. We must begin each day with a determination to make better, do better, and be better for our customers, our teammates, our partners, and the world at large. And we must end every day knowing we can do even more tomorrow.*

Travis A. LeFever, CEO  
Mission Mobile Group



# The Warranty

## How the Mission Mobile Medical Warranty Adds Value to Your Model

The Mission Mobile Medical Warranty is an integral part of our offering. By taking the risk out of purchasing preowned specialty vehicles designed for medical missions for the life of the program, we increase access to lower-cost vehicles for small healthcare providers, and expand care for vulnerable populations.

**All warranty periods begin on the date of original purchase and coverage durations, in years:**

Component	Year 1	Year 2	Year 3	Year 4	Years 5-10
Chassis/Structure	100%	100%	100%	100%	100%
Power Train	100%	90%	80%	70%	50%
Opening / Closing Mechanisms	100%	90%	80%	70%	50%
Wear Components	50%	NA	NA	NA	NA
Interior / Exterior Finishes	100%	90%	80%	70%	50%

**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:**  
**June 27, 2022**

**For Quarter Ending**  
**June 30, 2022**

<b>Department</b>	<b>Document</b>	<b>New/Revised/Retired</b>
Activities	Activities Progress Notes MMH695	Revised
Acute - Med Surg	Blood Glucose Monitoring - Nova Statstrip Glucose Monitoring System	New
Acute - Med Surg	Nutritional Risk Assessment MMH33	Retired
Acute - Med Surg	Restraint Record, Med-Surg Acute Care FORM MMH250	Revised
Acute - Med Surg	Scope of Service -- Acute Inpatient	Revised
Acute - Med Surg	Unusual Event Flow Sheet MMH302	Revised
Board of Directors	Contract Review Form MMH586	Revised
CAH	CAH - Emergency Services	Revised
CAH	CAH - Physical Plant and Environment	Revised
CAH	Physical Plant and Environment - Life Safety From Fire	Revised
Disaster	1135 Waiver	Revised
Disaster	Admission Policy and Registration Emergency Management	Revised
Disaster	Crisis Communications Plan	New
Disaster	Failure of Alarm System BA	Revised
Disaster	Failure of Alarm System FR	Revised
Disaster	Failure of Sprinkler System BA	Revised
Disaster	Failure of Sprinkler System FR	Revised
Disaster	Fire Safety Management	Revised
Disaster	HICS 259 Hospital Casualty Fatality Report	Revised
Disaster	Phone System Downtime Process	Revised
Emergency Department	H&P / Procedure / Sedation Physical Documentation MMH720	Revised
Emergency Department	Observation / Inpatient Decision Tree Guideline MMH654	Revised
Environmental Services	Equipment Maintenance Form MMH283	Retired
Environmental Services	Mayers Rural Healthcare Clinic Cleaning	New
Environmental Services	Terminal Cleaning for Mayers Rural Healthcare Clinic Procedure Room	New
HIPPA	Notice of Privacy Practices MMH454	Retired
Imaging	Bone Survey X-Ray	Revised
Infection Control	COVID MONOCLONAL CONSENT with Bebtelovimab 708B	Revised
Infection Control	COVID MONOCLONAL CONSENT with Sotrovimab MMH708A	Revised
Infection Control	Infection Prevention Plan	Revised
Maintenance	Oxygen Blowout Emergency	Revised
Manual Name	Document Name/Policy	
Medical Staff	MEC-Governing Board Endorsement for Additional Privileges	Revised
Medical Staff	MEC-Governing Board Endorsement for AHP Appointment and Privileges	Revised
Medical Staff	MEC-Governing Board Endorsement for Physician Reappointment and Privilege	Revised
Outpatient Medical	Negative Pressure Wound Therapy-VAC	Revised
Outpatient Medical	Skin Tears, Abrasion and Other Wounds	Revised
Outpatient Medical	Wound Vac Ordering and Billing	Revised
Outpatient Medical	Wound Vac Tracking MMH553	Revised
Patient Access	Activities Transport Consent Forms SNF MMH193	Revised
Physical Therapy	New Personnel Orientation, PT	Retired
Physical Therapy	Patient Care Planning Process, PT	Retired
Physical Therapy	Safety - Basic Medical Supplies, PT	Retired
Preprinted Orders	Patient Wound Care Instructions MMH95	Revised
Purchasing	Product and Equipment Recalls	Revised
Purchasing	Purchasing Policy	Revised
Purchasing	Receiving Delivery of Items	Revised



<b>Department</b>	<b>Document</b>	<b>New/Revised/Retired</b>
Purchasing	Repair Approvals	Revised
Purchasing	Retail Sales	Revised
Skilled Nursing	Admission Assessment, Nurses Record	Revised
Skilled Nursing	Admission of Resident Checklist SNF	Revised
Skilled Nursing	Aspiration Risk, SNF	Revised
Skilled Nursing	Bladder Assessment	Revised
Skilled Nursing	Bowel Assessment and Training Program	Revised
Skilled Nursing	Bruises - SNF	Revised
Skilled Nursing	Communication, Aphasia Dysphasia	Revised
Skilled Nursing	Daily Nurse Staffing Form	Revised
Skilled Nursing	Delivery of Personal Property of Deceased Patient MMH227	Revised
Skilled Nursing	Dental Emergencies - SNF	Revised
Skilled Nursing	Diabetic Foot Care - SNF	Revised
Skilled Nursing	Falls - SNF	Revised
Skilled Nursing	Fluid Restriction	Revised
Skilled Nursing	Gastrostomy Feeding Tube Placement	Revised
Skilled Nursing	Gradual / Significant Weight Loss and Weight Audit	Revised
Skilled Nursing	Guidelines for Retention of Records and Reports	Revised
Skilled Nursing	Informed Consents - Psychotropics	Revised
Skilled Nursing	Leave of Absence, SNF Resident	Revised
Skilled Nursing	NURSES RECORD ADMISSION ASSESSMENT MMH137	Revised
Skilled Nursing	Personal Property, Residents	Revised
Skilled Nursing	Physician's Visits in Skilled Nursing Facility	Revised
Skilled Nursing	Recertification for Medi-Cal SNF	Revised
Skilled Nursing	Skin Breakdown, Prevention of	Revised
Skilled Nursing	SNF Admission Process	Revised
Skilled Nursing	Transfer and Discharge of Residents	Revised
Social Services	Child Abuse And Neglect, Identification and Reporting Criteria	Revised
Surgery	Sedation and Analgesia in the OR; Non-Anesthesia Provider	New

**HAZARD AND VULNERABILITY ASSESSMENT TOOL  
NATURALLY OCCURRING EVENTS**

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	<i>Likelihood this will occur</i>	<i>Possibility of death or injury</i>	<i>Physical losses and damages</i>	<i>Interruption of services</i>	<i>Preplanning</i>	<i>Time, effectiveness, resources</i>	<i>Community/ Mutual Aid staff and supplies</i>	<i>Relative threat*</i>
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Hurricane	0	0	0	0	0	0	0	0%
Tornado	1	1	1	1	2	2	1	15%
Severe Thunderstorm	2	2	2	2	2	2	2	44%
Snow Fall	3	1	2.333333333	3	1.333333333	2	1.333333333	61%
Blizzard	3	1	2	3	1	1	1	50%
Ice Storm	1	1	1	1	3	3	2	20%
Earthquake	1.666666667	1	1	1	2	2	2	28%
Tidal Wave	0	0	0	0	0	0	0	0%
Temperature Extremes	2	1.666666667	1.333333333	1.666666667	3	3	2	47%
Drought	1.333333333	1.333333333	1.666666667	1.333333333	3	3	3	33%
Flood, External	1.333333333	1	1	1	2	2	2	22%
Wild Fire	3	3	3	3	2.333333333	2.333333333	2.333333333	89%
Landslide	1	1	1	1	2	2	2	17%
Dam Inundation	1	1	1	1	2	2	2	17%
Volcano	2	1	2	3	1	1	1	33%
Epidemic	3	2	2	2	2	2	2	67%
<b>AVERAGE SCORE</b>	<b>1.65</b>	<b>1.19</b>	<b>1.40</b>	<b>1.56</b>	<b>1.79</b>	<b>1.83</b>	<b>1.60</b>	<b>29%</b>

\*Threat increases with percentage.

<b>RISK = PROBABILITY * SEVERITY</b>
<b>0.29                  0.55                  0.52</b>

## HAZARD AND VULNERABILITY ASSESSMENT TOOL TECHNOLOGIC EVENTS

EVENT	PROBABILITY <i>Likelihood this will occur</i>	SEVERITY = (MAGNITUDE - MITIGATION)						RISK <i>Relative threat*</i>
		HUMAN IMPACT <i>Possibility of death or injury</i>	PROPERTY IMPACT <i>Physical losses and damages</i>	BUSINESS IMPACT <i>Interruption of services</i>	PREPARED-NESS <i>Preplanning</i>	INTERNAL RESPONSE <i>Time, effectiveness, resources</i>	EXTERNAL RESPONSE <i>Community/ Mutual Aid staff and supplies</i>	
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Electrical Failure	2	0	1	2	1	1	2	26%
Generator Failure	1	0	3	3	2	1	1	19%
Transportation Failure	0	0	0	0	0	0	0	0%
Fuel Shortage	1.33333333	0.33333333	1	2	1	1	1	16%
Natural Gas Failure	1	0.33333333	1	2	1	1	1	12%
Water Failure	2	0	1	2	1	1	1	22%
Sewer Failure	1	0	1	2	1	1	3	15%
Steam Failure	0	0	0	0	0	0	0	0%
Fire Alarm Failure	2	0	1	1	1	1	3	26%
Communications Failure	0.33333333	0	1	1	0.66666667	0.33333333	0.33333333	6%
Medical Gas Failure	1	2	2	3	1	1	1	19%
Medical Vacuum Failure	1	0	1	1	1	1	1	9%
HVAC Failure	2	0	1	1.33333333	1	1	1	20%
Information Systems Failure	2	0	0	3	1	1	1	22%
Fire, Internal	1.33333333	1.33333333	3	3	1.33333333	1.33333333	1	27%
Flood, Internal	1	0.66666667	0.66666667	1.33333333	1	1	1	10%
Hazmat Exposure, Internal	1.33333333	1.33333333	0	1	1	1	1	13%
Supply Shortage	1.66666667	0.66666667	0.33333333	1.33333333	1	1.33333333	1	17%
Structural Damage	1	1	2	3	1	1	1	17%
<b>AVERAGE SCORE</b>	<b>1.21</b>	<b>0.40</b>	<b>1.05</b>	<b>1.74</b>	<b>0.95</b>	<b>0.89</b>	<b>1.12</b>	<b>14%</b>

\*Threat increases with percentage.

<b>RISK = PROBABILITY * SEVERITY</b>
<b>0.14          0.40          0.34</b>

## HAZARD AND VULNERABILITY ASSESSMENT TOOL HUMAN RELATED EVENTS

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	<i>Likelihood this will occur</i>	<i>Possibility of death or injury</i>	<i>Physical losses and damages</i>	<i>Interruption of services</i>	<i>Preplanning</i>	<i>Time, effectiveness, resources</i>	<i>Community/Mutual Aid staff and supplies</i>	<i>Relative threat*</i>
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Mass Casualty Incident (trauma)	1	0.666666667	0.333333333	2.666666667	1.666666667	1.666666667	1.333333333	15%
Mass Casualty Incident (medical/infectious)	1	0.972222222	0.777777778	1	1	1	1	11%
Terrorism, Biological	0	0	0	0	0	0	0	0%
VIP Situation	0	0	0	0	0	0	0	0%
Infant Abduction	0.333333333	0.333333333	0	0	0.333333333	0.333333333	0	1%
Hostage Situation	1	1	0	1	1	1	1	9%
Civil Disturbance	0.333333333	0.333333333	0.333333333	0.333333333	0.333333333	0.333333333	0.333333333	1%
Labor Action	0	0	0	0	0	0	0	0%
Missing Persons	1	1	0	0	0	1	1	57%
Forensic Admission	0	0	0	0	0	0	0	0%
Bomb Threat	1.333333333	1.333333333	1.333333333	1.333333333	1.333333333	1.333333333	1.333333333	20%
<b>AVERAGE</b>	<b>0.55</b>	<b>0.51</b>	<b>0.25</b>	<b>0.58</b>	<b>0.52</b>	<b>0.61</b>	<b>0.55</b>	<b>4%</b>

\*Threat increases with percentage.

<b>RISK = PROBABILITY * SEVERITY</b>
<b>0.04          0.20          0.18</b>

## HAZARD AND VULNERABILITY ASSESSMENT TOOL EVENTS INVOLVING HAZARDOUS MATERIALS

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	<i>Likelihood this will occur</i>	<i>Possibility of death or injury</i>	<i>Physical losses and damages</i>	<i>Interruption of services</i>	<i>Preplanning</i>	<i>Time, effectiveness, resources</i>	<i>Community/ Mutual Aid staff and supplies</i>	<i>Relative threat*</i>
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Mass Casualty Hazmat Incident ( <i>From historic events at your MC with &gt;= 5 victims</i> )	1	1	1	1	1	1	1	11%
Small Casualty Hazmat Incident ( <i>From historic events at your MC with &lt; 5 victims</i> )	1	1	1	1	1	1	1	11%
Chemical Exposure, External	1	1	1	1	1	1	1	11%
Small-Medium Sized Internal Spill	1	1	1	1	1	1	1	11%
Large Internal Spill	1	1	1	1	1	1	1	11%
Terrorism, Chemical	0	0	0	0	0	0	0	0%
Radiologic Exposure, Internal	1	1	1	1	1	1	1	11%
Radiologic Exposure, External	0	0	0	0	0	0	0	0%
Terrorism, Radiologic	0	0	0	0	0	0	0	0%
<b>AVERAGE</b>	<b>0.67</b>	<b>0.67</b>	<b>0.67</b>	<b>0.67</b>	<b>0.67</b>	<b>0.67</b>	<b>0.67</b>	<b>5%</b>

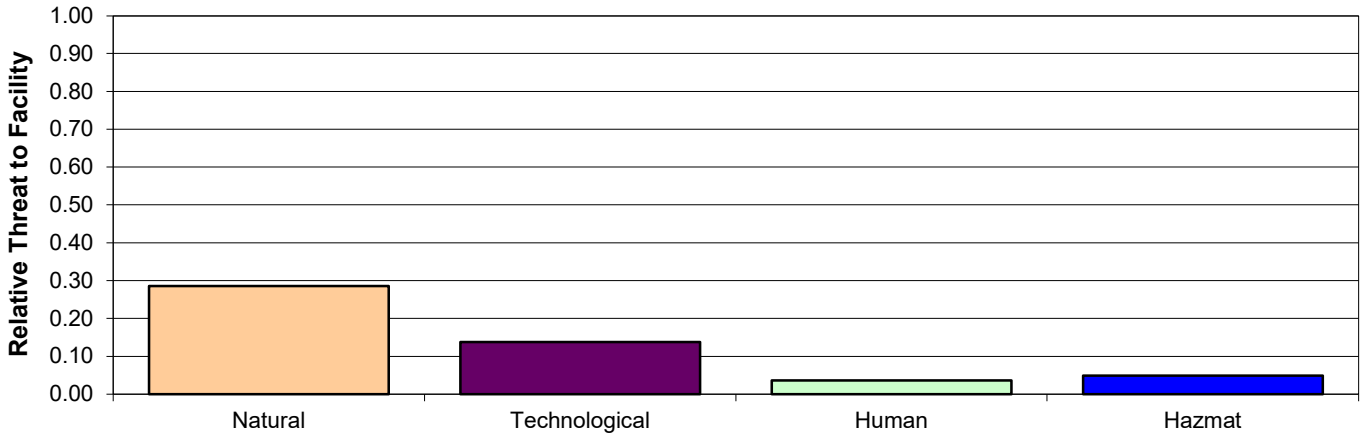
\*Threat increases with percentage.

<b>RISK = PROBABILITY * SEVERITY</b>		
<b>0.05</b>	<b>0.22</b>	<b>0.22</b>

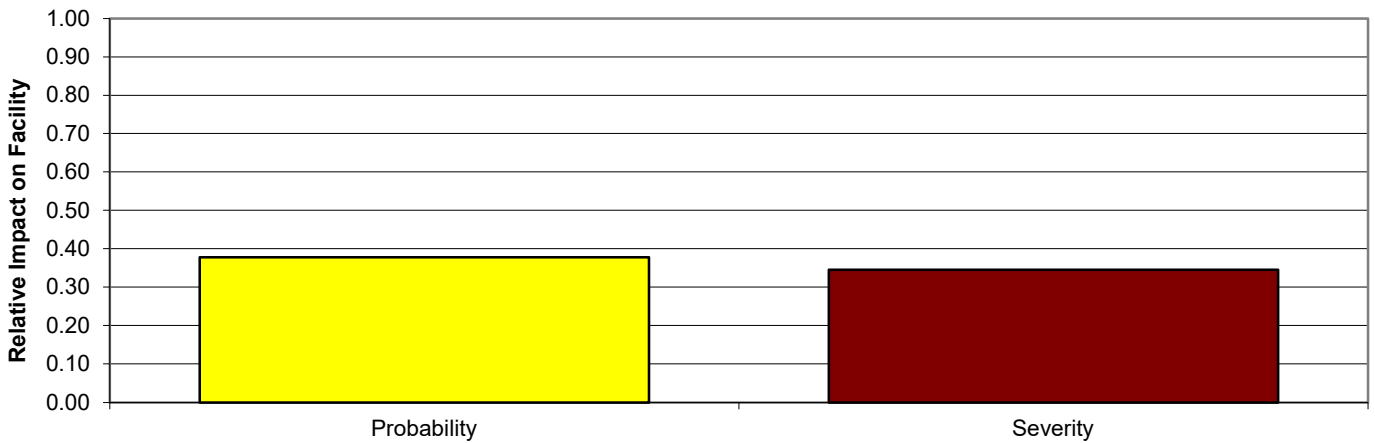
**SUMMARY OF MEDICAL CENTER HAZARDS ANALYSIS**

	Natural	Technological	Human	Hazmat	Total for Facility
Probability	0.55	0.40	0.20	0.22	0.38
Severity	0.52	0.34	0.18	0.22	0.35
<b>Hazard Specific Relative Risk:</b>	<b>0.29</b>	<b>0.14</b>	<b>0.04</b>	<b>0.05</b>	<b>0.13</b>

**Hazard Specific Relative Risk to Medical Center**



**Probability and Severity of Hazards to Medical Center**



*This document is a sample Hazard Vulnerability Analysis tool. It is not a substitute for a comprehensive emergency preparedness program. Individuals or organizations using this tool are solely responsible for any hazard assessment and compliance with applicable laws and regulations.*

## HAZARD AND VULNERABILITY ASSESSMENT TOOL NATURALLY OCCURRING EVENTS

1A

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	<i>Likelihood this will occur</i>	<i>Possibility of death or injury</i>	<i>Physical losses and damages</i>	<i>Interruption of services</i>	<i>Preplanning</i>	<i>Time, effectiveness, resources</i>	<i>Community/ Mutual Aid staff and supplies</i>	<i>Relative threat*</i>
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Hurricane	0	0	0	0	0	0	0	0%
Tornado	0	0	0	0	0	0	0	0%
Severe Thunderstorm	0.8	1	1	1	1.6	2	1	44%
Snow Fall	3	1	2.2	3	1.2	1.2	1.2	61%
Blizzard	3	1	2	3	1	1	1	50%
Ice Storm	1.2	1	1	1.2	3	3	2	20%
Earthquake	2	1.2	1.2	1.2	2.2	2	2	28%
Tidal Wave	0	0	0	0	0	0	0	0%
Temperature Extremes	2	1	1	1	3	3	2	47%
Drought	1.8	1.4	1.4	1.2	2.8	2.8	2.8	33%
Flood, External	1.2	1	1.2	1.2	2	2	2	22%
Wild Fire	3	3	3	3	1	2	1	89%
Landslide	1	1	1	1	2	2	2	17%
Dam Inundation	1	1	1	1	2	2	2	17%
Volcano	2	1	2	3	1	1	1	33%
Epidemic	2.6	2	1.8	2.2	1.8	1.8	1.8	55%
<b>AVERAGE SCORE</b>	<b>1.54</b>	<b>1.04</b>	<b>1.24</b>	<b>1.44</b>	<b>1.54</b>	<b>1.61</b>	<b>1.36</b>	<b>23%</b>

\*Threat increases with percentage.

<b>RISK = PROBABILITY * SEVERITY</b>		
<b>0.23</b>	<b>0.51</b>	<b>0.46</b>

## HAZARD AND VULNERABILITY ASSESSMENT TOOL TECHNOLOGIC EVENTS

EVENT	PROBABILITY <i>Likelihood this will occur</i>	SEVERITY = (MAGNITUDE - MITIGATION)						RISK <i>Relative threat*</i>
		HUMAN IMPACT <i>Possibility of death or injury</i>	PROPERTY IMPACT <i>Physical losses and damages</i>	BUSINESS IMPACT <i>Interruption of services</i>	PREPARED-NESS <i>Preplanning</i>	INTERNAL RESPONSE <i>Time, effectiveness, resources</i>	EXTERNAL RESPONSE <i>Community/ Mutual Aid staff and supplies</i>	
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Electrical Failure	2.2	0.2	1	2.2	1	1	2	30%
Generator Failure	1.2	0.2	3	3	2	1	1	23%
Transportation Failure	0	0	0	0	0	0	0	0%
Fuel Shortage	1.4	0.2	1	2	1	1	1	16%
Natural Gas Failure	1	0.8	1	2	1	1	1	13%
Water Failure	2	0	1	2	1	1	1	22%
Sewer Failure	1	0	1	2	1	1	3	15%
Steam Failure	0	0	0	0	0	0	0	0%
Fire Alarm Failure	2	0	1	1	1	1	3	26%
Communications Failure	0.4	0.2	0.8	0.8	0.8	0.6	0.6	6%
Medical Gas Failure	1	2	2	3	1	1	1	19%
Medical Vacuum Failure	1	0	1	1	1	1	1	9%
HVAC Failure	2.2	0	1	1.4	1.2	1.2	1.2	24%
Information Systems Failure	2	0	0	3	1	1	1	22%
Fire, Internal	1.4	1	2.4	3	1.2	1.2	1	25%
Flood, Internal	1	0.2	2.2	2.2	1	1	1	14%
Hazmat Exposure, Internal	1.2	1	0.4	1.2	1	1	1	12%
Supply Shortage	1.333333333	0.5	0.166666667	1.166666667	1	1.166666667	1	12%
Structural Damage	1	1	2	3	1	1	1	17%
<b>AVERAGE SCORE</b>	<b>1.23</b>	<b>0.38</b>	<b>1.10</b>	<b>1.79</b>	<b>0.96</b>	<b>0.90</b>	<b>1.15</b>	<b>14%</b>

\*Threat increases with percentage.

<b>RISK = PROBABILITY * SEVERITY</b>
<b>0.14      0.41      0.35</b>



## HAZARD AND VULNERABILITY ASSESSMENT TOOL HUMAN RELATED EVENTS

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	<i>Likelihood this will occur</i>	<i>Possibility of death or injury</i>	<i>Physical losses and damages</i>	<i>Interruption of services</i>	<i>Preplanning</i>	<i>Time, effectiveness, resources</i>	<i>Community/ Mutual Aid staff and supplies</i>	<i>Relative threat*</i>
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Mass Casualty Incident (trauma)	1	0.66666667	0.33333333	2.66666667	1.66666667	1.66666667	1.33333333	15%
Mass Casualty Incident (medical/infectious)	1	0.97222222	0.77777778	1	1	1	1	11%
Terrorism, Biological	0	0	0	0	0	0	0	0%
VIP Situation	0	0	0	0	0	0	0	0%
Infant Abduction	0.33333333	0.33333333	0	0	0.33333333	0.33333333	0	1%
Hostage Situation	1	1	0	1	1	1	1	9%
Civil Disturbance	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0%
Labor Action	0	0	0	0	0	0	0	0%
Forensic Admission	0	0	0	0	0	0	0	0%
Missing Persons	1	1	0	0	0	1	1	57%
Bomb Threat	1	1	1	1	1	1	1	11%
<b>AVERAGE</b>	<b>0.50</b>	<b>0.47</b>	<b>0.21</b>	<b>0.53</b>	<b>0.47</b>	<b>0.56</b>	<b>0.50</b>	<b>3%</b>

\*Threat increases with percentage.

<b>RISK = PROBABILITY * SEVERITY</b>		
<b>0.03</b>	<b>0.18</b>	<b>0.17</b>

## HAZARD AND VULNERABILITY ASSESSMENT TOOL EVENTS INVOLVING HAZARDOUS MATERIALS

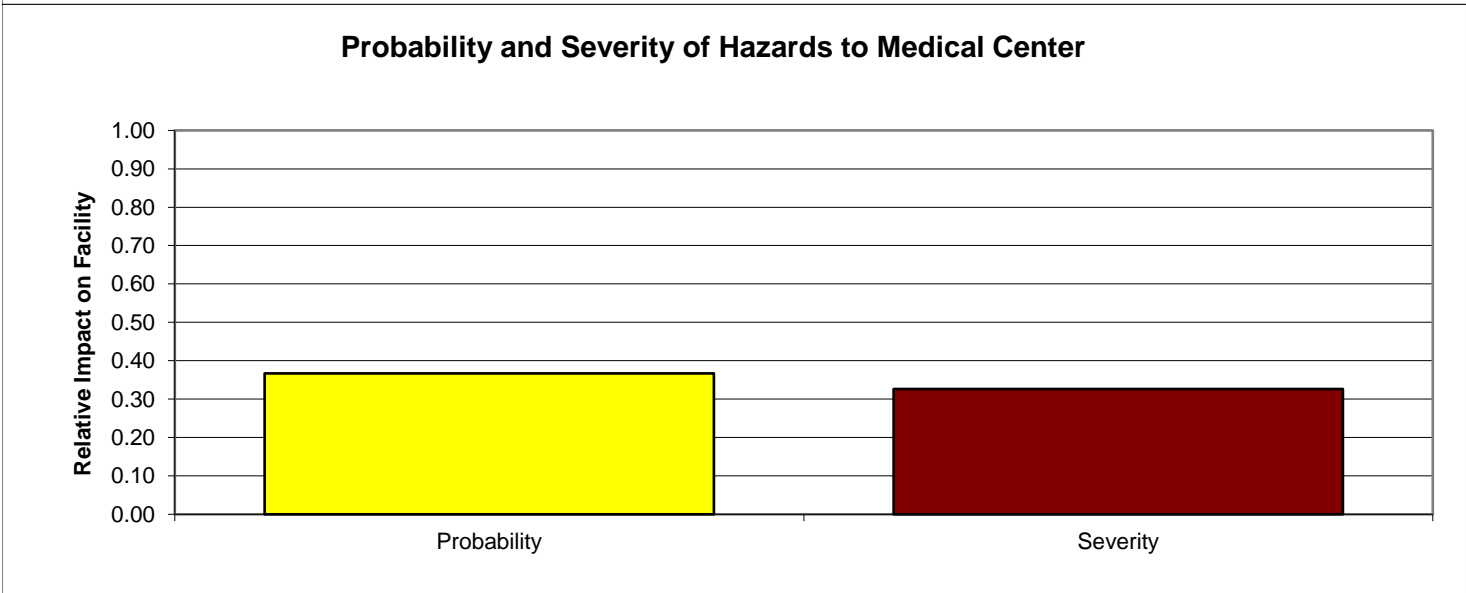
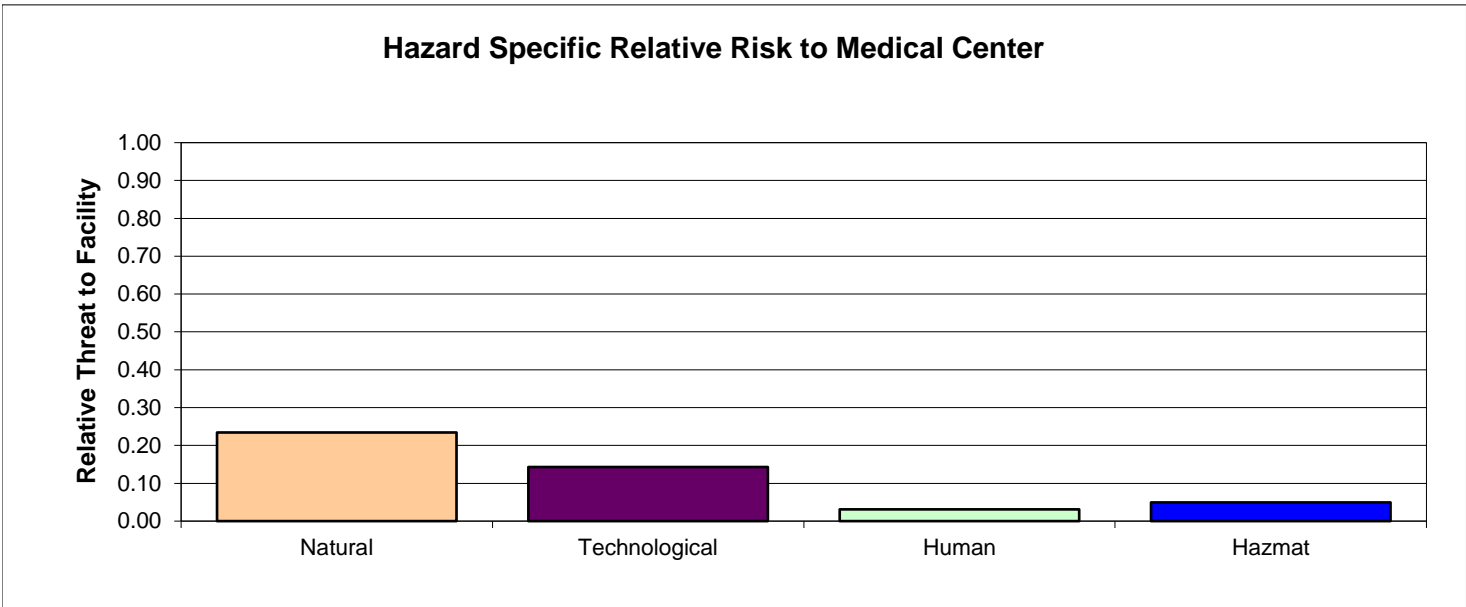
EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	<i>Likelihood this will occur</i>	<i>Possibility of death or injury</i>	<i>Physical losses and damages</i>	<i>Interuption of services</i>	<i>Preplanning</i>	<i>Time, effectiveness, resouces</i>	<i>Community/ Mutual Aid staff and supplies</i>	<i>Relative threat*</i>
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Mass Casualty Hazmat Incident (From historic events at your MC with >= 5 victims)	1	1	1	1	1	1	1	11%
Small Casualty Hazmat Incident (From historic events at your MC with < 5 victims)	1	1	1	1	1	1	1	11%
Chemical Exposure, External	1	1	1	1	1	1	1	11%
Small-Medium Sized Internal Spill	1	1	1	1	1	1	1	11%
Large Internal Spill	1	1	1	1	1	1	1	11%
Terrorism, Chemical	0	0	0	0	0	0	0	0%
Radiologic Exposure, Internal	1	1	1	1	1	1	1	11%
Radiologic Exposure, External	0	0	0	0	0	0	0	0%
Terrorism, Radiologic	0	0	0	0	0	0	0	0%
<b>AVERAGE</b>	<b>0.67</b>	<b>0.67</b>	<b>0.67</b>	<b>0.67</b>	<b>0.67</b>	<b>0.67</b>	<b>0.67</b>	<b>5%</b>

\*Threat increases with percentage.

<b>RISK = PROBABILITY * SEVERITY</b>
<b>0.05            0.22            0.22</b>

**SUMMARY OF MEDICAL CENTER HAZARDS ANALYSIS**

	Natural	Technological	Human	Hazmat	Total for Facility
Probability	0.51	0.41	0.18	0.22	0.37
Severity	0.46	0.35	0.17	0.22	0.33
<b>Hazard Specific Relative Risk:</b>	<b>0.23</b>	<b>0.14</b>	<b>0.03</b>	<b>0.05</b>	<b>0.12</b>



*This document is a sample Hazard Vulnerability Analysis tool. It is not a substitute for a comprehensive emergency preparedness program. Individuals or organizations using this tool are solely responsible for any hazard assessment and compliance with applicable laws and regulations.*

<b>Statistics</b>	<b>June YTD FY22 (current)</b>	<b>June YTD FY21 (prior)</b>	<b>June Budget YTD FY22</b>
Surgeries			
➤ Inpatient	2	1	24
➤ Outpatient	32	35	72
Procedures** ( <i>surgery suite</i> )	131	129	192
Inpatient	2139	1782	1771
Emergency Room	4244	3822	4300
Skilled Nursing Days	24675	27907	27425
OP Visits (OP/Lab/X-ray)	19605	21608	14679
Hospice Patient Days	1555	1411	1256
PT	2493	2519	2534

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

\*\*Procedures: include colonoscopies

## Human Resources Report

The HR/Payroll department currently supports 283 employees

- Full Time – 237
- Part Time – 19
- Casual/Per Diem – 27

### Staffing and Recruitment

#### *MMHD CNA program*

We are preparing to graduate 8 students out of the program that started in March and currently have 5 students interested in the August class. The implementation committee will meet again in early August as we continue to streamline and adjust the program.

#### *High School Internship program*

The district has enjoyed hosting three local high school graduates. These students have gained experience in Radiology, Lab, Pharmacy, Physical Therapy, Acute and Outpatient Medical.

#### *Travel/Registry Staff*

We continue to use registry for the following departments:

- Emergency Department – RN
- Skilled Nursing Facility – LVN and CNA
- Med/Surge Acute - RN
- Imaging – CT/Radiology Tech, Ultrasound Tech
- Respiratory Therapy – Therapist
- Physical Therapy – Therapist

Travel staff rates have started to go down, but they are still significantly higher than pre-COVID rates.

### Employee Health

#### *Employee COVID Exposure*

Total cases – 257

Isolation/Positive – 180

Quarantine – 77

Exposure related to work – 53

#### *Employee Immunization*

Accepted COVID Vaccination – 239

Received booster – 192

Eligible to receive booster – 4

Not eligible for booster – 17  
Approved Accommodation from booster – 21  
LOA/Not Actively working – 5  
Declined COVID Vaccination/Approved Accommodation – 44

#### *Work Related injury and Illnesses*

We have received 7 first aid injuries this year resulting in 0 days away from work.

We have had 6 reportable injuries resulting in 48 days away from work.

There has been a noticeable trend of employee injuries related to patient mobility so we are implementing additional training and education.

#### *Employee Safety and Wellness Initiatives*

We have received validation from BETA for our Workplace Violence Prevention program. By successfully implementing this program, we are not only supporting a safe environment for employees, patients, residents and visitors, but we also receive a discount on our annual insurance premiums.

We are now working on implementation of a Safe Patient and Mobility Program to promote the use of safe patient handling principles and evaluation of procedures and processes, thereby reducing employee injury all while improving patient care. Additionally, we will work on a Slip, Trip and Fall Prevention program to familiarize employees with common hazards in different environments, including auditing for prevention and educating employees to avoid injury in the workplace.

#### **Additional Projects**

##### *Paycom Implementation*

We are currently on track to go live with our new HRIS system, Paycom, on Sunday, July 31st. Employees received a “Welcome log-in” on Friday, July 22<sup>nd</sup> and will spend the week of July 25-29<sup>th</sup> training on the system. I am excited to use the metrics generated from this system in future reports.

Lastly, I met with and had a site tour with my Employment Lawyer last month. He had never been onsite and enjoyed visiting our area. While he was here, he reviewed policies, procedures related to Liability Waivers, Employee Health/Physicals, Employee Mileage and Cell Phone Stipend. He is also going to review our newly implemented Paycom practices for accuracy and potential liability.

Respectfully submitting by Libby Mee – Chief Human Resource Officer

**Chief Public Relation Officer – Valerie Lakey**  
**July 2022 Board Report**

**Legislation/Advocacy**

The state legislator is on recess. When they return on August 1, the Appropriations Committees will have two weeks to move bills to the floors. From August 15 to August 31, the floors will be devoted to final passage of legislation before the 2021-22 session adjourns. The governor will have until September 30 to sign or veto bills that make it to his desk.

AB 1882 would require hospitals to report to their local governments the seismic rating of their hospital buildings and progress toward meeting the 2030 seismic requirements. CHA had concerns about some of the reporting requirements in the bill. Amendments were secured to address these concerns. Key activities: Passed the Senate Appropriations Committee on June 27; pending a Senate floor vote.

SB 1339 would require hospitals with structural performance category 2 buildings to provide the location of each service in that building. In addition, hospitals would need to provide a cost estimate for meeting the 2030 requirement to the Department of Health Care Access and Information. The department would then provide the Legislature with an assessment of the total projected costs for hospitals to meet the 2030 seismic requirements. Key activities: Passed the Assembly Health Committee on June 28; Aug. 3 hearing in the Assembly Appropriations Committee.

The state budget includes a retention pay program, which will provide up to \$1,500 for specified full-time employees as a state-funded retention payment. DHCS will provide guidance on implementing the program, including the qualifying period, by the end of July. CHA is in communication with DHCS. CHA is working on a FAQ and other educational and communications materials to assist with understanding the requirements. A few things of note:

- 1) The State Retains the Ability to Reduce Retention Payments: Under SB 184, DHCS may reduce the retention payments on a pro rata basis if more individuals apply than expected. It is NOT the case that the base retention payment is guaranteed or somehow an absolute minimum. Workers will not know what retention payments will be receive until DHCS processes all applications.
- 2) Hospitals Do NOT Need to Match the Base Retention Amount for the State Match: As noted above, full-time eligible employees can receive up to \$1,500 in retention payments -- \$1,000 in a base retention payment and \$500 in a state match for prior bonus compensation. Some stakeholders are stating that, in order to receive the \$500 state match, the employer must also match the \$1,000 base retention payment. THIS IS FALSE. To qualify for the full state match, the employer must have provided at least a \$500 payment as a qualifying payment between 12/1/21 and 12/31/22. We expect forthcoming explicit DHCS guidance on this matter.

**Marketing/Public Relations**

Attached to this report you will see the results of the Community Health Needs Assessment (CHNA). I will also provide notes from the CHNA at the board meeting. Particularity of note:

- Priority Populations: Older adults, Rural residents and those with additional healthcare needs
- Health condition importance: Obesity, Mental Health, Cancer

- Community factors: Attract and retain quality staff, Healthcare affordability, Education
- Social Determinants: Access to healthcare, Employment, Education
- Healthcare Programs needed in Community: Emergency, Mental Health, Pediatrics, Senior Care
- Alternatives needed: Video visits, telephone visits, remote monitoring (home health)
- Personal needs: Diet, Tobacco, Drug Substance abuse

We have been working with the clinic to do some marketing for school sports physicals and specific healthcare observance months. We will also be making corporate contacts for the possibility of doing DOT physicals.

We are working with the Foundation on our plan for the booth at the Intermountain Fair. MMHD and MHF will once again share a space and highlight some of the work we do together. We will also offer hands on CPR training at the fair booth.

Messaging for the District Name Change will begin to the community in August. We have completed the publishing of the Fictitious Business Statement and are officially doing business as Mayers Memorial Healthcare District. You will find that we have been changing logos, etc. internally and continue to make necessary changes.

Communication enhancements with the staff continue. We will be using a new email address [wink@mayersmemorial.com](mailto:wink@mayersmemorial.com) to send out concise, need to know information to staff. The WINK (What I Need to Know) email is an effort to identify urgent and very important information pieces that all staff need to be aware of.

As a part of our SHIP COVID grant, we are working on providing information and education to the community. This is aimed at providing resources for preventative care, wellness and tips to stay healthy amidst COVID. A lot of this information goes out on our social media pages and is linked back to our website [wellness page](#).

We continue our work with marketing wellness to our staff. We have been featured by the California Hospital Association in [this video](#).

MMHD and MHF will be represented at the Sierra Pacific family BBQ on August 6<sup>th</sup>. SP is expecting 500 people in attendance. We will have a table providing information and education as well as provide the hands on CPR training.

Masonic Cornerstone event is scheduled for October 8, 2022. The Fort Crook Lodge #250 has organized this very special event with the Grand master Masonic Lodge out of San Francisco. I have been working with local Masons on the event. This event will dedicate our new building to the community and is a long standing Masonic tradition. I will be happy to answer questions about this event and provide more details.

We are working on signage and materials for the new lodge and ultimately have plans for a video showcasing our employee housing to use for recruiting.

### **Mayers Healthcare Foundation**

As this is a new department in my reports, I am working to establish a flow of information to report to the board on a higher level. The executive director will report to the board on a quarterly basis. So far



since adding this on July 1, the executive director and I have set up bi-weekly meetings for updates and I will be attending the Foundation meetings. We are also reviewing Foundation goals for the FY. We have been working on the upcoming golf tournament fundraiser, prepping for the fair booth and planning for the January 2023 event. Additionally, MHF has been streamlining financial reporting and transparency. I look forward to reporting on this in the future.

### **Emergency Preparedness**

We met with the Shasta County Sheriff Department last week as we continue to plan for a functional Active Shooter Drill for the fall. We have a virtual active shooter drill ready to go out within the next couple of weeks. We are also working with the Sheriff Department to provide them a small office space on the Fall River campus. They want to have more of a presence in the Fall River Valley. This will also be a great benefit to us.

The Hazard Vulnerability Analysis (HVA) process was completed by the safety committee and the final version for this year has been provided in the board packet for approval. We are required to approve and HVA for each campus annually.

We are in the process of implementing Orange Dot program which is a part of our Workplace Violence Prevention Plan. The program will help to identify potentially aggressive patients and residents. Currently, IT is working on the documenting portion in the system, we are providing training starting with nursing staff and developing the material for entire staff briefing.

As mentioned last month, The [MyEOP](#) system is now available on the desktop as well as the mobile APP. (MayersEOP Password: MMHD). This is a valuable resource for staff. We have also received the updated maps for our emergency flip charts and additional charts for our growing campuses.

I am a member of the CHA Statewide Disaster Committee and will be attending that conference in September. I will also be presenting at the conference. Additionally, I may be presenting an emergency preparedness topic at the ACHD Annual meeting.

**July Board Report  
Clinical Division  
7/20/2022**

**Pharmacy**

- COVID Vaccines
  - Mayers has received Pfizer COVID vaccine for patients 6 months to 4 years. They are available at Mayers Burney Clinic to be administered in conjunction with a provider visit.
- Use of monoclonal antibody therapy for COVID has increased over the last month. Shasta County receive a specific amount weekly and releases it to facilities. We have not had issues obtaining monoclonals but are anticipating allocations soon due to increased use statewide.
- Pharmacy is navigating shortages; the most significant currently is injectable lorazepam and diazepam, and dextrose 10% IV solution.

**Retail Pharmacy**

- Most insurances cover home COVID tests at no cost to the patient. Mayers is advertising this service and encouraging people who think they may be positive to use the drive through.
- Mayers Rural Health Clinic and Mayers Retail Pharmacy are live with 340B. Claims are going through and replenishment supplies for recent fills have been received. Kristi Shultz, CPhT, 340B Coordinator, is arranging for the large replenishment from 340B and return of purchased products to our wholesaler.
- The 340B cash cards (discount cards) are working and we are standing up the policies; basically, patients that qualify for charity care or sliding scale will be eligible for cash cards.
- Jeff Bennett, pharmacy consultant, was onsite at the end of June. He had some suggestions on performance measures that affect reimbursement and some contracts to review.
- Internet cables and switch upgrades are in process to enhance speed to retail pharmacy. The upgrades should be in place by September 1.

**Physical Therapy**

- The department has seen an increase in pediatric referrals from a local pediatrician. In home physical therapy for pediatrics has been provided by Far Northern Rehab to our area in the past but they are currently without a physical therapist.
- The registry physical therapist has extended for another 13 weeks.

**Imaging**

- IV contrast for CT scans is on nationwide shortage. Mayers is allocated a limited supply. Measures to decrease use are in place, however at the current time our supply is almost exhausted. We are working with other hospitals to get enough to get us to our next release.

**Cardiac Rehab**

- Mayers has retained an employee to cover for Trudi Burns, RN, department manager.
- We also have an ACLS trained staff member to monitor phase 2 patients on Fridays.
- The department has received three new referrals for monitored patients.

**Laboratory**

- Testing for Monkey Pox is a send out and testing is performed by LabCorp®. The test requires specific swabs which are expected to arrive by July 22.
- Procedures to screen staff while skilled nursing is in yellow have been implemented that have minimal impact on laboratory staffing.
- The laboratory is replacing the chemistry analyzer due to excessive down time. The replacement machine will be shipped once power is in place at the Fall River Arts building.

### ***Respiratory Therapy***

- We are arranging to have digital valves on our rented portable oxygen tanks. These valves will announce a warning when the oxygen in the tanks is low.
- Due to an increase in COVID admissions our new Volara machines (nebulizer machines that provide percussion) have been put to good use.

### ***Telemedicine***

- See attached report.

## Telemedicine Program Update as of July 20, 2022

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

We have completed a total of 1826 live video consults since August 2017(start of program).

### Endocrinology:

- Dr. Bhaduri saw 21 patients in June and nine so far this month. She has eight more patients scheduled for the rest of June.
- Dr. Bhaduri continues to be one of the telehealth providers that our patients like the most.
- We've had 591 consults since the start of this specialty in August 2017.

### Nutrition:

- We had four nutrition appointments with Jessica in June and there are five scheduled for later this month.
- Jessica is another provider that patients tend to really enjoy, when they finally come for appointments.
- We've had 131 consults so far since we started this specialty in November 2017.

### Psychiatry:

- Dr. Granese saw eight patients in June and four in July. The number of residents requiring psychiatry appointments has significantly decreased which has made more room for outpatient appointments. Should that number rise again we will be sure to accommodate the residents. In speaking with Social Services, the Burney Annex residents have been doing better overall so Dr. Granese's services are less necessary. Which is great!
- We've had 552 consults since the beginning of the program in August 2017.

### Infectious Disease:

- We've had a couple new referrals for Hep C treatment in the last couple months but no referrals have come to fruition yet. Patients are often unresponsive or unsure if they want treatment.
- We've had 93 consults since the start of this specialty in September 2017.

### Neurology:

- Dr. Levyim saw 13 patients in June and seven so far in July. She still has three more patients scheduled for the rest of the month.
- We've had 317 consults since the start of the program in November 2018.

### Rheumatology:

- Dr. Shibuya didn't see any patients in June, and one in July. He cut his hours severely due to repeated patient no-shows at other clinics. It's unfortunate and makes scheduling more difficult. Telemed2U is working on credentialing a new rheumatologist to fix the issue. They've also offered us a block of time for Shibuya patients but we don't have the referral volume right now to fill a block.
- We've had 52 consults since the start of the program in May 2020.

FRJUSD/Mayers/MVHC Take Four Counseling Grant:

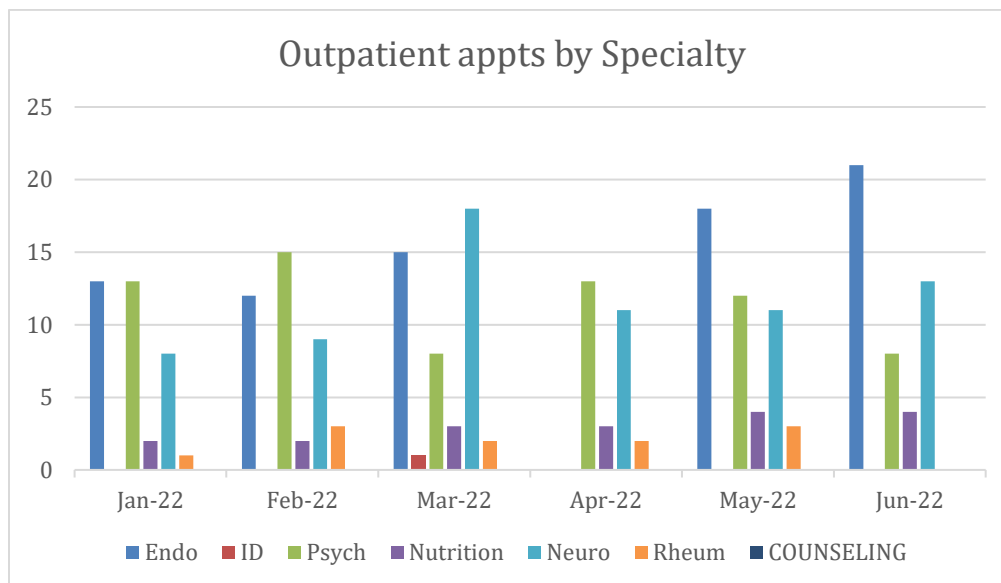
- Dr. Beyer and I have met to discuss the workflows of the Take Four program and how the district may modify them to keep the program going.
- I'm currently working on the reporting due toward the end of the grant year as well as grant closeout. This is a large process.

Expansion of New Services for Outpatient:

- Now that the school program is wrapping up, I'm looking at expanding the services available via Telemed at our RHC. Both Dermatology and Nephrology have been discussed. Talk therapy would still be amazing and there is much need. I'll work with our Medical Director, Dr. Saborido, to dive further and see what is available and how it fits with Mayers.

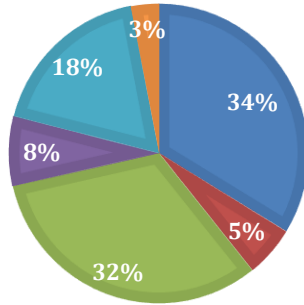
Telemed Cart Issues:

- On Monday, July 18 our Telemed cart in Burney unexpectedly shut down in the middle of an appointment and began repeatedly restarting without being turned on and off. This has never happened before, this cart has been extremely reliable over the last 5 years. I'm working with the vendor on a software update (apparently hasn't been done in years) and attempting to fix it. If we can't fix it we still have the other cart from the Fall River side that we can replace it with. Services continue in the meantime but patients are seeing the providers on our back-up ipad instead (quality of video and camera aren't nearly as high).



## TOTAL VISITS

■ Endo ■ ID ■ Psych ■ Nutrition ■ Neuro ■ Rheum



# NURSING SERVICES BOARD REPORT

JULY 2022

## SNF Report

- Current Census: Burney 44, Fall River 29.
- Fall River will go green Thursday 7/21/22 pending resident testing and no exposures.
- Fall River will receive two admissions Thursday 7/21/22 pending status changes to green.
- Burney remains yellow status.
- The current CNA class will complete in one week with 8 Students.
- They will do their state testing August 12th.

## SNF Activity Report

- SNF Residents participated in Burney Basin day's parade.
- Activities department planning with Residents about attending the upcoming fair.
- 4-H continues to assist with filling the bird feeders for the Residents in SNF.
- Senior from fall Fiver High School submitted plan for mural on Resident patio by the fishpond. (landscape scene)

## Acute

- May 2022 Dashboard
  - Acute: ADC 1.16, LOS 2.12
  - Swing: ADC 3.13, LOS 13.86
  - OBS days: 7.18
- June Staffing: Required 9 FTE RN/LVN's, 4 FTE CNA's & 2 FTE Ward Clerks
  - MMH RN's: 3 FTE, 1 PTE (alternates OPS), 1 PTE (alternates LTC & OPS), 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
  - NPH Traveling: 1 RN
  - 4 Contract Travel RN's – guaranteed 48 hour minimum/week
- Covid
  - Room 107 set up with anteroom for covid positive admissions
    - 1 covid + patient admitted in June

## Outpatient Medical

- Written Report Submitted

## Chief Operating Officer Report

Prepared by: Ryan Harris, COO

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

- HCAI has granted us occupancy of the nurse's station. There is an issue with the new HVAC platform that required an amended construction document approved by HCAI. This is holding up the project from being closed.
- The building permit for the med gas and vacuum alarm has been applied for. Once issued work will begin on this project.
- Hue and Cry have provided a tentative date of the week of 7/18 for draft design submittal for the Burney Fire Alarm Project.
- We have successfully rebalanced the air to original specification as well as corrected the issue causing alarming on the isolation room panel. The isolation room is now the only negative air pressure space in the emergency department.
- The door contractor is still waiting for the door hardware to complete the CT door project.
- The Master Planning Services RFQ-RFP was advertised. We had interested companies on site July 11<sup>th</sup> and another company scheduled for August 11<sup>th</sup>. The deliverables of the RFQ-RFP have been pushed out 3 weeks.
- Phase one of access control including several exterior doors at the Fall River Campus is scheduled to begin 7/19. Due to supply chain issues, we had a delay in this project.
- Legionella remediation equipment has been installed at the Fall River campus and setup for quarterly testing to ensure compliance. We are sending out test for the Burney campus to see if equipment needs to be installed at this location as well.
- Facilities and Engineering is currently fully staffed including staff for employee housing.
- We are in the process of getting the entire maintenance and engineering crews acclimated to the Pit River Lodge facility. We are changing outdoor locks and addressing some minor plumbing issues with some of the toilets being a little loose. My plan going forward after this week is to have one maintenance guy on site every day for a weeklong stint that will coincide with the weekend that they are going on call. Once the entire team is up to speed on the way the facility works, I may pick one of the guys to be there full time and end the rotation.
- In the next couple of months, we will be getting ready to pour a concrete pad and sidewalk at the Annex in the fire loop. We will put a gazebo on the pad like we did on the bluff at the Fall River Campus. This will be a space for employees and residents to be able to get outside and enjoy a little fresh air.
- The front renovation of the Fall River Arts and Trophies building is complete. The final solution for this building is still being discussed among hospital leadership and our master planning partners.
- HVAC adjustments in OR 1 were completed on 7/19. Testing is being scheduled to ensure we are meeting our air exchanges per hour prior to reopening the space.
- We are still waiting for the vendor to get parts to upgrade the dietary HVAC system.



## ***IT***

- I am pleased to announce that Jeff Miles has accepted the position of IT Manager.
- Work continues on our interface projects with Tahoe Carson for Radiology, and Mountain Valleys Health Clinic for the Lab. We are close to being in production with both interfaces and should be live within the next couple of weeks.
- The new Pyxis machine was installed in the ED. We have had issues that our rep has been helpful in getting resolved.
- We are looking to complete the email migration to O365 next month.
- We are working on the TPX Network upgrade for Burney, Fall River, and Retail Pharmacy.
- We will be looking at storage solutions to house our historical medical records after our conversion to Cerner.
- We are investigating project management services with an outside vendor or to use in house resources. In speaking with counterparts implementing Cerner, they are using both solutions.
- IT is currently fully staffed. But with upcoming departures and a promotion, a new system administrator and help desk employee will need to be hired in the next couple of months.

## **Purchasing**

- We are troubleshooting the Pyxis. We have had a few incidents when Nurses were not able to log in. We had Pyxis onsite Thursday 7/14 and got the machine up and running again but BD is still working out some bugs.
- Year-end inventory went well. We have some process improvements identified to work on before we complete our Semi-Annual Inventory in December.
- Purchasing is currently fully staffed with Rachel Morris accepting the role as Manager.
- We have noticed Par levels need to be changed due to the increase in patient visits. We are meeting with ER and OPM to get PAR levels updated.
- We have had some temporary shortage in staffing due to Covid quarantines and planned vacations.

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

- We have posted for a new full time Certified Dietary Manager and Registered Dietitian. Our current Dietary Manager will cover one location and the new manager will cover the other.
- We have had two employees go through the Cross Training Program with EVS, and both have already jumped in to help with EVS during their shortage. We anticipate another employee going through the program, and a new hire that will also go through once they begin working here.

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

- We continue to have plumbing issues at the laundry facilities and are working with a new plumber and our insurance to resolve.
- EVS is benefiting from our cross-training program being short staffed. EVS management is currently work the floor full time due to staffing issues.
- EVS is down in staffing: two on dayshift, 1 night shift and one outbuilding for Fall River. A Floor Maintenance employee was hired, and they can jump into positions to help during shortage.

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

- Sports Physicals are being offered after hours on July 20<sup>th</sup> and 28<sup>th</sup> from 5pm-7pm.
- We are now live with 340B and can now issue capture cards to patients that need help paying for their prescriptions.
- We are applying to be a CHDP provider now that we are a VFC clinic.
- Partnership chart review CAP trainings are complete, and we have implemented the necessary changes to meet the required measures. Our rep was extremely pleased with our changes.
- Dr. Tony Magno will join our clinic practice in August. We are excited that Dr. Magno has decided to be a part of the Mayers Team. We are working on staffing and space planning prior to his arrival.
- We have contacted several vendors for our mobile clinic. Most lead times are 12 months or more. I have a meeting on 7/21 with a new vendor that has a 5-month lead time.
- Our outpatient visits were up from 542 to 594 patients being seen in June. Revenue was also up year over year for June with 2021 revenue being \$107,117 and 2022 revenue being \$197,300. Our no-show appointment remained dropped from 11.1% in May to 9.8% in June. Our average new patient appointment lead time was up to 5.33 days and our schedule utilization was down to 65.5% for the month.

### ***Employee Housing***

- Joseph Marchy has accepted the position of Housing Manager and will begin August 3rd.
- We have started implementing our housing department development plan as we prepare for employees starting in September.
- The list of repairs on the lodge has been created. Alex will begin those repairs and get the lodge ready for our first events.
- Two events have already been booked for the lodge in August. We will go live with employees staying at the facility September 1<sup>st</sup>.

## CEO Board Report July 2020

This month kicked off some new programs and changes for us as we start our new fiscal year. We started the leadership education program, the new bereavement policy, the strategic plan priorities that are replacing the scorecard goals as well as new formats for the quality program and others as well. We also started staffing the ER ourselves, added more structure to the hospitalist program and signed most of our physicians to new contracts. On top of this we also introduced the name change to Healthcare District from Hospital District as well as the refreshed logo. We also closed on the lodge on time as well, so we had many moving parts this month and the team did a phenomenal job with all of it.

We finally signed Dr. Magno this month and he will be starting the week of August 29<sup>th</sup>. He is scheduled to have 3 days a week in the clinic with one day in the specialty clinic doing wound care and then 1 week ever 3<sup>rd</sup> week as hospitalist. We took his family down to the lodge and let them pic out which house they would like to be in when they first come up, so the Lodge is already being put to work for us.

The results from the naming contest for the lodge came back and in a close vote Pitt River Lodge beat out Pitt River canyon Lodge. This will be the name of the campus and main lodge. The Annex will be named the Sycamore, while the duplex will be called Dogwood and the 3 other houses will be Aspen, Buckeye and Oak. We discussed the sign at the highway and felt it would be best if we didn't have the name Pit River Lodge on there at all. We would have that sign say something like MMHD mid campus employee housing and then when you get down to the actual property entrance to the lodge, we would have a sign that has the Pit River Lodge name on it. Hopefully this would discourage most people going down there thinking that they can stay.

With his new contract, Dr. Watson is moving more into the CMO role, so he'll be able to start coming to meetings that he had not been able to in the past. We also met and finalized who was going to be taking over what medical directorship as well as what providers are going to be active participants in what committee. This will be very helpful to us as we move forward and I'm excited to see what some of these other providers are able to do as they participate in these committees.

I met with the Mountain Valley c-suite team as well. We had a good conversation about what's going on in the community as well as some of the things that they're doing and what we're doing. They also told me that they have spoken with Cerner, and they were shooting to schedule a demo for the end of this month.

We had the first architect group for the master planning process come through this month as well. We sat down with them and explained what we were looking for and we showed them all our inventory of property and buildings. We are hoping to wrap up this process next month and then hopefully we will get some decent bids from them. We also found out that in June there was some legislation passed to help financially with some of these processes. This means there is currently money available to be able to pay for things like Master planning for rural hospitals so we're going to look into getting in on that to see if we can't get our master plan paid for.

We received the 2567 back for the hospice survey. We ended up with six tags and we have responded with our plan of correction. Over the next few weeks, we will find out if they accept the plan and if they will be coming back out to clear the survey or if they will do a desk review.

We have been meeting with multiple consultants to discuss options for project management for our Cerner implementation. The cost for this is substantial but it is imperative that we have a smooth transition across all platforms to Cerner. We are looking at a possible hybrid model where we use an internal project manager and then have some support services for that person. We are hoping to have more information for you guys next month on what our plan is for this.

We are also looking at ways to decrease our agency usage which you will see in the financials was up again last year. We also want to focus on retention which will have an impact on this and there are several ideas floating right now. This is a high priority area for us.

Ryan has done some more digging and was able to find a few more vendors for a mobile rural health clinic. Many of them have significantly faster turnaround times than the previous vendors we were looking at it. We are confident with what he found that we will be able to bring on a mobile clinic sooner than we had previously anticipated. We are working on quotes now.

That will wrap up my report for this month. As always please don't hesitate to reach out with any questions or concerns that you may have.

Thank you,

Chris Bjornberg